

COLORADO HOSPITAL ASSOCIATION EMERGENCY CODE IMPLEMENTATION GUIDE



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EXECUTIVE SUMMARY

Background

Since the adoption of a standardized model for color-coded wristbands in Colorado in 2007, the Colorado Hospital Association Council of Quality Professionals has continued to examine standardization of emergency codes to reduce the likelihood of medical harm and improve patient safety.

The Council conducted a statewide survey in 2008 to determine common terms used by facilities. The results of the statewide survey showed that upwards of 23 different codes were being used to alert medical staff and other personnel of a medical or environmental event. This disparity of code use for common overhead pages was a major concern for patient safety. For that reason, it was recommended that Colorado develop a set of standardized codes to:

- ✓ Reduce variation of emergency codes among Colorado hospitals
- ✓ Increase competency-based skills of hospital staff working in multiple facilities
- ✓ Increase staff, patient and public safety

The Council examined standardization models that had been implemented in other states and issued the following standardized emergency codes, with the addition of Code Gray and Code Silver in 2011.

Code Red	Fire
Code Blue (location)	Cardiac Arrest
Code Orange	Hazardous Material Spill
Code Black	Bomb Threat
Code Pink	Infant/Child Abduction
Code Gray	Combative Person
Code Silver	Unauthorized Person with a Weapon
Tornado Watch/Warning	Tornado Watch/Tornado Warning

In 2012, CHA received several requests to review current codes for possible modifications, including the use of "plain-language." CHA formed the Emergency Code Work Group, comprised of members of the Council of Quality Professionals and hospital emergency preparedness managers, to review the codes and make recommendations for additions and/or changes.

CHA Hospital Emergency Code Work Group Assessment and Findings

A second statewide survey was conducted in 2012 to determine the level of standardization of the recommended codes. The results of the survey showed that the eight recommended emergency codes have been widely adopted by most hospitals and health care systems; however, there still remains a wide variety of codes used for less common situations. Several hospitals reported that they are actively working towards updating the codes to reflect plain-language. CHA conducted an informal survey among other state hospital associations to determine the use of color and plain-language codes. Many states continue to use the standardized color codes, but several states have moved toward the adoption of plain-language versus color codes, including Wisconsin, Minnesota and Missouri hospital associations.

There is a national trend toward the promotion of plain-language across many disciplines, including health care. When plain-language is used in an emergency situation, people readily understand the information without further explanation and know what actions are required based on the information received. In addition, plain-language among different disciplines, such as public safety and health care, creates common terminology to communicate clearly with one another, especially in an emergency event.

General Guidelines for Adopting Emergency Codes

Adoption of the CHA-recommended emergency codes is voluntary. It is not a mandate to adopt all or any of the plain-language codes. Each hospital should convene a team to evaluate use of plainlanguage with overhead paging. Some hospitals may choose to incorporate plain-language with existing codes. Others may decide to transition to all plain-language overhead pages.

These guidelines are based upon scholarly literature and national safety recommendations. The long-term goal is to ensure transparency and safety among patients and families and reduce confusion among health care professionals working in multiple facilities.

CHA Recommendations

CHA recommends health care facilities choosing to use plain-language codes also voluntarily adopt the following standardized codes and guidelines for the most commonly used overhead pages. The basic recommended eight color codes will continue to remain as an option.

The revised recommendations are based upon the national trend toward plain-language and the early adoption of plain-language among several Colorado hospitals. Consistency in emergency codes helps to minimize staff confusion and reduce medical errors. It is a simple, practical approach that promotes safety of patients, hospital employees and visitors.

The recommendations are not meant to be prescriptive, but rather to suggest how plain-language codes can be used. It is left to the discretion of each hospital to determine which codes are appropriate for overhead paging considering their patient population, existing policies and procedures.

Additional hospital association plain-language emergency code recommendations can be found at:

- Minnesota Hospital Association Plain Language Emergency Overhead Paging: Implementation Toolkit. Available at <u>http://www.mnhospitals.org/Portals/0/Documents/ptsafety/overhead-paging-toolkit-2011.pdf</u>
- Porth, L., (2013) MHA Standardized, Plain-language Emergency Codes: Implementation Guide. Missouri Hospital Association. Available at <u>www.mhanet.com.</u>
- Wisconsin Hospital Association Standardized Alert Code Recommendation. Available at <u>http://</u> www.wha.org/data/sites/1/emergencyprep/StandardizedAlertCodeRecommendations.pdf

CHA Standardized Emergency Code Recommendations (All categories are customizable)

FACILITY ALERT (e.g. computer outage, evacuation, fire, flood, hazardous spill, etc.)			
Event	Recommended Plain-language	Color Code	
Evacuation	"Facility Alert + Evacuation + Location"	None	
Fire Alarm	"Facility Alert + Fire Alarm + Location"	Code Red	
Hazardous Spill	"Facility Alert + Hazardous Spill + Location"	Code Orange	
	MEDICAL ALERT		
(e.g.	cardiac arrest, decontamination, mass casualty, etc.)		
Event	Recommended Plain-language	Color Code	
Influx of Patients/Mass Casualty Incident	"Medical Alert + Influx of Patients/Mass Casualty Incident + Location"	None	
Decontamination	"Medical Alert + Decontamination + Location"	None	
Medical Emergency	"Medical Alert + Cardiac Arrest + Location"	Code Blue	
	WEATHER ALERT		
(e.g.	blizzard, severe weather, tornado, tornado warning)		
Event	Recommended Plain-language	Color Code	
Severe Weather	"Weather Alert + Type of Weather + Instructions"	None	
	SECURITY ALERT		
(e.g. active shooter/hostage, armed intruder, bomb threat, combative person, infant abduction, missing person)			
Event	Recommended Plain-language	Color Code	
Missing Person	"Security Alert + Missing Person + Description"	Code Pink	
Active Shooter/Hostage	"Security Alert + Active Shooter + Location"	Code Silver	
Bomb Threat	"Security Alert + Bomb Threat + Location + Instructions"	Code Black	
Security Assist	"Security Assist + Location"	None	

