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# HOSPITAL KANOWIT INTERNAL DISASTER / EMERGENCY PROTOCOLS

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FEBRUARY 27, 2024  
HOSPITAL KANOWIT  
Jalan Durin/ Kanowit 96700 Kanowit

**HOSPITAL KANOWIT EMERGENCY  
CODES**



**CODE BLUE**

Cardiopulmonary arrest ( Patient collapse ) happening to a patient requiring a team of providers to begin immediate resuscitative efforts.



**CODE RED / RED ALERT**

Obstetric Emergency or cardio pulmonary arrest ( Patient collapse ) happening to a patient in labour ward.



**CODE PINK**

Infant/ child abduction has occurred



**CODE GREY**

Aggressive person that needs to be handled



**CODE BLACK**

Bomb Threat

# Hospital Kanowit Emergency Protocols

Update

Last update on 1<sup>st</sup> July 2021

Next update on 27 February 2024



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**CODE BLUE**

**DISASTER PLAN**

**KANOWIT HOSPITAL**

**INTRODUCTION**

Kanowit Hospital uses the term **CODE BLUE** to indicate that there is a patients with **Life-Threatening Medical Emergency** which requires **IMMEDIATE** medical intervention to prevent death and disability.

Most likely cases include but not limited to:

- Patient unconscious/ low Glasgow Coma Scale (GCS)
- Cardiac/ respiratory arrest
- Patient fitting/ seizures
- Any condition that is potentially life-threatening and need to be attended to be immediately

**Plan of Action**

Any hospital staff that encounter with potentially life-threatening conditions or unconscious patients can call for a **CODE BLUE**. This is done by calling the Hospital Operator (during office hours) or ETD ( after office hours) and informing :

- 1) Say '**CODE BLUE**'
- 2) Inform regarding general information of patient ( age does not need to be specific, based on nearest estimate ). – i.e. 60 years old male , or 30 years old female
- 3) Inform on the general information of the emergency situation at hands – i.e. patient collapse, patient fitting, ongoing CPR, etc.
- 4) Inform the location of the **CODE BLUE** unit, HDU unit

**Role of the Hospital Operator**

1. Once the hospital operator received a **CODE BLUE** call, he/ she shall acknowledge and confirm the message received by the message once back to the caller.
2. Hospital operator shall immediately active the required staff to provide urgent medical management for the patient by informing :
  - a. Active On call Medical Officers
  - b. Passive On call Medical Officers
  - c. Assistant Medical Officers of ETD Unit
  - d. Staff Nurse of ETD Unit
  - e. Staff Nurse in-charge of all 4 wards
3. Hospital operator for standby if needed to contact ambulance driver, tertiary referral hospital, etc.

### **Role of A & E Unit staff**

1. In the situation where hospital operator is not available ( after office hours ), ETD staff shall assume the same responsibility as the hospital operator detailed above.
2. Once received call regarding a **CODE BLUE** situation, the emergency siren shall be turned on by the ETD staff. This is to alert hospital staff that there is an emergency situation on going, and help will be required.
3. If the **CODE BLUE** situation is occurring outside of ETD unit, either the staff nurse or Assistant Medical Officer of the unit shall attend to the emergency at location, while the other staff remain in ETD.

### **Role of Ward staff**

1. During the **CODE BLUE** situation, more staff is needed to help to ensure optimum care is provided for the patients. As such, wards staff that are available and not attending to any critical cases at the moment should provide assistance if possible.
2. The staff nurse in-charge of the ward shall mobilise any available staff to the **CODE BLUE** location as soon as possible, while still keeping the minimum number of staff in the ward to monitor condition of the patients.
3. Once the situation is under control or additional help is not needed, the staff may return to their usual duties in the ward.

