QUINTE HEALTHCARE CORPORATION

Disclaimer: Any printed copy of this policy is only as accurate as of the date it was printed: it may not reflect subsequent revisions. Refer to the electronic version of the policy on the Intranet under the Policy and Procedure Manual for the most current policy.

Emergency Preparedness – Code Orange (CBRNE)

Title: Emergency Preparedness – Code Orange (CBRNE)		**Policy No:**	**2.13.10**
		Original Issue Date:	January 2007
Manual:	**Administration**	**Last Review/Revision Date:**	June 2011 March 2015
Department:	**Quality, Patient Safety Inter-Professional Practice**	**Policy Lead:**	Manager Corporate Risk
Approved By:	**Quality and Patient Safety Committee**		

1. POLICY

Code Orange-Disaster is designed to activate an orderly response to an external disaster whereby the influx of patients demands additional resources to manage the event. This plan provides a guideline for the management of the influx of casualties by mobilizing medical, nursing, and support personnel, as well as supplies and equipment. Notification of an external disaster will usually occur from a public authority, (ambulance, fire or police) to the Emergency Department.

Code Orange Subset – Code Orange-CBRNE: A subset of the Code Orange response designed to activate a response to an external chemical, biological, radiologic, nuclear, explosive disaster whereby the influx of patients demands additional resources to manage the event through decontamination.

2. DEFINITIONS

CBRNE: Acronym that stands for **c**hemical, **bi**ological, **r**adiologic, **n**uclear, **e**xplosive event.

Code Orange-Disaster: a casualty influx through the Emergency Department (ED), as a result of some disaster in the host community whether external or internal whereby the influx of patients demands additional resources to manage the event in which can exceed the normal capacity of the hospital constitutes a **Code Orange**.

Code Orange – Disaster Stage 1 – Alert/Limited: QHC has received information regarding potential involvement in a community disaster situation that may result in an influx of patients that will be arriving at the hospital for emergent care and treatment. The extent of involvement is not clear. If it becomes clear, and the number of casualties can be handled with current resources the Code Orange will continue to be managed in Stage 1 Alert/Limited.

Code Orange - Disaster Stage 2 - Extended: it implies that there is a need for greater number of resources and personnel than are available on-site.

Code Orange – CBRNE: is a CBRNE response as an extension of Code Orange to denote the addition of decontamination and requires a CBRNE team, procedures, equipment and supplies which are within the Code Orange response.

Emergency Operations Centre (EOC): a designated and appropriately equipped area where the Incident Management System (IMS) Team assemble to manage the Code Orange response and recovery.

Globally Harmonized System (GHS): GHS (Previously called WHMIS) is an international system that defines and classifies the hazards of chemical products, and communicates health and safety information on labels and material safety data sheets (called Safety Data Sheets, or SDSs – previously called MSDSs).

Family Support Centre: an area that is set-up on a temporary basis designed to provide patient information, support and updates on the disaster to families of patients that have been injured in the external disaster.

Fan-Out: a notification process by which all staff within a defined group and off-duty are contacted during an emergency situation.

Hazardous Chemical: any substance, having properties which are corrosive, flammable, explosive, oxidizing, reactive, or poisonous, or any substance containing chemical material, chemical classifications.

Incident Management System (IMS)**:** a standardized approach to emergency management encompassing personnel, facilities, equipment, procedures and communications operating within a common organizational structure and terminology. The IMS is predicated on the understanding that in any and every incident there are certain management functions that must be carried out regardless of the number of persons who are available or involved in the emergency response.

Incident Commander**:** the Incident Commander is responsible for all incident activities. The Incident Commander organizes and directs the Emergency Operations Centre. The IC is the individual in charge during the Code Orange. The Incident Commander has overall authority; responsible for the management of all operations during the Code Orange response and recovery.

Lockdown: used in Ontario Hospitals during an Emergency to indicate an external disaster involving e.g. CBRN or Pandemic with mass casualties with a potential threat to the health and safety of staff, patients and visitors. Lockdown and or controlled facility access is often used during Code Orange response and recovery.

Media Centre: an area that is set-up on a temporary basis designed to provide updated internal and external communication and information related to the activities within the hospital in relation to the external disaster.

Personal Protective Equipment (PPE): Protective equipment provided for personnel to wear while dealing with patients exposed to CBRNE substances, and handling hazardous materials/equipment used during decontamination.

Staff Deployment Centre: an area that is set-up on a temporary basis designed to coordinate the assignment of staff reporting to work providing direction and allocation of staff throughout the Hospital,

3. PROCEDURE (See Appendix C: Algorithm for Code Orange)

1.0 When to Activate:

Upon receipt of notification of a possible **Code Orange** from an external agency (fire, police, or ambulance) that may require **Code Orange** activation, the Emergency Department Team Leader or Delegate in consultation with the Manager or Designate, Administration On-Call and the ED Duty Physician will determine whether to announce a **Code Orange**.

A graduated system of response will be used. (Code Orange – Disaster - Stage 1 – ALERT/LIMITED; Stage 2 – EXTENDED; Code Orange – CBRNE). Each of which can be activated independently or progressively.

2.0 Authority to Declare:

Code Orange – Disaster & Code Orange – CBRNE

Stage 1 – Alert/ LIMITED	Stage 2 – Extended	Code Orange – CBRNE
Team Leader or Delegate or Manager or Designate, or Administrator On-Call will authorize Switchboard to announce: **Code Orange – Stage 1 – Alert/ Limited "hospital site" ED. No additional staff or physicians needed at this time. 3 times to all (4) four Hospitals.**	**Team Leader or Delegate or Manager or Designate, Administrator On-Call or Incident Commander (IC)** will authorize Switchboard to announce: **Code Orange - Stage 2 – Extended "hospital site" ED. 3 times to all (4) four Hospitals.**	**Team Leader or Delegate or Manager or Designate, Administrator On-Call or Incident Commander (IC)** will authorize Switchboard to announce: **Code Orange – CBRNE "hospital site" ED. 3 times to all (4) four Hospitals.**

3.0 Internal Notification:

RESPONSABILITY	NOTIFICATION
In-Charge Nurse or Manager in consultation with ED Physician	**Dial 5999**
Switchboard	• Overhead page at all hospitals • Security 2900 • Administrator On-Call • Director Emergency & Primary Care • Manager/ Designate of affected ED • ED Division Head (for affected ED), and ED Department Chief • Facility Services • Nursing Admin Manager/ Patient Flow Coordinator (to decide if Urgent Bed Scrum required) • Spiritual Care & Crisis
In-Charge Nurse or Delegate	• On direction of ED physician on duty will call ED physician fan-out list. • During Limited and/or Extended phase(s) call the Blood Bank at x 2363 to update on numbers and ages of casualties

4.0 CODE ORANGE – Incident Management System (IMS) Activation:

The Incident Management System (IMS) may be activated depending on the scale, intensity and Code Orange Stages being activated. **For detailed Job Actions Sheets (JAS), protocols, procedures, please refer also to the Incident Management System Draft Code Orange Outline, June 11, 2012.**

IMS Draft Outline Locations: QHC Emergency Operations Centres (EOCs), Code Orange Binder and QHC Policy Manual on the Intranet.

5.0 Corporate Emergency Operations Centre (EOC), Family Support Centre, Media Room and Staff Deployment Room:

Depending on Code Orange Stage, scale and escalation, these Incident Facilities may be activated independently of one another, and staffed accordingly to the duration of the incident response and recovery until Code Orange is declared "All Clear".

Code Orange – Stage 1 ALERT/LIMITED may require the Family Support Centre of the receiving Hospital to be activated and/or for more than one QHC Hospital.

***Note:** should there be a threat to these locations: **decision to relocate to alternate locations within the Hospital or outside the Hospital will be made by the Incident Commander** and the location announced.

Table 1: QHC Corporate Emergency Operations Centre (EOC), Family Support Centres, Media Rooms and Staff Deployment Rooms.

Hospitals	Emergency Operations Centre (EOC)	Staff Deployment	Media Room	Family Support Centre
BG	SLT Board Room	In-service Conference Room	BG Boardroom	WCA 2 Conference room
NH	Boardroom (shared)	Administration Office	Fireside Room	Physiotherapy room
PECMH	PECMH Boardroom	Physiotherapy room	Cafeteria	2S Family Sunroom
TM	TM Boardroom	2B Conference Room	Learning Centre (2nd floor)	Cafeteria
EOC		**Staff Deployment Centre**	**Media Centre**	**Family Support Centre**
• A designated and appropriately equipped area where the Incident Management System (IMS) Team assemble to manage the Code Orange response and recovery • The EOC will be staffed by appointments made by the Incident Commander		• Staff reporting to work centre • Maintain records of staff attendance and hours worked • Provide direction and allocation of staff throughout the Hospital • Assess and respond to changing staffing needs	• Coordinate all aspects of media communication and relations internally and externally • Receive all inquiries from the media	• Direct Family members to the appropriate regarding patients • Obtain information from Family member to assist in identification or admitting information • Ensure refreshments • Keep log of families present

6.0 Code ORANGE – Disaster STAGES and CBRNE OF Mass Casualty Reception:

Stage	Description	Criteria for Activation	Activation
Stage 1 – Alert/Limited **Switchboard will Call:** *Code Orange- Alert "hospital site" ED. No additional staff or physicians required at this time.* **3x to all (4) Hospitals** Roles & Responsibilities: refer to Appendix A	**Preliminary phase; facts (information) may be unclear, scale, extent undetermined.** • Hospital receives information regarding potential involvement in a disaster situation. Extent of involvement is not yet clear and/or ED receives confirmation of receiving a number of casualties. • Current or designated personnel/ depts. respond. • **Activity**: clear beds with consideration for urgent bed scrum; establish triage as required. If numbers of casualties are beyond the capabilities of the current resources/personnel activated Stage 2 - Extended or CBRNE response.. **Refer to Section 7.0 and 8.0 for Additional Clinical Procedures pages 9 - 10.**	**Alert and Limited phase enables staff to ready the emergency department (if possible).** Duration dependent on the progression of the situation, could be very short leading to Stage 2 - Extended • Event has potential to produce an overwhelming number of casualties. • Emergency Team Leader or Delegate at the affected hospital will consult with key personnel to determine if activating Stage 2 is warranted. • When number of casualties does NOT exceed current and designated resources and/or a limited number of additional Hospital services or staff are required to handle influx of patients. • The number of cases doesn't exceed the capability and ability of the hospital. • Does not require corporate fan-out activation.	**Team Leader or Delegate or Manager or Designate or Administrator On-Call,** will authorize Switchboard to announce the **Code Orange – *Stage 1 – Alert/Limited*** **Activation:** **Incident Management System (IMS):** may NOT be activated at this stage. **If activated refer to Stage 2.** **Note: Family Support Centre may need to be activated.** Refer to section 4.0 And 5.0 of this policy.

Stage 2 – Extended **Call:** *Code Orange-Extended "hospital site" ED.* **3x to all (4) Hospitals** Roles and Responsibilities: refer to Appendix A **Stage 1 may/may not precede Stage 2**	**Full-Scale Code Orange Launched, greater number of resources is needed** • Number of casualties exceeds the ED capacity. • Need for resources exceed the Hospital current resources and ability. • Additional staff (fan-out) and hospital services will continue as directed by the Incident Commander. • Other facilities within/ or to other Hospitals may be need to facilitate and temporarily relocate patients. **Refer to Section 7.0 and 8.0 for Additional Clinical Procedures pages 9 – 10.**	• Total of casualties exceeds the capacity of the ED requiring greater resources and services and/or of more patient facilities. • Emergency Response Fan-Out 1st Wave activated. • Volume of discharges requires the establishment of the Discharge Staging Area. • Total of patients requiring emergency admission requires the transfer of patients to other facilities. • Incident Management System (IMS) requires to be activated.	**Team Leader or Delegate or Manager or Designate or Administrator On-Call or Incident Commander** will authorize Switchboard to announce the **Code Orange - Stage 2 – Extended.** **Activation:** ✓ Emergency Response Fan-Out 1st Wave. ✓ Incident Management System (IMS). **IMS:** Refer to section 4.0 and 5.0 of the policy
Code Orange – CBRNE **Switchboard will Call Code Orange to all (4) Hospitals** Roles and Responsibilities: refer to Appendix A **Stage 1 or may/may not precede Stage 2**	Hospital receives information of a CBRNE INCIDENT occurring in the host community. Stage 1, may or may not precede Code Orange – CBRNE Additional resources required to manage the event and decontamination from CBRNE hazardous materials exposure. External disaster, extension to Code Orange whereby influx of patients will require decontamination • Additional resources are required to manage the event and decontamination from the CBRNE hazardous materials exposure before entering the Emergency Department. • Greater resources required • CBRNE Decontamination Team is activated, equipment, supplies is set-up • Other facilities within/ or to other Hospitals may be need to facilitate and temporarily relocate patients. **Refer to section 9.0 for Code Orange – Disaster CBRNE Procedures and Protocols pages 11 - 14.**	Upon receipt of notification of a possible **Code Orange CBRNE** event from an external agency (fire, police, or ambulance) **"Full-Scale Code Orange CBRNE" – implies the need for greater numbers of resources. Fan-Out Activated refer to Code Orange – Stage 2 Extended** • CBRNE Decontamination Team activated, equipment set-up. • Influx of contaminated patients with hazardous chemical or substance – Need to set-up dirty to clean flow outside ED • Decontamination carried-out • Patients may present themselves at the ED	**Team Leader or Delegate or Manager or Designate and ED Physician** will authorize Switchboard to announce the **Code Orange – CBRNE** **Activation:** ✓ Emergency Response Fan-Out 1st Wave. ✓ Incident Management System (IMS). **IMS:** Refer to section 4.0 and 5.0 of the policy.

