Hospitals in South Carolina and the South Carolina Hospital Association are committed to safe, quality health care. One way to promote safety and reduce harm is to implement plain language emergency codes.

Historically, hospital emergency codes were assigned a color. The use of color codes was intended to convey essential information quickly with minimal misunderstanding to staff, while preventing stress and panic among visitors to the hospital.

Unfortunately, the risks of using color codes now outweigh the benefits. There is significant variation of color codes across organizations, which leads to confusion of health care providers and, in some instances, harm to health care providers.

Hospitals have also received feedback from consumers stating that color codes increased their stress level. Consumers want to be informed and have asked hospitals for transparency.


Plain language is communication your audience can understand the first time they see or hear it. People know what actions are required based on the information they receive.

Hospitals should also take this opportunity to consider when overhead paging is appropriate versus silent notification.

This voluntary initiative is intended to improve the safety and continuity among hospitals in South Carolina. Each hospital should convene a team to evaluate the use of plain language. The recommendation to adopt plain language emergency codes has been developed by experts from hospitals across South Carolina and is based on literature, research and national guidelines.
It is recommended that all participating hospitals adopt the standardized codes by December 31, 2016.

**JANUARY 2016**
Announce new initiative and recommendation.

**FEBRUARY 2016**
Provide hospitals with resources to support implementation.

**MARCH 2016**
Conduct webinars to provide additional education and answer questions.

**APRIL 2016**
Seek hospitals’ intent to adopt specific codes and date of adoption.

**JUNE 2016**
Conduct webinars to provide updates and answer questions; share implementation strategies among participating hospitals.

**DECEMBER 2016**
Standardized emergency codes among participating hospitals adopted.

**MAY 2017**
Evaluate implementation status.
# Recommendations

Category + Alert + Location + Directions

## Facility Alert

<table>
<thead>
<tr>
<th>Event</th>
<th>Recommended Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decontamination</td>
<td>Facility Alert + Decontamination + Location + Directions</td>
</tr>
<tr>
<td>Evacuation/Relocation</td>
<td>Facility Alert + Evacuation + Location + Directions</td>
</tr>
<tr>
<td>Fire</td>
<td>Facility Alert + Fire + Location + Directions</td>
</tr>
<tr>
<td>Hazardous Material Release</td>
<td>Facility Alert + Threat + Location + Avoid the area</td>
</tr>
<tr>
<td>Mass Casualty</td>
<td>Facility Alert + Mass Casualty + Location + Directions</td>
</tr>
<tr>
<td>Utility/Technology Interruption</td>
<td>Facility Alert + Utility/Technology Interruption + Location + Directions</td>
</tr>
<tr>
<td>Weather</td>
<td>Facility Alert + Weather Event + Location + Directions</td>
</tr>
</tbody>
</table>

## Security Alert

<table>
<thead>
<tr>
<th>Event</th>
<th>Recommended Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Subject</td>
<td>Security Alert + Threat + Location + Directions</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>Security Alert + Threat + Location + Directions</td>
</tr>
<tr>
<td>Civil Disturbance</td>
<td>Security Alert + Civil Disturbance + Location + Avoid the area</td>
</tr>
<tr>
<td>Controlled Access</td>
<td>Security Alert + Controlled Access + Location + Directions</td>
</tr>
<tr>
<td>Missing Person</td>
<td>Security Alert + Missing Person + Location + Directions</td>
</tr>
<tr>
<td>Security Assistance</td>
<td>Security Alert + Security Assistance + Location + Directions</td>
</tr>
<tr>
<td>Suspicious Package</td>
<td>Security Alert + Suspicious Package + Location + Directions</td>
</tr>
</tbody>
</table>

## Medical Alert

<table>
<thead>
<tr>
<th>Event</th>
<th>Recommended Plain Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Alert</td>
<td>Medical Alert + Medical Emergency + Location + Directions</td>
</tr>
</tbody>
</table>

## Announcement Example

Facility Alert, Utility/Technology Interruption, West Building, Plug Critical Equipment Into Red Outlets
## FACILITY ALERT