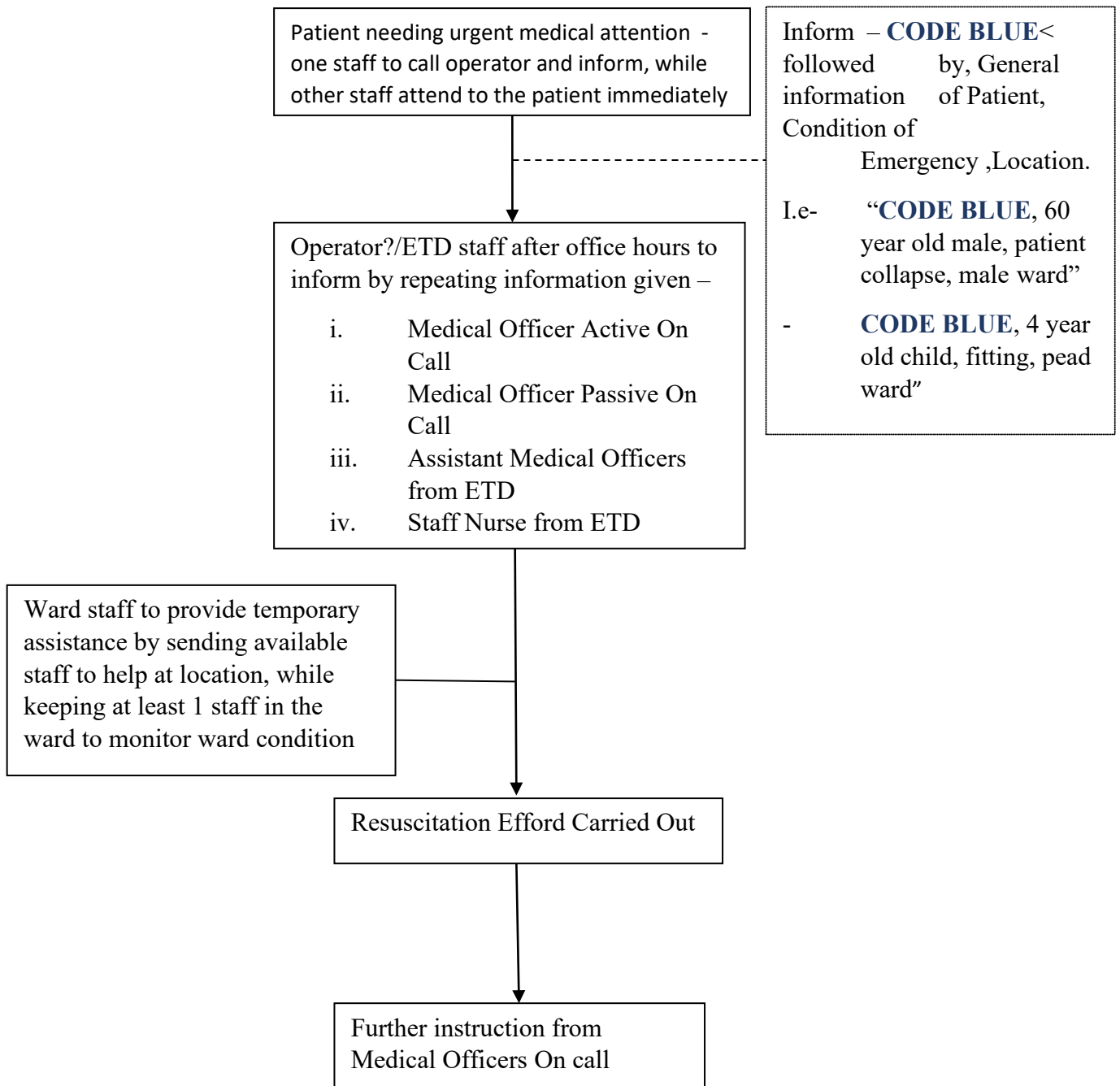
### **Role Of Medical Officer**

1. Once received call for **CODE BLUE**, the active and passive on call Medical Officers shall immediately attend to the situation as soon as possible.
2. The active on call Medical Officers shall be the team leader to lead the other staff in resuscitation efforts. Instruction should be given clearly to other Medical Officers And Paramedics to guide them and to delegate work effectively.
3. The passive on call Medical Officer shall assist the team leaders in resuscitation effort and shall escort the patient if referral to tertiary hospital is needed.
4. In the case where more help is needed, such as a difficult to manage patient or multiple critical cases, the Medical Officers may recruit the help of additional Paramedics or Medical Officers in the hospital.

### **Role Of Nursing And Assistant Medical Officers**

1. During the **CODE BLUE** emergency, all the nearby staff should work together as a team to ensure smooth resuscitation effort are carried out.
2. Each staff should be delegated appropriate duties to reduce confusion and disarray during hectic situations.
3. Tasks such as time/notes keeping, medication preparing and serving, Cardiopulmonary Resuscitation (CPR), intravenous access and blood taking, and many more others should be divided based on the available manpower at that moment.
4. Supporting services such as radiology and laboratory unit shall be contacted to prepare for urgent requests by the Medical Officers.

Flowchart of Action during the **CODE BLUE** situation



**CODE RED / RED ALERT**

**DISASTER PLAN**

**KANOWIT HOSPITAL**

**Introduction**

Kanowit Hospital uses the term **CODE RED** or **RED ALERT** to indicate that there is **Obstetric Emergency** which requires **IMMEDIATE** medical intervention to prevent death and disability.

Examples of cases include but are not limited to:

- Postpartum hemorrhage
- Fitting in a antepartum/peri-partum patient
- Infant born flat ( with low APGAR score )
- A collapsed pregnant patient or medically unstable patient

**Plan of action**

A **CODE RED** situation is most likely encountered in the maternity ward. Any staff that encounter patients with such life- threatening conditions can call for a **CODE RED/ RED ALERT**. This is done by calling the Hospital Operator ( during office hours ) or ETD unit (after office hours ) and informing :

1. Say ‘ **CODE RED**’ or ‘**RED ALERT**’.
2. Inform on regarding general information of patient ( age does not need to be specific, based on nearest estimate) i.e. 30 year old female or new born infant.
3. Inform on the general information of the emergency situation at hand i.e. patient collapse, patient fitting, infant born flat, etc.
4. Inform the location of the **CODE RED/ RED ALERT** i.e. Maternity ward, labour room.

