



Policy and Procedure

Department: Emergency Preparedness	Section:	Subject: Code Orange-External Distaster
Policy:	Original Date: July 22, 2021	Supersedes: July 22, 2021
Last Reviewed: July 18, 2022	Next Review Date: July 22, 2024	Approver: Angie Brunetti

PURPOSE

The Code Orange/External Disaster Plan (the Plan) has been developed to provide a framework through which the staff of this institution will be able to provide aid and treatment to many patients (10 or more) on short notice should a disaster occur in this area.

In the event of a disaster, it may become necessary to call all employees to the hospital: therefore, all employees must be familiar with the External Disaster Plan.

In the Plan specific duties are assigned to departments and groups of employees. In the event of a disaster staff may be redeployed as required.

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

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, and or supplies
- advised by outside authorities of mass injury or illness dependent on information from the scene of the disaster

Code Orange Standby is a preparatory phase when 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 completed 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)

INITIATION OF THE PLAN

- The decision to initiate the Plan can be made by the Chief Executive Officer (CEO), Director of Clinical Services, Chief of Staff, Doctor on call, or Emergency Department Registered Nurse (ED RN).
- The ED RN will note that consultation with one of the authorities mentioned above, will only be made should they be readily available.
- The ED RN must be prepared to make the decision to activate the Plan and has full authority to do so.
- The extent of, and nature of the injuries must be considered when deciding to initiate the plan. It will be necessary to communicate with appropriate personnel at the scene i.e., police, paramedics, for confirmation of casualties.
- Having initiated the plan, the ED RN assumes duties involved and maintains control of the plan until relieved by the CEO the Director of Clinical Services, or a Clinical Manager
- With the decision to activate the Plan, obtain the Code Orange supply tote from the Ambulance Bay breezeway and initiate the Code Orange ED RN Task Sheet

GENERAL - INSTRUCTION FOR ALL HOSPITAL PERSONNEL

1. INCIDENT COMMAND

- The ED RN will assume Incident Commander until relieved (**Appendix A- Code Orange ED RN Task Sheet**)
- The CEO or designate will be the Incident Commander (IC)
- While the External Disaster Plan is in operation the Incident Commander is in complete authority
- Incident Command will be in the boardroom

2. COMMUNICATIONS - Notification of personnel within the Hospital

Announcement over the P.A system by dialing ****9 (pause) 00** to announce the code to the entire health campus

Code Orange Standby (greater than 30 minutes ETA)

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

Initiate Code Orange process by announcing Code Orange overhead

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

3. PUSH TO TALK phone distribution (done by Incident Commander)

- 1 with Incident Commander (CEO or member of Senior Management Team)
- 1 with Staff Pool Coordinators (DOC + RN, or RN + RPN)
- 1 with ED Manager
- 1 Communication Officer (CFO or designate)
- 1 Maintenance
- 1 ED Entrance Screeners (1 with clinical knowledge, other as assigned)

4. CONTROL TELEPHONE NUMBER(S)

ED Control – extension 3000

Main Boardroom – extension 3201 and 3202

5. ALL STAFF

Hours of Duty:

- Upon initiation of Code Orange all hospital personnel will be expected to change work schedules and work extended hours as required

Reporting for duty:

- All personnel reporting for duty will do so with proper identification and dress and will use the staff entrance
- All managers to report to Incident Command for briefing
- All personnel will report to the staff pool located in the Cafeteria/Staff Lounge upon arrival. Staff will be assigned according to instructions given by the Staff Pool Coordinators

6. ADMINISTRATION AND TREATMENT LOCATIONS

*Lab and Diagnostic Imaging to be used for dedicated services

Reception	ED Entrance
Triage	ED waiting room/Triage office
Resuscitation	Exam rooms 3, 4, 5, 10
Major Injuries	ED Exam rooms
Morgue	Ambulance Bay, Receiving area
Minor injuries	ED waiting room B
Secondary Assessment	Main Registration area
Discharge Holding area	Physio Department
Incident Command	Boardroom
Staff Pool Area	Cafeteria
Family Holding area	FHT-Multimedia room
Media Holding area	Diabetes Education room

7. USE OF OUTSIDE TELEPHONE LINES

There will be no access to outside lines from patients' telephones during an external disaster

8. NOTIFICATION OF OFF DUTY PERSONNEL

****All off duty personnel must be advised to report to the staff pool area in the cafeteria and enter through the staff entrance****

Medical Staff

The Emergency Department will notify the doctor on call

On - Call Staff

- The ED RN will notify staff on-call for Laboratory and Diagnostic Imaging (D.I.)

Departmental Staff

- The fan-out call-in list will be initiated. The Staff Pool Coordinator will delegate one person to call by accessing the Staff Call-In List (located in the Nursing folder, under schedules). Department Managers, once contacted, are responsible for calling their staff
- For unionized staff that are part of Staff Stat (Nurses, LTC, Dietary, EVS), a staff stat message may be sent out to All Hospital, All Staff
- The Call-In list will be updated yearly by all managers

DUTIES AND RESPONSIBILITIES DURING CODE ORANGE

Duties of Incident Commander (refer to Appendix B)

Incident Commander is the CEO or designate

ALL COMMUNICATION/REQUESTS MUST BE VETTED THROUGH THE INCIDENT COMMANDER

- Assign 2 Staff Pool Coordinators if not already done by ED IC
- Ensure Process for Accepting Code Orange Patients has been initiated (**Appendix C**)
- Ensure all staff and resources are available and deployed
 - Distribution of PUSH TO TALK phones:
 - 1 with Incident Commander (CEO or member of Senior Management Team)
 - 1 with Staff Pool Coordinators (DOC + RN, or RN + RPN)
 - 1 with ED Manager
 - 1 Communication Officer (CFO or designate)
 - 1 Maintenance
 - 1 ED Entrance Screeners (1 with clinical knowledge, other as assigned)

Notifies and maintains communication with:

- EMS Disaster Site Coordinator
- Health Sciences North and other area hospitals
- Police, Fire Department, Board Chair, and Mayor
- Media

- Ministry of Health and Long-Term care
- Sudbury and District Health Unit

All Communication to be tracked using the Code Orange Incident Commander Log Sheet (**Appendix D**)

- Assign and brief Communication Officer on what can be said to the media (only senior management to make statements to the media)
- Decides termination of Code Orange and directs communications to announce
- Leads evaluation
- Calls managers to Boardroom for initial and subsequent briefings

Duties of the Executive Assistant

- Will work closely with the Incident Commander

Duties of the ED Medical Director or a designated Physician

- Assigns physicians to Emergency Department
- Assigns physicians to Disaster site only if requested by EMS Coordinator
- Discharges all possible patients from Acute Care unit
- Keeps Incident Commander informed of situation and need to request physicians from other hospitals
- Liaises with the coroner
- Performs patient care duties as required

Duties of the Staff Pool Coordinators (2 staff members) Refer to Staff Pool Coordinator Task Sheet - Appendix E

***This role ideally is assigned to the **Director of Long-Term Care** and a **Clinical Staff Member (RN)** or 2 Clinical Staff Members (RN and an RPN) **

Location: The cafeteria will become the Staff Pool area

The Staff Pool Coordinators will be responsible for:

- The duties outlined in the Staff Pool Coordinator Task Sheet
- To provide an effective liaison between department heads and the assembled staff
- Keeping an accurate list of staff in the Staff pool
- Calling in staff and volunteers
- Distribute Saltos as required, tracking on Staff Pool Sign in sheets (**Appendix F**)
- Maintains all staff pool sign in sheets (**Appendix F**)
- Submit sign in sheets to payroll once Code Orange is declared over
- Assigning staff and volunteers to areas according to departmental requirements and/or as directed by IC

Duties of ED Screeners (1 with clinical knowledge, 1 as assigned):

- 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 (Diabetes Education Room Family Health Team)
- Family members of casualties to be escorted to Family Members Waiting Room (Multi-media room at Family Health Team)
- Call IC 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

NO UNESCORTED PERSONS ARE TO BE WALKING WITHIN THE BUILDING DURING A CODE ORANGE

Duties of ED/Acute Care Clinical Manager or Designate

- Supervising, directing, and controlling all areas of patient care in the Emergency Department including patient flow
- Assign Treatment Room RN, Triage/Waiting Room RN, Overflow RN, and Discharge Center RN
- Assist with RN process for accepting Code Orange patients
- Wears identification vest as Supervisor of Emergency Disaster
- Re-assign staff within the area as required consult Staff Pool Coordinators for as required
- Track patient flow using **Casualty Flow Sheet (Appendix I)**

Duties of 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 ED/Acute Care Clinical manager regarding casualty's status
- Ensure that casualties are continuously monitored

Duties of the ED Primary RNs

ED Primary RNs will be responsible for:

- Complete full triage for tagged Code Orange patients that are directed to the treatment areas from the intake area (ambulance bay)
- Place patient valuables i.e., glasses/dentures in a patient belonging bag marked with their casualty number to accompany patient

Duties of Health Records and Registration/Switchboard

The Manager will report to Incident Command in Boardroom for briefing

- One staff member from Registration or Health Records will be assigned to the patient discharge area located in the Physio department.
- The discharge area will require assurance that all necessary information/payments have been received before discharge from our care

Registration/Switchboard

- Will keep the phone lines open and refuse to release any information to anyone but the incident command
- The clerk will screen all incoming calls and transfer any Code Orange related inquiries to Communication Clerk at extension 3006 or 3106
- Will make an announcement asking that all visitors and outpatients to please leave the building immediately
- Next available clerks will use the cart on wheels to register identifiable patients in the Emergency room
- Will assist in providing information to the Incident Command or the Communication Centre located at the Family Health Team
- All extra staff will report to staff pool for further instruction

Health Records

- Will assist with tagging and identifying patients during triage, following "Registration, Unidentified Patient in ED" policy as required
- Health Records Staff may assist with documentation using the forms provided and assuring that patients are identified
- Next available staff member will stay in the Health Records and transcribe any urgent dictations, pull charts, and help to identify the unidentified patients with a possible merge or chart numbers
- All extra staff will report to staff pool for further instruction

Duties of ED Ward Clerk

- Managing all required operations that relate to patient registration, transport/transfer, and discharge

- Request admission forms from the Business Office for casualties being admitted to the Hospital
- Answer the phones - lines extensions 3000 and 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

Duties of Acute Care RN(s)

***** 1 RN is to report to the ED for further direction*****

- Assess all inpatient status to determine which patients can be discharged to accommodate Disaster 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 either home or another facility
- Each discharged patient will be accompanied to the discharge center with an escort.
- All personal belongings and equipment will accompany the patient
- Means of transportation to the discharge destination will be arranged by the hospital
- Ensure that all care of in-patients is kept to an essential minimum i.e., reserved use of linen and other equipment for use in 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

Duties of Discharge Center RN/RPN

Refer to Discharge Centre Task Sheet Appendix J

*****All casualties seen in the ED that are eligible for discharge will be escorted to the (Physio department) where a handover/patient report will occur*****

Discharge RN/RPN are responsible for:

- Receive all patients being discharged from the hospital
- Arrangements for transportation home will be made by the hospital for each person discharged from the Discharge Centre
- Ensure that all patients have two-day supply of medication if needed and discharge instructions
- Full set of vital signs upon discharge.
- Record all patients in the Casualty Discharge Flow Sheet (**Appendix K**)
- The Flow Chart will be returned to IC at the end of the disaster

- Continue to monitor patients until care is transferred to their next of kin/delegate.
- Arrange meals and assist with personal care
- Once discharged collect all patient identification tags for return to IC

Duties of Discharge Center Health Records Clerk/Registration/Ward Clerk:

- The discharge area will require assurance that all necessary information/payments have been received prior to discharge from facility
- All discharged patients be tracked on the Casualty Discharge Flow Chart **(Appendix K)**
- Once discharged collect all patient identification tags for return to IC

Duties of Communication Officer (CFO or Designate)

Location: Business Office at extension **3006 or 3106**

The Communication Officer is responsible for

- Releasing all Code Orange related information to the media and families
- Assign a Communication Clerk to the Business Office and the Family Health Team
- Contacting the Town of Espanola to initiate the Emergency Response Plan (if necessary)
- The Canadian Red Cross may be contacted to initiate a “Just in Time Agreement” to provide items such as cots, blankets, and pillows if necessary (1-800-850-5090).

Communication Clerk Business Office:

- Communications clerk or other hospital personnel to operate the Business office phone to accept all inquiries from media and relatives
- All inquiries will be forwarded to the Communication Officer by transfer of call or by written message

Communication Clerk Family Health Team:

- Assign staff to the Media Holding Area (Diabetes education room at the Family Health Team)
- Communication Clerks will not release any information
- Will obtain the approval of the Communication Officer/IC for requests for interview, photographs or visiting either from media or relatives
- Will remain at this location until relieved by authorized personnel

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 Family Health Team
- Family members and press will be kept in separate areas of the FHT

- 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

Duties of Pharmacy

- Dispense medications as requested
- Supply discharged patient with medication as required

Duties of Laboratory

- The Technologist on-call will report immediately to Incident Commander for briefing and then proceed to the laboratory
- Request for additional technologists or assistance is to be made through IC
- All Laboratory personnel called in must report to the Staff Pool for assignment
- Perform laboratory duties as required
- Ascertain as soon as possible probable blood requirements and make necessary arrangements by notifying the Incident Commander who will in turn contact the Canadian Blood Services

Duties of Diagnostic Imaging

- The Technologist on call will report immediately to Incident Command for briefing and proceed to department
- Request for additional technologists or assistance is to be made through IC
- X-ray all casualties according to orders and priority as indicated on the disaster tag
- Ensure the Doctor views images if “urgent”
- All cases will need to be fixed in PACS and Meditech after External Disaster is over if there are unidentified patients

Duties of Maintenance Staff

- Maintain integrity of all facility operations
- Will be assigned as per Staff Pool Coordinator/Maintenance Manager/IC

Duties of EVS Staff

- Will be assigned as per Staff Pool Coordinator(s)

Duties of Food Services

- To provide an emergency meal service to all patients, hospital, and volunteer personnel using the following services
 - o Cafeteria - for hospital and volunteer personnel pool
 - o Centralized tray service to supply patient units. No choice of menu will be available currently
 - o Tray service for nursing home residents

- To send a supply of coffee and sandwiches to the Drop-In-Centre and Boardroom (Paper plates and plastic utensils should be used to keep dish washing to a minimum)
- If the water supply is compromised procure bottled water

Duties of Material Management

- The Manager of Material Management will be in Central Stores to assume the responsibility for the procurement of additional medical/surgical supplies and to maintain control of inventory records
- Direct CSR clerk to remain in central stores ext. 3070

Duties of LTC

- All outings will be cancelled during the Disaster
- Meals - tray service will be provided with no choice of meal. Special attention will be paid to diabetic and soft diets only during the Disaster
- If Long Term Care Residents need to be removed from their rooms to accommodate disaster victims, they will be maintained in common room areas of Queensway Place, e.g., lounge, library
- Staff volunteers will remain with displaced Long-Term Care Residents if they remain at Queensway Place

Duties of Volunteers

- As assigned by Staff Pool Coordinator(s)
- Name tags will be placed on all Volunteers participating in disaster

Duties of the Family Health Team

- If a Code Orange is activated the Multimedia room must be cleared immediately as this room will act as the holding area for family members of the disaster victims
- The Diabetes Education room will be utilized for media representatives

Recovery Plan:

- A de-brief meeting for staff, residents, patients, volunteers, etc., will be initiated by the Emergency Preparedness and CQI Managers within 30 days of the incident.
- Counselling will be available, via EAP, Social work, etc.
- An action plan will be created to resume operations, evaluate current process, and identify process improvement opportunities.

References

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/statute/90e09>

ERHHC. (2020). Registration, Unidentified patient in ED.

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

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	
Refer to Code Orange Policy & Procedure for further instruction	
1	Call received for influx of patients that is unmanageable with staffing resources - Initiate a Code Orange by dialing **9 (pause) 00 (to announce the code to the entire health campus)
2	Initiate 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" or Initiate Code Orange process by announcing Code Orange overhead "YOUR ATTENTION PLEASE, YOUR ATTENTION PLEASE: CODE ORANGE IS ACTIVE"
3	Get Code Orange Box from ambulance breezeway cupboard
4	Incident Commander (IC) will be the ED RN until relieved by CNO or designate. Incident Command now in the Board Room (ext. # 3201 or 3202)
5	IF the ED RN maintains IC assign two Staff Pool Coordinators (DOC & RN, or RN & RPN) 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 is to refer to the "Staff Pool Coordinator" binder in the Code Orange tote.
6	Notify Lab and DI immediately / call-in if after hours
7	Direct flow of patients as per the PROCESS FOR ACCEPTING CODE ORANGE PATIENTS
8	Hand over charge of the department to ED Manager/ CNO / Designate Manager as soon as you are able

Appendix B

Code Orange - Incident Commander Task Sheet (CEO or designate)	
Refer to Code Orange Policy & Procedure for further instruction	
1	Communication Center is Incident Command - all communication should be vetted through IC to the Staff Pool Coordinator, Media, Department Managers, Emergency Services. Communication to be tracked using the Code Orange Incident Commander Log Sheet.
2	Distribute PUSH TO TALK phones to the following roles: IC, Staff Pool Coordinator, ED Manager, Communication Officer, Maintenance, ED Entrance Screener
3	Assign a Staff Pool Coordinator (DOC & Clinical Staff Member RN, or 2 clinical staff members (RN & RPN) asap 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	Assign a Communication Officer to CFO or designate (senior management)
5	Seek the assistance of outside agencies / hospitals as needed to decant patients if required.
6	Communicate with Emergency Services/ Board of Directors/ Mayor/ Police Chief/ Fire Chief
7	Brief Communication Officer on what can be said to the media - Only Senior Management should be making statements to the media.

Appendix C

Process for RN Accepting Code Orange Patients**Obtain the Code Orange Bin form the Cupboard in the Ambulance Breezeway**

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 (can go to Triage Waiting Area first to be triaged) Green - CTAS 4/5 (can go 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 from their once all identifying information has been confirmed

Appendix D

CODE ORANGE INCIDENT COMMAND LOG SHEET (CEO or designate)

Date: _____

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: _____

6.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 (DOC & RN, or RN & RPN). 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. The staff pool area is the cafeteria.
		Refer to Code Orange Policy & Procedure for Departmental Specific Duties
1		Assign a staff member to initiate the "Staff call in list" for Code Orange
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 Box) Only the ED Front Entrance and Ambulance Bay will accept patients. All traffic will be tracked through the screener. The screener is to be assigned a PUSH TO TALK phone.
6		Check with IC to determine where nursing staff is to be directed upon arrival.
7		Assign staff to post signage for "Secondary Assessment Area" in the Main Registration Waiting
8		Assign staff to post signage (x2) for the Discharge Center (Physio department) assign an RN/RPN and Registration/Health Records Clerk. Discharge Casualty Flow Sheet and instructions found in the Code Orange Discharge Center binder.
9		Staff Pool Area Rules: Sign in, remain in Staff Pool Area until deployed, always inform Coordinator of your location.
10		Assess the need for security and traffic control and assign staff pool members
11		Assign staff pool member to the FHT and post signage for media holding area (diabetes education room) and family holding area (multimedia room)
12		Provide Volunteers with a Name Tag

Appendix G

VISITOR SCREENING INSTRUCTIONS

- **Attendant to be in vestibule with window between outside doors in Emergency.**
- **All doors will be on lock down during Code Orange and visitors redirected to the Emergency doors, if necessary, to enter the building**
- **Presenting people are to be asked if they are part of the disaster. If answer is “yes” they are to be redirected to the ambulance bay for tagging and assessment.**
- **All media and family presenting to the ED for inquiry are to be redirected to the FHT Multi-media room. Please make Incident Command aware that people have been directed to that location**
- **No visitor/outpatient will proceed anywhere in the building unescorted**
- **If an escort is required, please contact Incident Command in Board Room at extension 3201/3202**
- **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**
- **Please alert the triage nurse immediately if incoming patient requires immediate assistance (i.e. chest pain, critically ill)**
- **All elective outpatient tests will be cancelled**
- **Families of victims are to report to the Family Health Team Multi-Media Room**
- **All appointments with vendors/contractors will be cancelled**
- **Visitors are encouraged to visit another time if possible**
- **Documentation of all visitors to be completed in “Visitor log during code orange**

Appendix J

Code Orange - Discharge Center Task Sheet (Physio ext. 3563)	
Staffed by an RN or RPN and Registration/Health Records Clerk Refer to Code Orange Policy & Procedure for further instruction	
1	All patients will be discharged through the discharge centre 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 taken if appropriate.

Appendix K

CODE ORANGE DISCHARGE FLOW CHART (Discharge Centre)

		<u>Time of Arrival to disch. centre</u>	<u>Time of Discharge from d/c</u>	<u>REG info. Updated</u>	<u>Merged</u>	<u>Disch. Vitals done?</u>	<u>Patient picked up by:</u>
PATIENT NAME:							
CHART #							
PATIENT NAME:							
CHART #							
PATIENT NAME:							
CHART #							
PATIENT NAME:							
CHART #							