<table>
<thead>
<tr>
<th>FACILITY ALERT</th>
<th>RECOMMENDED PLAIN LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decontamination</td>
<td>Facility Alert + Decontamination + Location + Directions</td>
</tr>
<tr>
<td>Evacuation/Relocation</td>
<td>Facility Alert + Evacuation + Location + Directions</td>
</tr>
<tr>
<td>Fire</td>
<td>Facility Alert + Fire + Location + Directions</td>
</tr>
<tr>
<td>Hazardous Material Release</td>
<td>Facility Alert + Threat + Location + Avoid the area</td>
</tr>
<tr>
<td>Mass Casualty</td>
<td>Facility Alert + Mass Casualty + Location + Directions</td>
</tr>
<tr>
<td>Utility/Technology Interruption</td>
<td>Facility Alert + Utility/Technology Interruption + Location + Directions</td>
</tr>
<tr>
<td>Weather</td>
<td>Facility Alert + Weather Event + Location + Directions</td>
</tr>
</tbody>
</table>

## SECURITY ALERT

<table>
<thead>
<tr>
<th>SECURITY ALERT</th>
<th>RECOMMENDED PLAIN LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armed Subject</td>
<td>“Security Alert + Threat + Location + Directions</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>“Security Alert + Threat + Location + Directions</td>
</tr>
<tr>
<td>Civil Disturbance</td>
<td>“Security Alert + Civil Disturbance + Location + Avoid the area</td>
</tr>
<tr>
<td>Controlled Access</td>
<td>“Security Alert + Controlled Access + Location + Directions</td>
</tr>
<tr>
<td>Missing Person</td>
<td>“Security Alert + Missing Person + Location + Directions</td>
</tr>
<tr>
<td>Security Assistance</td>
<td>“Security Alert + Security Assistance + Location + Directions</td>
</tr>
<tr>
<td>Suspicious Package</td>
<td>“Security Alert + Suspicious Package + Location + Directions</td>
</tr>
</tbody>
</table>

## MEDICAL ALERT

<table>
<thead>
<tr>
<th>MEDICAL ALERT</th>
<th>RECOMMENDED PLAIN LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Alerts</td>
<td>Medical Alert + Medical Emergency + Location + Directions</td>
</tr>
<tr>
<td>NOTES/SUGGESTIONS</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>Overhead page</td>
<td></td>
</tr>
<tr>
<td>An evacuation facility alert will only be used when referencing the evacuation of an entire building. A relocation facility alert will be used when horizontal or vertical evacuation is necessary.</td>
<td></td>
</tr>
<tr>
<td>Smoke alarm response should be the same.</td>
<td></td>
</tr>
<tr>
<td>Focus directions on “avoiding the area”. Only announce if public is in jeopardy or if an outside agency is required to assist in clean-up.</td>
<td></td>
</tr>
<tr>
<td>Major traumatic events that do not qualify as a surge (i.e. a slow, gradual increase). An event that is impacting the ED as well as other departments. “Surge” will be decided upon individually by hospitals.</td>
<td></td>
</tr>
<tr>
<td>Plant Facility System Alert would fall under this event. Classified as all the things you need to run a facility; the facility will decide if any additional language is needed.</td>
<td></td>
</tr>
<tr>
<td>Tornado watches/warnings, snow, ice, severe thunderstorm, etc.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTES/SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differentiate between inside vs. outside the facility; “Escape immediate danger or shelter in place” is best overall terminology to use with giving directions.</td>
</tr>
<tr>
<td>Immediate threat; direct with staff instructions</td>
</tr>
<tr>
<td>Keep this event in this category in case it is ever needed because it does not fall into other categories.</td>
</tr>
<tr>
<td>Cannot use “lockdown” terminology.</td>
</tr>
<tr>
<td>Vulnerability; always use “missing” unless there is absolute certainty about abduction; stay away from using abduction unless necessary because if they are abducted, they are still missing.</td>
</tr>
<tr>
<td>An out of control visitor/individual causing a disturbance. This can also include a caveat of “escalated behavior” if necessary.</td>
</tr>
<tr>
<td>“Suspicious package, avoid the area.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NOTES/SUGGESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>These will be listed on a matrix, but fall under daily operations response rather than emergency management response.</td>
</tr>
</tbody>
</table>
Emergency code terminology used to notify staff in a health care facility about an event that requires immediate action varies significantly from facility to facility. This variation may lead to confusion for staff working in more than one facility. The general public that frequents hospitals often hears the current codes as meaningless noise.

Once the idea of plain language was brought to SCHA’s attention, research was conducted to assess the successes and failures of the use of these codes across the country. Through research it was concluded that there is no federal requirement that health care facilities use plain language emergency alerts, and to date, Maryland is the only state that has mandated hospitals implement uniform code terminology as a component of their emergency disaster plan. However, there is clearly a national trend to standardize emergency codes. At least 25 hospital associations have already recommended the use of standardized emergency codes by their hospitals and health care facilities. Several hospital associations have advocated using ‘plain language’ codes based on recommendations from government agencies such as the U.S. Department of Homeland Security. SCHA did not conduct an assessment of variability in codes, as the research provided in other states was sufficient.