**Role of the Hospital Operator**

5. Once the hospital Operator received a **CODE RED** call, he/she shall acknowledge and confirm the message received by repeating the message once back to the caller.
6. Hospital operator shall then immediately active the require staff to provide urgent medical management for the patient by informing:
  - a. Active On call Medical Officer
  - b. Passive On call Medical Officers
  - c. Assistant Medical Officers of ETD
  - d. Staff Nurse of ETD
7. Hospital Operator for standby if needed to contact ambulance driver, tertiary referral hospital, etc.

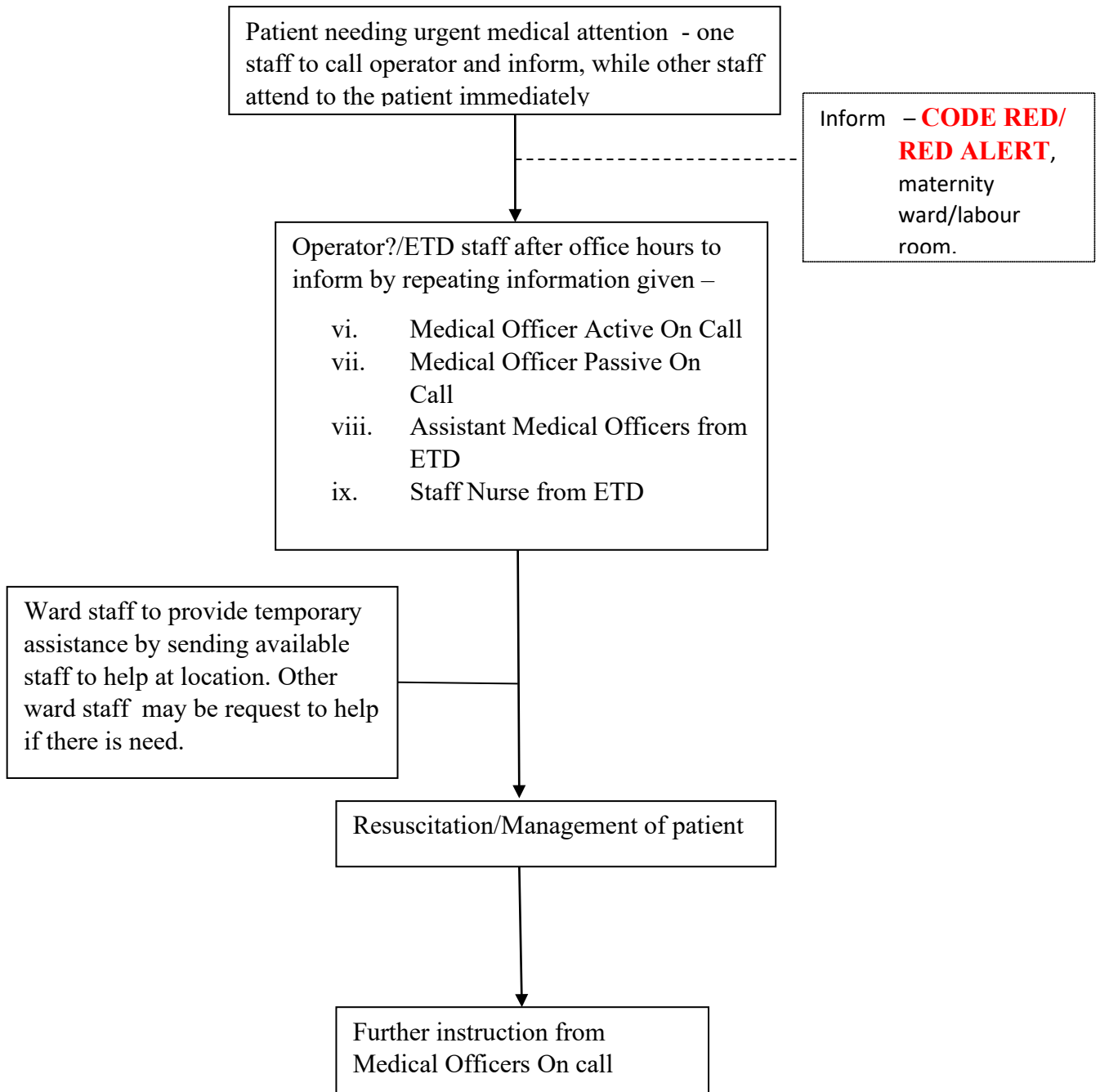
### **Role of medical officers**

8. Once received call for **CODE RED**, the active and passive on call Medical Officers shall immediately attend to the situation as soon as possible.
9. The active on call Medical Officer shall be the team leader to lead the other staff in resuscitation efforts. Instructions should be given clearly to other Medical Officers and Paramedic to guide them and to delegate work effectively.
10. The passive on call Medical Officer shall assist team leader in resuscitation efforts and shall escort the patient if referral to tertiary hospital needed.
11. In the case where more help is needed, such as a difficult to manage patient or multiple critical case the Medical Officers may recruit the help of additional Paramedics or Medical Officers in the hospital.

