



CODE ORANGE DISASTER OR CBRNE DISASTER

Effective Date:	January 31, 2017	
Revision Date:	Oct. 31, 2023	
Review Date:	Annually	
Reviewed By:	Joint Health & Safety Committee	June 16, 2022
	Executive Leadership Team	June 28, 2022
Approved By:	President & CEO Director of Facilities & Projects	

Haliburton Highlands Health Services
Emergency Preparedness & Response Manual

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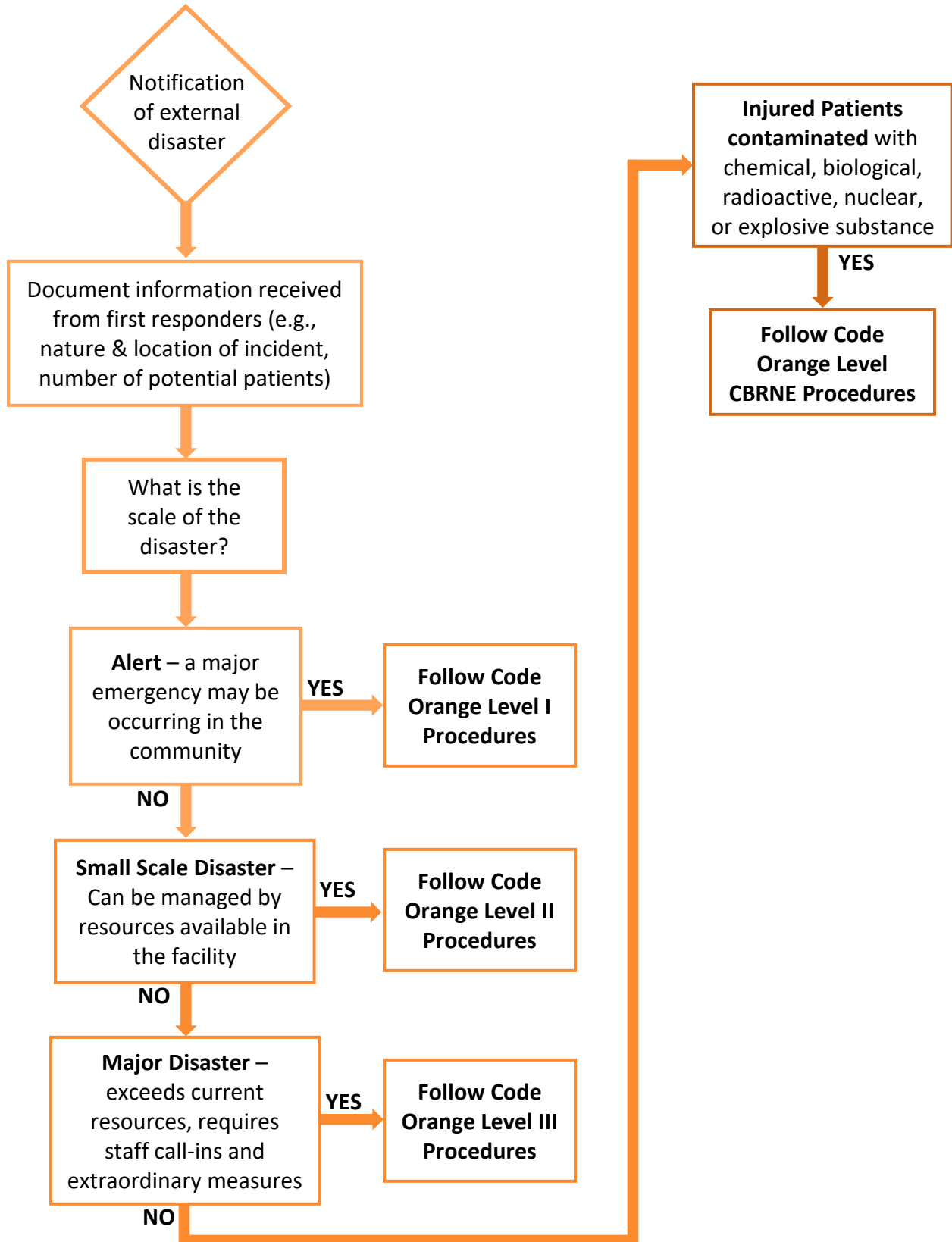
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Disaster or CBRNE Disaster - Algorithm



Code Orange

Purpose and Scope

At Haliburton Highlands Health Services, those whom we serve have an absolute expectation that their Hospital will take leadership and respond effectively to any emergency occurring in the community. While we are not a 'first responder' agency, we are very much a 'first receiver'. Our philosophy regarding response to disasters can be centered around four key words: quickly, calmly, competently, and appropriately. The purpose of Code Orange is for the planning of and the response to a community disaster to enable HHHS to receive and treat a sudden influx of casualties requiring emergent treatment.

Policy – Disaster or CBRNE Disaster

The following general principles will apply:

It is likely that our first notification of any disaster will come from one of the first responder (police, fire, EMS) agencies. This information will be assumed to be accurate at all times.

In the earliest stages of any disaster, subsequent information is likely to arrive from a variety of sources, and with varying degrees of accuracy. While we cannot simply dismiss any information, we must weigh its credibility carefully.

Not all Patients will arrive by means of EMS transport. Many may arrive by private vehicle with very little warning.

Not all Patients will be triaged or decontaminated (when required) prior to their arrival at our doors.

Some disasters may be handled effectively using only the resources available in the Facility, while others will require a call-in of off-duty Staff (including Physicians, Nurses, PSWs, Activity Aides, Dietary Staff, or any other available Staff) as well as Volunteers to assist with the disaster.

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Not all types of disaster responses require the same level of resources or the same type of response. For this reason, we use a multi-level approach to any Code Orange. The levels of Code Orange are as follows:

- Level I** – Alert (a major emergency may be occurring in the community).
- Level II** – A disaster has occurred which can be managed by the resources available in the Facility.
- Level III** – A disaster has occurred which exceeds the current resources of the Facility. Call-in of off-duty Staff and/or other extraordinary measures will be required.

Upon becoming aware of any disaster (actual or potential) any Staff member may invoke the first level of the Code Orange Response.

Any Team Lead in the Emergency Department, in consultation with the Emergency Physician, may invoke the second level of the Code Orange Response.

