Annual Learning Package
Emergency Response Plans

CODES

Blue
Red
Green
Orange
Yellow
White
Black
Brown
Grey
* Purple ** New
**Did you know?**

Since 1993, a series of colours has been used in health care facilities across Ontario to indicate to staff the presence of an emergency situation.

At Stevenson Memorial Hospital you will find specific information about each of the codes in the Emergency Response Plans Manual.

**Hardcopies:**
Each level of the facility in a holder near the elevators

**Electronically:**
On the shared drive on the hospital server.

**S: / Policies & Procedures / Emergency Response Manual**

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**Emergency Numbers**

**CODE Blue Buttons** are found in Patient rooms to initiate a **Code Blue**

**Dial 53** from any hospital phone to access overhead paging for Codes White, Blue & Pink.

**CODE RED** is initiated by accessing the Fire Alarm Pull Stations

**Dial ‘0’ to notify switchboard of any emergency**

For urgent police assistance dial **0** and request that Switchboard place a **911** call to police

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**Emergency Operations Centre (EOC)**

**Conference Room A** in the basalment has been designated as an EOC (sign on doorframe)

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**EMERGENCY COLOUR CODE LIST**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE YELLOW</td>
<td>Code Amber</td>
</tr>
<tr>
<td>CODE ORANGE</td>
<td>Code Orange CBRN</td>
</tr>
<tr>
<td>CODE RED</td>
<td>Fire</td>
</tr>
<tr>
<td>CODE WHITE</td>
<td>Violent/Behavioral Situation</td>
</tr>
<tr>
<td>CODE BLUE</td>
<td>Cardiac Arrest/Medical Emergency-Adult</td>
</tr>
<tr>
<td>CODE GREEN</td>
<td>Evacuation (Precautionary) Evacuation (Crisis)</td>
</tr>
<tr>
<td>CODE PINK</td>
<td>Cardiac Arrest/Medical Emergency-Infant/Child</td>
</tr>
<tr>
<td>CODE BROWN</td>
<td>In-facility Hazardous Spill</td>
</tr>
<tr>
<td>CODE PURPLE</td>
<td>Hostage Taking</td>
</tr>
<tr>
<td>CODE BLACK</td>
<td>Bomb Threat/Suspicious Object</td>
</tr>
<tr>
<td>CODE GREY</td>
<td>Infrastructure Loss or Failure External Air Exclusion</td>
</tr>
</tbody>
</table>
Upon discovery of smoke or fire:

R - Remove those in immediate danger
A - Activate alarm
E - Ensure room windows and doors are CLOSED
F - Fight the fire if safe to do so (only if you are not responsible for patient evacuation and you have been trained in the use of the fire extinguisher/hose)

To Activate Fire Alarm

Pull fire alarm which is located by exit doors

The Fire Alarm bells will ring at approximately 20 rings per minute and a visual light will flash above the doors.

Announcements

Switchboard staff will check the annunciator panel in the main entrance to see which ZONE the fire is in.

They will make the announcement: “Code Red: Area ___ Zone____” using the overhead paging system to alert staff of the location.

FIRE DEPARTMENT

New Tecumseth Fire Department responds to all Code Red calls in the hospital and will provide direction to the most Responsible Person.
Emergency Codes

Code Green

Hospital Evacuation

Overview

<table>
<thead>
<tr>
<th>Code</th>
<th>Definition</th>
<th>Authorizing Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE GREEN</td>
<td>Local Evacuation</td>
<td>• Person discovering immediate danger&lt;br&gt; • Security</td>
</tr>
<tr>
<td></td>
<td>• The removal of person(s) from a danger area to a corridor or other nearby safe site</td>
<td></td>
</tr>
<tr>
<td>CODE GREEN</td>
<td>Horizontal Evacuation</td>
<td>• Maintenance/Security&lt;br&gt; • Admin-On-Call&lt;br&gt; • Fire Department Personnel&lt;br&gt; • Fire Chief / Fire Warden</td>
</tr>
<tr>
<td></td>
<td>• The movement of persons from a wing/floor to the nearest safe exit on that level</td>
<td></td>
</tr>
<tr>
<td>CODE GREEN STAT</td>
<td>Premises Evacuation</td>
<td>• Admin-On-Call&lt;br&gt; • Fire Department Chief</td>
</tr>
<tr>
<td></td>
<td>• The evacuation of everyone from the complete hospital premises (Full)</td>
<td></td>
</tr>
</tbody>
</table>

The speed and scope of the evacuation process depends upon whether the situation response is Precautionary or Crisis.

