1. PURPOSE:

Hospital Emergency Codes are used in MMCH to alert staff to various 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 and patient to the hospital.

2. SCOPE:

2.1 Hospital Wide

3. RESPONSIBILITY

3.1 Safety Committee

3.2 Safety and Security Department.

4. ABBREVIATIONS

4.1 NABH   :   National Accreditation Board for Hospitals and Healthcare Providers

4.2 FMS   :   Facility Management and Safety

4.3 DMS   :   Deputy Medical Superintended

4.4 CAO   :   Chief Administrative Officer

4.5 COO   :   Chief Operation Officer

4.6 ED   :   Emergency Department

4.7 ERT   :   Emergency Response Team

4.8 CA   :   Corrective Action

4.9 PA   :   Preventive Action

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mmc Discover a new life		NABH Std. Ref	COP-4, COP-5, FMS-6, CQI-14
		Issue No.	01
	HOSPITAL EMERGENCY CODES	Rev. No	00
		Date	15.08.2022

5. REFERENCE

5.1 NABH: NABH Standards for Hospitals, Fifth Edition, April 2020

5.2 FMS.6: The organization has plans for fire and non-fire emergencies within the facilities.

   (**OE a-d**)

5.3 CQ 14: b Monitoring includes risk management.

6. POLICY

6.1 MMCH Hospital has identified the fire and non-fire emergencies and how to manage it.

6.2 All emergency code will be announced through the assigned Emergency intercom number ***200** and inform to the console staff, they will announce through public announcement system.

6.3 Announcement method - **NAME OF CODE - LOCATION/SITE OF INCIDENT (3 TIMES) - ANNOUNCED BY (Name of staff)**

6.4 When the CODE is announced by the general alarm bell or Public Announcement system, the concerned team will rush to the site of incident and will coordinate their activities.

6.5 The mock drills shall be conducted as per schedule

DIAL * 200 – CODE (Name of Code) IN– FLOOR NUMBER, LOCATION / SITE OF INCIDENT - 3 TIMES - ANNOUNCED BY (Name of staff).

Example:

Code Red in 6th Floor- Room no 1602

Code Red in 6th Floor -Room no 1602

Code Red in 6th Floor- Room no 1602

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7. PROCEDURE:

7.1 Emergency Codes

In the event of an emergency in the hospital, and when there is a need to make a public announcement or raise an immediate alert, the staff will dial the operator and inform the nature of the emergency. The comment center will refer to the situation as a color code, so that panic is prevented in patients/ visitors, and employees know exactly how to act without ambiguity.

7.2 Emergency Response

Refers to an event or series of events natural, technological or man-made (e.g. terrorism) that the safety committee cannot address through Day to Day operating procedures and necessitates activation of Safety committee.

They meet in an emergency situation – at the Safety officer and decide upon the response to be taken – This is called command center being activated.

7.3 The Communication Facility other that Intercom

7.3.1   Mobile cell phones of the Safety officer are the most important communication lines to be used for co-ordination.

7.3.2   Cell Phone Numbers of all Safety Officer are written out on a chart – and displayed in the Head of Dept. Rooms, all Administrative Office Rooms, and the hostel warden's office.

7.3.3   A „SAFETY" officer on call number (9048451817) is displayed permanently at every signboard of "Safety Poster", in wards, all departments etc.

7.3.4   Public announcement loud speakers are placed at all corridors, Wards, OPDs, OTs etc.

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8. CODE BLACK -BOMB THREAT

8.1 Purpose:

The purpose of this policy is to lay down the procedure for dealing with the bomb threats at all levels, with a view to safe guard life and property as well as to avoid panic.

8.2 Procedure:

Bomb Threats generally emanate from terrorists, antisocial elements, pranksters etc. These are designed to create panic as well as to cause damage to life and property. These Threats may assume both overt and covert forms. While generally these calls are hoax, yet will be treated and dealt as true.

