

Riverview Gardens - Municipality of Chatham-Kent

Emergency Response Plan

Code Orange - Annex F – External Disaster

Policy Code: EME EXT

Issued: March 2010

Revised: November 2024

Table of Contents

Policy	2
Code Orange Procedures.....	2
Authority to call a Code Orange	2
Requirements to call a Code Orange	2
Steps to calling a Code Orange.....	2
Emergency Control Group (ECG)	3
Department Operation Centre	4
Staffing and Supplies	4
Location of Incoming Patients/Residents from Healthcare Facilities	4

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Policy

Riverview Gardens recognizes that there is a potential for large scale emergencies to happen within the community and will respond appropriately based on the severity of the event.

Code Orange Procedures

A Code Orange is called when there is an emergency in the community that may result in an influx of patients from the hospital or residents from other facilities coming to RVG for care.

If it is after hours and the Charge Nurse is contacted by an outside source they will notify the Director, Seniors Services or designate immediately; or the Director of Nursing or designate.

Authority to call a Code Orange

The authority to call a Code Orange lies with the Director, Seniors Services or designate, the Director of Nursing or designate or the Manager Long Term Care. The Charge Nurse does not have the authority to call a Code Orange without contacting one of the above listed individuals for approval.

Requirements to call a Code Orange

Riverview Gardens may be contacted by the Chatham-Kent Health Alliance, the Community Emergency Management Coordinator if there is a large scale evacuation or one of the surrounding long term care home requesting assistance due to an emergency at their location. If for some reason Riverview Gardens is not in a position to accept in coming patients/residents they should inform the caller immediately, otherwise the home should prepare to receive temporary residents. It is important to note that as another facility prepares to make the decision on whether or not to evacuate they may contact other facilities to inquire about the potential number of people we could accept, but that does not mean they are on route.

Steps to calling a Code Orange

Once the home is contacted from an outside source they will advise the nature of their emergency and advise the number of patients/residents they request we take. (Please note: the final number of evacuees we accept is based on our availability of space at the time). The following steps will then be taken by the Director Seniors Services, or the Director of Nursing, or designates, depending on who activates the Code Orange:

1. The Director, Seniors Services or the Director of Nursing will gather the Emergency Control Group (ECG) to discuss the Code Orange and the incoming evacuees, including locations, required supplies and what each department needs to do to prepare to receive those coming in. A plan of action will be established;
2. The Director of Nursing, or designate, will contact the Charge Nurse at 6700 and advise them of the situation, including an approximate number of anticipated evacuees and where they will be going.
3. The Charge Nurse will announce "Attention all staff Code Orange" X3. At this point the RN's are to cease what they are doing and report to the RN office for directions;

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4. If it is the afternoon or night shift, the RN and the RPN's from each unit will report to the RN office for directions and then return to their unit to advise staff;
5. The RN's/RPN's will report back to the Charge Nurse any necessary supplies required and any updates;
6. Only the Charge Nurse will report back to the Emergency Control Group;
7. The Charge Nurse and the RN's/RPN's do not need to make arrangements for their own supplies and equipment, they are to filter everything through the Emergency Control Group;
8. The ECG will ensure the sending facility is kept up to date on the location of their patients/residents within the Home;
9. The ECG will provide an overview to staff from the sending facilities ensuring they have a basic knowledge of the home. Depending on the length of intake a more in-depth overview of the Home may be provided;
10. When all the patients or residents have returned to their sending facilities the Charge Nurse will announce "attention all staff Code Orange all clear" X 3;
11. The ECG will finalize the Code Orange with a report of actions taken, lessons learned and changes required for the Code Orange policy.

Emergency Control Group (ECG)

Depending on the size and scope of the Code Orange and the anticipated length, if known, the Director, Seniors Services or designate, may deem it necessary to gather the members of the Emergency Control Group.

The Emergency Control Group (ECG) are members of Riverview Gardens management team who are responsible for coordinating the provisions of the essential services necessary to minimize the effects of an emergency effecting the home. The ECG consists of the following members:

Position	Alternate
Director, Seniors Services	1. Director of Nursing 2. Manager of Long Term Care
Director of Nursing	1. Nurse Manager
Manager, Long Term Care, Emergency Portfolio	1. Manager, Long Term Care, HR
Supervisor, Maintenance Services	1. Supervisor, Environmental Services
Supervisor, Environmental Services	1. Supervisor, Maintenance
Supervisor, Food Services	1. Food Service Coordinator (s) 2. Dietitian
Supervisor, Therapeutic Recreation and Volunteer Services	1. Coordinator, Training and Safety 2. Volunteer Services Assistant
Medical Director	1. Alternate doctor 2. CKHA

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Social Worker**

1. Social Worker
2. Medical Secretary

** The Social Worker may not be a regular member in the Department Operations Centres but has been assigned backups due to the nature of the tasks completed by this position.

Gathering of the ECG does not indicate that an emergency has been or will be declared or that the Department Operations Centre (DOC) will be established.

The ECG will discuss what, if any, further steps at the time may be required for the incoming evacuees and how they will be cared for while at RVG. The implications on the care for the residents of RVG may also need to be discussed during the Code Orange.

Department Operation Centre

If it is deemed to be an extreme situation that may result in the Code Orange being active for an extended period of time, the Director, Seniors Services or designate, may activate the DOC.

Activating the DOC does not indicate that an emergency has been declared. (See Emergency Response Plan and Annex Q, Emergency Preparedness, Response and Recovery, for more information on the DOC). By activating the DOC it allows for a central location of control of the situation where all the incoming and outgoing information can be filtered and decisions can be made.

Staffing and Supplies

The facility sending residents or patients will be required to send as many staff and supplies as possible to care for them.

It is critical to advise the evacuating facility that beds may not be available for each evacuee but every attempt will be made to ensure each person is as comfortable as possible using mattresses on the floors.

Location of Incoming Patients/Residents from Healthcare Facilities

Every effort will be made to house the evacuees in a central location so that providing care can be streamlined. However, potential rooms that could be used are multipurpose rooms and sunrooms, depending on the level of care required.

Intake of general public will be limited to public areas on the first floor.