Precautionary Evacuation

There is usually some lead-time (e.g. a few hours) before the threat is imminent. Example: Fumes from a toxic spill.

Alarm Bell for Evacuation

The alarm bell for Evacuation is more rapid than the Fire Alarm.
Emergency Codes

Crisis Evacuation

Is implemented if there is a clear and immediate threat, usually resulting from an external event:
- An explosion
- A massive gas leak; and/or
- A rapidly moving fire

The immediate removal of patients is necessary to prevent injury or loss of life.

Code Green Procedures

<table>
<thead>
<tr>
<th>Level</th>
<th>Procedures and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODE GREEN</td>
<td>- Prepare for evacuation process</td>
</tr>
<tr>
<td></td>
<td>- Remove people from immediate danger and initiate action as required (e.g. a Code Red, a Code Brown or a Code Black situation)</td>
</tr>
<tr>
<td></td>
<td>- List and assume responsibility for visitors and/or patients undergoing treatment or diagnostics in your area</td>
</tr>
<tr>
<td></td>
<td>- Listen for overhead instructions</td>
</tr>
<tr>
<td></td>
<td>- Under direction of the Chief Fire Official commence horizontal evacuation</td>
</tr>
<tr>
<td></td>
<td>- Conduct room by room search to ensure safety of people in the area</td>
</tr>
<tr>
<td></td>
<td>- Check rooms by looking under beds, in closets, washrooms, and place Evacuation signs across closed door after room checked</td>
</tr>
<tr>
<td></td>
<td>- Take patient records and staff schedule to check and account for patients and staff</td>
</tr>
<tr>
<td>CODE GREEN STAT</td>
<td>- Listen for location of Control Centre, Holding Areas, Discharge Area and Personnel Pool</td>
</tr>
<tr>
<td></td>
<td>- Charge Nurses or designates will:</td>
</tr>
<tr>
<td></td>
<td>- Commence classification of patients</td>
</tr>
<tr>
<td></td>
<td>- Inform Control Centre of numbers of patients by critical, serious, semi-ambulatory or ambulatory</td>
</tr>
<tr>
<td></td>
<td>- Assign one staff to supervise evacuation of patients, visitors and staff to appropriate exit</td>
</tr>
<tr>
<td></td>
<td>- Assign one staff to collect, remove, and remain with patient records</td>
</tr>
<tr>
<td></td>
<td>- Move patients according to disability</td>
</tr>
<tr>
<td></td>
<td>1st) ambulatory</td>
</tr>
<tr>
<td></td>
<td>2nd) feeble and semi-ambulatory</td>
</tr>
<tr>
<td></td>
<td>3rd) very ill</td>
</tr>
<tr>
<td></td>
<td>4th) uncooperative</td>
</tr>
</tbody>
</table>
Checking Rooms
When clearing rooms during an evacuation, staff should check locations in which patients may hide:
- Washrooms
- Clothes closets
- Under the bed
- Behind the curtains

As the last patient is removed from each room, use an Orange Evacuation sign to indicate that the room has been cleared (within 24” of floor).
* These signs are located in the Emergency Response cabinet in the basement.

Total Evacuation
During a Code Green Total Evacuation, various Evacuation Assembly Areas have been set up outside the hospital for different levels of patient care as required.

Direction will be given by the Incident Commander / MRP as to which area will be utilized
- Emergency Parking Area
- Main Parking Area at the corner of the lot near the heliport in front of the Mary McGill Centre
- Medical/Surgical Unit patio area at the corner of the building
Responding to Mail Threats
Any staff member who finds or opens a letter or package and recognizes a threat is required to evacuate the area immediately. The threat may be an envelope or package that is received in the mail or just found on-site.
Call ‘O’ and ask them to contact
- Security STAT
- Administration on call
- 911.

Responding to Telephone Threats
If a bomb threat is received by telephone, the staff member should:
- Listen carefully
- Be calm and courteous
- Attempt to keep the caller talking as long as possible so the maximum amount of information can be obtained and recorded
- Do not hang up until the caller hangs up
- Try to get as much information as possible from the caller (see questions in the Emergency Response Manual).

Once Threat Received
Once a bomb threat is received, staff are required to notify Communications at ‘O’ and provide details of the threat (time of call, location of bomb, time it is to go off, kind of device). Communications staff will
- Call 911 to notify the police and fire department
- Contact the Administration on-call
- Notify Security
Communications will announce overhead: “Code Black (location)” two times.

Search Protocol
Although the police are called, the hospital is responsible for the actual search. Personnel from the affected area conduct the search since they are most familiar with their own work area.

Stage 1: General Staff Search
- The MRP or Fire Warden will become the search leader
- Staff search their own area for any suspicious or unusual items following the guidelines in the CODE BLACK section of the Emergency Response Plans
- Once the search is complete the unit notifies the Control Centre to advise completion of search

Stage II: A hospital-wide comprehensive full-scale search under the direction of the Police & Fire Department
- Personnel from Security, Environmental Services, and Physical Facilities conduct a search of the premises

Once the search is conducted
The CEO/Designate will determine the need for evacuation. If the search reveals nothing or the bomb is located and disposed of, the Admin-on-Call directs Communications to announce: “Attention all staff, Code Black all clear” two times.

Points to Remember
If a suspicious object is found:
- Do not open package
- If an envelope is opened & contains powder DO NOT smell, touch or taste the contents
- Do NOT move or handle the object
- Dial ext. ‘O’ and ask for the Police
Secure the area around the suspicious item until clearance has been given.

Emergency Codes

Code Black
Bomb Threat

[Box containing Code Black}

2013 Annual Learning Review – Emergency Codes
All employees are responsible for following WHMIS guidelines related to:
- Safe storage of chemicals
- Safe handling of chemicals
- Safe disposal of chemicals
- Knowing the hazards of all products you use

Material Safety Data Sheets (MSDS) are found in the WHMIS Binders located by the elevators on each level of the facility as well as on the Shared Drive of the computer system.

**General Roles & Responsibilities**

**MINOR SPILL:**
- Minor spills are generally small in volume (less than 1 litre)
- Can be cleaned up with the contents of a spill kit
- After checking the MSDS & donning PPE, the department staff may begin clean up according to information on MSDS

**MAJOR SPILL**
- Require additional personal protective equipment for cleanup
- Require special clean up procedures or materials
- May require evacuation of the immediate spill/release area

**Procedure**
- Notify Manager/Most Responsible Person
- Dial 0 and provide Communications with specific location
- Communications will page the Code Brown & notify Administration on-call, Environmental Services Coordinator, Facilities Manager & Fire Department.
- The Code Brown Response Team will review and assess the spill, and begin appropriate cleanup

*Note: in some circumstances fresh air ventilation may be required.*

**Team Responding to a Code Brown**

**Days:** Co-ordinator- Environmental Services, Environmental Services Staff, Maintenance / Security, Facilities Manager.

**Evenings:** Environmental Services Staff, Maintenance / Security

**Nights:** Environmental Services Staff, Security

**Code Brown Team Response**
The Code Brown team Leader will contact Communications to notify the appropriate Emergency service – Fire Department.

Spill Kits are located in the following locations:
- Operating Room
- Laboratory
- Obstetrics
- Emergency
**Code Blue Situations**
A Code Blue is called when a person is unresponsive or in need of immediate medical assistance.

To initiate a CODE BLUE access the CODE BLUE buttons in in-patient rooms or Dial 53 from any phone:

Announcement
For an adult
Code Blue and location

For a child under 18 years of age
Paediatric Code Blue and location (repeat x 2 for clarity)

If qualified, initiate Basic Life Support

The Code Team from will respond to the location of the Code Blue when announced.

**Within the Hospital Building**
Staff in the area where the code has been called in; respond as outlined in the Rescuer #1 and Rescuer #2 duties.