8.2.1 Overt Bomb Threat:

These bomb threat calls may come through telephone from an anonymous / assumed name / designation person to convey a message about an impending placement / blowing off of a bomb in the hospital or particular location in the hospital. On receipt of such a call, the following action is taken:

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1) The recipient of the call should transfer to CAO office if possible

2) The recipient of the call should record the time & exact conversation, soon after the call is over. The massage should pass to CEO, CAO & COO

3) The recipient of the call should immediately pass this information to CCTV Room.

4) CAO should be briefed to search their areas and identify doubtful objects. They should not touch / remove any such object found / located. The security should also cordon off the area.

5) Activate code Black

8.2.2 Covert Bomb Threat:

This will generally take the form of placement of Bombs / similar exploding devices in a concealed form in a particular place or places. On receipt of such information all likely places where such devices could be possibly placed, would be searched with a view to identification and location of such devices.

Important:

Staff member shall be briefed not to make any communication about the bomb threat to any Patient / Visitor, at any stage. All Queries in this regard would be referred to the CAO

8.2.3 Actions (General)

1) On receiving the information from call center about suspicious objects in the hospital the CAO will be activated for a Major response

2) On arrival the ERTs will be divided into 04 teams:

     -Scanning Party

     -Cordon Party

     -Salvage Party

     -Rescue Party

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Scanning Party

1) Area for scanning will be defined for all ERT members. Preferable to their respective departments.

2) Area will first be scanned from ground to belt level.

3) Area will than be scanned from belt to head level.

4) Finally, it will be scanned above head level

Scanning will be carried out to look for any suspicious object. All members will ensure that throughout the scanning operations no object will be touched. After the scanning is completed the room /area will be marked to remove the possibility of rechecks of same area my mistake.

Cordon Party

1) Will cordon the area require to be scanned

2) Will ensure that only required in and out movement to the area.

Salvage Party

1) Will take out material around the area require to be scanned only on the instructions of comment center.

Rescue Party

1) Will ensure that the Patients / Visitors, employees and all others are evacuated from the area of scanning.

On identification the device would be isolated, without being physically handled in any way. The police would be contacted and apprised of the situation with a view for getting help to neutralize the Bomb. Comment center will take all the decision on calling police, bomb squad, fire tenders and evacuation.

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ACTIONS - ON DETECTION OF A BOMB / SUSPICIOUS OBJECT ACTION BY THE INDIVIDUAL ON DETECTION

- Inform CAO.
- Do not raise an alarm, under any circumstances.
- Keep distance from the object and under no circumstance touch the object.
- Do not let the object to be out of your sight.
- Do not let anyone go near the object by purpose or by default.
- Do not give away the feeling to the Patients / visitors that something is wrong.
- Do not open doors / windows with force as the trigger mechanism of the explosive may go off.
- If you hear symptomatic behavior of the object like the ticking sound or protruding wires or batteries or gunpowder smell the spare no time to inform the security immediately.

8.3 ACTION BY SECURITY STAFF

- Security Officer will ensure that the object is covered with Bomb Suppression Blanket & Security personnel is posted.
- Area to be cordoned off up to the arrival of security
- Surrounding area to be vacated.
- Inform Police Control (Tel. 100) for Bomb Disposal Team.
- Provide all assistance to Police / Bomb Disposal Team on arrival

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9. CODE: PINK – CHILD MISSING

9.1 Missing Child Protocol

Is an emergency code announcement to alert staff to a potential or actual infant / child abduction

9.2 Policy

9.2.1   Employees are responsible for the safety and security of infants and children in our care.

9.2.2   All employees are educated regarding their responsibilities in the event of "**Code Pink**".

9.2.3   If person has left hospital - Police information to be given (so police have to be informed and aware of this protocol)

9.3 Procedure

9.3.1   **Immediate communication and response in patient care area**

- When a sister / nurse suspects infant / child is missing
- Immediate call to the emergency phone number and description of suspected person

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- Age, gender, color, height, weight, clothing and any other features
- Immediate secure the local area and close all exits
- Search the local area immediately
- Move family to an particular designated area (support by PR officer / social worker)
- Stop all suspicious persons, if they refuse call campus security
- Rest of patient gets regular care
- All to remain in work area till advised

9.3.2 General response of all available employees

- Listen to code pink announcement
- Close all doors
- Monitor all exits
- Complete search of hospital area (Rooms, toilets, staircase, etc.)
- Observe all patients carrying suitcase, big bulky clothing, large boxes, blankets, etc.
- Report suspicious activity to the emergency number or hospital security
- CCTV monitoring.

