The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
99 Chauncy St., 11th Floor
Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-624-6000
www.mass.gov/dph

Circular Letter: DHCQ 15-4-635

TO: Chief Executive Officers, Massachusetts Acute Care Hospitals; EMS Regional Directors

FROM: Deborah Allwes, BS, BSN, RN, MPH, Director, BHCSQ DSA
Michael Kass, JD, MS, EMT, Director, Office of Emergency Medical Services
Mary Clark, JD, MPH, Director, Office of Preparedness and Emergency Management

SUBJECT: Hospital "Code Black" Policy

DATE: April 16, 2015

This circular letter replaces previously issued Circular Letter DHCQ 13-2-585 and explains additional requirements for notifications to appropriate agencies during a "Code Black" event beyond the reporting required pursuant to 105 CMR 130.331.

Ambulance diversion is defined as an active statement that patients who are arriving by ambulance will not be accepted by a receiving facility.

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 that render the Emergency Department unavailable to the public, or 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 impacting the Emergency Department.

When a hospital's Emergency Department status is "Code Black" the Emergency Department is closed to all patients (ambulance and walk-in patients) due to an internal emergency. In Massachusetts, the only circumstance under which an Emergency Department may divert all incoming ambulances is when the Emergency Department is under "Code Black" status. "Code Black" occurrences in Massachusetts hospitals have resulted from fires, chemical or other environmental contamination, and flooding due to broken water main pipes.

If you have any questions about the information in this circular letter, please contact the Hospital Complaints Supervisor (617-753-8204) at the Bureau of Health Care Safety and Quality, or the EMS Liaison (617-212-5929) at the Office of Preparedness and Emergency Management.

We request that you forward this circular letter and the attached Hospital Code Black Policy to the following staff at your hospital, and any others as appropriate: Chief Medical Officer, Chief of Emergency Services, Chief Nursing Officer, Emergency Preparedness Coordinator and QA Director/Risk Manager.

CC: DPH Boarding and Patient Flow Task Force
Anuj Goel, Massachusetts Hospital Association
Iyah Romm, Health Policy Commission

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; or 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 impacting 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 must 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.

A situation requiring Code Black status is a serious incident as described in 105 CMR 130.331(A). Pursuant to 105 CMR 130.331(A), the hospital must immediately Notify the Department of Public Health, Bureau of Health Care Safety and Quality (DPH/BHCSQ). The 24-hour contact number is 1-800-462-5540.

(Note: If a hospital reports an incident pursuant to 105 CMR 130.331(A), and the incident also meets the definition of a Serious Reportable Event in 105 CMR 130.332, then the hospital also must comply with the requirements of 105 CMR 130.332).

In addition to its reporting obligations pursuant to 105 CMR 130.331, the hospital must immediately:

1) 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.

2) Notify the Regional Central Medical Emergency Direction Center (CMED) regarding the specific circumstances or conditions prompting the event. CMED will notify Ambulance Services in the region and contiguous region(s) of the hospital's Code Black status via radio and/or telephone and may use other means to augment communications as approved by the region. CMED will notify the Regional EMS Office of the hospitals Code Black Status. CMED may be contacted via radio communication, or by phone as follows:

Region 1 CMED	413-846-6226
Region 2 CMED	508-854-0100
Region 3 CMED	978-946-8130
Region 4 CMED	617-343-1499
Region 5 CMED	508-362-4335 (Barnstable)
	508-747-1779 (Plymouth)
	508-995-0520 (Bristol)

3) Notify the Department of Public Health, Office of Preparedness and Emergency Management (DPH/OPEM) 24-hour on-call duty officer at pager number 617-339-8351.

If it is subsequently determined by the facility or DPH that patients need to be evacuated, the Regional CMED must be re-contacted via radio communication or the phone numbers listed above. CMED will contact the Regional EMS Office and. the Regional Medical Coordination Center (RMCC), if available in the region to coordinate the evacuation.

When the condition that prompted the Code Black declaration has been resolved, the hospital must:

1) Immediately notify CMED via radio communication or by phone, and page the DPH/OPEM on-call duty officer to provide an updated condition status of the Emergency Department. The DPH/OPEM on-call duty officer will notify the DPH/BHCSQ of the Code Black event resolution;

2) Submit a Code Black incident report briefly describing the event via the Electronic Health Care Facility Reporting System (HCFRS) as soon as reasonably possible after the event;

3) Attach to the submitted incident report, via HCFRS, a written after-action report to DPH/BHCSQ within 14 days of the event.
   a. DPH/BHCSQ will share a copy of the report with the Director of DPH/OPEM or her/his designee.
   b. The after-action report should 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.