



Every code in your hospital — one press, with a record ready for the surveyor

From a patient arresting on a ward to mass casualties arriving at the ED, and from the annual hazard analysis to the emergency committee report: targeted activation of the right roles with the exact location, an action card for every role, a command centre, secure comms, and a record that writes itself — ready for CBAHI and JCI.

THE CHALLENGE

What hospitals describe today — and how Fawz answers

TODAY	WITH FAWZ
The overhead page goes to the whole building, and no one knows if the right team heard it.	Activation reaches the required roles on their devices with the exact location, and each person's acknowledgement shows at the command point.
After the page, the commander only learns who is coming when they walk in.	Every responder's status in real time — acknowledged, en route, on scene — on a live command dashboard.
Radios drop out in stairwells and basements, so teams fall back on personal WhatsApp groups.	Encrypted push-to-talk and a secure chat per incident on servers inside the Kingdom — one official record.
Action cards are paper in a binder, and steps get skipped under pressure.	A digital card for every role, step by step, with every step time-stamped.
The incident report is written from memory hours later.	The record writes itself during the incident, sealed and tamper-evident — ready for the surveyor and the authorities.
You find out the generator or the medical gas alarm has failed when you need it.	Continuous readiness of critical assets, with an alert the moment any asset falls out of readiness — before it's needed.

THE EVIDENCE

Why seconds matter — from the peer-reviewed literature

39.3% → 22.2%

Survival to discharge fell when defibrillation was delayed beyond two minutes, in a study of 6,789 patients.

Chan et al., NEJM 2008

13.2

Physical assaults per 100 nurses per year — and the deciding factor is how fast help arrives after a duress call.

Nachreiner et al. (CDC)

69%

Of active-shooter incidents end within five minutes — time to lockdown is measured in seconds.

FBI, Active Shooter Incidents

Published figures from peer-reviewed studies and government sources — not results measured on Fawz.



CODES

Your hospital's codes, each with its own cards and escalation chain

- Red** — Fire and life safety
- Pink** — Missing infant or child
- Brown** — Violence or aggressive behaviour
- Orange** — Suspicious object or bomb threat
- Purple** — Security incident
- Blue** — Cardiac arrest and medical emergency
- Grey** — Combative person
- Black** — Major security threat and lockdown
- Yellow** — External disaster and mass casualties
- Green** — All clear

Codes, colours and names are configured to your hospital's policy and your regulator's instructions.

MASS CASUALTY

From alert to full disaster — with clear levels

Alert

Information only — call the command centre, do not report on site.

Limited disaster

Key personnel and the emergency team to the ED; the command centre activates.

Full disaster

Everyone to their disaster station or to the manpower pool.

All clear

The disaster is over — stay on duty until released by your supervisor.

Triage and treatment zones: Triage · Red zone · Yellow zone · Green zone · Black zone · Discharge holding area · Secondary surgical site · Secondary ICU · Manpower pool

Internal and special codes we configure for you

- Evacuation** — Horizontal or vertical, with patient movement
- IT downtime** — System outage or cyberattack
- Infectious disease surge** — A surge of infectious cases such as MERS-CoV
- Utility failure** — Power, water or medical gas
- Hazmat & decontamination** — Contaminated casualties and a decontamination area

SURGE

Surge capacity when casualties arrive

Staff recall

Call in off-duty staff and see who is coming and their expected arrival time.

Bed and capacity board

ED, ICU and OR capacity and patients fit for early discharge — configured for your hospital and can connect to your hospital information system.

Patient tracking and family reunification

Register casualties by triage tag, track them between zones, and answer families' questions — customised and can connect to your hospital information system.



COMMAND

Hospital incident command and the command centre

Activate the hospital command centre in one press, with a full command structure where every role has its card, and incident command forms completed during the event — not after it.

Incident commander · Operations section chief · Planning section chief · Logistics section chief · Finance & admin section chief · Safety officer · Public information officer · Liaison officer

Situation reports (SITREP) to the health cluster or the MOH command and control centre, and coordination with Saudi Red Crescent and Civil Defense.

CAPABILITIES

What a hospital emergency manager needs

Hazard vulnerability analysis (HVA)

An annual, prioritised hazard analysis configured from the risk register, driving your plans and drills.

Drills of every type, on every shift

Tabletop, functional and full-scale exercises with the shift recorded, and the required frequency per code tracked with overdue alerts.

Emergency committee KPIs

Configurable live dashboards: time to acknowledge per code, drills on time, open corrective actions and their age, asset readiness %.

Switchboard and nurse call

The operator raises the alert for the caller, and a code can start from nurse call, overhead paging or the fire panel.

Critical asset readiness

Fire and life safety, emergency power, medical equipment, medical gas and critical HVAC.

Hajj and Umrah season

Move the hospital to full-disaster level in one press, with triage paths and expanded roles.

Head count from a photo

An AI-assisted estimate of affected people from a photo, confirmed by the responder before it's saved.

Verifiable reports

Incident and drill evaluation reports as numbered, QR-verified PDFs, in Arabic and English.

Patient data stays in the Kingdom

Casualty records stay on servers inside the Kingdom, with role-based access.

Aligned with: CBAHI · JCI · NFPA 1660 · ISO 45001 · ISO 22320

See a Code Blue from the press to the report

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