CODE ORANGE

(External Disaster)

Information on an external disaster (mass casualty incident) is received by the Emergency Department

↓

ED Charge Nurse and Physician determine the need for a Code Orange Standby using the " Code Orange Notification Record"
See page 7

↓

Code Orange not required

"Code Orange Standby" initiated

↓

Communication of "Code Orange Standby" provided to key stakeholders and leadership via Mass Notification System (MNS). Decision of whether or not to proceed to Code Orange Activation made within 30 minutes

↓

"Code Orange Standby" stood-down

"Code Orange Activation" initiated

↓

- Code Orange announcement made overhead at KGH and HDH sites
- ED Incident Command Centre (ICC) established
- Corporate Emergency Operations Centre (EOC) established
- Communication to stakeholders and leaders provided
- All staff refer to page 17

↓

Code Orange response and recovery completed

↓

"Code Orange All Clear" announced overhead and through MNS

March 2020

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1. Code Orange Process

1.1. Background

A mass casualty incident (MCI) within our community will generate a sudden surge in patient arrivals to the emergency department (ED) and/or Urgent Care Center at Kingston Health Sciences Center (KHSC). The goal of the plan is to provide guidance to providers such that KHSC has a pre-planned and coordinated response to the surge.

1.2. Code Orange Response Overview

The Code Orange is an institutional response to a multi-casualty incident that aims to:

- Describe the leadership hierarchy during disaster situations
- Outline key roles and responsibilities for staff
- Suggest key strategic considerations and directions for the response
- Identifying internal and external resources to support the response
- Support the transition to "normal business" operations as soon as possible

The Code Orange response will be focused in the Emergency Department, as casualties are expected to be received there. The remainder of the organization will need to focus efforts towards creating capacity in the ED for arriving patients and sustaining it as patients are assessed and move to Operating Rooms, the Intensive Care Unit, and other inpatient care units.

The organizational structures for the KHSC response to a disaster are outlined on **Page 12** (Emergency Department Incident Command Structure**), Page 15** (KHSC Emergency Operations Committee Incident Command Structure), and **Page 16** (Critical Care Incident Command Structure). The structures follow a **Bronze**, **Silver**, and **Gold** hierarchy within the Incident Command Teams. Every Code Orange activation will trigger the ED Incident Command Center as well as activation of the Emergency Operations Center Incident Command team and the designation of Bronze and Silver level leadership positions

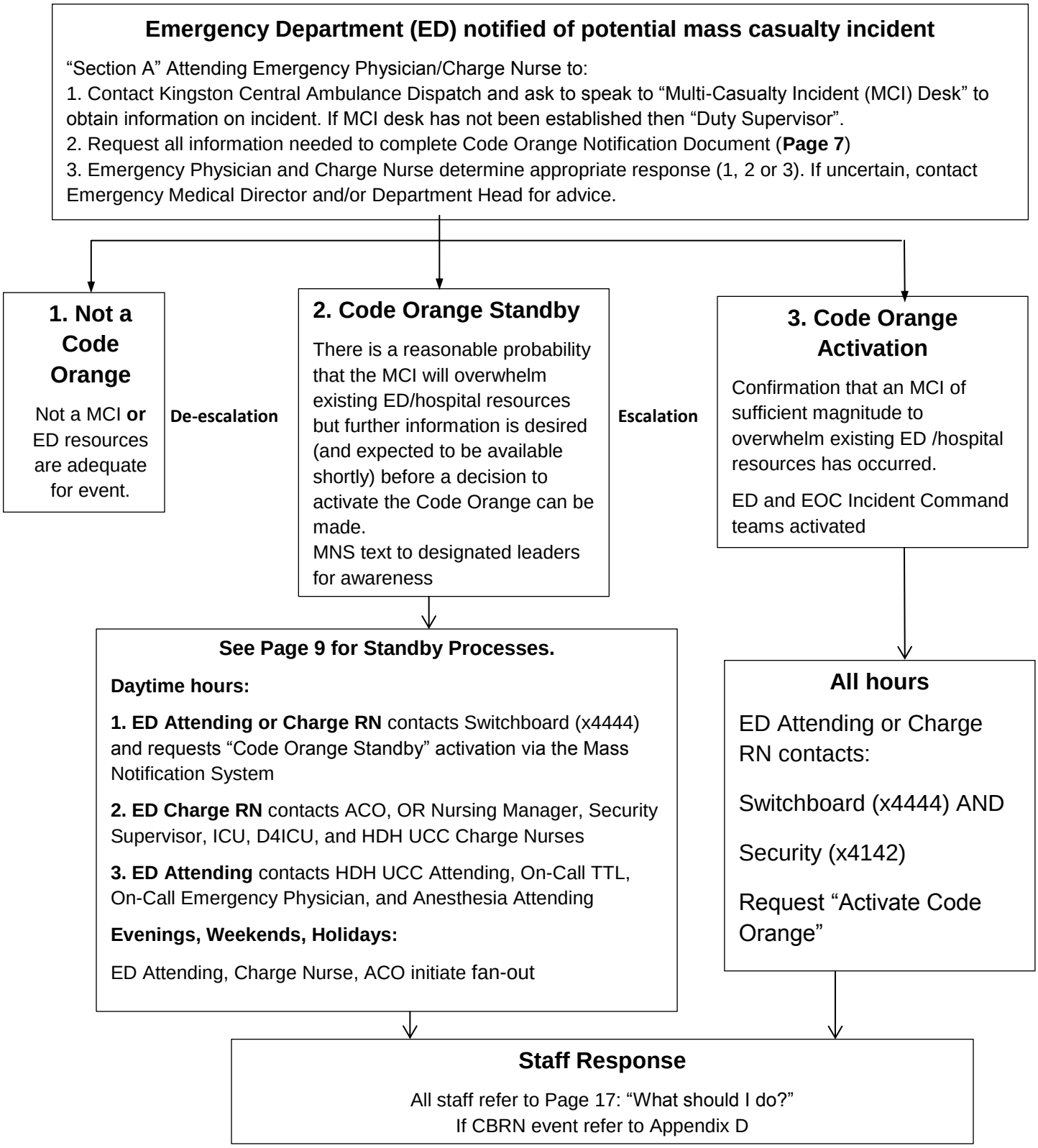
If the incident is a Chemical, Biological, Radiological, or Nuclear (CBRN) event the structure of the response varies somewhat and is described in Appendix D

1.3. Decision Process to Activate the Code Orange Plan

The initial and most challenging decision in an evolving disaster scenario is the decision to activate the Code Orange plan. Our experience with previous MCIs has been that in the early stages of such incidents there is usually only limited, confusing, and potentially misleading information available. We anticipate that the first information on such incidents will appear on "Social media" (Twitter, Facebook, News websites, etc.) and via informal communications and that there is potential for significant confusion and anxiety during this phase. It often takes some time – frequently over an hour, before any sort of reliable information is available to front line staff. The plan is written with those challenges in mind, and is the reason we have a Code Orange "Standby" alternative to a full Code Orange activation.

The Emergency Department Charge Nurse and Section "A" Attending Emergency Physician will obtain information on the incident from the Kingston Central Ambulance Dispatch "Multi-Casualty Incident (MCI) Desk or the Duty Supervisor to complete the Code Orange Notification Document. Upon completion of this document the Emergency Physician and the Charge Nurse will determine appropriate response (No Code Orange, Code Orange Stand-by or Code Orange Activation). If they are uncertain, they will contact the Emergency Medical Director and /or Department Head for advice.

1.3.1. KHSC Code Orange Activation Process Algorithm



1.4. Completion of Code Orange Notification Record

There are several purposes to this document. First, is to provide a template to collect all critical information, as it becomes available during a MCI. Second, is to provide a consistent method of communication between the many personnel, services, and departments engaged in the response. Third, is to provide a clear record of information provided from the scene during the incident, which is very helpful in debriefing exercises. The document should be seen as a "live document" that can be updated throughout the response. Copies of the most recent version should be shared between teams.

1.4.1. **Code Orange Notification Record** - (Please fill in completely – copies can be provided to Incident Command team)

Name of Staff Completing:

Charge Nurse: _____

Section "A" Physician: _____

Date / Time: _____

Name of Call taker or Supervisor at CACC MCI desk: _____

Phone #: _____

Description of Incident:

_____

_____

_____

_____

Location of Incident: ______

Number of Patients: _____

Red: _____Yellow: _____ Green: _____Black: _____

Expected Time of Arrival: _____

CBRN event: Yes: _____ No: _____

Other Comments (consider whether the incident will overwhelm existing resources)**:**

_____

_____

Decision: No Code Orange _____
Code Orange Stand-by _____
Code Orange Activation _____

1.5. Code Orange "Standby"

The "Code Orange Standby" is used in the situation where the ED has received information on an evolving (or potential) MCI but the available information does not appear consistent, reliable, or convincing that the patient volumes (or acuity) related to the incident would overwhelm existing ED and/or inpatient resources.

The "Standby" alert is an opportunity to provide available information on a potential or evolving MCI to key Departments/Programs and Administration so that institutional resources can be quickly assessed and an appropriate response initiated if the event is subsequently confirmed to be a substantial MCI, requiring a full Code Orange activation.

The Standby notification process is slightly different during regular business hours and after-hours (evenings, weekends, and holidays). During the former time period, Switchboard can assist in the notification process using the electronic Mass Notification system to provide both a text and email to designated Department /Programs and Administration providing them with awareness that Code Orange "standby has occurred" . After hours this is not possible due to the rotating and frequently changing call schedules.

After hours, notifying "On-Call" personnel of the "Code Orange Standby" is the shared responsibility of the Attending ED Physician(s), Charge Nurse, Administrative Coordinator, and Security with assistance from Switchboard. **Page 9** represents an overview of how to initiate the notification, who to notify, and what to tell them. It may be convenient to print several copies of this to track calls made.

The Code Orange Standby should either be escalated to a full Code Orange response or de-escalated (stood-down) as soon as sufficient information to make this decision is made but ideally within thirty minutes of the Standby being initiated.

1.6. Code Orange Activation

MCI events for which reliable information has been received to confirm that ED and/or inpatient resources will be overwhelmed with the anticipated number or severity of casualties should prompt the full Code Orange Activation response rather than the Standby.

The Attending ED Physician and Charge Nurse have the authority to activate the Code Orange plan based on their assessment of current ED capacity, understanding of current inpatient resources, and the available information on the MCI event. This decision should be discussed and agreed upon by both parties. When Code Orange Activation occurs; both the ED and KHSC EOC Incident Command teams are established. (Page 9-11)

1.7. Code Orange Overhead Notification

For a Code Orange Standby there will be no overhead notification. Switchboard will assist ED staff, the Operations Manager (ACO), and Security in the notification awareness process to designated Departments/Programs and Administration.

For a Code Orange Activation, Switchboard will make the following announcements at the two sites:

- **KGH site:** "Code Orange: Emergency Department" (three times)
- **HDH site:** "Code Orange KGH site" (three times)

<table>
<tr><th colspan="3">Code Orange Standby Notification Processes</th></tr>
<tr><th>Type/time of Day</th><th>Notification Process</th><th>Information to provide, regardless of type/time of day (as applicable to role)</th></tr>
<tr><td>Weekday, daytime hours</td><td>Switchboard (via the mass notification system) to notify:
• Operations Manager (ACO)
• Chief of Staff
• ED Medical Director
• ED Program Director
• ED Program Operational Director and Nursing Managers
• Emergency Medicine Department Head
• Trauma Program Medical Director
• OR Manager/Director
• ICU Manager/Director
• Director Patient Flow, Registration and Health Information Services
• Environmental and Transport Services Director
• Protection Services Director/Managers
• Senior Administration (VP level)
• HDH UCC Manager
• Core Lab Manager / Director
• Diagnostic Imaging Manager/ Director
• Pharmacy Administration Team (kghpharmadmin@kingstonhsc.ca)
• Director Strategy Management & Communications
ED Attending Physician to notify:
• HDH UCC Attending, On-Call TTL, OR Anesthesia Manager (x7071), On-Call ED Physician
ED Charge Nurse to notify:
• Switchboard, Operations Manager(ACO), OR Nursing Manager (x7070), Security Supervisor, ICU, D4ICU, HDH UCC Charge Nurses & ED Respiratory Therapist</td><td rowspan="2">Very brief description of incident.

Do <u>not</u> come to the ED.

If shift change approaching, do not dismiss any staff.

Do not start any non-emergent procedures or tests that cannot be completed within a matter of minutes.

Assess your unit or department’s resources to deal with the potentially expected number of casualties.

Identify patients who could be moved to hallways, sunrooms, or other care locations.

Determine staffing resources – those who could stay late, could be called in, or moved to other care locations.

Review Code Orange plan

Expect an update within 30 minutes and a decision to escalate or de-escalate response at that time.</td></tr>
<tr><td>After-hours - Evenings, Weekends, Holidays</td><td>ED Attending Physician to notify:
• HDH UCC Attending and On-call Emergency Physician
• Trauma Team Leader and OR Anesthesia Manager (x7071)
• Emergency Medicine Department Head/Medical Directors
ED Charge Nurse to notify:
• Switchboard, OR Nursing Manager (x7070), Security Supervisor, ICU, D4ICU, HDH UCC Charge Nurses & ED Respiratory Therapist
Operations Manager (ACO) to notify:
• Administrative Director On Call (Duty Admin)
And authorize Switchboard to Notify:
• Strategy Management & Communications On Call
• Manager/Supervisor of Core Lab, Blood bank, Environmental and Transport Services
• Delegated Pharmacy Manager (x3154) when pharmacy is open or On Call Pharmacist
Security to notify:
• Shift/Duty Supervisor, Security Managers, Director Protection Services</td></tr>
</table>

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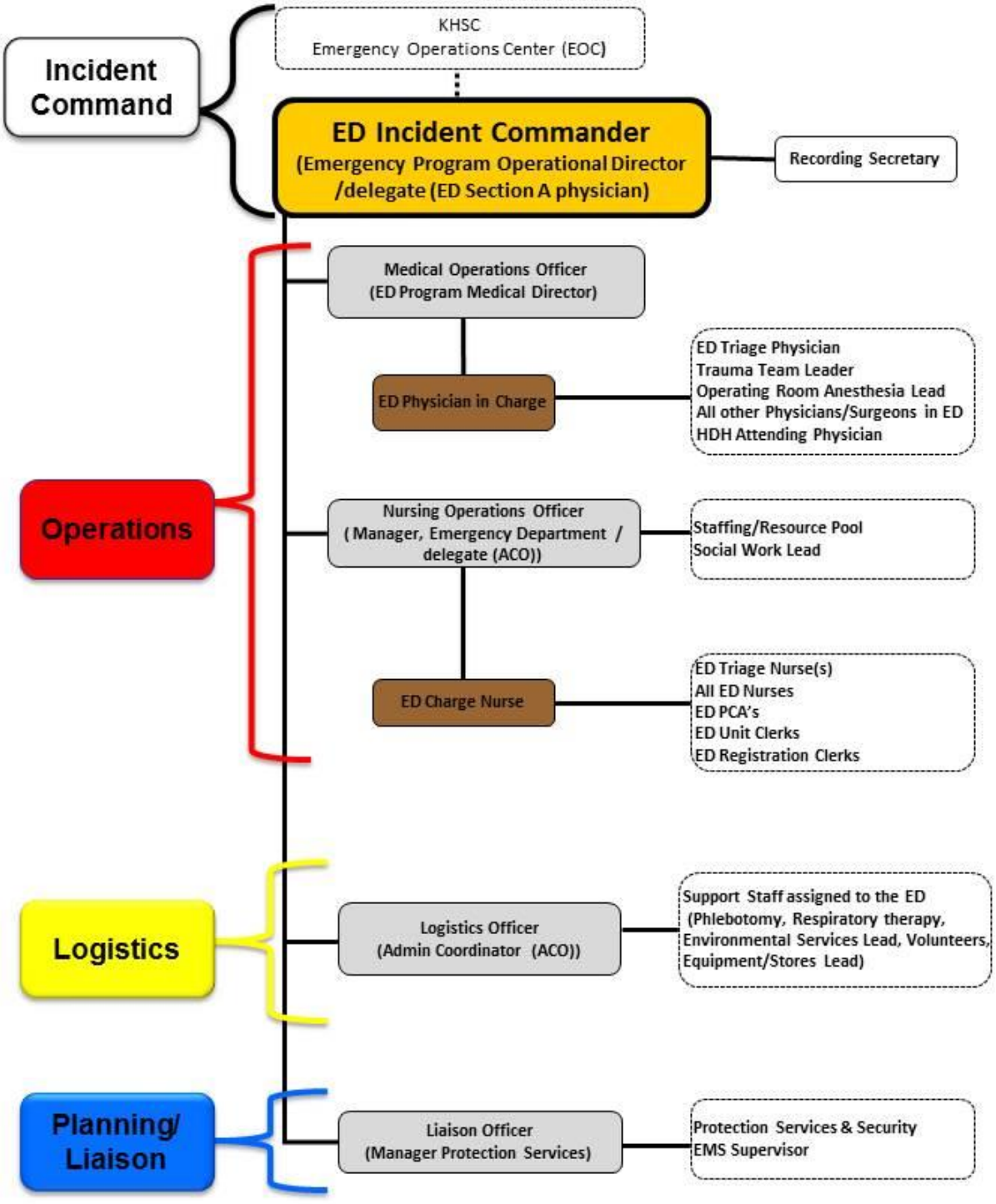
1.8. Code Orange All Clear

The KHSC EOC Incident Commander with the input and support of the other Incident Command team members and with the agreement of the ED Incident Command team will make the decision to stand-down the Code Orange (All Clear) once it has become clear that institutional resources have become adequate to support the patient surge.

