

Title: CODE 44 Plan (NC Baptist Hospital)	Published Date: 08/29/2025
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I. PURPOSE

The purpose of the Code 44 Plan is to establish minimum standards and guidelines for the development and operation of the Code 44 Team. To provide emergency medical care and appropriate transportation to victims of any sudden illness and/or injury occurring on the Atrium Wake Forest Baptist Medical Center campus. This care will be delivered in a manner that provides an environment conveying compassion, privacy, and safety for all teammates, visitors, and patients.

II. SCOPE

This plan applies to teammates, faculty and staff within Advocate Health Inc. entities of the North Carolina/Georgia Division's Wake Area, to include North Carolina Baptist Hospital.

III. DEFINITIONS/ABBREVIATIONS

A. **Code 44:** Any sudden illness and/or injury experienced by a victim, visitor, contractor, or teammate that occurs on the North Carolina Baptist Hospital campus property.

IV. POLICY

A. **Initiating a Code 44:**

1. If medical assistance is required, due to sudden illness or injury, call #6- 9111 and provide:
 - a. location of the incident (building, floor, department, room, etc.)
 - b. name of caller
 - c. "call back" telephone number
 - d. type injury/illness
 - e. description of any care being provided

EXCEPTIONS: Facilities not located on the Medical Center Boulevard campus (i.e. Emeritus House, Piedmont Plaza, Medical Plaza Miller, Stratford Executive Park offices, Administrative Services Building, Downtown Health Plaza etc.) must call EMS by dialing 911. Facilities may develop building specific emergency response policies identified as "Code EMS". The term "Code 44" is only used to

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identify sudden illness/injury occurring on North Carolina Baptist Hospital campus.

2. Cardiac arrests (Code Blue) that occur in areas without an assigned code cart will be identified as a Code 44 and be managed by the Code 44 Team in collaboration with other appropriate healthcare personnel.
3. Persons who identify a victim needing Code 44 assistance may provide basic assistance/care within the scope of their professional practice, but not to exceed that level. Nurses may implement care via orders received directly from a licensed provider, if a licensed provider is present and assumes responsibility for the victim.

B. Code 44 Team Members

1. The Code 44 Coordinator:
 - a. Must be a person normally engaged in, or having significant experience in patient care (preferably emergency patient care).
 - b. Will be responsible for:
 - Recruiting volunteer teammates as needed to serve on the Code 44 Team.
 - Overseeing Code 44 operations ensuring that operations are in compliance with any and all established policies, procedures and standards.
 - Confirming that team members hold valid certification and/or licensure and maintaining appropriate documentation.
 - Ensuring development and implementation of required training programs.
 - Maintaining current notification list of Code 44 Team members for distribution to appropriate departments (Emergency Communications Center/ Safety/Security).
 - Ensuring performance improvement analysis occurs, action plans are developed and opportunities for improvement are implemented.
 - Ensuring provision of appropriate equipment/supplies based on nationally recognized standards of practice for the provision of basic emergency care.
2. The Code 44 Team shall consist of volunteer teammates and Security Officers of the Medical Center who meet the following criteria:
 - a. Must have a valid Medical Responder or higher certification/license as issued by the North Carolina Office of Emergency Medical Services (NCOEMS),

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North Carolina Board of Nursing (NCBON), or North Carolina Medical Board.

- b. Must have on file documented authorization from the appropriate supervisor to respond to Code 44 incidents, as Medical Center teammates are volunteer participants on the Code 44 Team.
 - c. Must attend a new member orientation session provided by the coordinator, to include review of the Standard Operating Procedures, and this Policy/Procedure document. The team member will receive training on how to complete electronic documentation of Code 44 occurrences as well as education on the use of response supplies/equipment. The new team member will provide a return competency demonstration, as deemed appropriate by the coordinator. This orientation session will be documented and the documentation placed in the team member's Code 44 personnel file. In addition, the new team member will receive an identification badge and a star of life pin.
3. Code 44 Team member responsibilities:
- a. Team members must maintain their BLS (American Heart Association BLS Provider) and Medical Responder or higher credentials by:
 - Participating in the Medical Center's continuing education programs (as defined by NCOEMS and the Coordinator) or
 - Participating in an outside agency's equivalent continuing education or recertification program, and attending training classes on topics pertinent to the Medical Center Code 44 operations (as designated by the coordinator).
 - b. Ensuring copies of all required certifications/licensures are on file with the coordinator.
 - c. Documenting that equipment is available and functional, according to standardized inventory checklists. This inventory check will occur as defined by Coordinator.

