



New Jersey Hospital Association

Plain Language EMERGENCY ALERT *Implementation Guidance*

Introduction

In 2004 the New Jersey Hospital Association (NJHA) introduced standardized, color emergency codes developed by and for New Jersey's healthcare facilities. Approximately 95 percent of New Jersey's acute care hospitals, as well as long-term-care facilities, implemented the color codes. Since then, codes have been added and changed by several of New Jersey's healthcare facilities. With the development of active shooter protocols, healthcare facilities across New Jersey have implemented Code Black, Code Grey, Code Silver and the plain language alert Active Shooter, increasing what the Emergency Nurses Association has identified as "code confusion".¹

Federal agencies now request and recommend plain language alerts be used by all healthcare and emergency response partners. The National Incident Management System has established plain language requirements for communication and information management among emergency managers, stating "There is little or no room for misunderstanding in an emergency situation."²

Several states have taken the initiative to successfully remove color codes and implement easy to understand, plain language emergency alerts. The purpose of emergency notification is to communicate the emergency quickly and to mobilize expert assistance; the adoption of plain language emergency alerts promotes transparency, increases patient/resident, visitor and staff safety and aligns with national initiatives.

There is no universal definition of plain language, but current adoption follows two criteria:

1. Healthcare workers should understand the information received without further, extensive explanation.
2. They should know what actions are required based on the information received.

The *Plain Language Emergency Alert Workgroup*, comprised of emergency management subject matter experts from multiple acute and post-acute care facilities and the New Jersey Hospital Association (NJHA), have worked diligently to review what other states have developed, evaluate what is currently being used in New Jersey, review federal guidance and develop a plain language standard that will be easily implemented. The goals of the project were to:

- Transition from colors to plain language that can be easily understood by all
- Increase competency-based emergency identification and response skills of healthcare facility staff working in individual and multiple healthcare facilities
- Increase transparency of communications and safety protocols
- Align, if possible, standardized emergency alerts with neighboring states
- Align with national safety recommendations

- Increase patient/resident, visitor, physician, staff, first responder and public safety within healthcare facilities
- Reduce excessive confusion for staff or physicians who work in more than one facility
- Reduce errors in identification of alert meanings and response.

Plain language emergency alerts enable healthcare providers to respond appropriately to an emergency, enhancing safety to patients/residents, visitors and providers. The adoption of plain language is supported by:

- U.S. Department of Health and Human Services
- U.S. Department of Homeland Security
- The National Incident Management System (NIMS)
- The Institute of Medicine
- The Emergency Nurses Association.

This guidance document includes suggested alerts, implementation strategy, sample policies, a sample competency checklist and assessment, an editable poster and Power Point presentation to announce the change in process. A quick video clip for training is also imbedded within the Power Point presentation. All materials are available on NJHA's Emergency Management website at: <http://www.njha.com/plain-language-guidance/>

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1. Emergency Nurses Association Position Statement Plain Language Emergency Alerts
https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/plainlanguageemergencyalerts.pdf?sfvrsn=e0d0c699_10
 2. FEMA National Incident Management NIMS Alert NIMS AND USE OF PLAIN LANGUAGE
https://www.fema.gov/pdf/emergency/nims/plain_lang.pdf

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Developing Plain Language Alerts

The NJHA Plain Language Emergency Alert Committee has developed three types of alerts:

Facility Alert

Security Alert

Medical Alert

Each section can be tailored to your facility. However, we recommend following the plain language guidelines to ensure the most accurate results and promote uniformity within New Jersey.

Each ALERT is broken down into four sections:

Alert Type

Event

Location

Directions

The ALERT TYPE identifies the type of emergency response that is required.

Facility Alert provides for the safety and security of patients/residents, employees and visitors, including the management of essential utilities and the impact of weather events.

Security Alert protects employees, patients/residents and visitors from any situation or person posing a threat to the safety of any individual within the facility.

