espanola regional hospital and health centre | hôpital régional et centre de santé d'espanola

Policy and Procedure

Department: Emergency Preparedness	Section: CODES	Subject: Code Orange- External Disaster
Policy:	Original Date: 2021-07-22	Supersedes: 2021-07-22
Last Reviewed: 2026-07-24	Next Review Date: 2027-07-24	Approver: Angie Brunetti (Emergency Preparedness Committee)

CONTENTS

POLICY STATEMENT

Code Orange is the term used to declare an External Disaster requiring staff of the Espanola Hospital and Health Centre (ERHHC) to provide aid and treatment to many patients on short notice. The Code Orange policy is a risk management strategy used to ensure employees are able to react appropriately in a mass disaster in order to ensure the safety and protection of staff, patients, residents and visitors. The plan is reviewed annually by the Emergency Preparedness Committee (EPC) and is tested and evaluated at least every three years during a tabletop drill or simulation.

This plan may be integrated with other local agencies and organizations involved with emergency response as required. (i.e., Town of Espanola Emergency Response Plan, Emergency Medical Services, Canadian Red Cross etc.)

DEFINITIONS

Code orange/external disaster event
The potential for a Code Orange/External Disaster exists when:
Casualties of such number or in such condition arrive at the Emergency Department that it constitutes an unmanageable strain on normal routine, human resources, or supplies.

Code Orange-Standby is a preparatory phase where notification has been received that ***may*** result in a significant number of casualties and/or the extent or number of impacted casualties is unconfirmed or unknown and/or if ETA is greater than 30 minutes.

Code Orange-Active is when a ***confirmed*** number of casualties has been communicated to the hospital and the capacity assessment identifies that the patient influx will overwhelm the available resources. CBRN is a Chemical, Radioactive and Nuclear Incidents that require individuals to be decontaminated prior to being admitted to the ED/Hospital Care (Emergency Medical Assistance Team)

AUTHORITY TO DECLARE

The decision to activate a Code Orange may be made by the Chief Executive Officer (CEO) or designate, any member of Senior Leadership, a Physician, or an Emergency Department Registered Nurse (ED RN), in consultation with external emergency response partners (e.g., Ontario Provincial Police [OPP], Emergency Medical Services [EMS]) as appropriate.

A Code Orange should be considered when:

- Patient volume exceeds, or is anticipated to exceed, hospital capacity, particularly with high-acuity patients or the need for rapid triage.
- Resource limitations may impact patient care, including staffing, beds/stretchers, blood supply, ventilators, or medications.
- The situation requires a coordinated hospital-wide response or external support.

If there is uncertainty about activation, staff should err on the side of early declaration to support a timely and coordinated response. The nature, severity, and expected number of casualties should be considered, with situational information confirmed through communication with on-scene emergency responders whenever possible.

NOTIFICATION PROCEDURE

Upon notification of a potential or active Code Orange, the ED RN will dial ****9 (pause) 00** to announce

overhead to the entire health campus.
When notified by external emergency services of a potential influx of patients with unconfirmed or unknown injury and/or ETA of 30 mins+, the preparatory phase known as Code Orange Standby will be announced.

"YOUR ATTENTION PLEASE, YOUR ATTENTION PLEASE, CODE ORANGE STANDBY: ALL STAFF REMAIN ON PREMISES AND AWAIT FURTHER INSTRUCTIONS"

When notified by external emergency services of confirmed level of injury/number of casualties, or upon consultation with the Doctor or Senior Leadership team, the most responsible person will initiate **Code Orange Active** by announcing overhead:

"YOUR ATTENTION PLEASE, YOUR ATTENTION PLEASE CODE ORANGE ACTIVE"

IMMEDIATE RESPONSE

Code Orange Standby:

- Capacity is assessed with consideration to current patients, human resources and supply availability
- Discussions begin regarding the potential for in-patient discharge or transfer
- Staff remain on site, preparing by reviewing departmental processes and roles, gathering necessary supplies
- A preliminary Incident Command is established to coordinate potential response. Location will depend on the availability of the personnel and will likely be initiated in the Emergency Department.
- Most staff will continue with regular duties while waiting for updates.

Once Code Orange Active is initiated:

- ED RN will assume the role of Incident Commander until relieved (Appendix A- Code Orange ED RN Task Sheet) and obtain the Code Orange supply tote from the Ambulance Bay
- The CEO or designate will take over as Incident Commander as soon as possible and will call for Managers to the Boardroom (Incident Command) to report for briefing. The Staff Pool Coordinators will be assigned immediately and will either call or delegate a call out to all staff off duty as outlined in Appendix E
- Staff will be assigned as escorts and to monitor designated areas in order to prevent patients/visitors from walking around the building during this code situation.

ADMINSTRATION AND TREATMENT LOCATIONS

- **Exam rooms are used for major injuries**
- **Waiting room B for minor injuries**
- **Resuscitation: Exam 3, 4, 5, 10**
- **FHT Multimedia Room (MMR): Family Holding area**

Triage Office	3077	Media Holding Area: **FHT Multimedia Room**	4244
ED reception/Ward Clerk	3018	Family Holding Area: **Registration waiting area**	
Exam 3	3013	Secondary Assessment: **MAIN REGISTRATION**	3103
Exam 4	3015	Discharge Holding area: **PHYSIO DEPARTMENT**	3563
Exam 5	3105	ED Control: **ED NURSING STATION**	3000
Exam 7	3095	Incident Command: **BOARDROOM**	3201
Exam 8	3096	Staff Pool Area: **CAFETERIA**	3068
Exam 9	3097	Business office/Finance Officer	3106
Maintenance on-call phone	869-8691	EVS phone	936-6094

ROLES AND RESPONSIBILTIES

General:

- On duty staff that are able to leave their area will report to the Staff Pool Coordinator
- Available off-duty staff that have been called in will report to the Staff Pool Coordinator in the cafeteria for task assignment (with proper uniform and identification, using the staff entrance)
- Staff in outpatient areas will complete the current patient appointment and escort other patients out.
- Areas that are designated for specific purposes should be readied.
- Staff may be assigned to their specific departments or may be redeployed to support in other areas as required, depending on knowledge, skill, and ability.
- Staff will be expected to work extended hours as required.

Employees

- Review the emergency plan upon orientation, annually and when changes are made, ensuring understanding of the roles and processes.
- Participate in mock exercises, debriefs and educational programs as required

Managers

- Review the emergency plan upon new staff orientation, annually and when changes are made, ensuring understanding of the roles and processes
- Participate in mock exercises and attend educational programs as required
- Ensure all employees review the plan and can respond competently in an emergency situation
- Ensure employees attend scheduled education programs or training opportunities

HR Assistant:

- Ensure staff call in list is up to date (All Dept→Nursing folder→Schedules→Code Orange staff contact list).

Emergency Preparedness Lead/Committee:

- Review and update the policy annually
- Coordinate and conduct mock drills and tabletop sessions
- Liaise with local Emergency response Committees
- Ensure the Code Orange supply tote bin is in a ready state at all times

Clinical		
ED RN	Refer to Appendix A	• May initiate Code (in collaboration with Senior Manager), assume Incident Commander role until relieved • Obtain Code Orange tote bin in Ambulance Bay and begin preparations • Discuss preliminary plan with current staff and Physician
Incident Manager: (Nurse Manager and/or CNE)	Refer to Appendix I	• Wears orange vest to indicate Incident Manager role. • Supervise, direct all areas of patient care in the Emergency Department including patient flow • Ensure RN roles are assigned (Treatment Room Triage/Waiting Room, and Discharge Center) • Work with ED MD to discharge all possible patients from acute care unit • Assist with RN process for accepting Code Orange patients • Reassign staff within the area as required