IMPLEMENTATION GUIDE

This voluntary initiative is intended to improve patient and public safety; it is not a prescriptive mandate. Resources in this guide provide implementation ideas and recommendations. Hospitals will need to review these recommendations with their emergency preparedness committees, hospital lead-ership and governance. It is important each hospital consider each emergency code as a separate issue. Listed below are documents and resources that can be modified to match hospital-specific policies and procedures:

- Sample Timeline
- <u>Employee Training PowerPoint</u>
- Employee Training PowerPoint Spanish Version
- Staff Education Competency Assessment
- <u>Staff Education Competency Assessment Spanish Version</u>
- <u>Competency Checklist</u>
- <u>Sample Hospital Poster</u>
- Sample Policy
- Frequently Asked Questions

It is recommended hospitals follow these steps to implement standardized, plain-language codes once the hospital has established formal organizational approval and decision to adopt the codes. These resources are guidance only and should be modified to meet organizational priorities and approaches.

SAMPLE TIMELINE

Nine Months Before Implementation: AWARENESS

- □ Draft a letter from the CEO or governance board and disseminate widely among hospital employees and key external stakeholders.
- □ Include an announcement in the employee newsletter.
- □ Recognize any employees or committees that will help implement the plain-language codes.
- □ Announce a "go-live" date.

Eight Months Before Implementation: ESTABLISH COMMITTEE

- □ Authorize a committee to review and update all policies.
- □ Authorize a committee to review and update all hospital materials.
- □ Authorize a committee or individuals to update the hospital emergency operations plan.
- □ Authorize a committee or individuals to update all code cards, flip charts, posters or other emergency management tools.
- □ Authorize a committee or individuals to update all telecommunication scripts, algorithms and materials.
- Develop a formal education plan for all employees.
- □ Identify "train-the-trainers" to serve as educators and champions, announce the trainers' names to hospital employees and schedule the training.
- Establish and promote mechanisms for broad-based, frequent organizational communication, which may include the following:
 - Periodic staff emails
 - Periodic newsletter articles providing updates and progress
 - Develop posters, flyers and/or other materials that include the "go-live" dates

Seven Months Before Implementation: DEVELOP TRAINING

- □ Conduct "train-the-trainer" competency-based training.
- □ Finalize education plan.
- Develop draft education materials; do not mass-produce.
- □ Provide update to hospital governance board, leadership team and key external stakeholders.

SAMPLE TIMELINE (continued)

Six Months Before Implementation: FINALIZE POLICY AND TESTING

- □ Begin pilot-testing hospital employee training.
- □ Revise training plan and materials based on pilot-testing.
- □ Schedule organization-wide training sessions.
- □ Finalize and produce education materials.
- □ Finalize policies.

Five Months Before Implementation: TRAINING DISSEMINATION

- □ Begin organization-wide training.
- Disseminate all materials to each hospital department.
- □ Disseminate all revised policies.
- □ Begin to disseminate posters, flyers and other awareness materials.
- □ Consider a challenge between hospital departments to complete training requirements.

Four Months Before Implementation: UPDATES

- □ Provide an update in the employee newsletter on the progress including the "go-live" date.
- □ Continue with competency-based education.
- □ Continue to disseminate posters, flyers and other awareness materials.
- □ Update hospital governance and key external stakeholders as appropriate.

Three Months Before Implementation: FINALIZE

- □ Continue organization-wide training.
- □ Continue communication through posters, newsletters, staff meetings and other forums as appropriate.

SAMPLE TIMELINE (continued)

Two Months Before Implementation: REINFORCE

- □ Complete organization-wide training.
- □ Continue communication through posters, newsletters, staff meetings and other forums as appropriate.
- □ Ensure updated policies are available for all hospital employees.
- □ Ensure the emergency operations plan has been updated and formally adopted.
- □ Ensure all emergency management tools and resources have been updated.
- □ Ensure all telecommunication scripts, algorithms and materials have been updated.
- □ Ensure public safety partners (EMS, fire, police) are aware of the new polices, codes and "go-live" date.

One Month Before Implementation: PREPARE FOR GO-LIVE DATE

- Begin a daily or weekly countdown until the "go-live" date.
- Develop a mechanism to ensure clarification of any questions.
- □ Ensure all department managers are ready to implement the new codes.
- □ Provide broad, community-wide articles to educate the public on this change.
- Display awareness materials with the "go-live" date throughout the organization.
- □ Ensure trainers are available to answer questions.
- □ Communicate readiness to hospital governance and leadership team.
- □ Recognize employees and committees for their work to ensure a successful implementation.

