

# CODE ORANGE

## DISASTER / CBRNE / PANDEMIC

For further details refer to the Code Orange – Disaster / CBRNE / Pandemic policy & procedure on SURGE or Emergency Measures Binder.

### AUTHORITY TO DELCARE:

A Code Orange may be declared by the Chief Executive Officer, any Senior Leadership Member, the Nurse Manager On-Call and/or the Charge Nurse in consultation with the on-call physician.

### IMMEDIATE ACTIONS (DISASTER):

- Put routine work on hold in order to respond to disaster priorities.
- The person in charge takes control, assesses priorities and delegates duties until someone with more experience or higher authority takes over.
- The priority is to provide life saving measures for the casualties, doing as much good to as many as possible.
- Obtain an Emergency Measures Binder from the boardroom or the Emergency Department to have as a reference.
- Set up an Incident Command Centre. This may initially be the ED on the off-shift.
- Immediately start calling for extra staff if required. This may be staff already on-site or using the Call-Out List located in the EMS Binders. This will be a high priority on the off-shift and can be delegated. Keep track of who has been called and will be responding (Use the Call-Out List)
  - Start with “On-Call” staff if after hours (Nurse Manager, Labs, Diagnostics, Maintenance. They are responsible for calling their manager and/or extra staff)
  - Call in RN’s, RPN’s, and Ward Clerks as required
  - Call all Sr. Managers
  - Call key Managers/Coordinators. If unable to reach a manager call a staff member from that department

### IMMEDIATE ACTIONS (CBRNE):

As above with the following additions

- **Depending on the situation, determine immediate available resources to assist (i.e. Municipal Fire Department).**
- Ensure staff have donned PPE before beginning decontamination procedures.
- Monitor entrances to ensure contaminated persons are not allowed to enter the facilities to ensure patients, residents and staff are protected from potentially harmful materials.

### SECONDARY ACTIONS

- Determine location of care areas.
- Assign Specific roles and hand out **Code Orange Quick Reference Sheets**.
- The Incident Command Centre will be relocated to the Board Room or alternate area identified by Incident Commander.
- Notify site partners (HSFHT, ADSAB, Algoma Manor, NP Clinic etc...), if possible.
- Determine need for mandatory and critical incident reporting requirements (i.e. FLTCA, 2021).

### RECOVERY

- Re-stock supplies, return equipment etc. back to normal operating conditions.
- Document incident on Code Action Report using Quality Risk Manager on Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Documentation for compensation (call-ins, overtime, etc.) must be submitted to the Finance department.
- Return to normal functioning.
- Participate in incident debriefing.
- Determine need for stress debriefing and be alert for signs of PTSD in staff.



**TITLE: Code Orange – Disaster / CBRNE / Pandemic**

**MANUAL:** EMERGENCY PREPAREDNESS

**SECTION:** CODE ORANGE

**APPROVED BY:** EMERGENCY PREPAREDNESS COMMITTEE

**POLICY**

---

A Code Orange is used to respond safely and effectively to a disaster external to the hospital that is likely to increase the capacity and use of resources. At NSHN, the Code Orange may be used to manage the following scenarios:

1. Mass casualty incidents external to the hospital.
2. Chemical (C), Biological (B), Radio-Nuclear (RN), Explosive (E) or Environmental (E) events due to natural, accidental or intentional acts.
3. Pandemic.

The overall goal of a Code Orange is to:

- Enable NSHN to receive and treat a sudden influx of casualties requiring emergent treatment;
- Establish triage and treatment areas to ensure incoming patients, current patients and workers are safe;
- Adjust operations to increase availability of workers and beds to manage the number of casualties arriving at NSHN;
- Establish an Incident Command Centre, as needed, to assist with meeting increased demands on the organization by being the central location to receive essential information (internally and externally) and disseminate this information appropriately.
- Set up Information / Support, as needed, that will provide support to family members of casualties of the external disaster.

The safety of patients, residents, clients and workers is a priority in the event of a Code Orange.

**AUTHORITY TO DECLARE**

---

A Code Orange may be declared by the Chief Executive Officer, any Senior Leadership Member, the Nurse Manager On-Call and/or the Charge Nurse in consultation with the on-call physician.

**NOTIFICATION PROCEDURE**

---

The purpose of notification is to make employees aware of the situation and be prepared to assist if required.

Upon notice from EMS or other source that there is a potential disaster with a number of casualties, the person in charge will attempt to determine the potential number of casualties, ages (children/adults) and the type and extent

of injuries. In a potential CBRNE emergency – the person in charge will also attempt to determine the type of agent involved.

**THE PERSON IN CHARGE WILL NOTIFY THE FOLLOWING:**

- During Regular Hours –Chief of Staff and/or the ER Physician on-call, the Nurse Manager and the Senior Leader
- After Regular Hours – Chief of Staff and/or the ER Physician on-call and a Senior Leader if available

After discussion with the ER Physician and Senior Leadership it is determined that the number of casualties and/or the extent of the injuries involved exceeds the resources available to treat them or there is a harmful/ hazardous material involved, a Code Orange will be declared.

An announcement will be made immediately to alert staff that a Code Orange (Disaster or CBRNE) is in effect.

---

**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 knowledgeable and capable of carrying out the Code Orange policy and procedure.
- Attend educational programs as required.
- Be informed of, and familiar with, the Code Orange policy and procedure. Should employees be uncertain as to the proper procedure, it is their responsibility to seek out and educate themselves.
- Respond if off-duty, when asked to report to work to assist with a Code Orange.
- Carry out their department roles and responsibilities as describe below or as assigned.

**II. Managers**

- Ensure employees know their role and can respond competently to a Code Orange.
- Review Code Orange Policy and Procedure with new employees during orientation and with regular employees in conjunction with emergency exercises.
- Ensure employees attend scheduled education programs.
- Respond if off-duty, when asked to report to work to assist with a Code Orange.
- Carry out their roles and responsibilities as described below or as assigned.

**III. Department**

**Emergency Department Nurse Manager:**

- Ensure the Code Orange supplies are in a ready state and available at all times.

**Emergency Preparedness Coordinator:**

- Coordinate a regular review of Code Orange equipment in collaboration with the Nurse Managers.
- Liaise with local Emergency Response Committees.

