



“HOSPITAL EMERGENCY PLAIN LANGUAGE IMPLEMENTATION” LHA – BOT Position Statement



LRPC Approval: April 2, 2019

ISSUE:

The recommended use of plain language to supplement the standardized emergency codes and guidelines are designed to assist healthcare facilities to safely respond to disasters in order to resume operations while maintaining a safe environment for patients, staff and visitors.

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

1. People understand the information received without further extensive explanation.
2. People know what actions are required based on the information received.

Source: Redish, 2000; U.S. Health and Human Services, n.d.

LHA-BOT POSITION STATEMENT:

Healthcare personnel frequently respond to emergency situations or events both initiated within their facilities and among their communities. The voluntary adoption of the emergency color codes in 2005 and again revised and expanded in 2012 assisted with eliminating confusion on the growing number of events experienced. The recommended implementation of the use of plain language to supplement these color codes is critical to further expand the capability for a swifter response by staff, minimizing the confusion among personnel, patients and visitors. Providing clear and direct verbal cues as to the nature of the threat, the location and expected actions by anyone in the vicinity can help reduce potential adverse outcomes at the facility and support the return to normal operations.

These recommendations take into consideration that the implementation of supplemental plain language among all hospitals may not be immediate, and that there will need to be a planned transition to the recommended adoption of plain language. Through the Louisiana Hospital Association Foundation and the Health and Human Services (HHS) Hospital Preparedness Program Grant, the necessary training and education can be provided to hospitals and interested healthcare coalition members to begin this transition across all regions of the state. Additionally, the Emergency Preparedness staff can assist with the development of policies, facility training materials and annual competency resources pertaining to the use of plain language during real events and exercises.

STANDARDIZED HOSPITAL EMERGENCY PLAIN LANGUAGE IMPLEMENTATION

A review of the use of Plain Language to supplement Hospital Emergency Response Codes Recommended by the Hospital Designated Regional Coordinators

INTRODUCTION

BACKGROUND:

In 2005, the Louisiana's Legislative Regulatory & Policy Council adopted the following code designations for emergency identification in healthcare organizations. While the color codes (listed below) were adopted, flexibility was built into the system for individual hospital needs. As such, other emergency code colors that are not identified below have been used by individual organizations to address specific facility or geographic concerns.

In 2012, an additional code was added, Code Silver for Active Shooter. Clarification for the use of three existing codes was provided; Code Yellow, Code Orange, and Code White. These codes needed further language included to ascertain whether the event was *internal* or *external* to prompt the appropriate response and expectations by staff.

The trend during the past decade across the nation is to transition into the use of plain language when announcing emergency codes. Regions 2 and 7 in Louisiana have already conducted training based on needs and feedback from hospitals for the inclusion of plain language in their preparedness efforts. Individual facilities in these regions have chosen to adopt the use of plain language on a voluntary basis.

The request for the adoption of plain language has been increasing by various hospitals across the state. These requests are often presented to the Hospital Designated Regional Coordinators (DRC) during routine healthcare coalition meetings for emergency preparedness. A conference call was conducted with the DRC group to vet the needs vocalized by hospital preparedness staff, discuss common trends across the regions, and examine best practices used among healthcare systems and states that may be effectively adopted in Louisiana.

REVIEW OF CURRENT CODES:

CODE BLUE	-	Medical Emergency – Cardiac/Respiratory Arrest
CODE RED	-	Fire
CODE GREY	-	Severe Weather
CODE BLACK	-	Bomb
CODE PINK	-	Infant/Child Abduction
CODE YELLOW	-	Disaster – Mass Casualty, Internal or External
CODE ORANGE	-	Hazardous Materials, Internal or External
CODE WHITE	-	Security Alert – Combative Person without a Weapon
CODE SILVER	-	Active Shooter

RECOMMENDATION

The following categories of plain language are recommended. It is important to note that because of the nature of some types of emergencies – i.e. bomb threats or certain medical emergency codes, the use of plain language may not be appropriate. The Designated Regional Coordinators (DRCs) from across the state will work to produce a uniform recommendation for codes that should not be supplemented with plain language including triggers and definitions of scenarios for usage.

- Facility Alerts
- Security Alerts
- Medical Alerts

RATIONALE

Case Studies

In reviewing real emergency event reports, the summaries show that the use of plain language in overhead paging systems resulted in a quicker response by all persons within the vicinity of the incident. Using color codes can delay the response significantly as staff often must interpret codes for patients and visitors, seek additional information pertaining to the incident and provide further instruction. Ultimately this delay in action may cost life or put individuals in harms' way.

National-Level Support

- **Emergency Nurses Association Position # 2:** State hospital associations advocate for the use of plain language alerts in all hospitals.
- **Institute of Medicine (2004):** Plain language is a central tenet of health literacy and has been adopted to demonstrate improved patient safety outcomes.
- Other government and regulatory organizations supporting the adoption of plain language include: Department of Homeland Security – National Incident Management System (NIMS), U.S. Department of Health and Human Services and The Joint Commission.

Best Practices and States Reviewed

Colorado	Florida	Kansas	Kentucky	Iowa	Missouri
Minnesota	North Carolina	South Carolina	Texas	Wisconsin	Washington

CONCLUSION

Healthcare personnel frequently respond to emergency situations or events in their facilities and may encounter confusion and frustration at the time of crisis or disaster. Staff who are new or work at multiple locations may not recall unique code nomenclature, resulting in potential adverse actions. This can be minimized if there is the ability to respond quickly and in a measured and orderly fashion. The recommended implementation of plain language guidelines are designed to assist healthcare facilities to maintain a safe environment for patients and staff during a disaster and to resume normal operations as quickly as possible to ensure citizens in their communities receive the medical care they need.