Medical Alert provides medical care and support to patients/residents and incident victims while maintaining care and safety of employees, visitors and patients/residents within a healthcare facility during an incident.

Event identifies the type of emergency. Examples include fire alarm, active shooter, mass casualty.

Location identifies the area responders should report to – and others should stay away from.

Directions may be added to the alert at the discretion of the facility. For example if you announce a “fire alarm” you may want to announce that everyone (except the response team) should avoid the area. This can be optional based on the type of emergency.

The following chart provides examples of Plain Language Alerts for different situations that you may want to consider.

Examples of Plain Language Alerts

FACILITY ALERT	EXAMPLES
Command Center Open	Facility Alert + Command Center Open + Location + Directions
Decontamination	Facility Alert + Decontamination (Internal/External) + Location + Directions
Evacuation/Relocation	Facility Alert + Evacuation + Location + Directions
Fire	Facility Alert + Fire Alarm + Location + Directions
Hazardous Material Release	Facility Alert + Hazardous Material Release + Location + Directions
Shelter-In-Place	Facility Alert + Shelter-In-Place + Location + Directions
Utility/Technology Interruption	Facility Alert + Utility or Technology Interruption + Location + Directions
Weather	Facility Alert + Weather Event + Location + Directions
SECURITY ALERT	EXAMPLES
Active Shooter	Security Alert + Active Shooter + Location + Directions
Bomb Threat	Security Alert + Suspicious Item + Location + Directions
Civil Disturbance	Security Alert + Civil Disturbance + Location + Directions
Controlled Access	Security Alert + Controlled Access + Location + Directions
Security Assistance	Security Alert + Security Assistance + Location + Directions
Missing Person	Security Alert + Missing Person (adult/child/infant) + Location + Directions
MEDICAL ALERT	EXAMPLE
Mass Casualty	Facility Alert + Mass Casualty + Location + Directions
Medical Alerts	Medical Alert + (describe medical alert i.e. stroke) + Location + Directions

Directions As Needed

Plain Language Implementation Strategy

Nine Months Prior to Implementation

AWARENESS

- Draft a letter from the CEO or governance board and disseminate widely among the health-care facility's employees and key external stakeholders.
- Include an announcement in the employee newsletter.
- Recognize any employees or committees that will help implement the plain language alerts.
- Announce a “go-live” date.

Eight Months Prior to Implementation

ESTABLISH COMMITTEE

- Authorize a committee to review and update all policies.
- Authorize a committee to review and update all of the healthcare facility's materials.
- Authorize a committee or individuals to update the healthcare facility's 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 facility's employees and schedule the trainer training.
- Establish and promote mechanisms for broad-based, frequent organizational communication, which may include:
 - Periodic staff emails
 - Periodic newsletter articles providing updates and progress
 - Posters, flyers or other materials that include the “go-live” date.

Seven Months Prior to Implementation

DEVELOP A TRAINING PLAN

- Conduct train-the-trainer competency-based training.
- Determine any need for specialized training for communications personnel.
- Finalize education plan.
- Develop draft education materials.
- Provide update to healthcare facility governance board, leadership team and key external stakeholders.

Six Months Prior to Implementation **FINALIZE POLICY AND TESTING**

- Begin pilot testing healthcare facility employee training.
- Revise training plan and materials based on pilot testing.
- Schedule organization-wide training sessions.
- Finalize and produce educational materials.
- Finalize policies.

Five Months Prior to Implementation **TRAINING AND POLICY DISSEMINATION**

- Begin organization-wide training.
- Disseminate all materials to each healthcare facility's departments.
- Disseminate all revised policies.
- Begin to disseminate posters, flyers and other awareness materials.
- Consider a challenge between the healthcare facility's departments to complete training requirements.

Four Months Prior to 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 healthcare facility's governance and key external stakeholders as appropriate.

Three Months Prior to Implementation **REINFORCE**

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

Two Months Prior to Implementation **FINALIZE**

- Complete organization-wide training.
- Continue communication through posters, newsletters, staff meetings and other forums as appropriate.
- Ensure updated policies are available for all of the facility's 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 (fire, police, EMS) are aware of the new policies, alerts and "go-live" date.

One Month Prior to Implementation **PREPARE FOR THE 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 alerts.
- Provide broad communitywide 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 facility’s governance and leadership team.
- Recognize employees and committees for their work to ensure a successful implementation.

IMPLEMENTATION

One Month Post Implementation **INITIAL EVALUATION**

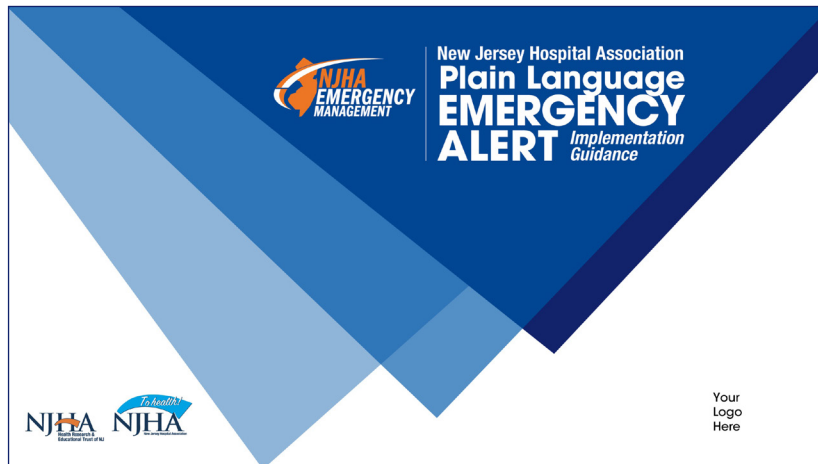
- Congratulate and recognize employees and committees for leading a successful implementation.
- Congratulate and recognize all employees for a successful implementation.
- Assess adoption of plain language alerts in staff meetings, education sessions and leadership team meetings.
- Conduct department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

Six Months Post Implementation **EVALUATION**

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

Training/Education


Power Point Presentation slides



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Code Confusion Exists

- 40 percent of healthcare workers self-report code confusion
- Up to 40 percent physicians work in multiple facilities with variable codes
- 35 percent of nursing hours are filled by temp staffing: travel or per diem



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15 States Have Already Moved to Plain Language

- California has 47 infant abduction and 61 combative patient codes
- Pennsylvania has 80 different codes, in 37 categories and 152 meanings
- New Jersey statistics are unknown



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Supporters of Plain Language

- The Joint Commission
- Institute of Medicine
- Center Disease Control
- US Department of Health and Human Services
- Food and Drug Administration
- Centers for Medicare and Medicaid Services
- US Department of Homeland Security
- Emergency Nurses Association



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Plain Language

- “...allows individuals to understand and act appropriately.” (HHS)
- “...central tenant of written and verbal health literacy.” (IOM)
- “...recommended for compliance, interagency communication, and safety of responders.” (TJC)
- “...ensures transparency and facilitate patient and public safety.” (Duke)
- “...the verbal equivalent of informed consent allowing everyone to make choices for their safety.”