**All departments/staff:**

- Carry out department specific duties during a Code Orange as described below or as assigned

## PROCEDURES

---

### 1.1 INITIAL ACTIONS (DISASTER)

- Put routine work on hold in order to respond to disaster priorities.
- The person in charge takes control, assesses priorities and delegates duties until someone with more experience or higher authority takes over.
- The priority is to provide life saving measures for the casualties, doing as much good to as many as possible.
- Obtain an Emergency Measures Binder from the boardroom or the Emergency Department to have as a reference.
- Set up an Incident Command Centre. This may initially be the ED on the off-shift.
- Immediately start calling for extra staff if required. This may be staff already on-site or using the Call-Out List located in the EMS Binders. This will be a high priority on the off-shift and can be delegated. Keep track of who has been called and will be responding (Use the Call-Out List)
  - Start with "On-Call" staff if after hours (Nurse Manager, Labs, Diagnostics, Maintenance. They are responsible for calling their manager and/or extra staff)
  - Call in RN's, RPN's, and Ward Clerks as required
  - Call all Sr. Managers
  - Call key Managers/Coordinators. If unable to reach a manager call a staff member from that department

### 1.2 INITIAL ACTIONS (CBRNE)

- As above with the following additions:
- Assign maintenance to bring the CBRN trailer and set up the decontamination tent and equipment by the ambulance garage.
- Ensure staff have donned PPE before beginning decontamination procedures.
- Monitor entrances to ensure contaminated persons are not allowed to enter the facilities to ensure patients, residents and staff are protected from potentially harmful materials.

### 1.3 SECONDARY ACTIONS

- Determine the location of care areas.

#### Blind River Site Suggested Locations:

<b>Triage</b>	Ambulance Garage	<b>Distressed Persons</b>	Old Computer lab
<b>Minor Casualties</b>	Atrium	<b>Families of Casualties</b>	Physiotherapy Area
<b>Major Casualties</b>	Emergency Rooms	<b>Clergy</b>	Social Work Office
<b>Morgue</b>	Morgue + Hallway	<b>Press</b>	TBD by the CEO

Thessalon Site Suggested Locations:	Richards Landing – Matthews Suggested Locations:
Lobby Area	Church
Clinic Space	Medical Clinic
Second Story Spaces	

- Assign specific roles to staff and hand out Code Orange Quick Reference sheets to the person filling these key positions. Quick Reference Sheets can be found in the EMS Binders, in the Code Orange Supply Cart and with many sets of Action Codes.

- Nursing staff should be assigned as follows:

<b>Triage – RN’s</b>
<b>Minor Casualties –RPN’s</b>
<b>Major Casualties – RN’s, one for each critical casualty</b>

- Obtain Code Orange Supply Cart.
  - Obtain signage box. The person “in-charge” should put on the orange vest for identification.
  - Assign someone to post the signs for the different areas (e.g. Triage).
  - Give the Triage Supplies Box to the Triage RN.
  - Take the Code Orange Supply Cart to the appropriate location (contains dressing supplies).
- Assign other staff to:
  - Deliver wheelchairs and stretchers to the Triage Area.
  - Deliver alternate care signs to the appropriate areas (e.g. clergy, family etc.).
  - Document events and times.
  - Perform Ward Clerk duties (e.g. enter orders, etc.).
  - Perform clerical duties at the ED desk (e.g. answer phones, register and keep track of casualties).
  - Control the entrances. Stop families, etc. from entering (crowd control).
  - Act as “runners” to deliver messages, supplies, equipment etc. Dedicated runner may be assigned to the Command Centre, ED, Labs and/or Diagnostics, for example.
- Staff assigned duties/areas incorporated in the Code Orange References (e.g. Triage Nurse, Minor and Major Casualty areas, Switchboard and Registration etc.) shall follow the directions/guidance given.

**1.4 DEPARTMENT/ ROLES AND RESPONSIBILITIES**

Each department carries out roles and responsibilities as follows (Note: responsibilities as outlined in the Incident Management System for key roles will also be applicable and must be executed):

<b>DEPARTMENT</b>	<b>ROLES AND RESOPNSIBILITIES</b>
<b>ADMINISTRATION</b>	
<b>CEO</b>	Report to the Incident Command Centre and assume Incident Commander role. Liaise with outside agencies, emergency services, the Town of Blind River, the Board of Directors, etc. as required.
<b>CNE</b>	Report to the Incident Command Centre and assume the Incident Manager role.
<b>Emergency Preparedness Coordinator</b>	Report to the Incident Command Centre and assist where required.
<b>Executive Assistant</b>	Report to the Incident Command Centre and assume the Scribe role.

<b>Scheduler</b>	Report to the Incident Command Centre and assume duties as assigned.
	Coordinate the call-backlist. Coordinate scheduling of nursing staff to ensure adequate coverage for future shifts and to allow relief time for nursing staff as able.
<b>Medical Chief of Staff (or Dr. On-Call)</b>	Co-ordinate providers to areas of need (i.e. triage, major/minor casualty areas).
	Provide medical direction and care to casualties.
	Communicate with other health care facilities to transfer patient care.
<b>LABORATORY</b>	
<b>Staff</b>	<b>Responsible for providing lab services in the priority determined by physicians &amp; according to injury severity.</b>
	During the off-hours sign in with Charge Nurse/Nurse Manager on-Call for call-back and report to Lab.
	The Person on call is in charge until Manager arrives on duty – obtain extra staff as required.
	Cancel all routine procedures until time permits.
<b>MEDICAL IMAGING</b>	
<b>Staff</b>	<b>Responsible for providing radiology services in the priority determined by physicians &amp; according to injury severity.</b>
	During the off-hours sign in for call-back, and report to department.
	The person on call is in charge until Manager arrives on duty – obtain extra staff as required.
	Request a dedicated "runner" if extra staff needed/available.
	Cancel all routine procedures until time permits.
<b>MEDICAL DEPARTMENT</b>	
<b>Nurse Manager/ Charge Nurse</b>	<b>Responsible for coordinating, directing and providing the emergency care for all casualties.</b>
	Obtain extra supplies.
	If "after hours" assign someone to call in extra staff.
	Reassign areas to make room for Triage, Major Casualties, Minor Casualties, Morgue, Families, & Distressed Persons.
	Assign staff to each treatment area.
	Clear non-acute patients from the Emergency area.
	Assign person to gather extra equipment from other areas, i.e. Critikons, O2 Sat, IV Poles & pumps.
	Assign clerical to the Emergency desk to answer phone and to register casualties.
	Assign person to monitor entrance as required.
	Assign person to document events and times.
	Keep track of all casualties i.e. location, condition, important info .