One Month After Implementation: INITIAL EVALUATION

- □ Congratulate and recognize employees and committees for leading a successful implementation.
- □ Congratulate and recognize all employees for a successful implementation.
- □ Assess adoption of plain-language codes in staff meeting, education sessions and leadership team meetings.
- □ Conduct department drills to assess adoption during the first five months.

Six Months After Implementation: EVALUATION

□ Conduct an organization drill to assess adoption six months post-implementation.

EMPLOYEE TRAINING POWERPOINT



What is changing with emergency codes?

- Emergency codes are being changed to incorporate use of "plain-language."
- Plain-language typically uses a phrase to identify the type of emergency, the code itself, and the location of the emergency.
 - ➤Example 1: "Security alert, missing person, 3rd floor east tower."
 - Example 2: "Facility alert, fire alarm, 1st floor cafeteria."

What are the benefits of using "plainlanguage" when calling emergency codes?

- It reduces confusion for health care professionals working in more than one hospital.
- It allows patients and visitors to better understand what is happening and to respond in a manner that will help (rather than hinder) the response of professionals.
- It helps law enforcement officers and emergency rescue staff better understand what is happening.
- It can improve timeliness of response to an emergency and assures the right people respond to the emergency.

What are the goals of changing to plain-language?

Goals:

- People understand the information received without further extensive explanation.
- People know what actions are required based on the information received.

All emergency responders, whether from within or outside the facility, need to know clearly and quickly what the emergency is, where the emergency is, and how they should respond to effectively coordinate activities.

What are the new plain-language emergency codes?

Codes are organized into four major categories:

- ➤Facility alerts
- ➤Medical alerts
- ➤Weather alerts
- ➤Security alerts

Within each category are specific code descriptors, such as "fire alarm" or "missing person."



EMPLOYEE TRAINING POWERPOINT (continued)

Medical Alert Codes Examples

- Influx of patients/mass causality incident
- Decontamination
- Medical emergency (e.g., cardiac arrest, rapid response, etc.)





Weather Alert Codes Examples

Tornado watch
Flash flood warning
Winter weather advisory



How is an emergency code called?

- The code should be called in a three-part statement to include:
 - ➤ Alert category
 - ➤ Specific code description
 - ➤Location of emergency
- Example: "Medical alert, cardiac arrest, Room 231."
- Additional information or instructions can be provided if known---for example, the description of a missing person.

Facility Alert Codes

FACILITY ALERT (e.g. computer outage, evacuation, fire, flood, hazardous spill, etc.)

Event	Recommended plain-language	Previous Color Code
Evacuation	"Facility Alert + Evacuation + Location"	None
Fire Alarm	"Facility Alert + Fire Alarm+ Location"	Code Red
Hazardous Spill	"Facility Alert + Hazardous Spill + Location"	Code Orange

Medical Alert Codes

MEDICAL ALERT (e.g. cardiac arrest, decontamination, mass casualty, etc.)

Influx of Patients/Mass		1
Casualty Incident	"Medical Alert + Influx of Patients/Mass Casualty Incident + Location"	None
Decontamination	"Medical Alert + Decontamination + Location"	None
Medical Emergency	"Medical Alert + Cardiac Arrest + Location"	Code Blue

EMPLOYEE TRAINING POWERPOINT (continued)

Weather Alert Codes WEATHER ALERT (e.g. blizzard, severe weather, tornado, tornado warning)		
Event	Recommended plain-language	Previous Color Code
Severe Weather	"Weather Alert + Type of Weather + Instructions"	None

Security Alert Codes

SECURITY ALERT (e.g. active shooter/hostage, armed intruder, bomb threat, combative person, infant abduction, missing person)

Event	Recommended plain-language	Previous Color Code
Missing Person	"Security Alert + Missing Person + Description of Missing Person "	Code Pink
Active Shooter	"Security Alert + Active Shooter + Location"	Code Silver
Bomb Threat	"Security Alert + Bomb Threat + Instructions"	Code Black
Security Assist	"Security Assist + Location"	None

How do I respond to the new emergency codes?

- Your response to the emergency code does not change. The only change is the language used to announce the emergency situation.
- Follow the hospital's policy and procedure for the specific emergency situation.



When will this go into effect?

• Conversion to plain-language emergency codes will be effective as of <u>(date)</u>.

EMPLOYEE TRAINING POWERPOINT SPANISH VERSION



¿Qué ha cambiado acerca de los códigos de emergencia?

- Los códigos de emergencia están modificándose para incorporar el uso de "lenguaje sencillo".
- En el lenguaje sencillo usualmente se usa una frase para identificar el tipo de emergencia, el código mismo y la ubicación de la emergencia.
 - Ejemplo 1: "Alerta de seguridad, persona desaparecida, 3^{er} piso, torre este".
 - Ejemplo 2: "Alerta de instalaciones, alerta de incendio, 1^{er} piso, cafetería".

¿Qué beneficios tiene el utilizar lenguaje sencillo al anunciar códigos de emergencia?

- Disminuye la confusión para los profesionales del cuidado de salud que trabajan en más de un hospital.
- Le permite a los pacientes y visitantes comprender lo que está sucediendo y reaccionar de manera cooperativa, en lugar de obstaculizar la respuesta por parte de los profesionales.
- Le ayuda a los agentes del orden público y al personal de rescate de emergencias que pudieran responder a la llamada a comprender mejor lo que está sucediendo.
- Puede resultar en que el tiempo de respuesta a la emergencia sea más oportuno y asegurar que las personas indicadas sean las que respondan.

