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## CODE ORANGE - External Disaster (CBRN)

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<b>Approved by:</b> JOHSC	<b>Effective Date:</b> June 1, 2017	EP-09
<b>Issued By:</b> JOHSC	<b>Review Date:</b> June 29, 2022	
<b>Department(s)</b> All	<b>Version:</b> 5	<b>Archived:</b> Y

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### **POLICY**

“**CODE ORANGE**” is used to provide a safe and effective response to a disaster external to the hospital **that is likely to increase the capacity and use of hospital resources**. It provides a guideline for the management of a casualty influx by coordinating a response from medical, nursing and support personnel as well as mobilizing supplies and equipment.

**Code Orange** is used to manage the following three scenarios:

- Mass casualty incidents external to the hospital
- Chemical (C), Biological (B), Radio-Nuclear (RN), Explosive (E), or Environmental (E) events due to natural, accidental or intentional acts
- Pandemics

### **NOTIFICATION**

Notification to the hospital of an external disaster will usually occur from a public authority The Notification will likely be received by the Emergency Department (“ED”). Depending on the extent of the Hospital’s involvement in a disaster, a graduated response will be used. When the hospital receives notification, the Charge Nurse in the ED should ask and complete the questions on the “**Checklist for Person Receiving Call Form**” (Appendix B). The initial call may provide very limited information with follow-up calls being more explicit.

### **STAGES OF Code Orange**

#### **STAGE 1 – Alert/Standby**

Preliminary stage in which the Hospital has received information regarding potential involvement in a disaster situation; however, the extent of the Hospitals involvement, if any, is not yet clear. At this stage, personnel should be assessing resources, contacting key personnel and preparing for the activation of stage 2 or 3.

#### **STAGE 2 – Limited Response**

Initiated when there are more details surrounding the incident and there is a concern that the Hospital will be involved in a situation when the need for health services could exceed the current resources and ability. This stage may require the cancellation of normal activities and staff re-assignment. A limited number of off duty staff may need to be called back but this would occur at the discretion of the Incident Manger.

#### **STAGE 3 – Extended Response**

Initiated when the Hospital is required to make use of all resources, along with additional staff. The known number of urgent or emergent casualties will exceed the ED’s current resources and ability. At this stage, other Hospital properties or other agencies outside the Hospital will be used to facilitate and temporarily relocate patients. Fan outs will be initiated if not already done so as directed by the Incident Manager.

**NOTE:** Some **CODE ORANGE** stages may be skipped depending on the situation.



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### ACTIVATION:

- 1) **CODE ORANGE** Alert/Standby will be initiated in consultation with the ED Physician at first indication of a potential external disaster.
- 2) The Charge Nurse in the ED will inform:
  - **During Regular Hours:** The ER Nurse Manager and the CNO.
  - **During ‘Off hours’:** The Admin On-Call.
- 3) The CNO/Admin On-Call will notify the CEO, and all other Directors and Senior Managers.
- 4) The ED Charge nurse/ED Nurse Manager and the Emergency Physician on site will review the following information:
  - Expected number of incoming casualties
  - Nature of injuries
  - Estimated time of arrival
  - Number of patients currently in the department and possibility of expediting discharges
- 5) After determining that the number of disaster victims exceeds the resources available, the ED Charge nurse in consultation with the ED Manager/CNO or Admin On-Call will upgrade the **CODE ORANGE** Alert to either Stage 2 or 3 depending on the number of casualties expected. At this point the Incident Manager will establish the “**Incident Command Centre**” (Airhart Conference Room) and assign roles.
- 6) **During Regular Hours:** The ED Nurse Manager or CNO will inform Switchboard at ext. 333, to initiate a **Code Orange** broadcast ensuring to identify which stage. Switchboard will announce over the PAs System the following: “**CODE ORANGE, CODE ORANGE Stage \_\_\_ is now in effect**” (announce 3 times).  
**During ‘Off hours’:** The ED charge nurse or Admin On-Call will dial 781 and announce over the Public Address System the following: “**CODE ORANGE, CODE ORANGE Stage \_\_\_\_ is now in effect**” (announce 3 times)

### Incident Manager

The Incident Manager Role will be assumed by the CNO or Admin On-Call. During off hours the ED Charge Nurse will assume command until the CNO or Admin On-Call arrives. The Incident Manager will be responsible for the overall management, maintenance and support of Hospital activities during the **CODE ORANGE** plan up to and including the deactivation of the plan and recovery from the event.