Any Team Lead in the Emergency Department, in consultation with the Emergency Physician, may invoke the third level of the Code Orange Response. The CEO (or designate) or the after-hours Manager On Call will coordinate the call-in of off-duty Staff for third level Code Orange responses.

In a major disaster, while any Facility may bear the brunt of a first impact, none can be expected to deal with the impact in isolation. Plans to coordinate the activities of our own Facility with those of multiple regional partners must be developed and formalized in advance of any disaster.

All Patients will be triaged according to the severity of their condition and the resources required to treat them. The most severely injured should, in most circumstances, receive treatment first.

As the disaster evolves, the availability of certain high acuity resources may dictate that Patients with lower acuities are being treated simultaneously with the most severely injured (minor treatment, fast track).

Hospitals are boxes of finite size. We will require emergency plans for the safe discharge of In-Patients to home or their discharge to alternate venues of care in order to clear space for incoming disaster Victims. If transport of Patients or Residents to other facilities is required, refer to **Code Green – Transportation Plan**, as well as a list of **Transport Contacts** in the Emergency Preparedness & Response Manual. Such plans must be formulated in advance.

Plans will also be required for the emergency transfer of high acuity Patients to other facilities, where demand exceeds the resources of our Emergency Department and Acute Care Unit. Such plans must be formulated in advance.

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For the majority of our Staff, scope of practice will remain the same. What will differ from normal operations is the scale of the work required.

An external disaster may test our Facility's surge capacity; the ability to receive and treat more Patients than would normally be the case. We will receive more Patients than normal, and they may be more ill or injured than normal.

An external disaster may also test our Facility's surge capability; the ability to use existing resources differently in order to provide a greater scope or scale of services than would normally be the case. Patients will be assessed, treated, and in some cases, admitted in locations that are normally used for other purposes.

Special arrangements may be required for the management of members of the media, off-duty Staff reporting for work, family members, and Patients who have already been treated. These may differ significantly from normal day-to-day procedures. These arrangements should be developed in advance.

Definitions

CODE ORANGE LEVEL I – Alert. We have become aware of an incident outside of the Facility which is likely to generate additional Patients. At this point we do not have sufficient information to activate a full Code Orange Response. Look around your Unit and determine what resources are immediately available. Consider which Patients could be safely discharged or transferred to other venues of care in order to make space for incoming Patients. Also consider whether you have any Staff on your Unit who might be re-assigned to assist with the Emergency. If shift change time is approaching, contact the CEO (or designate) or the after-hours Manager On Call to determine whether the outgoing shift should be asked to stay.

CODE ORANGE LEVEL II – Small-scale disaster. An external emergency has occurred which has generated a limited number of Patients. The Patients generated can be managed within the resources which are currently available in the Facility, and no additional Staff is required. Be aware that the arrival of these Patients, depending on the time of day, may result in minor delays for certain resources, or the delay or possibility of re-scheduling of some surgeries.

CODE ORANGE LEVEL III – A major disaster. An external emergency has occurred which has generated a large number of Patients. These Patients cannot be managed effectively with the resources that are currently available in the Facility, and off-duty Staff call-in is in progress. Look around your Unit and determine what resources are immediately available. Also consider which Patients could be safely discharged or transferred to other venues of care in order to make space for incoming Patients. Also consider whether you have any Staff on your Unit who might be re-assigned to assist with the Emergency, and send them to the Staging Area location when requested to do so. If shift change time is approaching, contact the CEO (or designate) or the after-hours Manager On Call to determine whether the outgoing shift should be asked to stay. Be aware that this emergency is likely to result in delays for any scheduled services Patients.

CODE ORANGE CBRNE Disaster – An incident has occurred in which an injured Patient(s) has become contaminated or is suspected of being with a chemical or radioactive substance. The Patient may or may not have received decontamination in the field. The Decontamination Tent must be assembled by the Maintenance Staff outside of the Facility, and the Patient(s) will be fully decontaminated and safe before they enter the building.

CODE ORANGE ALL CLEAR – Stand down. The Emergency is concluded and the Facility is returning to normal operations.

CritiCall Ontario – provides a 24-hour call centre for hospitals to contact on-call specialists; arrange for appropriate hospital bed access and facilitate urgent triage for patients
Contact: **1-800-668-4357**

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EMAT – Emergency Medical Assistance Team. Health emergencies can sometimes overwhelm the health care system of an affected community or region. If any jurisdiction in Ontario finds that it does not have the capacity to respond effectively to a health emergency, the EMAT may be requested to help through the Ministry of Health and Long-Term Care's Health System Emergency Management Branch.

The EMAT is a mobile medical field unit that can be deployed anywhere in Ontario with road access and within 24 hours. The EMAT can set-up a 56-bed unit that provides a staging and triage base, and has the capability to treat 20 acute care Patients and 36 intermediate care Patients. In addition, the EMAT can provide:

- Patient isolation in the case of an infectious diseases outbreak;
- Medical support and decontamination in the case of a chemical, biological or radiological incident; and
- Case management and triage of patients in a mass casualty situation
- The EMAT is the first of its kind in Canada and is operated by Centre for Prehospital Medicine at Sunnybrook Health Sciences Centre - a world expert in emergency and prehospital care.

Contact: **1-866-212-2272**

Management Responsibilities

The Emergency Response Planning team consisting of at a minimum the Directors of Care and Director of Facilities & Projects will meet a minimum of once per year to review Code Orange, the Emergency Response Plan, and start the planning for the annual drills or mock exercises including: Code Red, Code Orange, and Code Green exercises. Management responsibilities include:

- The implementation of Code Orange and a review of the Code Orange procedures annually
- HHHS Managers are to assist, if possible, with the coordination of urgent In-Patient admissions and the transfer of appropriate admitted Patients
- HHHS Managers are to ensure Staff are trained on SDS requirements, know the location of SDS Binders, support drills and tabletop training sessions, use of the Fire Panel PA System, and maintain the “Fan-Out List” with Staff contacts in the event of an emergency, and this policy and procedures
- The Director of Facilities & Projects, Directors of Care (if applicable), Acting Incident Manager, and the Clinical Manager will perform an event debrief within 10-days of an event being over, and provide a report summarizing the event to the HHHS Management Committee and Joint Health & Safety Committee within 30-days

Employee Responsibilities

- Appropriate Clinical Staff are to become familiar with the designated Code Orange Treatment Areas and review them as necessary
- Appropriate Clinical Staff are to become familiar with all Code Orange supplies (Triage Tags, Vests, etc.) and know their storage location and how to access them
- All Staff are required to participate in training, drills, and debriefs that support Code Orange
- All Staff must obey the instructions of the Acting Incident Manager and the Municipal Chief Fire Official or EMS upon arrival

Equipment

Depending on the type and scale of disaster as well as the number and demographic of people affected, resources and equipment needed may vary. Consider the following common equipment:

- Mattresses, stretchers, linen, pillows, etc.
- Chairs, tables
- Privacy curtains
- Safety cones or indicators identifying where people are to go or be restricted from
- Medical and surgical supplies
- Personal Protective Equipment
- Emergency Evacuation Kit
- Command Center Kit

Appendices / Links

Appendix 1 – Code Orange Level I – Alert – Algorithm & Checklist Procedures

Appendix 2 – Code Orange Level II – Small Scale Disaster – Algorithm & Checklist Procedures

Appendix 3 – Code Orange Level III – Major Disaster – Algorithm & Checklists Procedures

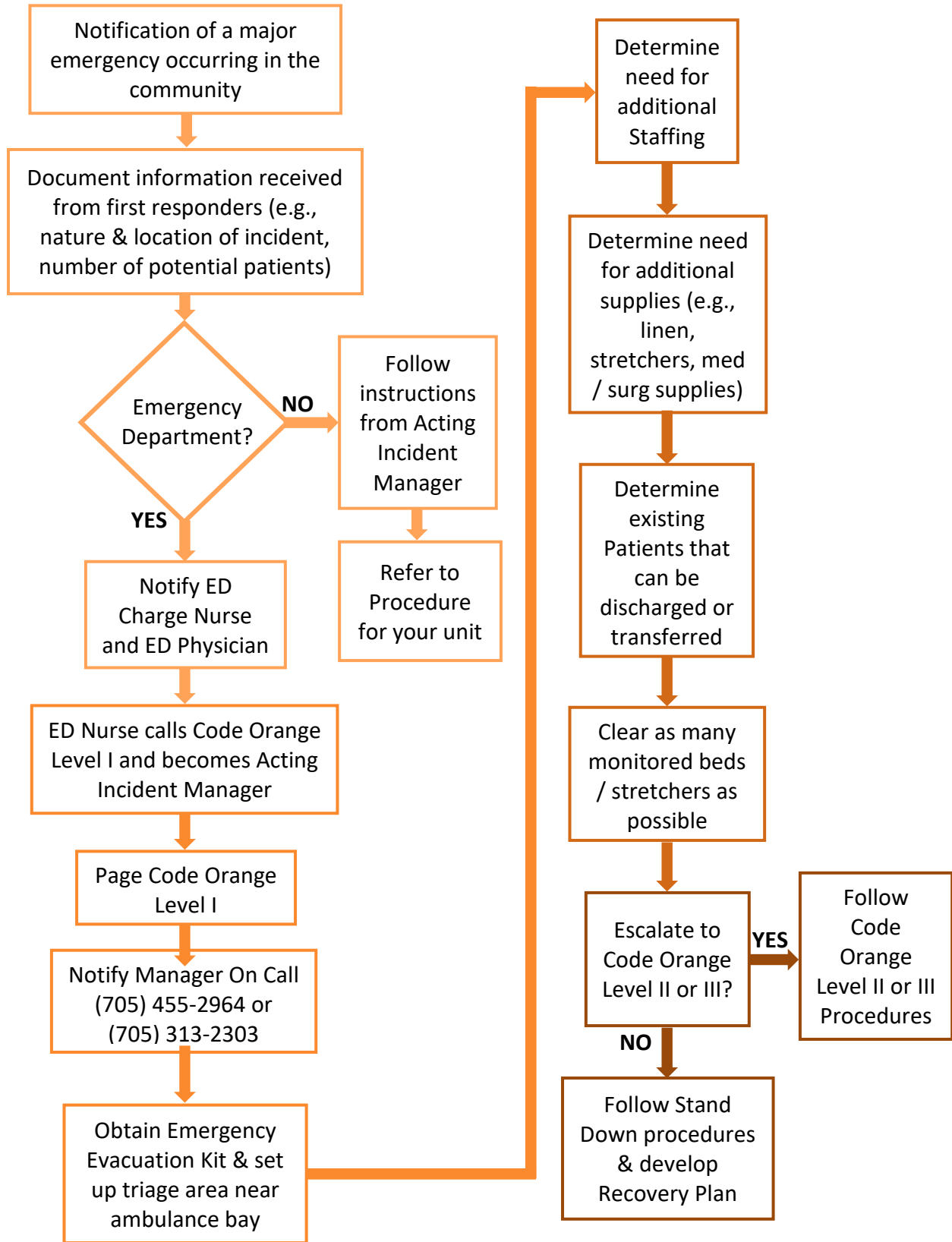
Appendix 4 – Role Assignment Chart

Appendix 5 – Body Removal Receipt

Appendix 6 – Emergency Evacuation Kit Contents

Appendix 1 – Code Orange Level I – Alert

Level I – Alert – Algorithm



Level I – Alert – Checklist Procedures

Recipient of Disaster Notification – Level I – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

NOTIFICATION: Notification is likely to occur by means of the Emergency Medical Service (EMS) dispatcher, using the direct telephone line, located in the Emergency Department. In rare circumstances, the information may come from one of the other emergency services.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Recipient of Disaster Notification Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Write down the location of the incident, expected number of casualties, types of injuries, and anticipated time of arrival
TIME	INIT	2. Record any additional information that you might require (remember you are on a taped telephone line)
TIME	INIT	3. Provide the information to the ED Team Lead and the Emergency Physician
TIME	INIT	4. If the ED Team Lead is not immediately available, make a “Code Orange Level I” announcement on the overhead (Refer to Emergency Response Manual for Fire Panel PA System instructions)

Emergency Department Team Lead – Level I – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The ED Team Lead Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the information and assume the Acting Incident Manager role
TIME	INIT	2. Ensure that the following: “Attention please. Code Orange Level I” is paged three times (3x) on the overhead
TIME	INIT	3. Establish a Triage Area at the Ambulance Entrance
TIME	INIT	4. Direct Staff to ensure that as many monitored beds as possible are cleared and ready to receive Patients
TIME	INIT	5. Meet with the Emergency Physician and review existing Patients for potential discharges
TIME	INIT	6. Ensure that admitted Patients awaiting beds are being transferred to their Nursing Units
TIME	INIT	7. Contact critical care areas to determine current status <ul style="list-style-type: none"> a. Contact Acute Care to review current census, identify empty beds, and identify if Patients might be moved to Acute Care
TIME	INIT	8. Notify Manager On Call after hours at (705) 455-2964 or (705) 313-2303
TIME	INIT	9. Be prepared to escalate to Level II, if required

Emergency Physician – Level I – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Emergency Physician Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the information available and determine whether an additional Physician is required
TIME	INIT	2. Notify the Chief of Staff
TIME	INIT	3. Review emergency triage procedure with Nurse(s) assigned to the Triage Area
TIME	INIT	4. Review the status of all existing Patients in the Emergency Department, including those in the waiting area
TIME	INIT	5. Develop a plan to discharge all Patients who can be safely sent away to other venues of care, should it become necessary to do so
TIME	INIT	6. Position yourself in the Resuscitation Area and await the arrival of Patients

Manager On Call – Level I – Checklist Procedure

DATE _____ TIME _____
 LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Manager On Call Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Receive notification information from the Acting Incident Manager and review steps already taken
TIME	INIT	2. Determine need to attend in person at the Facility
TIME	INIT	3. Determine the need to activate the Hospital Command Center
TIME	INIT	4. Contact Paging company to notify Senior Staff, as required
TIME	INIT	5. Upon arrival at the hospital, assume the role of Acting Incident Manager until relieved
TIME	INIT	6. Be prepared to escalate to Level II or Level III, as required

Maintenance Staff – Level I – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Maintenance Staff Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Proceed to Emergency Department
TIME	INIT	2. Ensure that the Ambulance Entrance and driveway are kept clear of all vehicles
TIME	INIT	3. Consider the need to call in additional off-duty Maintenance Staff if the Code Orange escalates
TIME	INIT	4. Be prepared to assist with activation of the Decontamination Tent and Command Center, if a decision is made to do so

Long-Term Care – Level I – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

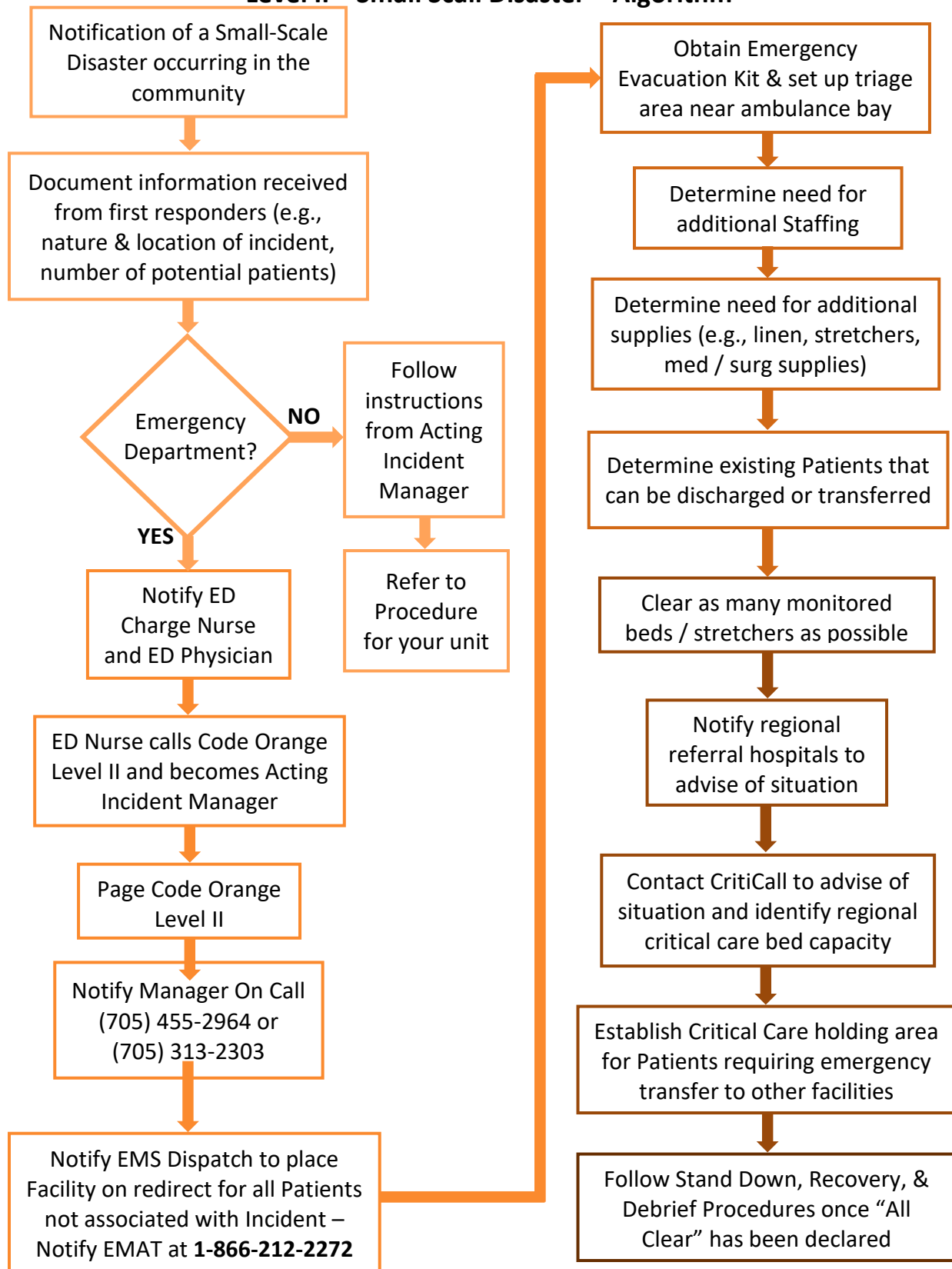
Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Long-Term Care Unit Staff Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the resources (medications, linen, supplies) that are available on your Unit and if they are adequate.
TIME	INIT	2. Review the transportation resources (wheelchairs, stretchers) that are available on your Unit. Notify the Emergency Department and send them, if requested to do so.
TIME	INIT	3. Review all Residents on the Unit. Identify those who could be safely discharged (e.g., going home) or transferred to another venue of care (e.g., another Long-Term Care Home in community) to make space for incoming Patients, if necessary <ul style="list-style-type: none"> a. Evaluate if applying for a Temporary Emergency License for the Home is necessary.
TIME	INIT	4. Identify any Staff (PSWs, Activity Aides, Housekeeping, Dietary, etc.) who might be available to assist in the Emergency Department with the Code Orange, if needed. <ul style="list-style-type: none"> a. Consider contacting LTC Volunteers for availability in assisting
TIME	INIT	5. If shift change is approaching, contact the Manager On Call after hours at (705) 455-2964 or (705) 313-2303 and determine whether Staff should be asked to stay
TIME	INIT	6. Contact the Acting Incident Manager in the Emergency Department and report your status
TIME	INIT	7. If disaster involves Long-Term Care Residents brought from another Home, <ul style="list-style-type: none"> a. Inform Families & Residents of situation b. Consider additional BSO supports from other program areas to assist

Appendix 2 – Code Orange Level II – Small Scale Disaster

Level II – Small Scale Disaster – Algorithm



Level II – Small Scale Disaster – Checklist Procedures

Recipient of Disaster Notification – Level II – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

NOTIFICATION: Notification is likely to occur by means of the Emergency Medical Service (EMS) dispatcher, using the direct telephone line, located in the Emergency Department. In rare circumstances, the information may come from one of the other emergency services.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Recipient of Disaster Notification Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Write down the location of the incident, expected number of casualties, types of injuries, and anticipated time of arrival
TIME	INIT	2. Record any additional information that you might require (remember you are on a taped telephone line)
TIME	INIT	3. Provide the information to the ED Team Lead and the Emergency Physician
TIME	INIT	4. If the ED Team Lead is not immediately available, page the ED Charge Nurse 'Stat' on the overhead

Emergency Department Team Lead – Level II – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The ED Team Lead Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the information and assume the Acting Incident Manager role (Refer to the Acting Incident Manager Job Action Sheet located in Annex 1 of the Emergency Response Manual)
TIME	INIT	2. Contact the Manager On Call after hours at (705) 455-2964 or (705) 313-2303 and recommend that a “Code Orange Level II” announcement be made
TIME	INIT	3. Establish a Triage Area at the Ambulance Entrance
TIME	INIT	4. Direct Staff to ensure that as many monitored beds as possible are cleared and ready to receive Patients
TIME	INIT	5. Meet with the Emergency Physician and review existing Patients for potential discharges
TIME	INIT	6. Ensure that any admitted Patients awaiting beds are transferred to their Nursing Unit
TIME	INIT	7. Contact the Acute Care area to determine current status of empty beds and efforts to move Acute Care Patients to Step Down/LTC beds as an interim measure
TIME	INIT	8. Request a Laboratory Tech/Phlebotomist and an X-Ray Technician with a portable X-Ray machine to report to the Emergency Department and await further instructions
TIME	INIT	9. Notify the Manager On Call after hours at (705) 455-2964 or (705) 313-2303 when the above measures have been completed
TIME	INIT	10. Appoint a Liaison Officer, Operations, Planning and Logistics Officers
TIME	INIT	11. Initiate Pastoral Care, if required, by calling in the Chaplain

Liaison Officer – Level II – Checklist Procedure

DATE _____ TIME _____
 LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Liaison Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Notify our sister site
TIME	INIT	2. Notify EMS dispatch and place the Facility on redirect for all Patients not associated with the incident.
TIME	INIT	3. Maintain ongoing contact with EMS dispatch to determine availability of emergency transfer resources
TIME	INIT	4. Contact EMAT (1-866-212-2272) to arrange for Emergency Medical Assistance
TIME	INIT	5. Coordinate with communications lead and contact all of our normal referral hospitals and advise them of what is happening. Make arrangements for regular updates
TIME	INIT	6. Contact CritiCall, advise what is happening and identify regional Critical Care bed space availability
TIME	INIT	7. Ensure that Home and Community Care is aware of the emergency and receives regular updates, as approved by the Incident Manager/Senior Management Team

Planning Officer – Level II – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Planning Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Determine and identify resource requirements for the Critical Care holding area. Report findings to Logistics.
TIME	INIT	2. Work with CritiCall to identify and transfer Patients requiring critical care services to other hospitals.
TIME	INIT	3. Develop a timetable for the movement of such Patients.
TIME	INIT	4. Identify any issues resulting in barriers to the prompt transfers of Patients requiring critical care services.
TIME	INIT	5. Determine and identify resource requirements for the temporary Minor Treatment Area. Report findings to Logistics.
TIME	INIT	6. Identify any issues which disrupt effective patient flow in the Minor Treatment Area and propose solutions.
TIME	INIT	7. Determine and identify resource requirements for the temporary Discharge Holding Area.
TIME	INIT	8. Report findings to Logistics.
TIME	INIT	9. Monitor activities of the Discharge Holding Area, and use the status to identify newly available In-Patient beds.
TIME	INIT	10. Report to the Acting Incident Manager.

Operations Officer – Level II – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Operations Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Establish a temporary Critical Care holding area for those Patients who will require emergency transfer to other facilities Our Pre-Designated Holding Area will be located at: Emergency Department of Trauma Area
TIME	INIT	2. Establish a temporary Minor Treatment Area to reduce the strain on the capacity of the Emergency Department
TIME	INIT	3. Establish a temporary Discharge Holding Area to clear In-Patient beds and family reunifications

Logistics Officer – Level II – Checklist Procedure

DATE _____ TIME _____
 LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Logistics Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Source and deliver resources required by the Emergency Department
TIME	INIT	2. Source and deliver resources required by the Critical Care holding area
TIME	INIT	3. Source and deliver resources required by the Minor Treatment Area
TIME	INIT	4. Source and deliver resources required by the Discharge Holding Area
TIME	INIT	5. Oversee all Patient transportation within the Facility
TIME	INIT	6. Organize a Task Force to expedite the turnaround of vacated In-Patient beds in order to relieve pressure on the Emergency Department
TIME	INIT	7. Establish a Staff & Volunteer Staging Area, for the reporting, tracking and assignment of available Staff & Volunteers <div style="text-align: center;"> <p>Our Pre-Designated Staging Area will be located at: Haliburton: HHHS West Parking Lot Minden: HHHS West Parking Lot</p> </div>

Emergency Physician – Level II – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Emergency Physician Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the information available, and determine whether an additional physician is required.
TIME	INIT	2. Notify the Chief of Staff, if necessary.
TIME	INIT	3. Review emergency triage procedure with Nurse(s) assigned to Triage Area.
TIME	INIT	4. Review the status of all existing Patients in the Emergency Department, including those in the waiting area.
TIME	INIT	5. Discharge all Patients who can be safely sent away to other venues of care.
TIME	INIT	6. Position yourself in the Resuscitation Area and await the arrival of Patients.
TIME	INIT	7. Assess each Patient as they arrive, perform life-saving procedures only, until all Patients have been triaged.
TIME	INIT	8. Notify the Acting Incident Manager immediately of any Patients urgently requiring a level of care not normally available in this Facility.

Manager On Call – Level II – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

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Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Manager On Call Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Receive notification information from Acting Incident Manager and review steps taken so far
TIME	INIT	2. Advise the Acting Incident Manager on any further actions immediately required
TIME	INIT	3. Determine need for Hospital Command Center activation
TIME	INIT	4. Immediately return to the hospital
TIME	INIT	5. Relieve the Acting Incident Manager when you arrive
TIME	INIT	6. Convene an initial Business Cycle Meeting
TIME	INIT	7. Schedule regular Business Cycle Meetings to receive updates
TIME	INIT	8. Notify other Senior Management Team members, as required
TIME	INIT	9. Be prepared to escalate to Level III, as required

Long-Term Care – Level II – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

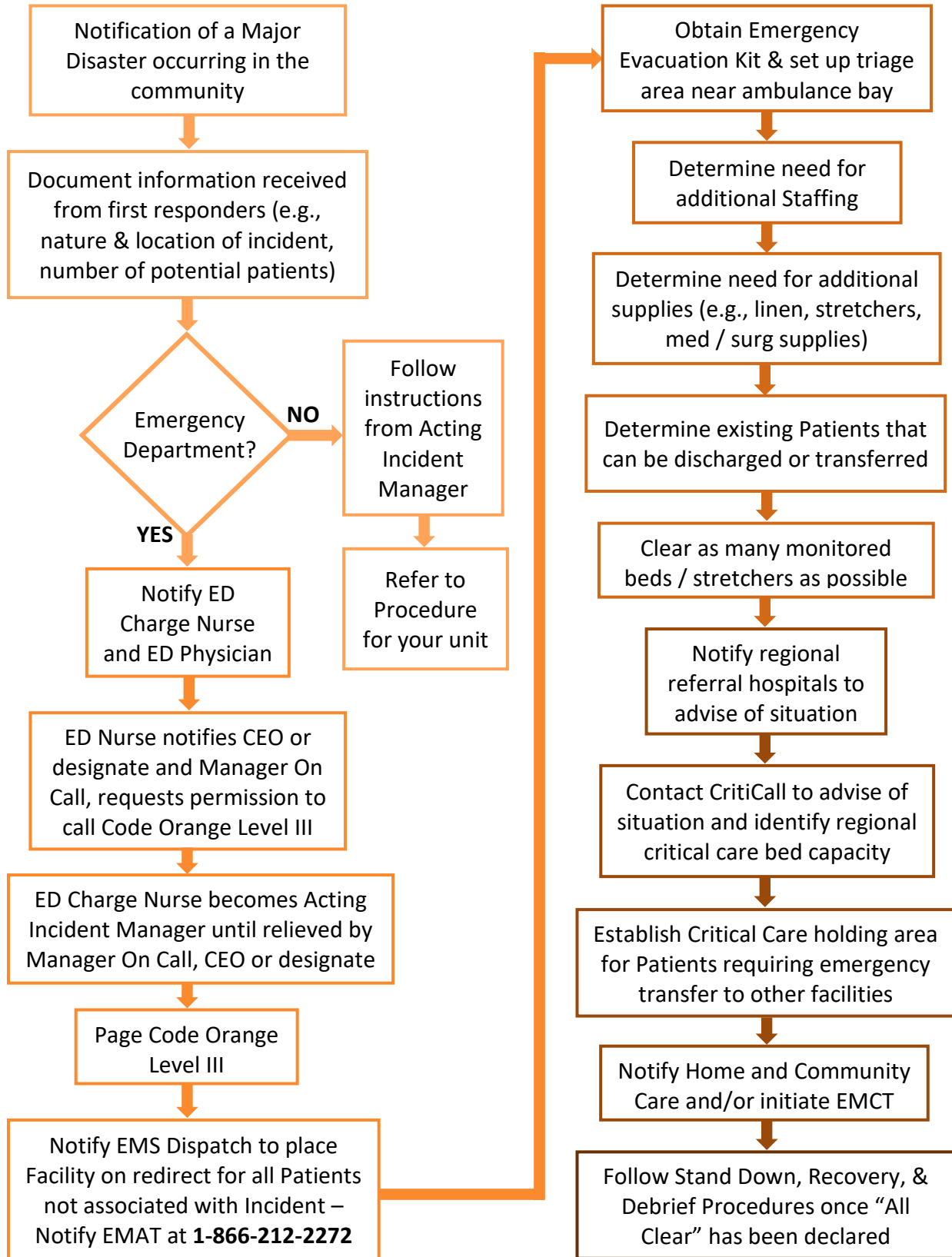
Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Long-Term Care Units Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the resources (medications, linen, supplies) that are available on your Unit and if they are adequate.
TIME	INIT	2. Review the transportation resources (wheelchairs, stretchers) that are available on your Unit. Notify the Emergency Department and send them, if requested to do so.
TIME	INIT	3. Review all Residents on the Unit. Identify those who could be safely discharged (e.g., going home) or transferred to another venue of care (e.g., another Long-Term Care Home in the community) to make space for incoming Patients, if necessary. Do not proceed with discharge until you are directed to do so. a. Evaluate if applying for a Temporary Emergency License for the Home is necessary
TIME	INIT	4. Identify any Staff (PSWs, Activity Aides, Housekeeping, Dietary, etc.) who might be available to assist in the Emergency Department with the Code Orange, if needed. a. Consider contacting LTC Volunteers for availability in assisting
TIME	INIT	5. If shift change is approaching, contact the Manager On Call after hours at (705) 455-2964 or (705) 313-2303 and determine whether Staff should be asked to stay.
TIME	INIT	6. Contact the Acting Incident Manager and report Status.
TIME	INIT	7. If disaster involves Long-Term Care Residents brought from another Home, a. Inform Families & Residents of situation b. Consider additional BSO supports from other program areas to assist