9.3.3 Response if you find the child

- Take child to the Chief Security officer Office
- Do not leave the child unattended
- If child refuses to come with you then get parents to child by informing
- Call center / Chief Security officer

ABDUCTION RESPONSE

At the abduction scene

- Make sure all other infants/children are accounted for and have someone with them.
- Control access to the area.
- Do not disturb anything that may be evidence.

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- Do not discuss the situation with anyone other than CAO. Do not speak with reporters.

Remote from the abduction scene: When Code Pink is announced over the PA system:

a) Each department will send two staff members, with a pen and paper, to the nearest exit. Additional staff members will check the parking lots for people leaving and record the make, model and number plate of the vehicles.

b) All individuals will be treated as politely as possible and are considered innocent. Attempt to keep the person with a child from leaving by letting them know that we are asking them to wait for the safety of the children in our hospital.

c) Anyone attempting to leave the building will be detained and cleared.

d) Anyone carrying large bags, suitcases, large package or loosely wrapped bundles should be directed to the Conference Room. Permission to search the bags will be obtained.

e) Document the description of individuals leaving the hospital. Attempt to get the number plate a description of the vehicle, a description of the driver, and the direction of travel.

f) Each monitor should remain at the exit until the Code Pink is cancelled or they are assigned to other duties.

g) The CAO / he designee will assign staff members to conduct an internal search of the facility.

h) During a "Code Pink" everyone should try to remember if anything out of the ordinary has occurred during the past hour or so and write down anything unusual. Everyone should stay alert and call security officer if you find the infant/child or see the abductor.

i) All information that has been collected will then be taken to the Conference Room. Any witnesses will also report to the Conference Room.

j) The Administrator on Call will be the contact person for Law Enforcement.

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k) The Administrator on Call will maintain communication with the family.

l) All inquiries regarding the event should be directed to the Administrator on Call or his/her designee.

m) After resolution of the situation a Security Incident Report will be completed. The Director of CAO, Security Officer and /or Quality will conduct a debriefing with involved individuals to evaluate the response and recognize opportunities for improvement and possible prevention of similar situations. A Root Cause Analysis (RCA) will be conducted as outlined in the Root Cause Analysis Policy in this manual.

n) A summary of the incident and critique will be presented to the Patient Safety Committee, Quality Council and Board QI Committees at their next scheduled meeting

9.3.4   **Once child is located - announcement "code pink "all clear**

10. **CODE : GREEN - DISASTER**

External Emergency Disaster & Preparedness Plan Definition of Disaster Management

Any occurrence that causes damage, ecological disruption, loss of human life, deterioration of health and health services, on a scale sufficient to warrant an extraordinary response from outside the community. (WHO)

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Code Green is announced by the Command center. At the announcement of the Code on the paging system / telephone / mobiles the safety committee and ERT team leaders will report immediately to comment center.

a) **Planning**

- Identifies the problems
- Triage: Patients, Resources, Communication Personnel

b) **BLOOD BANK & LABORATORY**

- Requisition extra Personnel for Disaster situation.

- Arrangement of extra blood.

- Well-meaning voluntary/ in-house donors may be needed… taking care that they do not clog the area and the system.

c) **NURSING DEPARTMENT**

- Identifying nursing needs.
- Allocating extra nursing staff in essential areas
- Re-deploying existing staff and Recalling of staff
- Activation the pre-arranged general ward in free side.
- TRIAGING by Unit Leader.
- Assisting in providing Basic Life Support.
- Liaison with the sister in charge of casualty ward to arrange extra beds drugs trolleys, oxygen cylinder in coordination with all supportive departments.