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New Jersey Pilot Research

ID Accuracy

- Color - 51 percent
- Plain Language – 100 percent

Response Time

- Plain language is seven times faster than color codes

Self-Efficacy Plain Language

- 100 percent very or extremely confident


PILOT RESEARCH STUDY METHODOLOGY:

- Acute care facility
- N=40 (20 clinical/ 20 non-clinical)
- Criteria: full-time, completed annual code competency
- Nine standard codes tested
- Color codes vs. plain language






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123 Nursing Students Surveyed






- No previous training
- Nine plain language alerts tested
- 100 percent accuracy in identifying the issue

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Out with the Old – In with the New

No Longer Using	Moving to Alerts
Code Red	Facility Alert
Code Blue	Medical Alert
Code Yellow	Security Alert


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Plain Language Emergency Alert

Educational Video:





<https://vimeo.com/288550471>

<https://youtu.be/3O4IAafuNM8>




  



Facility Alert Samples

-  **Fire**
 - Facility Alert + Fire Alarm + Location + Directions *(as needed)*
-  **Evacuation/Relocation**
 - Facility Alert + Evacuation + Location + Directions *(as needed)*
-  **Decontamination**
 - Facility Alert + Decontamination (internal / external) + Location + directions *(as needed)*
-  **Utility/Technology Interruption**
 - Facility Alert + Utility or Technology Interruption + Location + Directions *(as needed)*

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Security Alert Samples

-  **Active Shooter**
 - Security Alert + Active Shooter + Location + Directions *(as needed)*
-  **Bomb Threat**
 - Security Alert + Suspicious Item + Location + Directions *(as needed)*
-  **Civil Disturbance**
 - Security Alert + Civil Disturbance + Location + Directions *(as needed)*
-  **Controlled Access**
 - Security Alert + Controlled Access + Location + Directions *(as needed)*

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Medical Alert Sample



Mass Casualty

- Facility Alert + Mass Casualty + Location + Directions (as needed)



Medical Alert

- Medical Alert + (describe medical alert i.e. stroke) + Location + Directions (as needed)

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Final Thought

*"If you can't explain it simply,
you don't understand
it well enough."*

-Albert Einstein

For more information, visit: www.njha.com/plain-language-guidance/



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THIS FACILITY IS NOW USING PLAIN LANGUAGE ALERTS

As of _____ you will no longer hear
color-coded emergency alerts.

To Report an Emergency:

DIAL _____ and follow these steps

STATE THE ALERT TYPE

For Example: *Facility Alert, Security Alert or Medical Alert.*

STATE THE EVENT TYPE CLEARLY

For Example: *Fire, Active Shooter or Cardiac Emergency.*

STATE THE SPECIFIC LOCATION

For Example: *Emergency Waiting Room; or 3rd Floor East.*

*Once the emergency situation has been resolved, an
all-clear will be given:*

TYPE OF ALERT + TYPE OF EVENT + LOCATION + ALL CLEAR

**IF YOU HEAR AN ALERT, PLEASE FOLLOW
YOUR AREA'S EMERGENCY PROTOCOLS.**

Sample Healthcare Facility Policy

Subject: Healthcare Facility Emergency Operations **Policy Number:** _____

Effective Date: _____ **Dates of Revision:** _____

Authorized Approval: _____

Policy Name: Plain Language Emergency Alerts

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

Policy Objectives: The purpose of standardized, plain language emergency alert among New Jersey healthcare facilities is to:

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

DEFINITIONS

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

Procedures:

1. Initiating an Emergency Alert Call

When initiating an emergency alert call, the healthcare facility 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 alert to reduce confusion.
- c. Use the established alert script:

i. Facility Alert

- a. Evacuation: “facility alert + evacuation + location + directions”
- b. Fire Alarm: “facility alert + fire alarm + location + directions”
- c. Hazardous Material Release: “facility alert + hazardous Material Release + location + directions”

ii. Security Alert

- a.** Missing Person: “security alert + missing person + location + directions”
- b.** Active Shooter: “security alert + active shooter + location + directions”
- c.** Bomb Threat: “security alert + suspicious item threat + location + directions”

iii. Medical Alert

- a.** Medical Alert: “medical alert + (describe medical alert i.e. stroke) + location + directions”
- b.** Influx of Patients/Mass Casualty Incident: “medical alert + influx of patients/mass causality incident + location + directions”

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. This command should be repeated three times.
- 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. Providing Competency-based Staff Education

Competency-based education about the plain language emergency alerts should be provided to all employees during employee orientation and reviewed during annual life- safety updates.

