

# Communication

## 1: Plain language versus code language

### Recommendation

The healthcare organization should consider whether plain language or code language is to be used during the initiation of an active shooter situation. Evidence supports using plain language.

### Rationale

The decision to employ plain language or code language in the event of an active shooter situation initiation is not a trivial matter; it carries significant implications for safety and well-being of all involved. There is a need for organizations to balance clarity and immediate understanding against anonymity and security. Alternatively, code language can cause misinterpretation and confusion, especially when others are involved, such as patients, family members, external entities such as law enforcement, emergency services, or neighboring organizations. This choice revolves around finding the most effective and efficient way to communicate critical information in an emergency where every second counts.

### Supporting evidence

### Source(s)

#### Use plain language:

Many of the State Hospital Associations have gone beyond standardization and advocated for the use of plain language alerts that remove the potentially confusing system of codes altogether. The use of plain language emergency codes is recommended by federal agencies such as: The US Department of Homeland Security Federal Emergency Management Agency (FEMA) and the US Department of Health and Human Services (DHHS). Each has advocated plain language in emergency communications.

Reliance on codes instead of plain language to communicate during an emergency may introduce ambiguity into a potentially life-threatening situation. Consequently, this means that coded alerts may endanger staff, patients, and visitors rather than protecting them from threats.

Plain language allows for easier communication and better understanding. This allows for a more thorough and effective response during an Active Shooter event.

1. Prickett, K.J. and Bellino, J. (2019). White Paper. Plain Language Emergency Alert Codes: The Importance of Direct Impact Statements in Hospital Emergency Alerts. Accessed July 2023 from [https://cdn.ymaws.com/www.iahss.org/resource/resmgr/docs/WhitePaper\\_Plain\\_Language\\_Em.pdf](https://cdn.ymaws.com/www.iahss.org/resource/resmgr/docs/WhitePaper_Plain_Language_Em.pdf)
2. Daukewicz, B.W. (2018). Hospitals should replace emergency codes with plain language. American Society for Health Care Risk Management of the American Hospital Association. DOI: 10.1002/jhrm.21346
3. The Joint Commission. Quick Safety Issue 4: Preparing for active shooter situations. (Updated June 2021). <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety--issue-4-preparing-for-active-shooter-situations/>

4. The Joint Commission. Emergency Management Overhead Emergency Codes Poster.  
<https://www.jointcommission.org/-/media/tjc/documents/resources/emergency-management/em-overhead-emergency-codes-posterpdf.pdf>
5. Selecting an Approach to Overhead Emergency Communications; ECRI; 1/20/2021

Alternative evidence	Source(s)
<p><b>Certain emergency codes may be relevant in a healthcare organization:</b> An anonymous survey of 304 employees at five facilities asked respondents to identify the codes for fourteen different emergencies. Participants correctly identified the emergency codes with 44.37% accuracy on average. The codes for fire, infant abduction, and cardiac arrest were commonly identified correctly.</p> <p><i>No evidence could be identified that refutes either option in this guideline.</i></p>	<ol style="list-style-type: none"> <li>1. Harris, C., Zerylnick, J., McCarthy, K., Fease, C. and Taylor, M. (2022). Breaking the Code: Considerations for Effectively Disseminating Mass Notifications in Healthcare Settings. Public Health 2022, 19(18), <a href="https://doi.org/10.3390/ijerph191811802">https://doi.org/10.3390/ijerph191811802</a></li> </ol>



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