# Code Orange

# Functional Area Plan

## VA Department of Anesthesia and Perioperative Care

**What is a Code Orange?**
A Code Orange is activated when an event stresses campus operations and impairs the organization's ability to maintain normal service levels.

**Purpose/Objective**
The purpose of this plan is to outline the needs and actions required by the Vancouver Acute Department of Anesthesia and Perioperative Care to support the relocation, expansion or temporary creation of a specialized department for the duration of a Mass Casualty Event. The target audience of this plan is the members of the Vancouver Acute Department of Anesthesia and Perioperative Care (VADA), Vancouver Coastal Health (VCH), Vancouver General Hospital (VGH), and Health Emergency Management British Columbia (HEMBC).

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| **Date of Plan:** | 2023-12-01 |
| **Document prepared by:** | VA Department of Anesthesia and Perioperative Care |

# Code Orange Stages

**Code Orange can be activated at any stage.**

## Stage 1 - Alert

- Notification received of a disaster/mass casualty event with possible injuries and very limited information available
- Standby – Hospital wide
- Emergency Operations Centre (EOC) may be activated

## Stage 2 - Partial

- Confirmed disaster/mass casualty incident that overwhelms resources and partially impacts the hospital
- Affected departments will be notified to activate functional area or department plans
- All other areas on standby
- EOC activated

## Stage 3 - Full

- Confirmed disaster/mass casualty incident that impacts the entire site
- Normal operations will be curtailed
- All functional areas and department plans activated
- EOC activated

# Functional Area Overview

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| **Functional Area Objective** | Collaborate in the triage of patients requiring care in the operating room. Provide anesthesia leadership to throughout the event. Work with site partners to optimize resource access and maintain care for existing patients. |

**VA Department of Anesthesia and Perioperative Care Overview:**

In the event of a Code Orange the VADA Head, or delegate, will appoint a Disaster Anesthesiologist. The Disaster Anesthesiologist will be a senior member of VADA. The Disaster Anesthesiologist will be responsible for coordinating and reporting on VADA's overall response to the disaster. If resources allow the Disaster Anesthesiologist should participate in the triaging of patients in collaboration with the Trauma Surgeon and the Emergency Department Physician in the trauma bay.

The Disaster Anesthesiologist will collaborate with the Slating Anesthesiologist and/or the On-call Anesthesiologist, the Perioperative Care Anesthesiologist and the Cardiac Surgery Intensive Care Unit (CSICU) Anesthesiologist to pause or cancel elective surgeries, and to decant patients in the PACU or CSICU to a lower level of care.

Intraoperative care of code orange patients should follow the principles of damage control surgery until resources allow for a transition to definitive care.

To preserve blood bank resources a multidisciplinary discussion should occur for every surgical patient (either mass casualty patient or elective surgery patient) during a code orange once a balanced transfusion reaches 8 units of pRBCs.

