Internal emergency alert codes

Standard operating procedure (SOP) | HOS-SOP-012

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Title	Internal emergency alert codes
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.14
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Use only the hospital code list for internal emergency alerts.
2. Every staff member knows what each code means.
3. Call the code by the code name, never by a plain-language call.
4. Drill every code at least once a year.

Stop and get help straight away if: two different code systems are in use for the same alert.

1. Purpose

To make sure one set of alert codes is used, understood and drilled, so that the right team responds at once (S1.14).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

In an emergency, staff must understand an alert at once. One code system, known to everyone, and drilled, makes that possible.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinical governance lead	Owns the code list and the training	Governance
Duty manager	Calls and stands down codes	Senior manager

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Hospital code list (one list)	Current	On the wall of each area and on the staff badge card

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Call the code.	• Call the code name and the location on the hospital system.	Use the code, not a description.
2	Respond.	• The named team responds as shown on the code list.	Each team knows its role.
3	Stand down and record.	• The duty manager stands down the code and records the time.	The record is the drill result.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Staff trained on codes	At least 70%	Yearly	Clinical governance lead	Escalate to chief executive
Each code drilled in the last 12 months	100%	Yearly	Clinical governance lead	Escalate to chief executive

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-REG-004	Rehearsal and drill record	Records each drill

16. Evidence

ID	Source and status
E-009	Code list to be set by the hospital and confirmed by the Committee.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval