Washington State Hospital Association

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Hospital Emergency Code Events

Plain Language Implementation Guidance

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Executive Summary

Patient, staff and visitor safety is a top priority for Washington State hospitals and WSHA. While not mandated, WSHA strongly recommends that all Washington hospitals adopt plain language for emergency code events in 2024.

Emergency codes allow trained hospital personnel who may work in multiple hospitals to respond quickly and appropriately to various safety, security and clinical incidents. There has been a trend to standardize overhead hospital emergency codes with an increased focus on the adoption of plain language and plain text.

Fifteen years ago, WSHA engaged with Washington hospitals, external state patient safety collaborators, other state hospital associations and the American Hospital Association to support standard emergency codes. In early 2009, WSHA convened 14 hospitals, the Oregon Association for Hospitals and Health Systems (OAHHS), three additional hospital associations and the National Patient Safety Council to implement 10 emergency codes across Washington State.

In 2023, at the request of hospitals, WSHA convened facility, clinical operations and emergency management expertise teams representing 18 hospitals – ranging from critical access facilities to large health systems – to evaluate the current state of hospital emergency codes in Washington. The assessment revealed that more than 50 distinct hospital codes are currently in use across the state. In addition to the 10 standard codes established in 2009, WSHA identified variability in emergency code naming conventions in both rural and urban hospitals.

The WSHA Clinical Excellence Committee, a WSHA Board committee, received this information in addition to industry best practices on adopting plain language. In Q4 2023, this committee endorsed the safety initiative, strongly recommending that all Washington hospitals transition from color-code emergency alerts to standardized plain language emergency codes by October 1, 2024.

To enhance consistency and effectiveness in managing safety, security and clinical incidents, WSHA developed a 10-month project timeline with hospitals to standardize these codes. The workgroup objectives include:

- Aligning to [1]plain language, plain text industry and safety standards
- Reducing variability of emergency code alerts across all Washington State hospitals
- Increasing patient, visitor and staff safety through standard, plain language communication for hospital emergency code events

The implementation of universally applicable, standardized plain language emergency code events is planned for Q4 2024. The initiative aims to reduce variation among all 113 hospitals across the state, including in rural and urban areas. [1] *with the exception of* ***Amber Alert*** *and* ***Code Blue***.

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Plain Language

Plain language is essential for effective communication. Plain language refers to clear communication that can be conveyed and understood the first time it is heard or read. It involves writing or speaking in clear, concise verbiage appropriate to the subject or field and the intended audience. Plain language avoids jargon, complex explanations, abbreviations and acronyms.

The Federal Plain Language Guidelines 2010 was enacted as public law to improve the effectiveness and accountability of federal agencies to the public by promoting clear governmental communication that the public can understand and use.

Several agencies – including the United States Department of Homeland Security (DES), Federal Emergency Management Agency (FEMA), National Incident Management System (NIMS), Cybersecurity and Infrastructure Security Agency (CISA), United States Department of Health and Human Services (DHHS) and the Center for Disease Control (CDC) – endorse, recognize and recommend plain language utility to improve communication, reduce confusion and enhance interoperability during emergency situations. This includes recommendations for hospitals to implement plain language emergency code alerts.

Using plain language during hospital emergency events is crucial to establish clarity and understanding, reduce anxiety, support inclusivity, appropriate response mechanisms, and support adherence to patient safety and legal compliance.

Plain language ensures that critical information is communicated clearly and concisely. In high-stress situations, patients, staff and visitors need straightforward instructions to comprehend the severity of the situation and take appropriate actions.

Complex medical terminology or jargon can increase confusion or create anxiety. By implementing plain language, hospitals can reduce ambiguity and allow persons to focus on necessary actions or safety protocols. Plain language accommodates diverse audiences, including those with limited English proficiency, cognitive impairments or sensory difficulties. All persons deserve equal access to emergency information.

During an emergency, time is critical. The use of plain language allows for faster decision-making and responses and reduces the risk of misinterpretation.

Regulatory bodies have endorsed and required plain language communication for hospital emergency management. Plain language supports regulatory guidelines and patient safety.

Plain language promotes effective communication, reduces unnecessary stress and enhances safety for staff, patients and visitors during a hospital emergency alert.

A common deterrent to the implementation of plain language emergency codes in health care facilities is the belief that patients and visitors to the facility will be frightened and suffer from heightened levels of anxiety. However, this belief is not supported by modern psychology studies. Research into anxiety in emergency communications suggests that messages that leave groups of the population without information during a crisis build fear and anxiety regardless of the situation. Instead, effective risk communication can mitigate negative individual behaviors in the population while simultaneously decreasing anxiety.

Development of Plain Language Emergency Code Events in Washington State

The WSHA Hospital Emergency Code Event Workgroup's development of plain language emergency code events leveraged the following considerations:

- Certain emergency situations will need to be heard by all staff, visitors and patients.
- Some emergency alerts may have additional instructions and/or directions.
- Hospitals may choose what overhead emergency alert communications they use.
- The transition from color-code emergency events to plain language will require staff awareness and education.

The transition from color-coded events to plain language was organized by aligning event responses to alert types. Three alert categories were selected and defined as follows:

> **Facility**: Alert that provides for the safety of patients, staff and visitors and includes the management of essential plant or campus operations or utilities.
>
> **Medical:** Alert that provides clinical care and support to patients and incident victims while maintaining the safety of staff and visitors within the health care facility.
>
> **Security:** Alert that supports the safety for staff, patients and visitors from a situation that poses a threat to the safety of any individual(s) within the health care facility.

Beginning October 1, 2024, hospitals in Washington State are strongly recommended to use plain language alerts for communicating emergency code events. Facilities should no longer use:

- Code Black
- Code Gray
- Code Green
- Code Orange
- Code Red
- Or other color-code type of events, *with the exception of* ***Amber Alert*** *and* ***Code Blue***.
    - ***Amber Alert*** (a security event noting a missing person aged 17 years or younger) is a nationally recognized alert and has been adopted in all 50 states. *Home | AMBER Alert (ojp.gov)*
    - ***Code Blue*** (cardiac/respiratory event) will remain historically named due to facility, operation, IT logistics and infrastructure considerations beyond the scope of this project.

The standard communication of plain language hospital emergency code events will have at least three elements and include the opportunity to add descriptive details or directions.

Each alert is broken down into three-to-four sections. When announcing an emergency code event, state: **The Alert Type + Event + Location + Description, Details or Directions**

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WA Hospital Plain Language Alerts + Communication Example

Type of Alert	Communication Example
Facility Alert	
External/Internal Triage	Facility Alert + External (or Internal) Triage + Establish Incident Command
Fire Alarm	Facility Alert + Fire Alarm + 2nd Floor East + follow evacuation plan
Hazardous Material Release	Facility Alert + Hazardous Material Release + 1st Floor Laboratory
Utility/Technology Interruption	Facility Alert + Technology Interruption + East Campus + Follow Downtime Procedure
Medical Alert	
Acute Heart Attack	Medical Alert + Acute Heart Attack + Emergency Room 5
Code Blue	Medical Alert + Code Blue + Critical Care East
Rapid Response	Medical Alert + Rapid Response + Transitional Care Unit Room 1
Sepsis	Medical Alert + Sepsis + Emergency Bay 4
Stroke	Medical Alert + Stroke + Emergency Room 2
Transfusion	Medical Alert + Transfusion + Operating Room 4 + initiate Blood Bank Procedure
Trauma	Medical Alert + Trauma- Full + Emergency Department + 7 minute estimated time of arrival
Security Alert	
Active Shooter	Security Alert + Active Shooter + West Entrance
Missing Person Adult	Security Alert + Missing Person Adult + 4th Floor Medical + Secure egress points
Missing Person Child "Amber Alert"	Security Alert + Missing Person Child, Amber Alert + Pediatric Unit + Secure egress points
Security Assistance	Security Alert + Security Assistance + 7th Floor South + Behavior Escalation
Suspicious Item	Security Alert + Suspicious Item + West Entrance Auditorium

Terminating an Emergency Alert Call

Once the emergency situation has been effectively managed or resolved, and depending on the hospital's emergency operations plan, most emergency event alerts should be canceled or announced as "All Clear." This announcement is recommended to be repeated three times.

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Plain Language Implementation Strategy

Implementing plain language emergency codes within a hospital environment is a strategic approach. It not only aligns with industry standards for emergency communications, but also enhances safety for patients, staff and visitors.

Once the organization formally approves the transition to plain language, consider the following steps over a minimum of nine months:

1. **Announcement and Stakeholder Awareness:**
    - Share a formal announcement with all impacted parties, including a letter from the CEO or governance board
    - Highlight the decision to adopt plain language codes
2. **Committee Formation:**
    - Establish a committee or workgroup to support the implementation plan and consider the inclusion of a patient or family representative
    - Review existing hospital code event resources
    - Develop education and training materials following plain language best practices
    - Set up mechanisms for frequent organizational communication
3. **Pilot Testing and Communication:**
    - Conduct pilot testing of the new codes
    - Communicate updates and reminders to all staff
    - Disseminate the revised materials
4. **Go-Live Date and Reinforcement:**
    - Set a specific go-live date for implementing plain language codes
    - Emphasize the importance of using plain language during emergencies
5. **Post-Implementation:**
    - Support the committee and hospital staff throughout the implementation
    - Maintain engagement with the committee to assess adoption of plain language alerts
    - Conduct recommended drills to reinforce plain language adoption
    - Plan a six-month post-implementation evaluation with the hospital workgroup

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Hospital Emergency Code Event

Plain Language Sample Tools

In response to requests from hospitals, WSHA has created resources to assist hospitals in educating staff about emergency code plain language implementation. These resources include visual tools that can also aid in educating visitors and patients.