### **Role Of Nursing Staff And Assistant Medical Officers**

12. During a **CODE RED** emergency, all nearby staff should work together as a team to ensure smooth resuscitation efforts are carried out.
13. Each staff should be delegated appropriate duties to reduce confusion and disarray during hectic situations.
14. Task such as time/ notes keeping, medication preparation and serving, Cardiopulmonary Resuscitation ( CPR), intravenous access and blood taking, and may more others should be divided base on the available manpower at that moment.
15. Supporting services such as Radiology and Laboratory until shall be contacted to prepare for urgent requests by the Medical Officer.

Flowchart of Action during the **CODE RED/RED ALERT** situation



**CODE PINK**

**DISASTER PLAN**

**KANOWIT HOSPITAL**

**Introduction**

Kanowit Hospital use the term “**CODE PINK**” to announce that an infant/ child is missing and cannot be found. This applies to both infant/child patients and family members of patient/ visitors. The missing child shall be assumed to be abducted until the child is found or proven otherwise. All effort should be taken to prevent the missing child to be brought out of the hospital compounds is possible. This should be achieved with the help of hospital staff and also security guards of hospital. The help of the local police authority should always be elicited to assist in the case of child abduction.

**Plan of action**

1. Whenever a family member report to hospital staff that their infant/child is missing, the staff shall immediately double check with nearby/ other family members regarding the whereabouts of the child. If none of the family members are able to locate the child, staff immediately activate the **CODE PINK** protocol.
2. To initiate **CODE PINK**, staff shall call the hospital operator and report the situation. Staff must give their name and unit along with other simple information such as the estimated age of the missing child ( i.e 2 month baby, 5 year old girl ). The operator will acknowledge information received and repeat the message back to the caller.
3. The operator will then immediately call the hospital security guard on duty to block all entrance and exit o the hospital. Next, operator shall inform to the Hospital Director, Head of Nursing, Nursing Sister On call ( after office hours) and all units. After that, operator shall inform the situation to the local Kanowit District Police Department for their assistant.
4. All hospital staff should be on high alert and watch out for suspicious individuals and children that fit the description of the missing child. As the missing child might be brought to any part of the hospital, every hospital staff shall play an important role in helping to find him/her.
5. All entrances an exits of wards are observed and blocked by ward staff. No patient, family members or members of the public are allowed to go in or out of the ward during the **CODE PINK** situation. The Maternity Ward and Pediatric Ward staff shall immediately check to ensure that each baby/ child in their care is present and accounted for. All Ward staff must immediately search the entire unit, such as closet, underneath beds, behind curtains, in side rooms, Treatment rooms and Labour rooms.
6. Only after a unit has been cleared by the in charge Nurse and/or the search of the unit has been completed, the entrances and exits of the unit are opened.
7. All hospital entrances and exits are blocked until the situation is resolved or order to stand down is issued by the Hospital Director/ Head of nursing/ Nursing Sister On Call.

### **Care of the Family of the Missing Child/ infant.**

1. Move the parent of the infant/child to private room for privacy.
2. Have a nurse remain with the parent at all times for essential communication, comfort and support.

### **Other Administrative Duties of the In Charge Nurse.**

1. Locate and secure the infant's medical records.
2. Locate and secure the infant's blood sent for metabolic screen or ], if available, other blood sample.
3. Inform the Hospital Director and the Head of Nursing.
4. Nursing Manager or In Charge Nurse briefs all staff in the unit.
5. Nurse should then explain the situation to each mother in the unit while the mother and their infant(s) are together.

### **Roles of the Hospital Operator**

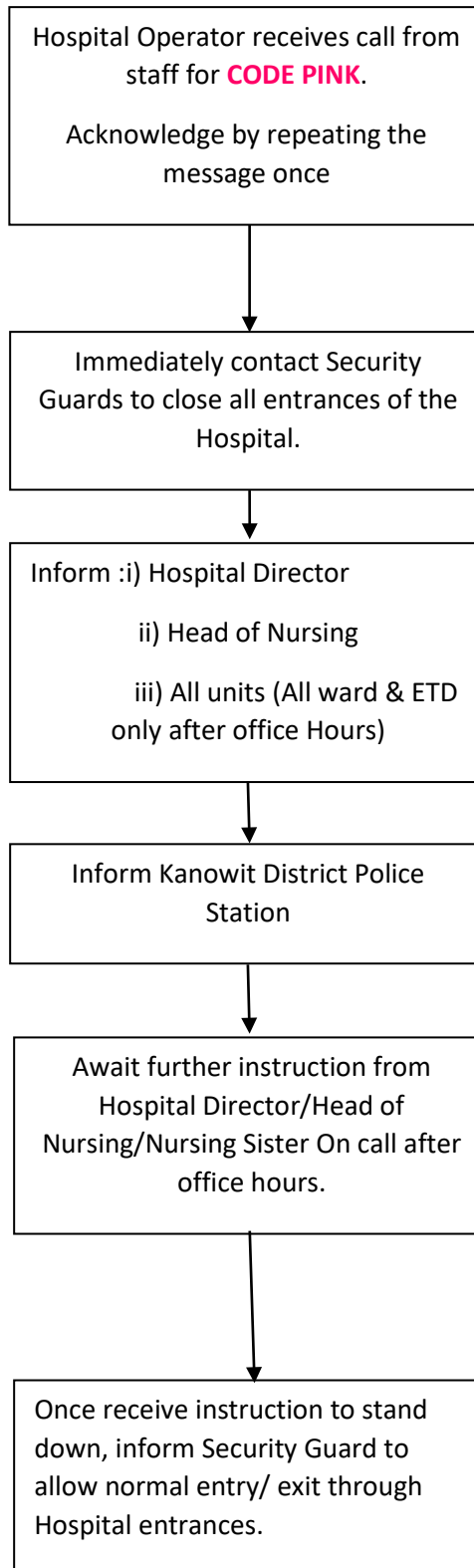
1. Once a call is received from a hospital staff initiating **CODE PINK**, the Hospital Operator shall write down the information given and time of call for documentation purposes.
2. Repeat the information once back to the caller to ensure accuracy of the information received.
3. Immediately inform Hospital Security Guards to close all entrance and exit of the hospital.
4. Inform the Hospital Director, Head Of Nursing, Nursing Sister On call and all active units regarding **CODE PINK** situation.
5. Report the situation to local Kanowit Police Station and ask for their urgent assistant.
6. Await further instructions from Hospital Director, Head of Nursing or Nursing Sister On Call.