		without advance notification that an incident has occurred The hazardous material may or may not be identified and should be treated as a potential threat to staff at QHC and will require **QHC CBRNE trained staff only to response and provide decontamination.**	

Additional Procedures - Code Orange – When Casualties start arriving at the ED:

7.0 Staff Identification:

Normal staff identification cards will be used to control staff access/egress from the facility. **Staff must have their ID cards when they report for work** and report through the normal Staff Entrance. Upon arrival at the affected facility, all staff will report to the designated staff pool location unless otherwise directed by departmental sub-plans. If an individual does not have their ID badge, temporary ID will be provided to them at the staff pool.

8.0 Triage/Casualty Identification:

- EMS triage tags will be used as the primary identification tag. Immediately upon entrance to the hospital, the triage number will be logged by hospital taggers and sent to the Patient Registration Area, where a log of all casualties will be maintained
- The triage tag will not be removed until a QHC wristband is attached or the patient is discharged
- The triage number will be added to the QHC wristband
- All tags removed will be returned to the Patient Registration/Admitting Department for completion of records
- As available, an attendant will be assigned to stay with casualty(s) until admission or discharge, or until the attendant has been dismissed by a Physician or Nurse
- Portering assistance will be provided as required
- All patients will be triaged at the Emergency entrance by a Triage Nurse and ED Physician who will then direct the patient to Major, Minor, or Walking Wounded treatment areas:

  - Major - Level I, II, and III injuries will be directed to the Emergency Department (except as designated in Table 2 below).

  - Minor - Level IV - Less urgent injuries but urgent will be directed to:
    - BGH Same Day Surgery
    - NHH Physiotherapy Department
    - PECMH Same Day Surgery (2 North)
    - TMH Same Day Surgery

  - "Walking Wounded" - Level V - to be directed to:

BGH	Out Patient Physiotherapy Department
NHH	Physiotherapy Department
PECMH	Same Day Surgery Waiting Area
TMH	Same Day Surgery Waiting Area

Triage and Casualty Treatment Areas

	Level 1 Resuscitation	Level 2 Emergent	Level 3 Urgent	Level 4 Less Urgent	Level 5 Non Urgent
BGH	ER	ER	ER	SDS	Out Patient Physio
PECMH	ER	ER	Same Day Surgery (SDS)	Wellness Room	SDS Waiting Area
NHH	ER	ER	ER	Physiotherapy	Physiotherapy
TMH	ER	ER	ER	SDS	SDS Waiting Area
MCI Tag	Red	Red	Yellow	Green	Green

Note: **MCI Tag** – EMS Multi Casualty Incident Tag.

Major Treatment Areas: Level 1, 11, and III

- Casualty Physician(s) on duty will coordinate medical care in the Emergency Dept. and determine priorities for diagnostic procedures, transfers, OR, consultation, etc.
- Back-up Family Physician(s) and on-call Specialists will assist the Casualty/Emergency Physicians in the Emergency Department
- As patients are stabilized they will be admitted/transferred to appropriate in-patient areas.
- Patients awaiting surgery may be prepared in the PACU if surgery is imminent
- Transfer to a tertiary care center (KGH) or other facility may be delayed until transport (ambulance) backup is available

Treatment Areas: Level IV and V

- On-Call Family Practice Physician(s) and appropriate nursing staff will be assigned to these areas
- From the **Triage area**, Level IV and V patients will be escorted by clinical personnel to the designated areas as previously listed

Disaster Site Incident Management TEAM deployed on Scene:

- As available, a disaster site incident management team consisting of at least one Emergency Casualty Physician and a Registered Nurse will respond to a request by Ambulance Services for assistance at the disaster site
- Alternative teams may be sent from other hospital sites, on an as required basis

9.0 Code Orange – CBRNE – Disaster Response Procedures and Protocols:

External Disaster: contamination by chemical/biological/radiological/nuclear/explosive ("CBRNE") materials.

The primary goal of the Hospital is to:

- Protect the facility and its personnel from being contaminated
- Facilitate the triage, decontamination and medical treatment of contaminated or potentially contaminated patient arriving to the hospital as rapidly as possible.

The hazardous material may or may not be identified and should be treated as a potential threat to staff at QHC and will require **QHC CBRNE trained staff only to respond and provide decontamination.**

QHC Personnel responding to a Code Orange-CBRNE will take care to assess the environment and level of risk first before responding and during the response to protect their own health and that of the response team, patients, visitors and staff and facility.

Code Orange – CBRNE is called to coordinate specific activities to reduce risk to staff, patients and visitors and to prevent contamination of the specific QHC site.

Based on information received, if the risk is determined to be unacceptable and puts safety and health of staff, patients and visitors and the site in jeopardy, then a Code Orange-CBRNE will be called and the full CBRNE protocol implemented. Contaminated persons will not be allowed to enter the facility before they are decontaminated.

THE AFFECTED SITE MAY GO INTO LOCKDOWN PROCEDURES.

LOCKDOWN (Refer to Lockdown Administrative Policy)

HANDLING OF CONTAMINATED PERSONS: ***QHC staff should deny access of persons suspected of being contaminated with hazardous material to the QHC facility until they have been through the decontamination process.*** Contaminated persons should be directed to remain in the vehicle they arrived in until preparation for decontamination is in place and the decontamination process has been carried out.

NOTE: Code Orange – CBRNE could be called in conjunction with other codes such as Code Green.

CBRNE RESPONSE PROCEDURES AND PROTOCOLS:

Code Orange - CBRNE Decontamination, Containment, Cleanup and Disposal:

1. Locate and check GHS SDS sheets (formerly MSDS) for chemical
2. Call 911 for Fire Dept. and EMS
3. Provide as much information possible on the incident, source, casualty
4. Fire Dept., EMS and or other Community Resources will assist with decontamination, containment and potential evacuation
5. Expert (specialized firm) needs to come in for the cleanup and disposal of the waste

When you call 911 and or External Firm (Facility Services Providers List) it is critical to specify the name of the product, location, size of spill, any odours or vapours.

Note: CANUTEC – is a 24/7 help line only 1-613-996-6666 to provide expert advices to internal and external response team on the spill. (Do not go onsite)

DECONTAMINATION: SPECIAL NOTE FOR BELLEVILLE GENERAL ONLY:

DECONTAMINATION SHOWER LOCATED IN EMERGENCY DEPT: Can be used for all CBRNE events. Exception when receiving more than 5 casualties or casualties contaminated with more than one chemical. In such case, the Decontamination Tent will need to be set-up.

QHC CBRNE Response Team Composition:

Activation	Tent	FSR	2
	Water/Hydro	MSR	1
	Headers	Electrician	1
	Delivery of A Line Cart	FSR	1
	Decontamination Team Leader	Nursing	1
	Safety Officer (1 member of H&S Team)		1
	Sub-Total:		**6**
Emergency Department Team			
	Physician		1
	Nurses (Nursing – clinical)		2
	Triage Nurse		1
	Sub-Total:		4
	Total:		**10**

NOTE: **FSR – FACILITY SERVICES REPRESENTATIVE**
MSR – MAINTENANCE SERVICES REPRESENTATIVE

Stages for Handling CBRNE External Disaster:

The procedure for handling a CBRNE contamination is dependent upon its size and type, but requires the following to occur first:

- Assessment of the initial contamination
- Determination of the material – if possible, GHS SDS sheets (formerly MSDS) acquired
- Assessment of your own risk, staff, patients and visitors
- Assessment of risk of contamination of site and equipment

If the risk to the safety of occupants, staff and the **site is assessed as minimal, a Code Orange- CBRNE** does **NOT** need to be called.

"ALL" QHC trained CBRNE staff (RNs, Hospitality Services staff and Facility Services staff) will be activated and are responsible for External CBRNE response, decontamination and overseeing the clean-up of hazardous materials.

Housekeeping Services staff and Facility Services staff will only be involved in set-up, take-down, and clean-up activities once all waste have been disposed and cleanup by specialized firm.

If GHS SDS sheets (formerly MSDS) **are available for the material,** the GHS SDS sheets (formerly MSDS) **procedures for that material, personal protective equipment (PPE) and medical treatment will be followed.**

CBRNE RESPONSE PROTOCOL:

S Secure area and safely evacuate all persons from immediate area
P Prevent the spread of vapours/fumes by closing doors and interior windows (possibly turn off ventilation)
I Initiate call to switchboard for CODE ORANGE - CBRNE
L Leave all electrical equipment alone – do not switch anything on/off
L Locate GHS SDS sheets (formerly MSDS) for chemical if possible via "CANUTEC" to provide to response teams with information – odour, vapours, risks etc.

- **Put on CBRNE personal protective equipment ("PPE")**
- Initiate set-up of appropriate CBRNE equipment for decontamination

Shelter and Personal Protective Equipment Location:

QHC Site	Storage Location
Belleville General Hospital	Outbuilding in South parking lot and Emergency Room
Trenton Memorial Hospital	Outbuilding in West parking lot and Emergency Room
Prince Edward County Memorial Hospital	External Storage Building adjacent to Emergency Room
North Hastings Hospital	External Storage Building adjacent to Emergency Room

CBRNE DECONTAMINATION PROTOCOL:

Source: QHC Incident Management Document : Draft Code Orange Outline (Infonet), June 11, 2012 :

Procedures	Pages
External Decontamination Area (DEA) Set-up	P. 89
Staff Preparation	P. 90
Equipment and Supplies (Greater detail available in 5.9)	P. 90
Casualty Self-Decontamination Procedure	P. 91
Decontamination for non-mobile persons	P. 92
Clean-up of External Decontamination Emergency Area	P. 92
Internal DEA (Radiation only)	P. 92
Hospital Decanting Protocol	P. 93
Hospital Lockdown Protocol	P. 94
Decontamination Area – Mission, Staffing	P. 106
Supplies/ Equipment	P. 106 - 107
Holding Area/ Control Zone/ Hot Zones	P. 108
External Resources	P. 108

Code Orange – CBRNE Documentation:

An "Unusual Occurrence Report" must be completed, filed with the Facility Services Manager, Occupational Health and Safety (OHS), and the site Joint Health and Safety Committee.

Code Orange – CBRNE Conclusion:

When the contamination has been cleaned up, the Response Team Leader will notify the designated **Incident Commander (IC)** (if this position has been activated). The **IC** will declare the incident closed and direct Switchboard to announce **"Code Orange CBRNE – All Clear".** If an **IC** has not been appointed, the senior person on the spot will declare "**Code Orange CBRNE – All Clear**"

10.0 Code Orange – Stages and CBRNE Post Events Documentation:

Each QHC Department affected with the Code Orange will be responsible for completing and submitting Post Event Documentation accordingly for their respective area of responsibilities meeting all legislative, due diligence requirements, as well as meeting QHC Incident Reporting Procedures and Protocols compliance.

11.0 Code Orange – DISASTER all Stages and CBRNE "ALL CLEAR" Procedures:

Upon conclusion of the incident**, the Administrator On-Call or Incident Commander (if activated)** or delegate, in consultation with **the Team Leader or Delegate and Duty Emergency Physician and the Manager or Designate** will determine whether to terminate Code Orange (no matter the stage) and will authorize Switchboard to announce the **"Code Orange - All Clear" at all 4 Hospitals.**

Upon making the overhead announcement of the "All Clear", Switchboard will notify by phone those areas not served by the public address system.

All Staff Response to "All Clear":

Upon receiving the "All Clear" notification, all Hospital Personnel will:
- Resume normal duties
- Advise patients and visitors that the crisis has concluded
- Refer all inquiries surrounding the crisis to the Director of Communications & Education

12.0 Debriefing, Reporting, Support and Follow-up:

Debriefing, support, follow-up and patient care are distinct activities required after a Code Orange response and recovery, vital components to ensure that staff and patient are supported. The incident debriefing session will assist people, particularly staff to overcome the effects of the incident and to discuss the effectiveness of the response and recovery.

12.1. Immediate Debriefing:

Code Orange Incident Commander/or delegate to initiate within one hour following the incident.

Purpose:
To allow those involved in the Code Orange Response the opportunity to discuss the incident as a group before leaving work and to begin evaluating the overall Code Orange Response.

Note: debrief is not intended to address clinical issues regarding patient care.

Areas for discussion:
- Precipitating factors/ events preceding the incident
- Perspective of the incident, what happened
- Expression how staff feel as a result of the incident
- Review what went well during the response and recovery
- Identify and provide positive feedback for aspects of the response which worked well
- Identify opportunities for improvement in the overall process
- Identify and propose recommendations for aspects of the policy, procedures and or further team response education and training requirement
- Completion of the debriefing template
- Ensure a copy of all documentation, reports and debriefing forms are collected and forwarded to Occupational Health and Safety (OHS) and Manager, Corporate Risk, Quality and Patient Safety Dept.

Refer to Appendix B for Code Orange - Immediate De-briefing Form

12.2. Formal De-briefing:

A formal debriefing will be arranged by the Quality and Patient Safety Department within 2 weeks following the event. The purpose of this debriefing is to review in detail the response to the Code Orange, identify what went well and what opportunities for improvement exist. It is recommended that staff, any local authorities and external resources involved in the Code Brown response be included in this debriefing process.

12.3. Support:

It is the responsibility of all staff/physicians/students/volunteers to ensure that their Manager/Department Head is aware of his/her involvement of such incident so that meaningful support can be provided and issues with the response, if any, are identified and remedied.

Resources: Occupational Health & Safety, Unit/Department Managers, Physicians' Department Heads within 24 hours of the incident.

Purpose:
Taking the initial debriefing one step further, support for staff following an incident to decrease tension and allow all to verbalize their views; to limit the potential for subsequent emotional sequel; to provide closure to the incident; to assist all to return to regular duties and identify those in need of additional support beyond that provided during the debrief.

Areas for discussion:
- Precipitating factors/ events preceding the incident
- Perspective of the incident, what happened
- Express how they feel as a result of the incident
- Identify any individual stress reactions (i.e. physical, emotional, behavioral)
- If applicable: perception of clinical management of the incident
- Actions and Recommendations

12.4. Follow Up:

Individuals sustaining injury (physical or psychological):

"Supervisors" are to follow up with injured staff immediately and ensure QHC Care event is initiated and Occupational Health is advised. The investigation will be initiated by Manager or Department/Division Head as soon as possible and completed within 5 days of the incident.

If a Critical Injury is sustained during the Code Orange, the Manager/Designate or the affected area will ensure no person shall interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so has been given by a Ministry of Labour inspector. Within 48 hours, OHS will send a copy of the Critical Injury Report to the Ministry of Labour detailing the incident, investigation and follow-up per Section 51(2) of the OHS Act as well as for completion of WSIB reports within three (3) days, if required.

Purpose:
To support and counsel any staff/physician/student/volunteer who sustains an injury as a result of the incident and make them aware of the options available to them.

12.5. Patient Care Planning:
If a patient/visitor is injured, care will be provided and coordinated under respective departments and areas of responsibilities.

APPENDICES AND REFERENCES

Appendices: Appendix A – Roles and Responsibilities
Appendix B – Immediate De-Briefing Form
Appendix C – Algorithm for Code Orange Response (Non CBRNE Event)

References:

- North York General Hospital Policy Manual – Code Orange – Code Orange CBRNE External Disaster, June 27, 2012.
- Campbellford Memorial Hospital, Emergency Measure Manual, Code Orange Plan, Rev. Feb. 2011.
- OHA Emergency Management Toolkit: developing a sustainable emergency management programs for Hospitals. ©2008, by Ontario Hospital Association (OHA).