		• Communication with Staff Pool Coordinators as required • Track patient flow using Casualty Flow Sheet (Appendix I)
ED Doctor or designated Physician		• Assign physicians to ED and/or disaster site (if required by EMS Coordinator) • Discharge any possible patients from Acute care • Liaise with IC re: need to request additional physicians from other hospitals • Liaise with coroner • Full triage/assessment of all CTAS levels prior to going to discharge centre
ED Primary RN(s)		• Complete full triage for tagged Code Orange patients that are directed to the treatment areas from the intake area (ambulance bay) and ensure belongings are clearly identified with casualty number Duties as required
Acute Care RNs		***1 RN is to report to the ED for further direction*** • Assess inpatient status to determine which patients can be discharged to accommodate Code Orange casualties • Assist physician in the discharge of these patients and notify the ED/Acute Clinical Manager or delegate of the availability of vacant beds • Ensure that discharged patients have arrangements made for care and medications at their destinations • Ensure discharged patients are transported/accompanied to the discharge center (inc. personal belongings and equipment), and have arrangements for transportation to the discharge destination • Ensure that all care of in-patients is kept to an essential minimum (reserve use of equipment for the Emergency Department) • Assign RPN staff to the various duties of inpatient care and request more help from the Staff Pool Coordinators to accommodate admissions • Ensure that medications and medical supplies are available and stocked
Triage office/Waiting room RN		• Complete full triage for tagged Code Orange patients that are directed to the **triage/waiting area from the intake area** (ambulance bay) • Monitor and reassess patients in the waiting area until assessed by a physician • Ongoing communication with the Nurse Manager regarding victim status; continuous monitoring of casualties
Discharge Centre RN/RPN	Refer to Appendix J	****All casualties seen in the ED that are eligible for discharge will be escorted to the Physio department for patient report and handover**** • Receive all patients being discharged from the hospital, and complete full vitals prior to discharge • Arrange transportation and medication supply home for each person discharged from the Discharge Centre • Record all patients in the Casualty Discharge Flow Sheet (Appendix K), and submit to IC at the end of the disaster

		• Continue to monitor patients until care is transferred to their next of kin.
ED screener (2) – 1 with clinical knowledge (RN, RPN, Manager)	Appendix G and H	• Admission to the hospital during the Code Orange will be through the Emergency Department only • Visitor screening instructions will be utilized to screen each person entering the facility. (Appendix G) • Use Code Orange Visitor Log (Appendix H) • Media personnel to be escorted to the Media Holding Area (MMR Room Family Health Team) • Family members of casualties to be escorted to Family Members Waiting area (Registration waiting area) • Call Staff Pool Coordinators to have escorts sent to this entrance to escort visitors, family, and media to the appropriate area Patients requiring Emergency Services will be asked to take a triage number and have a seat in the first waiting room until they can be assessed by a triage nurse
ED Communication Lead (Registration, RPN, Manager)		• Remains in ED to manage dispatch and ED phone for priority calls • Liaise with IC and facilitate incoming reports from Emergency Services to IC and ED staff
ED Ward Clerk		• Manage all required operations that relate to patient registration, transport/transfer, and discharge • Request admission forms from the Communications Clerk for casualties being admitted to the Hospital • Answer the phoneline – ext. 3018 and relay messages to the appropriate areas • Place phone calls to area hospital and physicians (or designate to IC) as requested by emergency medical staff • Request nourishment for those requiring it from Dietary as directed by the Nurse in charge
Administration		
Incident Commander (IC): CEO or designated Senior Leader **Incident Command Location:** Boardroom	Refer to Appendices B, C, D	• Ensure Staff Pool Coordinator(s) assigned • Establish Incident Command • Ensure the process for accepting Code Orange Patients has been initiated (Appendix C) • Liaise with outside agencies (EMS Disaster Site Coordinator, HSN and surrounding hospitals, Emergency Services, Media, MOHLTC, PHSD, Mayor and Board Chair) • Assign/brief Communication Officer (Senior Manager) and track all communication using IC Log Sheet (Appendix D) • Provide ongoing communication with Managers, decide termination of Code, and lead de-brief • Consider implementing ED Bypass or Closure procedure (when/if required) ***NOTE: All communications must be vetted by IC***

Communications Officer (CEO or designated Senior Leader)	Appendix D	• Authorize release of all Code Orange related information to the media and families • Ongoing communication with Communication Clerk/Finance Officer (ext. 3106) • In conjunction with IC, determine need to contact supporting community agencies, nearby hospitals
Scheduler		• Assist with any staffing call-in needs, or other required duties • Coordinate staffing to ensure adequate coverage for future shifts as required
Staff Pool Coordinator(s) (Manager, Clinical staff) **Staff Pool Location**: Cafeteria	Refer to Appendix E and F	• Assign staff roles based on skillset and needs • Call in (or delegate) off duty staff via Staff Stat or call-in list for non-Staff Stat users. Message "External Disaster-Please report to cafeteria" • Keep accurate list of staff • Distribute Saltos as required, tracking on Appendix F • Submit staff sign in to payroll once Code Orange is declared over • Provide communication between departmental managers and assembled staff
Communication Clerk (Finance Officer, HR)		• Accept all inquiries from the media and relatives • All inquiries will be forwarded to the Communication Officer by transfer of call or by written message.
Lab		
Staff		• Assume departmental duties as determined by Physician and according to severity • Request for additional staff made through IC • Cancel all routine procedures until time permits • As soon as possible, ascertain probable blood requirements and make necessary arrangements with Lab Manager, Lab Medical Director or designate in reaching out to community partners/external agencies
DI		
Staff		• Assume departmental duties as determined by Physician and according to severity, immediate review of "urgent" imaging • Request for additional staff made through IC • Cancel all routine procedures until time permits • Ensure cases are updated for accuracy in PACS and Expanse after External Disaster is declared over (e.g. unidentified patients)
Support Roles * Any available staff may assist in any of these roles as needed		
EVS, Maintenance, Additional staff		• Report to Staff Pool area for redeployment • Perform duties as assigned by Staff Pool coordinator or Manager (e.g. gather supplies, assist with rearranging/removing furniture, continuous cleaning, crowd control, portering etc.)
Materials Management		• 1 CSR clerk to remain in stores (ext. 3070) for Procurement of additional medical/surgical supplies, control of inventory records
Food Services		• Provide emergency meal service to all patients, hospital, and volunteer personnel when required

		• Consider switching to emergency menu for residents/inpatients • Send extra staff to Staff Pool area for redeployment
PSW		• If resident acuity permits, send extra staff to Staff Pool Coordinator for redeployment • If residents need to be displaced from their rooms to accommodate disaster victims, residents will be relocated to common areas of Queensway Place, and supported by LTC staff
Registration		
Switchboard Clerk 1		• Keep the phone lines open, and do not release any information not vetted by IC • Screen all incoming calls and transfer any code related inquiries to Communication Clerk at extension 3106 • Assist in providing information to Incident Commander or the Communication Centre located at the Family Health Team
Switchboard Clerk 2 **(Discharge Area Physio Dept)**	Appendix K	• Ensure all payments are complete and all information is accurate and complete prior to discharge • Track discharged patients using the Casualty Discharge Flow Chart (Appendix K) • Once discharged collect all patient identification tags for return to IC
Health Records		
Health Record Clerk 1 (in ED)		• In **emergency department**, assist with tagging and identifying patients during triage • Documentation as required,
Health Record Clerk 2 (in Health Records)		• In the **Health Records** department to transcribe any urgent dictations, pull charts, and help to identify the unidentified patients with a possible merge or chart numbers

Direction to Media and Family members

- Media and concerned family members will present to the screener via the ED entrance
- Only after authorization is given by IC will the media/family be escorted to the waiting area
- IC must approve written requests regarding interviews/photographs
- Visitations will be granted only if it is in the best interest of the patient and family member involved

EDUCATION

- Upon hire, all staff are required to complete an online Emergency Preparedness policy review which is tracked electronically.
- As part of onboarding, all new staff are required to attend an in-person general orientation. During this session, new staff review the elements of the Emergency Preparedness program including general response, code of the month, the Emergency Preparedness information board, structure of mock codes etc.
- During departmental orientation, mentors review department specific expectations during emergency code response.

