# Wisconsin Hospital Standardized Alert Code Recommendations

**Project Overview:**

In 2008, the WHA Medical and Professional Affairs Council passed a recommendation that was later approved by the WHA Board to standardize the colors used on patient wristbands. The project was highly successful and provided the basis for all hospitals to move toward adopting the same colors for wristband alerts to improve patient safety.

In 2010, the same Council discussed the feasibility of standardizing overhead alerts.  The WHA formed an Emergency Alert Standardization Task Force.   The first issue that the Task Force addressed was the lack of uniformity that exists among hospitals on the emergency code systems.  For example, in Wisconsin hospitals "Code Black" is used to indicate ten different alerts.  Currently, there are no national standards for code alerts.   There have been cases documented across the country stating that patient safety is at risk without the standardization of emergency codes.  The WHA Task Force was asked to evaluate systems already in use in Wisconsin and in other states, review the work of other state hospital associations that have standardized alerts, and create a recommendation for standardization of emergency codes for Wisconsin hospitals that could be considered for adoption by the WHA Board.

**After studying the issue, the WHA Board of Directors approved a recommendation that hospitals use clear language/plain text for overhead pages. This recommendation should be implemented by January 1, 2012.  The Board recognizes that some organizations will not be able to move to plain text immediately.  In those cases, the Board recommends standardizing the code colors to those listed in this document.  The list of standardized codes provided later in this document is the core group for consideration.  Your organization will need to consider the addition of codes to make the list specific to your needs.**

**Background**

One major issue that the WHA Task Force on Emergency Alert Standardization addressed was the lack of uniformity that exists among organizations on the emergency code systems.  Uniformity in emergency codes enables health care providers who work in multiple organizations to respond appropriately to emergencies, enhancing safety to patients, visitors and themselves.  The Task Force's charge was to develop a uniform set of emergency codes that could be adopted by all providers in WHA member organizations.

The Task Force analyzed existing data and reviewed those emergency codes already in use by member hospitals, other state hospital associations who have addressed the issue, the Hospital Emergency Incident Command System (HEICS) recommendations, and the National Incident Management System (NIMS) recommendations.

The Task Force surveyed WHA member organizations on the emergency codes they are currently using, both color and common clear language.  The results from 100 completed surveys revealed that though more than 60 percent of the facilities had the same emergency code for fire (Code Red, Mr. Red, or Dr. Red) and medical emergency/cardiac arrest (Code Blue), in all other instances, the codes had little

uniformity.  For example, there were 11 distinctly different codes used for infant abduction and 23 for a disaster.

In addition to the hospital-based survey, WHA, with assistance from Task Force members, also surveyed the general public on their reactions to a wide range of code alerts, both color and overhead.  While the public said hearing a code in plain text might make them "anxious," at the same time an overwhelming majority said they want to know what is going on and what they should do.

**The WHA Board approved the recommendation from the Medical and Professional Affairs Council to strongly recommend that hospitals adopt and move toward implementing the clear language codes listed below.**  If there will be a prolonged transition period between color codes and clear text, the WHA Board strongly recommended that hospitals exclusively use the color codes below both internally and externally to designate the alerts that follow.

| Alert | RECOMMENDED Clear Language | STANDARDIZED Code Color[1] |
|---|---|---|
| Fire | Fire alarm + location | Code Red |
| Medical Emergency | Medical emergency + location | Code Blue |
| Abduction | Missing person + descriptor * | Code Pink |
| Severe Weather | Severe weather + descriptor * | Code Gray |
| Mass Casualty | Mass casualty + descriptor* | Code White |
| Hazardous Spill | Hazardous spill + agent/descriptor* | Code Orange |
| Security | Security alert + intruder or show of force | Code Yellow |
| Evacuation | Evacuation + descriptor* | Code Green |

[1]While the WHA Board strongly recommends all hospitals move to use of clear language, in the transition period, it requests that hospitals reserve these colors (red, blue, pink, gray, white, orange, yellow and green) and use them EXCLUSIVELY for the alert specified in this table.
*Hospitals will determine the level of description they wish to include.  For example, abduction could be "Missing person – female child, age 5, brown hair, blue eyes"

**Rationale**

Emergency code uniformity enables many individuals at multiple facilities to respond consistently to emergencies, which ultimately enhances safety for patients, visitors and staff.  Reasons for seeking uniformity include:

- Many organizations share personnel.  Having a consistent code system reduces the amount of information an employee must learn or re-learn and lessens the opportunity for confusion during emergent or disaster events.

- Communication among hospitals and other agencies in a specific geographic region during an emergency can be enhanced when there is a common language.

- Communication during statewide, regional, or local disasters such as weapons of mass destruction (WMD) events will also be enhanced.

- The myriad of different systems using numbers, alpha codes, and color codes creates confusion, increases the likelihood of miscommunication, and potential for serious negative outcome to patient care.

**Conclusion**

Note that while the above main colors remain constant, there is flexibility built into the system for individual hospital needs.  **The WHA Board strongly recommends all hospitals move to use of clear language by January 1, 2012, in the transition period, it requests hospitals to standardize to the colors specified in the table above and use the colors EXCLUSIVELY for these emergency alerts.**   Emergency code colors not used in the WHA emergency code standards may be used by individual organizations to address specific facility or geographic concerns.   The goal is to have a common, exclusive set of core codes that allow hospitals to customize by adding additional verbiage to the trigger word, i.e. "Severe Weather:  Tornado warning. "

These recommendations take into consideration the fact that standardization among all hospitals may not be immediate and that there will need to be a planned transition to the recommended code set. The goal is for hospitals to phase in the implementation of the recommended codes.  This way the materials and training can be created and offered at a time best suited for the facilities, realizing that considerable training, labor and financial resources will be involved with the transition.