

CODE BLACK

BOMB THREAT

For further details refer to the Code Black – Bomb Threat policy & procedure on SURGE or in the Emergency Measures Binder.

IF YOU RECEIVE A BOMB THREAT – TAKE IT SERIOUSLY. DO NOT USE CELLULAR PHONES, TWO WAY RADIOS OR PAGERS. DISABLE WIFI, IF POSSIBLE.

TELEPHONE CALL

Remain calm and courteous, do not argue, do not hang up.

Activate panic alarm or call 911 for OPP. Direct a co-worker to do so if you are unable to.

Obtain information on the bomb threat including: What time will the bomb explode? What does the bomb look like? Where is the bomb? Where are you calling from? What is your name? Why did you place the bomb?

Gather as much information from the caller as possible (**FORM-EPC-002 Bomb Threat Checklist**) including: gender, accent, background noise, age, call display number, do you recognize the caller?

IMMEDIATELY notify a Senior Manager / Delegate / Charge Nurse.

Send email, have co-worker call by landline, or verbally present the situation.

FACE-TO-FACE

Remain calm and courteous, do not argue.

Activate panic alarm or call 911 for OPP. Direct a co-worker to do so if you are unable to.

Obtain information on the bomb threat including: What time will the bomb explode? What does the bomb look like? Where is the bomb? Where are you calling from? What is your name? Why did you place the bomb?

Take note of as many identifying characteristics of the individual as possible (**FORM-EPC-002 Bomb Threat Checklist**) including: gender, accent, tattoos, moles, scars, clothing, do you recognize them?

WHEN SAFE TO DO SO, notify a Senior Manager / Delegate / Charge Nurse.

Send email, have co-worker call by landline, or verbally present the situation.

ELECTRONIC

Remain calm.

DO NOT reply to, forward, delete or destroy the email / text message / fax.

PRINT a copy of the email, text snapshot, etc...

Immediately notify a Senior Manager / Delegate / Charge Nurse.

Call by landline or verbally present the situation.

Document as much information as possible using **FORM-EPC-002 Bomb Threat Checklist**.

DISCOVERY OF A SUSPICIOUS OR UNUSUAL OBJECT

Remain calm.

DO NOT touch or disturb the object.

RESTRICT access to the area; the area should be sealed off, if possible.

Immediately notify a Senior Manager / Delegate / Charge Nurse.

Call by landline or verbally present the situation.

Complete **FORM-EPC-001 Code Action Report** and submit to CNE office.

Upon arrival at the scene, the OPP assume the role of Incident Commander.

In all scenarios the seriousness of the threat will be determined in collaboration with the OPP, as well as next steps. This includes the determination whether or not to announce a Code Black.

BOMB THREAT

For further details refer to the Code Black – Bomb Threat policy & procedure on SURGE or in the Emergency Measures Binder.

IMMEDIATE ACTIONS UPON HEARING A CODE BLACK ANNOUNCED:

- Allow visitors to leave and **monitor/secure entrances to prevent** others from entering a dangerous situation. After hours, a lockdown of entry/exit points is recommended.
- All employees are to remain calm.
 - Reassure patients, residents, clients, visitors of the situation – **DO NOT USE CELLULAR PHONES, TWO WAY RADIOS OR PAGERS. Disable wireless internet (WIFI) access, if possible.**
- Notify site partners of the situation (e.g. Algoma Manor, HSFHT, EMS, Medical Clinic, etc...)
- Be prepared to evacuate; a **Code Green** may be required.

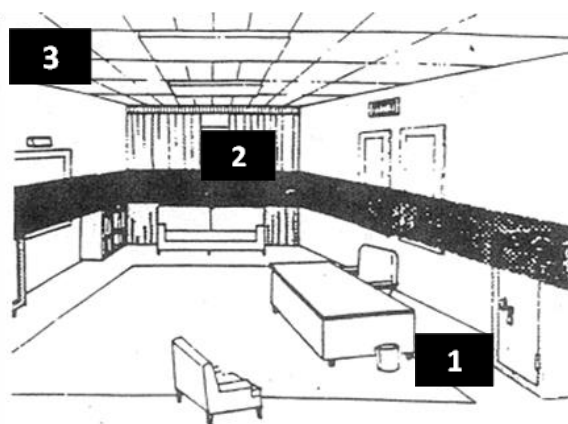
SECONDARY ACTIONS UPON HEARING A CODE BLACK ANNOUNCED:

- ONLY under the direction of the Incident Commander** complete a **Visual Scan** of all workspaces.
 - Step 1: Scan the area from floor to waist level.
 - Step 2: Scan the area from waist to head level.
 - Step 3: Scan the area from head level to ceiling.
 - Mark all cleared rooms with an “X” using tape (e.g. medical tape, masking tape, etc.)
 - If suspicious item is located, **DO NOT go near under ANY circumstances.**
 - Notify Command Centre/Charge Nurse and remove any patients/clients and staff from area.
 - Step away from the room. Leave the door open. Take other occupants with you.
 - Put at least one wall or 50 meters between you and the suspicious item.
 - Move away until you, and others, are in a safe location.

RECOVERY:

- Once it has been determined that there is not a threat to safety, inform all involved that Code Black is now over.
 - Paging the announcement 3x at the Blind River site.
- Document incident on Code Action Report using the Quality Risk Manager in Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing.
- Determine need for stress debriefing.

BOMB THREAT VISUAL SCAN



1. Floor to waist level.
2. Waist to head level.
3. Head level to ceiling.

CODE BLACK SAMPLE SCRIPT FOR PATIENTS / RESIDENTS / CLIENTS / VISITORS:

We are currently investigating a situation that we have been advised of. We ask you not to use your cellular phones until our investigations are completed.



TITLE: Code Black – Bomb Threat

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE BLACK

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE
SENIOR MANAGEMENT TEAM

POLICY

Code Black is the term used to announce a bomb threat. The purpose of the policy is to define the plan for preparation and handling of a bomb threat or discovery of or search for a suspicious object. Evacuation will occur if remaining on-site will pose a danger and there is a need to reduce risk and ensure the safety of patients, residents, visitors, volunteers and workers.

AUTHORITY TO DECLARE

A **Code Black –Bomb Threat** may be declared by the Incident Commander. The seriousness of the threat will be determined in collaboration with the Ontario Provincial Police (OPP).

The determination whether or not to announce a Code Black to workers will be made by the Incident Commander and the OPP.

ROLES AND RESPONSIBILITIES

I. Incident Commander

The Incident Commander is the Chief Executive Officer/Senior Manager on site. Should a Senior Manager not be on-site the Manager or Charge Nurse will be the delegate and responsible for the following until relieved by a more Senior Manager or the OPP:

- The safety of patients, residents, visitors and employees.
- Determining in collaboration with the OPP / Senior Manager / Charge Nurse, whether to set up the Incident Command Centre.
 - The decision will be based on the threat, the frequency of threats received, the incidents and circumstances in the area at the time, the knowledge and experience of others and an evaluation of the situation at the time.
- Initiating a **Code Green Evacuation** in the event the safety of patients, residents, visitors, volunteers, and employees is threatened or at risk.
 - Refer to the **CODE GREEN EVACUATION** procedure as necessary.
- Releasing information to the media.
- Supervising the search when a search is required.
 - The Incident Commander is responsible for coordinating and delegating the search, reporting, recording, posting and sealing off areas when appropriate.
- Notify the Ministry of Health & Long-Term Care in accordance with O. Reg. 79/10 s. 107 (1) and (3) of the *Long Term Care Homes Act*, if applicable.

II. Ontario Provincial Police (OPP)

- Upon arrival at the scene, the OPP assume the role of Incident Command.

III. Managers

- Ensuring all employees know their role and are able to respond in the event of a Code Black.
- Ensuring employees attend and/or complete scheduled education programs.

IV. Workers

- Knowing and carrying out the Code Black as outlined.
- Attending and/or completing education programs as required.
- Reviewing emergency measures policies and procedures regularly.
- Seeking clarification if uncertain as to the proper procedure.

V. Departments/Roles

- **Charge Nurse (After Hours Management)**

The Charge Nurse is responsible for:

- Taking charge of the situation until relieved by a Senior Manager / Delegate or the OPP.
 - Ensuring that Exits are monitored by staff.
 - Documenting the event.
 - Following the event the Charge Nurse will submit a Code Action Report using the Quality Risk Manager in Surge (www.surgelearning.ca) for review by the Emergency Preparedness Committee.
- **Information Technology**
 - In the event of a bomb threat, wireless internet (WIFI) access will be disabled, if possible.
 - **Emergency Preparedness Coordinator**
 - Assist with overseeing the safety of staff, patients, residents, and visitors in the event a Code Green is required.
 - Planning and conducting educational sessions and drills in coordination with the Emergency Preparedness Committee.
 - Providing new employees with Code Black – Bomb Threat policy and procedure education during Orientation.

VI. Emergency Preparedness Committee

- Developing, annually reviewing, and revising as necessary, all North Shore Health network Emergency Preparedness Plans.
- Reviewing of all Code Action Reports and making changes as necessary to improve responses to emergency incidents.

1. RESPONSE PROCEDURES – TYPES OF THREAT

In scenarios A-C, the Incident Commander shall immediately notify the OPP that a bomb threat has been received.

In the event that a suspicious object is found (scenario D) the Incident Commander shall immediately notify the OPP and restrict admittance to the area. It will be the responsibility of the OPP to identify the object, damage control measures, handling, and removing and declaring the area safe.

In all scenarios the seriousness of the threat will be determined in collaboration with the OPP, as well as next steps. This includes the determination whether or not to announce a Code Black.

If or when it has been determined that a Code Black will be announced, notify workers and visitors within the building. As well, you must notify the responsible individuals in associated buildings, i.e. Huron Shores Family Health Team, Emergency Medicine Services (EMS), PHARA, ADSAB, Algoma Manor, North Channel NPLC, St. Joseph Island Medical Clinic, etc...

A) Telephone Bomb Threat

- i. If a staff member receives a call that a bomb has been placed inside an NSHN building, that person is to:
 - Remain calm and courteous, do not argue, and do not hang up.
 - Activate panic alarm or call 911 for OPP assistance, if able to, or direct co-worker to do so.
 - If possible, obtain information on the bomb threat including:
 - What time will the bomb explode?
 - Where is the bomb?
 - What does the bomb look like?
 - Where are you calling from?
 - What is your name?
 - Why did you place the bomb?
 - Gather as much information from the caller as possible including:
 - Gender
 - Accent
 - Background Noise
 - Age
 - Record call display number.
 - If possible, consult **FORM-EPC-002 Bomb Threat Checklist** for a list of questions to ask the caller.
 - Immediately notify a Senior Manager, Delegate, or Charge Nurse:
 - DO NOT use cellular phones, two way radios, or pagers.
 - Send email, if caller still on the line have co-worker call by landline or report verbally the situation. If caller has hung up, call by landline or verbally present the situation.
 - Document as much information as possible on **FORM-EPC-002 Bomb Threat Checklist**.

B) Face-to-Face Bomb Threat

- i. If a staff member receives a face-to-face threat that a bomb has been placed inside an NSHN building, that person is to:
 - Remain calm and courteous, do not argue.
 - Activate panic alarm or call 911 for OPP assistance, if able to do so.
 - If possible, obtain information on the bomb threat including:
 - What time will the bomb explode?
 - Where is the bomb?
 - What does the bomb look like?
 - What is your name?
 - Why did you place the bomb?
 - Take note of as many identifying characteristics from the individual as possible including:
 - Gender
 - Accent
 - Age

- Name
- Clothing
- Tattoos, Moles, Scars, etc...
- When safe to do so, notify a Senior Manager, Delegate, Charge Nurse :
 - DO NOT use cellular phones, two way radios, or pagers.
 - Send email, or have co-worker call by landline or report verbally the situation.
- Document as much information as possible on **FORM-EPC-002 Bomb Threat Checklist.**

C) Electronic Bomb Threat

- i. If a staff member receives an electronic threat that a bomb has been placed inside an NSHN building, that person is to:
 - Remain calm.
 - Do not reply to, forward, delete or destroy the email / text message / fax.
 - Print a copy of the email or a snapshot of the text, if possible.
 - Notify a Senior Manager, Delegate, Charge Nurse :
 - DO NOT use cellular phones, two way radios, or pagers.
 - Document as much information as possible on **FORM-EPC-002 Bomb Threat Checklist.**

D) Discovery of Suspicious Object

- i. If a staff member discovers a suspicious object, that person is to:
 - Remain calm.
 - Do not touch or disturb the object.
 - Restrict access to the area; the area should be sealed off, if possible.
 - Notify a Senior Manager, Delegate, Charge Nurse :
 - DO NOT use cellular phones, two way radios, or pagers.
 - Document as much information as possible on **FORM-EPC-001 Code Action Checklist.**

2. RESPONSE PROCEDURES - WHEN ADVISED OF A CODE BLACK

- Immediately cease the use of two way radios, cellular phones, and pagers within the facility. Do not resume until advised of the "All Clear."
 - Such devices have been known to detonate a bomb, if present.
- Remain calm.
- Secure entrances to prevent visitors from entering a dangerous situation. However, allow visitors to leave. When minimal staff available on site, lockdown of entry/ exit points is recommended.
- Reassure patients, residents, clients, and visitors of the situation using the example script, customize as necessary in collaboration with the OPP.
- Be prepared to evacuate the affected area as instructed by the Incident Commander.

A) Conducting a Visual Scan (Search)

DO NOT CONDUCT A SEARCH UNTIL AUTHORIZED TO DO SO BY QUALIFIED PERSONNEL

- In the instance of a bomb threat, a preliminary assessment is recommended with qualified personnel (police) to establish the need for a full-scale search.
- In the event the need for a full-scale search is established:

- NSHN employees will be asked to conduct a **visual scan only** and will adhere to all search protocols as directed by the OPP.
- Under the direction of the Incident Commander:
 - i. Scan both daily work spaces and public / common areas.
 - ii. Scan using the following 3 steps:
 - 1. Step 1: Scan the entire room / area from floor to waist level.
 - 2. Step 2: Scan entire room / area from waist level to head level.
 - 3. Step 3: Scan entire room from head level to ceiling.
 - iii. Mark all cleared rooms with an “X” using tape (e.g. medical tape, masking tape, etc..)
 - iv. Verbally, or by landline telephone, report the discovery of any suspicious objects to the Incident Command Centre.