- a.** Physicians, public safety officers and other contract employees also should be provided education. Education should include the following:
 - i.** Four categories of alerts (facility, medical, security).
 - ii.** Immediate steps for emergency alert activation and notification of appropriate personnel based on the facility emergency operations plan.
 - iii.** Specific responsibilities based on job description as written in the emergency operations plan.

Plain Language Emergency Alert Sample Competency Checklist

Employee Name/Number: _____

Employee Title: _____

Unit/Department: _____

Skills Validator Name: _____

Skills Validator Title: _____

SKILLS VALIDATION			
Method of Evaluation: DO-Direct Observation • VR-Verbal Response • WE- Written Exam • OT-Other			
Emergency Alert Standardization Process	Evaluation Method	Initials	Comments
Access to emergency alert policy and procedure			
Definitions of each emergency alert			
How to call each emergency alert			
When it is appropriate to call each alert			
Staff responsibilities after calling or hearing an alert			

- ☐ I received a copy of the Plain Language Emergency Alerts.
- ☐ I understand the Emergency Alert procedures for the healthcare facility 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 _____

Validator Signature _____ Date _____

Sample Competency Assessment

- 1. What is the benefit of plain language in calling an emergency alert?**
 - a. It allows staff to freely share important information about the patient's/resident's condition.
 - b. It reduces confusion among healthcare professionals working in more than one health-care facility
 - c. It allows patients/residents 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. Missing Person alert, Fire Alert and Medical Emergency Alert
 - b. Security Alert, Fire Alert and Medical Alert
 - c. Security 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 alert 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/Residents to Hallways"
 - d. "Medical Alert, Patient Surge In ED, Leaders Report to Command Center"
 - e. All of the above
 - f. a, b and d
 - g. a and d
- 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/resident in cardiac arrest on the medical unit
 - d. All of the above
 - e. a and b
 - f. a and c

Sample Competency Assessment Answer Sheet

1. F 2. C 3. G 4. F



Frequently Asked Questions

Why is the NJHA endorsing and leading an initiative to adopt standardized plain language emergency alerts?

NJHA and N.J. healthcare facilities are committed to increasing patient/resident, employee and visitor safety during an incident. The need to standardize emergency alerts has been recognized by healthcare emergency management and patient safety staff. The decision to adopt plain language was proactive and based on literature research, federal initiatives and early trends among healthcare facilities to promote transparency and safety.

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).

Why does the recommendation eliminate all color codes?

The Plain Language Emergency Alert workgroup felt that mixing color codes and plain language alerts would send mixed messages about the importance of using communication that can be understood the first time it is heard.

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

Although this is commonly expressed concern, multiple studies of human behavior suggest that plain language does not create additional fear among patients/residents and visitors. In fact, it may decrease uncertainty among patients/residents and visitors. Studies include the 2005 Anthony R. Mawson article [Understand mass panic and other collective responses to threat disaster.]

Does use of plain language reduce patient/resident privacy or protection?

If policy implementation adheres to principles of privacy and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy, Security and Breach Notification Rules, the use of plain language should not adversely affect patient/resident privacy.

Continued on next page

How should a healthcare facility determine which emergency alerts to announce to all patients/residents, visitors and employees and which to announce only to specific facility personnel?

It is important that each facility 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 number of overhead pages. Emergency alerts should only be announced overhead when the majority of a facility's employees, patients/residents and visitors should be aware and prepared to respond to an emergency event.

How should healthcare facilities handle security issues such as a violent armed intruder?

It is important that each healthcare facility consult its emergency management and leadership teams to determine appropriate policies and procedures for the organization. As a general rule, facilities 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 alerts mandatory?

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

NOTE: As facilities adopt the plain language alerts, additional FAQ's may be added to assist in the education of others.

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