¿Cuáles son los objetivos relacionados con cambiar al lenguaje sencillo?

Objetivos:

•Las personas comprenderán la información recibida sin necesidad de explicaciones extensas adicionales.

•Las personas sabrán qué acciones se requieren con base en la información recibida.

Todos los miembros del personal de emergencias, ya sea externo o de las instalaciones, necesitan ser informados de manera clara y oportuna de qué se trata la emergencia, dónde sucede y cómo es que deben responder para poder coordinar sus actividades de manera eficiente.

¿Cuáles son los nuevos códigos de emergencia en lenguaje sencillo?

Los códigos están organizados en cuatro categorías principales:

- Alertas de las instalaciones
- Alertas meteorológicas
- Alertas de seguridad
- ➤Alertas médicas

Dentro de cada categoría existen descriptores de códigos específicos, tales como "alerta de incendio" o "persona desaparecida".



EMPLOYEE TRAINING POWERPOINT SPANISH VERSION (continued)





¿Cómo se realiza una alerta de código de emergencia?

- El código debe ser comunicado usando una declaración de tres partes, que incluya
 - ≻la categoría de la alerta
 - ➤ la descripción del código específico
 - ≻ la ubicación de la emergencia
- Ejemplo: "Alerta médica, paro cardíaco, Cuarto 231".
- Si se cuenta con información adicional, esta puede comunicarse. Por ejemplo, la descripción de una persona desaparecida.

Códigos de alertas de las instalaciones

ALERTA DE LAS INSTALACIONES (por ejemplo, interrupción del servicio de computadoras, evacuación, incendio, inundación, derrame peligroso, etc.)

Evento	Lenguaje sencillo recomendado	Código de colores anterior
Evacuación	"Alerta de instalaciones + Evacuación + Ubicación"	Ninguno
Alerta de incendio	"Alerta de instalaciones + Alerta de incendio + Ubicación"	Código rojo
Derrame peligroso	"Alerta de instalaciones + Derrame peligroso + Ubicación"	Código naranja

Códigos de alertas médicas

CÓDIGO DE ALERTA MÉDICA (por ejemplo, accidente masivo, descontaminación, paro cardíaco, etc.)

Evento	Lenguaje sencillo recomendado	Código de colores anterior
Aumento masivo de pacientes/Accidente con gran número de víctimas	"Alerta médica + Afluencia de pacientes + Ubicación"	Ninguno
Descontaminación	"Alerta médica + Descontaminación + Ubicación"	Ninguno
Emergencia médica	"Alerta médica + Paro cardíaco + Ubicación"	Código azul

EMPLOYEE TRAINING POWERPOINT SPANISH VERSION (continued)

meteorológicas adversas, advertencia de tornado, aviso de tornado)		
Evento	Lenguaje sencillo recomendado	Código de colores anterio
Condiciones adversas	"Alerta meteorológica + Tipo de condiciones meteorológicas + Instrucciones"	Ninguno
	instructiones	

Códigos de alertas de seguridad

ALERTA DE SEGURIDAD (por ejemplo, tirador activo/rehén, intruso armado, amenaza de bomba, persona combativa, secuestro de infante, persona desaparecida)

Evento	Lenguaje sencillo recomendado	Código de colores anterior
Persona desaparecida	"Alerta de seguridad + Persona desaparecida + Descripción de la persona desaparecida"	Código rosa
Tirador activo	"Alerta de seguridad + Tirador activo + Ubicación"	Código plata
Amenaza de bomba	"Alerta de seguridad + Amenaza de bomba + Instrucciones"	Código negro
Asistencia de seguridad	"Asistencia de seguridad + Ubicación"	Ninguno

¿Cómo respondo a los nuevos códigos de emergencia?

- Su respuesta a los códigos de emergencia no cambiará. El único cambio es el lenguaje utilizado para anunciar la situación de emergencia.
- Siga la política del hospital y el proceso correspondiente a la situación de emergencia específica.



¿Cuándo va a entrar en efecto esto?

 El cambio a los códigos de emergencia en lenguaje sencillo entrará en efecto a partir del <u>(date)</u>.

Staff Education Competency Assessment

- 1. What is the benefit of plain-language in calling an emergency code?
 - a. It allows staff to more freely share important information about the patient's condition
 - b. It reduces confusion for health care professionals working in more than one hospital
 - c. It allows patients and visitors to better understand what is happening and to respond in a helpful manner
 - d. It helps law enforcement and emergency personnel who may respond to better understand what is happening
 - e. It can improve the response to emergencies
 - f. All of the above
- 2. What are the emergency alert categories?
 - a. Weather alert, missing person alert, fire alert and medical emergency alert
 - b. Weather alert, security alert, fire alert and medical alert
 - c. Security alert, weather alert, medical alert and facility alert
 - d. Medical alert, security alert, tornado advisory and evacuation alert
- 3. Which of the following would be an appropriate way that an emergency code is called?
 - a. "Security alert, active shooter, Emergency Department (ED)."
 - b. "Hazardous spill, second floor, prepare to evacuate the floor."
 - c. "Weather alert, tornado warning, move patients to hallways."
 - d. "Medical alert, patient surge in ED, leaders report to command center."
 - e. a, b and d
 - f. a, c and d
 - g. All of the above
- 4. What emergencies fall within the medical alert category?
 - a. Multi-car accident causing influx of patients into ED
 - b. Hazardous spill in the lab requiring decontamination of lab staff
 - c. Patient in cardiac arrest on the medical unit
 - d. a and b
 - e. a and c
 - f. All of the above