B) Locating a Suspicious Object During a Visual Scan (Search)

- i. If a staff member discovers a suspicious object during a visual scan, that person is to:
 - Remain calm.
 - Do not touch or disturb the object.
 - Do not let others touch or disturb the object.
 - Step away from the room.
 - Leave the door open.
 - Leave the immediate vicinity, taking other area occupants with you.
 - Put at least one wall or 50 meters between you and the suspicious item.
 - Move away until you, and others, are in a safe location.
 - Report immediately to the Incident Command Centre in person or over a landline telephone.
 - DO NOT use cellular phones, two way radios, or pagers.

NOTIFICATION OF THE MOLTC (per FLTCA, 2021)

The *Fixing Long-Term Car Act, 2021* (FLTCA) and O. Reg. 246/22 contain mandatory and critical incident reporting requirements for licensees.

- The following critical incidents must be reported to the Director **immediately**, in as much detail as possible, followed by a written report:
 - Unlawful conduct that resulted in harm or a risk of harm to a resident. (FLTCA r. 28 (1)3).

HOW LICENSEE MUST SUBMIT REPORT TO MOHLTC (DIRECTOR):

- Monday to Friday 8:30 am – 4:30 pm
 - **Immediately** initiate and submit the on-line Critical Incident System (CIS) form identifying this as a ‘Critical Incident.’
- All Other Times (including statutory holidays)
 - Call the ServiceOntario after hours reporting line (1-888-999-6973) **and** fill out a CIS form **first thing the following business day**.

The report must be made within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director.

RECOVERY

1. Once it has been determined that there is not a threat to safety, inform all involved staff that Code Black is now over.
 - o At the Blind River site, page the announcement and repeat three times (3x).
2. Relevant staff will document the incident on a Code Action Report and submit to the Chief Nursing Executive.
3. Return to normal functioning.
4. Participate in incident debriefing.
5. Determine the need for stress debriefing.

EDUCATIONAL EXERCISE

- Code Black education will occur in accordance with the Emergency Preparedness Committee Annual Work Plan.

INFORMATION MANAGEMENT

- i. **Definitions** (NOTE: For a list of definitions not included here within; see the *NSHN Master Definitions* document.)

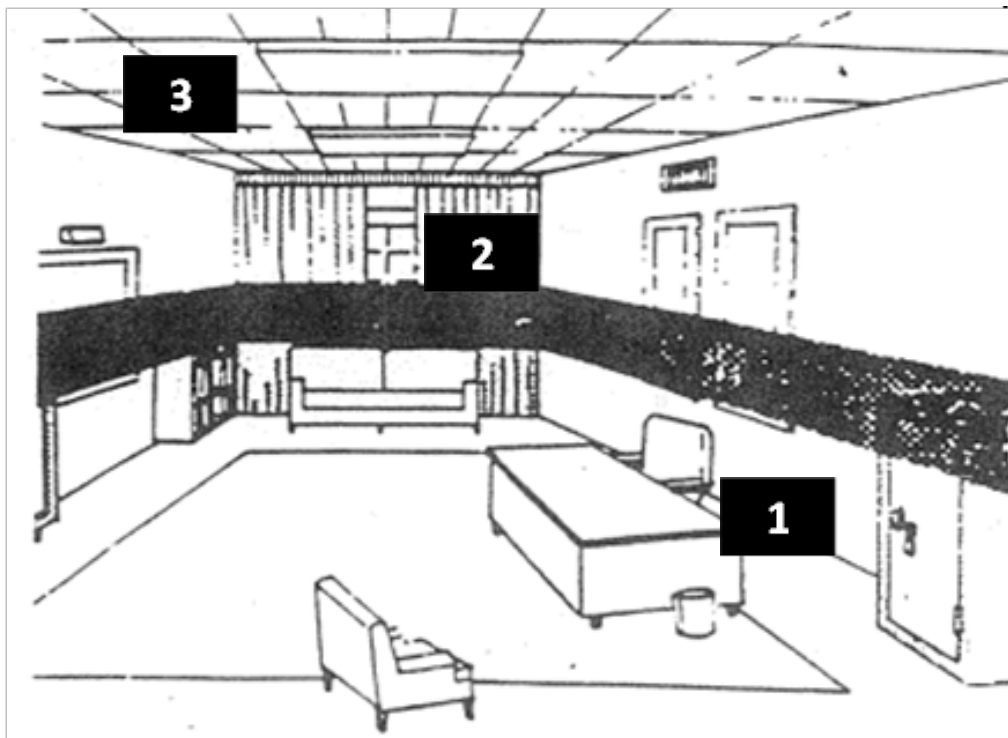
| | |
|-------------------|---|
| Bomb | Improvised explosive device. |
| Suspicious Object | Anything, which is out of place and cannot be accounted for or any item suspected of being an explosive device or containing hazardous material sent with the intention of harming the occupants of a building. |
| Visual Scan | To examine quickly, from point to point, in search of something specific; to glance over quickly. |

REFERENCES

External References

- Fixing Long-Term Care Act, 2021 (2022, April 11). S.O. 2007. [Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 \(ontario.ca\)](#)
- Fixing Long-Term Care Act, 2021. (2022, April 11). O. Reg. 246/22:General. [O. Reg. 246/22: GENERAL \(ontario.ca\)](#)
- Ontario Hospital Association (2009). OHA Emergency Toolkit. Ontario Hospital Association.
- Covenant Health Sites (2016). Emergency Response Code Black. St. Michael's Health Centre.

BOMB THREAT VISUAL SCAN DIAGRAM



1. Floor to waist level.
2. Waist to head level.
3. Head to ceiling level.

CODE BLACK SCRIPT SAMPLE FOR PATIENTS / RESIDENTS / CLIENTS / VISITORS:

We are currently investigating a situation that we have been advised of. We ask you not to use your cellular phones until our investigations are completed.

CODE BLACK

ACTION CHECKLIST

BOMB THREAT CHECKLIST

For further details refer to the Code Black – Bomb Threat policy & procedure on SURGE or in the Emergency Measures Binder.

- REMAIN CALM** – Keep the caller on the line as long as possible.
- PUSH PANIC BUTTON** to notify OPP, if able, or have co-worker do so.
- SEND EMAIL, HAVE CO-WORKER CALL VIA LANDLINE AND/OR REPORT IN PERSON** to Senior Manager/Delegate/Charge Nurse ASAP.

PART A: INCIDENT DETAILS

| | | | | | | | |
|--|--|--|--|---|---|------------------|--|
| <input type="checkbox"/> TELEPHONE CALL | | <input type="checkbox"/> FACE-TO-FACE | | <input type="checkbox"/> ELECTRONIC THREAT | | Your Name: _____ | |
| Date: | _____ | Time of Call / Threat: | _____ | Time Call Terminated: | _____ | | |
| Number on Call Display: | _____ <input type="checkbox"/> N/A | Call Traced: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A # _____ | Call Recorded: | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| Exact Words of Threat: | <input type="checkbox"/> Copy Attached | | | | | | |

DO NOT REPLY TO, FORWARD, DELETE OR DESTROY A THREAT RECEIVED ELECTRONICALLY INCLUDING: BY EMAIL / TEXT MESSAGE / FAX etc.

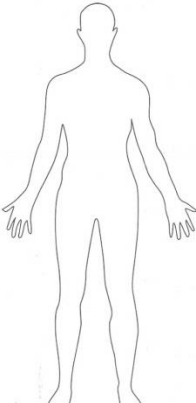
TELEPHONE CALLS & FACE-TO-FACE ONLY:

| | | |
|--------------------------|---|-------|
| Questions to Ask: | What time will the bomb explode? | _____ |
| | Where is the bomb? | _____ |
| | What does the bomb look like? | _____ |
| | Where are you calling from? (*Telephone Only) | _____ |
| | What is your name? | _____ |
| | Why did you place the bomb? (*Delay Tactic) | _____ |

TELEPHONE CALLS ONLY:

| | | | | |
|------------------------------------|------------|-------|---------|-------|
| Identify Background Noises: | Household? | _____ | Street? | _____ |
| | Voices? | _____ | Music? | _____ |
| | Machinery? | _____ | Other? | _____ |

PART B: IDENTIFYING CHARACTERISTICS (TELEPHONE CALLS & FACE-TO-FACE THREATS)

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Sure <input type="checkbox"/> Patient <input type="checkbox"/> Family Member <input type="checkbox"/> Volunteer <input type="checkbox"/> Worker <input type="checkbox"/> Not Sure  | Age (Estimated): <input type="checkbox"/> Young <input type="checkbox"/> Middle-Aged <input type="checkbox"/> Old | | Additional Details: |
| | Voice: <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Nervous <input type="checkbox"/> Rough <input type="checkbox"/> Refined <input type="checkbox"/> Other | | |
| | Manner: <input type="checkbox"/> Emotional <input type="checkbox"/> Calm <input type="checkbox"/> Vulgar <input type="checkbox"/> Rough <input type="checkbox"/> Other | | |
| | Speech Impediment: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Accent: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Does the individual sound intoxicated? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you recognize the individual? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Who do you think it was? _____ | | | |
| TELEPHONE CALLS ONLY: | | | |
| Taped Message? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Additional Details: | |
| Message Read by Caller? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Was caller familiar with the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| What line did the call come in on? _____ | | | |
| FACE-TO-FACE THREATS ONLY: | | | |
| Height (Estimated): _____ | | Weight (Estimated): _____ | |
| Hair Colour: _____ | | Eye Colour: _____ | |
| Description of Clothing: _____ | | Other Defining Traits (i.e. tattoos, moles, scars, etc.): | |
| | | | |

CODE BLUE / PINK

CARDIAC ARREST OR MEDICAL EMERGENCY

BR SITE

For further details refer to the Code Blue & Pink policies & procedures on SURGE or Emergency Measures Binder.

If you encounter an adult or child who is **UNRESPONSIVE**:

- Page to announce “Attention Please, Code [Blue / Pink – Cardiac Arrest] and specify area / room.”** Or call Switchboard to page.
 - Repeat the page three times (3x).
 - Assuring the right page is made will ensure the correct response.
- Start CPR** if trained to do so.
- Clear the area** to make room for medical / clinical personnel.

If you encounter an adult or child who **FEELS FAINT or UNWELL**:

- Page to announce “Attention Please, Code [Blue / Pink – Medical Emergency] and specify area / room.”** Or call Switchboard to page.
 - Repeat the page three times (3x).
 - Assuring the right page is made will ensure the correct response.
- Remain with the person and provide reassurance that medical help is coming.

IMMEDIATE ACTIONS:

- ACLS-trained staff will respond immediately.**
 - All available clinical staff should immediately respond to assess the situation.
 - A Registered Nurse (RN) will assume the team leader role and initiate Advanced Cardiac Life Support (ACLS) protocols until a physician attends and takes over the role of team leader.
 - Staff in the vicinity of the incident shall clear the area to make room for the response team.
- For Code Blue – Cardiac Arrest:**
 - Respond to the scene immediately with a stretcher.
 - Place patient on stretcher and transfer to the Emergency Department immediately.
 - **Laboratory & Medical Imaging** responds with blood collection tray, ECG machine and portable X-Ray and stands by – available if needed.
 - **For Code Pink – Cardiac Arrest** also ensure the PALS cart is brought to trauma room.
- For Code Blue / Pink – Medical Emergency:**
 - Respond to the scene immediately.
 - Transfer patient to the Emergency Department, if required.
- LONG-TERM CARE:**
 - **For Code Blue – Cardiac Arrest:**
 - Call for help and utilize the AED found in the LTC Nursing Station as indicated.

SECONDARY ACTIONS:

- Document Information

RECOVERY

- Return to normal functioning
- Participate in incident debriefing
- Determine Potential COVID-19 Exposure (**CHECKLIST-OCC-001 Potential COVID-19 Exposure**)
- Determine need for stress debriefing

CODE BLUE / PINK

CARDIAC ARREST OR MEDICAL EMERGENCY

For further details refer to the Code Blue & Pink policies & procedures on SURGE or Emergency Measures Binder.

If you encounter an adult or child who is **UNRESPONSIVE**:

- Announce “Code [Blue / Pink – Cardiac Arrest] and specify area / room”** to get help from other staff.
- Start CPR** if trained to do so.
- Immediately call Physician.**
- Clear the area** to make room for medical / clinical personnel.

If you encounter an adult or child who **FEELS FAINT or UNWELL**:

- Announce “Code [Blue / Pink – Medical Emergency] and specify area / room”** to get help from other staff.
- Remain with the person and provide reassurance that medical help is coming.

IMMEDIATE ACTIONS:

- ACLS-trained staff will respond immediately.**
 - All available clinical staff should immediately respond to assess the situation.
 - A Registered Nurse (RN) will assume the team leader role and initiate Advanced Cardiac Life Support (ACLS) protocols until a physician attends and takes over the role of team leader.
 - Staff in the vicinity of the incident shall clear the area to make room for the response team.
- For Code Blue – Cardiac Arrest:**
 - Respond to the scene immediately with a stretcher.
 - Place patient on stretcher and transfer to the Emergency Department immediately.
 - **For Code Pink – Cardiac Arrest** also ensure the PALS cart is brought to trauma room.
 - All available support staff stand-by for direction.
- For Code Blue / Pink – Medical Emergency:**
 - Respond to the scene immediately.
 - Transfer patient to the Emergency Department, if required.
 - All available support staff stand-by for direction.

SECONDARY ACTIONS:

- Document Information

RECOVERY

- Return to normal functioning
- Participate in incident debriefing
- Determine Potential COVID-19 Exposure (**CHECKLIST-OCC-001 Potential COVID-19 Exposure**)
- Determine need for stress debriefing



TITLE: Code Blue – Cardiac Arrest or Code Blue – Medical Emergency

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE BLUE

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE /
EMERGENCY DEPARTMENT COMMITTEE

POLICY

Any staff member can call a **Code Blue – Cardiac Arrest or Code Blue - Medical Emergency** alerting staff of the significant deterioration in a patient's condition and indicating the need for staff experienced in the management of emergent medical problems.

Code Blue - Cardiac Arrest shall be called for all patients that are not breathing and / or have no pulse. Assess CAB's (Circulation, Airway, Breathing). Cardiopulmonary Resuscitation (CPR) shall be started immediately.

Code Blue - Medical Emergency shall be called to get immediate medical / clinical help when an individual is feeling faint/unwell, has fallen, seizure activity, etc.

Any witness to these situations must immediately page to announce "CODE BLUE – CARDIAC ARREST" or "CODE BLUE – MEDICAL EMERGENCY", giving the Unit or Room #, three times (3x) over the paging system.