	Continually evaluate and communicate to Command Centre while you coordinate the care. Consider casualties yet to arrive, status of staff, equipment and supplies, etc.
<b>Triage Nurse</b>	<b>Responsible for ensuring all casualties are triaged to determine placement.</b>
	Set up Triage area with equipment and supplies. Encourage all casualties to enter via Ambulance entrance.
	Tag all casualties (including DOA's) with name band. Use Jane Doe 1, 2, 3, or pre-assigned Meditech numbered name bands if no identification readily available. Document Ambulance Tag # on chart. No casualty is to leave the Triage Area prior to being tagged and numbered.
	Triage casualties. Assign a <b>triage acuity scale number</b> and a <b>location</b> and record on chart. Send severely injured to ER, and minor injuries to Minor Casualty Area (Atrium). Assign an <b>RN/RPN</b> to patients as they leave triage area.
<b>Acute Care Area</b>	<b>Responsible for assisting ER with staffing, equipment and supplies; and for providing care for admitted casualties.</b>
	Gather extra equipment, i.e. wheelchairs, IV pumps, O2 Sat's, etc. and deliver as needed.
	Prepare for admission of casualties.
	Assess status/condition of all admitted patients; determine which patients could be discharged; and document this information on ER Bed list.
	Place discharged patients and Minor Casualties who have been treated and are awaiting discharge, in a holding area (TBD).
	Keep bed list up to date for communication with Incident Command Centre, who require changing information for ongoing planning and determination of staff, equipment and supply requirements.
<b>Long Term Care</b>	<b>Responsible for providing extra equipment and staff as able.</b>
	Gather extra equipment, i.e. Critiikons, O2 Sat units and deliver as needed.
	Send staff to assist in other areas if residents' acuity permits.
	Continue to care for residents. Residents are not to be discharged during a Code Orange.
<b>REGISTRATION &amp; SWITCHBOARD</b>	
<b>Staff</b>	<b>Responsible for registering &amp; tracking location of all casualties, and for maintaining Switchboard.</b>
	Person on duty is in charge until Team Leader/delegate arrives – obtain extra staff as required.
	You may be asked to answer the phone in the Emergency Department or be a runner.

	Electronically register casualties. Get the list of pre-assigned Jane/John Doe numbers in the Meditech Admisssion's binder, crossing off numbers as they are used.
<b>MEDICAL RECORDS</b>	
<b>Staff</b>	<b>Responsible for preparing a patient disposition list.</b>
	Medical Record Staff will assist where required.
<b>COMMUNICATIONS OFFICER</b>	
<b>Corporate Strategy, Risk, Communications Director / Alternate</b>	<b>Report to Incident Command Centre and assume Communication/Liaison Officer role.</b>
	Will perform various duties as assigned.
<b>FIELD SAFETY OFFICER</b>	
<b>Occupational Health Nurse / Alternate</b>	<b>Report to Incident Command Centre and assume Safety Officer role.</b>
	Identify and correct any safety issues for staff and patients.
<b>FINANCE</b>	
<b>CFO</b>	<b>Report to Incident Command Centre and assume Finance/Administration Chief role.</b>
	Set up system and track extra costs associated with Code Orange.
<b>PURCHASING</b>	
<b>Staff</b>	<b>Responsible for ordering supplies as required.</b>
	Re-stock supplies as required. Place orders, receive shipments and deliver stock to departments.
	Check and monitor oxygen supply, re-ordering is required.
<b>Emergency Department Nurse Manager</b>	
<b>Emergency Department Nurse Manager</b>	<b>Responsible for maintaining an up to date Disaster Supply Cart (as per list) and providing necessary supplies as required.</b>
<b>PHARMACY</b>	
<b>Staff</b>	<b>Responsible for providing pharmaceutical supplies and expertise as needed.</b>
	Suspend regular departmental activities and replace with simplified methods.
	Replenish Emergency drugs as required.
<b>SOCIAL SERVICES / DELEGATE</b>	
<b>To Be Assigned</b>	<b>Responsible for providing support, encouragement and comfort to families of casualties.</b>
	Escort families to Physiotherapy area. Maintain privacy as able & keep families informed of status of casualties.
	Consider local Clergy. Obtain additional services as required.



<b>ENVIRONMENTAL SERVICES</b>	
<b>Maintenance</b>	<b>Responsible for directing and controlling vehicle traffic and entrance to facility, providing security, and maintaining essential utilities and services.</b>
	Control all exterior vehicle traffic on hospital grounds. Assign parking locations to prevent obstructing emergency vehicle traffic flow.
	Keep Ambulance entrance clear of traffic.
	Assign staff to front entrances to assist with controlling who enters the building. Casualties will enter by the Ambulance Garage.
	Assess electrical needs in alternate care areas and arrange for extra electrical power sources and cords.
	Respond to instruction and direction from the Incident Command Centre.
<b>Laundry</b>	<b>Responsible for ensuring clean linen supply is adequate to meet increased demand.</b>
	Bring supply of blankets to Emergency Department and the Ambulance Garage
	Receive calls and deliver extra linen supplies as required
<b>Housekeeping</b>	<b>Responsible for cleaning/disinfecting stretchers, beds, equipment and emptying garbage to reduce transmission of organisms. Also help to “ready” environment by gathering or moving equipment.</b>
	Call in extra staff as required. At least one staff to report to Emergency Department to wash stretchers and equipment, empty garbage and assist as instructed.
	Rearrange furniture to allow easy access to rooms.
	Gather and bring wheelchairs and stretchers to where they can be readily available for use, as instructed.
	Clean rooms as patients are transferred and/or discharged.
	Run errands as directed to assist nursing staff and respond to direction from the Incident Command Centre.
<b>Food Services</b>	<b>Responsible for meeting the increased nutrition needs.</b>
	Obtain necessary food supplies as required (food supplies on hand are considered adequate for first 24 hrs.)
	Arrange basic menus, limiting to essential and standard items.
	Supply nourishment when and where required, if possible.
	Call in additional staff as required. Contact the Incident Command Centre for labour pool or volunteering assistance where required.
<b>PHYSIOTHERAPY</b>	
<b>Staff</b>	<b>Responsible for assuming duties as determined by Incident Command Centre.</b>
	Stop routine work and ask out-patients to leave building.