### **Role of the Hospital Security Guards**

1. Once received **CODE PINK** from Hospital Operator, the Hospital Security Guard should immediately close all entrance and exit of the hospital. This is to prevent the missing infant/child to be brought out of the grounds, if the abductor was still within the hospital compound.
2. Once all entrances and exits are close, screening should be done for all personnel coming in or going out of the hospital compound.
3. Any vehicles trying to leave the facility shall be check by security guard.
4. Any child/ infant that fits the description of the missing person shall be stopped from leaving the hospital grounds.
5. Entrances and exits can be fully opened again after received order from Hospital Director/ Head Of Nursing/ Nursing Sister On call to stand down.

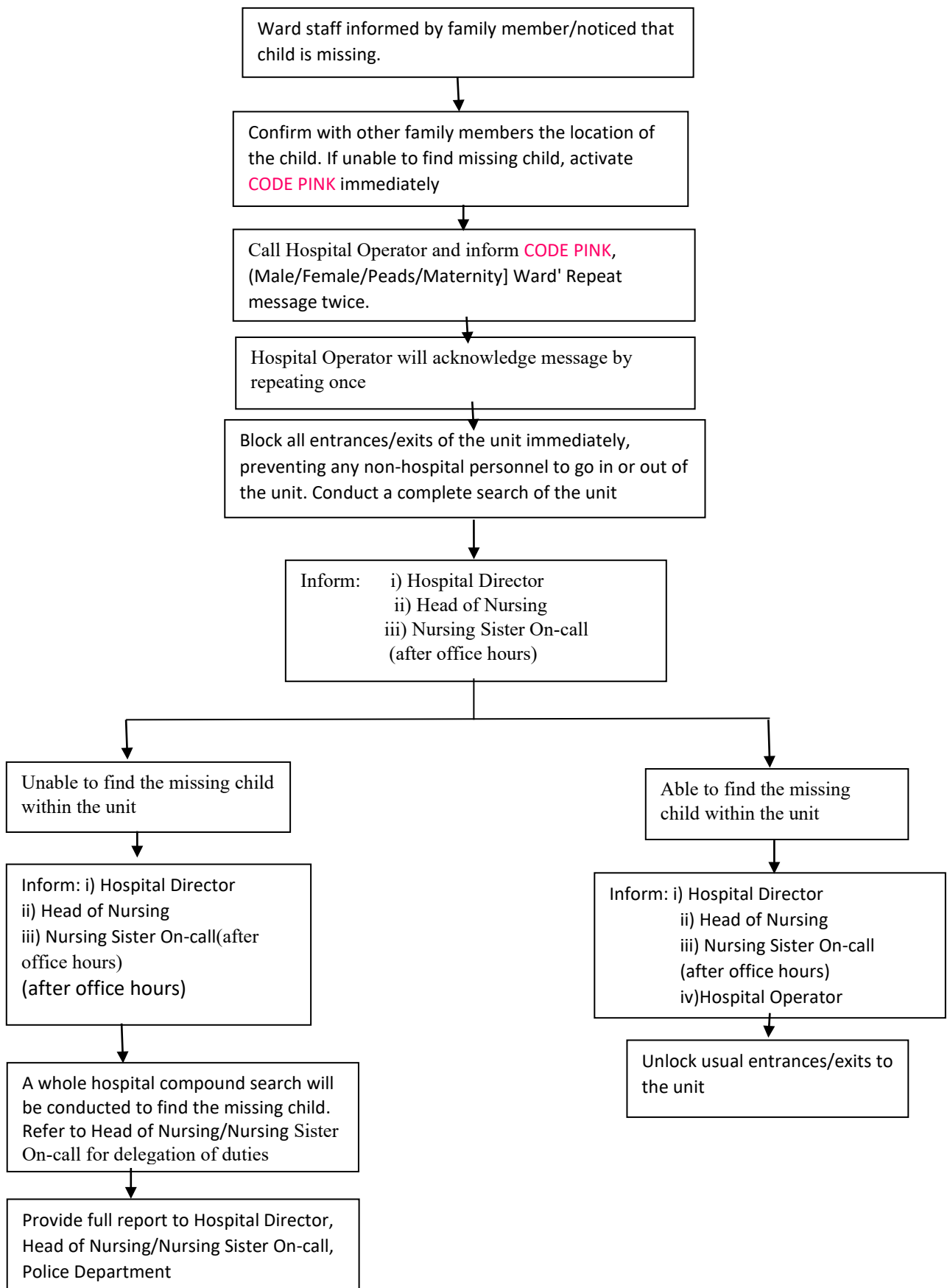
**Flowchart of Action during CODE PINK situation**