When in doubt of the medical response required, it is always best to page a Code Blue – Cardiac Arrest.

SUPPORTIVE DATA

Code Blue is the term used to announce a medical emergency or a cardiac and/or respiratory arrest at the North Shore Health Network.

The purpose of a **Code Blue - Cardiac Arrest** is to get immediate medical/clinical help (ACLS Response Team) and the resuscitation equipment (Crash Cart or AED for LTC) when an individual has collapsed and may have had a cardiac or respiratory arrest.

The purpose of **Code Blue - Medical Emergency** is to get immediate medical/clinical help when an individual is feeling faint / unwell or has fallen, etc.

ROLES AND RESPONSIBILITIES

The Responsible Authority or his/her Delegate is responsible for implementing and maintaining this policy/procedure/protocol. Workers, Managers, and specific Departments may also have roles and/or responsibilities outlined in this document.

I. Educators

- Preparing and conducting educational programs to train and test employees on the Code Blue procedures
- Reviewing Code Blue Policy and Procedure with new employees during orientation and with regular employees in conjunction with emergency exercises

II. Employees

- Maintain competency in the ability to carry out the NSHN Code Blue response procedure as defined
- Attending Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) programs as required
- Reviewing the emergency measures policies and procedures of NSHN regularly. Should an employee be uncertain as to the proper procedure, it is his/her responsibility to seek out education
- Participate in Mock Code Blues

III. Clinical Divisional Committee

- Review and update the policy annually

IV. Emergency Preparedness Committee

- Review the policy annually

V. Managers

- Ensuring all employees know their role and can respond competently to a NSHN Code Blue
- Ensuring employees attend scheduled education programs

PROTOCOLS

- All available nursing staff will immediately respond to a Code Blue and assess the need to provide assistance to the Cardiac Arrest Response (CAR) team upon their arrival
- Any staff participating for the duration of a Code Blue must utilize Protected Code Blue procedures (i.e. AGMP PPE) that can be found on PROTECTED CODE BLUE ALGORITHMS
- Non-clinical staff in the immediate area of the code will assist with directing non-essential traffic away from the area to provide space for the medical team to attend to the individual.
- Non-clinical staff may be instructed to obtain a stretcher from the nearest location:
 - o the Emergency Department (ED) or
 - o the linen room in LTC (Blind River site)

PROCEDURES

1. Equipment

- For a **Code Blue - Cardiac Arrest** in LTC, the staff from LTC will utilize the AED found in the LTC nursing station
- A stretcher will be brought from the nearest location to transport the patient to the ED if required

2. Steps and Key Points

| CODE BLUE - MEDICAL EMERGENCY | | |
|--------------------------------------|--|-------------------|
| | Steps | Key Points |
| a) | Clinical/Registered staff: On hearing Code Blue - Medical Emergency , respond to the scene immediately | |
| d) | Transfer patient to the ED if required | |

CODE BLUE – CARDIAC ARREST BLIND RIVER SITE

| | Steps | Key Points |
|-----------|--|---|
| a) | <p>First Responder:</p> <ol style="list-style-type: none"> 1. Assess CAB's (Circulation, Airway, Breathing) 2. Call for help 3. Place the patient preferably in a supine position 4. Start CPR (See Appendix A) when indicated for cardiac arrest 5. Stay with the patient after help arrives. You will have information vital to the code team and may need to assist with transporting the patient to the ED | <p>Priority for BCLS (see Appendix A) is to start providing high quality CPR when indicated and calling for help.</p> <p>If patient is unresponsive and sitting in a wheelchair, transfer to ED immediately and place in stretcher to initiate BCLS</p> |
| b) | <p>Second Responder:</p> <ol style="list-style-type: none"> 1. Page Code Blue announcing the location 3 x over the paging system (Blind River site) 2. Notify the physician or physician on call 3. Return to the scene to assist with CPR as needed | <p>Paging will activate the medical team to respond to the area.</p> |
| c) | <p>ACLS-Trained Staff:</p> <ol style="list-style-type: none"> 1. On hearing Code Blue - Cardiac Arrest, respond to the scene immediately with a stretcher 2. Place patient on stretcher and transfer to the ED immediately | <p>Assuring the right page is made will ensure that a stretcher is brought to the scene when required.</p> |
| d) | <p>Medical Team Response Duties</p> <ol style="list-style-type: none"> 1. A Registered Nurse (RN) will assume the team leader role and initiate Advanced Cardiac Life Support (ACLS) protocols until a physician attends and takes over the role of team leader 2. Continue high quality CPR with assessment / delivery of prompt defibrillation as required 3. Intravenous access and preparation for delivery of ACLS medications will be initiated 4. Document the events 5. A Laboratory Tech/Medical Imaging Tech will respond to all Code Blue - Cardiac Arrest pages immediately to be available for ECG and lab draw. | <p>Care will be provided in accordance with current ACLS guidelines</p> |
| e) | <p>Debrief after the event</p> | |

CODE BLUE – CARDIAC ARREST LTC BLIND RIVER

| | Steps | Key Points |
|-----------|--|---|
| a) | <p>First Responder:</p> <ol style="list-style-type: none"> 1. Assess CAB's (Circulation, Airway, Breathing) 2. Call for help and AED as indicated 3. Place the patient in safe position, preferably supine with head of bed flat 4. Start CPR when indicated for cardiac arrest | <p>The AED is located in the nurses station on LTC</p> <p>The AED may be applied and used by BLS-certified healthcare provider.</p> |

| | | |
|-----------|---|--|
| | 5. Assist with AED application and follow prompts until the ACLS-trained staff arrive Assist with transport to the ED | Utilize the stretcher in the LTC linen room |
| b) | Second Responder: 1. Page Code Blue announcing the LTC location 3 x over the paging system 2. Return to the scene with the AED if indicated and to assist with CPR 3. Assist with AED application and resume CPR until ACLS-trained staff arrive Assist with transport to the ED | When ACLS staff arrive, second responder should retrieve stretcher belonging to LTC department |
| c) | ACLS-Trained Staff: 1. On hearing Code Blue - Cardiac Arrest in LTC, respond to the scene immediately 2. Assume the team leader role and continue to CPR and AED utilization while facilitating transfer to the ED. 3. Upon arrival to the ED, initiate ACLS protocols until a physician attends and takes over the role of team leader 4. Continue high quality CPR with assessment / delivery of prompt defibrillation as required 5. Intravenous access and preparation for delivery of ACLS medications will be initiated 6. Document the events 7. A Laboratory Tech/Medical Imaging Tech will respond to all Code Blue - Cardiac Arrest pages immediately to be available for ECG and lab draw. | |
| d) | Debrief after the event | |

CODE BLUE CARDIAC ARREST THESSALON AND RICHARDS LANDING

| | Steps | Key Points |
|-----------|--|--|
| a) | First Responder: 1. Assess CAB's (Circulation, Airway, Breathing) 2. Call for help 3. Place the patient in safe position, preferably supine with head of bed flat 4. Start CPR when indicated for cardiac arrest 5. Assist with transport to the trauma room when Second Responder arrives | |
| b) | Second Responder: 1. Call for additional help and the Physician 2. Return to the scene and assist with CPR and transfer to the trauma room | Consider calling in staff on call (i.e. medical imaging staff) |
| c) | ACLS-Trained Staff: 1. Assume the team leader role and initiate ACLS protocols until a physician attends and takes over the role of team leader 2. Continue high quality CPR with assessment / | |

| | | |
|-----------|---|--|
| | delivery of prompt defibrillation as required 3. Intravenous access and preparation for delivery of ACLS medications will be initiated 4. Document the events | |
| d) | Debrief after the event | |

APPENDIX A

SUMMARY OF HIGH-QUALITY CPR COMPONENTS FOR BLS PROVIDERS

| COMPONENT | ADULTS AND ADOLESCENTS |
|---|---|
| Scene safety | Make sure the environment is safe for rescuers and victim |
| Recognition of cardiac arrest | Check for responsiveness No breathing or only gasping (i.e., no normal breathing) No definite pulse felt within 10 seconds (Breathing and pulse check can be performed simultaneously in less than 10 seconds) |
| Activation of emergency response system | Call for help; Send second responder to call a Code Blue-Cardiac Arrest Begin CPR Use AED or Defibrillator as soon as available |
| Compression-Ventilation ratio without advanced airway | 30:2 |
| Compression-ventilation ratio with advanced airway | Continuous compressions at a rate of 100-120/min Give 1 breath every 6 second (10 breaths/min) |
| Compression rate | 100-120/min |
| Compression depth | At least 5 cm (2 inches) but no more than 6cm (2.4 inches) |
| Hand placement | 2 hands on the lower half of the breastbone (sternum) |
| Chest recoil | Allow full recoil of chest after each compression; Do not lean on the chest after each compression |
| Minimizing interruptions | Limit interruptions in chest compressions to less than 10 seconds |

HAZARDOUS MATERIAL SPILL

For further details refer to the Code Brown policies & procedures on SURGE or Emergency Measures Binder.

***IF THERE IS AN IMMEDIATE RISK TO PROPERTY DAMAGE, HEALTH, FIRE, OR EXPLOSION,
EVACUATE THE AREA AND CALL 911***

If you encounter or witness a HAZARDOUS MATERIAL SPILL:

If you cannot handle the spill or if it is potentially harmful to people and/or the environment announce a CODE BROWN.

- **Page three times (3x) “Attention Please, Code Brown and specify Area / Room”** or call Switchboard to assist.
- **Notify Maintenance and/or Housekeeping** to get assistance with clean up, if required.
- **After-hours -> Call Maintenance on-call.**
- **Notify the Manager / Supervisor of the area.**

IMMEDIATE ACTIONS:

- Do not panic. Remember the acronym S.P.I.L.L.:**
 - Safely remove people from immediate danger (if safe to do so).
 - Prevent the spread of fumes by closing doors.
 - Initiate the appropriate spill procedures.
 - Leave everything alone – electrical and switches.
 - Locate the Safety Data Sheet. (Materials Management / Emergency Department / Online – Surge)
- Protect yourself and others by staying away from the spill / release and isolating the area.
- Do not respond to an unknown spill alone.
- Decide if you can SAFELY handle the spill based on information from the SDS and the following:**
 - What is the material?
 - Is there more than one chemical involved, and are they compatible?
 - Are you knowledgeable of the hazards of the material(s)?
 - The size of the spill / release.
 - Is the proper PPE available?
 - Are the proper clean-up materials / spill kits available and have you been trained in their use?
 - Is there a potential for a hazardous condition to develop (e.g. fire, toxic atmosphere, explosion, etc).
- If clean-up is outside the scope of NSHN – external emergency response personnel may be required.
 - Notify Senior Management.
 - Options include: Municipal Fire Department / Cameco Corporation

SECONDARY ACTIONS:

- If a CODE BROWN has been announced, when the spill is properly disposed of and the situation has been resolved, announce “ATTENTION All Staff, Code Brown is now over” and repeat three times (3x).
- Notify the Ministry of Health and Long-Term Care in accordance with the *Fixing Long-Term Care Act, 2021* **immediately** if applicable.

RECOVERY

- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing.

HAZARDOUS MATERIAL SPILL

For further details refer to the Code Brown policies & procedures on SURGE or Emergency Measures Binder.

***IF THERE IS AN IMMEDIATE RISK TO PROPERTY DAMAGE, HEALTH, FIRE, OR EXPLOSION,
EVACUATE THE AREA AND CALL 911***

If you encounter or witness a HAZARDOUS MATERIAL SPILL:

If you cannot handle the spill or if it is potentially harmful to people and/or the environment announce a CODE BROWN.

- **Declare a “Code Brown and specify Area / Room.”**
- **Notify** support staff (if available) to get assistance with clean up, if required.
- **Alert EMS staff** in the building, if required.
- **Notify the Manager / Supervisor of the area.**

IMMEDIATE ACTIONS:

- Do not panic. Remember the acronym S.P.I.L.L.:**
 - Safely remove people from immediate danger (if safe to do so).
 - Prevent the spread of fumes by closing doors.
 - Initiate the appropriate spill procedures.
 - Leave everything alone – electrical and switches.
 - Locate the Safety Data Sheet. (Back Office / Online – Surge)
- Protect yourself and others by staying away from the spill / release and isolating the area.
- Do not respond to an unknown spill alone.
- Decide if you can SAFELY handle the spill based on information from the SDS and the following:**
 - What is the material?
 - Is there more than one chemical involved, and are they compatible?
 - Are you knowledgeable of the hazards of the material(s)?
 - The size of the spill / release.
 - Is the proper PPE available?
 - Are the proper clean-up materials / spill kits available and have you been trained in their use?
 - Is there a potential for a hazardous condition to develop (e.g. fire, toxic atmosphere, explosion, etc).
- If clean-up is outside the scope of NSHN – external emergency response personnel may be required.
 - Notify Senior Management.
 - Options include: Municipal Fire Department

SECONDARY ACTIONS:

- If a CODE BROWN has been announced, when the spill is properly disposed of and the situation has been resolved, announce “Code Brown is now over.”

RECOVERY

- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing.

HAZARDOUS MATERIAL SPILL

For further details refer to the Code Brown policies & procedures on SURGE or Emergency Measures Binder.

IF THERE IS AN IMMEDIATE RISK TO PROPERTY DAMAGE, HEALTH, FIRE, OR EXPLOSION, EVACUATE THE AREA AND CALL 911

If you encounter or witness a HAZARDOUS MATERIAL SPILL:

If you cannot handle the spill or if it is potentially harmful to people and/or the environment announce a CODE BROWN.

- **Declare a “Code Brown and specify Area / Room.”**
- **Notify** support staff [i.e. Housekeeping (if available)] to get assistance with clean up, if required.
- **Alert building partners**, if required, according to size of spill.
- **Notify the Manager / Supervisor of the area.**

IMMEDIATE ACTIONS:

- Do not panic. Remember the acronym S.P.I.L.L.:**
 - Safely remove people from immediate danger (if safe to do so).
 - Prevent the spread of fumes by closing doors.
 - Initiate the appropriate spill procedures.
 - Leave everything alone – electrical and switches.
 - Locate the Safety Data Sheet. (Main Desk / Online – Surge)
- Protect yourself and others by staying away from the spill / release and isolating the area.
- Do not respond to an unknown spill alone.
- Decide if you can SAFELY handle the spill based on information from the SDS and the following:**
 - What is the material?
 - Is there more than one chemical involved, and are they compatible?
 - Are you knowledgeable of the hazards of the material(s)?
 - The size of the spill / release.
 - Is the proper PPE available?
 - Are the proper clean-up materials / spill kits available and have you been trained in their use?
 - Is there a potential for a hazardous condition to develop (fire, toxic atmosphere, explosion, etc).
- If clean-up is outside the scope of NSHN – external emergency response personnel may be required.
 - Notify Senior Management.
 - Options include: Municipal Fire Department

SECONDARY ACTIONS:

- If a CODE BROWN has been announced, when the spill is properly disposed of and the situation has been resolved, announce “Code Brown is now over.”