C. Responding to dispatched calls:

1. When dispatched, the Security Supervisor will ensure a Security Officer or team member is designated to retrieve the closest rolling stretcher with emergency equipment and transport it to the scene. All other Code 44 Team members will respond directly to the scene of the Code 44.
 - a. For calls occurring in the NRC, Hanes buildings and/or hospital teammate parking decks, a Security Officer that is a Code 44 Team member will respond to the scene with a Code 44 quick response bag. The call will also be dispatched to the Forsyth County Communications Center for EMS assistance. The Code 44 Team member, after completing a patient assessment, will determine the continued need for EMS response. If EMS is not needed, Emergency Communications will be advised to cancel EMS response.

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- b. In the event, the code 44 team is unable to respond, clinical teammates in the department or surrounding areas need to stay with the patient and ensure transportation (via wheelchair or stretcher) is obtained and patient is safely transported to the Emergency Department.
2. Volunteer team member response may vary based on primary job responsibilities.
3. Upon arrival of Code 44 team members:
 - a. All team members directly or indirectly involved with the victim's care shall ensure that they use any and all protective equipment available and applicable to their situation.
 - b. Management of the victim, inclusive of documentation, shall be the responsibility of the first team member to arrive on the scene or a licensed provider who wishes to take charge of the victim. The first Code 44 Team Member may elect to hand off responsibility to another team member if appropriate hand-off communication occurs and safe victim care continues throughout the call.
 - c. Care of the victim will be carried out following the Code 44 Basic Life Support Standard Operating Procedures.
 - d. Following assessment and appropriate stabilization, any victim who requests further evaluation, or by implied consent requires further treatment, should be transported as follows:
 - Visitors should be transported to the Emergency Department (ED)
 - Patients may be transported to:
 - Inpatients: Their assigned units or to the Emergency Department, if critical care provisions cannot be made in an expeditious manner.
 - Outpatients: back to the clinic in which they were seen or to the Emergency Department.
 - Teammates should be transported to the Emergency Department or the Teammate Health Services Department. This procedure follows the standard as it applies to "on the job" injury and Worker's Compensation.
4. If the dispatched call results in the inability to locate the victim:
 - a. A Code 44 Occurrence Report will be completed, documenting any known information about the call and the attempts made to locate, using the electronic charting system.
5. Completion of the call:
 - a. The quick response bag, defibrillator, oxygen, stretcher, and associated

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supplies will be restocked/replaced as per the inventory checklist.

- b. Supplies/equipment used during the course of treatment will be replaced immediately. A team member will coordinate replacement of supplies/equipment with ED staff. Any items not stocked in the ED will be replaced by contacting the Code 44 Coordinator.
- c. Report any equipment/supply malfunction or deficit to the Code 44 Coordinator if unable to correct such problem.

D. Documentation of the injury/sudden illness and treatment will be as follows:

1. The team member who assumes responsibility for the victim will complete the electronic documentation of the Code 44 occurrence in the Zoll EMS Charts.
2. In the event an injured party refuses evaluation and treatment, the following documentation should be obtained:
 - a. Name, address and telephone number. If inpatient, obtain name and room assignment.
 - b. If the victim refuses evaluation and treatment against medical advice, the Code 44 Occurrence Report must reflect:
 - The information given to the victim regarding potential complications of their refusal of care/treatment, and
 - The information given to the victim on how they can obtain help later should their condition change.
3. In the event of claims or threats of legal action (patient/visitor complaint, refusal to pay a bill because of claimed liability):
 - a. The recipient of the claim/threat should inform his/her department head and the Risk Management Department.
 - b. Should the claim or threat involve aspects of patient care, Risk Management will also notify the Code 44 coordinator.

E. Dealing with infectious materials.

1. Code 44 personnel shall evaluate each situation and determine the potential for exposure to blood and other potentially infectious material and apply the appropriate protective barrier based on the Medical Center's policies and procedures outlining infection control and exposure control.
 - a. Gowns, face shields/masks, and additional gloves are located in each Quick Response bag. Personal protective equipment is also located in each patient care unit.

V. PROCEDURE / GUIDELINE

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Not Applicable

VI. CROSS REFERENCES

Not Applicable

VII. RESOURCES AND REFERENCES

EMS Patient Care Treatment Protocols for NC EMS Systems, 2025

North Carolina Office of EMS Credentialing and Compliance Rules, Regulations and Guidelines

VIII. ATTACHMENTS

Not Applicable

IX. REVISION DATES

9/81, 9/98, 8/02, 8/05, 10/10, 8/14, 6/17, 9/20, 10/20, 11/23, 8/25