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d) SECURITY

- Cordon off area affected.
- Regulate the entry and exit on Doors.
- To safeguard all the belongings of the disasters victims.
- Police arrangements, if required
- Parking arrangements
- A mortuary Register
- Personal effects not removed
- All Emergency Disaster Equipment's available
- The destination of body recorded
- Preservation of specimens and clothing.

e) HOUSEKEEPING

- Relocation of manpower to Triage area
- Providing Extra beds/linen in essential and previously earmarked areas
- Proper waste disposal and Sanitary supervision
- Transferring of patients out of Emergency
- IV Setups under Nursing guidance
- Extra patient trolleys and wheelchairs and Screens.

f) FOOD SERVICES AND DIETARY

- Safe Drinking Water
- Nourishments for patients.
- Maintain adequate supplies

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g) ENGINEERING

- To liaise on with Command Center to Requisition Extra Engineering Equipment's /Beds etc.

h) BIOMEDICAL

- Arrange for monitors, Defibrillator, Ventilators.
- To ensure support to prevent equipment failure

i) PATIENT CARE

- Accurate record keeping is important to identify patients and their locations
- Paperwork is not considered a priority in a disaster
- Develop forms that are simple and familiar and that require minimal duplication
- Disaster tags
- Further documentation may be done at casualty-collection points and during ambulance transport.

j) PHASES OF RESPONSE

- Initial Response
- Search and rescue
- Emergency & Triage
- Casualty-collection points

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Initial Response

- Initial responder: lay-person, followed by fire and civil defense

- Most experienced takes charge till Command Center takes over

- Security secures the area and manage volunteers for care and transport

- Keep the victims in the system or else the nearest hospital with ambulatory casualties gets overloaded

- Eliminate danger

- Specialized team will have to come in

- Field triage, even if hospital assisted, is done before sending the victims

Emergency and Triage-Patients are triaged on the basis of the Modified ESI Triaging Criteria. The patients are color coded as

Red (Category I)

Yellow (Category II/)

Green (Category IV and V)

Black (Dead)

The color coded bands are placed at the wrist with an accession number written in indelible ink. The color coded patients are then dispatched by the Triage Team Leader to the various areas of the emergency including Casualty Collection Point.

Casualty Collection Point-All fatalities are directed to a single designated area away from the emergency. The security personnel take charge of the fatalities and their job description includes the following, in which fatalities are:

- Clearly Marked

- Photographed

- Thumb Impression

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- DNA tissue

- Storage of bodies / IDs

- In Epidemics storage &transport has to be taken care.

TERMINATION OF CODE - The Command Center authorizes the termination of code.

11. <u>CODE : RED - FIRE EMERGENCY</u>

a) **Procedure:**

This hospital has provisions and facilities to combat any fire emergencies. All the floors of the hospital is provided with automatic water sprinklers systems controlled electronically and have access to firefighting equipment and water hoses at vantage points. High power pumps are installed to pump water in case of fire hazard.

- The hospital has marked fire exits strategically located. The emergency exit routes are marked. Each patient room and common passages have marked directions of the exit routes to be used in the case of fire and other emergencies. Fire extinguishers and other firefighting equipment's are provided in high risk areas like the medical records room, pharmacy, store etc.

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- Besides the members of the 'Fire Fighting Team' other staffs both medical and non-medical are trained to react and combat in such emergencies, with the priority to protect the patients and valuable hospital equipment's and assets.

- The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force. All staff takes part the drill which gives emphasis of safe evacuation of the patients and occupants in the affected areas or hospital in general, as the fire fighting and containment activity is under progress.

- **Hospital Fire Fighting Team: Fire Fighting team available in hospital round the clock**

b) **Fire Safety Protocol:**

11.2.1 Fire Preventive Measures

- Fire risk areas in the Hospital are identified as given below:-Kitchen; Generator Room; Sub-station; Medical Gas storage room and medical record room.

- At these places, First Aid fire appliances are provided.

- In case of any fire incident the following action is to be taken:-Try to put it off; Shout for help in case not being able to put it off; If it is an electrical fire, inform **Tel (Extn.200)** or cutting off the power supply.

- In case of fire in the hospital building and surrounding areas following action is to be taken Immediately try to put it off; If not extinguished, shout to help; Switch off the electrical supply; Inform tele. nos. (Extn.200) Shift the patient to safer places. If fire has not been extinguished, without panic direct the patients to safer locations through fire escape route.

