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Owner **Danielle Day: Infection Preventionist and Emergency Preparedness**

Area **Emergency Prepardness**

Emergency Alerts – Notification of Emergency Situations Policy

SCOPE:

This Policy applies to ALL staff.

DEFINITIONS

- **Active Shooter:** Person threatening or firing a gun.
- **Bomb Threat/Suspicious Package:** Bomb threat or discovery of a suspicious package/device.
- **Controlled Access/Lock Down –** No access In, No access out, Total (No access In or Out)
- **Evacuation:** Evacuation of facility – Partial (one area), Full (all), Lateral (to the side) or Horizontal (up or down).
- **Fire Alert/Alarm:** An actual or suspected fire.
- **Hazardous Material Spill:** An actual or suspected hazardous spill and/or release.
- **Infrastructure Failure**: Interruption of any component of the system of utilities such as information technology (IT), communications, or a Utility (HVAC systems, electrical power, water, and sewer/sanitation).
- **Internal/External Disaster:** A predetermined response to an "all-hazards" incident that may threaten to disrupt the normal operations of the facility. Usually involves mass casualty incident.
- **Medical Decontamination:** Process of removing or neutralizing a hazard from the environment, property, or person.
- **Medical Emergency Adult/Pediatric:** Suspected or imminent cardiopulmonary arrest and/or medical emergency for adult or child.

- **Medical Surge:** A number of patients that stresses the capabilities of the facility
- **Missing Infant/Child:** may be a suspected or actual infant/child abduction.
- **Missing Adult:** Patient is missing from their exam room/ patient room.
- **Person with Weapon:** Person with a weapon (knife or object).
- **Rapid Response:** An acute change/deterioration in a patient's medical condition needing quick action by medical staff.
- **Staff Assistance:** Person who presents a potential or actual threat of verbal and/or physical aggression against staff, visitors, or patients.

PURPOSE of the Policy:

1. Promote a set of emergency alerts that are based on best practice and existing recommendations.
2. Reduce variation and the potential for error in the usage of emergency alerts
3. Reduce confusion for health care professionals, patients, and visitors which could lead to potential delays in safety or responses.
4. Promote transparency of safety protocols.
5. Increase staff, patients, and public safety.

POLICY

Mount Desert Island Hospital and Birch Bay Village will implement and utilize the standardized Emergency Alerts (plain language) and process set forth in this policy. The use of designated "plain language" emergency alerts will be used to ensure transparency as well as patient and public safety. This policy applies to all emergencies at all locations.

PROCEDURE

In the event of an emergency event, a standardized, plain language emergency alert will be used to notify staff via available communication systems, such as overhead paging system and will prompt an appropriate predetermined response.

A. **Types of Emergency Alerts:** Emergency Alerts are categorized into 3 main groups:

1. **Medical Alerts**: Medical Alerts are designed to provide rapid and coordinated medical care and support to patients and incident victims while maintaining care and safety of patients, employees, and visitors within the healthcare facility. Medical Alerts include:

   a. Medical Emergency (Adult or Pediatric) (cardiac arrest, need for intubation)
   b. Rapid Response (Acute change/deterioration in a patient's medical condition)
   c. Medical Surge
   d. Internal/External Disaster

e. Medical Decontamination

2. **Security Alerts**: Security Alerts are intended to protect employees, patients, and visitors from any situation or person posing a threat to the safety of any individual(s) in the facility.
   Security Alerts include:

   a. Missing Infant/Child/ Adult

   b. Staff Assistance

   c. Person with a Weapon

   d. Active Shooter/ Active Threat

   e. Bomb Threat / Suspicious Package

   f. Access Control/Lockdown – No access out, No access in, Total (no access in or out

3. **Facility Alerts**: Facility Alerts provide response guidance to emergency events impacting the operational capabilities and safety of the environment of care. This includes the management of essential utilities.
   Facility Alerts include:

   a. Fire Alarm/Alert

   b. Evacuation – Partial, Full, Lateral (to the side), Horizontal (up or down)

   c. Hazardous Materials Spill

   d. Infrastructure Failure – Utility, Information Technology (IT), Communications

B. **Response and Recovery**

1. **Initiating an Emergency Alert Response**: When initiating an emergency alert, the employee will:

   a. Initiate the notification process for the specific emergency, as outlined in the facility emergency operations plan or policies and procedures.

   b. Follow the established standardized Emergency Alert script.

   c. If an overhead page is required, the employee initiating the emergency overhead page will use the appropriate standardized emergency alert script and repeat it **three** times. (Note: Notification via communication methods other than overhead paging do not require repetition)

C. **Terminating an Emergency Alert:**

1. **Authorization**: Once the emergency has been effectively managed or resolved and based on the Emergency Operations Plan/Emergency Alert Policies, the appropriate authority (e.g., Incident Commander, Administrator, Nursing Supervisor, etc.) will arrange for the "**All Clear**" notification to be given to all that all that received the initial notification.

2. **Process**: 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 by announcing **"Attention Please + (*Emergency Alert Name*) + All Clear"** should be announced overhead three times, at the instruction of the appropriate authority.

D. **Education and Training**

1. **Internal Partners**: Competency-based education regarding Plain Language Emergency alerts will be provided to all employees during employee orientation and following changes in the policy. All employees, physicians, non-employed workforce, volunteers, and other contracted staff will be provided education/orientation regarding all emergency alerts. Education should include the following:

   a. Emergency Alert Names and Definitions

   b. Appropriate Number to Call (to notify of the emergency).

   c. An overview of the three Categories of Alerts (Medical, Security, Facility).

   d. Immediate and secondary response to an emergency alert activation and notification of appropriate personnel based on the organization's emergency operations plan.

2. Emergency Alerts will be taught in each new hire orientation and refreshed at annual training.

3. **External Partners**: The following groups will be notified of the existing facility policy and appropriate response to each emergency alert.

   a. Local Law Enforcement,

   b. Local EMS (Emergency Medical Services)

   c. Local Fire

REFERENCES

- Healthcare Association of Southern California (2014) Healthcare Emergency Codes: A Guide for Code Standardization, Third Edition, March 2014, accessible via the Internet at HASC

- Overhead Emergency Codes: 2014 Hospital Guidelines, First Edition

- Porth, L., (2013) MHA Standardized, Plain Language Emergency Codes: Implementation Guide. Missouri Hospital Association, available at www.mhanet.com.

- Minnesota Hospital Association (n.d.) Plain Language Emergency Overhead Paging: Implementation Toolkit. http://www.mnhospitals.org/patient-safety/current-safety-quality-initiatives/emergency-overhead-pages.

- Joint Commission Resources (2012). Emergency management in health care: an all-hazards approach (2nd Edition), ISBN: 978-1-59940-701-2

- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (n.d.) Plain language: a promising strategy for clearly communicating health information and improving health literacy. Plain Language Materials & Resources | Health Literacy | CDC Plain Language Materials & Resources | Health Literacy | CDCPlain Language

- U.S. Department of Homeland Security (2008) National incident management system.

- U.S. Department of Homeland Security, Office of Emergency (2010) Plain language FAQs (Frequently Asked Questions).

STANDARDIZED, PLAIN LANGUAGE EMERGENCY ALERT

- When Plain Language Emergency Alerts are paged overhead, the following standardized language will be called overhead **three times**
- When the event has been resolved, "Attention Please + (name of event) + All Clear"

EXECUTIVE SUMMARY

Mount Desert Island Hospital and Birch Bay Village are committed to safe, quality health care for their communities. One way to promote safety and reduce harm is to standardize emergency notification in hospitals throughout the state. The purpose of an emergency notification is to communicate the emergency quickly and to mobilize expert assistance.

Physicians and staff often work in multiple hospitals, each with their own emergency alert designations. It is easy to be unfamiliar with a particular facility's alert names, become confused and possibly use the wrong alert in an emergency announcement.

The proposed alerts are based on plain language communications and address the three types of events that occur in hospitals:

- **Medical Alerts** (i.e., visitor falls, cardiac or respiratory arrest). Medical Alerts are designed to provide medical care and support to patients and incident victims while maintaining care and safety of patients, employees, and visitors within the healthcare facility during an incident.
- **Security Alerts** (i.e., active shooters and missing persons) Security alerts are intended to protect employees, patients and visitors from any situation or person posting a threat to the safety of any individual(s) within the hospital
- **Facility Alerts** (i.e., hazardous material spills, fires, utility failures) Provide for the safety and security of patients, employees, and visitors at all times, including the management of essential utilities.

The goals of this initiative include:

- Reducing variation of emergency alerts
- Increasing patient, visitor, physician, staff, and public safety within hospitals and communities
- Promoting transparency of safety protocols, and

Uniformity in emergency alerts enables health care providers to respond appropriately to emergencies, enhancing safety to patients, visitors, and themselves.

The recommended change is based on analysis of existing data and reviewed emergency alert notification methods already in use by other state hospitals, other states that have standardized on plain language emergency alerts, recommendations of professional organization, the Joint Commission, and the Hospital Incident Command System (HICS). The adoption of plain language is supported by the

following organizations or reports:

- U.S. Department of Health and Human Services
- U.S. Department of Homeland Security
- The National Incident Management System
- The Institute of Medicine's Health Literacy report and recommendations
- Emergency Nurses Association (ENA)
- 25 State Hospital Associations

There is no one definition for plain language, but two criteria are generally recognized:

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

STANDARDIZED EMERGENCY ALERTS FAQS

Why the initiative to adopt standardized, plain language emergency alerts?

Mount Desert Island Hospital and Birch Bay Village are committed to increasing patient, employee, physician, visitor, and public safety during any incident. The decision to adopt plain language was based on literature, research, and early trends among hospitals to promote transparency and safety. The early trend aligns with federal initiatives to adopt plain language standards. All Northern Light facilities are also transitioning to plain language emergency alerts.

