



Defense Health Agency

PROCEDURAL INSTRUCTION

NUMBER 6025.30

December 9, 2019

DAD-MA

SUBJECT: Guidance for Service Implementation of Code Purple for Obstetric Emergencies

References: See Enclosure 1

1. **PURPOSE.** This Defense Health Agency-Procedural Instruction (DHA-PI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (f), establishes the Defense Health Agency's (DHA) procedures implementing Reference (d), which requires standardization of emergency code, Code Purple, for obstetric (OB) and/or neonatal emergencies, separate and apart from any other emergency codes, into all military medical treatment facilities (MTFs) under the governing authority, direction and control of the Director, DHA.
2. **APPLICABILITY.** This DHA-PI applies to DHA components (activities reporting to DHA, i.e., markets, MTFs), Military Departments, Service Surgeons General, MTFs, and all personnel to include: assigned or attached active duty and reserved members, federal civilians, contractors (when required by the terms of the applicable contract), and other personnel assigned temporary or permanent duties within the DoD.
3. **POLICY IMPLEMENTATION.** It is DHA's instruction, pursuant to References (d) through (f), to standardize the emergency code, Code Purple, for OB and/or neonatal emergencies into MTFs. Rapid coordinated response to OB and/or neonatal emergencies will decrease morbidity and mortality of all mothers, Active Duty Service members, and beneficiaries.
4. **RESPONSIBILITIES.** Enclosure 2.
5. **PROCEDURES.** A Code Purple can be called 24 hours a day, seven days a week, to activate an emergency response for additional personnel to support a potential OB and/or neonatal emergency. A team of providers and caregivers are summoned to the bedside to immediately assess and treat the patient with the goal of preventing maternal morbidity and mortality. Code

Purple is valid in all settings, but most often will be used in Labor and Delivery units; labor/delivery/recovery units; OB units, recovery units with mothers and neonates, postpartum or mother baby units and emergency departments. For further guidance, refer to Enclosure 3.

6. RELEASABILITY. **Cleared for public release**. This DHA-PI is available on the Internet from the Health.mil site at: www.health.mil/DHAPublications.

7. EFFECTIVE DATE. This DHA-PI:

- a. Is effective upon signature.
- b. Will expire 10 years from the date of signature if it has not been reissued or cancelled before this date in accordance with Reference (c).



For, RONALD J. PLACE
LTG, MC, USA
Director

Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” August 24, 2018
- (d) OTSG/MEDCOM Policy Memo 17-024, “Department of the Army,” April 26, 2017¹
- (e) AFI 41-201, “TRICARE Operations and Patient Administration Functions,” September 27, 2018, as amended²
- (f) American College of Obstetricians and Gynecologists, (2015, May) Council on Patient Safety in Women’s Health Care, Obstetric Hemorrhage Alliance for Maternal (AIM) Bundle³

¹ This reference can be found at: <https://medcomsafety.amedd.army.mil/policies.html>

² This reference can be found at: https://static.e-publishing.af.mil/production/1/af_sg/publication/afi41-210/afi41-210.pdf

³ This reference can be found at: <https://safehealthcareforeverywoman.org/aim-program-3/about-aim/>

ENCLOSURE 2
RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA, must:

- a. Ensure Regions/Markets assign responsibilities to monitor activation of the Code Purple response team in the event of an OB emergency.
- b. Support the Military Medical Departments by identifying standard clinical, business, and administrative process changes or requirements, and assign resolution to the appropriate directorate within DHA, including any deconfliction with current emergency code colors.
- c. Ensure compliance, tailored to meet the capabilities of their facility, with the guidance outlined in this DHA-PI.

2. SURGEONS GENERAL OF THE MILITARY MEDICAL DEPARTMENTS. The Surgeons General of the Military Medical Departments must:

- a. Ensure MTF guidance and procedures conform to this DHA-PI and are tailored to meet the capabilities of their facility.
- b. Ensure all MTF Directors and/or Service Commander, administrative staff, and healthcare providers are aware of and follow the guidance and procedures in Enclosure 3 of this DHA-PI.
- c. Sponsor provider education regarding this DHA-PI based on the MTF individual capabilities.

3. DIRECTOR, MARKET. The Director, Market, must:

- a. Ensure MTFs under their authority, direction, and control implement this DHA-PI.
- b. Monitor performance of MTFs under their authority, direction, and control on the frequency and utilization of Code Purple, as outlined in Enclosure 3, paragraph 7.
- c. Ensure compliance with this DHA-PI.
- d. Ensure dissemination of this DHA-PI to all MTF Directors.

4. DIRECTOR, MTF. The Director, MTF, is responsible for the care provided at the MTF and must:

a. Ensure a MTF level standard operating procedure is developed that specifies assigned roles, responsibilities, and communication channels for successful Code Purple implementation and response. The following core responder roles are recommended to respond to Code Purple events: smaller facilities with limited staffing may need to consider some team members serving in multiple roles while activation of additional support is in progress.

(1) Designated Team Leader is in charge of the response, directs care, requests additional support, and make clinical decisions. One of the following could function as the Designated Team Leader:

(a) Obstetrical Provider: Obstetrician, Family Physician or Certified Nurse Midwife. If the team consists of a Family Physician or Certified Nurse Midwife, there must be a provider with surgical capabilities readily available.