**Role of Hospital Operator**



Flowchart of Action during **CODE PINK** Situation

**Role of Ward Staff**



**CODE GREY**  
**DISASTER PLAN**  
**KANOWIT HOSPITAL**

**Introduction**

Kanowit Hospital uses the term 'CODE GREY' to announce that an **aggressive patient** needs to be controlled. The individual may either be unarmed or is in possession of a dangerous weapon. Due to the nature or equipment and items around the hospital, even an unarmed individual may acquire dangerous items such as needles, blades and etc. that may be used to cause harm to hospital staff or other patients. As such, any aggressive individual shall need to be dealt with seriously and with the utmost precaution to prevent any injuries from occurring.

Hospital staff play the most important role in identifying and dealing with aggressive or potentially aggressive individuals as help from security guards or police department might take some time to arrive at the scene of incident.

**Plan of action**

1. If a patient, family member or any individual is visibly in anger, verbally abusive such as shouting screaming, or physically harming others or destroying hospital property, any nearby hospital staff should assess the situation immediately.

2. Initial actions should be taken to try to de-escalate the situation. Such as action may include:-

- Talking to the individual to understand the situation that is happening. Staff should try to find out the cause of the aggression of the individual, and whether this cause can be removed from the situation.

- Asking family members or nearby people regarding any incident that occurred recently that may have triggered such emotions and actions.

3. If initial actions are unsuccessful in de-escalating the situation, staff shall quickly initiate CODE GREY. To initiate CODE GREY, staff shall call the telephone operator and report that there is an aggressive patient. Staff shall give their name and unit.

4. The telephone operator will announce the location and alert all units that 'CODE GREY' is in progress. all personnel be on alert. Security Guards shall be informed as soon as possible and the District Police Station to be informed immediately after if police help is required.

5. The staff will immediately call the on-call Medical Officer for physical and mental evaluation and take control of the situation.

6. Do not engage or come in contact physically with the aggressive individual. This is to avoid triggering or aggravating the individual further as they may perceive physical contact as a threat to themselves.

7. Keep a safe distance away from the individual. This is to ensure the individual cannot easily harm the hospital staff or even take a hospital staff as hostage in severe situations.

Call the police immediately if the aggressive individual:

Makes any verbal or physical threats, Acts destructively (e.g. hits the walls, destroys equipment, hits someone). Is noisy, hyperactive and won't quiet down after 1 or 2 requests. Is armed (eg gun, Knife or broken bottle.)

The use of manual / mechanical restraint should only be considered (and used only as the last resort) when the patient or the individual is at immediate risk of self-harm or harm to others and all reasonable steps have failed to seek resolution without physical contact.

