



Hospital “Code Black” Policy

A hospital on “Code Black” status means the hospital Emergency Department is closed to all patients (ambulance and walk-in patients) due to an internal emergency. Internal emergencies are defined as:

- minor/major damage to facilities or other events that compromise the health, safety and/or security of patients, visitors and/or staff; and
- an event that renders the Emergency Department unavailable to the public, and requires relocation or evacuation of the Emergency Department.

Examples of internal emergencies include, but are not limited to, events such as fires, explosions, hazardous material spills or releases, or other environmental contamination, flooding, power or other utility failures, bomb threats, or violent or hostile actions in the Emergency Department.

When an internal emergency occurs and facility administrators and/or applicable medical staff determine that the Emergency Department must be closed to patient admission, the hospital should immediately activate its existing internal disaster plan. The hospital disaster plan should include provisions for alternate emergency facilities to screen patients who arrive at the emergency department by private vehicles, and/or provisions for standby ambulance services for transport, in the event that patients arrive at the hospital and need immediate care for an emergency medical condition during a Code Black event.

As part of its reporting obligations, the hospital must immediately:

Notify the following agencies regarding the specific circumstances or conditions prompting the event. Identify the name and title of the hospital administrator or designee who authorized the Code Black, and, if possible, provide a projected timeline for resolution of the event.

- 1) Immediately notify the Regional Central Medical Emergency Direction Center (CMED). CMED will notify Ambulance Services in the region and contiguous region(s) of the hospital’s Code Black status. CMED may be contacted via radio communication, or by phone as follows:

Region 1 CMED	413-846-2662
Region 2 CMED	508-854-0100
Region 3 CMED	978-946-8130
Region 4 CMED	617-343-1400
Region 5 CMED	508-362-4335 (Barnstable) 508-747-1779 (Plymouth) 508-995-0520 (Bristol)

- 2) Immediately notify the Department of Public Health, Emergency Preparedness Bureau (DPH/EPB) 24-hour on-call duty officer at pager number 617-339-8351.
- 3) Immediately notify the Department of Public Health, Bureau of Health Care Safety and Quality (DPH/BHCSQ), regarding fires, full or partial evacuation of the facility for any reason, serious criminal acts, and other serious incidents or accidents that occur on the licensed premises, in accordance with 105 CMR 130.331. The 24-hour contact number is 1-800-462-5540.

(Note: If a hospital makes a report of any incident pursuant to 105 CMR 130.331(A), (B) or (C), and the incident meets the definition of Serious Reportable Event in 105 CMR 130.332, the hospital also shall comply with the requirements of 105 CMR 130.332).

If it is subsequently determined that patients need to be evacuated the Regional CMED must be re-contacted, as well as the Regional EMS Office, to coordinate the evacuation. EMS Regional Office contact information is:

Region I: Western Mass EMS Committee, Inc.	(413) 586-6065
Region II: Central Mass EMS Corporation	(508) 854-0111
Region III: NorthEast EMS Incorporated	(781) 224-3344
Region IV: Metropolitan Boston EMS Council	(781) 505-4367
Region V: Southeastern MA EMS Council	(508) 946-3960

In the event of an evacuation call, the Regional EMS Office will contact the local Regional Medical Coordination Center (RMCC), if available in the region.

When the condition that prompted the Code Black declaration has been resolved, the hospital must immediately notify CMED via radio communication, or by phone, and page the DPH/EPB on-call duty officer to provide an updated condition status of the Emergency Department. The DPH/EPB on-call duty officer will notify the DPH/BHCSQ of the Code Black event resolution.

The hospital must submit a written after-action report to DPH/BHCSQ within 14 days of the event via the Electronic Health Care Facility Reporting System (HCFRS) when enrolled, or by FAX to Intake at 617-753-8165; DPH/BHCSQ will share a copy of the report with the Director of DPH/EPB or her/his designee. The after-action report shall describe the circumstances that prompted the Code Black declaration and actions taken to resolve, recover and resume operations, e.g., decontamination of equipment, facilities, etc.