**Goals**

- Reduce variation of emergency codes among South Carolina hospitals
- Increase competency-based skills of hospital staff working in multiple facilities
- Align, if possible, standardized codes with neighboring states
- Increase staff, patient, and public safety within hospitals and campuses
- Promote transparency of safety protocols

**Background**

THIS IS A VOLUNTARY INITIATIVE; IT IS NOT A MANDATE TO ADOPT ALL OR ANY OF THE RECOMMENDED EMERGENCY CODES.

THE RECOMMENDATIONS ARE BASED ON LITERATURE AND NATIONAL SAFETY RECOMMENDATIONS.

USE OF PLAIN LANGUAGE EMERGENCY CODES IS THE LONG-TERM GOAL OF THIS INITIATIVE TO ENSURE TRANSPARENCY AND PATIENT AND PUBLIC SAFETY.

MINIMIZING OVERHEAD PAGES IN HOSPITALS IS ENCOURAGED TO PROVIDE A QUIETER HOSPITAL ENVIRONMENT, LEADING TO IMPROVED SAFETY AND PATIENT OUTCOMES.

**Principles**

- **Research**
  - This is a voluntary initiative; it is not a mandate to adopt all or any of the recommended emergency codes.
  - The recommendations are based on literature and national safety recommendations.
  - Use of plain language emergency codes is the long-term goal of this initiative to ensure transparency and patient and public safety.
  - Minimizing overhead pages in hospitals is encouraged to provide a quieter hospital environment, leading to improved safety and patient outcomes.
workgroup members

Sarah Kirby, Co-Chair
Jeffrey Straub, Co-Chair
Bob Besley
Eric Brown, MD
Julie Marie Brown
Ray Brown
Tavia Buck
James Clarke
Matthew Conrad
Scott Cooper
Patti Davis
Patrick Devlin
Brian Fletcher
Jerry Flury
Ann Flynn
Jennifer Gregg
George Helmrich
Kim Jolly
Stephan Jones
Debbie Mixon
Todd O’Quinn
Pennie Peralta
Michael Platt
Michael Puckett
Greg Reed
Chris Rees

Chief Operating Officer
Corporate Emergency Manager
Director of Security & Emergency Management
Physician Executive
System Director, Regulatory Compliance
Director of Safety, Communications & Volunteer Services
Chief Nursing Officer
Corporate Director, Emergency Management
Administrative Specialist
EMS/EM Coordinator
Project Manager
Director of Safety, Security & Emergency Preparedness
Disaster Preparedness Program Manager
Director of Emergency Management
Safety Coordinator
Nurse Manager, Emergency Department
Chief Medical Officer
Chief Nursing Officer
Safety Coordinator
Administrative Director, Risk Manager
Director of Safety Operations
Vice President of Nursing
Emergency Preparedness & Safety Coordinator
Emergency Management Coordinator
Director of EOC & Emergency Management
AVP, Patient Safety, Service Excellence & Physician Services

Palmetto Health Baptist Parkridge
Spartanburg Regional Medical Center
Aiken Regional Medical Centers
Palmetto Health Richland, USCSOM
Palmetto Health
Beaufort Memorial Hospital
Roper St. Francis Mount Pleasant Hospital
Carolinias HealthCare System
Carolinias Hospital System- Florence
Trident Medical Center
Baptist Easley Hospital
Tidelands Health
MUSC Health
Roper St. Francis Hospital
Conway Medical Center
Dorn VA Medical Center
Baptist Easley Hospital
Clarendon Health System
AnMed Health
Palmetto Health Tuomey
AnMed Health
Roper St. Francis Hospital
Palmetto Health
McLeod Regional Medical Center
Greenville Memorial Hospital
Tidelands Health

SCHA STAFF

Morgan Rackley Bowne
Graduate Student
SCHA, University of South Carolina
Jimmy Walker
Senior Vice President
SCHA
WHY IS THE SOUTH CAROLINA HOSPITAL ASSOCIATION ENDORSING AND LEADING AN INITIATIVE TO ADOPT STANDARDIZED, PLAIN LANGUAGE EMERGENCY CODES?

SCHA and member hospitals are committed to increasing patient, employee and visitor safety during any incident. The need to standardize emergency codes has been recognized by hospital emergency preparedness 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.

HOW DID SCHA DEVELOP THESE SPECIFIC CODES FOR STANDARDIZED USE?

SCHA invited volunteers to participate in a workgroup, consisting of individuals from member hospitals of all sizes, care capabilities, and geographic regions across the state. The group was co-chaired and SCHA staff facilitated the process. The workgroup, which first met in November 2015, met regularly to develop the plain language standardized code recommendations. Consensus was the primary 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).
WHY DID THE SOUTH CAROLINA RECOMMENDATIONS ELIMINATE ALL COLOR CODES, WITHOUT EXCEPTION?

Members of the plain language workgroup felt that including color code exceptions in this toolkit would send mixed messages about the importance of using communication your audiences can understand the first time they see or hear it.

DOES USE OF PLAIN LANGUAGE CREATE ADDITIONAL FEAR AMONG PATIENTS & VISITORS?

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 patients and visitors. To address the growing concern of patient and family confusion, a recent Joint Commission report on health literacy and patient safety recommends making plain language a “universal precaution” in all patient encounters.

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 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 codes that at least the majority of patients, employees and visitors should be aware of and prepared to respond.

HOW SHOULD HOSPITALS HANDLE SECURITY ISSUES, SUCH AS AN ARMED AND 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.

IS ADOPTION OF ANY OR ALL OF THESE PLAIN LANGUAGE EMERGENCY CODES MANDATORY?

Although this initiative is strongly encouraged and endorsed by the SCHA Board of Trustees, there is currently no federal or state regulation requiring adoption of any or all of these standardized, plain language emergency codes.

IS THERE A TIME LINE TO IMPLEMENT PLAIN LANGUAGE?

There is a target date of December 31, 2016, for South Carolina hospitals to implement these plain language emergency codes.


Minnesota Hospital Association (n.d.) Plain language emergency overhead paging: implementation toolkit.


THE SOUTH CAROLINA HOSPITAL ASSOCIATION WOULD LIKE TO ACKNOWLEDGE THE FOLLOWING COMMITTEES FOR THEIR WORK AND SUPPORT OF THE STANDARDIZED, PLAIN LANGUAGE EMERGENCY CODES INITIATIVE

SCHA Plain Language Emergency Codes Workgroup
SCHA Board of Trustees
SCHA Strategic Issues Council
SCHA Quality Council

THE SOUTH CAROLINA HOSPITAL ASSOCIATION ALSO RECOGNIZES THE FOLLOWING STATE HOSPITAL ASSOCIATIONS FOR THEIR WORK ON STANDARDIZED EMERGENCY CODES

Colorado Hospital Association
Florida Hospital Association
Iowa Hospital Association
Kansas Hospital Association
Minnesota Hospital Association
Missouri Hospital Association
North Carolina Hospital Association
Southern California Hospital Association
Wisconsin Hospital Association
additional resources

Along with this toolkit, we’ve included a number of supplemental resources. To download additional copies of these pieces, please visit www.scha.org/plain-language.
**EMERGENCY CODES**

This facility is now using plain language alerts. You will no longer hear color-coded emergency alerts.

**TO REPORT AN EMERGENCY, DIAL YOUR DESIGNATED EMERGENCY NUMBER AND FOLLOW THESE STEPS:**

1. **STATE THE ALERT TYPE**
   - For Example: Facility Alert, Security Alert or Medical Alert.

2. **STATE THE EVENT TYPE CLEARLY**
   - For Example: Fire, Hazardous Material Spill or Armed Subject.

3. **STATE THE SPECIFIC LOCATION**
   - For Example: Emergency Waiting Room; or Tower 1, 3rd floor.

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

Type of Alert + Type of Event + Location + All Clear

---

**PLAIN LANGUAGE EMERGENCY CODES**

**HOSPITAL PLEDGE**

<table>
<thead>
<tr>
<th>FACILITY ALERT</th>
<th>ADOPTION DATE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECURITY ALERT</th>
<th>ADOPTION DATE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL ALERT</th>
<th>ADOPTION DATE</th>
<th>EVENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY CODES**

**TO REPORT AN EMERGENCY, DIAL YOUR DESIGNATED EMERGENCY NUMBER 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, Hazardous Material Spill or Armed Subject.

**STATE THE SPECIFIC LOCATION**

For Example: Emergency Waiting Room; or Tower 1, 3rd floor.

---

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