

## **Transcript of Episode 2: When the Unthinkable Happens**

(light music)

Adam Webster: I told myself “Adam. Today is going to be an easy day”. I’m going to you take the time today to really try to master my craft. It’s a culmination of everything I learned. I thought: “Today is the day. It’s going to be a fairly easy day” I had convinced myself that morning.

Alexis Dobranowski: That’s Adam Webster. He was a nursing student at Sunnybrook for four months in the Trauma and Emergency Department earlier this year. Adam arrived at Sunnybrook for his final shift on April 23, 2018. He bought a coffee for his preceptor (that’s his supervisor) and went about his day. Just after 1 o’clock pm, Adam’s easy day took a turn. He was about to do a handover report at the nursing station when he heard over the intercom that there was an emergency meeting being called.

AW: It was actually a nurse leading this meeting. She said “this is a Code Orange”. She said “This is not a drill.” And she repeated it. “This is not a drill.” Then it kind of hit.

(Sound effect of ambulances approaching)

Sybil Millar: As many of know, April 23, 2018 was the day a man driving a white van mowed down people the sidewalk of Yonge Street in Toronto, killing 10 and injuring 16 people.

Sunnybrook was the closest trauma hospital to the scene and received 10 patients that day, and that’s why we called a Code Orange. That’s when an emergency room is expecting multiple trauma victims at one time. I’m Sybil Millar.

AD: And I’m Alexis Dobranowski and this is “If These Hospital Walls Could Talk.” On this episode, Adam reflects on his last day at Sunnybrook when the unthinkable happened. And, members of our trauma team talk about how they are helping people learn how to become first responders when tragedy strikes.

Adam said that at the time, just like people across the city, he didn’t exactly know what was going on outside. He knew something happened with a van around Yonge and Finch, and Yonge and Sheppard. His parents live in that area.

AW: Immediately after hearing that there is something happening I picked up the phone and reached my mom’s husband and just quickly said: “Where’s Mom? Are

you guys ok?” and that’s all I needed to know before I could do my job. They were both OK and I hung up the phone and immediately went into action mode.

SM: Staff in the emergency department worked to discharge those who were ready in order to make room for the 10 patients who were on their way. It was already a busy morning in the emergency department. A doctor asked Adam to give directions to an older couple who were leaving.

AW: I started just saying “yeah you just go down there, turn left at that sign and another left..” and I was just like “Just come with me.” And I took her hand and I said “This is the way out. Follow me” and I walked them out. I think that was a pivotal moment for me. As a student, I thought “Hey I think I can help a little bit during this Code Orange, in whatever capacity I can”. And I when I returned back to the emergency department that’s when our first patients began to roll in. I knew that I – and my patients – were in the best possible hands.

AD: Adam said he put together IV start kits and distributed them to each zone in the emergency room. He said he doesn’t feel like he did anything particularly special or heroic that day, he just hopes he helped in some small way. I asked Adam if he was scared.

AW: Of course. I think. Yes. The first thing that runs through your mind is “what is happening out there?” You aren’t able to check your phone or your Twitter account or the TVs in the lounge – you aren’t about to go in there to check. You are curious. What is happening? Is it safe out there? Was it an intentional act? All these things are running through your mind. How many patients are coming in here, and what are they going to look like and what are their needs going to be and what can I do, as a nursing student, to help them? It’s scary. It’s definitely scary.

SM: Later in the day, Adam and some colleagues went into the break room to eat something. The TV was tuned into the news. That’s when it the gravity of the situation hit him.

AW: Had I been at home watching it from TV, I would have been anxious, and wanting to jump in and help. The fact that I was able to help in different capacities really helped me get through that day, as an individual living in Toronto as someone who’s chosen this place to be my home and this to be my profession. It really solidified it for me. Really awakened my calling to nursing.

AD: That day was a hard day for the city of Toronto and for Sunnybrook and its staff. I was away vacation and when I heard the news I was immediately so worried about all my colleagues here. You were here, what was it like that day?

SM: Yes, I was here that day. Like clinical people, like nurses and physicians, we also have an on-call schedule in our department. Our department is the communications and public relations team. So I was on-call that day for our team. The first thing I did was go down to the Hospital Emergency Operations Centre – the HEOC.

AD: And what is that?

SM: So, during a crisis like a Code Orange, the first thing that happens is the HEOC opens in a boardroom. Representatives from every department in the hospital come down to this boardroom and bring their issues to the table about what kind of problems they are facing during this crisis. And everyone works together to try to figure out how to keep things running smoothly.

AD: What kind of issues came up?

SM: We had to restrict vehicle access to the campus that day, so working with parking and security services to figure out how to maintain access for ambulance while keeping non-essential vehicles out. We also heard about issues with making sure there were enough staff in the hospital that day, finding beds for all the patients, making sure the operating rooms were available for the patients as they were coming into the hospital.

AD: What was your role in the HEOC?

SM: So as the public relations person my role was to go to the HEOC to find the most up-to-date information so that we can share it with staff and the general public – whether that's through our website or Twitter and we also need to find out the most accurate information so we can share it with media because we were getting a lot of calls that day. There was a lot of global interest in this story.