Staff Education Competency Assessment Spanish Version

Evaluación de aptitud de la educación del personal

- 1. ¿Qué beneficios tiene el utilizar lenguaje sencillo al anunciar un código de emergencia?
 - a. Disminuye la confusión para los profesionales del cuidado de salud que trabajan en más de un hospital.
 - b. Le permite a los pacientes y visitantes comprender lo que está sucediendo y reaccionar de manera cooperativa.
 - c. Le ayuda a los agentes del orden público y al personal de emergencias que pudieran responder a la llamada a comprender mejor lo que está sucediendo.
 - d. Esto pudiera mejorar la respuesta a las emergencias.
 - e. Todas las opciones anteriores
- 2. ¿Cuáles son las categorías de alerta de emergencias?
 - a. Alerta meteorológica, alerta de persona desaparecida, alerta de incendio y alerta de emergencia médica.
 - b. Alerta meteorológica, alerta de seguridad, alerta de incendio y alerta médica.
 - c. Alerta de seguridad, alerta meteorológica, alerta médica y alerta de instalaciones.
 - d. Alerta médica, alerta de seguridad, alerta de tornado y alerta de evacuación.
- 3. ¿Cuál de las siguientes es una manera apropiada de anunciar un código de emergencia?
 - a. "Alerta de seguridad, tirador activo, departamento de emergencia".
 - b. "Derrame peligroso, 2^{do} piso, prepárense para evacuar el piso".
 - c. "Alerta meteorológica, advertencia de tornado, trasladar a los pacientes a los pasillos".
 - d. "Alerta médica, aumento masivo de pacientes en el Departamento de Emergencia, líderes: reportarse al centro de mando".
 - e. Todas las opciones anteriores
 - f. a, by d
 - g. a, c y d
- 4. ¿Qué emergencias pertenecen a la categoría de alerta médica?
 - a. Accidente de varios autos que ocasione una afluencia de pacientes al Departamento de Emergencia
 - b. Un derrame peligroso en el laboratorio que requiera que el personal del laboratorio se someta a descontaminación
 - c. Que un paciente sufra de un paro cardíaco en la unidad médica
 - d. ayb
 - e. ayc
 - f. Todas las opciones anteriores

SAMPLE HOSPITAL COMPETENCY CHECKLIST

COMPETENCY CHECKLIST

Title: ______ Unit: ______

Skills Validation							
Method of Evaluation: DO-Direct Observation	VR-Verbal Response	WE-Written	Exam OT-Other				
Emergency Code Standardization Process	Method of Evaluation	Initials	Comments				
Patient, staff and visitor safety							
Access to emergency code policy and procedure							
Definitions of each emergency code							
How to call each emergency code							
Staff responsibilities after calling or hearing a code							

Name of Skills Validator:						
	2.					
Signature of Skills Validator:	Date:					

I received a copy of the standardized emergency codes (policy or badge).

I understand the emergency code procedures for the hospital and my role in safety.

I agree with this competency assessment.

I will contact my supervisor, manager or director, if I require additional training in the future.

Employee Signature: Date:	
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References

Healthcare Association of Southern California (2011) Health care emergency codes: a guide for code standardization, (3rd ed). Retrieved February 8, 2013, from www.HASC.org.

Minnesota Hospital Association (n.d.) Plain-language emergency overhead paging: implementation toolkit. Retrieved February 8, 2013, from www.mnhospitals.org/patient-safety/current-safety-quality-initatives/ emergency-overhead-pages.

SAMPLE HOSPITAL POSTER

Emergency Codes

FACILITY ALERT						
Event	Recommended Plain-language	Color Code				
Evacuation	"Facility Alert + Evacuation + Location"	None				
Fire Alarm	"Facility Alert + Fire Alarm + Location"					
Hazardous Spill	"Facility Alert + Hazardous Spill + Location"	Code Orange				
	MEDICAL ALERT					
Event	Recommended Plain-language	Color Code				
Influx of Patients/Mass Casualty Incident	"Medical Alert + Influx of Patients/Mass Casualty Incident + Location"	None				
Decontamination	"Medical Alert + Decontamination + Location"	None				
Medical Emergency	ncy "Medical Alert + Cardiac Arrest + Location"					
	WEATHER ALERT					
Event	Recommended Plain-language	Color Code				
Severe Weather	"Weather Alert + Type of Weather + Instructions"	None				
	SECURITY ALERT					
Event	Recommended Plain-language	Color Code				
Missing Person	"Security Alert + Missing Person + Description"	Code Pink				
Active Shooter/Hostage "Security Alert + Active Shooter + Location"		Code Silver				
Bomb Threat "Security Alert + Bomb Threat + Location + Instructions"		Code Black				
Security Assist + Location" N		None				

SAMPLE POLICY

Hospital Policy

			_	-	
Sub	iect:	Hospital	Emergency	10	nerations
	,	ooprea.	Entre Bene		perations

ffective Date:

Policy Number: _____

Effective Date: _____ Dates of Revision: _____

Authorized Approval: _____

Policy Name: Standardized Emergency Codes

Purpose: This policy is intended to provide all staff specific guidance and instruction on how to initiate an emergency code within the hospital.