- Use fire escape route for going out of the hospital building (Fire /Emergency escape route is drawn and displayed at all floors important locations for information of patient and staff).

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11.2.2 Fire Fighting Instructions:

- The fire-fighting is an emergency requirement and this is called as **CODE RED** in this hospital it will be alerted through Public Announcement system/bell/fire alarm.

- Fire accidents may occur any time. If these fire accidents are not attended immediately it can cause loss to life and property. In case a fire incident is noticed at this hospital area, the following action is to be taken:-

  - Try to put off electric equipment.

  - Shout for help in case assistance is required. If unable to put off inform Tel. Ext. No:200, Mobile No:9048283282 [Security Officer On Call] about the type of fire and location of fire. The console will announce Code Red through PA system activate "Code Red" signal and assemble the firefighting team consisting of the following personnel on duty at this hospital. Security Supervisor will inform all the above personnel and reach the fire site without delay. If it is an electrical fire the electric supply should be switched off by informing duty electrician. Water will be used if it is confirmed as solid fire. If evacuation is required, the evacuation plan is to be activated. The Security Supervisor will maintain a record of the fire accident by noting the date, time of call and time of dousing the fire and loss of life or property if any. If the fire is not controllable the matter to be informed to **KOYILANDY FIRE STATION** for immediate help while informing give type of fire and correct location of fire. The firefighting team shall reach to the place of fire without delay and organize firefighting after getting this warning of "Code Red"

11.2.3 Fire Prevention Points:

- Do not store inflammable materials like petrol, LPG, in the hospital building and rooms.
- Do not use kerosene stove, burners, gas stoves in the hospital rooms and department.

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- The spirit lamp used in the laboratory should be placed in a safe place and put off after use.

- Do not use the candles / oil lamp to light the rooms department.

- Do not use the unauthorized electrical appliance in this hospital rooms and department.

- Do not store the loose papers files and old record in card board boxes.

- The old record room should be properly ventilated and electrical line protected against the fire.

- All important departments will be provided with the first aid fire appliance.

- Do not leave the remains of used match stick, candles or cloth pieces etc. in the floor area.

- Extinguish and throw these items in dust bin only.

- Put off electrical supply to the rooms in case any spark is noticed and inform duty electrician.

- While refueling the diesel tank of generator take fire precautions and do not bring any lighted material near to the refueling point.

- Put off all light fans and electrical equipment and remove the equipment connection from the plug while locking the room after the work.

11.2.4 Emergency Evacuation Plan /Emergency Exit: Ground Floor Occupants:

In the event of fire or other emergencies which warrant the evacuation of patients and duty personnel please be guided by the following evacuation plan:

- Alert all inmates one by one and room by room of the emergency situation without causing undue panic and commotion while informing the matter.

- Evacuate all the patients first with the help of stretcher, trolleys or by the wheeled cots.

- The medical documents of the particular patient should be sent along as well.

- The only route to be used for evacuation of such patients should be the hospital Staircase.

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- The lifts should not be used in such situations.

- Ambulatory of semi-ambulatory patients should be evacuated one by one using wheel chairs.

- The patient's medical documents should be sent along.

- Evacuation should be done in an orderly manner without causing confusion or panic.

- These patients will occupy the vacant beds on the other floors except the affected area.

- Casualty observation beds or crisis management beds on the ground floor shall also be used.

- The duty personnel will leave the emergency affected floor last after ensuring that all the patients, their personal belongings and medical documents are safely evacuated.

c) **Fire Fighting Appliances Within the Hospital (Refer Annexure 1 And 2):**

11.3.1 First aid appliances:-Foam extinguisher, powder compound extinguisher, CO_2 gas extinguisher.

11.3.2 Major fire appliances.

11.3.3 Water facilities within the corridors

d) **Fire Fighting Training:**

11.4.1 The Fire Fighting Team organizes mock fire and emergency drills twice a year with the help and guidance from the local fire fighting force.

11.4.2 All staff takes part the drill which gives emphasis of safe evacuation of the patients and occupants in the affected areas or hospital in general, as the fire-fighting and containment activity is under progress.