The KHSC EOC Incident Commander will direct switchboard to make the following overhead announcement at both KGH and HDH sites: **"Code Orange, All Clear"** (three times).

The Incident Command teams will organize a "Hot Debrief" of the incident and communicate this via KHSC e-mail, Vocera, mobile phones, etc. to parties who are requested to attend. A formal debrief of the Code Orange incident will be organized with members of both the ED Incident Command Team and the KHSC EOC Command Team.

1.9. Emergency Department Incident Command Structure



1.10. Overview of Emergency Department Staff Response to Code Orange Activation

☐ Reference Page 12and then assign Bronze and Silver-level leadership roles
- Note that an individual may be qualified to assume several roles in the response (e.g. Trauma Team Leader and Medical Operations and Planning Officer). In this situation the most senior ranking person should assume the highest-level role they are qualified to undertake and then delegate other roles (i.e. assure Silver roles are covered first and then delegate other roles).

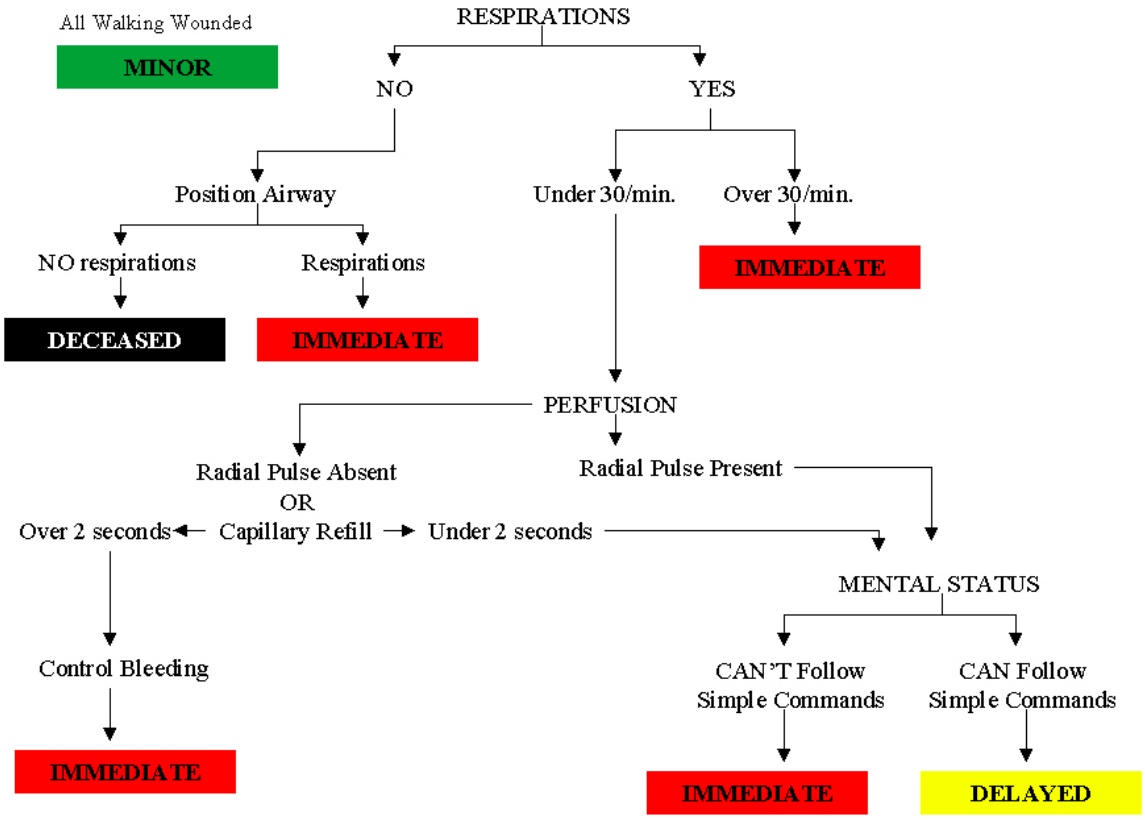
☐ Review Job Action Cards specific to assigned roles (Refer to Table of Contents).

☐ Set up the ED Incident Command Center in the office of the Director of Ambulatory and Emergency Program (Room #)

☐ Create capacity in the ED for incoming casualties according to the following guidelines:
- Admitted patients
  - Any admitted patient should be immediately transferred to their designated or an otherwise appropriate bed (or care location) regardless of whether or not their bed is "ready"
  - Receiving units will send staff to the ED to collect patients and transfer them to inpatient units
  - All admitted patients should be decanted from the ED within 30 minutes of the Code Orange being activated
- Non-admitted patients
  - Patients referred to consulting services will have disposition decisions made within 30 minutes of Code Orange activation. Attending Physicians from consulting services are expected to respond to the ED immediately to disposition patients to inpatient units (where admission orders can be completed) or discharge them.
  - ED physicians will rapidly triage and disposition patients under their care.
  - An Attending ED Physician will work with the Triage Nurse to triage patients in the waiting room and suggest low-acuity patients seek care at the HDH Urgent Care Center, their Family Doctor's office, or a Walk-In clinic

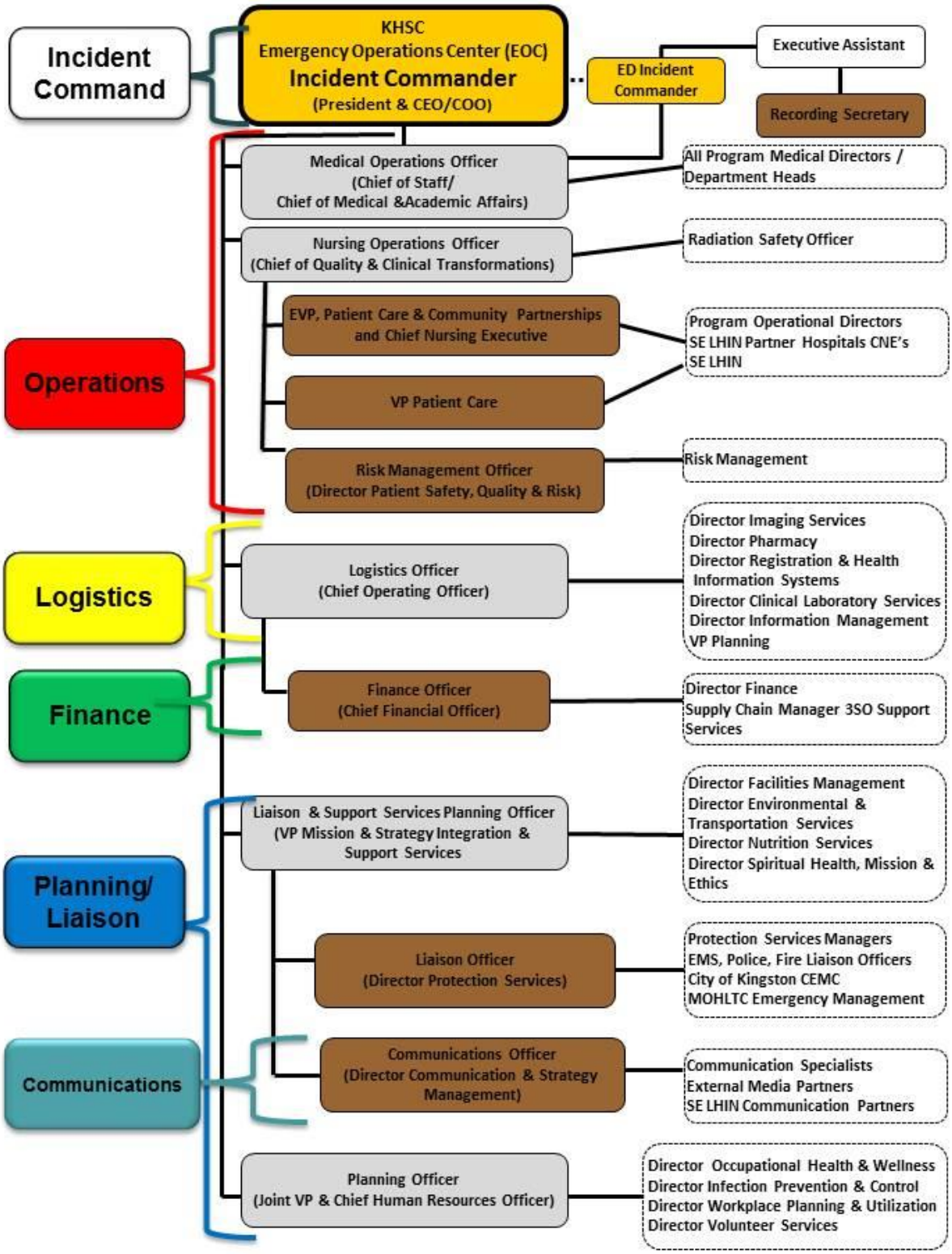
☐ Establish and Staff a decontamination area if a CBRN/HAZMAT event has occurred
- Patients should be decontaminated on scene prior to transport to hospital
- Patients requiring decontamination should receive this before they are triaged
- Security/Nursing will set this up under the canopy on the ED ramp Area

☐ Establish a Triage area
- This should preferably be located under the ED canopy before patients enter the ED
- There will be one ED Triage Physician and one ED Triage Nurse assigned to this zone that are supported by additional Resident Physicians and Nurses as necessary
- Patients should be triaged according to the START Triage Method and directed to Care Areas as per below

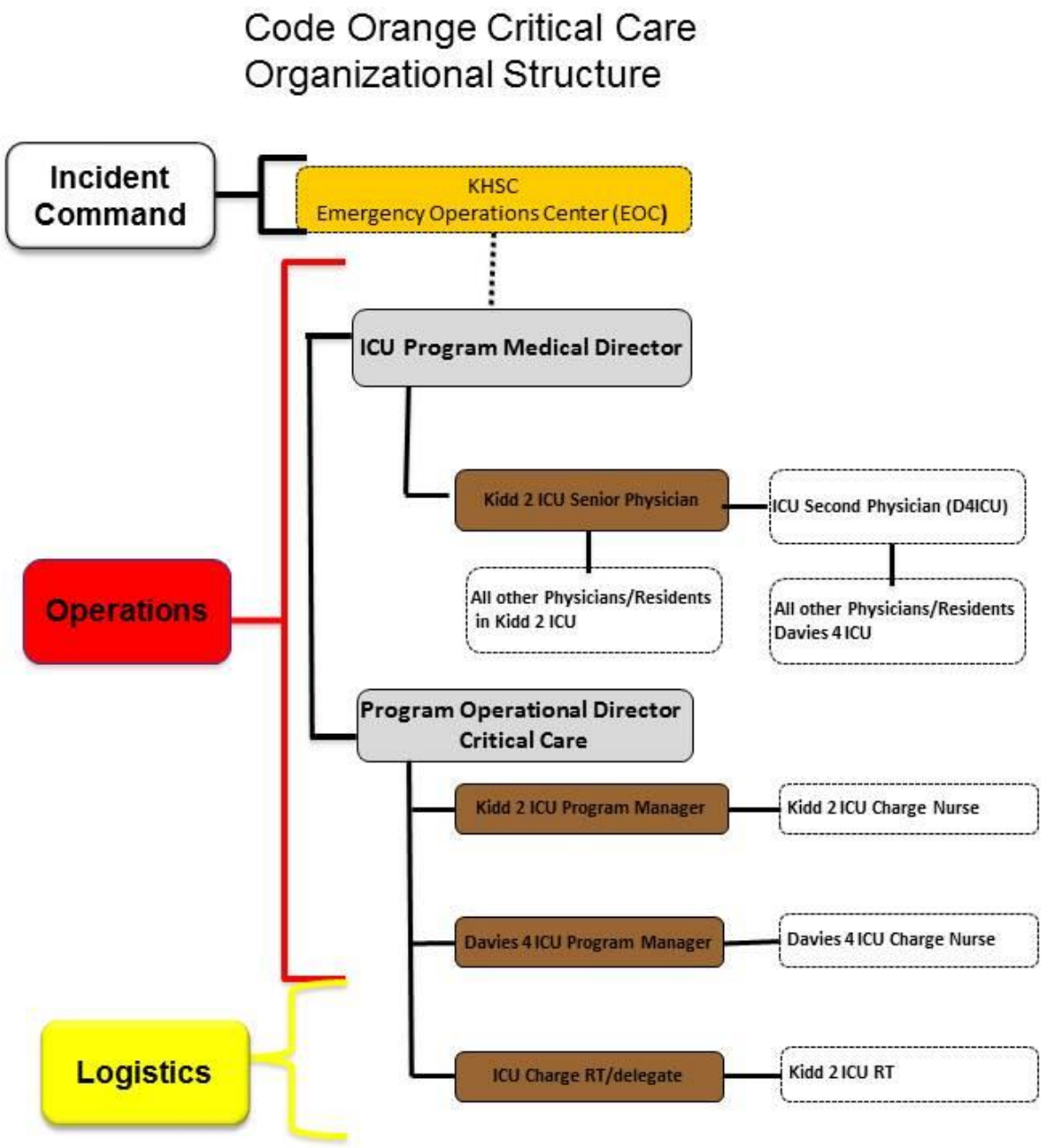


Triage category	Care Area
Red	Section A, D
Yellow	Section B
Green	Burr 1 Gym
Black	Douglas 1 Morgue

1.11. KHSC Emergency Operations Centre Incident Command Structure



1.12. Critical Care Incident Command Structure



1.13. Code Orange Activation: Leaders- "What should I do?"

If you hear a "Code Orange" called overhead, all Leaders should do the following:

- Do NOT go to the ED
- Refer to the Code Orange plan
    - Report to the Emergency Operations Center (EOC) located in the Dietary 3 Boardroom if you are a member of the EOC (refer to Page 15 – KHSC Emergency Operations Centre Incident Command Structure)
    - Check Table of Contents to see if there is a specific action card (detailed list of specific tasks required) for your role within the organization
    - If your role is not listed, then refer to Page 17 for expected actions by Department / Service, or Staff group within KHSC
- Assess resources in preparation to assist as required for Code Orange response

1.14. Code Orange Activation: Staff -"What should I do?"

If you hear a "Code Orange" called overhead, all staff should do the following:

- Do NOT go to the ED
- If approaching shift change, do NOT leave unless given clearance to do so by Supervisor
- Continue with normal duties unless specifically directed otherwise by your Manager/Supervisor/Director
- Wear your ID badge
- Check your KHSC email for updates
- Limit telephone usage (personal and land-lines) to essential calls only
- When Code Orange is stood down, continue normal duties, assess resource deficits, and report to Manager/Supervisor

2. Check the Table of Contents to see if there is a specific action card (detailed list of specific tasks required) for your role within the organization.

3. If your role is not listed, then refer to **Page 18** for expected actions by Department, Service, or Staff group within KHSC.

