The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health  
Bureau of Health Care Safety and Quality

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**Memorandum**

**TO:** Chief Executive Officers, Massachusetts Acute Care Hospitals;

EMS Regional Directors

**FROM:** Elizabeth Kelley, Director, Bureau of Health Care Safety and Quality

Kerin Milesky, Director, Office of Preparedness and Emergency Management

**RE:** Department of Public Health’s Hospital “Code Black” Policy

**DATE:** October 16, 2020

The purpose of this memorandum is to provide information to hospitals on the notification and reporting requirements to appropriate agencies during a “Code Black” status.

This memorandum replaces previously issued Circular Letter DHCQ 15-4-635.

For purposes of this memorandum, the following terms are defined as:

Ambulance diversion is defined as an active statement that patients should not be transported by ambulance to the receiving facility. In Massachusetts, the only circumstance under which an Emergency Department may divert incoming ambulances is when the Emergency Department is under "Code Black" status, as defined below.

“Code Black” status is defined as when a hospital’s Emergency Department is closed, as declared by an authorized hospital administrator, to all patients (ambulance and walk-in patients) due to an internal emergency.

Internal emergency is 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. Internal emergencies include, but are not limited to, events such as:

* Fires;
* Explosions;
* Hazardous material spills or releases;
* Other environmental contamination;
* Flooding;
* Power or other utility failures;
* Bomb threats; or
* Violent or hostile actions impacting the Emergency Department.

Unavailable Service Notification is defined as a communication by a hospital to ambulance services of a temporary change in the Emergency Department capabilities. An unavailable service notification should be communicated to ambulance services if any of the following operational conditions exist: closure of the operating room; lack of CT scan services; and closure of catheter lab.

**Department of Public Health Hospital Code Black Policy:**

When an internal emergency occurs and facility administrators and/or the 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 must include provisions for alternate emergency facilities to screen patients who arrive at the Emergency Department by private vehicles, and 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 Code Black status.

During a declared Code Black status, if any ambulance, regardless of whether it is owned by the hospital, disregards the hospital’s instructions and brings an individual on to the hospital campus, the individual is considered to have “come to the hospital” as defined by EMTALA. If an individual comes to the hospital, even during a declared Code Black status, the hospital must: (i) provide an appropriate medical screening examination within the capability of the hospital’s emergency department; and if an emergency medical condition is determined to exist, provide any necessary stabilizing treatment prior to making an appropriate transfer to another hospital.

An interruption in service alone or a temporary change in the Emergency Department capabilities is not a reason for a hospital to declare Code Black status. Hospitals are encouraged to make an unavailable service notification to Central Medical Emergency Direction Center (CMED) to ensure that incoming ambulances are aware of the temporary change to the hospital’s capabilities. The EMT with patient care, in consultation with online medical control, should make the determination if the hospital is still the closest appropriate choice for the patient. For example, in the event a hospital lacks CT scan services, while this is not a reason to declare Code Black status, the hospital must communicate an unavailable service notification to CMED, who will communicate the information to ambulance services in the area, so that patients who may require the CT scan service are transported to another facility.

A situation requiring Code Black status is a serious incident as described in 105 CMR 130.331(A). **Three related but separate processes must be followed:**

1. **Immediate *notification* to CMED then DPH Duty Officer of the Code Black status,**
2. **Immediate *notification* to CMED and DPH Duty Officer After Conclusion of Code Black status**
3. ***Reporting* of the incident to DPH/BHCSQ.**
4. **Immediate Notification to CMED and DPH Duty Officer of the Code Black status**

**When there is an internal emergency which requires a declaration of Code Black status, 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 CMED(s) 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. CMED will notify the Regional EMS Council’s Executive Director (or designee) of the hospital’s Code Black Status. Hospitals must contact CMED via radio communication, or by phone as follows:

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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)

1. Notify the Department of Public Health (DPH) 24/7 on-call Duty Officer at pager number 617-339-8351.

If it is subsequently determined by the facility that patients need to be evacuated, the CMED(s) and DPH Duty Officer must be re­contacted via radio communication or the phone numbers listed above. CMED will contact the Regional EMS Council’s Executive Director (or designee).

1. **Immediate Notification to CMED and DPH Duty Officer After Conclusion of Code Black Status**

**When the internal emergency that prompted the Code Black status declaration has been resolved, the hospital must:**

1. Immediately notify CMED via radio communication or by phone, and page the DPH on-call Duty Officer to provide an updated condition status of the Emergency Department.

**C. Reporting of the Incident to DPH/BHCSQ**

Pursuant to 105 CMR 130.331(A), the hospital must report the Code Black status to the Department of Public Health, Bureau of Health Care Safety and Quality (DPH/BHCSQ) via the Health Care Facility Reporting System (HCFRS).

1. Submit a Code Black incident report briefly describing the event via the Electronic Health Care Facility Reporting System (HCFRS) **immediately** as soon as reasonably possible after the event, but not later than 72 hours after a Code Black status;
2. Attach to the submitted incident report, via HCFRS, a written after-action report to DPH/BHCSQ within 14 days of the event.
   1. DPH/BHCSQ will share a copy of the report with the Director of DPH/OPEM or her/his designee. The after-action report should describe the circumstances that prompted the Code Black status and actions taken to resolve, recover and resume operations, e.g., decontamination of equipment, facilities, etc

* For questions regarding the HCFRS enrollment process, please see the following website: <https://www.mass.gov/how-to/how-to-set-up-initial-access-to-the-hcfrs>
* **Please 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.**

If you have any questions about the information in this memorandum, please contact DPH.BHCSQ@MassMail.State.MA.US.

### We request that you forward this 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