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). In the National Incident Management Alert (FEMA 2006, December 19th), it states, "There is little or no room for misunderstanding in an emergency situation."

Isn't it best to protect patients by using code names or colors?

MDIH and BBV are committed to patient safety and transparency to patients and families. It is a longstanding policy that patients and families deserve full transparency and disclosure. Use of plain language is consistent with the Hospital Incident Command System (HICS) guidebook.

"Keeping the patients and visitors properly informed is another important communication requirement. Providing them with insight on what happened and what the hospital is doing to address these issues can be done via overhead page announcements, personal reassurance from staff... --available from HICS at: California Emergency Medical Services Authority

Does use of plain language create additional fear among patients, visitors, or the public?

A common deterrent to the implementation of plain language emergency alerts in healthcare facilities is the belief that patients and visitors of the facility will be frightened and suffer from heightened levels of

anxiety. Although this is a commonly expressed concern, research suggests that plain language does not create additional fear among patients and visitors. This belief is not supported by modern psychology studies. In fact, it may decrease uncertainty among those persons affected by the event. Research into anxiety in emergency communications suggests that messages that leave groups of the population without information during a crisis builds fear and anxiety regardless of the situation. Instead, effective risk communication can mitigate negative individual behaviors in population while simultaneously decreasing anxiety.

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 handle security issues such as an armed violent intruder?

Hospitals should consider overhead announcements when there is a confirmed or likely armed violent intruder. All persons whose lives are at immediate risk of serious injury and/or death need to be told of that risk and given the opportunity to take protective actions.

MEDICAL ALERTS

Event	Plain Language Alert Script
Medical Emergency	Attention Please + Medical Alert + Medical Emergency + Descriptor (Adult/ Pediatric) + (Location)
Rapid Response	Attention Please + Medical Alert + Rapid Response + Descriptor (Adult/ Pediatric) + (Location)
Medical Surge	Attention Please + Medical Alert + Medical Surge (Level One/ Level Two) + (Instructions)
Internal/External Disaster	Attention Please + Medical Alert + (Internal/External) Disaster + (Location) + Activate Emergency Operations Plan + (Instructions)
Medical Decontamination	Attention Please + Medical Alert + Medical Decontamination + Descriptor (biological, chemical, radiological, or unknown) + (Location)

SECURITY ALERTS

Event	Plain Language Alert Script
Missing Infant/Child	Attention Please + Security Alert + Missing Infant/Child) + Descriptor (Age/Gender if known) + Location
Missing Adult	Attention Please + Security Alert + Missing Adult + Descriptor (Age/ Gender/Clothing) + Location last seen
Staff Assistance	Attention Please + Security Alert + Staff Assistance + Descriptor (as appropriate) + Threat Location + Instructions (if applicable)
Person with a Weapon	Attention Please + Security Alert + Person with a Weapon + Descriptor (as

	appropriate) + Location + Instructions (if applicable)
Active Shooter	Attention Please + Security Alert + Active Shooter + Location last seen + Instructions (e.g., Run, Hide, Fight, etc.)
Controlled Access / Lockdown	Attention Please + Security Alert + Controlled Access + Descriptor (No access out/ No access in/ No one allowed in or out) + Location
Bomb Threat/ Suspicious Package	Attention Please + Security Alert + Bomb Threat or Suspicious Package + Threat Location + Instructions (if applicable)

FACILITY ALERTS

Event	Plain Language Alert Script
Fire Alarm/Alert	Attention Please + Facility Alert + Fire Alarm + Location + (Instructions)
Hazardous Materials Spill	Attention Please + Facility Alert + Hazardous Spill + Location + (Instructions)
Infrastructure Failure (Information Systems and / or Utility Failure)	Attention Please + Facility Alert + Infrastructure Failure + (Type of Service Interruption) + Instructions (if applicable)
Evacuation	Attention Please + Facility Alert + Type of Evacuation (Partial, Full, Lateral, Vertical) + Location (if only one area) + Instructions (Relocation area)

REFERENCES

- Healthcare Association of Southern California (2014) Healthcare Emergency Codes: A Guide for Code Standardization, Third Edition, March 2014, accessible via the Internet at HASC

- Overhead Emergency Codes: 2014 Hospital Guidelines, First Edition

- Porth, L., (2013) MHA Standardized, Plain Language Emergency Codes: Implementation Guide. Missouri Hospital Association, available at www.mhanet.com.

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All Revision Dates
09/2024, 10/2022

Attachments

Emergency Alert Card.3.pdf

Emergency Alerts Basic Response Guidelines Poster.v2.docx

Emergency Alerts & Basic Response Guidelines 9.24.pdf

Approval Signatures

Step Description	Approver	Date
Corporate Compliance	Morgan Parady: Senior Executive Assistant	09/2024
Emergency Preparedness Committee Liaison	Stefanie Mun: MDIH Administrative Assistant - Support Services	09/2024
	Danielle Day: Infection Preventionist and Emergency Preparedness	09/2024