

Standardized, Plain Language Emergency Codes

Implementation Guide



Planning

Implementation Strategy

This voluntary initiative is intended to improve patient and public safety; it is not a prescriptive mandate. Resources provided in this toolkit provide implementation ideas and guidance. Hospitals will need to review these recommendations with their emergency preparedness committees, hospital leadership and governance. It is important each hospital carefully consider each emergency code as a separate issue. It is encouraged, but not required, that a hospital adopt all standardized codes.

The toolkit provides information, policy templates and educational materials to assist hospitals. However, hospitals may need to develop additional materials for their specific badging or card systems.

It is recommended hospitals follow these steps to implement standardized, plain language codes once the hospital has established formal organizational approval and decision to adopt the codes. The steps and time lines are guidance only and should be modified to meet organizational priorities and approaches.

Pre Implementation

Action Steps

Nine Months Before Implementation: AWARENESS

- 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.
- Recognize any employees or committees willing to help implement the plain language codes.
- Announce a “go-live” date.

Eight Months Before Implementation: ESTABLISH COMMITTEES

- 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 code 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
 - posters, flyers or other materials that include the “go-live” date

Seven Months Before Implementation: TRAINING PLAN

- 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.

Six Months Before Implementation: FINALIZE POLICY AND TRAINING

- Begin pilot testing hospital employee training.
- Revise training plan and materials based on pilot testing.
- Schedule organizationwide training sessions.
- Finalize and produce education materials.
- Finalize policies.

Five Months Before Implementation: TRAINING AND POLICY DISSEMINATION

- Begin organizationwide 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.

Four Months Before Implementation: UPDATES

- Provide an update in the employee newsletter on the progress, include the “go-live” date.
- Continue with competency-based education.
- Continue to disseminate posters, flyers and other awareness materials.
- Update hospital governance and key external stakeholders as appropriate.

Three Months Before Implementation: REINFORCEMENT

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

Two Months Before 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 hospital 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, codes and “go-live” date.

One Month 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.
- Ensure all department managers are ready to implement the new codes.
- 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 hospital governance and leadership team.
- Recognize employees and committees for their work to ensure a successful implementation..

Post Implementation

Action Steps

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 codes 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 organizationwide drill to assess adoption six months post-implementation.

Facility Alerts

Purpose: Provide for the safety and security of patients, employees and visitors at all times, including the management of essential utilities.

Types of Facility Threats

- Evacuation
- Fire
- Hazardous spill (does not include mass patient decontamination alert)

Facility Utilities

- Electrical power
- Water
- Fuel
- Medical gasses, ventilation and vacuum systems

National Recommendations for Policy and Protocol

The Joint Commission

The Joint Commission includes the management of safety, security and utilities as two of the six critical functions of an emergency operations plan. Specifically, the Joint Commission includes the following as elements of performance (Joint Commission Resources, 2012, pgs. 104, 145, 158).

How the organization will:

- manage hazardous materials and waste
- control the entrance into and out of the facility during an incident
- control individual movement within the facility during an incident
- control vehicular access to the facility during an incident
- manage a utility failure caused by an interruption of services
- establish back-up systems for critical utilities
- provide alternate sources and methods of providing:
 - electricity
 - potable water
 - nonpotable water
 - fuel
 - medical gasses and vacuum systems
- manage the personal hygiene and sanitation of patients