RECOVERY

- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing.



TITLE: Code Brown – Hazardous Material Spill

MANUAL: HEALTH AND SAFETY

SECTION: EMERGENCY PREPAREDNESS

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

POLICY

Code Brown will be initiated if there is a spill or release of hazardous material that is potentially dangerous/harmful to human life or the environment. The purpose of the policy is to outline the handling of a hazardous material emergency to ensure the safety of patients/residents, visitors, volunteers and employees and/or the environment.

All North Shore Health Network workers must work in a safe manner and be aware of the potential for accidental discharge / spill of hazardous materials.

A spill is considered hazardous when it meets **any** of the following criteria:

- It threatens the safety of any of the inhabitants in the building;
- It threatens the natural environment;
- It threatens hospital property.

AUTHORITY TO DECLARE

A Code Brown may be declared by any staff member.

ROLES AND RESPONSIBILITIES

The Responsible Authority or his/her Delegate is responsible for implementing and maintaining this policy/procedure/protocol. Workers, Managers, and specific Departments may also have roles and/or responsibilities outlined in this document.

I. Workers

- Be informed of, and familiar with, the Code Brown policy and procedure. Should employees be uncertain as to the proper procedure, it is their responsibility to seek out and educate themselves.
- Attend educational programs as required.
- Be knowledgeable and capable of carrying out the Code Brown policy and procedure.
- Working in a manner as to prevent spills or releases of hazardous products.

II. Managers

- Ensure employees know their roles and can respond competently to a Code Brown.
- Review the Code Brown policy and procedure with new employees during orientation and with regular employees in conjunction with emergency exercises.
- Be knowledgeable of hazardous products found in their departments and hazardous products to which their employees may be exposed.
- Ensure employees attend scheduled education programs.
- Ensure the appropriate PPE and spill clean-up kits are available and used in the event of a spill or release.

- Review new/updated Safety Data Sheets as receive, passing on appropriate information to employees, including actions to take in the event of a spill/release.

III. Department

- Materials Management
 - i. Maintain an up-to-date Safety Data Sheets manual.
 - ii. Forward a copy of new Safety Data Sheets received to Occupational Health and the Manager of the Department in which the hazardous material is used for review.
 - iii. Forward a copy of new SDS's to the emergency department.
- Emergency Preparedness Coordinator
 - i. Plan educational sessions and drills as required.
 - ii. Review Safety Data Sheets as received.
 - iii. Be available as a resource in the event of a chemical spill or release.
 - iv. Ensure that appropriate spill kits and PPE are available on-site.
- Laboratory
 - i. Maintain Safety Data Sheets on hazardous materials specific to the laboratory.
- All Departments
 - i. Carry our department specific duties during a Code Brown as assigned.
- Maintenance Department
 - i. Be available to assist with clean-up if required.
 - ii. Be available to shut down/isolate ventilation system if required or change the make-up air to 100% fresh air from a mix of fresh air and return air to provide maximum dilution.

IV. Emergency Preparedness Committee

- Develop, review and revise as necessary, all North Shore Health Network Emergency Preparedness Plans.
- Review all Code Action Reports and make changes as necessary to improve responses to emergency incidents.

PROCEDURES

A) UPON DISCOVERING A SPILL:

IF THERE IS AN IMMEDIATE RISK TO PROPERTY DAMAGE, HEALTH, FIRE, OR EXPLOSION, EVACUATE THE AREA AND CALL 911.

- Do not panic, stop and think things through. Remember the acronym **S.P.I.L.L.:**
 - o Safely remove people from immediate danger (if safe to do so).
 - o Prevent the spread of fumes by closing doors.
 - o Initiate the appropriate spill procedures.
 - o Leave everything alone – electrical and switches.
 - o Locate the Safety Data Sheet (Materials Management / Emergency Department or Surge Policy System www.surgelearning.ca).

In addition to the above:

- Protect yourself and others by staying away from the spill/release and isolating the area.
- Do not respond to an unknown spill alone.

- Decide if you can SAFELY handle the spill based on information from the SDS and the following:
 - What is the material?
 - Is there more than one chemical involved, and are they compatible?
 - Are you knowledgeable of the hazards of the material(s)?
 - The size of the spill/release
 - Is the proper PPE available
 - Are the proper clean-up materials/spill kits available and have you been trained in their use.
 - Is there a potential for a hazardous condition to develop (e.g. fire, toxic atmosphere, explosion, etc.)
- If you cannot handle the spill or if it is potentially harmful to people and/or the environment announce a Code Brown.
- If it is after hours, call in personnel who are knowledgeable if required.
- Notify the manager/supervisor of the area.

B) UPON BEING NOTIFIED OF A CODE BROWN, A MANAGER/SUPERVISOR SHALL DO THE FOLLOWING:

- Review the Safety Data Sheet for the hazardous product.
- Determine if a hazardous condition exists or may develop.
- Obtain the appropriate spill kit (e.g. Chemotherapy product spill kit).
- Ensure the proper PPE is available and used.
- If vapours are present, ventilate the area.
- Determine the need to shut down sections of the ventilation system to stop migration of vapours to other areas of the building (contact maintenance).
- Determine if partner sites need to be notified (e.g. PHARA, Algoma EMS, etc.)

C) CLEANING UP THE SPILL:

- Put on the required PPE following the direction of the SDS.
- Provide adequate ventilation.
- Limit spills by blocking, diverting or containing the spill.
- Stop materials from entering the floor drains or getting out into the environment.
- Absorb the spill or dilute as per the SDS.
- Label and arrange for disposal of waste material.
- Any rags etc. with a solvent or flammable liquid on them should be allowed to ventilate outside before placing in a sealed non-combustible garbage container.

D) GENERAL PRECAUTIONS:

- Never rely of your sense of smell to determine the concentration or the toxicity of a hazardous material. Some very toxic chemicals have no smell, while some non-hazardous products are very odorous. The sense of smell also can “shut-down” and not be reliable upon to detect odours.
- Ensure the exit route is not blocked.
- Viscous liquids can make moving around slippery and dangerous.
- Avoid spreading the contamination. Work in pairs so one person can work on the spill and the other can stay outside of the immediate spill area to get supplies etc.
- When using a spill kit, generally work from the outside of the spill towards the inside.
- If the spill involves a solvent or flammable liquid (e.g. gasoline), avoid creating sparks. Do NOT turn equipment off or on as this may create a spark. Be aware of where the vapours may migrate to. Many solvent/flammable liquid vapours are heavier than air and will spread along the floor and accumulate in low laying areas.
- If the spill is outside, stay upwind of the spill/release
- If wearing a face shield to protect your face from a chemical splash, chemical goggles must also be worn. Safety glasses are not adequate.

- A rain suit will not provide suitable protection against chemicals
- Clean off any contaminated PPE once the spill has been cleaned up

E) SPILLS OUTSIDE OF THE SCOPE OF THE NSHN CAPABILITIES:

- **If the clean-up is beyond the NSHN staff capabilities and/or knowledge, external Emergency Response personnel may be notified.**
 - This decision will be made by Senior Leadership.
 - Options for outside response are the Municipal Fire Department or Cameco Corporation. Resources available include trained personnel, air monitoring equipment, SCBA capabilities, and spill kits.

F) NOTIFICATION OF OUTSIDE AGENCIES:

- Depending on the hazardous material, size and spill site the Ministry of the Environment may need to be notified. This will be determined by Senior Leadership.

G) RECOVERY:

- Employees involved in the incident shall complete a Code Action Report online using the Quality Risk Manager (QRM) at www.surgelearning.ca.
- Senior Leadership will determine if additional incident reporting is required.

NOTIFICATION OF THE MOHLTC (PER FLTCA)

The *Fixing Long-Term Care Act, 2021* (FLTCA) contains mandatory and critical incident reporting requirements for licensees.

- The following critical incidents must be reported to the MOHLTC (Director) **immediately**, in as much detail as possible, followed by a written report:
 - An emergency, including fire, unplanned evacuation or intake of evacuees.
 - Contamination of the drinking water supply.

HOW LICENSEE MUST SUBMIT REPORT TO MOHLTC (DIRECTOR):

- Monday to Friday 8:30 am – 4:30 pm
 - Immediately initiate and submit the online Critical Incident System (CIS) form identifying this as a “Critical Incident.”
- All Other Times (Including Statutory Holidays)
 - Call the ServiceOntario after hours reporting line (1-888-999-6973) **and fill out a CIS form first thing the following business day.**

The report must be made within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director.

INFORMATION MANAGEMENT

I. External References

- Ontario Hospital Association. (2008). OHA Emergency Management Toolkit. Ontario Hospital Association

EVACUATION

For further details refer to the Code Green – Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CODE GREEN – EVACUATION is initiated when it is determined that an **AREA** is **UNSAFE** or **DANGER** is **IMMINENT** from fire, noxious gases, bomb threat, or other.

- You are in charge** until relieved by a more responsible person.
- Immediately notify the Charge Nurse** or senior manager who will determine if a Code Green STAT will be paged.
He/She will:
 - Page** to announce three times (3x) “**Code Green STAT**, and specify **Affected Area**, or in the event of a total evacuation, “**Code Green Stat, All Areas**”

IMMEDIATE ACTIONS:

- The person in charge takes control to mobilize staff and delegate duties
- All available clinical staff respond immediately** to **affected clinical areas** to help evacuate
- Immediately **move patients beyond fire doors** or out of building to safety. Move in this order:
 - Those in most danger
 - Ambulatory
 - Semi-ambulatory
 - Bed-ridden
- Staff without direct responsibility for patients, **listen for instructions**. **Direct visitors, contractors, etc. out of the affected areas**. You may be asked to report to a nursing unit to help evacuate.
- Refer to **Closing Emergency Services Due to a Code Green Action Checklist**, if applicable.

Long Term Care: The **mobility of residents** is posted at the head of the bed. When in doubt, assume resident is **non-ambulatory and unable to assist**.

CHARGE NURSE – DURING THE NIGHT or OFF HOURS

- Charge Nurse assumes Incident Manager role until relieved by Fire Department personnel
- To get **immediate outside help**, **pull the fire alarm** and **call 9-911** to activate the Fire Department, police, and/or ambulance personnel.
- Use staff from unaffected departments to move patients as quickly as possible.
- Call in extra staff using the Employee Emergency Call-Out List**.
- Notify Senior Manager(s)

SECONDARY ACTIONS:

- Arrange for transportation to external collection areas:

| | | | |
|-------------------------|--------------------|--|-----------------------------|
| Ambulance: 705-356-4847 | Taxi: 705-827-0272 | A.J. Bus: 705-356-7889 705-848-3013 | Handi-Transit: 705-849-5751 |
|-------------------------|--------------------|--|-----------------------------|

- Use Huron Shores Family Health Team Building as **first external collection area**. Workers **will be notified of** internal collection areas (i.e. paging location).
- Keep track of staff, patient/resident locations**. Designate a person to document.
- Take medication carts, chart carts and kardex(s) to the evacuation area, if safe to do so.
- Assign person to handle incoming calls and communicate consistent message re: situation
- Notify the Ministry of Health and Long-Term Care in accordance with the *Fixing Long Term Care Homes Act, 2021* **immediately** if applicable.

RECOVERY




- Return to normal functioning.
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Participate in incident debriefing.
- Determine need for stress debriefing, be alert for signs/symptoms of mental distress.

Turn over for pictures on how to move patients to safety.

EVACUATION

For further details refer to the Code Green - Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

Removing Patients to Safety

| <u>First:</u> Those in immediate danger | <u>Second:</u> Ambulatory | <u>Third:</u> Semi-Ambulatory |
|--|---|---|
|  |  |  |

Fourth: Bed Ridden/Non-ambulatory

First choice is to move the patient in the bed:



OR



- a) Put blanket on floor
- b) Grip patient under shoulder & knees



- c) Slide to edge of bed



- d) On one knee – lower patient's legs, then body



- e) On one or both knees, slide patient down your chest



- f) Pull patient out head first on blanket

EVACUATION

For further details refer to the Code Green - Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CLOSING EMERGENCY SERVICES DUE TO A CODE GREEN **ACTION CHECKLIST- ALL SITES**

In the event that NSHN is unable to provide Emergency Department services due to a Code Green (Evacuation) the following protocol must be followed:

IMMEDIATE ACTIONS:

Consult with Senior Manager/Nurse Manager on-call prior to completing the following actions:

- Review *Ontario Health Emergency Department Closure Protocol Requirement*
- Notify OPP & Ambulance of the closure.
- Place signage on the building.
- Ensure a staff member remains at the site to direct traffic and redirect patients.
- Senior Management will notify Ontario Health North.
 - The notification must include:
 - Date
 - Reason
 - Length of Closure
 - **ONTARIO HEALTH NORTH CONTACT:**
Jennifer Osesky
Director, Planning and Integration
Ontario Health North
jenn.osesky@lhins.on.ca
Tel./tél: 705-949-1808 ext. 5402
- Senior Management will notify the Board Chair.
- Notify Management Team (via Emergency Messaging System)

EVACUATION

For further details refer to the Code Green – Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CODE GREEN – EVACUATION is initiated when it is determined that an **AREA** is **UNSAFE** or **DANGER** is **IMMINENT** from fire, noxious gases, bomb threat, or other.

STAT ACTIONS:

When a person **in charge** determines that an **area is unsafe or danger is imminent**, they may call Switchboard and ask you to announce a **“Code Green Evacuation – STAT.”** This situation may follow a Code Red, for example, when a fire has gotten out of hand and patients / clients need to be moved to safety **immediately**.

- Clarify the location with the caller.
- Announce the following message to all areas three times (3x):
 - “Code Green Evacuation STAT, and specify AFFECTED AREA” or
 - “Code Green Evacuation STAT, ALL AREAS” in the event of a total evacuation.
- Stay tuned for follow up calls asking you to announce additional information.
 - For Example: “All available staff report to the Cafeteria for a Labour Pool.”