<b>EXTRA LABOUR</b>	
<b>All Staff</b>	<b>Staff reporting to work are responsible for carrying out duties as assigned.</b>
	Staff who are not required to perform specific duties in their department will assist where needed.
	Incident Command Centre directs someone to coordinate the staff resources.
	These extra personnel will act as runners to transport supplies, patient and/or information to various areas, and assume other duties as required and skills permit.
<b>REMAINING STAFF /LABOUR POOL–GENERAL GUIDELINES</b>	
<b>All Staff</b>	<b>Responsible to report to work as requested and assume duties as required so that casualties and their families receive the best care.</b>
	Remain in your area until directed to respond.
	Hours of work will be adjusted and increased as required. Days off may be suspended.
	Park in parking lot furthest from door and/or as directed by maintenance/police attendant.
	Know your departmental roles and responsibilities and be familiar with the physical changes that are made to accommodate and care for casualties and their families.
	All regular and non-essential duties will be reduced to a minimum during the period of an emergency, i.e. linen changing, patient changing and regular meals or meal times.

**RECOVERY**

- All departments will re-stock supplies, return equipment etc. back to normal operating conditions.
- All documented actions and decisions shall be submitted using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Documentation for compensation (call-ins, overtime, etc.) must be submitted to the finance department.
- All departments will participate in a de-briefing.
- A determination for stress debriefing will be done and be alert for signs of PTSD in staff.

**INFORMATION MANAGEMENT**

---

**I. External References**

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



## TITLE: Severe Weather Warnings

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE ORANGE

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

### POLICY

---

Severe weather warnings may result in the enacting of a Code Orange – Disaster.

A Code Orange is used to respond safely and effectively to a disaster external to the hospital that is likely to increase the capacity and use of resources. (See **EPC-015 Code Orange**).

### AUTHORITY TO DECLARE

A Code Orange may be declared by the Chief Executive Officer, any Senior Leadership Member, the Nurse Manager On-Call and/or the Charge Nurse in consultation with the on-call physician.

### NOTIFICATION PROCEDURE

#### ❖ **SEVERE WEATHER WARNING:**

In most cases, severe weather warnings will be initiated by Atmospheric Environmental Service of Environment Canada or Radio / TV announcements.

#### **THE PERSON IN CHARGE WILL NOTIFY THE FOLLOWING:**

- During Regular Hours – Chief of Staff and/or the ER Physician on-call, the Nurse Manager and the Senior Leader.
- After Regular Hours – Chief of Staff and/or the ER Physician on-call and a Senior Leader.

An announcement will be made immediately to alert staff of a **Code Orange – Severe Weather Warning Alert**.

### SEVERE WEATHER WARNINGS

#### A. DEFINITIONS:

##### **a.1 Severe Thunderstorm Watch**

This is the first level of alert of possible thunderstorms. It is often used before clouds have even begun to form, based on the potential for severe storm development. It is valid for large sections of the province. If a watch is in effect for the area, stay tuned to a local radio, TV or weather radio station for possible warnings. Be on the lookout for thunderstorm clouds.

##### **a.2 Severe Thunderstorm Warning**

A warning is issued when information is received that thunderstorms are causing, or are likely to cause damage in your area. It is valid for individual districts and communities. If a warning is issued, pay close attention to announcements. Watch the sky carefully. Be prepared to take safety precautions if necessary.

##### **a.3 Tornado Watch**

On some occasions, the ingredients necessary for tornado formation are very strong and apparent. When this occurs, a tornado watch may be issued. Be particularly alert for warnings which may be issued.

#### **a.4 Tornado Warning**

A tornado warning means that a tornado has been sighted or is imminent. Take immediate precautions.

The principle effects of a large tornado:

- Disintegration of buildings due to wind pressure.
- Injuries and damage by wind driven objects and by debris falling.
- Explosive pressure created by passage of the centre of the tornado's core.

## **PROCEDURES**

### **1.1 IMMEDIATE ACTIONS (TORNADO)**

- Move all residents / patients / workers to corridor and internal central areas, away from windows.
  - In the event of a tornado, consider opening windows away from the wind to reduce the explosive effect of suddenly reduced air pressure that occurs during a tornado.
  - Close drapes on the windy side to reduce injury from flying glass.
  - Move beds of patients/ residents who are bedridden into the corridor, put brakes on the bed, leave room doors open.
- Keep patients / residents as calm as possible.
- Instruct visitors to remain in the corridors with patients / residents.
- Leave the radio / TV on to listen for tornado information.
  - Assign a staff member to monitor the radio and provide updates.
- Assemble the following supplies in a central area (if possible):
  - Paper chart
  - Medication carts
  - Urinals
  - Bedpans
  - Blankets
  - Flashlights
  - Fan Out List
  - Battery Operated Radio

### **RECOVERY**

- All departments will re-stock supplies, return equipment etc. back to normal operating conditions.
- All documented actions and decisions shall be submitted using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- All departments will participate in a de-briefing.
- A determination for stress debriefing will be done and be alert for signs of PTSD in staff.

## **INFORMATION MANAGEMENT**

### **I. External References**

Atmospheric Environment Services of Environment Canada

Emergency Plan Manual. Cedarvale Terrace Long-Term Care. 2021

## HOSTAGE SITUATION

For further details refer to the Code Purple – Hostage Taking policy & procedure on the NSHN Intranet or Emergency Measures Binder.

**Always ensure your safety first. DO NOT be a hero.**

### If you discover a HOSTAGE TAKING SITUATION:

- You are in charge** until relieved by a more responsible person.
- Immediately notify the OPP (call 911) and push a Panic Alarm.**
- Notify others.**
  - **At the Blind River Site page/announce** three times (3X) **“Code Purple and specify location”**

### **IMMEDIATE ACTIONS:**

- Evacuate the immediate area of patients, visitors and staff ONLY if it is safe to do so.**
- If unable to leave the immediate area, hide in place, shutting off cell phones, etc.
- Discard anything that may label you as a person of importance or someone the captors may fear (i.e. ID badge).
- Gather information for the OPP (e.g. # of hostages, injuries, weapons involved, hostage takers physical description and emotional state)
- Do NOT attempt to talk to the hostage taker or rescue the hostage (either physically or by negotiation).**
- All staff outside the area must secure their area by locking doors and remaining quiet and out of sight. Use your judgment to advise visitors and waiting patients, and take reasonable steps to ensure their safety.
- Discourage unauthorized persons from entering the area.**
- Remain calm and on alert for further instructions.

