

Implementation Guide

STANDARDIZED, PLAIN LANGUAGE EMERGENCY ALERTS

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EXECUTIVE SUMMARY

North Carolina hospitals are committed to safe, quality health care for their communities. One way to promote safety and reduce harm is to standardize emergency notification in hospitals throughout the state. The purpose of an emergency notification is to communicate the emergency quickly and to mobilize expert assistance.

Legislation requiring hospitals to standardize emergency alerts was introduced but not passed during the 2013 regular session of the NC General Assembly. In collaboration with the North Carolina Hospital Association, the North Carolina Hospital Emergency Management Council Task Force asked for consideration to be able to develop the project outside of the legislative process. After review of the task force's work, the bill sponsor commends the work of the task force and, with a demonstration of strong support and timely implementation from the field, legislation may be avoided. You may find a copy of the proposed legislation at: http://www.ncga.state.nc.us/Sessions/2013/Bills/House/PDF/H634v2.pdf

Physicians and staff often work in multiple hospitals, each with their own emergency alert designations. It is easy to not be familiar with a particular facility's alert names, become confused and possibly use the wrong alert in an emergency announcement. At least nine states have responded to the lack of uniformity among health care facilities by standardizing emergency alerts notifications in their states.

NC hospitals currently use a variety of emergency alerts names to notify staff, patients, physicians, visitors and others in the building to potentially dangerous or life-threatening events. Currently, some hospitals may not even announce emergency alerts to all persons in the area of threats. Within a health system, more than one alert may be used to describe the same type of event in different facilities or in hospitals. For example, Code Gray may mean 'active shooter' in one hospital while it means 'weather alert' in another.

The North Carolina Hospital Emergency Management Council and the North Carolina Hospital Association formed a task force to standardize emergency alert notifications, as a voluntary initiative. The task force recommendation is for hospitals to adopt the proposal and to implement the change within a two-year time frame.

The proposed alerts are based on plain language communications, with three optional universal code color alerts remaining, and address the three types of events that occur in hospitals:

- o Facility alerts (i.e. hazardous material spills and fires),
- o Security alerts (i.e. active shooters and missing persons) and
- o Medical events (i.e. visitor falls, cardiac or respiratory arrest).



EXECUTIVE SUMMARY (CONT.)

The goals of this initiative include:

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- o Reducing variation of emergency alerts among North Carolina hospitals,
- o Supporting hospitals' noise reduction efforts,
- o Increasing patient, visitor, physician, staff and public safety within hospitals and communities,
- o Promoting transparency of safety protocols, and
- o Increasing competency based skills of hospital staff working within their own facilities, and/or in multiple facilities.

Uniformity in emergency alerts enables health care providers to respond appropriately to emergencies, enhancing safety to patients, visitors and themselves. The task force's charge was to develop a uniform set of emergency alerts that could be adopted by all providers in NCHA member organizations. Three color alerts remain in the recommended alerts. Code Red, Code Blue, and Code Pink were all determined to be universal alerts and may continue to be used as an alternative to the use of plain language for fire, cardiac/respiratory arrest and missing infant/child respectively.

The task force analyzed existing data and reviewed emergency alert notification methods already in use by member hospitals, other state hospital associations who have addressed the issue, the Joint Commission, and the Hospital Incident Command System (HICS) recommendations. The adoption of plain language is supported by the following organizations or reports:

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

There is no one definition for plain language, but two criteria are generally recognized.

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

After studying the issue, the NCHA Board of Directors passed a resolution that all NC hospitals adopt the language recommended by the North Carolina Hospital Emergency Management Council and the North Carolina Hospital Association Policy Development Committee. The Board recognizes that this transition will take some time and suggests that all North Carolina hospitals aim for implementation by the end of 2016. All hospitals are asked to attest to their commitment to the standard alerts no later than December 31, 2014.





STANDARDIZED EMERGENCY ALERTS FAQS

Why is the North Carolina Hospital Association endorsing and leading an initiative to adopt standardized, plain language emergency alerts?

NCHA and member hospitals are committed to increasing patient, employee, physician, visitor and public safety during any incident. The need to standardize emergency alerts had been recognized by hospital emergency management staff, especially in communities with more than one hospital or adjacent to nearby states. The decision to adopt plain language was 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.

How did NCHA develop these specific alerts for standardized use?

The North Carolina Hospital Emergency Management Council (NCHEMC) asked for volunteers from the member hospitals. Among those member hospitals, 18 volunteers met to develop the standards for emergency alert communication. Hospitals represented included critical access hospitals, small rural hospitals, and large health care systems. NCHA facilitated the process, and the group, which first convened in August 2013, met regularly to develop the plain language standardized alert recommendations. Consensus was the method used for decision-making.

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). In the National Incident Management Alert (FEMA 2006, December 19th), it states, "There is little or no room for misunderstanding in an emergency situation".

Why do the recommendations allow three color alert alternatives: Code Red for fire, Code Blue for medical emergencies, and Code Pink for missing infant/child events?