4. Reference the Code Orange Organizational structures on **Pages 12, 15 & 16**

5. Recall the Functional Areas that will be established during the response (**Page 79)**

1.15. Specific Job Action Cards for Code Orange Response Roles – Refer to Table of Contents

Refer to the Table of Contents to determine if there is a specific Code Orange Job Action for response and the associated page number. Specific Job Action cards are also pre-printed and available in the Emergency Department, Critical Care and KHSC EOC Incident Command Supplies

Job Action Cards are on pages 23-107

1.16. Expected Actions by Department, Service or Staff Group within KHSC

Department, Service, Staff Group	Expected Actions
All VPs, Chief of Staff, CEO	• Report to the Dietary 3 Boardroom to activate the Emergency Operations Centre (EOC) Incident Command team • Refer to Code Orange EOC Roles • Appreciate existing resources and challenges in services/programs and prepare to support the response

Charge Nurses, Program Managers and Directors	• Optimize existing bed capacity
	  ○ Assess existing bed and staffing resources
	  ○ Triage existing patients, identifying potential discharges
	  ○ Notify Admitting of potential discharges or transfers
	  ○ Provide up to date bed census information to Registration and Health Information Services
	  ○ Work with Social Work and Transport Services to notify families of patients being discharged and move patients to Discharge Staging Area (Armstrong Level 1) and/or transferred via Private Transfer companies
	• Cancel or postpone all non-emergent tests and procedures
	• Prepare for new admissions and call in additional staff
	  ○ Anticipate receiving admitted or consulted patients from the ED and up staffing appropriately
	  ○ Inpatient services are expected to send staff to collect and transfer patients from the ED to inpatient beds
	  ○ Staff reporting to hospital should be reminded to bring their ID badge and report to the Staff Entrance (Watkins 2 Old Entrance), where they will be directed to an appropriate staff pooling area

Cancer Center	• Complete procedures in process and postpone/cancel upcoming procedures on a case by case basis, if directed by the EOC
Diagnostic Imaging	• Complete procedures in progress and cancel elective cases/studies • Ensure adequate Technician and Radiologist coverage for large volume of imaging studies

Environmental Services	• Environmental Service Assistants (ESAs) to be reassigned from non-patient areas to ED, OR, Discharge holding areas by Environment and Transport Lead
	• ESAs to:
	  ○ Prepare stretchers in Burr Gym
	  ○ Setup two additional cleaning carts for ED
	• Linen team to:
	  ○ Provide Linen cart to Burr Gym with basic supplies
	  ○ Stock linens in ED
	  ○ Assess linens on hand throughout hospital and determine any emergency needs
	• Upon Stand down:

	○ Clean Burr Gym ○ Clean Triage Areas ○ Return to regular duties
Laboratory/Blood Bank	• Assess existing staff resources and initiate fan out to support anticipated resource needs • Assess blood product inventory and determine, based on available information on casualties, whether more products are likely to be required, taking action to ensure adequate supplies
Material Management Personnel	• Optimize delivery of supplies and equipment to the ED, OR, Critical Care and other patient care areas • Ensure Supply Chain Manager aware (contact if after hours)
Operating Room Personnel	• Complete all procedures in progress • Postpone or cancel all non-emergent upcoming procedures • Assess need for additional staff, Surgeons, Anesthesia, Perfusionists and initiate fan out • Contact Central Processing if additional surgical equipment (e.g. for trauma surgery) is likely to be required
Pharmacy	• Ensure sufficient staff / medications to meet increased medication demands as required for response
RACE Team	• Primary responsibility remains in responding to RACE team activations within the hospital. • If available, RACE Physician and Nurse should report to ICU Senior Physician, for direction.
Registration and Health Information Services	• Work with all inpatient units, Admitting, and the Operations Manager (ACO) to maintain an up to date bed census • Assess the need to call in additional staff • Liaise with Physician and Nurse in Charge to access Translation Services if required • In the ED, register incoming casualties, track patient movement from the ED, ensuring individual charts accompany patients • If the Burr 1 Conference room is used, send one registration staff member with tote containing downtime forms to complete registrations for patients directed to this area
Respiratory Therapy	• Manager (or Shift Supervisor) should assume “Lead” RT role for ED • Another RT should be assigned the role of “ICU Charge RT” (see Action Card #22 for this role) • Both RTs should work together to: ○ Establish and maintain an active inventory of available ventilators within KHSC ○ Assign RTs to ED, Critical Care, ORs, and other inpatient areas ○ Initiate fan-out for additional RTs as necessary ○ Report to ED and ICU Charge RNs, respectively
Security	• Limit access to the ED • Set up supplies required for the EOC and ED Incident Command centres

	(EOC-Dietary 3 Boardroom, ED – ED Directors office) • Assist with CBRN equipment deployment and set-up if required
Spiritual Health	• Work with Social Work to assist patients and family members in need of warm, empathetic presence, psychological first aid, etc. • Assist in connecting patients and families
Strategy, Management, and Communications	• Provide communication as needed to staff, visitors, the general public after approval by Incident Commander • Provide updated message on the Emergency Update line for inquiring family members • Discuss with the Incident Commander assigning a live person to answer the Emergency Update line for inquiring family members • Assist in setting up a media area in Nickle 2 Conference Room • Monitor media outlets (social, printed or broadcast) to develop follow-up news releases and rumour control as appropriate

Transportation Services	• Porters to bring all available Transportation Chairs from lobby areas to triage areas (i.e. ambulance entrance)
	• 2-4 Porters to be dedicated to ED with four stretchers for transport between X-ray and CT Scan and Burr Gym
	• Porters to bring 8 Stretchers to Burr Gym
	• Additional Stretchers prepared and made available outside of ED
	• Upon “Stand down”
	  ○ Clean and Redistribute all Transportation Chairs to entrances and other designated areas
	  ○ Clean and redistribute stretchers from ED and Burr Gym
	  ○ Return to regular duties

Volunteer Services	• All volunteers should report to the Volunteer Pooling Area (see Page 27 – Connell 1 Room 2-192) • Appoint a Lead for Volunteer services (the Director if available) • The Lead will report to the Support Staff Operations and Planning Officer • This Lead should assign an appropriate number of volunteers to the following areas: ED waiting room (to direct and support family members), the Family Waiting Area (Etherington Auditorium), and Discharge Staging Areas (Armstrong Level 1), • Volunteers will take direction from a Lead Social Worker or Spiritual Health Practitioner in the Family Waiting Area

Emergency Department Incident Command Centre Section

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Code Orange Role	**ED Charge Nurse**
Normal Position	ED Charge Nurse
Work Location	Emergency Department
Responsible to	Nursing Operations Officer in ED Incident Command Center

Role description

You will work with the ED Physician in Charge to jointly lead the clinical activities of the emergency department. All ED Nurses as well as PCA's and Unit Clerks report to you.

Code Orange Standby

- ☐ Complete the code orange notification document
- ☐ Initiate the Code Orange Standby notification (see pages 8 and 9)
- ☐ Liaise with the CACC MCI desk, and the ED Attending to make a decision within 30 minutes as to the need to activate the full Code Orange Response
- ☐ Communicate the decision to stand down or escalate with the Standby Notification Group
- ☐ Locate the Code Orange supplies in the Filing Cabinet in the Ambulance Bay office

Code Orange Activation

- ☐ Don the "Bronze" Charge Nurse vest and align with ED Physician in Charge – you will work together to direct the clinical activities of the department
- ☐ Work with the Operations Manager (ACO) and Charge RNs of inpatient units to rapidly decant admitted and consulted patients from the department to inpatient units and ATU
- ☐ Assign one nurse in each of sections B, C, and D to move patients to hallways and chairs to create bed space
- ☐ Consider assigning another experienced nurse to handle calls to the Charge Nurse (x7003) phone. They should be advised to address as many calls as they can independently, bringing only important issues to your attention for decision.
- ☐ Liaise with ED Physician and Security to determine if Decontamination area needs to be set up
- ☐ Establish and staff the following areas as below (minimal requirements):

Location	**Purpose**	**Minimal staffing**
Ambulance arrival/offload	Triage	RN x1, MD x1, Unit clerk x1
Section A/D	Critical patients (Triage: "Red")	RN x5, MD x3, Unit clerk x1
Section A Consultant Working area	Consulting Physician and Resident staging area – for Trauma Team (and other) physicians awaiting patient assignments	Excess physicians beyond this space should be directed out of ED to await direction
Section B/C	Immediate patients (Triage: "Yellow")	RN x3, MD x2, Unit clerk x1
ATU	ED patient decanting/overflow	RN x2, MD x1, Unit clerk x1
Burr gym (Set up – Appendix B, Page 111)	Minor patients (Triage: "Green")	RN x3, MD x2, Unit clerk x1

- ☐ Assign a Triage Nurse and Physician and ensure they have their Vests and Action Cards. Assign a registration clerk to work alongside them as a "Triage Team". Remove all patients and stretchers from the offload area to create space to receive patients
- ☐ Expect that all Critical patients (Triage: "Red) are brought to your attention
- ☐ Assign a second Nurse to remain at the usual triage desk to act as "Secondary Triage" nurse (re-triage Yellow patients brought to waiting room, bring them into department, also triage non-MCI patients presenting to ED)
- ☐ If there is more than one Registration clerk assign one to the Triage Team, others to second ED triage desk (usual position) and Burr Gym
- ☐ Communicate with HDH UCC Charge Nurse any plans to divert patients
- ☐ Notify the Nursing Operations Officer and Incident Commander if there is a need to set up the Burr 1 conference room
  - ☐ Send 1 RN, 1MD and 1 Unit clerk to Burr 1 conference room to oversee care
  - ☐ Escalate any resource requirements (personnel, equipment, communications, etc.) to the ED Incident Commander for escalation to the EOC

☐ Work with the ED Physician in Charge, TTL, and Anesthesia/OR Lead to efficiently disposition patients to the OR, ICU, Radiology, etc. ☐ Ensure all front line staff received relevant clinical updates regarding the incident (e.g. name of chemical/antidote if CBRN event)
Code Orange Stand-down ☐ Maintain situational awareness for when the Code Orange can be stood down and communicate this to the ED Physician in Charge and Nursing Operations Officer ☐ You will be informed of the decision to stand down by the Incident Command Center ☐ Ensure all nursing staff return to normal clinical activities ☐ With the ED Physician in Charge and Incident Commander organize a "hot debrief" following the stand down

Essential numbers		
Operations Manager (ACO) x 7021 ED Physician in Charge x 7007 ED Incident Command x 3330	ICU Charge x 7042 D4 ICU Charge x 7150 HDH UCC Charge x 52-2100 OR Charge x 7820 ATU (for ED decanting) x4285	MD Pool x3179 RN Pool x4669 Security x 4142

Code Orange Role	**ED Physician in Charge**
Normal Position	ED "Section A" Attending Physician
Work Location	Emergency Department
Responsible to	Medical Operations Officer in Incident Command Center

Role description

You will work with the ED Charge Nurse in jointly leading the clinical activities of the emergency department. All physicians working in the department, including the Trauma Team Leader, OR Lead, and the HDH UCC Attending Physician report to you.

Code Orange Standby

- ☐ Complete the code orange notification document
- ☐ Initiate the Code Orange Standby notification by notifying Switchboard (daytime hours) or in working with the ED Charge RN and Operations Manager (ACO) to contact the necessary parties (afterhours) – see Page 8 and Page 9
- ☐ Liaise with the CACC MCI desk, , and the ED Charge RN to make a decision within 30 minutes as to the need to activate the full Code Orange Response
- ☐ Communicate the decision to stand down or escalate with the Standby Notification Group
- ☐ Locate the Code Orange supplies in the Filing Cabinet in the Ambulance Bay office

Code Orange Activation

- ☐ Don the "Bronze" ED Physician in Charge vest and align with ED Charge RN – you will work together to direct the clinical activities of the department
- ☐ Work with the Operations Manager (ACO), Charge RN, and inpatient Attending Physicians to rapidly decant admitted and consulted patients from the department to inpatient units and the ATU
- ☐ Liaise with ED Charge Nurse and Security to determine if Decontamination area needs to be set up
- ☐ Establish and staff the following areas as below (minimal requirements):

Location	**Purpose**	**Minimal staffing**
Ambulance arrival/offload	Triage	RN x1, MD x1, Unit clerk x1
Section A/D	Critical patients (Triage: "Red")	RN x5, MD x3, Unit clerk x1
Section A Consultant Working area	Consulting Physician and Resident staging area – for Trauma Team (and other) physicians awaiting patient assignments	Excess physicians beyond this space should be directed out of ED to await direction
Section B/C	Immediate patients (Triage: "Yellow")	RN x3, MD x2, Unit clerk x1
ATU	ED patient decanting/overflow	RN x2, MD x1, Unit clerk x1
Burr gym (Set up - Appendix B, Page 111)	Minor patients (Triage: "Green")	RN x3, MD x2, Unit clerk x1

- ☐ Assign a Triage Nurse and Physician and ensure they have their Vests and Action Cards. Assign a registration clerk to work alongside them as a "Triage Team." Remove all patients and stretchers from the offload area to create space to receive patients
- ☐ Expect that all Critical patients (Triage: "Red) are brought to your attention
- ☐ Communicate with HDH UCC Attending Physician and discuss any plans to divert patients
- ☐ Escalate any resource requirements (personnel, equipment, communications, etc.) to the Medical Operations Officer
- ☐ Work with the ED Charge RN, TTL, and OR Lead to efficiently disposition patients to the OR, ICU, Radiology, etc.
- ☐ Ensure all front line staff received relevant clinical updates regarding the incident (e.g. name of chemical/antidote if CBRN event)

Code Orange Stand-down

- ☐ Maintain situational awareness for when the Code Orange can be stood down and communicate this to the ED Physician in Charge and Nursing Operations Officer

☐ You will be informed of the decision to stand down by the Incident Command Center ☐ Ensure all nursing staff return to normal clinical activities ☐ With the ED Physician in Charge and Incident Commander organize a "hot debrief" following the stand down		
Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Incident Command x 3330	OR Lead x 7071 ICU Charge x 7042 D4 ICU Charge x 7150 HDH UCC Charge x 52-2100 OR Charge x 7820 ATU (for ED decanting) x4285	MD Pool x3179 RN Pool x4669 Security x 4142

Code Orange Role	ED Incident Commander	
Normal Position	Emergency Program Operational Director	
Responsible to	KHSC Emergency Operations Center Incident Commander (Gold)	

Role description

You will direct the operational response to the Code Orange in the ED by setting the overall strategy, coordinating the activities of the other "Silver" level members of the ED Incident Command Team, responding to requests for resources from the "Bronze" level clinical leaders. You will communicate directly to the KHSC EOC, providing updates and resource requests to them. **Any resource needs beyond those already existing in the ED should be made through you to the KHSC EOC.**

Code Orange Activation

- ☐ Don the "Gold" ED Incident Commander Vest
- ☐ Assign the following Incident Command Positions (delegate as appropriate):
  - ☐ Medical Operations Officer (ED Program Medical Director)
  - ☐ Nursing Operations Officer (ED Nursing Manager)
  - ☐ Logistics Officer (Operations Manager (ACO))
  - ☐ Liaison Officer (Manager Protection Services)
  - ☐ Recording Secretary (ED Administrative Assistant)
- ☐ Review available information on the incident using the Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ With the input of the other ED Incident Command team members, set the initial priorities and action plans for the response
- ☐ Request Medical and Nursing Operations Officer provide account of existing and anticipated staffing needs on a continuous basis
- ☐ If the Burr Gym is opened for "walking wounded" patients this will be overseen by the ED staff. However, EOC should be notified this has occurred as they may need to provide additional human or materials resources for it.
- ☐ If medical, nursing, or other staff are required this should go through you and up to the EOC. If necessary EOC can establish Staff Pooling areas – see "Functional Areas" (Page 79) for locations
- ☐ If external resources (LHIN, partner hospitals, Public Health, City of Kingston, Ministry of Health, etc.) are required, request via KHSC EOC
- ☐ Establish rapid cycle meetings approximately every 15-30 minutes to review status of action plan items
- ☐ Provide regular communications with the KHSC EOC regarding the current situation, action plans, resource requirements

Code Orange Stand-down

- ☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the Code Orange to be stood down
- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander (Gold level) with the agreement of the ED Incident Command Team (note that most often the ED will be ready to stand down before the rest of the hospital is ready)
- ☐ Work with the ED Charge Nurse and Physician in Charge to organize a "hot debrief" following the stand down

Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x 7007 ED Incident Command x 3330	Pre-op Staging x 3451 KHSC EOC x 2500 Security x 4142 ATU (for ED decanting) x4285	MD Pool x3179 RN Pool x4669 Volunteer pool x 2359 Media Center x 1247

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Code Orange Role	Recording Secretary	
Normal Position	Emergency Program Administrative Assistant	
Work Location	ED Incident Command Center	
Responsible to	Emergency Department Incident Commander	

Role description

You are responsible for assisting the ED Incident Command team with clerical tasks including coordinating phone calls and paging staff, ensuring the Incident Command Center is operational and stocked with supplies and equipment, and recording the discussions and decisions of the team.

Code Orange Activation

- ☐ Ensure Security have set up the Incident Command Center and provided the necessary supplies
- ☐ Check that phone lines and computers are functional
- ☐ Ensure stationary are available for staff
- ☐ Obtain additional phones, Vocera units, Radios, etc. as requested by Incident Command team
- ☐ Document discussions, decisions (and rationale) made by the team
- ☐ Maintain documentation for debriefing exercises
- ☐ Contact personnel as requested by Incident Command staff
- ☐ Organize food and refreshments for ED staff
- ☐ Establish rapid cycle meetings approximately every 15-30 minutes at the outset of the response to review status of action plan items

Code Orange Stand-down

- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident Command Team
- ☐ Focus on transitioning back into "regular business" by reassigned and dismissing staff as appropriate
- ☐ Keep any relevant documentation or notes in preparation for debrief

Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x 7007 ED Incident Command x 3330	KHSC EOC x2500 Security x 4142 Media Center x 1247 ATU (for ED decanting) x4285 Pre-op staging x 3451	MD Pool x3179 RN Pool x4669 Social Work Spiritual Health Practitioner – call switchboard

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Code Orange Role	Medical Operations Officer	
Normal Position	Emergency Medicine Program Medical Director	
Work Location	ED Incident Command Center (Emergency Program Director Office)	
Responsible to	Emergency Department Incident Commander	

Role description

You will be responsible for overseeing Physician resource needs during the Code Orange response. In addition you will provide advice to the ED Incident Command team regarding the clinical aspects of the incident, contribute to the strategic objectives and the action planning of the response. This is a "hands-off" (non-clinical) leadership role.