**Dealing with violence:**

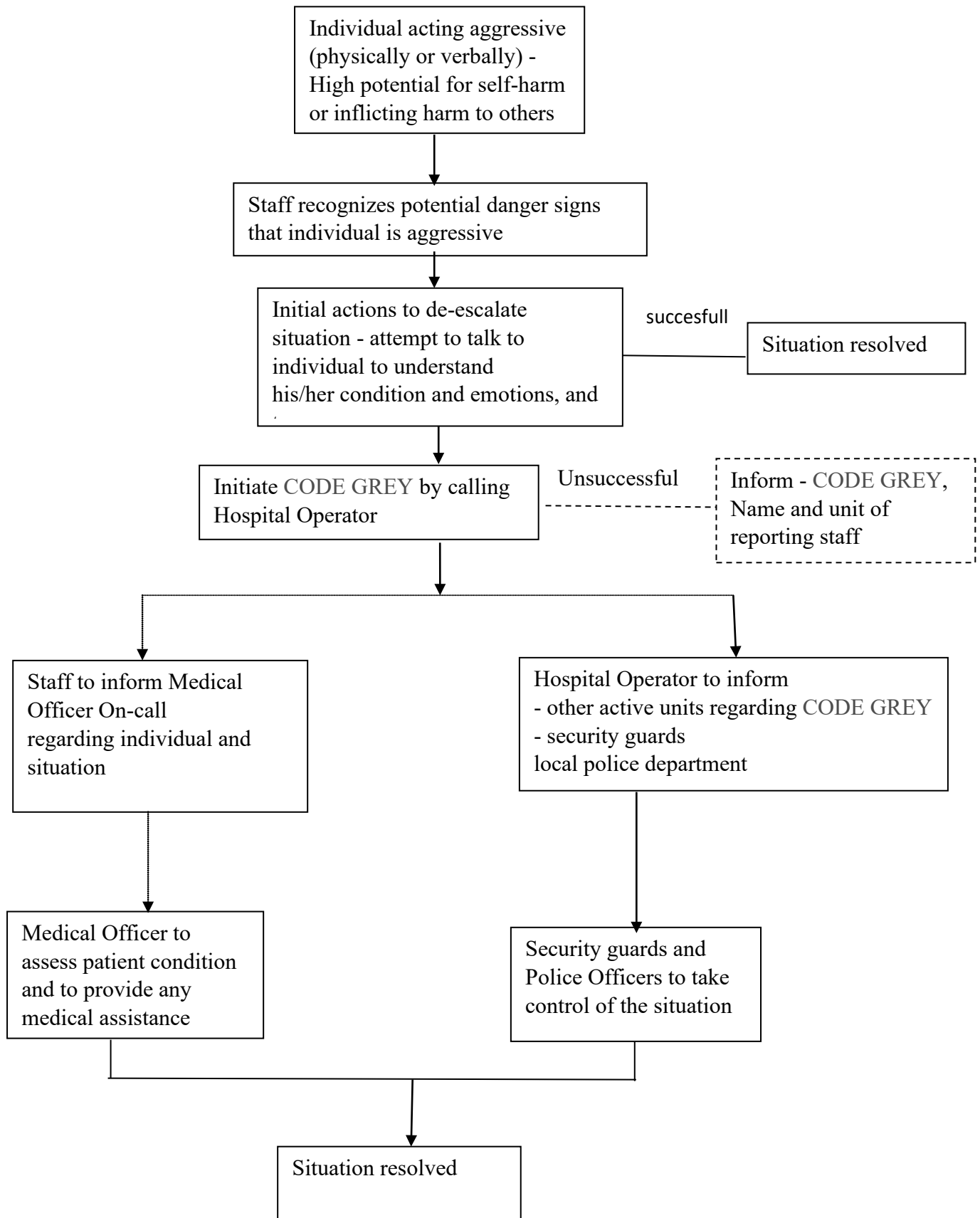
The essential points when dealing with violence are to:

1. Work as a team.
2. Do not put yourself or your colleagues in danger.
3. Evacuate other patients.

**Other Administrative Duties of the Charge Nurse**

1. Where an injury has been sustained (irrespective of how serious), the injured party should be advised to consult with a doctor before leaving the premises.
2. Inform the Hospital Director and the Head of Nursing.
3. Consent for restraining patient shall be taken from patient's next of kin/ relative, or in the situation where patient is aggressive with immediately danger to himself others and no next of kin is present, the attending staff shall be given the authority to restrain the patient based on the staffs best judgment.
4. Details of the incident will be entered in the patient's medical record or the employee's personal file unless it has been decided that no further action will be taken.
5. An incident report form should be completed as soon as possible after the incident.

**Flowchart of Action during CODE GREY situation**



**CODE BLACK**  
**DISASTER PLAN**  
**KANOWIT HOSPITAL**

**Introduction**

Kanowit Hospital uses the term **CODE BLACK** to represent when there is a bomb threat within the compounds of the hospital. This represents a significant risk to the safety of the staff and to the structures within the blast radius of the bomb. The most common way a bomb threat is invoked is through direct communication by a person within the hospital area or through a phone call to hospital staff stating that there is a bomb within the premise.

Any bomb threat must be taken seriously and assumed to be real until definitively proven otherwise. Therefore, any staff encountering a **CODE BLACK** situation must already be prepared to deal with the situation when it arises. Every effort should be taken not to aggravate the person claiming the bomb threat to prevent escalation of the situation.

**Plan of action**

1. Upon receiving a call or information of a bomb threat from an individual, the receiver should do the following:
  - i) Keep calm and gather as much information as possible from the individual.
  - ii) Do not be in a hurry to end the call. Let the caller terminate the call.
  - iii) Take notes (using appendix A) and encourage the individual to keep talking. This may reveal precious information regarding the location and nature of the bomb, and also allow hospital authorities to deduct the identity of the individual through the individual's knowledge of the hospital and its structures. The age, race and other important details may sometimes be deduced from the pattern and mannerism of speech of the individual.
  - iv) The person receiving the call should try to obtain information about the bomb by asking about its location, timing devices and packaging.
2. Notification of the receipt of a bomb threat phone call shall be accomplished in a manner that avoids being overheard by other personnel in the vicinity.
3. Only designated personnel (listed below) shall be notified so as to avoid undue apprehension on the part of other employees and patients.
4. The person receiving the call shall then inform their immediate supervisor using the term **CODE BLACK** and giving relevant information pertaining to the situation.
5. The supervisor shall then inform to the hospital operator, for further actions in informing designated individuals, and to the hospital director for further instructions.
6. If the bomb threat received is in a written form, the letter shall be forwarded immediately to the Head of Administration Unit for evaluation. He/she will then inform the Hospital Director for further action to be taken and activation of **CODE BLACK**.