### **When waiting for the OPP to arrive:**

- Only speak to the hostage taker when spoken to, and be empathetic.
- Stall for time, never say “no” to a demand and accommodate reasonable requests.

### **SECONDARY ACTIONS:**

- Once OPP arrive on the scene, they take complete control of the incident and the building.** Follow OPP orders which may include evacuation of some areas.
- The OPP and senior staff will **personally** let staff know when Code Purple is over. A general announcement will **NOT** be made (this may be a ploy of the hostage taker).

### **IN THE EVENT OF WORKER INJURY / CRITICAL INJURY / DEATH:**

- Notify Occupational Health Immediately.
- Complete an Employee Incident Report.**
- Determine need to notify Ministry of Labour, Training and Skills Development / Ministry of Long-Term Care.

### **RECOVERY**

- Document the incident on a Code Action Report.**
- Return to normal functioning.
- Complete post-event debriefing on the unit.
- Determine the need for a corporate debriefing.
  - Assemble the appropriate individuals within 10 days of the event to review and assess:
    - The effectiveness of the response.
    - Requirements for additional documentation.
    - Opportunities for improvement.
- Determine the need for stress debriefing and be alert for signs of PTSD in employees.
- Notify the Ministry of Long-Term Care, where applicable. (1-888-999-6973)

## HOSTAGE SITUATION

For further details refer to the Code Purple – Hostage Taking policy & procedure on the NSHN Intranet or Emergency Measures Binder.

### **Always ensure your safety first. DO NOT be a hero.**

#### **If you witness or receive a call re: HOSTAGE TAKING SITUATION:**

- **Immediately notify the OPP (call 911) and push a Panic Alarm.**
- Close and lock the doors to the department. Stay out of site if possible.
- **If safe to do so, notify others.**
  - Page/announce three times (3X) “Code Purple and specify location”
    - **Please speak LOUD, CLEAR, NOT TOO FAST.**
  - Call Senior Management to inform them of the situation.

#### **POSSIBLE ACTIONS:**

#### **\*Use your judgment to carry out the following duties ONLY IF IT IS SAFE TO DO SO:**

- **Evacuate the immediate area of patients, visitors and staff ONLY if it is safe to do so.**
- Station someone outside the entrance to inform visitors and patients of the situation / stop people from entering.
- For patients requiring medical attention, contact ER or Incident Command to receive direction (depending on the location of the emergency).
- **Screen telephone calls ONLY if it is safe to do so.**
  - Transfer important calls to Incident Command Centre (in most cases = Boardroom ext. 2603)
  - Ask caller to call back later.
  - Be alert to possible “traps” by the hostage taker, such as asking to send help.
- When the OPP arrive – they assume control. Follow their commands.



## TITLE: Code Purple – Hostage Taking

MANUAL: HEALTH AND SAFETY

SECTION: EMERGENCY PREPAREDNESS

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

### POLICY

Code Purple will be initiated if there is a hostage taking situation. Police will be contacted as soon as Code Purple is called in order to immediately and safely handle a hostage taking situation which poses a security/safety threat to workers, patients/residents, visitors and/or property.

It is the policy to review, revise and test the Code Purple policy and procedure and Action Checklist to ensure all employees are trained and prepared to deal with a hostage taking situation to reduce risk, reaction time, improve coordination and minimize confusion.

### AUTHORITY TO DECLARE

A Code Purple may be declared by any employee.

### NOTIFICATION PROCEDURE

The purpose of notification is to make employees aware of the situation and to prevent them from responding to the area. The following procedure is to be followed:

- Ensure your safety first.
- Announce a Code Purple, giving the unit or room number.
  - At the Blind River site, page the announcement and repeat three times (3x).
- Notify the OPP for **immediate** assistance by phoning 911 **AND** activating a panic alarm.
- Notify site partners (e.g. Huron Shores Family Health Team (HSFHT), ADSAB, Algoma Manor, Medical Clinic, etc.), 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 assumes the Incident Manager role until relieved by a Senior Manager and/or the OPP. The Incident Manager is responsible for the following:

- Protecting the safety of patients/residents, visitors and workers.

- Informing staff, visitors, patients and site partners (HSFHT, Nurse Practitioner Clinic, Algoma Manor etc.) of the situation and preventing them from entering the danger area as much as able.
- Providing OPP with a floor plan of the site.
- Determining the need for evacuation to protect patients from the situation and arranging transportation.

The CEO / Designate and/or the Chair of the Board are the only individuals authorized to complete the following:

- Issuing a statement of information for release to the media in co-ordination with the OPP.

## II. Workers

- It is the responsibility of each employee to be informed of, and familiar with, the Code Purple policy and procedure. Should employees be uncertain as to the proper procedure, it is their responsibility to seek out clarification.
- Must be capable of carrying out the Code Purple Policy and Procedure.
- Must attend educational programs as required.

## III. Managers / Delegates

- Ensure all employees know their role and can respond competently to a Code Purple.
- Review the Code Purple policy and procedure with new employees during orientation and with regular employees in conjunction with emergency exercises.
- Ensure employees attend scheduled education programs.

## IV. Department

- Environmental Services:
  - Ensure panic alarms are in working order.
- Corporate Strategy Risk & Communications:
  - Plan and conduct educational sessions and drills.

## V. 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 events.

## PROCEDURES

*While every situation will be different in respect to the hostage taker's behavior, these guidelines are generally applicable.*

### A) CONTACT THE OPP TO REQUEST IMMEDIATE ASSISTANCE BY PHONING 911 AND ACTIVATING A PANIC ALARM

- Announce a Code Purple, giving the unit or room number.
  - At the Blind River site, page the announcement and repeat three times (3x).
- When contacting 911 provide the Operator with the following information:



- Identify self;
- The nature of the incident;
- A description of the precise location of the situation, whether hostage taker(s) are contained within a specific room or area or whether they are mobile;
- If the situation is moving, indicate direction, vehicle (if any);
- The number of hostages and their condition;
- The number of hostage-takers or persons with weapon(s);
- The number and type of weapons, (if any); and
- A description of the hostages and hostage-takers or persons with weapon(s).

## **B) ACTIONS IN THE IMMEDIATE AREA**

- Ensure your safety first.
- Evacuate the area of patients, visitors and staff, **ONLY** if it is safe to do so.
- If not able to leave the immediate area or clear personnel, close doors, hide as best as possible, turn off any device that may alert the hostage taker to their presence (i.e. cell phone, pagers etc.).
- Do not attempt to talk to the hostage taker, only if he/she initiates dialogue with you
- Do NOT try and rescue the hostage (either physically or by negotiation).

## **C) AREAS OUTSIDE THE IMMEDIATE AREA**

- Ensure your safety first.
- Avoid the Code Purple area.
- Do not allow any un-authorized persons into the area. Monitor entrances and assign crowd control.
- Do not attempt to see what is happening from other viewpoints around the facility.
  - Immediately secure your area by locking doors and remain quiet and out of sight. Turn off cell phones or other devices that may alert the hostage taker you are nearby. The hostage taker may be looking to take more hostages.
- Do not respond or open doors.
- Do **NOT** contact others outside the hospital.
  - Remain calm and alert for further instructions. Even if police can be seen or heard, remain in place until notified by OPP or Sr. Management the event is over and it is safe to exit your area.

## **D) APPLY THE FOLLOWING RULES IN THE ABSENCE OF, OR WAITING FOR, THE OPP TO ARRIVE**

- Stall for time with the hostage taker if required. Never say no to a demand and accommodate reasonable requests.
- Stop all landline telephone communication to the hostage area if possible.
  - At the Blind River Site notify admitting not to direct any calls into that area.
  - When the OPP arrive they may use the landline telephone to communicate with the hostage taker.
- Evaluate the need for crowd control.

## **E) IF YOU ARE THE HOSTAGE**

In the event of a hostage situation, there are certain basic survival guidelines that can be exercised:

- Be aware that the first 15 to 45 minutes of a hostage situation are the most dangerous.
- Position yourself to be visible to the OPP if possible. This will help them to determine their course of action (e.g. negotiate or forced entry if you are being harmed).

- Observe and gather information about the hostage-taker (eg. physical description, tattoos, unusual piercings, accent).
  - Be patient. Accept your situation and be prepared to wait.
  - Do not attempt to negotiate with the hostage taker(s).
  - Do not try to be a hero.
  - Avoid an aggressive or threatening stance or demeanour.
  - Cooperate with the hostage taker and follow instructions.
    - If the opportunity affords itself, try to establish rapport with the hostage taker(s).
  - Treat the hostage taker with respect.
  - Do NOT initiate conversation, respond only if spoken to and follow any instructions given by the hostage taker.
  - Do not volunteer information or make suggestions or promises you cannot keep.
  - Discard anything that may label you as a person of importance or someone the captors may fear (i.e. ID badge, etc.)
  - Be prepared to communicate with police on the phone.
  - Do not try to escape. If you see a chance to escape, consider it very carefully and re-think before you try.
    - A foiled attempt can prove extremely dangerous for you and the other hostages.

#### F) ONCE THE OPP ARRIVE ON SCENE AND TAKE CONTROL

- The OPP will be in complete control of the entire situation, including patient care.
- Be prepared to evacuate immediate and surrounding areas as per OPP orders.
- Consider the need to initiate Incident Management System and Command Centre.

#### G) ONCE THE INCIDENT IS OVER

- Have the hostage(s) assessed by medical staff for physical and/or mental harm.
- The OPP and senior staff will go around personally and let staff know when the Code Purple is over. A general announcement will NOT be made as this may be a ploy of the hostage taker.

#### H) IN THE EVENT OF WORKER INJURY

- In the event that a worker is injured, the worker will be provided with aide or medical treatment, if needed.
- The manager or designate and Occupational Health will be informed of the injury immediately.
- An **Employee Incident Report** will be completed within 24 hours.
- If the employee is sent to seek medical care for their injury, the manager or designate will notify Occupational Health to provide the details of the injury / incident within 24 hours.

#### I) IN THE EVENT OF A CRITICAL INJURY / FATALITY

- In the event of a critical injury or fatality, Occupational Health must be notified immediately.
  - The Ministry of Labour, Training and Skills Development's Health & Safety Contact Centre must be notified immediately:
    - Call 1-877-202-0008 to report the incident at any time of day.
    - A written notification is also required within 48 hours of the incident.
  - Notify the Joint Health & Safety Committee Co-Chairs.
  - Notify the Union Presidents (CUPE / ONA).

## J) RECOVERY

- Document the incident on a Code Action Report.
- Return to normal functioning.
- Complete post-event debriefing on the unit.
- Determine the need for a corporate debriefing.
- Assemble the appropriate individuals within 10 days of the event to review and assess:
  - The effectiveness of the response.
  - Requirements for additional documentation.
  - Opportunities for improvement.
- Determine the need for stress debriefing and be alert for signs of PTSD in employees.

## NOTIFICATION OF THE MOLTC (per FLTC)

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 MOLTC (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. (r. 28 (1)3).

### **HOW LICENSEE MUST SUBMIT REPORT TO MOLTC (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.

## INFORMATION MANAGEMENT

### I. Documentation Requirements:

- Code Action Report
- Post-Event Debriefing Report
- Critical Incident System Report Form – MOLTC (per FLTCA)
- Critical Injury Reporting – MOLTSD (as required)

### II. External References

- Ontario Hospital Association. (2008). OHA Emergency Management Toolkit. Ontario Hospital Association
- North York General Hospital. (2012). Code Purple – Hostage Taking / Person with Weapon.
- 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 \(ontario.ca\)](https://www.ontario.ca)

## FIRE

For further details refer to the Code Red policy & procedure on SURGE or Emergency Measures Binder.

### If you HEAR the Fire Alarm or CODE RED is announced:

**IF YOU ARE UNABLE TO LOCATE THE SOURCE OF THE ALARM – DO NOT CANCEL OR SILENCE THE ALARM. CALL 911 AND THE MAINTENANCE PERSON ON-CALL**

#### PATIENT/RESIDENT AREAS

- Immediately report to the fire alarm enunciator panel** (if safe to do so) at nursing station to confirm location, **collect fire extinguisher and proceed to investigate.**
  - **A worker must assume the role of “person in charge.” Delegate tasks.**
- If the location is not showing, check the non-patient rooms, looking for the fire location or activated pull stations. If a door is closed feel for heat before opening. Do NOT open it the door is hot.
- Close windows and doors as you proceed.
- Use the REMAR flag to indicate whether patient/resident is in the room or not (**WHITE IN FLIGHT, RED IN BED**)

#### ACUTE CARE

- If the fire is located in LTC and is **determined to be real**, one RPN from ACU will go to LTC to assist.
- Receive verification of the status of the alarm (i.e. real event or false alarm).** (If an evacuation is required consider **SILENCING** the alarm ONLY.)
  - To reset the alarm: Push Button # 1 first, then # 2, then # 3. You must also reset the **ATS alarm** by pushing buttons **1, 2, 3, 4, 1.** (Alarm must sound for at least 1 minute before a silence is possible).
  - If alarm is determined to be a **false alarm**, advise the Fire Department dispatch at **9-1-705-256-1070**

#### NON-PATIENT / RESIDENT AREAS

- Listen for an announcement.**
- If no announcement, immediately **collect a fire extinguisher** and **proceed with caution** to go through your areas to look for the fire location or an activated pull station.
  - Always test a closed door for heat before opening.
  - Close doors and windows as your proceed.
- If the fire is not in your area, stand-by and listen for further instructions.
- Assist with traffic control at entrances - Do not allow persons into the building unless immediate medical help is required.

#### ALL AREAS

- If you find a fire, have someone announce 3 times: **“CODE RED and give location”**. Follow instructions for ‘if you discover a fire’
- Contact **Acute Care ext. 2300** to verify the status of the alarm (i.e. real event or false alarm).
- Monitor exits closely to ensure patients/residents do not get outside, and **DO NOT** allow visitors into the building. Remember that the fire alarm **releases all** the locked doors.
- Listen for further instruction, i.e. **Code Green**. You may be needed to evacuate patients/residents.

#### CHARGE NURSE – DURING THE NIGHT OR OFF HOURS

- Charge Nurse assumes Incident Manager role until relieved by Fire Department personnel.
- Contact Acute Care to confirm the fire location.
- In the event that the fire is located on LTC – communicate with the LTC RPN to determine the status of the alarm.
- Once the cause of the alarm has been confirmed, determine the course of action.**
  - Take charge of situation, and consider calling **Code Green Evacuation STAT** if you require extra help immediately to evacuate patients. (**If an evacuation is required consider SILENCING the alarm ONLY.**)
- If a Pull Station has been activated, use screw driver to reset it **prior to** resetting the panel. You can **temporarily silence** the alarm, however, you will need to **reset it again after resetting** the pull station.
- To reset the alarm: Push Button # 1 first, then # 2, then # 3. You must also reset the **ATS alarm** by pushing buttons **1, 2, 3, 4, 1.** (Alarm must sound for at least 1 minute before a silence is possible).
- If alarm is determined to be a **false alarm**, advise the Fire Department dispatch at **9-1-705-256-1070.**

#### SECONDARY ACTIONS - ALL

- Call Acute Care to have the panel reset and silenced.
- Announce over PA system, “Code Red All Clear” when situation under control.
- Account for all patients, clients, visitors and staff **again** following “All Clear” & resetting of panel.

**TURN THE PAGE FOR ACTIONS IF YOU DISCOVER A FIRE**

## FIRE

For further details refer to the Code Red policy & procedure on SURGE or Emergency Measures Binder.

### If you DISCOVER A FIRE:

- You are in charge until relieved by a more responsible person
- Pull an alarm station (if not already alarming) and call 9-911 immediately

### IMMEDIATE ACTIONS (R.A.C.E)

- Rescue patients/clients who are in immediate danger
- Pull the Fire Alarm (located near an Exit) and Call 9-911 (To ensure Fire Department is responding)
- Page or call switchboard to page “CODE RED and give location”. Repeat 3 X
- Take charge of situation to assess priorities, mobilize staff, direct and delegate duties.
  - Contact Acute Care ext. 2300 to report the status of the fire.
- Remove patients who are in danger. Use REMAR flag (WHITE IN FLIGHT, RED IN BED)
- Contain fire and smoke by closing ALL doors and windows
- Extinguish only a small fire using portable fire extinguisher or fire blanket.
- Account for patients / residents. Use a current patient census list.
- Remember that the fire alarm releases locks on all exit doors. Monitor doors.

### CHARGE NURSE - DURING THE NIGHT or OFF HOURS

- Charge Nurse assumes Incident Manager role until relieved by Fire Department personnel
- Ensure 911 has been called.
- Take charge of situation, and consider calling Code Green Evacuation STAT if you require extra help immediately to evacuate patients

### NON-PATIENT / RESIDENT AREAS

- If the fire is in your area, make others aware immediately. Call 911. Contact Acute Care ext. 2300 to report the status of the fire.
- Contain fire and smoke by closing ALL doors and windows
- Extinguish only a small fire using portable fire extinguisher or fire blanket.
- Evacuate to the outside of the building – do not leave the property.

### SECONDARY ACTIONS

- Do not cancel the 911 call even if the fire has been extinguished. Have them confirm the fire is completely out and source of ignition has been eliminated.
- Silence the alarms and reset/reactivate the alarm panel.
- Announce “Code Red All Clear” when situation under control.
- Account for all patients, clients, visitors and staff again following “All Clear” announcement

### RECOVERY

- Tag any fire extinguisher or fire blanket that has been used, location it came from, and send to Maintenance for replacement. This includes extinguishers where the pink has been pulled but not used.
- Submit a Code Action Report using the Quality Risk Manager (QRM) On Demand on [www.surgelearning.ca](http://www.surgelearning.ca).
- Participate in incident debriefing
- Determine need for stress debriefing, be alert for mental distress.