Appendix 3 – Code Orange Level III – Major Disaster

Level III – Major Disaster – Algorithm



Level III – Major Disaster – Checklist Procedures

Recipient of Disaster Notification – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

NOTIFICATION: Notification is likely to occur by means of the Emergency Medical Service (EMS) dispatcher, using the direct telephone line, located in the Emergency Department. In rare circumstances, the information may come from one of the other emergency services.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Recipient of Disaster Notification Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Write down the location of the incident, expected number of casualties, types of injuries, and anticipated time of arrival
TIME	INIT	2. Record any additional information that you might require (remember you are on a taped telephone line)
TIME	INIT	3. Provide the information to the ED Team Lead and the Emergency Physician
TIME	INIT	4. If the ED Team Lead is not immediately available, page the ED Charge Nurse 'Stat' on the overhead

Emergency Department Team Lead – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The ED Team Lead Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the information and assume the Acting Incident Manager role (Refer to the Acting Incident Manager Job Action Sheet located in Annex 1 of the Emergency Response Manual)
TIME	INIT	2. Contact the Manager On Call after hours at (705) 455-2964 or (705) 313-2303 and recommend that a “Code Orange Level III” announcement be made
TIME	INIT	3. Establish a Triage Area at the Ambulance Entrance
TIME	INIT	4. Direct Staff to ensure that as many monitored beds as possible are cleared and ready to receive Patients
TIME	INIT	5. Meet with the Emergency Physician and review existing Patients for potential discharges
TIME	INIT	6. Ensure that any admitted Patients awaiting beds are transferred to their Nursing Unit
TIME	INIT	7. Contact the Acute Care area to determine current status of empty beds and efforts to move Acute Care Patients to Step Down/LTC beds as an interim measure
TIME	INIT	8. Request a Laboratory Tech/Phlebotomist and an X-Ray Technician with a portable X-Ray machine to report to the Emergency Department and await further instructions <ul style="list-style-type: none"> a. Request a second X-Ray technician from the appropriate Department Manager
TIME	INIT	9. Notify the Manager On Call after hours at (705) 455-2964 or (705) 313-2303 when the above measures have been completed
TIME	INIT	10. Appoint a Liaison Officer, Operations, Planning and Logistics Officers

Haliburton Highlands Health Services
Emergency Preparedness & Response Manual

TIME	INIT	ACTIONS
TIME	INIT	11. Appoint the Bed Clearance Task Force : 2 Housekeeping Staff, a Discharge Planner, a Staff member to aide in transportation, and a Physician to expedite the clearance and turnover of In-Patient beds
TIME	INIT	12. Initiate Pastoral Care, if required, by calling in the Chaplain

Liaison Officer – Level III – Checklist Procedure

DATE _____ TIME _____

LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Liaison Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Notify our sister site
TIME	INIT	2. Notify EMS dispatch and place the Facility on redirect for all Patients not associated with the incident.
TIME	INIT	3. Maintain ongoing contact with EMS dispatch to determine availability of emergency transfer resources
TIME	INIT	4. Contact EMAT (1-866-212-2272) to arrange for Emergency Medical Assistance
TIME	INIT	5. Coordinate with communications lead and contact all of our normal referral hospitals and advise them of what is happening. Make arrangements for regular updates
TIME	INIT	6. Contact CritiCall, advise what is happening and identify regional Critical Care bed space availability
TIME	INIT	7. Ensure that Home and Community Care is aware of the emergency and receives regular updates, as approved by the Incident Manager/Senior Management Team

Planning Officer – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Planning Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Determine and identify resource requirements for the Critical Care holding area. Report findings to Logistics
TIME	INIT	2. Work with CritiCall to identify and transfer Patients requiring critical care services to other hospitals
TIME	INIT	3. Develop a timetable for the movement of such Patients
TIME	INIT	4. Identify any issues resulting in barriers to the prompt transfers of Patients requiring critical care services
TIME	INIT	5. Determine and identify resource requirements for the temporary Minor Treatment Area. Report findings to Logistics
TIME	INIT	6. Identify any issues which disrupt effective patient flow in the Minor Treatment Area and propose solutions
TIME	INIT	7. Determine and identify resource requirements for the temporary Discharge Holding Area. Report findings to Logistics
TIME	INIT	8. Monitor activities of the Discharge Holding Area, and use the status to identify newly available In-Patient beds. Report to the Acting Incident Manager

Operations Officer – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Operations Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Establish a temporary Critical Care holding area for those Patients who will require emergency transfer to other facilities Our Pre-Designated Holding Area will be located at: Emergency Department of Trauma Area
TIME	INIT	2. Establish a temporary Minor Treatment Area to reduce the strain on the capacity of the Emergency Department
TIME	INIT	3. Establish a temporary Discharge Holding Area to clear In-Patient beds and family reunifications

Logistics Officer – Level III – Checklist Procedure

DATE _____ TIME _____

LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Logistics Officer Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Source and deliver resources required by the Emergency Department
TIME	INIT	2. Source and deliver resources required by the Critical Care holding area
TIME	INIT	3. Source and deliver resources required by the Minor Treatment Area
TIME	INIT	4. Source and deliver resources required by the Discharge Holding Area
TIME	INIT	5. Oversee all Patient transportation within the Facility
TIME	INIT	6. Organize a Task Force to expedite the turnaround of vacated In-Patient beds in order to relieve pressure on the Emergency Department
TIME	INIT	7. Establish a Staff & Volunteer Staging Area, for the reporting, tracking and assignment of available Staff & Volunteers <b style="text-align: center;">Our Pre-Designated Staging Area will be located at: Haliburton: HHHS West Parking Lot Minden: HHHS West Parking Lot

Emergency Physician – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Emergency Physician Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the information available, and determine whether an additional physician is required
TIME	INIT	2. Notify the Chief of Staff, if necessary
TIME	INIT	3. Review emergency triage procedure with Nurse(s) assigned to Triage Area
TIME	INIT	4. Review the status of all existing Patients in the Emergency Department, including those in the waiting area
TIME	INIT	5. Discharge all Patients who can be safely sent away to other venues of care
TIME	INIT	6. Position yourself in the Resuscitation Area and await the arrival of Patients
TIME	INIT	7. Assess each Patient as they arrive, perform life-saving procedures only, until all Patients have been triaged
TIME	INIT	8. Notify the Acting Incident Manager immediately of any Patients urgently requiring a level of care not normally available in this Facility