## Action Checklists

| Person Responsible | Activity | Details |
|---|---|---|
| Disaster Anesthesiologist | ☐ Anesthesia lead for the disaster | ☐ Appointed by VADA Head, Slating Anesthesiologist or On-call Anesthesiologist<br>○ Senior anesthesiologist<br>○ Has experience dealing with a variety of trauma patients<br>☐ Activated by Code Orange overhead announcement, or directly by Trauma Surgeon<br>☐ May collaborate with the Trauma Surgeon and ED Physician to triage patients, or can delegate this task to another experienced anesthesiologist<br>☐ Liaise with Slating Anesthesiologist to initiate call-out for additional anesthesiologists<br>☐ Liaise with Slating Anesthesiologist to organize transfer of patients from the trauma bay to the OR<br>☐ Liaise with Intensive Care Physician<br>☐ Liaise with Blood Bank Physician<br>☐ Liaise with EOC<br>☐ Responsible for any anesthesiologists, anesthesia fellows, and anesthesia residents assisting with resuscitation in the ED<br>☐ Maintain list of code orange patients likely to require or receiving massive transfusion:<br>○ RABT score greater or equal to 2 (see appendix B) |
| Slating Anesthesiologist (if Code Orange activated during regular hours) | ☐ Initiates call-out for additional anesthesia resources<br>☐ Collaborates with OR Control Desk Charge Nurse to organize transfer of patients to the OR<br>☐ Determines with the Disaster Anesthesiologist which previously scheduled surgeries should be held or cancelled | ☐ Call-out activated using the VADA High Priority WhatsApp and by telephoning individual anesthesiologists who don't use or have silenced WhatsApp<br>○ In the case of a natural disaster where all digital communications methods fail it is assumed that available VADA members will make their way to the hospital when they are able. |
| On Call Anesthesiologist (if Code Orange activated after hours) | ☐ Assumes the role of Disaster Anesthesiologist on a temporary or permanent basis | ☐ Call-out to be initiated as follows:<br>○ N3 Anesthesiologist<br>○ Anesthesiologist on call for Organ Transplantation<br>○ Anesthesiologist on call for TEE<br>○ Additional non-call anesthesiologists as required |

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|---|---|---|
| Other Anesthesiologists | ☐ Refer to Disaster Anesthesiologist and Slating Anesthesiologist for role assignment | ☐ Activated by call-out and/or Code Orange overhead announcement<br>☐ Active resuscitation of patients in the OR, PACU, CSICU or Trauma Bay<br>☐ Assist the PACU or CSICU Anesthesiologist with decanting the PACU and CSICU<br>☐ Intraoperative care of these patients should follow the principles of damage control surgery until resources allow for a transition to early definitive care.<br>☐ "Protect" the blood bank:<br>○ Initiate a "pause" when 8 units of pRBCs reached<br>○ Rapid group and screen<br>○ Rapid return of unused blood products |
| Anesthesia Fellows and Residents | ☐ Refer to Disaster Anesthesiologist and Slating Anesthesiologist for role assignment | ☐ Activated by call-out and/or Code Orange overhead announcement |
| Anesthesia Assistants | ☐ Report to Slating Anesthesiologist<br>☐ Assist as needed with coordination, clinical care or decanting | ☐ Activated by call-out and/or Code Orange overhead announcement |

# Key Department Contact List

| **Critical Care Unit Functional Areas** | | | |
|---|---|---|---|
| **Units Within the Functional Area** | **Hours of Operation** | **Functional Area Contact Number** | **Fax Number** |
| Intensive Care Unit (ICU) | 24/7 | 604-875-4275 | 604-875-4014 |
| Burn, Trauma and High Acuity (BTHA) | 24/7 | Pod A: 604-875-5881<br>Pod B: 604-875-2033<br>Pod C: 604-875-4030 | 604-875-5829 |
| Orthopedic and Trauma (T7) | 24/7 | T7A: 604-8754053<br>T7D :604-875-4984 | - |

| **Other Departments** | | |
|---|---|---|
| **Department** | **Phone Number** | **Fax Number** |
| Emergency Department | 604-875-4995 | - |
| Anesthesia Assistants<br>Anesthesia Assistants (AA) (urgent) | 604-871-5034<br>604-809-3626 | - |
| Anesthesia Slater | 87-03108 (Pager) | - |
| Perfusion | 604-877-5385 | - |
| Medical Device Reprocessing Department (MDRD) | Day-62861, Evening-55693, Night-54465 | - |
| Radiology | 604-871-1622 | - |
| BIOMED | Ext. 54288 | - |
| Patient Escort | 604-875-4085 | - |
| Pharmacy (JP) | 604-875-5817 | 604-875-5820 |
| Blood Bank | 604-875-4420 | 604-875-5284 |

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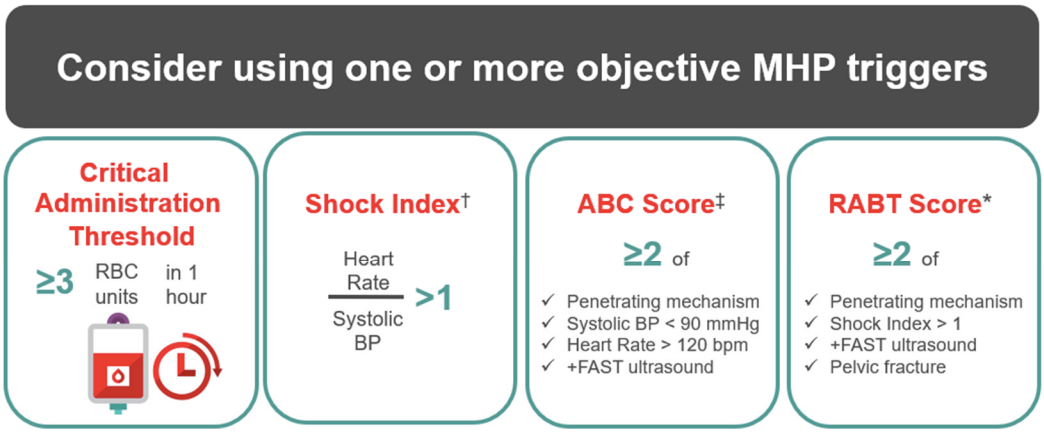
|---|---|---|
| Lab | 604-875-4111, Ext. 61363 | 604-875-4562 |
| ECG | 604-875-4111, Ext. 67710 | 604-875-4562 |
| Chest X-ray (CXR) | 604-870-3150 | - |
| Crothall | 1-844-372-1959 | - |
| OR Control Desk | 604-875-4472 | 604-875-5149 |
| RT (BTHA) | 604-328-0873, 604-87-0-3466 (Pager) | - |

## Appendix A – VA Department of Anesthesia and Perioperative Care Call Out List

***(See Most Recent Listed Posted in the Anesthesia Department Office or in the Slating Office)***

## Appendix B – RABT Score




† Shock Index (SI) > 1 after ≥1 L of fluid is 48% sensitive and 91% specific for prediction of MHP requirement.[22]
‡ Assessment of Blood Consumption (ABC) score ≥2 is 75% sensitive and 86% specific for prediction of MHP requirement.[23]
* Revised Assessment of Bleeding and Transfusion (RABT) score ≥2 is 78% sensitive and 91% specific for prediction of MHP requirement.[24]

**Figure 1**: Validated, objective measures for triggering an MHP

## Finalize Plan

After completing Functional Area Plan, please carry out the following activities:

☐ Print and insert the completed plan into the Emergency Response and Code Manual(s), behind the Code Orange tab or the Department tab.

☐ Print copies of the forms listed below and insert it into the Emergency Response and Code Manual(s), behind the Code Orange or the Department tab.

- Unit/Department Status and Request Form (10 copies)
- Mass Casualty Reporting Structure (1 copy)

☐ Email the completed plan to your HEMBC Coordinator.

☐ Assemble a Code Orange Kit (based on items listed in Equipment & Supplies section).

The above materials can be found in the following locations:

- Health Authority Emergency Management Intranet Page
- Emergency Operations Centre
- Emergency Response and Code Manual

HEMBC is responsible for posting the plan online and ensuring a copy is provided to the Emergency Operations Centre (EOC).

## Plan Maintenance

This plan is intended to be reviewed annually and updated every three (3) years. The Unit/Department Manager is responsible for the activities below:

☐ Review the plan and kit on an annual basis (12 months) from the publish date. There is no requirement to provide updates to your HEMBC Coordinator, unless significant changes are made.

☐ Update the plan and kit based on a three (3) year cycle from the publish date. Email the updated plan to your HEMBC Coordinator.

If there are significant changes to the plan outside of the review cycle, update and email the revised plan to your HEMBC Coordinator.