Policy Objectives: The purpose of standardized, plain-language emergency codes among Colorado hospitals is to:

- Reduce variation and the potential for error among Colorado hospital staff who may work or have privileges in more than one facility.
- Promote transparency of safety protocols for employees, patients and visitors.

Definitions

Policy: In the event of an emergency situation, a plain-language emergency code will be used to notify the appropriate individuals to initiate an immediate and appropriate response based on the hospital emergency operations plan. The emergency code activation may or may not include widespread notification, based on the incident and established emergency procedures.

Procedures

I. Initiating an Emergency Code Call

When initiating an emergency code call, the [hospital] employee should:

- A. Contact the call center staff to initiate the notification process for the specific emergency, as outlined in the emergency operations plan
- B. Call center staff should use the plain-language code to reduce confusion
- C. Use the established code script
 - i. Facility Alert
 - a. Evacuation: "facility alert + evacuation + location"
 - b. Fire Alarm: "facility alert + fire alarm + location"
 - c. Hazardous Spill: "facility alert + hazardous spill + location"

SAMPLE POLICY (continued)

- ii. Medical Alert
 - a. Influx of Patients/Mass Casualty Incident: "medical alert + influx of patients/mass causality incident + location"
 - b. Decontamination: "medical alert + decontamination + location"
 - c. Medical Emergency: "medical alert +descriptor + location"
- iii. Weather Alert
 - a. "weather alert + type of weather + instructions"
- iv. Security Alert
 - a. Missing Person: "security alert + missing person + description"
 - b. Active Shooter: "security alert + active shooter + location"
 - c. Bomb Threat: "security alert + bomb threat + location + instructions"
 - d. Security Assist: "security assist + location"

II. Terminating an Emergency Code

- A. Once the emergency situation has been effectively managed or resolved, and based on the emergency operations plan, the code should be canceled. An indication of "all clear" should be sent to all that received the initial notification. This command should be repeated three times.
- B. The cancelation notification should be sent via the same notification process as the initial code activation. For example, if an overhead paging system was used to activate the code, the overhead paging system should be used to cancel the code.

III. Providing Competency-based Staff Education

Competency-based education about the plain language emergency codes should be provided to all employees during employee orientation and reviewed during annual life-safety updates. Physicians, public safety officers and other contract employees also should be provided education. Education should include the following:

- A. Four categories of alerts (facility, medical, weather, security)
- B. Immediate steps for emergency code activation and notification of appropriate personnel based on the [hospital] emergency operations plan
- C. Specific responsibilities, based on their job description as written in the emergency operations plan

SAMPLE POLICY (continued)

References

Healthcare Association of Southern California (2011) Health care emergency codes: a guide for code standardization, (3rd ed). Retrieved February 8, 2013, from <u>www.HASC.org.</u>

Minnesota Hospital Association (n.d.) Plain-language emergency overhead paging implementation toolkit. Retrieved February 8, 2013, from <u>www.mnhospitals.org/patient-safety/current-safety-</u> *quality-initiatives/emergency-overhead-pages*.

FREQUENTLY ASKED QUESTIONS

Why is the CHA endorsing and leading an initiative to adopt standardized, plain-language emergency codes?

CHA and member hospitals are committed to increasing patient, employee and visitor safety during any incident. The need to standardize emergency codes had been recognized by hospital emergency preparedness and patient safety staff, especially in communities with more than one hospital or adjacent to nearby states. The decision to adopt plain-language was proactive and based on literature, research and early trends among hospitals to promote transparency and safety. The early trend aligns with new federal initiatives to adopt plain-language standards.

Why is plain-language important?

The adoption of plain-language promotes transparency, increases safety and aligns with national initiatives. The Institute of Medicine considers plain-language a central tenet of health literacy (2004). The National Incident Management System also has established plain-language requirements for communication and information management among emergency managers (2008).

Does use of plain-language create additional fear among patients and visitors?

Although this is commonly expressed concern, research suggests that plain-language does not create additional fear among patients and visitors. In fact, it may decrease uncertainty among patients and visitors.

Does use of plain-language reduce patient privacy or protection?

If policy implementation adheres to principles of privacy and HIPAA, use of plain-language should not adversely affect patient privacy.

How should a hospital determine which emergency codes to announce to all patients, visitors and employees and which emergency codes to announce only to specific hospital personnel?

It is important that each hospital consult its emergency management and leadership teams to determine appropriate policies and procedures for the organization. As a general rule, the trend is to reduce the amount of overhead paging codes should only be announced overhead when the majority of hospital employees, patients, and visitors should be aware and prepared to respond to an emergency event.

FREQUENTLY ASKED QUESTIONS (continued)

How should hospitals handle security issues such as an armed violent intruder?

It is important that each hospital consult its emergency management and leadership teams to determine appropriate policies and procedures for the organization. As a general rule, hospitals should consider overhead announcements when there is a confirmed or likely armed and violent intruder.

Is adoption of any or all of these plain-language emergency codes mandatory?

Although this initiative is encouraged, there is no regulation requiring adoption of any or all of these standardized, plain-language emergency codes.

