Name of Policy: Disaster – Code Yellow  
Policy Number: 3364-136-01-10  
Department: Respiratory Care  
Approving Officer: Chief Nursing Officer  
Responsible Agent: Director, Respiratory Care  
Scope: The University of Toledo Medical Center Respiratory Care Department  
Effective Date: April 2, 2019  
Initial Effective Date: April 10, 1981

(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 Supervisor, Charge Therapist or designated practitioner, will be assigned to notify staff members not on duty, by telephone.

C. The Director, Supervisor 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 Supervisor or Charge Therapist.

B. Assignments will be based upon clinical need and available staffing. The Director and/or Supervisor 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 Supervisor 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.

<table>
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<tr>
<th>Approved by:</th>
<th>Review/Revision Date:</th>
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| /s/ Michael J. Taylor  
Director, Respiratory Care | 3/03/1989 5/12/2005 |
| /s/ Monecca Smith  
Chief Nursing Officer | 1/28/1990 7/19/2005 |
|  | 9/26/1990 1/15/2008 |
|  | 4/01/1992 2/14/2011 |
|  | 3/18/1993 8/1/2012 |
|  | 3/12/1996 12/1/2015 |
|  | 7/30/1998 4/2/2019 |
|  | 8/27/1999 |
|  | 6/25/2001 |
|  | 8/5/2002 |

Next Review Date: April 2, 2022

Policies Superseded by This Policy: