**TELLING IT LIKE IT IS: PLAIN LANGUAGE EMERGENCY ALERTS**

**Practice Problem**

Ask yourself:

Are you running to or from a crisis situation? Are you certain that you identified the code correctly?

- 40% of healthcare workers self-report code confusion citing dual employment with varied codes.
- Before moving to plain language, one state had 80 different color codes in 37 categories with 154 combined meanings.
- Another state had 61 combative patient codes and 47 infant abduction codes.
- An active shooter situation was miscoded as a combative patient; the responding RNs were killed (Winger, 2016).

**Clinical Question**

- Employees in an Acute Care Setting
- Plain Language Alert Scripting
- Code Colors
  - Increase Accuracy ID
  - Increase Confidence
  - Decrease Response Time
- Eighth weeks

**Project Description**

Facility color codes were reviewed and categorized. Plain language scripting was formulated and assigned to each code:

![Code Colors](chart)

Participants engaged in three, timed table top exercises facilitated by an evaluator and a specially designed board (pictured below). Each exercise drilled one of three different emergency categories:

- Facility Alerts
- Security Alerts
- Medical Alerts

Current facility color codes were evaluated first (pre-data) followed by equivalent plain language codes (post-data). Lastly, each participant self-reported confidence of response accuracy.

**Project Evaluation**

- Homeland Security Exercise and Evaluation Program Tool (HSEEP)
- Table Top Drill Data Collection Board

**Conclusions**

Plain Language vs. Color

- 7x Faster
- 100% Accuracy
- 100% Confidence

**Implications**

- Healthcare Facilities must carefully consider scripting that informs their employee and community populations without inciting panic.
- Healthcare Leadership has an ethical obligation to ensure verbal facility communications are aligned with the Plain Language Laws, ensuring the safety of employees, patients, visitors, and outside responding agencies.

**References**