 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P13-S06
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	1 of 7
	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	CODE ORANGE

PURPOSE:

1. To ensure proper management and treatment of hazardous chemicals, biological and radioactively contaminated patients and to provide for protection of others.
2. To perform an appropriate response in the event that potentially dangerous materials been released and to protect life and property.

SCOPE:


Applies to all employees of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Code Orange Task Force, Hospital Safety Officer, Security Department Staff, Maintenance and Engineering Department Staff, Materials and Property Staff, Laboratory Department Staff, Housekeeping and Auxiliary Staff.

GENERAL GUIDELINES:

1. Secure the health and safety of an individual from contamination and exposure from the release or spillage of potentially dangerous materials.
2. Code Orange is a call for medical decontamination, usually due to a hazardous or toxic fluids spill.
3. The Code Orange or Spill Response Team responds to any spill or potential spill involving chemical, radioactive, and biohazards materials that may pose a threat to health, property or the environment.
4. All employees must be aware of definite details regarding the labels, description and safety precautions of materials use. The Code Orange Task Force shall also receive appropriate annual training in accordance with their duties.

 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P13-S06
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	2 of 7
	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	CODE ORANGE

PROCEDURE:

A. Identify the toxic material(s) released or spilled in a certain location

1. Small Material Spills:

- 1.1. Low toxicity which does not present the potential danger over exposure can be generally safe to clean up by the staff.
- 1.2. Generally small spill that does not present a significant fire or environmental hazard will be clean by the user or housekeeping staff.

2. Large Chemical Spills:


- 2.1. Any quantity of highly toxic chemicals or chemicals in public areas or adjacent to drains require emergency response.
- 2.2. Large spills are greater than 1 liter or may be spills containing highly toxic, volatile or flammable chemicals.
- 2.3. Indicating highly toxic materials or chemicals when released

Highly Toxic Chemical Spills	
Aromatic Amines	Hydrazine
Bromines	Nitriles
Carbon Disulfide	Nitro-Compounds
Cyanides	Organic Halides
Ethers	

3. Task Force Code Orange response in the event of spill

3.1. General Rule

- a) Keep clear the spill area from accessing of non-essential persons.
 - If inside the building, staff to stay away from the location.
 - If outside the building, (including transportation) staff to close all windows & doors. Engineering to shut off HVAC systems & seal intake vents if safe to do so. Do not go outside.
 - If Multi-Patient Decontamination Incident. Emergency Coordinator, Nursing Supervisor, Safety and Security to establish code HICS as

 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P13-S06
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	3 of 7
	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	CODE ORANGE

needed. All available manpower should respond to announced assembly location to assist.

3.2. How to Handle Small Spill:


- Confine the spill small area. Do not let it spread.
- Identify the materials specification for safe handling before cleaning up.
- Avoid breathing in vapors from the spill. If the spill is in a non-ventilated area, do not attempt to clean it up. Call for emergency personnel to respond and clean up the spill.
- Ask for help if needed to call for Spill Response Team and medical assistance.

3.3. How to Respond on Large Spill:

- Identify the materials specification for safe handling before cleaning up. Immediately evacuate others in the area, close all doors and call for Spill Response Team.
- Wear appropriate PPE including a laboratory coat, splash goggles, respirators and appropriate chemically resistant gloves.
- Work with another person to clean-up the spill. Do not clean-up a spill alone.
- Do not add water to the spill.
- Use appropriate kit to neutralize and absorb inorganic acids and bases. For other chemicals use the appropriate kit or absorb the spill with sorbent pads, vermiculite or dry sand.
- Collect the residue and place it in a clear plastic bag. Double bag the waste and label the bag with the contents.

4. In case of contaminated victims arriving at the hospital seeking treatment.

- Upon the arrive at the ER, patient should be need to decontaminate first before entering building.
- Do not allow their entry into building. Indicate to remain outside ER entrance and be directed to decontamination shower.
- If contaminated persons have already entered building, require them to remain in one room, close door, and have ventilation system turned off (Note:

 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P13-S06
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	4 of 7
	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	CODE ORANGE

Exhaust from the ER waiting room is not re-circulated, rather it is exhausted outdoors).