PRECAUTIONARY ACTIONS:

There may be other emergency situations that require evacuation of the facility, but in a more controlled manner. For example – a flood. In these events, you may be asked to page a **“Code Green Evacuation – Precautionary.”**

The Incident Manager / Charge Nurse will tell you the specific details to announce.

- Announce the following message to all areas three times (3x):
 - “Attention all staff, Code Green Evacuation – Precautionary. Stand by for further instructions.”

RECOVERY – WHEN THE CODE IS OVER:

- Once given the “All Clear” from the Incident Manager / Charge Nurse, page:
 - **“Code Green now over, please return to regular duties.”**
 - **“Code Green now over, please return to regular duties.”**
 - **“Code Green now over, please return to regular duties.”**
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Participate in incident debriefing.
- Determine need for stress debriefing, be alert for signs/symptoms of mental distress.

EVACUATION

For further details refer to the Code Green – Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CODE GREEN – EVACUATION is initiated when it is determined that an **AREA** is **UNSAFE** or **DANGER** is **IMMINENT** from fire, noxious gases, bomb threat, or other.

- You are in charge** until relieved by a more responsible person.
- Immediately push panic alarm / call 911 to get help from EMS, Fire Department & OPP.**
- Notify** Medical Clinic to make aware and to get help to move patients.
- Notify the Nurse Manager (After-Hours Nurse Manager On-Call) / Senior Manager.

IMMEDIATE ACTIONS:

- The person in charge takes control to mobilize staff and delegate duties
- All available staff respond immediately to help evacuate patients.**
- Immediately **move patients beyond fire doors** or out of building to safety. Move in this order:
 - Those in most danger
 - Ambulatory
 - Semi-ambulatory
 - Bed-ridden
- Once all patients in danger are beyond fire doors, proceed to move them to the Church next door or Medical Clinic if safe to do so, or to an alternate location as determined by the Incident Manager.
- Refer to **Closing Emergency Services Due to a Code Green Action Checklist**, if applicable.

SECONDARY ACTIONS:

- Arrange for transportation to external collection areas:

| | |
|-------------------------------|--|
| EMS Crew: 705-842-2211 | Transport Van (Jason): 705-849-7110 |
|-------------------------------|--|

- Use Church as **first external collection area**. Alternate collection areas will be communicated by Incident Manager.
- Keep track of staff, patient/resident locations.** Designate a person to document.
- Take medication carts, chart carts and kardex(s) to the evacuation area, if safe to do so.
- Arrange for transportation to external collection areas.

RECOVERY




- Return to normal functioning.
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Participate in incident debriefing.
- Determine need for stress debriefing, be alert for signs/symptoms of mental distress.

Turn over for pictures on how to move patients to safety.

EVACUATION

For further details refer to the Code Green - Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

Removing Patients to Safety

| <u>First:</u> Those in immediate danger | <u>Second:</u> Ambulatory | <u>Third:</u> Semi-Ambulatory |
|---|---|---|
|  |  |  |

Fourth: Bed Ridden/Non-ambulatory

First choice is to move the patient in the bed:



OR



- a) Put blanket on floor
- b) Grip patient under shoulder & knees



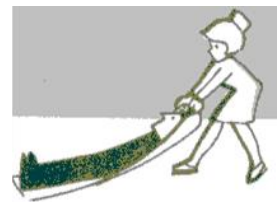
- c) Slide to edge of bed



- d) On one knee – lower patient's legs, then body



- e) On one or both knees, slide patient down your chest



- f) Pull patient out head first on blanket

EVACUATION

For further details refer to the Code Green – Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CODE GREEN – EVACUATION is initiated when it is determined that an **AREA** is **UNSAFE** or **DANGER** is **IMMINENT** from fire, noxious gases, bomb threat, or other.

- You are in charge** until relieved by a more responsible person.
- Immediately push panic alarm / call 911 to get help from EMS, Fire Department & OPP.**
- Notify** Algoma Manor / NP Clinic / PHARA to make aware and to get help to move patients.
- If a TOTAL EVACUATION of the building is necessary – pull the fire alarm in the lobby.**
 - Activate fast alarm by inserting key and turning to the right until it clicks and alarm speeds up.**
- Notify the Nurse Manager (After-Hours Nurse Manager On-Call) / Senior Manager.

IMMEDIATE ACTIONS:

- The person in charge takes control to mobilize staff and delegate duties
- All available staff responds immediately to help evacuate patients.**
- Immediately **move patients beyond fire doors** or out of building to safety. Move in this order:
 - Those in most danger
 - Ambulatory
 - Semi-ambulatory
 - Bed-ridden
- Once all patients in danger are beyond fire doors, proceed to move them to Algoma Manor if safe to do so, or to an alternate location as determined by the Incident Manager.
- Refer to **Closing Emergency Services Due to a Code Green Action Checklist**, if applicable.

SECONDARY ACTIONS:

- Arrange for transportation to external collection areas:

| | |
|-------------------------------|--|
| EMS Crew: 705-842-2211 | Transport Van (Jason): 705-849-7110 |
|-------------------------------|--|

- Use Algoma Manor as **first external collection area**. Alternate collection areas will be communicated by Incident Manager.
- Keep track of staff, patient/resident locations.** Designate a person to document.
- Take cell phone, medication carts, chart carts and kardex(s) to the evacuation area, if safe to do so.
- Assign person to handle incoming calls and communicate consistent message re: situation.
- Arrange for transportation to external collection areas.

RECOVERY




- Return to normal functioning.
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Participate in incident debriefing.
- Determine need for stress debriefing, be alert for signs/symptoms of mental distress.

Turn over for pictures on how to move patients to safety.

EVACUATION

For further details refer to the Code Green - Evacuation policy & procedure on the NSHN Intranet or Emergency Measures Binder.

Removing Patients to Safety

| <u>First:</u> Those in immediate danger | <u>Second:</u> Ambulatory | <u>Third:</u> Semi-Ambulatory |
|---|---|---|
|  |  |  |

Fourth: Bed Ridden/Non-ambulatory

First choice is to move the patient in the bed:



OR



- a) Put blanket on floor
- b) Grip patient under shoulder & knees



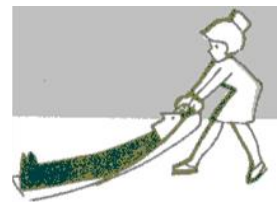
- c) Slide to edge of bed



- d) On one knee – lower patient's legs, then body



- e) On one or both knees, slide patient down your chest



- f) Pull patient out head first on blanket



TITLE: Code Green - Evacuation

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE GREEN

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

POLICY

Code Green is the term used to announce evacuation during an emergency situation. The purpose of the policy is to define the plan for preparation and handling of an immediate (STAT) or precautionary evacuation. Evacuation will occur if remaining on-site will pose a danger and there is a need to reduce risk and ensure the safety of patients/residents, visitors, volunteers and workers.

It is the policy to review, revise and test the Code Green procedure regularly to ensure workers are trained and prepared to deal with an emergency evacuation of their unit and/or site.

AUTHORITY TO DECLARE

A **Code Green Evacuation STAT** may be declared by the Charge Nurse or Incident Manager.

A **Code Green Evacuation PRECAUTIONARY** may be declared by the Charge Nurse/Incident Manager in collaboration with a Senior Manager.

ROLES AND RESPONSIBILITIES

The Responsible Authority or his/her Delegate is responsible for implementing and maintaining this policy/procedure/protocol. Workers, Managers, and specific Departments may also have roles and/or responsibilities outlined in this document.

I. Incident Manager

The Incident Manager is a Senior Manager on site. Should a Senior Manager not be on-site the Manager or Charge Nurse will be the delegate and responsible for the following until relieved by a Senior Manager:

- The safety of patients/residents, visitors and workers.
- Declaring a *Code Green* in collaboration with a representative of the local authorities.
 - This could be the Fire Chief, an OPP Officer, or a representative from the Gas Company, depending on the type of emergency situation.
- When/if required, getting immediate outside help. **Pull the fire alarm** to activate Fire Department personnel and **call 911** to activate police and/or ambulance personnel.
- When/if required bring in extra staff.
- When/if required, activating a Labour Pool; announce location (usually the cafeteria).
- Designating someone to assume responsibility for coordinating the Labour Pool.
- Initiating the Emergency Call-in List, instructing workers which location to report to as determined by the situation and where help is required.

- Designating a safe area to set up an Incident Control Centre. This may be in a safe area of the NSHN site facility or in adjacent medical facilities.
- Notify the Ministry of Health & Long-Term Care in accordance with O. Reg. 79/10 s. 107 (1) and (3) of the *Long Term Care Homes Act*, if applicable.
- Assigning individuals to Incident Management System roles.

II. Managers

During an actual *Code Green* situation, the Manager will assume responsibility for:

- Ensuring that the evacuation is conducted in a calm and organized manner.
- Delegating duties to available workers to ensure patients/residents are evacuated in the right order and are being accounted for.
- Ensuring all workers know their role and can respond competently.
- Reviewing the evacuation plan during orientation and with fire exercises.
- Ensuring workers attend scheduled education programs.

III. Workers

- Knowing and carrying out the Code Green Evacuation as outlined.
- Attending education programs as required.
- Reviewing the emergency measures policies & procedures regularly.
- Seek out clarification if uncertain as to the proper procedure

IV. Departments

Chief Executive Officer / Delegate

The Chief Executive Officer assumes the role of Incident Commander.

Director of Environmental Services / Designate

The Director Environmental Services assumes the Incident Management System Logistics Chief role and is responsible for:

- Arranging alternate facility(ies) that are adequate to house evacuees
- Ensuring adequate supplies are available at the facilities
- Arranging appropriate transportation.
- Direct the transportation providers to appropriate exits in order to facilitate evacuation.
- Call the partnership services to assist in transporting patients to external collection areas

Chief Nursing Executive / Designate

The Chief Nursing Executive assumes the Incident Management System Operations and Planning Chief roles and is responsible for

- Determining resources required to provide safe clinical care for all patients/residents who may remain in hospital-
- When required, notify Home and Community Care to assist with temporary placement of residents.
- Accounting for all patients, residents, visitors and staff
- Keeping informed as to the location of workers, residents, and patients at all times.
- Ensuring that any available physicians are notified of the situation and asks-for assistance when required

NOTE: It is presumed that in an evacuation, all patients who could be discharged should be.

Chief Financial Officer

The Chief Financial Officer assumes the Incident Management System's Financial and Administrative Chief role and is responsible for:

- Tracking extra costs related to incident

Corporate Strategy, Risk & Communications Coordinator (CSRCC)

The CSRCC or designate assumes the Incident Management System Communication and Liaison Officer roles and is responsible for:

- Preparing media briefs and communicating information internally and externally.
- Obtaining information about the situation and developing communiqués as directed by the Incident Manager.
- Liaising with appropriate agencies and authorities.

Occupational Health / Infection Control Coordinator

The Occupational Health / Infection Control Coordinator or designate assumes the role of Safety Officer at the scene and is responsible for:

- Overseeing the safety of staff, patients/residents and visitors during a Code Green.
 - o A member of the Joint Health & Safety Committee may be designated to act as Safety Officer. A certified member is preferred.

Emergency Preparedness Committee / Emergency Preparedness Coordinator:

- Planning and conducting educational sessions and drills.
- Planning and coordinating the annual Code Green Evacuation drill in Blind River in conjunction with the Nurse Manager and the Blind River Fire Department.
- Planning and coordinating the annual Code Green Evacuation drill in Thessalon in conjunction with the Nurse Manager and the Thessalon Fire Department.

PROTOCOLS

Code Green STAT:

When it has been determined that an area is unsafe and danger is imminent, the Incident Manager/Charge Nurse, will announce to all that a CODE GREEN STAT evacuation is required and specify LOCATION. Or in the event of a total evacuation, announce a CODE GREEN EVACUATION STAT, ALL AREAS. The danger could be from fire, smoke, noxious gases, bomb threat, etc.

Code Green PRECAUTIONARY:

When it has been determined that a precautionary, orderly evacuation is required, the Charge Nurse/Incident Manager initiates the Incident Management System protocol with an emergency meeting of the department managers/coordinators to relay information. The department managers/delegates then communicate directly with their staff giving specific instructions on:

- The extent of the evacuation, i.e. whom to evacuate.
- The route to use.
- The location to evacuate to.
- The transportation mode(s).
- The expected length of time in alternate shelter.
- What to take.

PROCEDURES

Equipment: As needed, e.g. wheelchairs, beds, sheets for evacuation.

CODE GREEN STAT:

- All available clinical staff responds immediately to affected clinical area to help evacuate.
- Staff without direct responsibility for patients, may be asked to help. Stand by for instructions.
- Staff will direct visitors, contractors etc. out of the affected area or building as required.
- Immediately move patients/residents in danger to the nearest and safest collection area. This may be beyond the fire doors, or to a location specified within or outside the facility.
 - Where possible, every effort will be made to contain the situation in order to move horizontally in the facility (i.e. beyond fire doors / new zones). Movement to an external collection area will be communicated to all staff by the Incident Manager.
 - First Outside Collection Areas include:
 - Blind River Site: Huron Shores Family Health Team Building
 - Thessalon Site: Algoma Manor
 - Richards Landing – Matthews Site: Church
 - Secondary outside collection areas may be determined by the Incident Commander / Incident Manager depending upon the circumstances related to the evacuation.
- Move all ambulatory patients/residents first. It is important to get as many people out of the area of danger as quickly as possible. Patients/residents requiring some assistance are removed next. Bed ridden patients are removed last. Bed ridden patients/residents are to be moved in their beds if possible or using the cradle drop and blanket drag procedure.
- The mobility status of LTC residents is posted at the head of the bed. When in doubt assume resident is non-ambulatory and unable to assist.
- When available use the REMAR flag system to mark rooms. Close door and flip the white REMAR safety marker up against the door frame to indicate patient/resident has been removed. Remember: Red in Bed, White in Flight!
- Use staff from unaffected departments to move patients as quickly as possible.
- To get immediate outside help, pull the fire alarm and call 911 to activate Fire Department, police, and/or ambulance personnel.
 - ⊖—Use the Worker Emergency Call-out List to get extra staff in to help.
- Designate someone to keep records of the patients/residents leaving the building and to which collection area they are going.
- Take the medication carts and chart cart and kardex(s) to the evacuation area if safe to do so. This will enable care to be continued as soon as possible in an alternate site.

