Name of Policy:	Disaster-Code Yellow	}
Policy Number:	3364-136-01-10	THE UNIVERSITY OF TOLEDO
Department:	Pulmonary Services	
Approving Officer:	Senior Hospital Administrator	
Responsible Agent:	Director, Pulmonary Services	
Scope:	The University of Toledo Medical Center Pulmonary Services Department	Effective Date: 08/14/2023 Initial Effective Date: April 10, 1981
New policy proposal x Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy		

(A) Policy Statement

The Respiratory Care Department will provide the personnel and equipment needed to provide emergency respiratory care during a disaster procedure, in accordance with EP-08-001, of the Hospital Safety and Health program. In the event of a Code Orange, EP-08-003 (Emergency Management of Hazardous Chemical, Biological and Radioactive Contamination Cases within the Emergency Department), the Respiratory Care staff does not respond, until the cases are decontaminated. At that time, a Code Yellow is called with subsequent reaction by the department.

(B) Purpose of Policy

To provide a comprehensive and workable system in which to deal with a disaster at the University of Toledo Medical Center and to ensure optimal delivery of emergency respiratory care to as many patients as possible

(C) **Procedure**

The procedure for a Disaster/Code Yellow will be in accordance with the Hospital Disaster Procedure. Respiratory Care personnel will respond to the appropriate areas with the necessary equipment.

I. Notification

A. The Hospital Operator, after being notified by the appropriate Administrator of the disaster phase, will activate the emergency tone device on the overhead system and make the announcement.

B. The Manager, Charge Therapist or designated practitioner, will be assigned to notify staff members not on duty, by telephone.

C. The Director, Manager and/or Charge Therapist will be paged to report to the Incident Command Center, Medical Component in the Department of Surgery Conference Room 2107 Dowling Hall to receive incident information, share information about department function, staff and equipment, receive Cardiopulmonary Unit Leader vest and instructions.

II. Staff Assignments

A. All available staff members will report to the department immediately for assignments from the Director and/or Manager or Charge Therapist.

B. Assignments will be based upon clinical need and available staffing. The Director and/or Manager or Charge Therapist will also assure that all members of the department reporting have appropriate hospital identification.

C. Therapists will be assigned to areas of: Emergency department, PACU, clinics, in-house care and elsewhere depending upon clinical need.

D. Staff assigned to ICU units must stay in those areas unless assignment is changed by the Director and/or Manager or Charge Therapist

III. Equipment and Supplies:

A. Respiratory Care personnel will ensure that emergency equipment is available, including: E-cylinders, oxygen delivery devices, intubation equipment, manual and mechanical ventilators, and any other necessary respiratory equipment. Upon determining that appropriate equipment is available, the therapist will report to their assigned area with necessary equipment.

Approved by:		Review/Revision Date:		
/s/ Michael Taylor Director, Pulmonary Services	8/11/2023 Date	03/03/1989 01/28/1990 09/26/1990 04/01/1992 03/18/1993 03/12/1996		
	8/15/2023	07/30/1998		
/s/ Shahnaz Rehman, M.D. Medical Director	Date	08/27/1999 06/25/2001 08/05/2002 05/12/2005		
<u>/s/</u> Russell Smith Senior Hospital Administrator	8/14/2023 Date	07/19/2005 01/15/2008 02/14/2011 08/01/2012 12/01/2015		
Review/Revision Completed By: Director, Pulmonary Services		04/02/2019 08/14/2023		
		Next Review Date: 08/14/2026		
Policies Superseded by This Policy:				

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.