5. Established Points: Spill Response Services

5.1. Choosing Spill Clean-up Materials

- Review the chemicals in the area and determine the specialty spill clean-up materials are needed.
- Ensure the area has appropriate spill clean-up materials when spill happens.
- Secure Polypropylene-based absorbent pads as recommended for general spill clean-up use since it is safe to manage with a broad range of chemicals.

5.2. Emergency eyewashes and showers

- All employees must be familiar with the location of emergency showers and eyewashes and how to use them.
- Secure pathways around emergency equipment must be kept clear at all times to allow for unobstructed access.
- Emergency eyewashes
 - Immediately flush eyes for at least 15 minutes. Delay can result in serious injury. Ask someone in the area to assist.
 - Use your hands to open your eyelids while rotating the eyeballs in all directions to remove contamination from around the eyes.
 - Seek medical attention after washing the affected area for 15 minutes.
- Emergency Showers
 - Remove contaminated clothing, shoes, jewelry and your laboratory coat. Ask someone in the laboratory to assist you.
 - Immediately flush the area with copious amounts of water for at least 15 minutes. If your eyes do not require flushing, attempt to protect the eyes from cross contamination.
 - Seek medical attention after washing the affected area for 15 minutes.
- Consider the need for additional evacuation.
- Evacuation and relocation of staff, patients, and/or visitors is undertaken only at the direction of the incident commander and only when in agreement with the local enforcement agencies.

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P13-S06
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	5 of 7
	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	CODE ORANGE

g) Patient records and medications are transferred with the patient upon evacuation or transfer if it is safe to do so. If waiting for patient records or medications will jeopardize patient or staff safety, they should evacuate to safety first. Medical records and medications will follow the patient when it is safe.

6. Recovery:

- 6.1. Notify all responding agencies and personnel of the termination of the response and demobilize as appropriate
- 6.2. Consider providing mental and physical health support for staff.
- 6.3. Track all related incident costs and claims.

7. All Clear:


- 7.1. The incident commander- after consultation with the task force team and local enforcement agencies, if applicable- issues an "all clear" notification to the operator to indicate the termination of response operations.
- 7.2. The operator shall announce "Code Orange, all clear" three (3) times via the overhead paging system.
- 7.3. All employees return to normal operations.
- 7.4. Refer to the Hospital Incident Command System (HICS) planning and response guides for additional guidance.

8. Documentation and Reporting

- 8.1. Documentation containing information about the activation is reviewed and retained. Reporting of the incident may be completed through an event report, security report, fire activation report, or other reporting method.
- 8.2. Management will conduct a root cause analysis or similar review of the incident to identify areas for improvement and then implement those improvements

9. Training and Education

- 9.1. Orange response plan and know the location(s) of the nearest evacuation area. Employees working in areas with potentially dangerous materials should train with proper response.

 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-HW-P13-S06
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	6 of 7
	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	CODE ORANGE

- 9.2. The Code Orange Task Force receives annual training specific to their response procedures, including additional training for the potential team leaders.
- 9.3. Securing the safety of patients, staffs, clients and visitors, the Code Orange Task Force automatically acts the frontline defense to protect the certain individual to be secured in the safe location.

REFERENCE:

Adapted from: *Hospital Emergency Codes - Hospital Association of Southern California*. (2011, May 6). Hospital Association of Southern California.

<https://www.hasc.org/resource/hospital-emergency-codes>


California Code of Regulations, Title 22.

The Hospital Incident Command System (HICS) Guidebook, www.emsa.ca.gov/HICS.

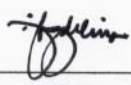




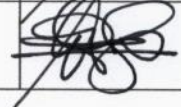
National Fire Protection Association (NFPA) 101 and 99, www.NFPA.org.

Occupational Health and Safety Administration, (OSHA) 29 CFR 1510, 1910, 1915

The Joint Commission, www.jcrinc.com/Joint-Commission-Requirements.

 <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p> <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p>	Document Code:	DPOTMH-HW-P13-S06
	Effective Date:	07-15-2022
	Document Type:	Standard Operating Procedure
	Page Number:	7 of 7
	Department/Section:	Environmental Pollution and Safety Section
	Document Title:	CODE ORANGE

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