- Code of the Month: Each month, an email is sent to all staff reviewing the code that will be focused on throughout the month, the attached policy, quick reference document, and information about the upcoming drill.
- Practice drills: Drills are scheduled on a monthly basis in various departments, allowing a variety of staff to participate. Mandated emergency response drills are completed in the Long-Term Care Home, as required. An in-depth Code Orange tabletop discussion is scheduled every three years.
- The Emergency Preparedness information board is located in the service hallway and is updated on a monthly basis to reflect the code of month.

RECOVERY PROCEDURES

Immediate actions will focus on returning displaced residents/patients and resuming normal services. Each department will be responsible for readying their area to return to regular business, including restocking of supplies and rearranging equipment.
An immediate debrief will take place once the situation is deemed manageable by the ED staff/Physician. Counselling and emotional support for staff will be organized as required.
A full de-brief meeting will be coordinated by the Incident Commander and Emergency Preparedness Lead within 1 week of the incident. All documentation will be collected and reviewed in order to evaluate current processes and identify process improvement opportunities.

SURGE REFERENCED DOCUMENTS

ERHHC. (2020). Unidentified Patient in ED.

ERHHC. (2021). ED Bypass Policy and Procedure.

REFERENCES AND RELATED DOCUMENTS

Emergency management and Civil Protection Act, R.S.O. 1990, c. E.0. Ontario.ca. (2022, April 21). Retrieved June 14, 2022, from https://www.ontario.ca/laws/statue/90e09

Health Protection and Promotion Act, R.S.O. 1990, c. H.7. Ontario.ca. (2022, April 11). Retrieved June 14, 2022, from https://www.ontario.ca/laws/statute/90h07

Health Sciences North. (2021). Code Orange (External Disaster-Mass Casualty Event) Emergency Response Plan for Health Sciences North

Ministry of Long-Term Care. (2021). Fixing Long Term Care Homes Act 2021. Ontario.ca/laws/statute/21f39

Ontario Hospital Association. (2008). Emergency Management Toolkit. Emergency Management Toolkit.pdf (oha.com)

Occupational Health and Safety Act, R.S.O. 1990, c. O.1. Ontario.ca. (2022, April 11). Retrieved June 14, 2022, from https://www.ontario.ca/laws/statute/90o01

Appendix A

Code Orange - ED RN Task Sheet		
Call is received regarding a confirmed or potential influx of patients that may exhaust staffing resources		
1		Initiate Code Orange by dialing **9 (pause) 00 (to announce the code to the entire health campus) *Code Orange Standby (if ETA greater than 30 minutes)"YOUR ATTENTION PLEASE, YOUR ATTENTION PLEASE: CODE ORANGE STANDBY: ALL STAFF TO REMAIN ON PREMISES AND AWAIT FURTHER INSTRUCTIONS" A*Code Orange Active by announcing "YOUR ATTENTION PLEASE, YOUR ATTENTION PLEASE: CODE ORANGE ACTIVE"
2		Obtain Code Orange tote bin from ambulance breezeway
3		Notify Doctor on call
4		Consider implementing ED Bypass or Closure Procedure
5		Notify Lab, DI, and on-call Doctor immediately, call-in if after hours
6		Assume role of Incident Commander (IC) until relieved by CEO or designate. Incident Command will move to Board Room ext. 3201
7		If the ED RN maintains IC, assign two Staff Pool Coordinators (at least one with clinical knowledge) and communicate any needs for staff resources to the Staff Pool Coordinators. IC remains as Staff Pool Coordinator until role delegation. The Staff Pool Coordinator refers to the "Staff Pool Coordinator" binder in the Code Orange tote.
8		Direct flow of patients as per the PROCESS FOR ACCEPTING CODE ORANGE PATIENTS (Appendix C)
9		Hand over charge of the department to ED Manager/ CNO / Designate Manager as soon as possible and assume RN duties

Appendix B

Code Orange - Incident Commander Task Sheet (CEO or designate)		
1		If it is not already complete, initiate a Code Orange by dialing **9 (pause) 00 (to announce the code to the entire health campus) *Code Orange Standby (if ETA greater than 30 minutes)"YOUR ATTENTION PLEASE, YOUR ATTENTION PLEASE: CODE ORANGE STANDBY: ALL STAFF TO REMAIN ON PREMISES AND AWAIT FURTHER INSTRUCTIONS" *Code Orange Active by announcing "YOUR ATTENTION PLEASE, YOUR ATTENTION PLEASE: CODE ORANGE ACTIVE"
2		Communication Center is Incident Command - all communication should be vetted through IC to the Staff Pool Coordinator, Media, Department Managers, Emergency Services. Communication is tracked using the Code Orange Incident Commander Log Sheet.
3		If it is not already complete, assign a Staff Pool Coordinator (at least 1 with clinical knowledge) and communicate any needs for staff resources to Staff Pool Coordinator(s). The Incident Commander will be the staff pool coordinator until role delegation. The Staff Pool Coordinator to refer to their respective binder in the Code Orange tote
4		Communicate with ED MD regarding need to request additional physicians, ED Bypass
5		Seek the assistance of outside agencies / hospitals as needed to decant patients if required.
6		Communicate with Emergency Services/ Board Chair / Mayor/ Police/Fire Chief/MOHLTC/PHSD/Health Sciences North and other areas hospitals Fire/OPP-Through 911 dispatch EMS Disaster Site Coordinator 1-800-838-8904
7		If required, brief the Communication Officer on what can be said to the media - Only the CEO or designate should be making statements to the media.
8		Announce "Your attention please, your attention please, your attention please; Code Orange All Clear, Code Orange All Clear" once the emergency is deemed manageable.

Appendix C

Process for RN Accepting Code Orange Patients	
1	All casualties via EMS/police/walk-ins will be directed / escorted to the ambulance entrance.
2	All casualties will be tagged with a Code Orange numbered bracelet.
3	All numbered casualties will be identified with name and DOB on their arm band and tracked on the casualty flow sheet.
4	All numbered casualties who cannot be identified will be processed as per the "Registration; Unidentified Patient in ED" policy & procedure located in ED RN binder. Track on the casualty flow sheet.
6	All incoming casualties will be quickly assessed for extent of injuries and given / taped on a coloured card: RED - CTAS 1/2 (immediate attention) YELLOW - CTAS 2/3 (to Triage Waiting Area first to be triaged) **GREEN** - CTAS 4/5 (to waiting area / last to be triaged).
7	Treatment room patients will have full bedside triage by their assigned RN.
8	Waiting room patients will have full triage in the triage office or waiting room by the Triage RN.
9	The ED RN assigned to the Ambulance Bay & / ED Clinical Manager will advise the ED On-Call MD of the priority of casualties and their location.
10	All patients must be assessed by an MD prior to being sent to the d/c area. Patients can be assessed in the ED or overflow taken to the secondary assessment area located in the Main Registration Waiting Area where a MD/RN team can utilize the ECHO and Stress Test Rooms to see patients if needed.
11	Once a discharge order has been written, patients will be escorted to the Discharge Area and released once all identifying information has been confirmed

Appendix D

CODE ORANGE INCIDENT COMMAND LOG SHEET (CEO or designate)

1. Communication with Reason/Time:

_____

_____

_____

2. Communication with Reason/Time:

_____

_____

_____

3. Communication with Reasons/Time:

_____

_____

_____

4. Communication with Reason/Time:

_____

_____

_____

5.Communication with Reason/Time:

