

Organisation name Site or unit		STANDARD OPERATING PROCEDURE Internal emergency alert codes	
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Owner		Approved by	
Signature			

Standards > **Standard S1** > **Standard operating procedures (SOPs)**

Standard operating procedure (SOP) · HOS-SOP-012 · Version 1.0 · Approved by the ASF Expert Committee

Supports: System S1 (Hospital), criterion S1.14

At a glance

- Use only the hospital code list for internal emergency alerts.
- Every staff member knows what each code means.
- Call the code by the code name, never by a plain-language call.
- 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. 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. 2. Scope

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

3. 3. Definitions

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

4. 4. Background

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

5. 5. Responsibilities

Role	Responsibility	Competence
Clinical governance lead	Owens the code list and the training	Governance
Duty manager	Calls and stands down codes	Senior manager

6. 6. Materials and equipment

Item	Requirement	Condition
Hospital code list (one list)	Current	On the wall of each area and on the staff badge card

7. 7. Safety

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

8. 8. Before you start

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

9. 9. Procedure

Step 1. Call the code.

- Call the code name and the location on the hospital system.

Key point: Use the code, not a description.

Step 2. Respond.

- The named team responds as shown on the code list.

Key point: Each team knows its role.

Step 3. Stand down and record.

- The duty manager stands down the code and records the time.

Key point: The record is the drill result.

10. 10. Decision points

- No decision points in this procedure.

11. 11. Special situations

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

12. 12. Escalation

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

13. 13. Monitoring

Measure	Target	Frequency	Owner	If not met
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

14. 14. Records

Record	Kept in	Retention
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Record named in this document	Patient record or the area file	the period set by the facility's records policy years

15. 15. Training

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

16. 16. Related documents

ID	Title	Use
<u>HOS-REG-004</u>	Rehearsal and drill record	Records each drill

17. 17. Evidence

Reference	Note
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.

18. 18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

No e-learning course is linked to this document yet.

19. References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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Related standard

- [Standard 46: Hospital Disaster and Emergency Preparedness](#)