**Outside the Hospital e.g. Parking Lot**
Attend to the patient, provide Basic Life Support.

If the person is just outside an entrance to the facility or in a car by the ER entrance, begin BLS and get someone to call a CODE BLUE & seek staff assistance in getting the patient into the facility.

**NOTE:** EMS is to be called when the patient is in a location that our staff (CODE BLUE team) could not safely get the resuscitation equipment (CRASH CART) & a stretcher to, in order to be able to safety get the patient resuscitated and into our ER.

Examples:
- Mary McGill Centre
- Parking lots

**Staff Qualified to Initiate BCLS**

**Rescuer #1 Duties**
As the first person on the scene, it is your responsibility to:
- Determine unresponsiveness or need for medical assistance and confirm presence/absence of pulse/respiration
- Call for assistance, e.g. “Help, Code Blue”
- Use the automated CODE BLUE buttons near the light switches in Patient Rooms

OR
- Dial #53 and state the code, unit, floor, and room number
- Check that the area is safe from hazards and begin Basic Life Support (BLS) if necessary
- Provide important information to the Code Team or rescue personnel
- Remain at the site to assist

**Rescuer #2 Duties**
As the second person on the scene, it is your responsibility to:
- Respond to the call for help and take any emergency equipment available e.g. Crash Cart
- Confirm the Code Blue has been called
- Attend to the safety and care of other patients/people close by
- Assist Rescuer #1 by starting 2 person CPR, if necessary.
**CODE PINK Situations**

A Code Pink will be called when neonatal resuscitation is required.

*Neonate* = 0 – 30 days

This code may be called from any phone in the organization by **Dialling 53** & announcing CODE PINK & stating location. Or by Calling Switchboard at “0” and asking them to page a Code Pink.

Nursing staff trained in Neonatal Resuscitation (NRP) along with the Emergency Department Physician will initiate resuscitation efforts. Anaesthesia should be paged as well.

Other nursing staff responding will be asked to assist the OBS nurses with care for the mother and other patients.
Identification of potential & known wanderer is a patient safety strategy.
Staff should alert security of potential wanderers. The use of a yellow vest designating “Patient” may be used to identify these patients.
When a patient leaves the patient care area without permission or informing someone the department staff will begin a search.

Phase 1
- Staff search for the patient on the specific unit/area involved
- Most Responsible Person will immediately assess the potential risk the patient may be to him/herself or others
- If the patient is not found within 5 minutes the search will move to the next Phase.

Phase 2
- The Manager /Designate will notify Communications to announce “Code Yellow”
- An identity sheet will need to be completed for other departments to use for the search
- Every department head / designate will initiate a search in their own departments & complete the Search Checklist.
- The patient’s most-responsible physician and the family will be informed that the patient is missing.
- Security will ensure that all public areas and outside areas are fully searched
- If patient found, Communications announces “Code Yellow all clear”
- If patient not found within 20 minutes contact the Manager of the department

Phase 3
- The search will officially be turned over to the Police.
- The hospital staff will assist police where necessary.
- In consultation with the Police, next-of-kin and patient’s physician, decide when to halt search
- Communications to announce “Code Yellow all clear” or “Code Yellow, Organized Search Halted” –
A Code White is intended to provide immediate assistance in threats of violence against patients, visitors, physicians or staff anywhere in the hospital.

**Call a Code White** – when there are threats of personal violence or when a violent person presents an immediate risk to other persons.

- When a patient/visitor is physically or verbally acting out and the situation is not contained call Code White by dialling 53 & stating CODE WHITE, or by dialling ‘0” or by activating personal alarm pendants.

**NOTE:** the Mary McGill building staff have CODE WHITE pendants that will cause an alarm to ring at Patient Access.

- The person calling the code or a designated staff person will be the Control Person, who directs the process

- Designate someone known to the patient to talk to him/her to reassure and calm as much as possible

**DO NOT CALL CODE WHITE** – when offensive weapons or hostage taking are involved - this is a CODE PURPLE

- Remain calm
- **Do not attempt to disarm person**
- Notify Communications at ‘0’ to activate 911 call to expedite police involvement