_____

_____

Appendix E

Code Orange - Staff Pool Coordinator Task Sheet		
Two staff members will work with IC as the Staff Pool Coordinators. The main responsibility of the staff pool coordinator is to act as liaison between management and assembled staff. **Assign the most appropriate staff to assist with the required needs of the affected department/task**. E.g. Additional clinical staff may assist in clinical areas, Any available staff may assist in cleaning, portering, running supplies **The Staff Pool area is the cafeteria.**		
1		Assign a staff member to initiate the Staff Stat mass staff call in procedure. Additional staff contact info found in All Dept→Nursing folder→Schedules→Code Orange staff contact list
2		Create and maintain staff pool sign in sheet/Salto tracker sheet and return to payroll once Code Orange declared over.
3		Distribute Saltos as required, tracking on staff sign in sheet (20 Saltos available)
4		Assign staff to secure and tape off doors, putting up signage as instructed in the package in the Code Orange Box.
5		Assign a screener to the ED Entrance. (Binder in Code Orange Bin). Only the ED Front Entrance and Ambulance Bay will accept patients. All traffic will be tracked through the screener.
6		Check with IC to determine where nursing staff is to be directed upon arrival.
7		Assign RN/RPN and Registration/Health Records Clerk to Discharge Centre (Physio). Discharge Casualty Flow Sheet and instructions found in the Code Orange Discharge Center binder.
8		Communication to responding staff: Sign in, remain in the Staff Pool Area until deployed, inform Coordinator of your location.
9		Assess the need for security and traffic control and assign staff pool members
10		Assign a staff pool member to the FHT and post signage for media holding area (FHT MMR) and family holding area (registration waiting area)

Appendix F

Staff Pool Sign in Sheet (for Staff Pool Coordinator)

Time Arrived	Name	Department	Dispatched to:	Departure Time	Salto # (1-20)

Appendix G

VISITOR SCREENING INSTRUCTIONS

Attendant to be in vestibule with window between outside doors in Emergency.

All doors will be locked during Code Orange and visitors will be redirected to the Emergency doors, if necessary, to enter the building

Presenting patients will be asked if they are part of the disaster. If “yes,” they are to be redirected to the ambulance bay for tagging and assessment.

All media and family presenting to the ED for inquiry will be asked to wait and will be escorted to the appropriate holding area by a designated staff member. If an escort is required, please contact Staff Pool Coordinator at extension 3068

No visitor/outpatient will be unescorted in the building.

Patients requiring Emergency Services will be asked to take a triage number and have a seat in the first waiting room until they can be assessed by a triage nurse

Alert the triage nurse immediately if incoming patients require immediate assistance (i.e. chest pain, critically ill)

Inform any patients presenting for outpatient tests that all elective procedures have been canceled due to an emergency.

Visitors are encouraged to visit another time if possible

Documentation of all visitors to be completed in “Visitor log during Code Orange”

Appendix H

Code Orange Visitor Log

Name	Who/Where are you visiting?	Time escorted to area:	Time returned from area:

Appendix I

CASUALTY FLOW SHEET (for Nurse Manager or designate)

Staff Name:_____

Patient Identification (name)	Location of Patient (triage/trauma/ Exam 5)	Time sent to location	Patient status (Admitted/Discharged/ Death)

Appendix J

Code Orange - Discharge Center Task Sheet (Physio ext. 3563) RN/RPN + Registration/Health Records Clerk		
1		All patients will be discharged through the discharge center until Code Orange declared overusing the "Casualty Discharge Flow Sheet"
2		Appendix I Code Orange Bracelet removed and kept by the Discharge Center once discharged from the hospital. Cut bracelets to be returned to IC post code Orange
3		All patients must have a written discharge order on the chart and a full set of vital signs documented at time of discharge.
4		Ensure all patients sign and ED discharge sheet and receive discharge instructions prior to departure. This information needs to be part of the chart and documentation is essential.
5		Document on the chart how the patient left (e.g. car, EMS, taxi) and who the patient left with (e.g. self, family, EMS, police)
6		Registration staff will verify all health card information or out-of-country information as per their protocol. Payments will be made if appropriate.

Appendix K

CODE ORANGE DISCHARGE FLOW CHART (Discharge Centre)

		Time of D/C center	Time of from d/c	D/C Arrival to Updated	Discharge Merged done?	REG info.	Vitals Patient
PATIENT NAME:							
CHART #		Notes:					
PATIENT NAME:							
CHART #		Notes:					
PATIENT NAME:							
CHART #		Notes:					
PATIENT NAME:							
CHART #		Notes:					