(b) Neonatal Provider (may be Family Physician, Pediatrician, or Neonatal Nurse Practitioner for neonatal events or Emergency Provider).

(c) Emergency Provider (in the absence of an Obstetrical or Neonatal provider, responsibilities include responding to Code Purple as either obstetrical or neonatal provider while the OB or pediatric provider is en route).

(d) In the event the licensed independent provider is not present, a registered nurse may act in the role of the designated team leader.

(2) Anesthesia Provider. May be an Anesthesiologist or a Certified Registered Nurse Anesthetist.

(3) Primary Nursing Care Giver for the mother

(4) Care Giver for the neonate

(5) Additional team members could include:

(a) Neonatal Response Team

(b) Operating Room Team-as needed for surgical delivery or return to Operating Room.

(c) Respiratory Technician

(d) Additional trained staff

b. The following personnel are considered auxiliary responders vital to support the core responders for a Code Purple event. The following departments/roles may respond to every Code Purple or respond when requested, based upon MTF protocols.

- (1) Laboratory Technician-Blood Bank
- (2) Radiology staff
- (3) Pharmacist or Representative
- (4) Senior Clinical or Nursing Supervisor
- (5) Additional unit trained staff

c. The following additional personnel may be required / requested based on the clinical situation and may include:

- (1) Security
- (2) Pastoral Care
- (3) Social Work
- (4) Patient representative/advocate

ENCLOSURE 3

PROCEDURES

1. OVERVIEW. A Code Purple can be called 24 hours a day, 7 days a week, to activate an emergency response for additional personnel to support a potential OB and/or neonatal emergency. A team of providers and caregivers are summoned to the bedside to immediately assess and treat the patient with the goal of preventing maternal morbidity and mortality. Code Purple is valid in all settings, but most often will be used in Labor and Delivery units; labor/delivery/recovery units; obstetrical units, recovery units with mothers and neonates, postpartum or mother baby units and emergency departments.

a. A Code Purple must be activated for any obstetrical emergency (e.g., obstetrical hemorrhage, emergency delivery section, Eclamptic seizure) to activate an emergency for additional personnel.

b. A Neonatal resuscitation team must be available in the event of a Code Purple activation for a maternal emergency to assume care of the neonate. Or in the event of a neonatal emergency, to provide assessment/resuscitation of the neonate.

2. PLANNING. Imperative to providing safe care is the ability to anticipate and recognize problems when they occur, and take prompt and effective action. Standardized Perinatal training supports the care providers' knowledge to act upon both OB emergencies. If an obstetrical crisis occurs in a facility without OB resources, internal resources for stabilizing a patient (maternal or neonate) must be initiated (example: Code Blue team).

3. PROCEDURE. In the case of an OB emergency, the Code Purple protocol can be initiated 24 hours a day, 7 days a week, by any staff member assessing the clinical situation/deterioration of a mother. There are clinical events that would indicate the concurrent use of Code Blue for a cardiopulmonary arrest and Code Purple for a maternal patient.

4. ACTIVATION OF THE EMERGENCY RESPONSE CODE. Activation of the emergency response system for Code Purple is initiated as directed by MTF processes and must ensure activation, response, and termination of Code Purple:

a. All OB emergencies must be announced as "Code Purple" over the MTF emergency response system, consistent with facility policy, but should consider including exact location (example: building number, ward, room number, etc.).

b. All core and auxiliary members must be included on the notification list (tailored to the facility capabilities).

c. The facility processes must also include processes for other areas of operation that affect the Code Purple response (elevator operation, patient transfer, security, leadership notification, placement of family, etc.).

d. MTF processes must be documented in the standard operating procedures which must delineate reporting procedures, necessary materials and equipment designated staff must bring to the Code Purple (examples: OB Emergency cart, emergency delivery packs, gurneys, and neonatal resuscitation supplies, etc.).

5. CODE COMPLETE. Once the Code Purple has been resolved, the respective Designated Team Leader must communicate to the team that the Code Purple event has ended, consistent with facility policy.

6. DEBRIEFS. The debrief must be conducted immediately, or as close to the event as possible, to include all participating personnel. The Code Purple Designated Team Leader will facilitate a discussion which includes, but not limited to, timeliness of notification of personnel, rapid and efficient response to the event, communication and collaboration of personnel during the Code Purple, clarity and responsibilities of the roles, barriers, lessons learned and actions that were unsuccessful and successful.

a. The debrief data must be collected, maintained, and reported in accordance with appropriate MTF committee.

b. If opportunities for improvement or specific patient safety concerns arise then a Patient Safety Report must be generated in the Joint Patient Safety Report system.

7. MEASURES OF SUCCESS. Measures of success will include the following:

a. Reporting to DHA Women and Infant Clinical Community through the Director, Market, on the implementation status and utilization of Code Purple at each MTF. Reports must be submitted three months after signature, related to utilization and response personnel of Code Purple at each MTF.

b. Thereafter, quarterly counts of Code Purple events, per MTF, with denominator of total deliveries, will be reported to the DHA Women and Infant Clinical Community by each Director, Market.

GLOSSARY

ABBREVIATIONS AND ACRONYMS

DHA	Defense Health Agency
DHA-PI	Defense Health Agency-Procedural Instruction
MTF	Military Medical Treatment Facility
OB	Obstetric/Obstetrical