Manager On Call – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

The Manager On Call Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Receive notification information from Acting Incident Manager and review steps taken so far
TIME	INIT	2. Advise the Acting Incident Manager on any further actions immediately required
TIME	INIT	3. Order activation of the Command Center
TIME	INIT	4. Immediately return to the hospital
TIME	INIT	5. Relieve the Acting Incident Manager when you arrive
TIME	INIT	6. Convene an initial Business Cycle Meeting
TIME	INIT	7. Schedule regular Business Cycle Meetings to receive updates
TIME	INIT	8. Notify other Senior Management Team members, as required
TIME	INIT	9. Activate the full, pre-designated Command Center Team
TIME	INIT	10. Order the notification of all members of the Hospital Management Team
TIME	INIT	11. Order the selective activation of Staff Fan-Out Lists, as required
TIME	INIT	12. Notify the Community Emergency Management Co-Ordinator that a major incident is in effect at the Hospital
TIME	INIT	13. Notify Home and Community Care that a major incident is in effect at the Hospital
TIME	INIT	14. Be prepared to brief the full Senior Management Team, when they arrive

Long-Term Care – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Long-Term Care Units Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Review the resources (medications, linen, supplies) that are available on your Unit and if they are adequate.
TIME	INIT	2. Review the transportation resources (wheelchairs, stretchers) that are available on your Unit. Notify the Emergency Department and send them, if requested to do so
TIME	INIT	3. Review all Residents on the Unit. Identify those who could be safely discharged (e.g., going home) or transferred to another venue of care (e.g., another Long-Term Care Home in the community) to make space for incoming Patients, if necessary. Do not proceed with discharge until you are directed to do so <ul style="list-style-type: none"> a. Evaluate if applying for a Temporary Emergency License for the Home is necessary
TIME	INIT	4. Identify any Staff (PSWs, Activity Aides, Housekeeping, Dietary, etc.) who might be available to assist in the Emergency Department with the Code Orange, if needed. <ul style="list-style-type: none"> a. Consider contacting LTC Volunteers for availability in assisting
TIME	INIT	5. If shift change is approaching, contact the Manager On Call after hours at (705) 455-2964 or (705) 313-2303 and determine whether Staff should be asked to stay
TIME	INIT	6. Contact the Acting Incident Manager and report Status
TIME	INIT	7. If disaster involves Long-Term Care Residents brought from another Home, <ul style="list-style-type: none"> a. Inform Families & Residents of situation b. Consider additional BSO supports from other program areas to assist

Maintenance – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Maintenance Staff Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. Inspect all critical physical plant systems (heat, light, water, medical gases, emergency power) to ensure reliability
TIME	INIT	2. Assist with the assembly of any disaster-specific facilities.
TIME	INIT	3. Assist with the “Shelter-in-Place” of the hospital
TIME	INIT	4. Assist with the establishment of access/egress routes and management of traffic flow on hospital property

Housekeeping – Level III – Checklist Procedure

DATE _____ TIME _____
LOCATION _____ COMPLETED BY _____

Note: This document is reviewed during the Post Incident Debriefing. As each item is completed, record the time and initial when the situation permits.

Note: Refer to **Appendix 4 – Role Assignment Chart** to ensure clarity, organization, and communication when assigning Staff members to roles.

Housekeeping Staff Shall:

TIME	INIT	ACTIONS
TIME	INIT	1. In the even of a Mass Casualty incident, assign Staff to maintain cleanliness of the Emergency Department and any temporary treatment/triage areas
TIME	INIT	2. Ensure that garbage and medical waste receptacles are emptied on a regular basis.
TIME	INIT	3. Ensure that used bed linens are removed on a regular basis
TIME	INIT	4. Consider the need to activate the laundry to keep up with consumption a. Reach out to Coin-Wash Laundry facilities in the community, if needed
TIME	INIT	5. Ensure that floors in these areas are kept clean and slip/fall hazards are minimized
TIME	INIT	6. Assign Staff to the Bed Clearance Task Force, if requested

Appendix 4 – Role Assignment Chart

Role	Staff Member	Time Assigned
Recipient of Disaster Notification		
ED Team Lead		
Acting Incident Manager		
Liaison Officer		
Planning Officer		
Operations Officer		
Logistics Officer		
Emergency Physician		
Manager On Call		
Other Nursing Staff		
Maintenance Staff		
Housekeeping Staff		
Bed Clearance Task Force		
Physician		
Team Lead		
Discharge Planner		
Housekeeping Staff #1		
Housekeeping Staff #2		

Note: Assign roles as applicable to Code Orange Level

Appendix 5 – Body Removal Receipt

Haliburton Highlands Health Services

Community Support Services
7185 Gelert Road, Box 956
Haliburton, ON K0M 1S0
(705) 457-2941
www.hhhs.ca

Body Removal Receipt (Ordered as a carbon copy)

Date: _____ **Time:** _____ **Location:** _____

Patient Full Name: _____

Patient DOB: _____

Next of Kin: _____ **Phone Number:** _____

Notified of Death: _____ **Date:** _____

This is to certify that I have received the body of the above-named Patient from Haliburton Highlands Health Services and transported to the Morgue Station.

Organization: _____

Representative Signature: _____

Representative Name: _____

Appendix 6 – Emergency Evacuation Kit Contents

Emergency Evacuation Kit Contents		Quantity
<input type="checkbox"/>	Small Flashlights	4
<input type="checkbox"/>	Headlamp	1
<input type="checkbox"/>	Identification Vests	4
<input type="checkbox"/>	Name tags	1 pack
<input type="checkbox"/>	Masking tape	1
<input type="checkbox"/>	Flagging tape	1
<input type="checkbox"/>	Caution tape	1
<input type="checkbox"/>	Coloured chalk	1 box
<input type="checkbox"/>	White chalk	1
<input type="checkbox"/>	Clipboards	2
<input type="checkbox"/>	Markers/pens	1 bag
<input type="checkbox"/>	Triage Tags	1 pack
<input type="checkbox"/>	Emergency Preparedness & Response Manual	1
<input type="checkbox"/>	First Aid Kit	1
<input type="checkbox"/>	Search Kit	1
Search Kit Contents		
<input type="checkbox"/>	“Searched” Flyers	2 sheets
<input type="checkbox"/>	Minden or Haliburton Detailed Zone Maps	1 doc
<input type="checkbox"/>	Whistles	1 pack