**Duties of the Control Person**

- Provide directions to staff members responding to a Code White
- If appropriate, designate a person to call the police and request immediate assistance, giving age, gender, physique, and description of behaviour
- Designate a person to call the attending physician
- Identify a need for Personal Protection Equipment (PPE) if appropriate to staff responding to code
- Designate someone to direct and control other patients and/or visitors on the unit

**CODE WHITE Team**

- Maintenance/Security
- Team Leader or designate of area
- ER Physician
- Nursing staff

**Staff Responding to a Code White**

- Staff responding need to prepare themselves by removing glasses, neck chains, long earrings, pens etc from their person.
- Staff respond to demonstrate “a show of force”
- Staff members are to follow direction of the Control Person
- Use PPE as required
- The Mary McGill Building is part of SMH & if a CODE WHITE is called from the Mental Health Clinic area on the 1st floor or offices on the 2nd & 3rd floors, staff from the main building **MUST** respond.
**Emergency Codes**

**Code Orange**

*External Disaster*

**Disaster Headquarters or Emergency Operations Centre (EOC)**
May be set up on any of the following locations:
- Conference Room A
- Conference Room B

**External Disaster**
An event by which the number of injured to be received for treatment is greater than the number the hospital can routinely cope with.

At SMH may go into effect when the number of victims exceeds 10 and where conditions require a drastic increase in resources to deal with the situation. Examples may include explosions, fire, car accidents, tornadoes, etc.

**Specific Roles & Responsibilities**

- **ALL STAFF - Wear ID badge** to ensure properly identified and to ensure access to hospital
- Staff called in to respond to Code Orange must enter via lower level Staff Entrance

**Code Orange Alert**
- Each area reviews their roles and responsibilities listed in the disaster plan

**Code Orange All Clear**
- Resume normal work duties

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**Overview of Stages**

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
</table>
| **Step I** Initiation of Plan - Assessment         | - Hospital has been notified of an external disaster or casualties arrive at the hospital whose numbers constitute a strain on the normal routine emergency service.  
- No casualties have arrived. Obtaining information regarding number of causalities and injuries  
- Admin-on-Call in consultation with Emergency physician and Emergency RN determine implementation of disaster plan |
| **Step II** Code Orange                 | - Overhead page by Communications  
- Institution of the Emergency Operations Centre (EOC) by the Incident Manager.  
- Call back of staff according to need using the fan out lists.  
- Discontinue all normal elective procedures  
- Re-distribution of supplies as per Code Orange Emergency Plans Manual  
- Discharge appropriate patients |
| **All Clear** Crisis has Passed | - Admin-on-Call to advise Telecommunication to overhead page Code Orange-All Clear                                                                 |

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2013 Annual Learning Review – Emergency Codes
Code Grey
External Air Exclusion

Definition
A Code Grey is initiated in response to an external emergency involving airborne environmental contamination by stopping external air from entering the hospital. These emergencies might include a fire in an adjacent building, a train derailment leaking hazardous fumes, or any Chemical, Biological, Nuclear or Radioactive (CBRN) incident.

The plan restricts the entry of external contaminated are by:
- Shutting down ventilation equipment
- Limiting access by securing the facility

Procedure
Upon notification of a toxic spill or release of gases, the Communications personal will:

- Contact:
  - Administration on-call
  - Facilities Manager
  - Maintenance/ Security
- Announce “CODE GREY”

Persons are to remain inside the hospital during a Code Grey. Visitors who insist on leaving during a Code Grey will have their names documented.

Mandatory Items for Shut Down or Closing
- All windows
- Exit doors
- Circulating fans
- External air exchange fans and building system exhaust fans (by Physical Facilities staff)
- Any fans or fume hoods in use throughout the building

NOTE: The shutdown of ventilation systems might result in the control and exhaust of internal hazardous substances, i.e.
- OR – anaesthetic gases
- OBS – Nitrous Oxid

Code Grey
Infrastructure Loss or Failure

2013 Annual Learning Review – Emergency Codes
1) Match the CODE COLOUR with the appropriate description.

<table>
<thead>
<tr>
<th>I</th>
<th>BLUE</th>
<th>A</th>
<th>External Air Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>ii</td>
<td>GREEN</td>
<td>B</td>
<td>Neonatal Arrest</td>
</tr>
<tr>
<td>iii</td>
<td>YELLOW</td>
<td>C</td>
<td>Evacuation</td>
</tr>
<tr>
<td>Iv</td>
<td>WHITE</td>
<td>D</td>
<td>Missing patient</td>
</tr>
<tr>
<td>V</td>
<td>RED</td>
<td>E</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>vi</td>
<td>ORANGE</td>
<td>F</td>
<td>Cardiac or Respiratory Arrest</td>
</tr>
<tr>
<td>vii</td>
<td>GRAY</td>
<td>G</td>
<td>External Disaster</td>
</tr>
<tr>
<td>viii</td>
<td>PINK</td>
<td>H</td>
<td>Violent / Behavioural Situation</td>
</tr>
<tr>
<td>ix</td>
<td>BROWN</td>
<td>I</td>
<td>Chemical Spill</td>
</tr>
<tr>
<td>x</td>
<td>BLACK</td>
<td>J</td>
<td>Fire</td>
</tr>
</tbody>
</table>

2) When any person becomes physically and verbally threatening, your first priority should be to:
   a) Disarm the person of any weapons he/she may have
   b) Call the police through Telecommunications/ Switchboard
   c) Call the physician for restraints
   d) Call for assistance by initiating a CODE WHITE

3) The detailed Emergency Code Policies can be found:
   a) In the Emergency Response Plans Manual
   b) in the Managers office
   c) In the Facilities Department
   d) None of the above

4) During a CODE RED, staff should:
   a) Not use elevators
   b) Close all doors & windows
   c) Prepare to evacuate or go to the “personnel pool”
   d) All of the above

5) Upon discovery of smoke or fire, staff should:
   a) Extinguish the fire with an A type extinguisher
   b) Initiate a CODE RED by activating the Fire Alarm at a Pull Station.
   c) Call 911
   d) Yell & scream FIRE to alert all other staff & patients.

6) During a CODE GREY the ventilation system should be on to bring in the outside air:
   a) True
   b) False
7) A CODE GREEN STAT would be called to:
   a) Move patients from one area of the hospital to another
   b) Have staff search their departments for suspicious objects
   c) Initiate a hospital wide, total building Evacuation
   d) Announce an environmental emergency.

8) During a Code Orange call back, all staff are asked to:
   a) Wear ID badges
   b) Review the disaster plan
   c) Follow direction of the MRP (most responsible person).
   d) All of the above

9) When a CODE BLACK is called, staff members should:
   a) Search their local areas for suspicious objects
   b) Evacuate
   c) Wait for direction from the police
   d) Contact the media

10) When clearing rooms during an evacuation you should:
    a) Check washrooms
    b) Look under beds
    c) Check lockers/closets
    d) All of the above

11) The numbers dialled to access the system to announce a CODE WHITE or CODE BLUE are:
    a) # 35 & # 45
    b) # 2222
    c) #53
    d) ‘0’ for switchboard

12) During a CODE YELLOW, the following occur
    a) All staff search their departments
    b) Security searches the hospital grounds
    c) The police are notified if the patient is not found within 20 minutes.
    d) All of the above

13) A CODE BROWN should be called for a spill of which of the following:
    a) Flammable or combustible liquids
    b) Water from an overflowing toilet
    c) Medications
    d) Blood

14) A CODE PINK would be called when resuscitation of a neonate is required.
    a) True
    b) False
15) What type of fire extinguisher would you use on a fire coming from an electrical appliance plugged into a wall outlet?

a) Water extinguisher – Type A  
b) Type B  
c) Type ABC  
d) None of the above.

16) Only staff directly involved with patient care have to observe Emergency CODES.

a) True  
b) False

17) The ER physician or alternate physician needs to respond to all Code Blues, Pinks & Whites.

a) True  
b) False

18) During a CODE GREY it is important to

a) Keep the outside air out of the building  
b) Increase ventilation & open all windows  
c) Lock all doors  
d) All of the above.

19) Hospital staff **DO** need to respond to a CODE WHITE at the Mary McGill Community Mental Health Centre.

a) True  
b) False

20) All staff, physicians & volunteers are expected to be familiar with the Emergency CODES used at SMH?

a) True  
b) False