AD: So was this your first big crisis?

SM: Yes, this is the first time I was on-call for a Code Orange.

AD: What was the most surprisingly thing for you about it?

SM: I think the most surprising thing was to see how a crisis like this impacts every single person in the hospital. Being in the HEOC and watching 40 people from different departments come together and bring their issues to the table really drove home how this Code Orange really impacted every single corner of the hospital. And it was really amazing to watch people work together to solve all the issues we were facing that day.

AD: Were you scared?

SM: I wasn't so much scared as I was concerned about the uncertainty of that day. No one really knew if this was an isolated incident or if there were going to be more attacks somewhere else. We really didn't know if the worst had already happened that day. Or if the worst was yet to come.

SM: Three months later, almost exactly to the day, we had another major Code Orange during the Danforth shooting. Alexis, you live near the Danforth – what went through your mind when you heard about the shooting?

AD: Well I was out of town, actually, but my parents had been staying at my house. So this one really freaked me out. It was way too close to home.

SM: Interestingly enough you had just learned a thing or two about how to help people in that situation just a few weeks earlier.

AD: Yeah, just two weeks before I had been at the Rogers Centre for a course called Stop the Bleed, which was being done by the Sunnybrook trauma staff. It's a course that teaches first responders and the public how to stop uncontrolled bleeding. When things like the van attack or shootings happen, it's actually the public who become the first responders as they wait for paramedics to arrive on the scene. And people can bleed to death in just five or six minutes.

Sound up on Sharon:

Sharon Ramagnano: This is supposed to simulate a few kinds of wounds. A puncture wound going in and out. A gunshot wound, which can have some blast injury...

My name is Sharon Ramagnano and I'm the manager of the trauma program at Sunnybrook.

Avery Nathens: I'm Avery Nathens, a trauma surgeon at Sunnybrook and the medical director of trauma. The goal is to be able to teach the lay public how to stop bleeding – typically from legs and arms not for internal bleeding. There's good evidence to suggest that if people are around to intervene, many lives could be saved. We want to teach the staff here how to save a life.

AD: After a short presentation and overview, the group gathered around plastic, Styrofoam-y legs with wounds in them, including one long thin cut that was worse than it looked.

Sound up on SR:

And this one is meant to be a bit deceiving, you know you could fall against something or hit and slash wound if you just put gauze on top and just put pressure but it's a deep one because it's a deep one you'd be soaking your gauze.

AD: There's three main take aways from the course.

SR: Apply pressure, use a tourniquet if you have one, and pack and put pressure into the wound, so we aren't just putting superficial pressure, but putting it deep enough for effective bleeding control.

SM: What do you mean by packing a wound?

AD: So, what they mean by packing a wound is you actually take a piece of fabric, or gauze, or whatever you have on hand and you push into the hole. So, if it's a big, deep wound, you are taking a piece of fabric, and you are pushing it, bit by bit, into the hole. And you can use anything. Sharon even said use a dirty beach towel, because anything is better than nothing. So you don't need to worry if it's contaminated with anything – they'll deal with that once you get to the hospital. But to stop the bleeding, you have to put the fabric into the hole.

SM: I would not have thought that in a million years.

Sound up on SR: And again, 911 is the first thing to do. But if the situation is a gunshot or terrorist attack bombing, or threat of it, there will be a delay in getting paramedics there. The police have to lock down, make sure it's safe, get the perimeter safe and so you guys, the public and the inner circle are the first responder...

Mario Coutinho: I'm Mario Coutinho, VP Operations and Security.

It's a natural progression in terms of what we've been doing for training and awareness. Over the last few years we've seen incidents globally involving mass casualty events and sports and entertainment venues are part of that soft critical infrastructure where this is a natural progression. Our partners in the US are rolling this out and we wanted to be the first in Canada.

AD: Mario hopes to have 400-500 people trained annually — a combination of event staff, ticket takers, concessions staff and security team.

MC: Like anything else, better to know and get involved in a situation than stand around a feel helpless.

SM: So now that you've taken the course, do you feel like you'd be able to help someone if you came across them in that situation?

AD: guess one never knows until that would unfortunately happen, but I do think drilling that in: put the pressure on, pack the wound, call 911, I think I do feel a little better that if I came across someone bleeding at the playground or after a car crash, I'd hopefully spring into action.

SM: Stop the Bleed is open to anyone who's interested in signing up. Visit our webpage at [sunnybrook.ca/podcast](http://sunnybrook.ca/podcast) for more info and to register. While you're there, take a read through some of the other perspectives from our staff members about the recent Code Orange. And lastly, be sure to visit our feedback form and let us know what you think.

AD: A huge thank you to Adam Webster, Mario Coutinho and the Blue Jays staff, Dr. Avery Nathens and Sharon Ramagnano and the Stop the Bleed team.

SM: Music was by Lee Rosevere and Orange Free Sounds. Interviewing, scripting, narration, editing and post-production was by us Sybil and Alexis.

AD: A huge thank you to you, our listeners for tuning in. Thanks so much. See you next time!

SM: Bye!