Code Orange Activation

- ☐ Don the "Silver" Medical Operations Officer Vest
- ☐ Identify the Nursing Operations Officer, Logistics Officer and Liaison/Planning Officers
- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Identify the ED Physician in Charge and confirm the following is being undertaken:
  - ☐ ED is being decanted of admitted and consulted patients
  - ☐ Decontamination area set up outside the ED (if necessary)
  - ☐ Triage area established including at least one ED Physician and Nurse
- ☐ In discussion with ED Physician in Charge determine if additional Physicians are required. If more Physicians are required, notify the Incident Commander and then initiate "fan-out." This could involve utilizing the ED Attending "What's App" group, Departmental Administrative Assistants, etc. depending on the time of the day and the number of Physicians required. Advise each Emergency Physician where to report and what their Role is.
- ☐ If other Specialist Physicians/Surgeons are required request should be made through the ED Incident Commander, who will pass it up to the EOC to coordinate.
- ☐ Assign Physicians to meet staffing needs per ED Physician in Charge
- ☐ Maintain an up to date physician staffing schedule for at least 48 hours, ensuring Physicians are assigned to ensure adequate rest and resiliency for the duration of the Code Orange as well as in the transition to "normal business"
- ☐ Identify additional resource requirements (other health personnel, equipment, medications, staff food/water communications, etc.) to bring to the ED Incident Command Teams
- ☐ Work with the other ED Incident Command team members, to set the initial priorities and action plans for the response
- ☐ Participate in rapid cycle meetings approximately every 15-30 minutes to review status of action plan items
- ☐ Provide regular communications with the KHSC EOC regarding the current situation and any departmental resource requirements
- ☐ Be cognizant of staff needs – ensure breaks are provided, food and refreshments are ordered, continuously assess the ability to release staff (those present the longest should go first)

Code Orange Stand-down

- ☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the ED Code Orange to be stood down
- ☐ You will be informed of the decision to stand down by the KHSC EOC
- ☐ Ensure all nursing staff return to normal clinical activities
- ☐ With the ED Physician in Charge and Incident Commander organize a "hot debrief" following the stand down

Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x 7007 ED Incident Command x3330	KHSC EOC x 2500 ICU Charge x 7042 D4 ICU Charge x 7150 HDH UCC Charge x 52-2100 OR Charge x 7820 ATU (for ED decanting) x4285	MD Pool x3179 RN Pool x4669 Security x 4142 Staffing office x 2310

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Code Orange Role	Nursing Operations Officer	
Normal Position	Nursing Manager, Emergency Department	
Work Location	ED Incident Command Center (Emergency Program Director Office)	
Responsible to	Emergency Department Incident Commander	

Role description

You will be responsible for overseeing Nursing Operations during the Code Orange. In addition you will provide input to the ED Incident Command team regarding the clinical aspects of the incident, contribute to the strategic objectives and action planning of the response, and handle Nursing and other resource requirements requests from the clinical teams. This is a "hands-off" leadership role.

Code Orange Activation

- ☐ Don the "Silver" Nursing Operations Officer Vest
- ☐ Identify the Medical Operations Officer, Logistics Officer and Liaison/Planning Officers
- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Identify the ED Charge Nurse and confirm the following is being undertaken:
  - ☐ ED is being decanted of admitted and consulted patients
  - ☐ Decontamination area set up outside the ED (if necessary)
  - ☐ Triage area established including at least one ED Physician and Nurse
- ☐ In discussion with ED Charge Nurse determine if additional nurses are required and if so advise ED Incident Commander, who will make request to KHSC EOC
- ☐ Maintain an up to date Nursing staffing schedule for at least 48 hours, ensuring Nurses are assigned to ensure adequate rest and resiliency for the duration of the Code Orange and the transition back to "normal business"
- ☐ Identify additional resource requirements (other health personnel, equipment, medications, staff food/water communications, etc.) to bring to the ED and/or KHSC Incident Command Teams
- ☐ Work with the other ED Incident Command team members, to set the initial priorities and action plans for the response
- ☐ Participate in rapid cycle meetings approximately every 15-30 minutes to review status of action plan items
- ☐ Ensure there has been regular communications with the KHSC EOC regarding the current situation, action plans, resource requirements
- ☐ Be cognizant of staff needs – ensure breaks are provided, food and refreshments are ordered, continuously assess the ability to release staff (those present the longest should go first)

Code Orange Stand-down

- ☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the ED Code Orange response to be stood down. The decision to stand down the Code Orange will be made by KHSC EOC.
- ☐ Keep any relevant documentation or notes in preparation for debrief

Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x 7007 ED Incident Command x3330	KHSC EOC x 2500 ICU Charge x 7042 D4 ICU Charge x 7150 HDH UCC Charge x 52-2100 OR Charge x 7820 ATU (for ED decanting) x4285	MD Pool x3179 RN Pool x4669 Security x 4142

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Code Orange Role	Logistics Officer	
Normal Position	Operations Manager (ACO)	
Work Location	ED Incident Command Center (Emergency Program Director Office)	
Responsible to	Emergency Department Incident Commander	

Role description

Your primary goal is to create and maintain capacity in the ED throughout the incident by facilitating movement of patients to inpatient floors/services. To do so you will work with Admitting as well as various Hospital support services including Materials Management, Environmental Services and Transport services to optimize turn-over of beds and equipment availability. In addition, you will also contribute to the strategic objectives and action planning of the response. This is a "hands-off" leadership role.

Code Orange Activation

- ☐ Don the "Silver" Logistics Officer Vest
- ☐ Contact Director Patient Flow, Registration & Health Information Services - Consider for support the provision of a second Operations Manager (ACO) to further support patient flow within the organization
- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Work with Admitting to create an up to date "Bed census" and confirm bed availability with key inpatient units
- ☐ Create a contact list (i.e. Charge Nurse or Manager) for each of the following units/services:
  - ☐ Director, Environmental Services & Transportation
  - ☐ Lead, Equipment/ Stores
  - ☐ Director Volunteers
  - ☐ Admitting
- ☐ Advise inpatient units/services with admitted patients to send staff to collect their patient(s) and transfer them to inpatient units (goal is for ED to be decanted within 30 minutes)
- ☐ ED patients who have been consulted to other services are to be immediately and rapidly assessed by Attending Physicians from those services and the patient either discharged or moved to an inpatient unit where admission orders can be completed
- ☐ Work with the other ED Incident Command team members to set the initial priorities and action plans for the response
- ☐ Participate in rapid cycle meetings approximately every 15-30 minutes to review status of action plan items
- ☐ Ensure there has been regular communications with the KHSC EOC (Gold) regarding the current situation, action plans, resource requirements

Code Orange Stand-down

- ☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the Code Orange to be stood down
- ☐ The decision to stand down the Code Orange is made by KHSC EOC , with input from the ED Incident Command Team
- ☐ Maintain notes/documentation in preparation for debrief

Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x7007 Support staff pool x3179 RN pool x4669	MD pool x 6323 KHSC EOC x2500 Security x 4142 Stores/Supply Chain x4023	ATU x4285 Pre-op staging x3451 Media Center x1247 Staffing office x 2310

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Code Orange Role	Liaison/Planning Officer	
Normal Position	Manager, Emergency Management/Manager, Security & Life Safety	
Work Location	ED Incident Command Center (Emergency Program Director Office)	
Responsible to	Emergency Department Incident Commander	

Role description

You will be responsible for establishing communication between the ED and first responders (Police, Fire, Ambulance) in the early phase of the Code Orange response, establishing the physical infrastructure and materials for the ED response, and providing some oversight/input over Security and Protection services activities in the ED during the Code Orange.

Code Orange Activation

- ☐ Don the "Silver" Liaison Officer Vest
- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Ensure the ED staff have accessed and begun to utilize Code Orange supplies and equipment as needed (e.g. Code Orange bins, vests, portable phone, mega-phone, decontamination equipment, etc.)
- ☐ Confirm Security are limiting access to the ED and redirecting staff to "Staff Pooling areas" (See Page 28)
- ☐ Consider whether the ED (or hospital) needs to be put into "Lock down" mode
- ☐ Ensure the ED Incident Command set up has been established in the Emergency Program Director's office
- ☐ Confirm that communications pathways have been established with prehospital personnel via the Ambulance/CACC MCI desk
- ☐ Establish and maintain further communication pathways with EMS Supervisor, Police or Fire as necessary
- ☐ Liaise with ED Incident Commander to confirm that KHSC EOC has been established and briefed of the incident as well as any immediate resource needs (can use Code Orange Notification document as a guide
- ☐ Discuss with Security Supervisor/Manager existing staffing assignments and determine the need to reassign or call in additional staff. Staffing needs should be communicated to the KHSC EOC.
- ☐ Work with the other ED Incident Command team members to set the initial priorities and action plans for the response
- ☐ Participate in rapid cycle meetings approximately every 15-30 minutes at the outset of the response to review status of action plan items
- ☐ Ensure there has been regular communications with the KHSC EOC Liaison Officer (and/or ED Incident Commander) regarding the current situation, action plans, resource requirements

Code Orange Stand-down

- ☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the Code Orange to be stood down
- ☐ The decision to stand down the Code Orange is made by KHSC EOC with input from the ED Incident Command Team
- ☐ Maintain notes/documentation in preparation for debrief

Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x7007 Support staff pool x3179 RN pool x4669	MD pool x 6323 KHSC EOC x2500 Security x 4142 Stores/Supply Chain x4023	ATU x4285 Pre-op staging x3451 Media Center x1247 Staffing office x 2310

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Code Orange Role	Emergency Registration Clerk	
Normal Position	Emergency Registration Clerk	
Work Location	ED Section A nursing station and ED Triage Desk	
Responsible to	ED Charge Nurse and Logistics Officer	

Role description

You will aim to optimize registration efficiency during the code orange response. This will require some flexibility in terms of work location and responsibilities compared to day to day activities, particularly if you are the only registration clerk available. When additional registration clerks arrive you should provide direction to them based on the responsibilities listed below.

Code Orange Activation

- ☐ Speak to the ED Charge Nurse and confirm how many registration clerks are currently available in the ED and whether additional registration clerks can immediately be drawn from Medical Records or Admitting.
- ☐ If additional Registration Clerks are needed this should be brought to the ED Incident Commander, who will make the request to the EOC
- ☐ In the event that exceptional circumstances lead to a high volume of unidentified patients arriving at the same time it may be deemed necessary to register them as Unknowns and potentially merge charts once identified. If this is the case the following nomenclature should be used:
  Last Name = Unknown
  First Name = A Male, B Male, C Male and so on and so on
- ☐ **If there is only one registration clerks available:**
  - ☐ Form a "Triage team" consisting of you, one Physician, and one Nurse located in the ambulance offload area to receive all arriving patients. Note that all computers in the offload area will print to the Section A nursing station (the two adjacent to the Section A unit clerk as well as the computer beside offload Bed 1). The process will be:
  - ☐ Patient is be briefly assessed and triaged by the Physician and Nurse
  - ☐ Registration Clerk (or if deemed necessary Triage Trained Nurse) completes "Mini-reg" of all patients in PCS to create armband
  - ☐ Nurse completes triage in EDIS
  - ☐ If patient is triaged as higher acuity (to remain in Sections A-D), Registration Clerk completes registration, prints wristband and stickers, but wouldn't verify information unless family member present – If possible verification happens later by registration clerk
  - ☐ If patient is triaged as lower acuity and sent to waiting room or Burr Gym then registration will be completed later
  - ☐ Ambulatory patients walking into ED would be triaged and "mini-reged" by the triage nurse as per normal and then wait in waiting room to subsequently be called by CTAS score to complete registration once clerk has finished with "Triage team" or once second clerk arrives (as per standard practice)
- ☐ **If there are two registration clerks:**
  - ☐ One registration clerk will join the "Triage Team" and perform the duties above
  - ☐ A second registration clerk will be positioned at the Registration desk in the waiting room arrival area (usual position)
  - ☐ This clerk will complete registration on all ambulatory patients presenting to the Triage Nurse in the waiting room (per usual processes) and also complete registration on patients who were "Mini-reged" in EDIS by the Triage Team but sent to the waiting room
  - ☐ Patients who were previously "Mini-reged" should be called to the desk according to Triage acuity (CTAS score) and secondarily by time of arrival (analogous to HDH UCC standing practice) to have registration completed
- ☐ **If there are three registration clerks available and/or the Burr Gym is opened:**
  - ☐ If Burr gym is opened, one clerk will go there to perform registration duties, utilizing the Code Orange laptop computer in admitting and the Code Orange cart that will be supplied by IT
  - ☐ A third unit clerk can be used to complete a second "Triage team" in the Ambulance offload area if one is established by the ED Physician/Nurse in Charge

Code Orange Stand-down

☐ Continuously seek information from the ED Incident Command Team and Physician/Nurse in charge that would allow the Code Orange to be stood down ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident Command Team ☐ Prepare notes and casualty data for debrief		
Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x7007 Media Center x1247 Pre-op staging x3451 ATU x4285	KHSC EOC x2500 Security x 4142 Support staff pool x3179 ATU x4285 Pre-op staging x3451	Social Work x 4443 or via Switchboard Spiritual Health x 3122 or via Switchboard

Code Orange Role	Trauma Team Leader (TTL)	
Normal Position	On-Call Trauma Team Leader/Medical Director Trauma Program	
Work Location	Emergency Department	
Responsible to	ED Physician in Charge	

Role description

Your role is very similar to the usual TTL role in that you will provide oversight of the clinical management of all "Trauma Team" activated/consulted patients. In the context of a MCI you will need to create a number of trauma teams to coordinate care for all of the patients and supervise the activity of each team. It is important to contact the Medical Director of the Trauma Program early on to assist with clinical management, coordinating a "fan-out" for additional TTLs, and assisting with administrative activities associated with the response.

Code Orange Activation

- ☐ Locate ED Physician in Charge and review Code Orange Notification document
- ☐ Don the "TTL" vest and locate a portable phone in the ED. Provide the extension number to the OR Lead and ED Physician in Charge.
- ☐ Consult with ED Physician in Charge to decide if additional TTLs need to be called in
- ☐ Ensure Medical Director for Trauma is aware of Code Orange. Ask them to call in additional TTLs if necessary.
- ☐ Contact Radiologist On-Call to ensure both CT scanners are staffed and operational and that Attending Radiology support in rapidly reading CTs is established.
- ☐ If necessary contact "Ornge" Air Ambulance and request to speak with On-Call Flight Physician to confirm details of incident, expected number and acuity of casualties, how many are coming to KHSC (or Ottawa/Toronto), etc.
- ☐ Work with OR Anesthesiology Manager (OR Lead), Trauma Medical Director, and other "Attendings" to:
  - ☐ Create small "Trauma Teams" appropriate to patient acuity (e.g. one Physician/Resident and one Nurse)
  - ☐ Arriving physicians should stage in the Consultant work area in Section A. Direct physicians to wait there and draw from this pool.
  - ☐ Excess physicians should be advised they can leave the ED and that they will be contacted if needed.
  - ☐ Maintain oversight of Trauma team assessments and triage patients to OR, CT, observation, or discharge home (and in what order they should go)
- ☐ Ensure Surgical Residents have contacted their "Attendings" and asked them to come to the ED (if necessary)
- ☐ Recall that Diagnostic Imaging will be overwhelmed in a MCI. The initial priority in an MCI is simply to identify life and limb threatening injuries. Stable patients requiring Trauma "Pan CT Scans" can have this imaging delayed entirely. A greater emphasis on clinical examination, X-ray imaging, Point of Care Ultrasound, and selective CT scan use will be necessary.
- ☐ Liaise with Trauma Medical Director to establish whether CritiCall Ontario has been notified of Code Orange, whether KHSC needs to be taken "offline" for community trauma referrals, and if Toronto or Ottawa Trauma Centers should be contacted for assistance, patient diversion, general communication
- ☐ Ensure the ED Physician in Charge is updated of any clinical or human resource needs. Requests for significant resources should flow through the ED Incident Commander to the KHSC EOC.

Code Orange Stand-down

- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident Command Team
- ☐ Prepare any notes and documentation for debrief
- ☐ Attend debrief session

Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x7007 MD pool x	CT scan x OR Lead (Anesthesia) x 7071 OR Charge Nurse x Pre-op staging x3451 ATU x4285	ED Incident Command x 3330 ORNGE 1-800-387-4672 CritiCall Ontario 1-800-668-4357

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Code Orange Role	Operating Room (OR) Lead Anesthesiology
Normal Position	Anesthesiology Manager (7071)
Work Location	Emergency Department and Operating room
Responsible to	ED Physician in Charge

Role description

In this role you are responsible for working with the Trauma Team and ED staff to stabilize and triage patients, communicate with OR staff, and most importantly, facilitating the timely transfer of patients to the OR.

Code Orange Standby

- ☐ Locate ED Physician in Charge and review Code Orange Notification document
- ☐ Coordinate with OR Charge Nurse to document room end times and hold elective cases until further notice
- ☐ Consult with ED Physician in Charge and Trauma Team Lead to decide if additional Anesthesiologists and Surgeons need to be called in

Code Orange Activation

- ☐ REVIEW CODE ORANGE DOCUMENT: Locate ED Physician in Charge and review Code Orange Notification details.
- ☐ IDENTIFY YOURSELF: Don the "OR Lead Anesthesiology" vest and confirm your portable phone is working. Wear name tag at all times.
- ☐ NOTIFICATION CONFIRMATION: Ensure 1. OR Charge Nurse (7070) 2. Nurse Manager and 3. Medical Director of Perioperative Services and 4. Dept. head of Anesthesiology and Perioperative Medicine are aware of Code Orange.
- ☐ HOLD OR's: Confirm that elective OR cases are will be held and emergent cases are evaluated on a case by case basis.
- ☐ CALL IN STAFF: Call in 1. 2nd Call Anesthesiologist and 2. AA on call 3. Cardiac 4. Peds 5. Consider Perfusionist on call.
- ☐ INITIATE STAFF FAN OUT: Consult with ED Physician in Charge and Trauma Team Lead to decide if additional Anesthesiologists/Anesthesia Assistants and Surgeons need to be called in. Coordinate with OR Charge Nurse and delegate an OR staff member to initiate staff-fan out as needed. Staff should report to "Pooling Areas" (Page 28).

TEMPLATE FOR STAFF CALL BACK				
# OR's required	2	4	6	8
Staff Classification	Staff Numbers			
Anesthesiologists/ Residents/AA's	2/2/1	4/4/2	6/6/3	8/8/4
Nursing	6	12	18	24
P1's	1	2	2	2
Environmental Assistants	1	2	2	2
Clerks	1	1	1	1

- ☐ ENSURE PERSONAL PROTECTION: Universal precautions at all times. Consider special protective procedures and need for decontamination and isolation (Google CHEMM/REMM websites). Consider adequacy of ventilation where affected patients are located.
- ☐ PREPARE OR's: Finish OR cases and/or open additional operating rooms and prepare at least 4 Trauma OR's (CAS monitors, Double set up Arterial/central lines, ultrasound, 2 blood set IV lines on warmers, induction drugs and vasopressors, Bair Hugger, airway adjuncts)
- ☐ TRIAGE IN ED: Work with Trauma Team Lead and other "Attendings" to: create small "Trauma Teams" appropriate to patient acuity (e.g. at least one Physician/Resident or AA and one Nurse) and send to triage as needed. Support TTL in their triage decision making.
- ☐ STAFF OR's: Work with OR staff to create and staff an appropriate number of Operating Rooms as per table above.
- ☐ ENSURE ADEQUATE OR SUPPLIES: Coordinate with OR Aids/Supply personnel to ensure adequate supplies of fluids, medications, disposable equipment, surgical instruments

☐ BLOOD BANK: you or the TTL should verify blood availability, obtain type and screen early x 2 as uncrossmatched blood will be in short supply ☐ TRANSFER PTS TO OR: Coordinate the timely transfer of patients to Operating Rooms ☐ DISPOSITIONS: Contact PACU/ICU for patient disposition to ensure rapid turn-over of OR's and ensure patient flow and continuity of care for new and existing patients. ☐ COMMUNICATE: Ensure the ED Physician in Charge is updated of any clinical or human resource needs		
Code Orange Stand-down ☐ The decision to stand down the Code Orange is made by KHSC EOC with the agreement of the ED Incident Command Team ☐ Prepare any notes and documentation for debrief ☐ Attend debrief session		
Essential numbers		
Operations Manager (ACO) x 7021 ED Charge RN x 7003 ED Physician in Charge x 7007 Pre-op staging x3451	OR Charge Nurse x 7070 Trauma Team Lead x MD pool x	ED Incident Command x ATU x 4285 CT scan x 2301 (day) /4755 (night)

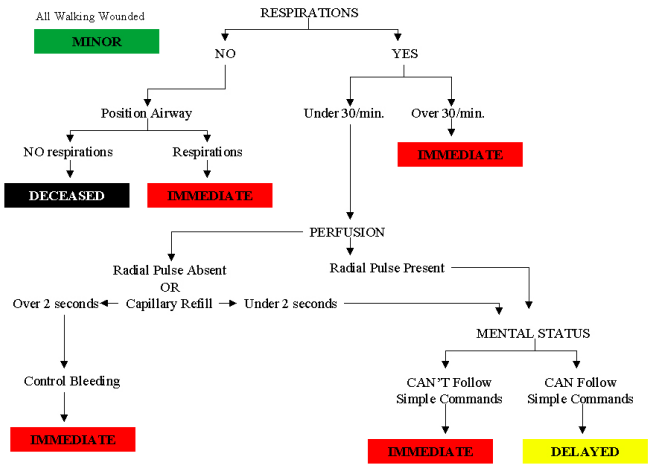
Code Orange Role	ED Triage Nurse, ED Triage Physician
Normal Position	ED Attending Physician, ED Nurse
Work Location	ED Incident Command Center
Responsible to	ED Physician in Charge

Role description

This card describes both the ED Triage nurse and ED Triage Physician roles. As a team you will triage all MCI patients.

Code Orange Activation

- ☐ You will be assigned this role by the Charge Nurse or Physician in Charge. Find at least one Registration clerk to work with you as a "Triage Team" to triage and register patients simultaneously.
- ☐ Don the "Triage Nurse" and Triage Physician vests, respectively
- ☐ Work with Security to ensure a Decontamination (if necessary) as well as a Triage area have been established outside the ED in the ambulance arrival area
- ☐ Establish whether the Burr 1 Gym is needed for "Walking Wounded" (Triage: "Green") casualties and ensure this is set up. Note that Information Technology needs to be notified to bring a laptop computer and set this up for registration. Determine if additional Triage Nurses and Physicians are immediately required (based on expected number of casualties and waiting room/departmental patient volumes) and if necessary assign those roles
- ☐ Assign one Nurse to remain at the usual ED Triage desk in the role of "Secondary Triage Nurse". This nurse is responsible for monitoring patients in the waiting room and bringing them into the department as bed space permits.
- ☐ Advise waiting room patients the hospital is experiencing a mass casualty event and ask all patients to go home/HDH UCC/walk in clinic if they feel they are well enough to do so
- ☐ Notify HDH UCC Physician/Charge Nurse if patients are being diverted there
- ☐ **Locate a Registration clerk to join the two of you as a "Triage Team". The process should be:**
  - ☐ Patient is be briefly assessed and triaged by the Physician and Nurse
  - ☐ Nurse or Registration Clerk completes "Mini-reg" of all patients in EDIS
  - ☐ If patient is triaged as higher acuity (remaining in Sections A-D), Clerk completes registration, prints wristband/stickers, patient is moved to bed
  - ☐ If patient is triaged as lower acuity and sent to waiting room or Burr Gym then registration process (printing of stickers/wrist bands) will be completed later, either from the waiting room or the Burr Gym
- ☐ **Use the Triage system outlined below or consider that in general, CTAS 1/2 patients should be "Red", CTAS 3 are "Yellow", CTAS 4/5 are "Green**



- ☐ **Using a bold marker, write a large sized letter on the patient's right hand indicating the level of care (R – Red, Y- Yellow, G- Green, B- Black) and have staff direct patients to the following areas based on triage: Red – Sections A/D, Yellow – Section B, Green – Burr 1 Gym, Black – Douglas 1 morgue (via Transportation**

services)

- ☐ All Critical ("Red") patients should be brought to the attention of the ED Charge Nurse and/or Physician in Charge
- ☐ **If there are two or three Charge Nurses and Registration clerks available you can do one or more of:** 1) form a second "Triage team" in the offload area, 2) assign a Registration clerk to work in the usual triage/registration area of the ED (to support a Second ED Triage Nurse there) by completing registrations on "Mini-Reged" patients, or 3) if Burr gym is opened – assign them to work there
- ☐ Ensure one Nurse remains at the usual ED Triage desk in the role of "Secondary Triage Nurse". This nurse is responsible for monitoring patients in the waiting room and bringing them into the department as bed space permits.
- ☐ Attempt to see patients in the waiting room – those from the incident and those in the ED for other reasons – support the secondary triage nurse, reassess/re-triage as necessary, and discharge appropriate patients
- ☐ Ensure the ED Physician and/or Nurse in Charge is updated of any clinical or human resource needs

Code Orange Stand-down

- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident command Team
- ☐ Prepare any notes and documentation for debrief and attend the debrief

Essential numbers		
ED Charge RN x 7003 ED Physician in Charge x7007 ED EOC x2500	Operations Manager (ACO) x 7021 Pre-op staging x3451 ATU x4285	TTL x OR Lead x7071

Code Orange Role	Lead, Social Work
Normal Position	Emergency Department Social Worker
Work Location	Emergency Department
Responsible to	EVP Patient Care & Community Partnerships & CNE

Role description

You will be the direct contact between the EVP Patient Care & Community Partnerships & CNE and the Social Work staff. Your responsibilities include ensuring sufficient staff / medications to meet increased medication demands as required for response.

Code Orange Standby

- ☐ There is no overhead announcement for a Code Orange Standby
- ☐ Switchboard to initiate mass notification during the daytime hours with ED staff contacting select personnel (see Page 9)
- ☐ ED staff, Operations Manager (ACO), Switchboard will initiate fan-out during evenings, weekends, and holidays
- ☐ Review "Functional areas" on Page 79, noting extensions referenced
- ☐ Switchboard to support with fan-outs as requested

Code Orange Activation

- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Establish a working line of communication (mobile or portable phone) with the Nursing Operations Officer.
- ☐ Assign Social Workers to specific posts/tasks in the ED or to other locations in the hospital requiring Social Work support: Family Waiting Area (Etherington Auditorium), Discharge Staging Area (Armstrong Level 1), Inpatient wards, Critical Care units, OR, etc.
- ☐ Determine the need to call in additional Social Workers and make request to EVP Patient Care & Community Partnerships & CNE
- ☐ If required, Liaise with Security to establish and staff the Family Waiting Area and the Discharge Staging Area
- ☐ Supervise the activities of volunteers in each of these locations
- ☐ Assess existing staffing and call in additional staff to support connecting family members
- ☐ Direct all Social Workers to prioritize:
    - ☐ Providing Crisis Intervention Assessment and Intervention for patients
    - ☐ Providing Psychological First Aid for patients, family members, and staff
    - ☐ Assisting in supporting discharges from ED and inpatient wards including connecting patients with families
- ☐ Identify patients who would benefit from Spiritual Health Practitioner support and arrange consultation

Code Orange Stand-down

- ☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the Code Orange to be stood down
- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident Command Team
- ☐ Prepare any notes and documentation for debrief
- ☐ Attend debrief session

Essential numbers		
ED Physician in Charge x7007 ED Charge Nurse x7003 ED EOC x2500	Operations Manager (ACO) x7021	

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Code Orange Role	Director/Delegate, Spiritual Health	
Normal Position	Director/Delegate, Spiritual Health Practitioner	
Work Location	Emergency Department	
Responsible to		

Role description

You will be the direct contact between the VP, Mission & Strategy Integration & Support Services and Spiritual Health Practitioners. Your responsibilities include ensuring Spiritual Health Practitioners are supporting the needs of family members looking for loved ones, awaiting results of medical interventions, or responding to the death of a loved one.

Code Orange Standby

- ☐ There is no overhead announcement for a Code Orange Standby
- ☐ Switchboard to initiate mass notification during the daytime hours with ED staff contacting select personnel (see Page 9)
- ☐ ED staff, Operations Manager (ACO), Switchboard will initiate fan-out during evenings, weekends, and holidays
- ☐ Review "Functional areas" on Page 79, noting extensions referenced
- ☐ Switchboard to support with fan-outs as requested

Code Orange Activation

- ☐ Review available information on the incident using the Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Establish a working line of communication (mobile or portable phone) with the VP, Mission & Strategy Integration & Support Services
- ☐ Call in and assign Spiritual Health Practitioners to specific posts/tasks in locations where family members are in distress (e.g. critical care, ED, Spiritual Center, any designated family waiting areas)

Code Orange Stand-down

- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident Command Team
- ☐ Prepare any notes and documentation for debrief
- ☐ Attend debrief session

Essential numbers		
ED Physician in Charge x7007 ED Charge Nurse x7003 ED EOC x2500	Operations Manager (ACO) x7021	

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Code Orange Role	Switchboard
Normal Position	Switchboard
Work Location	Locating office
Responsible to	EOC Logistics Officer

Role description

In this role you are responsible Switchboard communications. Overhead annoucements, direction and transfer of phone calls.

Code Orange Standby

- ☐ There is no overhead announcement for a Code Orange Standby
- ☐ Switchboard to initiate Mass Notification during the daytime hours with ED staff contacting select personnel (see Table 2/Page 9)
- ☐ ED staff, Operations Manager (ACO), Switchboard initiate notifications during evenings/weekends/holidays

Switchboard to Notify:

- ☐ Strategy Management & Communications on Call
- ☐ Manager/Supervisor of Core Lab, Blood Bank, Environmental and Transport Services
- ☐ Delegated Pharmacy Manager (x3154) when pharmacy is open or On Call Pharmacist
- ☐ Review "Functional areas" on Page 79, noting extensions referenced
- ☐ Switchboard to support with fan-outs as requested

Code Orange Activation

- ☐ At the request of the ED Attending Physician or Charge Nurse to "Activate Code Orange", make the following overhead announcements using the Mass Notification System:
  - ☐ **KGH site:** "Code Orange: Emergency Department" (three times)
  - ☐ **HDH site:** "Code Orange KGH site" (three times)
- ☐ At the direction of the Communications Officer in the ED or KHSC Emergency Operations Center assist in creating a "**Family communications line"** to direct family member inquiries to
- ☐ If **KHSC** staff call for information/direction about what to do in response to the Code Orange, the following should be provided:
  - ☐ If at home, do not come to the hospital unless directed to do so by your manager/supervisor
  - ☐ If at work, do not go to the ED. Contact your Manager/Supervisor/Director for guidance
  - ☐ Review the KHSC Code Orange plan. Binders are in all departments/wards of the hospital and available on the KHSC intranet (Type "Code Orange" in search bar locating at right upper corner of home screen)
- ☐ Confirm with Security the location of the following (if established):
  - ☐ Family meeting area
  - ☐ Staff Pooling area
  - ☐ Media Center
- ☐ Support Security, ED, and other requests for locating, as per usual practices
- ☐ Direct any Media Enquires to Strategy Management & Communications Media Center

Code Orange Stand-down

- ☐ At the direction of the EOC Incident Commander, make the following announcement: "Code Orange, All Clear" (three times)

Essential numbers		
KHSC EOC x 2500 ED Charge RN x 7003 ED Commander x 7007 ED Physician in Charge OR Nursing Manager (x7070)	Pre-op staging x3451 Support staff pool x3179 RN pool x4669 Media Center x1247 Pharmacy Director x 4334	Pharmacy Manager, Operations & Systems x 4008 Pharmacy Manager, Clinical Practice x 7630 ORNGE 1-800-387-4672

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Code Orange Role	Security and Protection Services Personnel
Normal Position	Security and Protection Services Personnel
Work Location	Role-dependent (see below)
Responsible to	EOC Liaison Officer

Role Description

You are responsible for the Protection Services functions during a Code Orange response; this includes regular KHSC Organizational responsibilities, and those specific needs associated with the Code Orange response.

Code Orange Standby

- ☐ There is no overhead announcement for a Code Orange Standby
- ☐ During **Evenings, Weekends, and Holidays** a manual fan-out will be required by ED staff, Operations Manager (ACO), and Security (see Table on Page 9.
  - ☐ Security to notify: Shift/Duty Supervisor, Security Managers, and Director Protection Services

Code Orange Activation

- ☐ **Security Operations Centre Operator**
  - ☐ Notify Queen's Security (613-533-6111) that use of the underground parking garage AND Etherington Auditorium will be needed
  - ☐ Request assistance from Kingston Police to manage traffic at ED entrance (priority) and all around hospital
- ☐ **Director and Manager Protection Services**
  - ☐ Assign or assume Liaison Officer Role(s) in ED and KHSC EOC and report there
  - ☐ Delegate another Manager to take "Lead" for Security personnel
  - ☐ Assess need for additional Security staff and initiate/delegate fan out as required
- ☐ **Security Supervisor**
  - ☐ Secure all public entrances to the hospital except the main entrance and ask Rounds Officer to post directional and Functional Areas signs per (Page 79)
  - ☐ Set up or delegate the set-up of ED and/or KHSC Emergency Operations Centers to an Officer
  - ☐ Provide two-way radio communications (if required)
  - ☐ Assign an appropriate number of Officers to the following key posts/roles:
    - Stuart Street Main Entrance
    - Emergency Department, Connell 1 Entrance
    - Emergency Department Ambulance bay
    - Watkins 2 Old Entrance (Staff entrance)
    - Etherington 1 at lower University Ave (Discharge transfer point)
    - Etherington Auditorium (Family meeting area)
    - Steam plant parking lot
  - ☐ Remain cognizant of security functions in remainder of hospital
  - ☐ Ensure the tasks below are completed by the assigned Officers
- ☐ **Security Officers – Assigned Posts**
  - ☐ **Emergency Department, Connell 1 Entrance**
    - Limit access to the ED to staff with designated roles in the response. Non-essential staff should be redirected to Staff Pooling Areas until requested by the Incident Command team
    - Family members of patients should be redirected to the Family Waiting Area
  - ☐ **Emergency Department Ambulance Bay**
    - Roll down barrier tarps under ER canopy and set up Decontamination area (if required)
    - Non-emergency vehicles should be immediately moved by their owners to Steam Plant or underground lots
  - ☐ **Stuart Street Main Entrance**
    - Redirect arriving persons according to Appendix A (page 35), checking staff ID
    - Arriving staff members – to Watkins 2 Old Entrance before moving to Pooling Areas
    - Family members of MCI patients – Etherington Auditorium via Stuart St. entrance
    - Family members of non-MCI patients asked to refrain from visiting unless their relative is close to death

- Media to Watkins 2 Old Entrance before moving to Media Center on Nickle 2

Code Orange Stand-down

- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident Command Team
- ☐ **Supervisor** to request all public entrances be unlocked, Decontamination equipment cleaned and disposed as appropriate, and tarps rolled back under ER canopy
- ☐ **Security Operations Center Officer** to notify Kingston Police and Queen's Security that the Code Orange has been stood down
- ☐ All Managers and Officers should maintain necessary documentation for debrief, await further instructions, but resume normal operations

Code Orange Role	Lead, Pharmacy Services
Normal Position	Pharmacy Manager, Operations & Systems or other Delegated Pharmacy Manager
Work Location	Liaise between Emergency Department and Pharmacy
Responsible to	Nursing Operations Officer, Director Pharmacy

Role description

You will be the direct contact between the Nursing Operations Officer and Pharmacy staff. Your responsibilities include ensuring sufficient staff / medications to meet increased medication demands as required for response.

Code Orange Standby

- ☐ There is no overhead announcement for a Code Orange Standby
- ☐ Switchboard to initiate mass notification during the daytime hours with ED staff contacting select personnel (see Table 2/Page 9)
- ☐ ED staff, Operations Manager (ACO), Switchboard will initiate fan-out during evenings, weekends, and holidays
- ☐ Review "Functional areas" on Page 79, noting extensions referenced
- ☐ Switchboard to support with fan-outs as requested

Code Orange Activation

- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Establish a working line of communication (mobile or portable phone) with the ED Physician in charge and ED Charge Nurse.
- ☐ In discussion with Nursing Operations Officer (and K2ICU and D4ICU Charge Nurses, as required) determine if additional medications are required outside the regularly-stocked medications in the automated dispensing cabinets.
- ☐ Ensure automated-dispensing cabinets are regularly re-stocked if medication demand exceeds usual use
- ☐ Determine if additional pharmacy staff are required and initiate fan-out (Z:\Common\FORMS and LISTS\Administrative Lists/Fan Out List) advising those contacted:
  - ☐ What their assigned role is
- ☐ Work with pharmacy staff to determine current stock levels of medications required, and if additional supply will be required externally (e.g. manufacturer/warehouse, other hospitals)
- ☐ Report any human resource, supply, or other pharmacy specific needs to the ED Physician in Charge and the Support Staff Operations and Planning Officer
- ☐ Participate in rapid cycle meetings approximately every 30 minutes to review status of action plan items
- ☐ Ensure there has been regular communications with pharmacy staff

Code Orange Stand-down

- ☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the Code Orange to be stood down
- ☐ The decision to stand down the Code Orange is made by KHSC EOC Incident Commander with the agreement of the ED Incident Command Team
- ☐ Prepare any notes and documentation for debrief
- ☐ Attend debrief session

Essential numbers		
Pharmacy Director x 4334 Pharmacy Manager, Operations & Systems x 4008 Pharmacy Manager, Clinical Practice x 7630	Main Dispensary Pharmacist x 3154 On Call Pharmacist pager 536-0047 or 6135360047@epagenet.ca	Stores/Supply Chain x4023

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Code Orange Role	Lead, Environmental and Transportation Services
Normal Position	Director Environmental and Transportation Services
Work Location	Environmental and Transportation Services Office, other locations as needed
Responsible to	Liaison & Support Services Planning Officer

Role description

In this role you are responsible for coordinating the Environmental and Transportation services response to the Code Orange. Resources will need to be focused in the ED, OR, and Critical Care areas of the hospital and be flexible as the Code Orange evolves.

Code Orange Standby

- ☐ Report to Liaison & Support Services Planning Officer
- ☐ Place Environmental and Transportation Managers/Supervisors on Standby
- ☐ Notify Regional Laundry of Code Orange and possible Emergency Supply Needs (Phone 613-544-7906)
- ☐ Inform Call Center of Code Orange x7250

Code Orange Activation

- ☐ Determine need to call in resources depending on Command Center Information and time of day
- ☐ Record all requests from Command Center and confirm completion
- ☐ Be prepared to assist with set up of the Burr 1 Conference room if required
- ☐ Be Prepared to assist with setup of the Same Day Admissions Centre , during the off hours or week-end if required

Code Orange Stand-down

- ☐ Notify Call Center of Stand Down
- ☐ Notify Regional Laundry of Stand Down
- ☐ Prepare any notes and documentation for debrief
- ☐ Attend debrief session

Essential numbers		
ED ICC x2500 Operations Manager (ACO) x 7021 Support staff pool x3179 Stores/Supply Chain x4023	Security x 4142 ED Charge RN x 7003 Pre-op staging x3451	Regional Laundry Services 613-544-7906 Call Center x7250

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Critical Care Section

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Code Orange Role	ICU Program Medical Director
Normal Position	ICU Program Medical Director
Work Location	Kidd 2 ICU
Responsible to	Medical Operations Officer, KHSC EOC

Role description

Your responsibility is to maintain situational awareness and support the activities of the K2 and D4 ICU Physician teams. Facilitate communication between the frontline physicians and the Medical Operations and Planning Officer.

Code Orange Standby

- ☐ If it has not been completed, attend ICU status huddle (meeting between K2 charge nurses, D4 charge nurse, ICU attending physician, second ICU physician if available, and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk.
- ☐ Assess the current critical care physician manpower
- ☐ Assess options to increase physician manpower. Consider other ICU attending physicians, ICU fellows, Clinical Associates, and critical care physicians from regional hospitals. If appropriate, contact select physicians and put them on stand-by.

Code Orange Activation

- ☐ Don the "Silver" ICU Program Medical Director Vest
- ☐ Mobilize physician resources as appropriate
- ☐ Monitor activities and provide support for K2 and D4 physicians
- ☐ Ensure that you or the Kidd 2 Senior ICU Physician attend regular Incident Command meetings in the ED to remain up to speed on the status of the incident and to provide updates on Critical Care capacity
- ☐ In the event of a potentially prolonged Code Orange situation, consider options for rotating physician manpower

Code Orange Stand-down

- ☐ Attend 'hot debrief' for K2 and D4
- ☐ Begin releasing physicians as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the Senior ICU physician

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x2500	Senior ICU MD x7227 ICU Charge x 7042 RACE nurse x7045 D4 Charge Nurse x7051	D4 ICU MD x (may have portable phone)

Note:

The critical care Code Orange plan has significant redundancies in the leadership, in anticipation of possible absences or challenges in communication. For the Program Managers of D4 and K2, the POD and the PMD of the Critical Care program, and the Respiratory Therapy Clinical Leader; there may be the opportunity to meet as a group and form a critical care code orange operation Center using the Davies 2 conference room.

The leadership should consider the following:

- □ Clear reporting and communication lines should be determined by the leadership team and very specifically and directly communicated to the charge nurses of D4 and K2 as well as the physician group.
- □ Visibility of the leadership team is important. Take turns walking through the ICU, providing support and solving problems. A calm, confident presence will help the team function at their best.
- □ Keep the staff updated as new information comes available. When there is no new information, let them know that is the case.
- □ Anticipate needs. Order in food and drink.
- □ Ensure that staff are getting rest periods. Create a sustainable cycle of work and rest periods.

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Code Orange Role	K2 ICU Senior Physician
Normal Position	ICU Attending Physician or Medical Director
Work Location	K2 ICU
Responsible to	ICU Program Medical Director

Role description

You are the most senior physician currently available in the ICU. If the Attending Physician is not present, the ICU Fellow will fulfill this positions until they arrive. If there is no ICU Fellow, the role will be filled by the Senior resident on-call until the Attending Physician's arrival. Work with the ICU Charge Nurses to jointly lead the clinical activities of the K2 ICU. All of the ICU physicians, fellows and residents report to you.

Code Orange Standby

- ☐ Don the "Bronze" Kidd 2 ICU Senior Physician Vest
- ☐ Contact Attending physician on call to come to the ICU
- ☐ Contact ICU Medical Director
- ☐ Attend ICU status huddle. Meet with K2 charge nurses, D4 charge nurse, ICU attending physician (or most senior ICU physician available), second ICU physician if available, and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk.
    - Identify anyone who has not been notified, assign an individual to contact them
    - Provide most recent information on nature of the situation
    - Distribute updated patient lists for K2 and D4
    - Identify potential discharges
    - Identify patients to be doubled/tripled/quadrupled
- ☐ ICU attending physician should carry phone extension 7227
- ☐ Meet with all ICU physicians present, including attending physicians, fellows and residents. Based on anticipated need, distribute MD resources to K2 east, K2 west and D4. Assign a lead MD for each area.
- ☐ Have MD's prepare all possible patients for discharge.
- ☐ Ensure that you or the ICU Medical Director attend regular meetings in the ED Incident Command Center to remain up to speed on the status of the incident and to provide updates on Critical Care capacity

Code Orange Activation

- ☐ Review and complete tasks listed under "Code Orange Standby"
- ☐ Prepare to accept patients in transfer from OR and Emergency department

Code Orange Stand-down

- ☐ Organize a "hot debrief"
- ☐ Begin releasing staff as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the ICU nursing manager and Director

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x2500	Senior ICU MD x7227 ICU Charge x 7042 RACE nurse x7045 D4 Charge Nurse x7051	

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Code Orange Role	ICU Second Physician
Normal Position	ICU Second Physician
Work Location	Davies 4 ICU
Responsible to	K2 ICU Senior Physician

Role description

Work with the D4 Charge Nurse to jointly lead the clinical activities of the D4 ICU. The D4 ICU has a significant capacity for Level 2 and Level 3 patients. The Senior ICU physicians will assign some of the Critical Care physician manpower to D4. All D4 ICU physicians report to you.

Code Orange Standby

- ☐ Attend ICU status huddle. Meet with K2 charge nurses, D4 charge nurse, ICU attending physician (or most senior ICU physician available), second ICU physician if available, and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk.
  - ☐ Identify anyone who has not been notified, assign an individual to contact them
  - ☐ Provide most recent information on nature of the situation
  - ☐ Distribute updated patient lists for K2 and D4
  - ☐ Identify potential discharges
  - ☐ Identify patients to be doubled/tripled/quadrupled
- ☐ Retrieve portable phone from ICU residents.
- ☐ Move to D4 ICU with the D4 charge nurse. Begin reviewing patients who could be transferred to the ward or discharged home.
- ☐ Delegate any physician resources you have to prepare identified patients for discharge

Code Orange Activation

- ☐ Review and complete tasks listed under “Code Orange Standby”
- ☐ Prepare to accept patients in transfer from OR and Emergency department

Code Orange Stand-down

- ☐ With D4 charge nurse, arrange a “hot debrief” for D4
- ☐ Begin releasing staff as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the ICU Medical Director or Senior ICU physician

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x2500	Senior ICU MD x7227 ICU Charge x 7042 RACE nurse x7045 D4 Charge Nurse x7051	D4 ICU MD x (may have portable phone)

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Code Orange Role	Program Operational Director Critical Care
Normal Position	Program Operational Director Critical Care
Work Location	Kidd 2 ICU
Responsible to	EVP Patient Care & Community Partnerships & Chief Nursing Executive (KHSC EOC)

Role description

The Program Operational Director maintains situational awareness and provides support to the ICU Charge Nurses and Managers of the K2 and D4 ICU's.

Code Orange Standby

- ☐ If it has not been completed, attend ICU status huddle (meeting between K2 charge nurses, D4 charge nurse, ICU attending physician, second ICU physician if available, and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk.
- ☐ Assess the current critical care physician manpower
- ☐ Assess options to increase physician manpower. Consider other ICU attending physicians, ICU fellows, Clinical Associates, and critical care physicians from regional hospitals. If appropriate, contact select physicians and put them on stand-by.

Code Orange Activation

- ☐ Don the "Silver" Program Operational Director Vest
- ☐ Mobilize physician resources as appropriate
- ☐ Monitor activities and provide support for K2 and D4 physicians
- ☐ Ensure that you or the Kidd 2 Senior ICU Physician attend regular Incident Command meetings in the ED to remain up to speed on the status of the incident and to provide updates on Critical Care capacity
- ☐ In the event of a potentially prolonged Code Orange situation, consider options for rotating physician manpower

Code Orange Stand-down

- ☐ Attend 'hot debrief' for K2 and D4
- ☐ Begin releasing physicians as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the Senior ICU physician

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x2500	Senior ICU MD x7227 ICU Charge x 7042 RACE nurse x7045 D4 Charge Nurse x7051	D4 ICU MD x (may have portable phone)

Note:

The critical care code orange plan has significant redundancies in the leadership, in anticipation of possible absences or challenges in communication. For the Program Managers of D4 and K2, the POD and the PMD of the Critical Care program, and the Respiratory Therapy Clinical Leader; there may be the opportunity to meet as a group and form a critical care code orange operation Center using the Davies 2 conference room.

The leadership should consider the following:

□ Clear reporting and communication lines should be determined by the leadership team and very specifically and directly communicated to the charge nurses of D4 and K2 as well as the physician group.

□ Visibility of the leadership team is important. Take turns walking through the ICU, providing support and solving problems. A calm, confident presence will help the team function at their best.

□ Keep the staff updated as new information comes available. When there is no new information, let them know that is the case.

□ Anticipate needs. Order in food and drink.

□ Ensure that staff are getting rest periods. Create a sustainable cycle of work and rest periods.

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Code Orange Role	Kidd 2 ICU Program Manager
Normal Position	Kidd 2 ICU Program Manager
Work Location	Kidd 2 ICU
Responsible to	Program Operational Director, Critical Care

Role description

The K2 Nurse Manager provides support for the Charge Nurses, anticipating supply requirements and human resources issues. The D4 manager communicates with the Program Operational Director, or in the POD's absence directly with the Nursing Operations and Planning Officer.

Code Orange Standby

- ☐ If it has not been completed, attend ICU status huddle (meeting between K2 charge nurses, D4 charge nurse, ICU attending physician, second ICU physician if available, and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk.
- ☐ Assess the human resources and supply resources in the context of the anticipated patient needs
- ☐ Consider options for augmenting human and supply resources

Code Orange Activation

- ☐ Don the "Bronze" Kidd 2 ICU Program Manager Vest
- ☐ In consultation with the POD, operationalize plans to increase human and supply resources for K2.
- ☐ Monitor the demands on staff and supplies. Anticipate shortages and work to secure additional resources
- ☐ Monitor activities and provide support for the staff
- ☐ If the code orange is anticipated to be prolonged, work with the charge nurses and POD to develop a plan to rotate staff.

Code Orange Stand-down

- ☐ Attend 'hot debrief' for K2
- ☐ Begin releasing staff as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the charge nurses and nursing managers

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x2500	Senior ICU MD x7227 ICU Charge x 7042 RACE nurse x7045 D4 Charge Nurse x7051	D4 ICU MD (may have portable phone)

Note:

The critical care code orange plan has significant redundancies in the leadership, in anticipation of possible absences or challenges in communication. For the Program Managers of D4 and K2, the POD and the PMD of the Critical Care program, and the Respiratory Therapy Clinical Leader; there may be the opportunity to meet as a group and form a critical care code orange operation Center using the Davies 2 conference room.

The leadership should consider the following:

- □ Clear reporting and communication lines should be determined by the leadership team and very specifically and directly communicated to the charge nurses of D4 and K2 as well as the physician group.
- □ Visibility of the leadership team is important. Take turns walking through the ICU, providing support and solving problems. A calm, confident presence will help the team function at their best.
- □ Keep the staff updated as new information comes available. When there is no new information, let them know that is the case.
- □ Anticipate needs. Order in food and drink.
- □ Ensure that staff are getting rest periods. Create a sustainable cycle of work and rest periods.

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Code Orange Role	K2 ICU Charge Nurse
Normal Position	K2 ICU Charge Nurse
Work Location	K2 ICU
Responsible to	K2 ICU Program Manager

Role description

You will work with the Kidd 2 ICU Senior physician (Attending and/or Medical Director) to jointly lead the clinical activities of the K2 ICU. You will need to work closely with the Operations Manager (ACO), Charge Nurses in D4ICU, ED, and OR, to optimize patient flow and resource utilization. All of the Kidd 2 ICU nurses and the ICU Lead RT report to you.

Code Orange Standby

- ☐ Review and print 10 copies of current K2 ICU patient list. Identify potential discharges
- ☐ Contact RACE nurse and call to ICU status huddle (below).
- ☐ Attend ICU status huddle. Meet with K2 charge nurses, D4 charge nurse, ICU attending physician (or most senior ICU physician available), second ICU physician if available and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk.
  - ☐ Identify all members of the Critical Care Code Orange plan who have not been notified and assign an individual to contact them (ICU charge nurses, ICU physician, ICU manager, ICU Program Medical Director, ICU Program Operational Director)
  - ☐ Communicate most recent information on nature of the situation
  - ☐ Distribute updated patient lists for K2 and D4 ICU
  - ☐ Confirm contact options for each other (cell phones, portable phones, etc.)
  - ☐ Identify potential discharges to the ward
  - ☐ Identify patients to be doubled/tripled/quadrupled
- ☐ Arrange for any patients already identified as needing K2 to be immediately pulled-up from the emergency department by ICU nursing and RT staff
  - ☐ Perform any necessary bed moves to optimize staffing assignments
  - ☐ In event of a shift change, retain all staff until it is determined whether there will be an escalation to Code Orange or de-escalation to All Clear.

Code Orange Activation

- ☐ Review and complete tasks listed under “Code Orange Standby”
- ☐ Begin transfers of identified patients out of K2
- ☐ Prepare to accept patients in transfer from OR and Emergency department
- ☐ Ensure at least one of: Program Operational Director, the Kidd 2 ICU Charge Nurse, or the Davies 4 ICU Charge Nurse attend regular Incident Command meetings in the ED to remain up to speed on the status of the incident and to provide updates on Critical Care capacity

Code Orange Stand-down

- ☐ With ICU Medical Director or most Senior ICU physician, arrange a “hot debrief”
- ☐ Begin releasing staff as you are able, beginning with those who have been in attendance the longest (the release of staff may depend on patient and unit acuity needs).
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the ICU nursing manager and Director

Essential numbers		
ED ICC x2500 ICU Charge Nurse East x7042 D4 ICU Charge Nurse x 7150	Operations Manager (ACO) x 7021 Security x 4142 Senior ICU MD x7227	ICU Lead RT/ Charge RT x7226 RACE nurse x7045

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Code Orange Role	Davies 4 ICU Program Manager
Normal Position	Davies 4 ICU Program Manager
Work Location	Davies 4 ICU
Responsible to	Davies 4 ICU Program Manager

Role description

The D4 ICU Program Manager provides support for the Charge Nurses, anticipating supply requirements and human resources issues. The D4 manager communicates with the Program Operational Director, or in the POD's absence directly with the Nursing Operations and Planning Officer.

Code Orange Standby

- ☐ If it has not been completed, attend ICU status huddle (meeting between K2 charge nurses, D4 charge nurse, ICU attending physician, second ICU physician if available, and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk.
- ☐ Assess the human resources and supply resources in the context of the anticipated patient needs
- ☐ Consider options for augmenting human and supply resources

Code Orange Activation

- ☐ Don the "Bronze" Davies 4 ICU Program Manager Vest
- ☐ In consultation with the POD, operationalize plans to increase human and supply resources for D4.
- ☐ Monitor the demands on staff and supplies. Anticipate shortages and work to secure additional resources
- ☐ Monitor activities and provide support for the staff
- ☐ If the code orange is anticipated to be prolonged, work with the charge nurses and POD to develop a plan to rotate staff.

Code Orange Stand-down

- ☐ Attend 'hot debrief' for D4
- ☐ Begin releasing staff as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the charge nurses and nursing managers

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x2500	Senior ICU MD x7227 ICU Charge x 7042 RACE nurse x7045 D4 Charge Nurse x7051	D4 ICU MD x (may have portable phone)

Note:

The critical care code orange plan has significant redundancies in the leadership, in anticipation of possible absences or challenges in communication. For the Program Managers of D4 and K2, the POD and the PMD of the Critical Care program, and the Respiratory Therapy Clinical Leader; there may be the opportunity to meet as a group and form a critical care code orange operation Center using the Davies 2 conference room.

The leadership should consider the following:

□ Clear reporting and communication lines should be determined by the leadership team and very specifically and directly communicated to the charge nurses of D4 and K2 as well as the physician group.

□ Visibility of the leadership team is important. Take turns walking through the ICU, providing support and solving problems. A calm, confident presence will help the team function at their best.

□ Keep the staff updated as new information comes available. When there is no new information, let them know that is the case.

□ Anticipate needs. Order in food and drink.

□ Ensure that staff are getting rest periods. Create a sustainable cycle of work and rest periods.

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Code Orange Role	D4 ICU Charge Nurse
Normal Position	D4 ICU Charge Nurse
Work Location	D4 ICU
Responsible to	D4 ICU Program Manager

Role description

Work with the ICU second Attending physician to jointly lead the clinical activities of the D4 ICU. You will need to work closely with the Operations Manager (ACO), Charge Nurses in D4ICU, ED, and OR, to optimize patient flow and resource utilization. All of the D4 ICU nurses report to you

Code Orange Standby

- ☐ Review and print ten copies of current D4 ICU patient list. Identify potential discharges
- ☐ Attend ICU status huddle. Meet with K2 charge nurses, D4 charge nurse, ICU attending physician (or most senior ICU physician available), second ICU physician if available, and ICU Lead RT (or Charge RT if available) in front of the K2 East Charge Desk
- ☐ Identify anyone who has not been notified, assign an individual to contact them
- ☐ Provide most recent information on nature of the situation
- ☐ Distribute updated patient lists for K2 and D4
- ☐ Identify potential discharges
- ☐ Identify patients to be doubled/tripled/quadrupled
- ☐ Return to D4 ICU with the second ICU physician or delegate. Begin reviewing patients who could be transferred to the ward or discharged home.
- ☐ Arrange for any patients already identified as needing D4 to be immediately pulled-up from the emergency department by D4 nursing staff
- ☐ Perform any necessary bed moves to optimize staffing assignments. If there may be a need for ventilated patients to be placed in the D4 ICU, open front rooms by transferring patients to back area
- ☐ In event of a shift change, retain all staff until it is determined whether there will be an escalation to Code Orange or de-escalation to All Clear.

Code Orange Activation

- ☐ Review and complete tasks listed under “Code Orange Standby”
- ☐ Begin transfers of identified patients out of D4
- ☐ Prepare to accept patients in transfer from OR and Emergency department
- ☐ Ensure at least one of: Program Operational Director, the Kidd 2 ICU Charge Nurse, or the Davies 4 ICU Charge Nurse attend regular Incident Command meetings in the ED to remain up to speed on the status of the incident and to provide updates on Critical Care capacity

Code Orange Stand-down

- ☐ With ICU physician, arrange a “hot debrief”
- ☐ Begin releasing staff as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the ICU nursing manager and Director

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x3330	K2 ICU Charge 7042 Senior ICU MD x7227 RACE nurse x7045 D4 Charge Nurse 7051	

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Code Orange Role	ICU Lead RT
Normal Position	ICU Charge RT, Kidd 2 ICU RT
Work Location	Kidd 2 ICU
Responsible to	Kidd 2 ICU Charge Nurse

Role description

Work with the K2 and D4 ICU Charge Nurses to co-ordinate the Respiratory Therapy needs with the clinical activities of K2 ICU and D4 ICU. All K2 and D4 respiratory therapists report to you.

Code Orange Standby

- ☐ Review K2 ICU and D4 ICU patient lists. Identify potential discharges
- ☐ Obtain Charge RT phone x7226
- ☐ Attend ICU status huddle. Meet with K2 charge nurses, D4 charge nurse, ICU attending physician (or most senior ICU physician available) and second ICU physician if available in front of the K2 East Charge Desk.
  - ☐ Identify yourself as the point of contact for Respiratory Therapy
  - ☐ Communicate most recent information on nature of the situation
  - ☐ Confirm contact options for each other (cell phones, portable phones, etc.)
- ☐ Arrange for any patients already identified as needing K2 to be immediately pulled-up from emergency department by ICU nursing and RT staff
- ☐ Perform any necessary bed moves to optimize staffing assignments
- ☐ Assess RT needs in critical care in preparation to redistribute staff to the ED
- ☐ Survey availability or equipment and supplies (i.e. ventilators, oxygen, portable suction)
- ☐ In event of a shift change, retain all staff until it is determined whether there will be an escalation to Code Orange or de-escalation to All Clear.

Code Orange Activation

- ☐ Don the "Bronze" ICU Charge RT Vest
- ☐ Begin transfers of identified patients out of K2
- ☐ Prepare to accept patients in transfer from OR and Emergency department
- ☐ Redistribute RT staff to ED and other areas as necessary

Code Orange Stand-down

- ☐ With ICU medical director or most senior ICU physician, arrange a "hot debrief"
- ☐ Begin releasing staff as you are able, beginning with those who have been in attendance the longest
- ☐ If there are ongoing elevated critical care needs, develop staffing plan with the ICU nursing manager and Director

Essential numbers		
Operations Manager (ACO) x7021 Security x4142 ED ICC x3330	Senior ICU MD x7227 ICU Charge x 7042 RACE nurse x7045 ICU Lead RT/ Charge RT x7226	

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Functional Areas to be established at KGH during the Code Orange Response (Note: See Appendix A (Maps) on Page 33)

Functional Area	Location	Phone #	Staffed By	Controlled By	Call Back List
ED Incident Command Center	Connell 1, Room x 2-152	xxx	• ED Incident Command Members	Director, Ambulatory and Emergency Program	Switchboard
KHSC Emergency Operations Center (EOC)	Dietary 3 Boardroom	2500	• KHSC EOC Members	President & CEO / Delegate	Switchboard
Media Center	Strategy Management & Communications Conference Room – Nickle	1247	• Strategy Management & Communications Specialists	Chief Communication & Marketing Officer / Delegate	Switchboard
Discharge Staging Area	Armstrong Level 1		• Social Work • Patient Records & Registration • Nursing • Home and Community Care SELHIN Volunteers	Director Social Work / Delegate	Switchboard
Family Waiting Area	Etherington Amphitheatre		• Pastoral Care • Social Work • Volunteers	Director Pastoral Care / Delegate	Switchboard
Discharge / Transfer Point	Armstrong Entrance off Lower University St.	N/A	• Security	Director Protection Services / Delegate	N/A
Pre-Op Staging Area	Same Day Admission Center – Dietary 2 (7-213)	3451	• Nursing Personnel	Surgery Department Head / Delegate	N/A
ER Decanting	Admission and Transfer Unit – Connell 1 (2-183)	4285	• Nursing Personnel	Medicine Department Head / Delegate	N/A
Nursing Personnel Pool	Nursing Conference Room – Watkins 2	4669	• Nursing Personnel	Director Nursing Staffing / Delegate	Nursing Staffing Office
Medical Personnel Pool	Watkins 3 Conference Room		• Physicians	Medical Director / Delegate	Switchboard
Support Personnel Pool	Old Cafeteria – Dietary 3 (7-328H)	3179	• Support Staff (i.e. Maintenance, Transportation, Environmental Services, etc.)	Chief Human Resources Officer / Delegate	Departmental Call Back Lists
Volunteer Personnel Pool	Volunteer Conference Room – Connell 1 (2-192)	2359	• Volunteers	Director Volunteer Services / Delegate	Volunteer Office
Parking Areas	**Staff** • Steam Plant Lot • Underground Parking Lot **Visitors** • Underground Parking Lot	N/A	• Security • Queen's Parking	Director Protection Services/ Delegate	N/A
Points of Entry	**Emergency Entrances**	N/A	• Queen's Parking • Security	Services/Delegate	N/A

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KHSC Emergency Operations Centre (EOC)

Section

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Code Orange Role	EOC Incident Commander
KHSC President & CEO/COO – Code Orange Role – EOC Incident Commander	
Normal Position	KHSC President & CEO/COO
Work Location	Dietary 3 Boardroom
Responsible to	KHSC Board of Directors

Role description

You will direct the KHSC organizational operational response to the Code Orange. This involves setting the overall strategy, actioning requests for resources from the ED, Perioperative and Critical Care Services , and planning for the resumption of normal "business activities" as the Code Orange winds down. The most critical early actions will be creating bed capacity, upscaling human and physical resources, and establishing external communication.

Code Orange Activation

- ☐ Read this entire Job Action Sheet before proceeding
- ☐ Don the "Gold" EOC Incident Commander Vest
- ☐ Request that:
  - ☐ All EOC members have been contacted and are either present or en-route to the EOC
  - ☐ Someone is assigned as Recording Scribe
  - ☐ An Emergency Procedures Manual is present
- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Delegate the following Incident Command Positions: (Note that some positions may not be required in a particular incident and some roles can be dismissed/deferred as appropriate. Conversely, at the outset of the incident, one individual may need to take on more than one role, until additional staff arrive.)
  - ☐ Medical Operations Officer (Chief of Staff/VP Medical Affairs)
  - ☐ Nursing Operations Officer (Chief of Quality & Clinical Transformations)
  - ☐ EVP Patient Care & Community Partnerships and Chief Nursing Executive
  - ☐ VP Patient Care
  - ☐ Risk Management Officer
  - ☐ Logistics Officer (Chief Operating Officer)
  - ☐ Finance Officer (Chief Financial Officer)
  - ☐ Liaison & Support Services Planning Officer (VP Mission & Strategy Integration & Support Services)
  - ☐ Liaison Officer (Director Protective Services)
  - ☐ Communications Officer (Director Communication & Strategy Management)
  - ☐ Planning Officer (Joint VP & Chief Human Resources Officer)
  - ☐ Executive Assistant (Administrative Assistant)
  - ☐ Recording Secretary (Administrative Assistant)
- ☐ With the input of the other EOC members, set the initial priorities and action plans for the response
- ☐ If it is determined that a live person/team is required to answer the emergency update line; assign a person/team to provide updates and answer questions. The call may be initially answered by a live person and triaged to the KHSC EOC to delegate an appropriate person for clinical information/response if required.
- ☐ If necessary, task Security Operations Center (x4142) to initiate staff fan out
- ☐ If necessary, establish Staff pooling areas – see "Functional Areas" (Page 79)
- ☐ Confirm if the ED staff have opened the Burr Gym for "walking wounded" patients. If opened, the ED leadership will provide oversight to this area as an extension of the Emergency Department, but will make requests to the EOC for additional human or materials resources.
- ☐ Consider whether information, discussion, and/or external support from any of the following partners could aid in the response and task Liaison Officer to contact, if necessary:
  - ☐ The City of Kingston
  - ☐ Kingston Frontenac Lennox and Addington Public Health
  - ☐ Providence Care or other regional hospitals
  - ☐ South-East LHIN

- ☐ Ministry of Health Emergency Management Branch
- ☐ Other regional hospitals

☐ Respond to resource requests from ED, OR, Critical care & other inpatient units

☐ Establish rapid cycle meetings approximately every 15-30 minutes to review status of action plan items

Code Orange Stand-down

☐ Continuously seek information from the ED Incident Command Team and Bronze level leaders that would allow the Code Orange to be stood down

☐ The decision to stand down the Code Orange is made by you, with consensus from the EOC, and based on inputs from the ED and inpatient units

☐ Ask switchboard to announce "Code Orange All Clear" three times and ensure the stand down decision is communicated throughout the organization

☐ Organize a "hot debrief" for the EOC and ED/Critical Care Incident Command Teams

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

Code Orange Role	EOC Medical Operations Officer
Normal Position	Chief of Staff / Chief of Medical & Academic Affairs
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

You will be responsible for analyzing and devising strategies to mitigate the potential impact of the Code Orange on various hospital programs, overseeing Physician staffing requirements, and working with Department Heads and Medical Directors to coordinate the institution's medical response to the incident.

Code Orange Activation

- ☐ Don the "Silver" EOC Medical Operations Officer Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Incident Commander
- ☐ Assess and respond to immediate Physician and Surgeon staffing needs in ED, OR, Critcal Care areas through discussion with Department Heads/Medical Directors for Emergency Medicine, Surgery/Anesthesia/Perioperative Services, Critical Care Medicine, etc.
- ☐ Authorize "Fan-outs" for required Physicians and Residents and establish Staff "Pooling areas" if necessary
- ☐ Collaborate with EVP Patient Care & Community Partnerships and Chief Nursing Executive to assess capacity and potential impact of the incident on the following programs (Document on Portfolio Assessment Form – Appendix A)
    - ☐ Cardiac
    - ☐ Critical Care
    - ☐ Emergency
    - ☐ Medicine
    - ☐ Mental Health
    - ☐ Obstetrics
    - ☐ Oncology
    - ☐ Pediatric
    - ☐ Surgical/Peri-operative
- ☐ Plan and project patient care needs for the response to the emergency
- ☐ Review and manage patient activity with consolidation of need to limit and/or expand capacity and supplement staff
- ☐ Implement decanting strategies, as required
- ☐ Enforce infection control practices
- ☐ Ensure updates from Patient Care and Ancillary Services Group Leaders about adequate staff and supplies for current conditions
- ☐ Develop solutions to patient care/operational issues, as required
- ☐ Document action and decisions on a continual basis
- ☐ Assess impact of incident on external responsibilities
- ☐ Provide regular update to the EOC Incident Commander
- ☐ Participate in rapid cycle meetings approximately every 15-30 minutes to review status of action plan items

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323
	Media Center x1247	Support staff pool x3179

ED Physician in Charge x7007 Pre-op staging x3451	ATU x4285	Volunteer pool x2359

Code Orange Role	EOC Nursing Operations Officer
Normal Position	Chief of Quality & Clinical Transformations
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

You will coordinate with leads from nursing, social work and to organize the staffing resources and operations in response to the Code Orange.

Code Orange Activation

- ☐ Don the "Silver" EOC Nursing Operations Officer Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Incident Commander
- ☐ Assess and respond to immediate Nursing and Social work needs in ED, OR, Critical Care areas through discussion with EVP Patient Care & Community Partnerships & Chief Nursing Executive and the VP Patient Care
- ☐ Authorize "Fan-outs" for staff establishing "Pooling areas" if necessary
- ☐ Participate in rapid cycle meetings approximately every 15-30 minutes to review status of action plan items and update the EOC Commander
- ☐ Plan and project patient care needs for the response to the emergency
- ☐ Review and manage patient activity with consolidation of need to limit and/or expand capacity and supplement staff to meet operational needs, as required
- ☐ Implement decanting strategies, as required
- ☐ Document action and decisions on a continual basis
- ☐ Assess impact of incident on external responsibilities
- ☐ Provide regular update to the EOC Incident Commander

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021
ED Charge RN x 7003
ED Physician in Charge x7007
Pre-op staging x3451

KHSC EOC x2500
Security x 4142
Media Center x1247
ATU x4285

RN pool x4669
MD Pool x 6323 x
Support staff pool x3179
Volunteer pool x2359

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Code Orange Role	EOC Logistics Officer
Normal Position	Chief Operating Officer
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

You will provide resources for the response to the Code Orange. You will also contribute to strategic objectives and action planning of the response.

Code Orange Activation

- ☐ Don the "Silver" EOC Logistics Officer Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Incident Commander
- ☐ Establish contact with Directors for each of the following areas (as necessary to the incident) to assess current capacity and immediate resource requirements
  - ☐ Imaging Services
  - ☐ Pharmacy
  - ☐ Registration and Health Information Systems
  - ☐ Clinical Laboratory Services
  - ☐ Information Management
  - ☐ Redevelopment & Planning (if applicable)
- ☐ Liaise with Finance Officer to ensure communication has taken place with Materials Management/3SO Support Services and Director Finance
- ☐ Determine resources required within your portfolio and resource requests from:
  - ☐ EOC Nursing Operations Officer
  - ☐ EOC Liaison & Support Services Planning Officer
  - ☐ EOC Planning Officer
- ☐ Update EOC Nursing Operations Officer, Liaison & Support Services Planning Officer and Planning Officer of resources available or projected to meet response needs
- ☐ Participate in rapid cycle meetings approximately every15- 30 minutes to review status of action plan items

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

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Code Orange Role	EOC Liaison & Support Services Planning Officer
Normal Position	VP Mission & Strategy Integration & Support Services
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

You will participate in the KHSC organizational operational response to the Code Orange by contributing to the overall strategy, responding to requests for resources from the "Bronze" level leaders, and leading the communication with external partnering agencies.