The standardized emergency alert workgroup determined these three alerts are so common and institutionalized that having these three alerts that can be used as an alternative, would reduce resistance, increase compliance and would not negatively affect patient, employee, physician, visitor or public safety.





STANDARDIZED EMERGENCY ALERTS FAQS (CONTINUED)

Does use of plain language create additional fear among patients, visitors, or the public?

Although this is a commonly expressed concern, research suggests that plain language does not create additional fear among patients and visitors. In fact, it may decrease uncertainty among those pesrons affected by the event.

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 alerts to announce to all patients, visitors and employees and which emergency alerts to announce to only 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 and announce overhead only those alerts that at least the majority of patients, employees, physicians, visitors and the public should be aware of and prepared to respond.

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 violent intruder. All persons whose lives are at immediate risk of serious injury and/or death need to be told of that risk and given the opportunity to take protective actions. .

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

While implementation is vouluntary, the NCHEMC and NCHA developed the emergency alert communication standards in response to state legislative initiatives. Universal compliance to these standards will allow the NCHA and NCHEMC to self-govern the initiatives. Failure to self-govern could result in mandatory state legislation. The NCHA Board urges all hospitals to implement this standard.

Is there a timeline to implement plain language?

The NCHA Board of Trustees requests, by December 31, 2014, an attestation of intent to implement the standard alerts no later than Jan. 1, 2017.



EMERGENCY ALERT MATRIX

Facility Alerts			
Event	Recommend Plain Language	Alternate Alert	
Evacuation / Relocation	Facility Alert + Evacuation/Relocation + Descriptor + Location	None	
Fire / Alarm	Facility Alert + Fire/Smoke Alarm + Descriptor + Location	Code Red	
Hazardous / Materials Spill	Facility Alert + Hazardous Spill + Descriptor + Location	None	
Mass Casualty	Facility Alert + Mass Casualty + Descriptor (may have levels) + Location	None	
Medical Decontamination	Facility Alert + Medical Decontamination + Descriptor (biological, chemical, radiological, or unknown) + Location	None	
Surge Capacity	Facility Alert + Surge Capacity + Descriptor (may have levels) + Location	None	
Utility / Technology Interruption	Facility Alert + Type of Service Interruption + Descriptor + Location	None	
Weather	Facility Alert + (Instruction) + Weather + Descriptor (National Weather Service Statement) + Location	None	

Security Alerts			
Event	Recommend Plain Language	Alternate Alert	
Missing Infant/Child	Security Alert + Missing Person + Descriptor (Infant/Child) + Location	Code Pink	
Decisionally Impaired Missing Person >18 yrs	Security Alert + Missing Person + Descriptor (Adult) + Location	None	
Armed Intruder / Shooter/ Hostage Situation /	Security Alert + (Instruction) + Descriptor + (Type of Threat) + Location	None	
Bomb Threat / Suspicious Package	Security Alert + (Type of Threat) + Descriptor + Location	None	
Civil Disturbance	Security Alert + Civil Disturbance + Descriptor + Location	None	
Controlled Access	Security Alert + Controlled Access + Descriptor + Location	None	

Medical Alerts		
Event	Recommend Plain Language	Alternate Alert
Medical Emergency or Incident	Medical Alert + (Type of Emergency-Incident) + Descriptor + Location	Code Blue is the only accepted color code for medical alerts





HOSPITAL ASSOCIATION BOARD RESOLUTION

May 15, 2014

NCHA BOARD RESOLUTION TO STANDARDIZE EMERGENCY ALERTS

WHEREAS, North Carolina's hospitals hold patient and staff safety as the highest priority;

WHEREAS, variation in alerts used to announce emergency situations is significant among and within North Carolina hospitals and health systems;

WHEREAS, the use of plain language in emergency management and incident response is a matter of public safety;

WHEREAS, the use of plain language in emergency management and incident response facilitates clear communication and interoperability across agencies, organizations, jurisdictions and disciplines to effectively coordinate response no matter the size, scope, location or complexity of the incident;

Now, therefore, be it resolved that the Board of Trustees of the North Carolina Hospital Association does hereby endorse voluntary implementation of standard emergency alerts in all North Carolina hospitals and health systems prior to January 1, 2017, as recommended by the North Carolina Hospital Emergency Management Council.

APPROVED this the 15th day of May 2014.





HOSPITAL/HEALTH SYSTEM BOARD RESOLUTION

For your convenience, a draft resolution is included below. Feel free to use this or similar language to serve as a commitment and attestation that your hospital or health system intends to implement these alerts no later than January 1, 2017.

Upon passage, please email a signed copy to enelson@ncha.org.

INSERT HOSPITAL/SYSTEM

RESOLUTION OF THE BOARD OF DIRECTORS AT ITS [INSERT DATE MEETING]

Adoption of the 2014 North Carolina Standardized Hospital Emergency Alerts

The [INSERT NAME] previously adopted and maintains North Carolina 2001 HEICS Color Alert System for Hospital Emergency Alerts.