SUPPORTING DOCUMENTS

Plain-language Supporting Documents and Guidance

Excerpts from The Missouri Hospital Association's (MHA) *2013 Standardized Plain-language Emergency Codes Implementation Guide* (<u>http://web.mhanet.com/uploadsmedia/2013_Emergency_Code_Implementation_Manual.pdf</u>)

Rational For Plain-language Emergency Codes

In an era of increased transparency, there are several national initiatives to promote plain-language among many disciplines, including health care providers and emergency managers. Plain-language is a central tenet of health literacy and has been adopted to demonstrate improved patient safety outcomes (Institute of Medicine, 2004).

The trend to adopt plain-language versus color codes is supported by the following organizations or reports:

- U.S. Department of Health and Human Services
- U.S. Department of Homeland Security
- The National Incident Management System (2008)
- The Institute of Medicine's Health Literacy report and recommendations (2004)

There is no one universal definition for plain-language, but current adoption follows these two criteria (Redish, 2000; U.S. Health and Human Services, n.d.)

People understand the information received without further extensive explanation.

People know what actions are required based on the information received.

The recommendation to use plain-language is also evident in the field of emergency preparedness. The use of "10" codes such as "10-40" are no longer recommended or used among law enforcement and public safety officials. The National Incident Management System has established the following plain-language requirements for communication and information management (U.S. Department of Homeland Security, 2008, pg. 29):

"The ability of emergency management/response personnel from different disciplines, jurisdictions, organizations and agencies to work together depends greatly on their ability to communicate with each other. Common terminology enables emergency management/ response personnel to communicate clearly with one another and effectively coordinate activities, no matter the size, scope, location or complexity of the incident."

"The use of plain-language (clear text) in emergency management and incident response is a matter of public safety, especially the safety of emergency management/response personnel and those affected by the incident. It is critical that all those involved with an incident know and use commonly established operational structures, terminology, policies and procedures. This will facilitate interoperability across agencies/organizations, jurisdictions and disciplines."

FACILITY ALERT

Purpose: Provide for the safety and security of patients, employees and visitors at all times, including the management of essential utilities.

TYPES OF FACILITY ALERTS

- Evacuation
- Fire Alarm
- Hazardous Spill

FACILITY UTILITIES

- Electrical power
- Water
- 🛠 Fuel
- Medical gasses, ventilation and vacuum systems

NATIONAL RECOMMENDATIONS FOR POLICIES AND PROTOCOLS

The Joint Commission

The Joint Commission (TJC) includes the management of safety, security and utilities as two of the six critical functions of an emergency operations plan. Specifically, TJC includes the following as elements of performance (The Joint Commission Resources, 2012, pgs. 104, 145, 158).

How the organization will:

- Manage hazardous materials and waste
- Control the entrance in and out of the facility during an incident
- Control individual movement within the facility during an incident
- Control vehicular access to the facility during an incident
- Manage a utility failure caused by an interruption of services
- Establish back-up systems for critical utilities
- Provide alternate sources and methods of providing:
 - o Electricity
 - Potable water
 - \circ Non-potable water
 - o Fuel

Manage the personal hygiene and sanitation of patients

National Fire Protection Association

The National Fire Protection Association's Life Safety Code 101 provides detailed codes and recommendations about fire prevention, protection and alarm annunciation.

References

Joint Commission Resources (2012), Emergency management in health care: an all hazards approach (2nd ed). ISBN: 978-1-59940-701-2.

National Fire Protection Association (2012) Life Safety Code 101. Retrieved March 15, 2013, from <u>http://www.nfpa.org/aboutthecodes/aboutthecodes.asp?docnum=101</u>

WEATHER ALERT

Purpose: Provide clear, plain-language instructions and situational awareness to hospital employees, patients and visitors.

GLOSSARY OF WEATHER-RELATED EVENTS, CITED DIRECTLY FROM THE NATIONAL WEATHER SERVICE

Flash Flood – A rapid and extreme flow of high water rushing into a normally dry area, or a rapid water level rise in a stream or creek above a predetermined flood level that begins within six hours of the causative event (e.g., intense rainfall, dam failure, ice jam) However, the actual time threshold may vary in different parts of the country. Ongoing flooding can intensify to flash flooding in cases where intense rainfall results in a rapid surge of rising flood waters.

Flood Watch – Issued to inform the public and cooperating agencies that current and developing hydro -meteorological conditions are such that there is a threat of flooding, but the occurrence is neither certain nor imminent.

Flood Warning (FLW) – In hydrologic terms, a release by the NWS to inform the public of flooding along larger streams in which there is a serious threat to life or property. A flood warning will usually contain river stage (level) forecasts.

Heat Advisory – Issued within 12 hours of the onset of the following conditions: heat index of at least $105^{\circ}F$ but less than $115^{\circ}F$ for less than three hours per day; or nighttime lows above $80^{\circ}F$ for two consecutive days.

Severe Thunderstorm – A thunderstorm that produces a tornado, winds of at least 58 mph (50 knots), and/or hail at least one inch in diameter. Structural wind damage may imply the occurrence of a severe thunderstorm. A thunderstorm wind equal to or greater than 40 mph (35 knots) and/or hail of at least one inch is defined as approaching severe.

Tornado Watch – This is issued by the NWS when conditions are favorable for the development of tornados in and close to the watch area. Their size can vary depending on the weather situation. They are usually issued for a duration of four to eight hours. They normally are issued well in advance of the actual occurrence of serve weather. During the watch, people should review tornado safety rules and be prepared to move to a place of safety if threatening weather approaches.