**Role of Hospital Operator**

- 1) Upon receiving a CODE BLACK, the hospital operator shall immediately notify the following:

**During Normal Working Hours**

<b>Contact Person</b>	<b>Phone Number</b>
Hospital Director	Ext. 201
Hospital's Head of Engineering	Ext. 214
One MediCare Facility Manager	Ext. 220
Kanowit District Police Department	084- 752 222
Kanowit District Fire and Rescue Department	084- 752 444

**After Office Hours, Weekends, and Holidays**

<b>Contact Person</b>	<b>Phone Number</b>
Hospital Director	Ext. 201 /011-26806383
Head of Engineering	012-5441119
Head of Nursing	019-8503744
Kanowit District Police Department	084-752 222
Kanowit District Fire and Rescue Department	084- 752 444/ 019-2554214

- 2) Only designated personnel shall be notified to avoid undue apprehension of the hospital employees and patients

**Role of Other Hospital Staff**

1. Any hospital staff who receives a bomb threat call shall follow the plan of action detailed above.
2. Immediately inform the direct supervisor for further action.
3. When directed, all entrances and exits should be monitored.
4. Hospital security guards should prevent outsiders on entering the hospital area to avoid increasing the number of people at risk. Anyone leaving hospital areas should have their identities and contact details recorded. All hospital personnel entering the area will be required to present their hospital D for verification.

### **Guidelines for conducting hospital search**

1. special care shall be taken to avoid alarming patients and employees. Patients or visitors should not be informed that there has been a bomb threat. They should be told that a routine security check is being made.
2. The respective head of unit in the department at the time of the alert is called shall commence with a preliminary search in their own unit's area.
3. Special attention shall be given to those areas where the public has easy access. In areas not identified with a particular department, the searches shall be conducted by personnel designated by the Engineer In-charge & Hospital Support Service staff.
4. Hospital personnel shall work closely with law enforcement and fire department officials in conducting their search.
5. Should any unusual object be found. the coordinator should be contacted immediately.

### **DO NOT ATTEMPT TO REMOVE OR INVESTIGATE ANY UNUSUAL OBJECT. THIS SHOULD BE DONE BY TRAINED DEMOLITION PERSONNEL**

6. All designated personnel (those who receive notification) shall report immediately to the Hospital Director / operator in the Operation Room of the Hospital.
7. The Hospital Director shall check with the operator or call recipient to get as much information about the threat as possible.
8. The Kanowit Police and Fire Personnel who arrive in response to the notification shall be met by the Hospital Director or Engineer in charge on duty.
9. Upon arrival, the group shall move to the nearest available office (Bilik Mesyuarat) so that the bomb threat may be discussed away from public view. Offices which may be used include the Administrative Office, Conference Room or Nursing Services Office.
10. The police and fire departments shall be given as much information as possible; and after discussion, their recommendations as to what further steps should be taken will be followed.

### **Evacuation Procedure**

1. Before removal efforts commence, police and fire officials shall consult with the Hospital Director to determine advisability of evacuation.

In determining the extent of evacuation required, it shall be assumed that a bomb may cause damage

property and fatal or serious injury to persons within an area of at least 300 feet from the point of explosion.

Evacuation beyond this point may be ordered by experts on the scene.

2. If patient evacuation is necessary, the Hospital Director shall immediately consult with the State Director.

Ambulatory patients shall be directed, under the supervision of the nursing supervisor, to patient's room, a safe distance from the object.

Since the evacuation will be temporary, rooms do not have to be unoccupied to be used for this purpose.

Patients affected by the evacuation shall be informed that the Fire Department is in the hospital to remove a hazardous object to ensure complete safety.

Bed bound patients shall be transported on trolleys/beds, properly secured, to rooms in safe areas and shall be attended by the staff.

3. Employees in the affected area shall be evacuated outside the building.

**Conclusion of a bomb threat incident**

At the conclusion of a bomb threat incident, an "all clear" shall be passed orally to only those who have been involved.

The Hospital Director, police and fire person shall review the incident.

Attention shall be given to any changes needed in the Bomb Threat Plan to provide better response.

\_\_\_\_\_ (Name of Safety Officers)  
Safety Officer  
Kanowit Hospital.

**BOMB THREAT**

Date:..... Time:.....

Exact language used by caller: .....

Location of Bomb:.....

Time set to go off:.....

Sex of caller: Male :  Female :

Type of Speech of caller (any distinguishable characteristics of speech):  
.....

Background noise(s) heard:.....

Name of person who received the call:.....

**Did you notify:**

**Working Hours (Office Hours)**

**Check if notified:**

- Hospital Director Ext 201
- Hospital Engineering In- charge Ext 214
- HSS facility Manager Ext 220
- Police Department 752222
- Bomba 752444

**After Office Hours, Weekends and Public Holidays**

- Hospital Director Ext 201 /011-26806383
- Head of Nursing 019-8503744
- Hospital Engineering In-charge 012-5441119
- Police Department 752222
- Bomba 752444