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Annexure 1: FIRE PROCEDURE

RACE METHOD

- **REMOVE all persons in danger**.

- **REMOVE all persons in danger**.

- **ALWAYS pull the alarm**

- **CONFINE the fire by closing the windows and doors.** The hospital fire number and give them exact location, stating building, floor and room number

- **EVACUATE, Extinguish the fire (If You are Trained)**. Isolate area, close nearby doors and windows. If safe to do so shutoff electrical appliances and oxygen. Turn off all lab experiments. Including all **gases** in the general area of the fire. Attempt to extinguish or control spread of fire with extinguisher, hose, wet blanket, etc. To the safest stairwell. Evacuation on patient floors only will be determined by the Nursing Superintend

KNOW Location of fire alarms on your floor

KNOW "Fire Alarm Code" for your area (found at the pull-box station)

KNOW Location and correct operation of fire extinguishing equipment

The term "**Code Red**" is used within the hospital in place of the word "Fire".

Do not use **elevators** during a "Code Red".

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Annexure 2: FIRE FIGHTING EQUIPMENTS & PROCEDURES

Class	Extinguisher	Type of Fire	Action Operation
ABC	**Dry powder**	Ordinary combustible fire, flammable liquid, electrical equipment	Smothers – removes 02 • Push toggle lever or pull pin. • Direct hose at base of fire. • Squeeze handle. • Cover all burning surfaces.
BC	**Carbon Dioxide (Red Cylinder)**	Flammable liquids, electrical equipment	Smothers – removes 02 • Push toggle lever or pull pin. • Direct hose at base of fire. • Squeeze handle. • Cover all burning surfaces.

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12. CODE: WHITE – VIOLENCE AGAINST HOSPITAL STAFF

Violence against medical practitioner Code Violet will be initiated for serious situations involving any individual(s) exhibiting or threatening violent behavior in an environment on hospital premises To identify measures which prevent and mitigate potentially violent situations and provide notice and direction to staff should a situation pose an immediate threat to the safety of themselves, patients, staff or visitors.

12.1 Procedure

12.1.1 Any staff witness to a violent incident or a situation, activate Code Violet by Dialing *200 on intercom and announce correct location inform to the console staff they will announce through public announcement system or call Security office on call 1954

12.1.2 In a violent situation, evacuate all persons, patients and bystanders, including oneself from immediate danger and with appropriate concern for the safety of all.

12.1.3 Security will respond and assume control over the scene.

12.1.4 Provide information about the incident to security

12.1.5 All staff members in other areas should stay away from the incident and keep patients and visitors from the location. If safe, essential medical treatment of patients will continue.

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ASSISTANT MANAGER QUALITY	CHIEF ADMINISTRATIVE OFFICER	DEPUTY MEDICAL SUPERINTENDENT

12.1.6 If the situation involves an employee, and that employee was the aggressor, Human Resources will assist the CEO on the proper course of disciplinary action in accordance with the Performance Improvement Management policy.

13. **CODE: BLUE - MEDICAL EMERGENCY**

Code blue is the most universally recognized emergency code. Code blue means there is a medical emergency occurring within the hospital.

   a) Policies and procedures guide the use of resuscitation services throughout the organization.

   b) All the employees of the hospital involved in direct patient care shall have a BLS certification.

   c) Medical Staff of Critical care, Anesthesia, Medical/Surgical, Critical Care Unit nurses, Emergency staff, OT staff, shall have an ACLS Certification.

   d) All nurses taking care of pediatric cases of the hospital shall have a PALS certification

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13.1 PROCEDURE:

13.1.1 Initiation of Code blue

- The hospital has uniform use of resuscitation services throughout the organization. "CODE BLUE" is an emergency code of alerting all medical, nursing, paramedical, allied health sciences personnel (Housekeeping, transport) of a cardiac arrest occurring within the hospital premises.

- Any personnel who find a person in apparent cardiopulmonary arrest or unresponsive condition may initiate code blue.

- The staff nurse on duty or the resident doctor or any other staff member, may suddenly find a patient in any area of the hospital, becoming unresponsive due to cardiac arrest. He/she shall provide basic life support and seek assistance by activating "Code Blue".

- In order to summon the code blue team, can press the *200 telephone number and inform to the console staff, they will announce through public announcement system and notify the code and location three times.

- As an immediate response to the activation, all concerned Code Blue Team member from the ED shall rush to the place of incidence with "Code Blue Kit". The first responder shall begin the Cardio Pulmonary Resuscitation. All other Code Blue team members fall in line.

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13.1.2. COMPONENTS

- An afferent component to ensure timely escalation of the deteriorating patient, usually using agreed physiological values as triggers.

- An efferent component with an individual or team of clinicians who can promptly respond to deterioration.

- **The team include**

  1. Emergency Physician on duty /Anesthetist on duty

  2. Duty Doctor

  3. ED Nursing supervisor on duty

  4. Nursing supervisor on duty

  5. Staff Nurse from ICCU / ICU

  6. ED PRO on duty

  7. Ward Staff

  8. Respiratory therapist

  9. Security & Supervisor on duty

  10. Biomedical Staff on duty

  11. House Keeping Supervisor on duty

- Governance and administrative structures to oversee and organize the service and its ways of working.
- Analytic mechanisms to learn from good and poor practices and to improve processes of care.

13.1.3 Roles & Responsibilities of Team leader.

- The Emergency Physician is the in charge /Team leader of the conduct of the code blue. He can assign the roles to the team members.

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- **The main responsibility of the Code blue in-charge is:**

  Assess patient and investigate clinical interventions and stabilize the patient.

  Assess response to treatment and arrange appropriate post event care.

  Ensure safe intra-hospital transfer of patient where required.

  Notify patient's normal treating team of interventions undertaken.

13.1.4 Roles & Responsibilities of duty doctor

- Assist Emergency Physician /Team leader in the code blue management.

- Assist with workflow.

- Inform consultant when required.

13.1.5 Roles & Responsibilities of Nursing supervisor / ED Nursing supervisor on duty

- The Nursing Supervisor shall be responsible for ensuring the following

- Care and notification of the family of the patient

- Inform the consultant

- Ensures the Rapid transport of blood samples to the laboratory.

- Inform the ICU in-charge and arrange bed for the patient if transfer required.

- Assist with workflow.

- Acquire extra resources as required.

- Assist with plans to transfer patient as required.

- Post code blue evaluation meeting

13.1.6 Roles & Responsibilities of Team members

The responsibilities of the other team members are as follows:

- One staff is responsible for the management of crash cart and preparation of medications.

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- One staff shall be responsible for direct patient related activities, such as administering medications, regulating the IV solution and patient evaluation.
- Ward nurses are expected to take on the role of scribing and ensure relevant documentation of the event is completed.
- Ward staff are involved in post event plans for treatment.

13.1.7 Roles & Responsibilities of respiratory therapist.

- In-charge of airway management and respiratory assessment
- Assisting in intubation
- Secure the settings of mechanical ventilator
- Obtains and reports arterial blood gas ordered.

13.1.8 Role of the Security & Supervisor on duty

- The security on duty in the department is responsible for the control of people and bystanders during the code blue for the efficient function.
- Inform lift attenders:
- Lift no: 1 will have call at Ground floor and 6th for any kind of emergency.
- Hold lift No. 1 for staff to reach the emergency location

13.1.9 Role of ED PRO

- Communicate with patient bystanders and console them

13.1.10 Record of code blue

- The events of the code blue shall be recorded in the patient file in a separate colour coded form which needs to be attached to the file.

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13.2 Post code blue analysis / evaluation

The post code blue meeting is conducted in the discussion room immediately after the code termination and the nursing supervisor is responsible to involve all the team members to the meeting. Post code blue evaluation form should be duly filled and get signed by all the team members. Reviewed in code blue review committee meeting.

13.3 Review of Code Blue

Quarterly meeting will be conducted to review the code blue and RRT event. The purpose of such review is to evaluate the quality of patient care and the outcome of the patient who suffered cardiopulmonary arrest or met RRT criteria. The data submitted for review is the duly filled code blue evaluation form. The evaluation criteria can be reviewed every year by code blue committee and director- medical operations.

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