A tornado watch is issued by the Storm Prediction Center (SPC) in Norman, Okla. Before the issuance of a tornado watch, SPC will usually contact the affected local National Weather Forecast Office (NWFO), and they will discuss what their current thinking is on the weather situation. Afterword, SPC will issue a preliminary tornado watch, and then the affected NWFO will then adjust the watch (adding or eliminating counties/parishes) and then issue it to the public. After adjusting the watch, the NWFO will inform the public which counties are included by way of a Watch Redefining Statement. During the watch, the NWFO will keep the public informed on what is happening in the watch area and also inform the public when the watch has expired or been canceled.

Tornado Warning – This is issued when a tornado is indicated by the WSR-88D radar or sighted by spotters; therefore, people in the affected area should seek safe shelter immediately. They can be issued without a tornado watch being already in effect. They are usually issued for a duration of around 30 minutes.

A tornado warning is issued by your local NWFO. It will include where the tornado was located and what towns will be in its path. If the thunderstorm that is causing the tornado is also producing torrential rains, this warning also may be combined with a flash flood warning.

After it has been issued, the affected NWFO will be followed periodically with severe weather statements. These statements will contain updated information on the tornado, and they also will inform the public when the warning is no longer in effect.

Wind Chill Factor – Increased wind speed accelerates heat loss from exposed skin, and the wind chill is a measure of this effect. No specific rules exist for determining when wind chill becomes dangerous. As a general rule, the threshold for potentially dangerous wind chill conditions is about -20°F.

Winter Weather Advisory – This product is issued by the NWS when a low pressure system produces a combination of winter weather (snow, freezing rain, sleet, etc.) that presents a hazard but does not meet warning criteria.

Blizzard – A blizzard means that the following conditions are expected to prevail for a period of three hours or longer: sustained wind or frequent gusts to 35 MPH or greater and considerable falling and/or blowing snow (i.e. reducing visibility frequently to less than a quarter of a mile).

References

National Oceanic and Atmospheric Administration, National Weather Service. (n.d.) Retrieved Feb. 8, 2013, from <u>http://www.weather.gov</u>.

SECURITY ALERT

Purpose: To protect employees, patients and visitors from any situation or person posting a threat to the safety of any individual(s) within the hospital.

TYPES OF SECURITY ALERTS

- Abduction (all ages)
- Missing person (all ages)
- Armed and violent intruder, active shooter, hostage
- Bomb threat
- Combative person/patient

NATIONAL RECOMMENDATIONS FOR POLICIES AND PROTOCOLS

The National Center for Missing and Exploited Children

The National Center for Missing and Exploited Children offers a free online book and self-assessment form for health care organizations. The book and assessment include recommended actions to prevent an infant abduction and what to do when an abduction occurs.

The Joint Commission

TJC includes the management of safety, security and utilities as two of the six critical functions of an emergency operations plan. Specifically, TJC includes the following as elements of performance (The Joint Commission Resources, 2012, pg. 104-105):

How the organization will:

- Arrange internal security
- Establish roles and coordinate with community public safety and security agencies
- Establish emergency security planning, which includes:
 - o Individual movement within the facility, including elevators and stairwells
 - Access in and out of the facility
 - Vehicular movement on the facility grounds
 - o Uninterrupted access for ambulances and other response vehicles
 - Authorized access for first responders and emergency personnel

References

Joint Commission Resources (2012). Emergency management in health care: an all hazards approach (2nd ed). ISBN: 978-1-59940-701-2

Mitigation Dynamics, Inc. (2012). Sample policy templates. Available at <u>www.mhanet.com</u>.

National Center for missing and Exploited Children (n.d). Retrieved February 8, 2013, from <u>www.missingkids.com</u>.

www.ncmec.org/en_US/publications/NC05.pdf

www.ncmec.org/en_US/publications/NC05assessment.pdf

MEDICAL ALERTS

Purpose: To provide medical care and support to patients and incident victims while maintaining care and safety of patients, employees and visitors within a health care facility during an incident.

TYPES

- Mass casualty
- Medical emergency
- Chemical or radiological decontamination

NATIONAL RECOMMENDATIONS FOR POLICIES AND PROTOCOLS

The Joint Commission

TJC includes the management of clinical care and safety as one of the six critical functions of an emergency operations plan. Specifically, TJC includes the following as elements of performance (The Joint Commission Resources, 2012, pgs. 104, 158).

How the organization will:

- Provide for radiological, biological and chemical isolation and decontamination
- Manage patient triage, assessment, treatment, transfer, admission, discharge and scheduling
- Manage horizontal and vertical patient evacuation
- Manage increased demand for clinical services
- Manage increased demand for mental health services
- Manage mortuary services
- Track patient location and clinical information

References

Joint Commission Resources (2012). Emergency management in health care: an all hazards approach (2nd ed). ISBN: 978-1-59940-701-2.

Institute of Medicine (2004). Health literacy: a prescription to end confusion. ISBN. 0-309-09117-9.

Porth, L., (2013) MHA Standardized, Plain-language Emergency Codes: Implementation Guide. Missouri Hospital Association. Available at <u>www.mhanet.com</u>.

Redish J.C. (2000). What is information design? Technical Communication; 47(2):163-166.

U.S. Department of Homeland Security (2008) National incident management system. <u>https://</u> www.fema.gov/pdf/emergency/nims/NIMS_core.pdf

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