The Board of Directors (the "Board") believes it would be in the best interest of [INSERT FACILITY] to adopt the 2014 North Carolina Standardized Hospital Emergency Alerts, prior to January 1, 2017.

The Board has determined that these alerts, based on plain language and addressing three types of alerts, Facility Alert, Security Alert, and Medical Alert, provide benefit to [INSERT HOSPITAL/SYSTEM] and its employees.

THE BOARD THEREFORE RESOLVES that the 2014 North Carolina Standardized Hospital Emergency Alerts document presented to the Board today and attached to this resolution as Attachment A is approved and adopted.

[INSERT DATE]



STANDARDIZED EMERGENCY ALERTS DRAFT POLICY

North Carolina Hospital Association Standardized Hospital Emergency Alerts- DRAFT

Effective Date: xx/xx/xxxx

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Review/Revision Dates: xx/xx/xxxx

Objective: The purpose of an emergency alert is to communicate the emergency quickly and to mobilize expert assistance.

The use of Standardized Hospital Emergency Alerts will be implemented to reduce confusion for health care professionals, patients, and visitors within hospitals regarding emergency alerts, which could lead to potential delays in safety or responses.

Definitions:

Plain Language Emergency Response Alerts: the use of clear, plain language communications is used to notify hospital staff, patients, and visitors of potential emergency situations.

Alternate Emergency Alert: Three color codes remain as an alternative to the recommended alerts. Code Red, Code Blue, and Code Pink are universal codes and may continue to be used for fire, respiratory/cardiac arrest and missing infant/child respectively.

Procedures:

1. Initiating an Emergency Alert

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

- A. Initiate the notification process for the specific emergency, as outlined in the emergency operations plan
- B. Follow the established script.

2. Terminating an Emergency Alert

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

3. Staff Education

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

- A. An overview of the three different categories of alerts (facility, security, and medical)
- B. Immediate steps for emergency alert activation and notification of appropriate personnel based on [hospital] Emergency Operations Plan
- C. Specific responsibilities based on staff job descriptions as written in the Emergency Operations Plan





EMERGENCY ALERT COMMUNICATION QUIZ

- 1. The process for reporting an emergency alert will not change at our facility?
 - a. True
 - b. False
- 2. North Carolina is moving to the use of plain language in order to:
 - a. Improve staff, visitor, and patient safety
 - b. Reduce confusion
 - c. Promote transparency
 - d. All of the above
- 3. Use of plain language will increase patient and visitor anxiety and fear?
 - a. True
 - b. False
- 4. Which of the following are groups of alerts that occur in hospitals that could be paged overhead?
 - a. Facility, Security, and Medical
 - b. Facility, Weather, Security, and Medical
 - c. Security, Haz-mat, Weather, and Medical
 - d. Evacuation, Haz-mat, Bomb threat, Medical
- 5. Which of the following are acceptable color alerts?
 - a. Red, blue, and green
 - b. Blue, gray, and orange
 - c. Red, blue, and pink
 - d. None of the above

EMERGENCY ALERT IMPLEMENTATION CHECKLIST

Months before implementation: AWARENESS

Start Date	ltem	Completed
	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/email.	
	Recognize employees or committees that will help implement the plain language alerts.	
	Announce a "go-live" date.	

Months before implementation: ESTABLISH COMMITTEE

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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 alert 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 trainer 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 or other materials that include the "go-live" date	



EMERGENCY ALERT IMPLEMENTATION CHECKLIST (CONT.)

Months before implementation: DEVELOP TRAINING

Start Date	Item	Completed
	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	

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.	

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.	

Months before Implementation: UPDATES

Provide an update in the employee newsletter on the progress, include the "go-live" date.	
Continue with competency-based education.	
Update hospital governance and key external stakeholders as appropriate.	



EMERGENCY ALERT IMPLEMENTATION CHECKLIST (CONT.)

Months before implementation: FINALIZE

Start Date	Item	Completed
	Continue organization wide training.	
	Continue communication through posters, newsletters, staff meetings and other forums as appropriate.	

Months before implementation:REINFORCE

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

Months 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.	
Confirm all department managers are ready to implement the new alerts.	
Provide broad communitywide articles to educate the public on this change.	
Display awareness materials with the "go-live" date throughout the organization.	
Confirm trainers are available to answer questions.	
Communicate readiness to hospital governance and leadership team.	
Recognize employees and committees for their work	



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EMERGENCY ALERT IMPLEMENTATION CHECKLIST (CONT.)

Months post-implementation: AWARENESS

Start Date	Item	Completed
	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 alerts in staff meetings, education sessions and leadership team meetings.	
	Conduct department drills to assess adoption within the first few months.	

Months post-implementation: EVALUATION

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	Conduct an organization wide drill to assess adoption six months post-	
l	implementation	



ACKNOWLEDGEMENTS

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