- Staff without direct responsibility for patient/residents, stand by for instructions. You may be asked to help evacuate patients or assist with other duties that will be required once patients are safely removed from danger.
 - o Notify the Ministry of Health & Long-Term Care in accordance with O. Reg. 79/10 s. 107 (1) and (3) of the *Long Term Care Homes Act*, if applicable.
- If applicable, follow the “**Closing Emergency Services Due to a Code Green**” Action Checklist.
 - o For Emergency Department closures ensure the **Ontario Health Emergency Department Closure Protocol Requirements** are met.

CODE GREEN PRECAUTIONARY:

- Stand by for instructions.
- Adhere to direction from Incident Manager/delegate so evacuation is carried out in an orderly manner.
- If applicable, follow the “**Closing Emergency Services Due to a Code Green**” Action Checklist.
 - a. For Emergency Department closures ensure the **Ontario Health Emergency Department Closure Protocol Requirements** are met.

RETURN TO BUILDING:

- In collaboration with the Fire Chief, Police, Senior Management or other officials depending on the nature of the disaster, return of patients/residents to the building will commence once the control person has deemed the building safe for return.
- The physician in charge, either the Chief of Staff or physician on-call, in collaboration with the nurse in charge, will prioritize the patients/residents for return to the NSHN site facility. Those patients/residents who are the most ill, requiring monitoring, and/or needing one on one care will be given highest priority.
- When patients/residents are returned to the NSHN site facility they must be either accompanied by a nurse, RPN or PSW and one RN or one RPN be available in the building to receive the patient/resident from the Paramedics.
- All patients/residents with serious medical conditions MUST be transported by Ambulance where possible.
- Once all workers and patients/residents have returned to the building, a final head count will be completed and reported to Incident Manager.

RECOVERY

- Document the incident on **FORM-EPC-001 Code Action Report** using the Quality Risk Manager in Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in an incident debriefing.
- Determine need for stress debriefing.

NOTIFICATION OF THE MOLTC (per FLTCA)

The *Fixing Long-Term Care Act, 2021* (FLTCA) and O. Reg. 246/22 contain mandatory and critical incident reporting requirements for licensees..

- The following critical incidents must be reported to the MOHLTC (Director) **immediately**, in as much detail as possible, followed by a written report (s. 107 (1) 1):
 - An emergency, including fire, unplanned evacuation or intake of evacuees (s.115(1)1).

HOW LICENSEE MUST SUBMIT REPORT TO MOHLTC (DIRECTOR):

- Monday to Friday 8:30 am – 4:30 pm
 - **Immediately** initiate and submit the on-line Critical Incident System (CIS) form identifying this as a ‘Critical Incident.’
- All Other Times (including statutory holidays)
 - Call the ServiceOntario after hours reporting line (1-888-999-6973) **and fill out a CIS form first thing the following business day.**

The report must be made within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director.

EDUCATION EXERCISE

The purpose of an evacuation drill is to test worker knowledge on what to do in the event of an evacuation as well as identify areas for plan improvements

- Evacuation exercises will be held at least annually at each site.
- Workers are to react in the same fashion during a drill as they would in an actual event to ensure integrity of the test procedure.
- Document the exercise on **FORM-EPC-001 Code Action Report** using the Quality Risk Manager in Surge (www.surgelearning.ca).

INFORMATION MANAGEMENT

I. **Definitions** (NOTE: For a list of definitions not included here within; see the *NSHN Master Definitions* document.)

| | |
|----------|--|
| Director | Means the Director of Performance Improvement and Compliance Branch of the Ministry of Health and Long-Term Care in accordance with the <i>Fixing Long-Term Care Act, 2021</i> . |
|----------|--|

II. **External References**

- Ontario Hospital Association. (2008). OHA Emergency Management Toolkit. Ontario Hospital Association
- Fixing Long-Term Care Act, 2021 (2022, April 11). S.O. 2007. [Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1 \(ontario.ca\)](#)
- Fixing Long-Term Care Act, 2021. (2022, April 11). O. Reg. 246/22:General. [O. Reg. 246/22: GENERAL \(ontario.ca\)](#)

EXTERNAL AIR EXCLUSION (BUTTON DOWN)

For further details refer to the Code Grey – External Air Exclusion policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CODE GREY – EXTERNAL AIR EXCLUSION is initiated when it is determined that the **OUTSIDE AIR** is a **DANGER** to the people within the NSHN site. (Examples include: nearby transport spill of toxic chemicals, or a large smoky fire).

GOALS:

- Restrict contaminated air from entering the site by shutting down air exchange systems and securing windows and doors.
- Eliminate or limit exposure to contaminated air by restricting entry and exit of persons.

IMMEDIATE ACTIONS:

- The person in charge takes control of the situation to assess priorities, mobilize staff, direct and delegate duties.
- If the source of the airborne hazard is on the property, notify 911 for assistance as required.**
- Page (Using the **PAGE** button on your phone, or dial “**44-listen for beep-0**”) or ask Admitting to announce three (3) times over the paging system:
 - “**ATTENTION ALL STAFF. CODE GREY – EXTERNAL AIR EXCLUSION. CLOSE ALL WINDOWS AND EXTERIOR DOORS. ALL ENTRY AND EXIT WILL BE MONITORED THROUGH THE MAIN ENTRANCE*.**”
**The MAIN ENTRANCE will be the only point of entry/exit unless otherwise directed by the Incident Manager.*
- Notify **MAINTENANCE** to **immediately shut down all ventilation systems and exhaust fans.**
- SEAL and LOCKDOWN** all exit doors except for the Main Entrance.
 - Use rolled wet towels to seal gaps at the bottom edges of windows and doors.
 - Use tape to seal sides and tops of windows or doors, as required.
- Station a staff member at the Main Entrance.
- Minimize infiltration of external air into the building by using only the Main Entrance or an alternate entrance equipped with a vestibule (2 sets of doors) as directed by the Incident Manager.
 - ENTERING THE BUILDING** – Fully close the exterior door while waiting in the vestibule. Once the exterior door is fully closed, open the interior door.
 - EXITING THE BUILDING** – Fully close the interior door while waiting in the vestibule. Once the interior door is fully closed, open the exterior door.
- Determine if the **Incident Command Centre** is required, and if so, notify relevant personnel.
- Post **LOCKDOWN SIGNAGE** on all exterior doors as directed by Incident Manager. (**SIGN-EPC-002 / SIGN-EPC-003**)

SECONDARY ACTIONS:

- Assign person(s) to handle incoming calls and communicate consistent message re: situation.
- Notify site partners (HSFHT)
- Consider the incident impact from the long-term perspective.

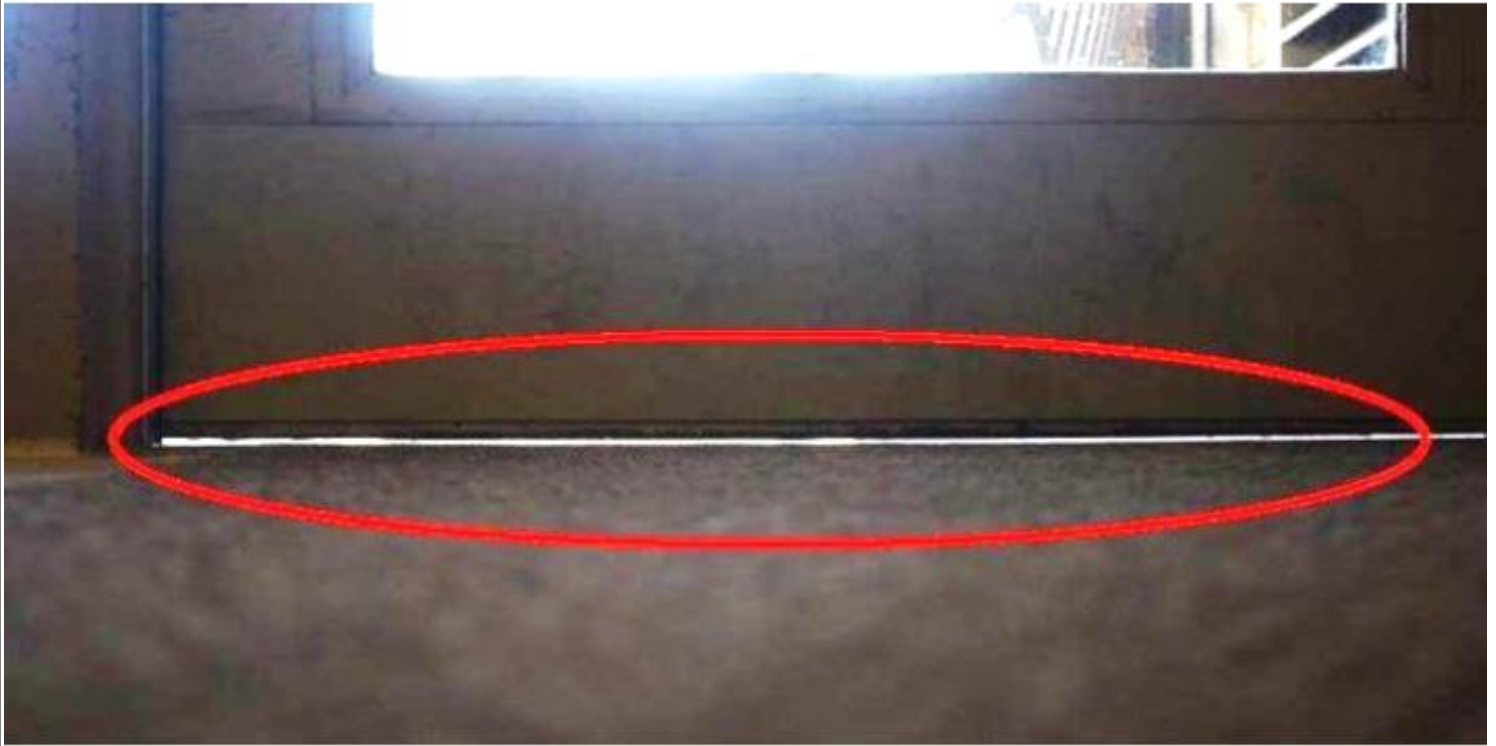
RECOVERY

- Page “**CODE GREY – EXTERNAL AIR EXCLUSION ALL CLEAR**” three (3) times over the paging system.
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing and determine need for stress debriefing.

CODE GREY

EXTERNAL AIR EXCLUSION (BUTTON DOWN)

For further details refer to the Code Grey – External Air Exclusion policy & procedure on the NSHN Intranet or Emergency Measures Binder.



CODE GREY – INFRASTRUCTURE LOSS is initiated when it is determined that an infrastructure loss is significant to the extent that it disrupts day-to-day operations and negatively affects delivery of care.

For Example: Loss of water, heat, and/or power affecting a zone or the entire building, or a loss of telephone or computer systems.

IMMEDIATE ACTIONS:

- The person in charge takes control of the situation to assess priorities, mobilize staff, direct and delegate duties.
- **Contact Maintenance or IT** as required to help determine the extent of the situation.
- At the Blind River Site: page (Using the **PAGE** button on your phone, dial “**44-listen for beep-0**”) or ask Admitting to announce three (3) times over the paging system:
 - “**ATTENTION ALL STAFF. CODE GREY – INFRASTRUCTURE LOSS and specify type of loss.** For example – “loss of water supply to entire building for the next 3 hours”
 - At Thessalon and Richards Landing – Matthews Sites – ensure staff is aware of the situation.
- **For loss of municipal power**, check that critical equipment is running on emergency generator power to ensure patient safety.
 - Use **red electrical outlets** (where available) to maintain essential patient care services.
- For **loss of regular telephone services** – use **RED PHONES** at Blind River / Thessalon Sites:
 - **Blind River Site: (705) 356-1659**
 - **Thessalon Site: (705) 842-9444**

**Note: These telephone numbers are not readily available to the public.*
- Initiate **Meditech Downtime Procedures** as required, for loss of clinical systems.
 - Downtime procedures are available within individual departments.
- **Communicate situation to staff frequently.**
 - Use multiple ways (posted notices, frequent overhead announcements, emails, etc.) to ensure all staff coming in to work at various times are made aware of the situation.

SECONDARY ACTIONS:

- Consider the incident impact from the long-term perspective.
- Determine if Incident Command is required, and if so, notify Senior Management.
- Notify the MOLTC in accordance with the Fixing Long-Term Car Act, 2021 (FLTCA) and O. Reg. 246/22 where required. See policy for details.

RECOVERY

- Page “**CODE GREY – INFRASTRUCTURE LOSS ALL CLEAR**” three (3) times over the paging system (if applicable).
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing and determine need for stress debriefing.

EXTERNAL AIR EXCLUSION (BUTTON DOWN)

For further details refer to the Code Grey – External Air Exclusion policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CODE GREY – EXTERNAL AIR EXCLUSION is initiated when it is determined that the **OUTSIDE AIR** is a **DANGER** to the people within the NSHN site. (Examples include: nearby transport spill of toxic chemicals, or a large smoky fire).

GOALS:

- Restrict contaminated air from entering the site by securing windows and doors.
- Eliminate or limit exposure to contaminated air by restricting entry and exit of persons.

IMMEDIATE ACTIONS:

- The person in charge takes control of the situation to assess priorities, mobilize staff, direct and delegate duties.
- **If the source of the airborne hazard is on the property, notify 911 for assistance as required.**
- **Inform** all staff of the *Code Grey – External Air Exclusion*.
- **Immediately close all windows and exterior doors.**
- **Notify Medical Clinic.**
- **SEAL and LOCKDOWN** all exit doors except for the Main Entrance.
 - Use rolled wet towels to seal gaps at the bottom edges of windows and doors.
 - Use tape to seal sides and tops of windows or doors, as required.
 - Use sheets of plastic sealed with tape from the inside as an option for wall mounted air conditioners or vents.
- Station a staff member at the Main Entrance.
- Minimize infiltration of external air into the building by using only the Main Entrance or an alternate entrance equipped with a vestibule (2 sets of doors) as directed by the Incident Manager.
 - **ENTERING THE BUILDING** – Fully close the exterior door while waiting in the vestibule. Once the exterior door is fully closed, open the interior door.
 - **EXITING THE BUILDING** – Fully close the interior door while waiting in the vestibule. Once the interior door is fully closed, open the exterior door.
- Determine if the **Incident Command Centre** is required, and if so, notify Senior Manager.

SECONDARY ACTIONS:

- Assign person(s) to handle incoming calls and communicate consistent message re: situation.
- Consider the incident impact from the long-term perspective.

RECOVERY

- Inform all staff that the *Code Grey – External Air Exclusion* is now over.
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing and determine need for stress debriefing.