Please visit or view several plain language tools, including education, visual tools, sample policy templates, competency checklist, assessment and communication resources below:

Education	**Educational Resource Presentation**	Hospital Emergency Code Plain Language Sample Educational Presentation 2024.PDF	
Visual Tools	**Facility Posters and Badge Buddy Examples**	 Facility Poster Plain Language Sample T  Spanish_Facility Poster Plain Langua	 Badge buddy 2024.pdf
Policy Sample Template	**Healthcare Policy Sample Template**	 Fire - Facilities FINAL pdf.pdf	
Competency Tools	**Competency Sample Checklist + Assessment**	 Plain Language Emergency Codes Sa	 Plain Language Emergency Code Ev
Communication	**Communication Sample Template**	 Hospital Code Event Communicatic	

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WSHA Emergency Code Event Plain Language Principles & Considerations

Principles:

1. The WSHA Clinical Excellence Committee uses its collective action to improve clinical, safety and quality care across all Washington State hospitals. It has endorsed this safety initiative. It strongly recommends that all Washington hospitals transition from color-coded emergency alerts to [1]plain language emergency codes by October 1, 2024. Although strongly recommended this transition is not mandatory.

2. The move from color-coded emergency code events to [1]plain language aligns with industry standards supported by federal agencies, including CMS, TJC, FEMA, CDC, CISA and HHS. These agencies recognize the value of plain language in improving communication, reducing confusion and enhancing interoperability during emergency situations. As part of this shift, hospitals are encouraged to implement plain language emergency code alerts.

3. The initiative does not prescribe specific wording but suggests scripting included in the Hospital Emergency Code Event Plain Language Sample Tools. Each hospital has the flexibility to determine the plain language that will be utilized for communication and applicable overhead paging or announcements.

4. Patient, staff and visitor safety remain top priorities for Washington State hospitals and WSHA. Although not mandated, WSHA strongly recommends that all Washington hospitals adopt [1]plain language for emergency code events, following the endorsement by federal agencies. This approach accommodates diverse audiences, including those with limited English proficiency, cognitive impairments or sensory difficulties. Each hospital should decide which emergency code events are suitable for plain language overhead paging or announcing, considering their patient population.

5. The initiative aims to standardize emergency code events across all 113 hospitals in Washington State and aligns with practices in neighboring states.

Considerations for Hospitals

Hospitals should:

- Evaluate which specific emergency code events should be heard by all building occupants and whether certain personnel need to be informed.
- Determine which staff members should respond to each emergency code event is crucial.
- Identify emergency code announcements that may include follow-up instructions for staff, visitors or patients; may/may not be announced as an “All Clear.”

[1] *with the exception of* ***Amber Alert*** *and* ***Code Blue***

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4. CHA Home - Colorado Hospital Association
5. Creating Safer Workplaces Guide to Mitigating Violence in Health Care Settings (aha.org): Focuses on violence prevention in health care environments.
6. Workplace Violence Prevention – New and Revised Requirements | The Joint Commission: Covers updated workplace violence prevention standards.
7. Suspicious Activity and Items | CISA: Information on identifying and reporting suspicious activity.
8. Rapid Response Systems | PSNet (ahrq.gov): Strategies for rapid response to deteriorating patient conditions.
9. Expanding the Scope of the Rapid Response System - Joint Commission Journal on Quality and Patient Safety: Discusses enhancing rapid response systems.
10. Microsoft Word - Plain Language Emergency Codes - White Paper (ymaws.com)
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12. Family-Initiated Rapid Response Team (advisory.com): Involves families in rapid response efforts.
13. The New Jersey Hospital Association (njha.com)
14. TeamSTEPPS: Rapid Response Systems (ahrq.gov): Tools for improving teamwork during emergencies.
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35. Hospital Preparedness for Unplanned Information Technology Downtime Events - Massachusetts General Hospital Center for Disaster Medicine: Toolkit for IT downtime planning.
36. Sixth Annual Benchmark Study on Privacy & Security of Healthcare Data - Ponemon Institute: Insights on data privacy and security.
37. Heart Attack Tools and Resources | American Heart Association: Resources for heart attack care.
38. Acute Myocardial Infarction | New England Journal of Medicine (nejm.org): Information on heart attacks.
39. Get With The Guidelines® - Resuscitation | American Heart Association: Guidelines for resuscitation.
40. Algorithms | American Heart Association CPR & First Aid: Step-by-step algorithms for CPR and first aid.
41. TeamSTEPPS 3.0 | Agency for Healthcare Research and Quality (ahrq.gov): Teamwork tools for health care settings.
42. STEMI Heart Attack? (clevelandclinic.org): Understanding ST-elevation myocardial infarction.
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