Code Orange Activation

- ☐ Don the "Silver" EOC Liaison & Support Services Planning Officer Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Commander
- ☐ Establish contact with Directors/Leaders for each of the following areas (as necessary to the incident) to assess current capacity and immediate resource requirements:
  - ☐ Liaison Officer
  - ☐ Communications Officer
  - ☐ Facilities Management
  - ☐ Environmental and Transport services
  - ☐ Nutrition Services
  - ☐ Spiritual Health
- ☐ Respond to requests for resource from Directors/Leaders of above areas throughout incident with plans to procure necessary resources
- ☐ Provide Staff Pooling location to service leads (e.g. Old Cafeteria – Dietary 3) and draw staff from Staff Pools to meet human resource requirements per Service Leads requests
- ☐ Ask all leads to review staffing schedules for at least the next 48 hours and to generate appropriate schedules to maintain resiliency within staffing groups
- ☐ Work with Finance/Purchasing if assistance is required in obtaining supplies/equipment
- ☐ Participate in rapid cycle meetings approximately every15- 30 minutes to review status of action plan items

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

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Code Orange Role	EOC Planning Officer
Normal Position	Joint VP & Chief Human Resources Officer
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

Gathers all relevant information required for the response to the incident and plans for the recovery stage when the incident has concluded. The Planning Officer will assess any directives provided by a higher authority (MOHLTC, etc.) and assess how staff will respond to the directive in a safe manner.

Code Orange Activation

- ☐ Don the "Silver" EOC Planning Officer Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Commander
- ☐ Establish contact with Directors/Leaders for each of the following areas (as necessary to incident) to assess current capacity and immediate resource requirements:
  - ☐ Occupational Health and Wellness
  - ☐ Infection Prevention and Control
  - ☐ Workplace Planning and Utilization
  - ☐ Volunteer services
- ☐ Respond to requests for resource from Directors/Leaders of above areas throughout incident with plans to procure necessary resources
- ☐ Identify services that are essential, can be stopped or reduced
- ☐ Establish a process for short and long-term planning to execute normal business level. Be prepared to update the plan as situations develop
- ☐ Respond and direct as necessary based on the crisis needs
- ☐ Ensure appropriate planning for demobilization of EOC staff and termination of Emergency operations in consultation with the Corporate Services Officer
- ☐ Assess impact of incident on external responsibilities
- ☐ Provide regular update to the EOC Incident Commander

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

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Code Orange Role	EOC Operations Bronze Level EVP Patient Care & Community Partnerships & Chief Nursing Executive (and/or VP Patient Care)
Normal Position	EVP Patient Care & Community Partnerships and Chief Nursing Executive and /or VP Patient Care
Work Location	Dietary 3 Boardroom
Responsible to	Nursing Operations Officer (Chief of Quality & Clinical Transformations)

Role description

This Role can be filled by 1-2 persons as it is a large role. It involves assessing the impact of the Code Orange on patient care and ancillary services portfolios, reviewing the capacity for patient care functions in the organization and determining if any services need to be reduced or stopped in response to the Code Orange.

Code Orange Activation

- ☐ Don the "Bronze" EOC EVP Patient Care & Community Partnerships and CNE Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Incident Commander
- ☐ Assess and respond (via Nursing Operations Officer) to immediate Nursing and Social Work staffing needs in ED, OR, Critical Care Areas through discussion with Program Operational Directors for Emergency Medicine, Surgery/Anesthesia/Perioperative Services, Critical Care Medicine, etc.
- ☐ Collaborate with the Chief of Staff to assess capacity and potential impact of the incident on the following programs (Document on Portfolio Assessment Form – Appendix A)
  - ☐ Cardiac
  - ☐ Critical Care
  - ☐ Emergency
  - ☐ Surgical/Peri-operative
  - ☐ Medicine
  - ☐ Mental Health
  - ☐ Obstetrics
  - ☐ Oncology
  - ☐ Pediatric
- ☐ Assess capacity and potential impact of incident on Ancillary Services
  - ☐ Respiratory Therapy
  - ☐ Social Work
- ☐ With Nursing Operations Officer, respond to requests for staff or other resources from above programs and services, make plans to ensure programs and services remain functional throughout the Code Orange
- ☐ Make contact with and establish a Lead for Social Work, determining existing staff assignments, ability to reassign personnel, and resiliency
- ☐ Identify services that are essential, can be stopped or reduced
- ☐ Plan and project patient care needs for the response to the Emergency
- ☐ Implement decanting strategies, as required
- ☐ Enforce infection control practices
- ☐ Obtain updates from Patient Care about adequate staff and supplies for current conditions
- ☐ Develop solutions to patient care/operational issues, as required
- ☐ Document action and decisions on a continual basis
- ☐ Assess impact of incident on external responsibilities
- ☐ Provide regular update to the EOC Incident Commander
- ☐ Contact Employee Family Assistance Program (EFAP) to have Counselors available for staff

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

Code Orange Role	EOC Operations Bronze Level Risk Management Officer
Normal Position	Director Patient Safety, Quality & Risk
Work Location	Dietary 3 Boardroom
Responsible to	Nursing Operations Officer (Chief of Quality & Clinical Transformations)

Role description

You are responsible for the short and long-term risk management issues related to the Code Orange response. Ensure the integrated risk management program is fully leveraged to assist in the response and recovery efforts.

Code Orange Activation

- ☐ Don the "Bronze" EOC Risk Management Officer Vest
- ☐ Read this entire section before proceeding
- ☐ Obtain a briefing from EOC Incident Commander
- ☐ Provide advice to the EOC Incident Commander regarding legislative and regulatory issues
- ☐ Advise EOC on legal, liability and risk aspects of restricting programs and services; utilization of staff in non-traditional roles; prioritization of services; restricting access.
- ☐ Advise the EOC Incident Commander and Section Officers immediately of any unsafe, hazardous or security related conditions
- ☐ Provide regular update to the EOC Commander
- ☐ Document action and decisions on a continual basis
- ☐ Respond and direct as necessary based on the crisis needs
- ☐ Brief your relief, ensuring that ongoing activities are identified and follow-up requirements are known

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

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Code Orange Role	EOC Finance Bronze Level Financial Officer
Normal Position	Chief Financial Officer
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

Govern over-all the maintenance of the physical environment, resource projections, and utilization of financial assets necessary for the response and recovery of the incident

Code Orange Activation

- ☐ Don the "Bronze" EOC Financial Officer Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Commander
- ☐ Establish initial briefing with Planning officer, and Logistics officer
- ☐ Receive impact of incident assessment from Planning and Logistics portfolios
- ☐ Receive regular updates regarding response to the incident from Planning Officer, Logistics Officer, and Finance Group leader
- ☐ Assess resources required, i.e. staffing, supplies, etc.
- ☐ Oversee the acquisition of supplies and services necessary to carry out the Hospital's medical mission
- ☐ Monitor the utilization of financial assets
- ☐ Set up cost centre to track costs associated with the incident
- ☐ Ensure the documentation of expenditures relevant to the emergency incident
- ☐ Respond and direct as necessary based on the crisis needs
- ☐ Document action and decisions on a continual basis
- ☐ Provide regular update to the EOC Commander
- ☐ Provide rest periods and relief for staff directly reporting to you. Observe Planning, Logistics and Finance officers for signs of stress and inappropriate behavior. Reinforce EFAP support. Report concerns to Occupational Health Group
- ☐ Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

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Code Orange Role	EOC Bronze Level - Liaison Officer
Normal Position	Director of Protection Services
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

Responsible for maintaining links with other emergency services, outside agencies for information sharing.

Code Orange Activation

- ☐ Don the "Bronze" EOC Liaison Officer Vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Incident Commander
- ☐ Establish further communication pathways with Police or Fire as necessary
- ☐ Consider the need to advise and/or request support from the following external partners
  - ☐ Providence Care (and other regional hospitals)
  - ☐ City of Kingston
  - ☐ KFLA Public Health
  - ☐ South-East LHIN
  - ☐ City of Kingston
  - ☐ Ministry of Health Emergency Management Branch (Consider reporting in Emergency Management Communications Tool)
  - ☐ Regional Coroner's Office
- ☐ If the Code Orange response would be enhanced through the support of external partners above than strongly advocate to the Incident Commander to activate
- ☐ Direct Security Supervisor/Manager to review staffing schedules for at least the next 48 hours and to generate appropriate schedules to maintain resiliency within staffing groups
- ☐ Work with the Logistics and Communications Officers and Security to establish the following additional areas (see Table 4/Page 27):
  - ☐ Family meeting area
  - ☐ Discharge holding area
  - ☐ Staff Pooling areas
  - ☐ Additional morgue capacity – freezer trucks, release of bodies to funeral homes, etc. (involve Coroner)

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021
ED Charge RN x 7003
ED Physician in Charge x7007
Pre-op staging x3451
KHSC EOC x2500
Security x 4142
Media Center x1247
ATU x4285
RN pool x4669
MD Pool x 6323 x
Support staff pool x3179
Volunteer pool x2359

City of Kingston:
Administration & Emergency Preparedness Manager
613-548-4001, ext. 5220

Utilities Kingston:
546-1181

LHIN Southeast Region
1-866-831-5446
(business hour emergency)

Ministry of Health
Regional emergency call 1-866-255-2292
Provincial emergency call
1-866-212-2272
(evening & weekends)

Ministry of Environment, Spills Action Centre
1-800-268-6060

Coroner:
613-544-1596 ofc
613-544-3473 fax

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Code Orange Role	EOC Bronze Level - Communications Officer
Normal Position	Director Communications & Strategy Management
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

You are responsible for monitoring external media for information about the incident, establishing communication links and resources for families and the media, and providing oversight to public relations, communication specialists, who are engaged in the Code Orange response. You will also contribute to the strategic objectives and action planning of the response.

Code Orange Activation

- ☐ Don the "Bronze" EOC Communication Officer vest
- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Commander
- ☐ Contact Communications team, ask them to report to the media centre on Nickel 2
- ☐ Review available information on the incident using Code Orange Notification document as a guide: expected number and acuity of casualties, timelines, ED, OR, Critical Care, other inpatient capacities, HDH site capacities, etc.
- ☐ Review social media and traditional media for information on the incident
- ☐ Develop initial statement/update and establish communication update cycle. Post internally; externally (web, social media), respond to media inquiries
- ☐ In conjunction with Switchboard provide updated message on the Emergency Update Line at 613-549-6666 ext. 8134
- ☐ Disseminate the Emergency Update line number on social media, traditional media, via switchboard, etc. for family communication
- ☐ Work with the EOC Liaison Officer and Security to establish and staff a Media Centre in the Nickle 2 Public Relations Boardroom
- ☐ Develop regular updates for all staff in conjunction with the Communications group to provide situational awareness to hospital staff and response personnel (e.g. internal email, KHSC intranet, Security's Mass Notification system, etc.)
- ☐ Ensure all communications releases are approved by KHSC EOC Incident Commander
- ☐ Provide script of approved information on the incident that can be shared by Social Workers, Clinicians, etc.
- ☐ Continuously monitor social media and traditional media outlets for information on the incident that would be useful to the remainder of the Incident Command team or that needs to be addressed (i.e. rumors) via communications releases
- ☐ Designate hospital spokesperson (CEO or designate) and conduct media training, as required
- ☐ Provide regular updates to the KHSC Senior Leadership team and/or KHSC EOC via the Communications Officer

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021
ED Charge RN x 7003
ED Physician in Charge x7007
Pre-op staging x3451
KHSC EOC x2500
Media Center x1247
ATU x4285

RN pool x4669
MD Pool x 6323 x
Support staff pool x3179
Security x 4142
Volunteer pool x2359

Kingston Police Services (911)
(613) 549-4660
Frontenac Paramedic Services
613-548-9400 ext. 401
Kingston Fire & Rescue
Phone: 548-4001 ext. 5100
Providence Care Switchboard:
613-544-4900 ext. 51800
KFL&A Public Health:
549-1232
Medical Officer of Health

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Code Orange Role	EOC Executive Assistant
Normal Position	Administrative Assistant
Work Location	Dietary 3 Boardroom
Responsible to	EOC Incident Commander

Role description

Responsible for providing necessary equipment/materials for EOC members to respond to the emergency. Answers incoming calls and directs to appropriate authority.

Code Orange Activation

- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from EOC Commander
- ☐ Ensure the Recording Scribe has all necessary materials needed for capturing the response and recovery actions of the Code Orange.
- ☐ Answer telephone in the EOC and direct calls to appropriate EOC members

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

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Code Orange Role	EOC Recording Scribe
Normal Position	Administrative Assistant
Work Location	Dietary 3 Boardroom
Responsible to	EOC Executive Assistant

Role description

Responsible for recording all communications and tracking information flow and decisions made within the EOC.

Code Orange Activation

- ☐ Read this entire Job Action sheet before proceeding
- ☐ Obtain briefing from Executive Assistant
- ☐ Record response actions of the Emergency Operations Centre via a timeline. See Appendix B – Emergency Operations Centre Log Sheet
- ☐ Ensure a listing of who is present in the EOC is maintained included times of arrival and departure

Code Orange Stand-down

- ☐ Keep any relevant documentation or notes in preparation for debrief
- ☐ Participate in and record discussion of the event debriefing
- ☐ Evaluate strategies for emergency measures and facilitate any required improvements

Essential numbers

Operations Manager (ACO) x 7021	KHSC EOC x2500	RN pool x4669
ED Charge RN x 7003	Security x 4142	MD Pool x 6323 x
ED Physician in Charge x7007	Media Center x1247	Support staff pool x3179
Pre-op staging x3451	ATU x4285	Volunteer pool x2359

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Appendix A – Portfolio Assessment Form

Date: Position:

Name: Signature:

(Print)

Assessment Details:	
Department:	Assessment:

Received by EOC Commander ☐ Date:

Time:

Received by: Signature:

(Print)

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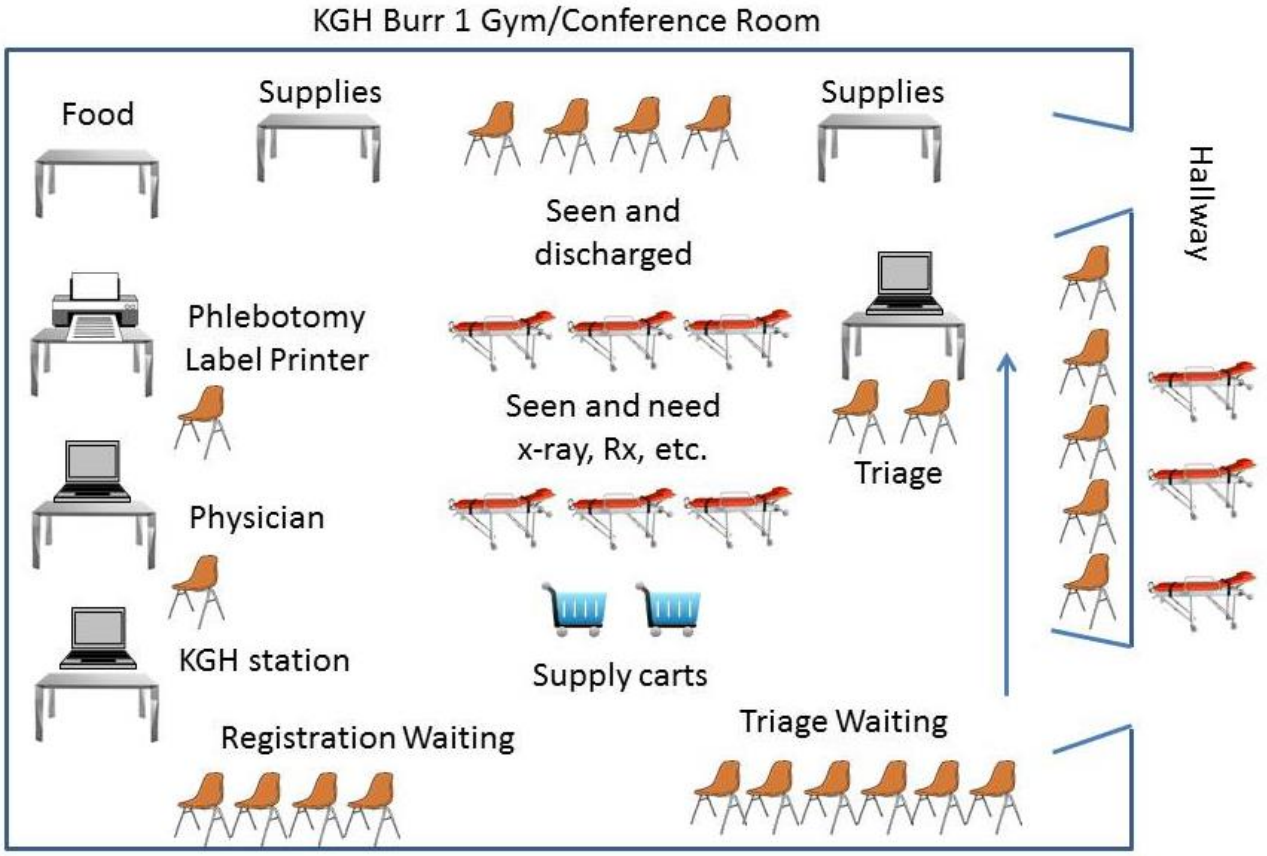
Appendix B – Burr Gym Set up



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Appendix C - Emergency Operations Centre Log Sheet

Time	Information Request Action Taken Decision	Completed	
		Time	Comments

Appendix C - Emergency Operations Centre Log Sheet

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