The Incident Manager should consider the following:

- Assess whether additional staff are required in the ED and other departments. (During off hours: staff that are on-call i.e. OR staff, Radiology, Maintenance, ED physician.)



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- Determine if Incident Command Centre is needed. If so communicate to units, location (Airhart Conference Room) and phone number. Assign roles to Incident Management System (IMS) team as required.
  - **Communications Officer**  
Responsible for maintaining communication with all external partners regarding the disaster
  - **Logistics Officer**  
Traffic Control  
Support Services Control  
Materials Management
  - **Liaison Officer**  
Communication with Emergency patients of a potential delay for them to be seen because of the current situation.  
Responsible for communication with family members
  - **Safety Officer**  
Overseeing any occupational health & safety concerns  
Determining need for CBRN PPE should the disaster involve one of the following agents – chemical, biological, radiological or nuclear.  
Consider calling the Infection Control Practitioner in the event of a Pandemic
  - **Media Officer**  
The CEO or delegate will relay information to the media as required.
  - **HR and/or Scheduling Personnel**  
Responsible for call-in of additional staff  
Designate roles and responsibilities to other staff to fulfill required tasks
- Locate the two (2) **“IMS Tote”**s (Appendix A) from the Airhart Conference Room (ACR) cupboard.
- Consider need to contact Paragon for additional security.
- Is there a need to initiate additional ED functional areas?
- Review immediate discharge and transfer of present Emergency Patients.
- Assign someone to go to other units to get additional equipment.
- Do other agencies need to be notified? (i.e. Municipality, OPP, Paramedic Services, fire, Criticall, neighboring hospitals or health care related facilities)
- If a warming centre is required, consider using the cafeteria or physio department.
- Consider need for:
  - Family Gather Control Centre – Planning Officer, Clergy, Crisis Intervention
  - Discharge Control Centre – Discharge Planner, Health Records and Nursing



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- For stage 2 and 3, assess whether upcoming OR procedures should be postponed/cancelled. Complete procedure in process.
- Maintain a record of decisions and actions taken “**Code Orange Response Record of Decisions and Action**” Appendix D).
- Contact local Funeral Homes if deaths exceed storage capacity of hospital morgue.

### **STAGE 1 – DEPARTMENTAL RESPONSE:**

#### ***REGULAR BUSINESS HOURS MONDAY TO FRIDAY***

##### **ADMINISTRATION**

- Establish what the incident is and check in with your department to ensure staff are aware of their roles/responsibilities

##### **ALL OTHER DEPARTMENTS**

- Return to work area and review responsibilities for **CODE ORANGE** procedures and prepare for stage 2 or 3.

#### ***AFTER BUSINESS HOURS***

##### **CHARGE NURSE ED**

- Notify Admin On-Call
- Establish what the incident is and notify all departments to ensure staff are aware of their roles/responsibilities

##### **ALL OTHER DEPARTMENTS**

- Return to work area and review responsibilities for **CODE ORANGE** procedures and prepare for stage 2 or 3.

### **STAGE 2 & 3 – DEPARTMENTAL RESPONSE**

#### ***REGULAR BUSINESS HOURS MONDAY TO FRIDAY***

##### **ADMINISTRATION**

- Determine if Incident Command Centre is needed and assign roles. (See Incident Manager Role on Page 3).

##### **Emergency Department**

- Ensure immediate discharge and transfer of present Emergency patients
- Assess available supplies
- Assign defined roles within the team members as required (e.g. decontamination teams, triage, resuscitation team) If greater than 10 casualties are expected, consider the need to initiate additional ED functional areas



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- Consider the use of downtime documentation procedures be followed: Attach an ID band with name and number to wrist of patient identifying: Name (if known), Level of care required (red, yellow or green), Allergies, Date of Birth (if known)
- Then direct patient to assigned areas: (Red and Yellow could be in the ER, Green could be in Clinic area)

### OPERATING ROOM / CSR

- Consult with Surgeon and Anesthetist to discuss completion of current cases and whether to postpone/cancel upcoming procedures
- CSR personnel shall replenish sterile supplies in ED as needed
- Delegate staff to bring two stretchers to the OR corridor

### IN-PATIENT UNIT

- Assess bed census and determine whether any patients can be discharged. Discharged patients can be asked to wait in the patient lounge until family members arrive to pick patient up.
- Contact CCAC for coordination of other services
- Unit clerk to bring 4 IV pumps and 2 vital sign monitors to the ED.
- Continue patient care activity until notified otherwise
- Request visitors/family members to stay with the patient.

### SCU

- Assess whether any patient can be transferred to the In Patient Unit and update bed census

### RADIOLOGY

- Complete the present work
- Consider rescheduling appointments for scheduled patients (depending on severity of incident and type of patients expected from incident)

### SCHEDULING

- Inventory of all staff presently on site.
- Refer to the Emergency Call list and identify available staff

### PHARMACY/STORES

- Ensure adequate supplies are available to meet the needs of the situation and ensure all departments affected by the code are well stocked with supplies.
- Contact 3SO if additional supplies are required.

### LABORATORY

- The ECG technologist will be assigned to the ED



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- Ensure adequate plasma and blood supplies are obtained and request additional supplies from outside agencies if necessary.
- Ensure adequate supplies and personnel are available.
- Utilize a runner (Clerk, ESW, Volunteer) to bring specimens to the Lab

**MAINTENANCE**

- Return to department and be available in the event you are required to move furniture to set up additional clinical areas
- Monitor parking lots to ensure there are no traffic issues at entrance/exits
- Responsible for monitoring the entrances and for the control of all interior and exterior traffic flow.
- Check to ensure portable oxygen, telephone and other supplies, including extension cords are available

**ENVIRONMENTAL SERVICES**

- Ensure one Environmental Services Worker (“ESW”) employee is assigned to the ED.
- Maintain linen supply in ED, Clinic and X-ray
- Consider suspending all routine cleaning in order to assign ESW employees to other roles. (Eg. Runner to transport lab specimens between ED and Lab.)

**PHYSIOTHERAPY**

- Complete the current treatment
- Cancel remaining appointments for the day
- Prepare the area to act as a Warming Centre or Family Gathering Centre
- Report to ED charge nurse or ED nurse manager who may assign other duties.

**NUTRITION SERVICES**

- Prepare to provide meals and refreshments to Hospital employees, volunteers, family members and others as needed

**ALL OTHER DEPARTMENTS**

- Continue with current activity
- Be prepared to assist where/when needed

**AFTER HOURS****ED CHARGE NURSE**

- Review Incident Manager check list. Contact CNO or Admin On-Call.
- Ensure notification of on-call staff. (OR on-call, Radiology on-call, Maintenance on-call, Staff MD on-call, Anesthetist on-call, and surgeon on-call).
- Assume role of Incident Manager until CNO/Admin on Call arrives.
- Initiate a record of decisions and actions taken (Appendix D).



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**SECURITY GUARD**

- Monitor parking lots to ensure there are no traffic issues at entrance/exits.
- Responsible for monitoring the entrances and for the control of all interior and exterior traffic flow.

**RECOVERY FROM CODE ORANGE:**

Based on the situation, the decision to terminate a **CODE ORANGE** completely rests with the Incident Manager in consultation with the ED Physician and CNO/Admin On -Call (off hours Admin On-Call).

Once it has been determined that the **CODE ORANGE** can be declared “over”, the following announcement will be made over the PA system by Switchboard or a delegate.

- **“CODE ORANGE All clear”** – resume normal duties x 3

If the **CODE ORANGE** is downgraded from stage 2 or 3 to stage 1 then the following announcement will be made over the Hospital PA system by Switchboard or a delegate:

- **“CODE ORANGE STAGE 1 IN EFFECT”** x 3

**DOCUMENTATION**

Upon termination of **CODE ORANGE**, the Incident Manager or delegate should prepare a written report of the Hospitals activities during the “**CODE ORANGE**”. The report will be submitted to the CNO and the ED Physician for the debriefing meeting. The report should be documented on the “**Emergency Response Report**” located on the hospital PPM.

**PUBLIC RELATIONS**

- The CEO or delegate will communicate with the media.
- Obtain pertinent information surrounding the disaster (i.e. time of occurrence, number and type of casualties, potential for further casualties, expected time of arrival).
- Depending on the extent of the disaster consider communicating to the public via radio, hospital website, TV.

**MORTUARY AVAILABILITY**

Should deaths exceed the storage capacity of the morgue, the incident manager would make arrangements with local funeral homes for additional storage.

<b>Funeral Home</b>	<b>Contact</b>	<b>Location</b>
<b>Hannahs</b>	613-354-3341	Napanee
<b>Wartmans</b>	613-354-3722	Napanee
<b>Hannahs</b>	613-379-2997	Tamworth
<b>McGlades</b>	613-396-2310	Deseronto
<b>Cassidys</b>	613-478-3807	Tweed
<b>Maschke</b>	613-336-6873	Northbrook



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**ACTIVATION OF “CODE ORANGE” DUE TO BIOLOGICAL/ CHEMICAL/ RADIATION FACTORS:**

**MONITORING STAFF WEARING CBRN PPE DURING A BIOLOGICAL / CHEMICAL / RADIOLOGICAL ACTIVATED “CODE ORANGE”:**

1. A record of the correct sequence of PPE donning and doffing procedures is to be maintained on all staff using PPE. The checklist will include staff member’s initial baseline vital signs and final record of vital signs, as well as times and date the PPE was applied and then removed.
2. General work cycles / time limits for staff wearing PPE in the following conditions:
  - 50° - 70°F or 10° - 21°C
  - Work 30 – 45 minutes
  - Follow with 10 – 15 minute rest period
  - 70° - 80°F or 21° - 27°C
  - Work 20 – 30 minutes
  - Follow with 40 – 60 minute rest period
  - 80° - 100°F or 27° - 28°C
  - Work 15 – 20 minutes
  - Follow with indefinite rest period

During rest periods (outside of hazard area) to decrease heat stress staff members may:

- Open the protective suit
- Un-blouse overshoes
- Roll up the hood

3. Hydration – replace body fluids. Staff should have an intake of 250mls of fluid prior to donning PPE and after doffing PPE to ensure proper hydration.
4. Be aware of the warning signs that staff are becoming stressed while wearing their PPE and required rest periods:
  - Increased irritability and aggressive / violent behavior
  - Increased emotional stress (crying or excessive laughing)
  - Decreased communication (becoming quite)
  - Decreased movements
  - Excessive sweating
  - Loss of ability to sweat
  - Inappropriate behavior
  - Inappropriate / incomprehensible sentences



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**NOTE:** Staff are to use the “**Buddy System**” whenever possible. A buddy can check for signs of stress / fatigue. Pair experienced emergency workers with inexperienced partners. Critical jobs should be shared and work should be double checked.

**APPENDIX A**

IMS SUPPLY TOTE CHECKLIST – Located in the Airhart Conference Room – Back Closet

1. Radio (wind up)
2. Telephone book
3. Town map
4. County map
5. Hospital floor plans – 6 copies
6. Forms – actions plans and activity logs
7. Flash light and batteries
8. Taxi chits
9. Roll of identification stickers
10. Coloured stickers – red, green and yellow for patients and charts if evacuation is required
11. Incident Management identifiers (vest)
12. 2 rolls of masking tape
13. Card stock for making up signs
14. Directional signage if Hospital in lockdown
15. Incident Control Centre sign
16. Pens, pencils, note pads, markers, paper, and various stationary items

Other Items Available

IN AIRHART CONFERENCE ROOM

1. Flip Charts
2. White Board
3. Computer Access to Internet
4. Teleconference Equipment

Other

1. List of Emergency numbers – PPM, Copy in Admin On-Call binder
2. Video Conference – Room 213



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**APPENDIX B**

**CHECKLIST FOR PERSON RECEIVING CALL**

RESPONSIBILITY	TIME COMPLETED
<b>1. Obtain the necessary information including:</b>	
<ul style="list-style-type: none"> <li>• Name of caller</li> </ul>	
<ul style="list-style-type: none"> <li>• Contact number of caller</li> </ul>	
<ul style="list-style-type: none"> <li>• Time of Call</li> </ul>	
<ul style="list-style-type: none"> <li>• Type of Incident/situation</li> </ul>	
<ul style="list-style-type: none"> <li>• The number of injuries</li> </ul>	
<ul style="list-style-type: none"> <li>• How and when patients will be arriving</li> </ul>	
<ul style="list-style-type: none"> <li>• Any other information available</li> </ul>	
<b>2. Contact your Manager/Supervisor</b>  <b>Notify them of the call and request for instructions on how to proceed.</b>	
<b>3. Document all information and include your name, title and time of report completion.</b>	

**RETURN COMPLETED FORM TO INCIDENT MANGER**



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**APPENDIX C**

**STAFF CALL-IN LIST**

**DEPARTMENT/UNIT:** \_\_\_\_\_

Last Name	First Name	Title	Home Phone Number	Pager Number	Other: Car/Cell	Distance From Hospital (mins)		Able to Reach (Yes/No)	Able to Come to Hospital (Yes/No)	Time To Arrive (mins)

**Prepared by:** \_\_\_\_\_

**Revision Date:** \_\_\_\_\_

**NOTES:**

- For Lennox and Addington County General Hospital. There should be hard copies with Admin On-Call Binder for Emergency Call-In with staff names filled in with numbers and response times.

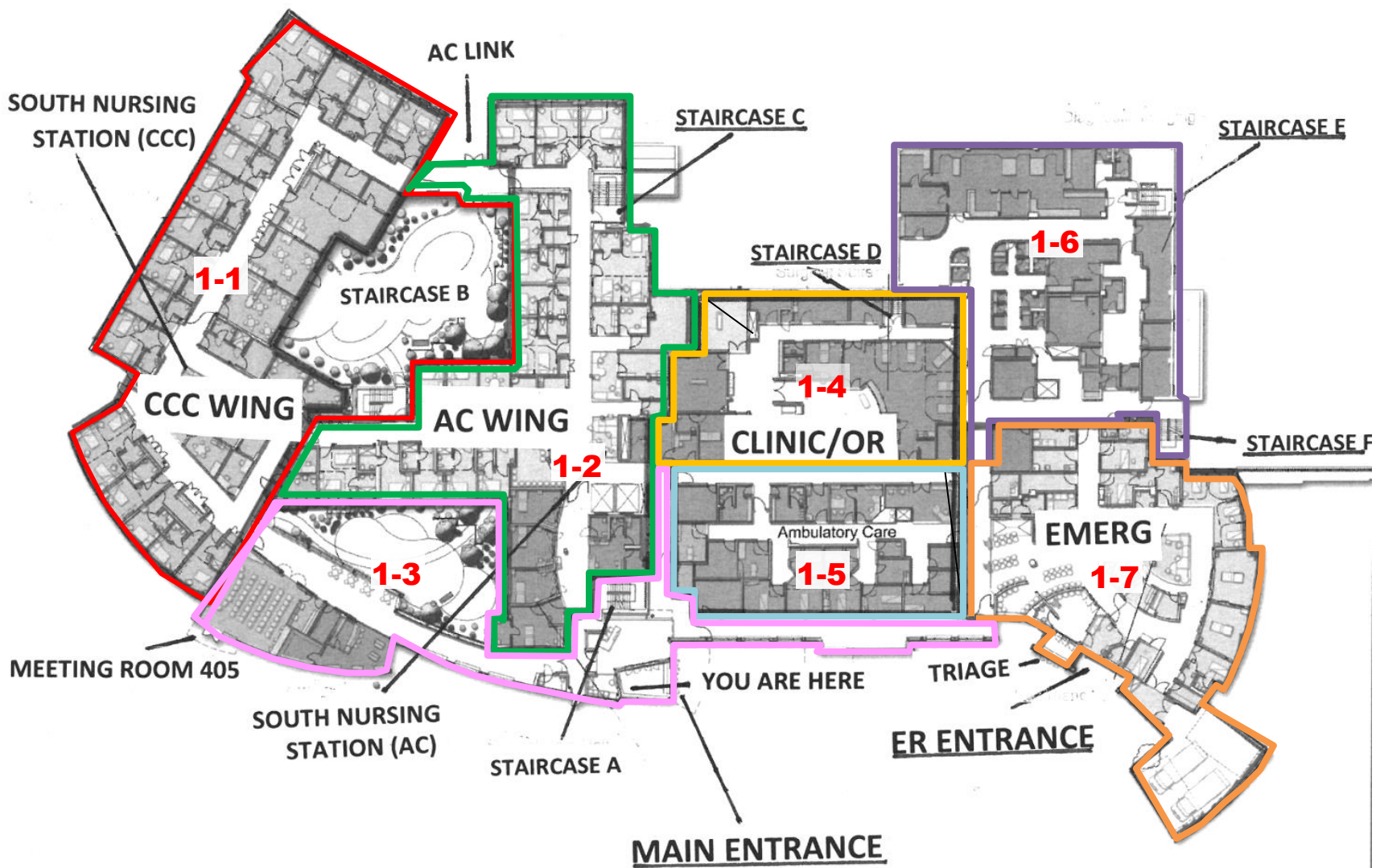
**APPENDIX D**

**CODE ORANGE RESPONSE  
RECORD OF DECISIONS AND ACTIONS**

<b>Date:</b>		
<b>Incident Manager:</b>		
<b>Code Orange Incident Description:</b>		
<b><u>Decision</u></b>	<b><u>Action Taken</u></b>	<b><u>Outcome</u></b>



LEVEL 1



**LEVEL 2**

