

Problem

- Code Orange** is the emergency colour code for Mass Casualty Incidents (MCI) which are defined as a single incident that overwhelms local resources due to the number of patients and/or the severity of injuries.
- At present, the baseline state of preparedness across facility, zonal, and provincial levels in the acute care sector is unknown.**



Results

Current Code Orange Plans

- Heavily focused on Emergency Department response
- Do not account for clinical capabilities and capacity of hospital or zone

Survey Results (n=669)

- Indicate opportunities for advancing a culture of MCI preparedness throughout the organization
- Identify the need to develop department plans with roles and responsibilities.
- Findings underscore the need for enhanced standardized MCI education, training, and exercising among trauma care providers in Nova Scotia.



Aim



Our objective was to assess the state of mass casualty preparedness and identify if current Code Orange Plans address potential barriers to providing MCI patients with the definitive care they may require. Leaders and frontline providers across Nova Scotia Health (NSH) informed the objective.

What we did



A formal needs assessment was conducted in late 2023 to evaluate the current state, desired state, and resulting gap in MCI preparedness:

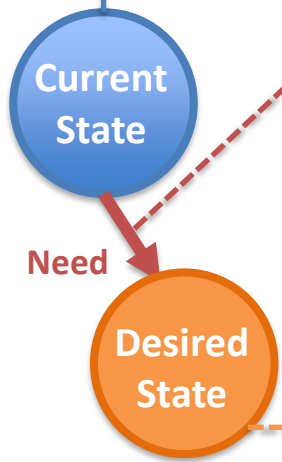
Review of current NSH Code Orange Plan



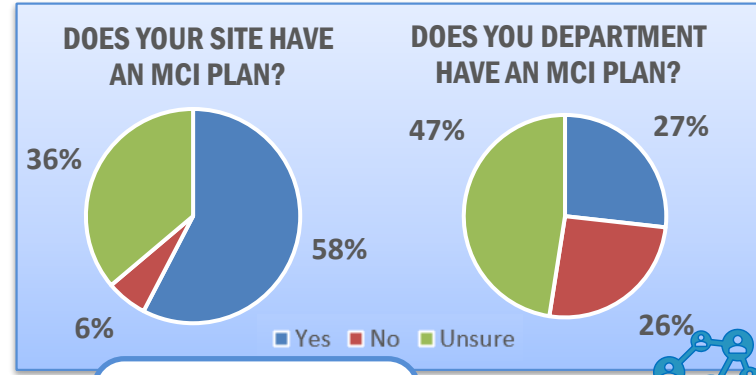
Interviews with provincial trauma care providers and other interested parties at NSH



Anonymous online survey that was shared with hospital Site Leads with the instructions to distribute with the clinical staff working within their site.



85%
RESPONDED NO TO ATTENDING MCI TRAINING IN THE PREVIOUS 12 MONTHS.



Impacts

- MCI's fall into the High Acuity Low Occurrence (HALO) type events. Education and training opportunities are essential to **increase staff confidence** by preparing us for these incidents and to validate plans (Cocco and Thomas-Boaz, 2019).
- Having MCI response plans based on the clinical capabilities for each site and zone will allow for a more **organized response** that could **improve patient outcomes** and **reduce critical incident stress** on staff and patients (Moss and Gaarder, 2022).

"Our ED is always full of admits, to have a mass influx of critically ill patients would take more than our department to deal with all of the issues."
Regional ED RN

Spread/Scale

- Grow a Culture of Preparedness at NSH:** Where staff and physicians value and actively participate in preparedness activities.
- Develop Provincial MCI Plan:** Create comprehensive plans beginning at each site that integrates seamlessly across our healthcare zones.
- Education and Exercise Program:** Regular training on role and responsibilities for responding programs. These exercises are necessary to validate plans and promote the culture of preparedness we wish to achieve.