CODE GREY

ACTION CHECKLIST

EXTERNAL AIR EXCLUSION (BUTTON DOWN)

RL-M SITE

For further details refer to the Code Grey – External Air Exclusion policy & procedure on the NSHN Intranet or Emergency Measures Binder.



EXTERNAL AIR EXCLUSION (BUTTON DOWN)

For further details refer to the Code Grey – External Air Exclusion policy & procedure on the NSHN Intranet or Emergency Measures Binder.

CODE GREY – EXTERNAL AIR EXCLUSION is initiated when it is determined that the **OUTSIDE AIR** is a **DANGER** to the people within the NSHN site. (Examples include: nearby transport spill of toxic chemicals, or a large smoky fire).

GOALS:

- Restrict contaminated air from entering the site by shutting down air exchange systems and securing windows and doors.
- Eliminate or limit exposure to contaminated air by restricting entry and exit of persons.

IMMEDIATE ACTIONS:

- The person in charge takes control of the situation to assess priorities, mobilize staff, direct and delegate duties.
- If the source of the airborne hazard is on the property, notify 911 for assistance as required.**
- Inform** all staff of the *Code Grey – External Air Exclusion*.
- Immediately close all windows and exterior doors.**
- Notify Algoma Manor / PHARA Maintenance Staff to immediately shut down all ventilations systems and exhaust fans.**
- SEAL and LOCKDOWN** all exit doors except for the Main Entrance.
 - Use rolled wet towels to seal gaps at the bottom edges of windows and doors.
 - Use tape to seal sides and tops of windows or doors, as required.
- Station a staff member at the Main Entrance.
- Minimize infiltration of external air into the building by using only the Main Entrance or an alternate entrance equipped with a vestibule (2 sets of doors) as directed by the Incident Manager.
 - ENTERING THE BUILDING** – Fully close the exterior door while waiting in the vestibule. Once the exterior door is fully closed, open the interior door.
 - EXITING THE BUILDING** – Fully close the interior door while waiting in the vestibule. Once the interior door is fully closed, open the exterior door.
- Determine if the **Incident Command Centre** is required, and if so, notify Senior Manager.
- Post **LOCKDOWN SIGNAGE** on all exterior doors as directed by Incident Manager. (**SIGN-EPC-002 / SIGN-EPC-003**)

SECONDARY ACTIONS:

- Assign person(s) to handle incoming calls and communicate consistent message re: situation.
- Notify site partners (NP Clinic / PHARA / Algoma Manor)
- Consider the incident impact from the long-term perspective.

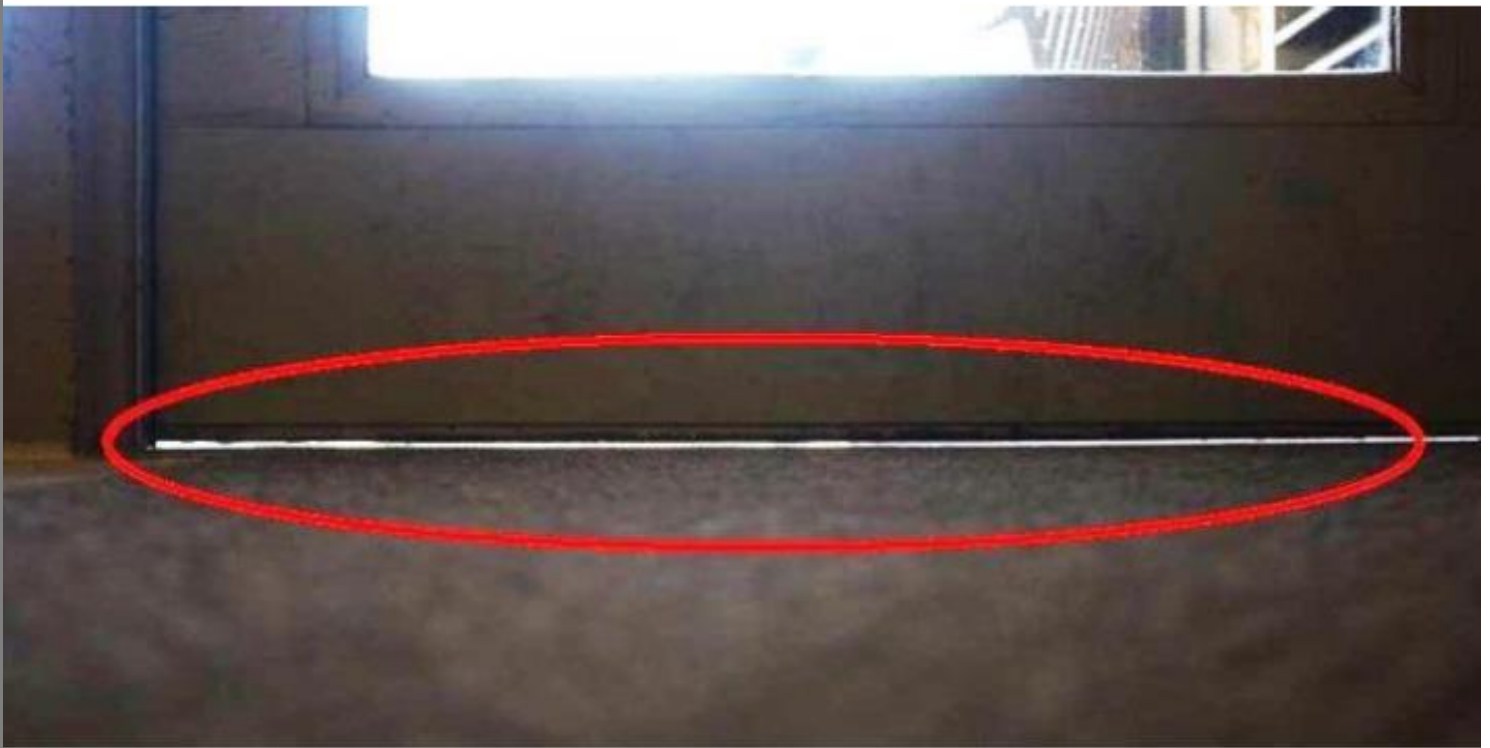
RECOVERY

- Inform all staff that the *Code Grey – External Air Exclusion* is now over.
- Document incident on Code Action Report using Quality Risk Manager on Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing and determine need for stress debriefing.

CODE GREY

EXTERNAL AIR EXCLUSION (BUTTON DOWN)

For further details refer to the Code Grey – External Air Exclusion policy & procedure on the NSHN Intranet or Emergency Measures Binder.





TITLE: Code Grey – External Air Exclusion

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE GREY (INFRASTRUCTURE LOSS /
EXTERNAL AIR EXCLUSION)

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

POLICY

Code Grey – External Air Exclusion will be initiated when it has been determined that outside air has become contaminated to the extent that it poses a threat to the health and safety of occupants of the site. The buildings shall be sealed as quickly as possible to restrict contaminated air from entering the site by shutting down air exchange systems and securing windows and doors. The entry and exit of persons may be restricted to eliminate or limit exposure to contaminated air.

Code Grey – External Air Exclusion is the term used to alert of a situation when there is a threat of external air contamination or to maintain the internal environment of the site. Examples of a *Code Grey – External Air Exclusion* may be a large smoky fire, a train derailment, or a nearby transport spill of toxic chemicals.

It is the policy to review, revise and test the *Code Grey – External Air Exclusion* policy and procedure to ensure all workers are trained and prepared to deal with a situation to reduce risk, reaction time, improve coordination and minimize confusion.

AUTHORITY TO DECLARE

A *Code Grey – External Air Exclusion* may be declared based on the following:

- The Municipality or local fire department may notify any of the sites that a toxic air situation in the community poses a health and safety threat.
 - The Incident Manager, Senior Manager, or Charge Nurse will declare a *Code Grey – External Air Exclusion*.

OR

- When outside air is felt to be a danger to the people at any site, those concerned will notify a Senior Manager or Charge Nurse. The Senior Manager or Charge Nurse will determine if a *Code Grey – External Air Exclusion* situation exists.
 - If applicable, the Senior Manager or Charge Nurse will declare a *Code Grey – External Air Exclusion* and assume the role of Incident Manager.

NOTIFICATION PROCEDURE

The purpose of notification is make workers, volunteers, clients and visitors aware of the situation and to restrict contaminated air from entering the site.

- Announce the *Code Grey – External Air Exclusion*.
 - Instruct staff to close all windows and exterior doors.
 - At the Blind River site, page the announcement and repeat three times (3x).

- If the source of the hazard is on the property, notify 911 for assistance as required.
- Notify site partners (e.g. Huron Shores Family Health Team (BR), PHARA, Algoma Manor, NP Clinic (TH), Medical Clinic (RL-M)) if possible.

ROLES AND RESPONSIBILITIES

The Responsible Authority or his/her Delegate is responsible for implementing and maintaining this policy/procedure/protocol. Workers, Managers, and specific Departments may also have roles and/or responsibilities outlined in this document.

I. Incident Manager

The most responsible person in the facility (Charge Nurse / Senior Manager) assumes the Incident Manager role until relieved by the Director of Environmental Services or Delegate. The Incident Manager is responsible for the following:

- Protecting the safety of patients/residents, visitors and workers.
 - Ensuring that Maintenance has been requested to turn off the ventilation systems and exhaust fans.
 - Ensuring that Maintenance has been requested to lockdown the Exits and that the Main Entrance is monitored by staff.
- Informing patients/residents, visitors, workers and site partners (HSFHT, PHARA, Algoma Manor, etc.) of the situation.
- Determining if the Incident Command Centre is required, and if so, notifying relevant personnel.
- Documenting the event on the Code Action Report form and submitting to the Chief Nursing Executive for review by the Emergency Preparedness Committee.

II. Director of Environmental Services / Delegate

- Acting as Incident Manager in the event of a *Code Grey – External Air Exclusion*.
- Ensuring that all switches are clearly labeled and a list of locations is maintained and is immediately accessible to all Maintenance staff.
- Ensuring inspection and maintenance of all air exchange and ventilation systems.
- Ensuring Maintenance staff is knowledgeable of ventilation systems and exhaust fans, their locations and shut down procedures.
- Ensuring exit doors and windows are in good state of repair.
- Assisting with conducting regular drills and exercises in cooperation with the Emergency Preparedness Committee.

III. Workers

- Knowing the locations of exhaust fans or fume hoods in your Department and how to shut them down.
- Knowing the location of all facility exits.
- Working in a manner to eliminate hazards to self and others.
- Reporting immediately, any suspicious smells, or unsafe conditions to a person in charge.
- Attend educational programs as required.
- It is the responsibility of each worker to be informed of, and familiar with, the *Code Grey – External Air Exclusion* policy and procedure. Should workers be uncertain as to the proper procedure, it is their responsibility to seek out and educate themselves.

IV. Managers

- Ensuring all workers know their role and can respond competently to *the Code Grey – External Air Exclusion*.
- Review *Code Grey – External Air Exclusion* policy and procedure with new workers during orientation and with all workers in conjunction with emergency exercises.
- Ensuring workers attend scheduled education programs.

V. Department

- **Maintenance**
 - Turn off the ventilation systems and exhaust fans upon direction from the Incident Manager.
 - Lockdown the Exits and that the Main Entrance is monitored by staff upon direction from the Incident Manager.
- **Emergency Preparedness Coordinator**
 - Providing new workers with *Code Grey – External Air Exclusion* policy and procedure education during Orientation.
 - Planning and conducting educational sessions and drills in coordination with the Emergency Preparedness Committee.

VI. Emergency Preparedness Committee

- Developing, annually reviewing, and revising as necessary, all North Shore Health Network Emergency Preparedness Plans.
- Reviewing of all Code Action Reports and making changes as necessary to improve responses to emergency incidents.

RESPONSE PROCEDURE

Refer to the ***Code Grey – External Air Exclusion Action Checklist*** for specific instructions at each NSHN site.

- A. All workers are to immediately eliminate or minimize infiltration of external air into the building:
 - Close all windows and doors.
- B. Maintenance to immediately shut down all ventilation systems and exhaust fans.
- C. Seal / lockdown all exit doors except for the Main Entrance.
 - To seal any gaps at the bottom edges of windows and doors use rolled wet towels.
 - Use tape to seal sides and tops of windows or doors, as required.
 - Use sheets of plastic sealed with tape from the inside as an option for wall mounted air conditioners or vents (RL-M Site).
- D. Post lockdown signage on all exterior doors to restrict entry/exit as directed by the Incident Manager.
 - Indicate where to proceed to access alternate entries/exits on all signage.
 - **SIGN-EPC-002 – STOP – No Entry**
 - **SIGN-EPC-003 – STOP – No Exit**
- E. Station workers at the Main Entrance to monitor access to the building, if possible.

- F. When restricting access to the building, use only the Main Entrance or an alternate entrance equipped with a vestibule (two sets of doors) as designated by the Incident Manager.
- If access is required:
 - **ENTERING THE BUILDING:**
 - Fully close the exterior door while waiting in the vestibule.
 - Once the exterior door is fully closed, open the interior door.
 - **EXITING THE BUILDING:**
 - Fully close the interior door while waiting in the vestibule.
 - Once the interior door is fully closed, open the exterior door.

RECOVERY

- Once it has been determined that the outside air is now safe, inform all involved staff that *Code Grey – External Air Exclusion* is now over.
 - At the Blind River site, page the announcement and repeat three times (3x).
- Document the incident on **FORM-EPC-001 Code Action Report** using the Quality Risk Manager in Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing.
- Determine the need for stress debriefing.

EDUCATIONAL EXERCISE

- *Code Grey – External Air Exclusion* education will occur in accordance with the Emergency Preparedness Committee Annual Work Plan.
- In the event of an educational exercise, Maintenance will **not** shut down the ventilation system.

INFORMATION MANAGEMENT

I. External References

- Ontario Hospital Association, *Emergency Management Toolkit*, Retrieved February 15, 2018 <https://www.oha.com/Documents/Emergency%20Management%20Toolkit.pdf>
- Prairie Mountain Health, *Code Grey – External Air Exclusion*, Retrieved February 15, 2018 <http://www.pmh-mb.ca/index.php/2-uncategorised/394-code-grey-external-air-exclusion>



TITLE: Code Grey – Infrastructure Loss

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE GREY (EXTERNAL AIR
EXCLUSION / INFRASTRUCTURE LOSS)

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

POLICY

Code Grey – Infrastructure Loss will be initiated if there is a significant infrastructure loss or failure that poses a threat to the health and safety of the occupants of the North Shore Health Network. Examples of a significant infrastructure loss or failure include: loss of water, heat and/or power affecting a zone or a whole site. The loss of telephone or computer systems is also considered a Code Grey – Infrastructure Loss.

It is the policy to review, revise and test the Code Grey – Infrastructure Loss policy and procedure to ensure all employees are trained and prepared to deal with a situation to reduce risk, reaction time, improve coordination and minimize confusion.

AUTHORITY TO DECLARE

A Code Grey – Infrastructure Loss may be declared by the Charge Nurse, the Facility Services Director, the Information Technology Manager or any other Senior Manager.

NOTIFICATION PROCEDURE

When an infrastructure loss occurs, the Charge Nurse, Facility Services Director, Information Technology Manager, Nurse Manager On-Call and/or other Senior Manager will be notified immediately, and will determine if a Code Grey – Infrastructure Loss will be called. In the event that a Code Grey – Infrastructure Loss is called, the following procedure is to be followed:

- All staff will be informed of the situation. Physicians and associated partners will be informed when relevant.
- The extent of the infrastructure loss will be determined. If required, the Command Centre and Incident Management System (IMS) will be activated. The type of failure or loss will determine the expertise required at the Command Centre.
- The situation will be communicated to all staff and relevant others frequently. Multiple communication methods may be used including: signage on entry doors, posted notices in offices and on computers and public waiting rooms, email, and frequent announcements.

ROLES AND RESPONSIBILITIES

The Responsible Authority or his/her Delegate is responsible for implementing and maintaining this policy/procedure/protocol. Workers, Managers, and specific Departments may also have roles and/or responsibilities outlined in this document.

I. Workers

- Knowledgeable and capable of carrying out the Code Grey – Infrastructure Loss Policy and Procedure.
- Reporting immediately, any unsafe conditions to a person in charge.
- Attend educational programs as required.
- It is the responsibility of each employee to be informed of, and familiar with, the Code Grey – Infrastructure Loss policy and procedure. Should employees be uncertain as to the proper procedure, it is their responsibility to seek out and educate themselves

II. Managers

- Ensuring all employees know their role and can respond competently to a Code Grey – Infrastructure Loss.
- Reviewing Code Grey – Infrastructure Loss Policy and Procedure with new employees during orientation and with regular employees in conjunction with emergency exercises.
- Ensuring employees attend scheduled education programs.

III. Department

Facility Services Director / Delegate

- Initiate *Code Grey – Infrastructure Loss* procedure in the event that the safety of patients, staff, volunteers and/or visitors is threatened by an infrastructure loss.
 - Participate in the Command Centre if the Incident Management System is activated.
- Ensuring regular inspections and maintenance of all buildings and critical plant operating equipment.
- Checking and repairing generating plant weekly.
- Ensuring access to roadways is accessible at all times.
- Assisting with education and conducting regular exercises in accordance with Emergency Preparedness Committee goals and objectives.
- Notify the Ministry of Health & Long-Term Care in accordance with O. Reg. 79/10 s. 107 (1) and (3) of the *Long Term Care Homes Act*, if applicable.

Information Technology Manager / Delegate

- Initiate *Code Grey – Infrastructure Loss* procedure related to the loss of Information Technology services.
 - i. Participate in the Command Centre if the Incident Management System is activated.
- Ensuring regular inspections and maintenance of critical information technology operating equipment / systems.

Charge Nurse (After Hours)

- Take charge of the situation after hours until relieved by the Facility Services Director or delegate.
- Determine the extent of the situation and assess ramifications to patient safety.
- Prepare and assisting to implement alternate plans for healthcare providers deliver safe care to patients / residents.
- Provide direction to staff and ensure situational changes are communicated all staff.
- Document the event on the *Code Action Report* form and submit to the Chief Nursing Officer for review by the Emergency Preparedness Committee.

- Notify the Ministry of Health & Long-Term Care in accordance with O. Reg. 79/10 s. 107 (1) and (3) of the *Long Term Care Homes Act*, if applicable.

Emergency Preparedness Coordinator

- Planning and conducting educational sessions and drills.

IV. EMERGENCY PREPAREDNESS COMMITTEE

- Developing, annually reviewing, and revising as necessary, all North Shore Health Network Emergency Preparedness Plans.
- Reviewing all Code Action Reports and making changes as necessary to improve responses to emergency incidents.

PROCEDURES

RESPONSE PROCEDURE

Refer to the Code Action Checklist for specific steps to take at each site.

A) LOSS OF POWER

i) Municipal Power Failure (partial or total loss of all normal power)

- a. All NSHN sites have an emergency generator that is operational within seconds of losing the municipal power source.
 - When municipal power is lost, a transfer switch automatically activates the generator into operation.
- b. **Maintenance staff** will immediately:
 - Proceed to the emergency generators to ensure emergency generators are on.
 - Ensure all transfer switches have transferred properly.
 - Contact Hydro One to determine cause and expected duration of the power failure.
 - Contact the Senior Management Team to communicate the expected duration of the power failure.
 - o If power is not restored within 1 hour, or if advised of an extended power outage, the Command Centre and IMS may need to be initiated.
- c. **Nursing staff** will:
 - Verify that any critical equipment in use on their unit has necessary power to ensure patient safety (e.g. monitors, iv pumps)
 - Use the “red” electrical outlets (only outlets connected to emergency generator) for essential patient equipment. Light fixtures in each department / unit are also connected to emergency power in order to maintain minimal lighting.

ii) Municipal Power Failure and Emergency Power Failure (total loss of power)

- a. **Nursing staff** will:
 - Manually operate lifesaving equipment that does not have battery backup, as required, i.e. ventilator.
 - Initiate any measures that will promote patient safety.
 - After hours, the Charge Nurse will call the on-call Maintenance staff for assistance.
- d. **Maintenance staff** will:
 - Find the cause of the internal failure and make necessary repairs.

- Contact Hydro One if necessary to determine cause and the expected length of the external power outage.
- Notify Senior Management to communicate expected length of total power loss and determine if it is necessary to initiate the Command Centre and IMS.

B) SEWER SYSTEM FAILURE

a. Maintenance staff will:

- Investigate and locate the cause of the failure and make necessary repairs.
- Call for outside assistance if blockage cannot be cleared.
- Notify Infection Control Coordinator and Housekeeping.

C) WATER LOSS

Interruptions of the water supply may be **planned** (shutdown for repairs) or **unplanned** (ruptured water line) and involve part or all of the NSHN facilities.

The response will depend on the magnitude, time of day and the anticipated length of loss.

a. Charge Nurse (after hours) will:

- Call the Maintenance staff on call, and depending on the magnitude of the situation, may initiate the Command Centre and the Incident Management System.

b. Maintenance staff will:

- Contact local public utilities in order to determine expected duration of shutdown.
- Notify all affected departments of any planned shutdown/failure and expected time frame and duration.
- Provide all affected areas with buckets of water for toilet flushing and bottled water for patient and staff consumption.
- Initiate Command Centre and IMS if necessary.

In the event that water supplies will not be available for several hours, consider:

- Serving milk and fruit juices to meet the needs of patients / residents.
- Discontinuing laundry, dishwashing, and regular patient / resident bathing for the duration of the shortage.
- Using disposable hand wipes for personal care.
- Water required for emergency care may be obtained from the water tanks located in the boiler room. **NOTE:** Any water used for this purpose must be allowed to cool before use.
- Minimize use of toilets during the period of shortage.

In the event that water supplies will not be returned to normal for an extended period of time, initiate contact with Maintenance and Materials Management for emergency water sources.

In the event that water supplies will not be returned to normal indefinitely, initiate Code Green (Evacuation).

D) BOIL WATER ADVISORIES

A boil water advisory may result from a boil water notice or advisory issued by a public water utility or from a boil water order issued by the local Health Department. A boil water advisory may also be initiated voluntarily in response to water quality concerns that arise at the facility.

During a boil water advisory, do not use tap water without appropriate precautions:

- The recommended treatment for tap water during a boil water event is to bring water to a full rolling boil for 1 minute, then cool before use. This may take 20-30 minutes.
- Do not use tap water for:
 - Drinking
 - Mixing oral solutions
 - Contact with open wounds or sores
 - Internal treatment or contact within body cavities
 - Patient / resident rinsing
 - Hand washing
- a. **Maintenance staff will:**
 - Identify and control (shut off, bag, or post signage) all locations where people can obtain tap water to ingest (i.e. sinks, ice machines, etc.)
 - Provide drinking water (boiled or bottled) at convenient locations.

When the boil water advisory is over, the following steps will be taken to ensure that the facility water system, plumbing and equipment are free of contamination.

- b. **Maintenance / Housekeeping staff will:**
 - Flush all water lines. A general flushing recommendation is at least 15 minutes at each tap.
 - Following – sinks, faucets and spigots should be cleaned with a hospital grade disinfectant.
 - Appliances, such as water heaters, water filters and water tanks, should also be flushed at least one tank volume. Water filters should be replaced, or have the filter media backwashed per the manufacturer's recommendations.
 - All potentially affected equipment that uses tap water (i.e. dishwashers) should be flushed and disinfected per the manufacturer's recommendations. This should include dedicated water lines and tubing. Equipment should be run through a full cycle and contents flushed.
 - Sanitary surfaces, patient contact surfaces and surfaces that will come into contact with utensils and medical tools etc. should be cleaned with a hospital-grade disinfectant solution.

E) **CATASTROPHIC FLOOD**

This may result from severe weather or a ruptured water line in or around NSHN.

The response will depend on the magnitude, time of day and the anticipated length of loss.

- c. **Maintenance staff will:**
 - If local to NSHN, immediately identify the water valve affected and shut off water to the area.
 - If the valve cannot be located, the main water valve will be turned off.
 - Notify all affected departments.
 - Notify Nursing Knowledge Coordinator (Infection Control) and Housekeeping.
 - Determine, based on the extent of the situation, if the Command Centre and Incident Management System protocol should be initiated.

- o Determine whether it is necessary to initiate a Code Green – Evacuation as a result of the flood.

F) NATURAL GAS LOSS OR LEAK

This would result in loss of gas for heat, hot water, laundry and some cooking purposes.

The response will depend on the magnitude, time of day and the anticipated length of loss.

a. **Maintenance staff will:**

- Shut off the main gas valves associated to the leak and/or contact the local Gas Company in order to determine expected duration of shutdown.
- Determine, based on the extent of the situation, if the Command Centre and Incident Management System protocol should be initiated

In the event that the supply of gas will be restored quickly, no further action need be taken.

In the event that loss of gas is to be restored in a reasonable period of time consider:

- Suspending operation of activities that use hot water (i.e. laundry and dishwashing) in order to conserve hot water for patient / resident use.
- Determine how Dietary services will be interrupted and alternate meal delivery options.

In the event that gas supply is not to be restored for an extended period of time, initiate Code Green (Evacuation).

G) INFORMATION SYSTEM FAILURE

Interruption of computer systems may be **planned** (regular monthly maintenance) or **unplanned**, and may involve one or more programs / modules or the entire information system. This will result in some or all of the patient information systems being unavailable. The email system will not be functioning.

The response will depend on which programs / modules are down and the anticipated duration of the down time.

a. **All staff will:**

- Refer to the **Computer System Downtime Procedures** located in your department.

H) TELEPHONE FAILURE

Telephone failure may be the result of:

- Outside failure (i.e. loss of service into the switchboard)
- Inside failure (i.e. loss of the internal system)

a. **All staff will:**

- **Outside Failure:** Blind River Site: use the “fail safe” telephones located in Acute Care. These two telephones will continue to function and will ring if there is an outside call.
- **Inside Failure:** Use an employee’s cell phone.

Note: A Bell telephone back-up (Red Phone) is available at the Blind River and Thessalon sites in the Emergency Department.

b. Maintenance staff will:

- Contact Eastlink telephone service and notify of the disruption in service and request immediate repairs.

In the event that all telephone service, including cell phone service in the immediate vicinity of the site is disrupted, a staff member outside of the area of disruption will be delegated to contact the repair service. The same procedure is to be followed to obtain emergency services (i.e. OPP) during the period of the emergency.

Workers may be requested to run or email messages to all units / sites.

NOTIFICATION OF THE MOHLTC (per FLTCA):

The *Fixing Long-Term Care Act, 2021* (FLTCA) and O. Regulation 79/10 came into effect on July 1, 2010.

- A. The following critical incidents must be reported to the Director immediately, in as much detail as possible, followed by a written report:
- An emergency, including loss of essential services, fire, unplanned evacuation, intake of evacuees or flooding. [s. 107 (1)1]
 - Contamination of the drinking water supply. [s. 107(1)6.]
- B. The following critical incidents must be reported to the Director within one business day, followed by a written report (s. 107 (3)2):
- An environmental hazard that affects the provision of care or the safety, security or well-being of residents for a period greater than 6 hours including:
 - o A breakdown or failure of the security system.
 - o A breakdown of major equipment or a system in the home.
 - o A loss of essential services, or
 - o Flooding.

In both circumstances, the report under s. 107 (4) must be made within 10 days of the licensee becoming aware of the incident or at an earlier date if required by the Director.

HOW LICENSEE MUST SUBMIT REPORT TO MOHLTC (DIRECTOR):

- Monday to Friday 8:30 am – 4:30 pm
 - o **Immediately** initiate and submit the on-line Critical Incident System (CIS) form identifying this as a ‘Critical Incident.’
- All Other Times (including statutory holidays)
 - o Call the ServiceOntario after hours reporting line (1-888-999-6973) **and** fill out a CIS form **first thing the following business day.**

RECOVERY

- Once it has been determined that the infrastructure loss has been corrected, announce to all staff that the *Code Grey – Infrastructure Loss* is all clear.
- Document the incident on **FORM-EPC-001 Code Action Report** using the Quality Risk Manager in Surge (www.surgelearning.ca).
- Return to normal functioning.
- Participate in incident debriefing.

INFORMATION MANAGEMENT

I. **Definitions** (NOTE: For a list of definitions not included here within; see the *NSHN Master Definitions* document.)

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| Director | Means the Director of Performance Improvement and Compliance Branch of the Ministry of Health and Long-Term Care in accordance with the <i>Long-Term Care Homes Act, 2007</i> . |
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II. **External References**

- *Ontario Hospital Association (2008). OHA Emergency Management Toolkit. Ontario Hospital Association.*
- *Long-Term Care Homes Act (2007). O. Regulation 79/10. Ministry of Health & Long-Term Care.*