

Code Orange: Are you ready for the next mass casualty event?

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Is your department ready to handle the next mass casualty? Code Orange training has traditionally occurred with volunteer 'patients' and department staff and can be labour- and time-intensive to organize. Not all staff has the opportunity to participate during a single event.

Our department last held a mock event with 'patients' just prior to the Olympics in 2010. Thirty-five 'victims' were processed through our department in less than an hour. Time passed, staff turnover occurred, and we felt the need to revisit how to orient staff to the process.

In 2013, our department piloted a tabletop type exercise utilizing 'Lego' patients and all ED 'staff' that would be available on a given shift. Participants were assigned to different areas of the department such as Triage, Resus, Acute Care and First Aid. We reviewed the policy and materials required, i.e., vests and role cards.

Approximately 10 months ago we used this for our physician group and were able to put 17 through a mock scenario in two hours. The physician group was able to determine a new call-out process, and also confirm which physicians would care for existing ED patients, and how incoming patients would be cared for. We now have three MD champions in the department. Based on overall positive feedback we have held regular sessions.

What does the process look like?

Assemble the group in a room with a table.

Assign staff to different areas and don vests according to role.

Receive notification of 'event'

Decide to call an 'alert', versus a 'minor' or 'major', depending on department criteria.

Identify patients to be moved according to policy. Create 'teams' to receive incoming patients.

Triage patients into the care spaces. Continue to move patients out if possible. Involve all to lead in individual areas. Utilize access or flow staff. Communicate with wards to take patients, as appropriate. All of this is simulated by moving the characters on the department map.

Debrief, answer questions.

This process is easy to roll out, inexpensive, and can be replicated and modified easily. To date approximately 50 ED staff have gone through this process and the sessions are now held monthly. The scenario can readily be changed to incorporate chemical exposure versus trauma, and can be adjusted to any size department.

So, update your Code Orange Plan, organize a tabletop exercise, and practise! It will make you much better and will increase confidence with handling casualties that may overwhelm the department capacity.