### If you HEAR the Fire Alarm or informed of a CODE RED:

- Check the Fire Panel for the location (line 2 on the display).
- Page **CODE RED 3x with location** – loud and clear.
  - **DO NOT USE** short forms and talk slowly.
  - **ANNOUNCE:**
    - **CODE RED – LOCATION (I.E. LONG-TERM CARE 200 NORTH WING)**
    - **CODE RED – LOCATION (I.E. LONG-TERM CARE 200 NORTH WING)**
    - **CODE RED – LOCATION (I.E. LONG-TERM CARE 200 NORTH WING)**
- Ask all patients in the front lobby to wait in between the doors at the front unless immediate medical attention is required.

### SECONDARY ACTIONS

- Ask all patients in the front lobby to wait in between the doors at the front unless immediate medical attention is required.
- Stay near the phone.

### FALSE ALARM:

- When / if requested by the Charge Nurse / Delegate, call the SSM Central Fire Department at 705-256-1070 to let them know of the false alarm.

### RECOVERY ACTIONS

- Once given the “ALL CLEAR” from the Charge Nurse / Delegate:
  - **ANNOUNCE:**
    - **CODE RED now over, please return to regular duties.**
    - **CODE RED now over, please return to regular duties.**
    - **CODE RED now over, please return to regular duties.**
- Complete the CODE ACTION REPORT and submit to the Chief Nursing Executive.

## If you HEAR the Fire Alarm or CODE RED is announced:

### RESIDENT AREAS

- All staff report to the Nursing Station for direction.
- Immediately check fire alarm enunciator panel.
  - Collect a fire extinguisher and proceed to investigate.
    - Fire blankets are also available on the unit.
  - If the location is not showing, check the non-patient rooms, looking for the fire location or activated pull stations. If a door is closed feel for heat before opening. Do NOT open if the door is hot.
  - You are in charge until relieved or assigned duties.
- Identify if there is a fire.
  - Communicate to the RPN on the floor.
- Use the REMAR flag to indicate whether patient/resident is in the room or not (**WHITE IN FLIGHT, RED IN BED**)
  - Close windows and doors as you proceed.
- Monitor exits closely to ensure patients/residents do not get outside, and DO NOT allow visitors into the building. Remember that the fire alarm releases all the locked doors.
- Use a current patient list/census to account for, and document the location of all patients both during and after the event.
- Listen for further instruction, i.e. **Code Green**. You may be needed to evacuate patients/residents.

### RPN (NOTE: If there is no RPN on the floor – a worker must become the “person in charge” until relieved.)

- In a real fire, call 911 and call Acute Care ext. 2300.
- Assume responsibility for LTC until relieved or assigned duties by the Charge Nurse / Manager / designate.
  - If the 12HR RPN is not on the floor, the 8HR RPN will assume responsibility for LTC until relieved or assigned duties by the Charge Nurse / Manager / designate.
  - DO NOT assume that the Charge Nurse / Manager / designate is available to respond immediately.
  - Determine whether a **Code Green** evacuation is required.
    - If needed, have someone announce 3 times: “**CODE GREEN STAT and give location**”.
- In a drill that is taking place on LTC, call Acute Care to report that it is a drill so they may silence alarms and reset the alarm panel.
- Report to the Charge Nurse / Manager / designate.
- Ensure staff/volunteers are monitoring exits.
- Verify that all Residents are accounted for, both during and after the event.
- Verify that doors are locked on the unit following the event.
  - Mag locks cannot be reactivated until the alarm panel has been reset.
  - Verify that no exterior unit doors were opened during the alarm.

### SECONDARY ACTIONS - ALL

- Announce over PA system, “Code Red All Clear” when situation under control.
  - Acute Care will notify Switchboard to page the “All Clear” (or will page the “All Clear” after hours) following the reset of the alarm panel.
- Account for all patients, clients, visitors and staff again following “All Clear” & resetting of panel.

## If you DISCOVER a fire:

### ALL AREAS

- If you find a fire, have someone announce 3 times: “**CODE RED and give location**”. Follow instructions for ‘if you discover a fire’.



### If you HEAR the Fire Alarm or CODE RED is announced:

#### IMMEDIATE ACTIONS

- Immediately check the Fire Panel for fire location.
- **Collect a fire extinguisher and proceed immediately with caution to investigate.**
  - *Remember to test a closed door for heat before opening.*
  - **You are in charge** until relieved by a more responsible person.

## CALL 911

**The alarm system is NOT linked to the Fire Department.**

(It only sounds internally)

- RN Charge Nurse assumes Incident Manager role until relieved by Fire Department personnel.
- ***Do not silence the signals until the cause of the alarm has been found.***
- As you proceed, **close doors and windows** to contain the fire and smoke.
- Monitor exits, if available personnel to do so, to ensure patients don't leave or visitors do not come into the building. A fire alarm releases locked doors.
- If you find a fire, follow the instructions on the back of this page for "**If You Discover a Fire**"
- If alarm is determined to be a **false alarm, call 911 to advise the Fire Department.**
- **Once situation resolved, reset the Fire Alarm Panel.**
  - If a Pull Station has been activated, use screw driver to reset it **prior to** resetting the panel.

#### SECONDARY ACTIONS

- Inform all involved (including the Medical Clinic) that the Code Red is all clear when situation under control.
- Account for all patient, visitors and staff **again** following the resetting of panel.

#### RECOVERY

- Tag any fire extinguisher or fire blanket that has been used, location it came from, and send to Maintenance for replacement. This includes extinguishers where the pink has been pulled but not used.
- Document incident on Code Action Report and submit to Chief Nursing Executive (CNE).
- Participate in incident debriefing.
- Determine need for stress debriefing, be alert for mental distress.

## FIRE

For further details refer to the Code Red policy & procedure on SURGE or Emergency Measures Binder.

### If you **DISCOVER A FIRE:**

- **You are in charge** until relieved by a more responsible person or the fire department
- **Urgency is required** to contain fire situation and **prevent smoke inhalation**.

## CALL 911

**The alarm system is NOT linked to the Fire Department.**

(It only sounds internally)

### IMMEDIATE ACTIONS (R.A.C.E)

- **R**escue patients/clients who are in immediate danger
- Pull the Fire **A**larm (located near an exit) **and call 911** (to ensure Fire Department is responding and indicate that EMS is required – this will alert EMS staff in the basement.)
- **C**ontain fire and smoke by closing ALL doors and windows
- **E**xtinguish **only** a small fire using a portable **fire extinguisher** or **fire blanket** **only if personal safety permits**.
- Shut off fans, oxygen and suction equipment.
- **Account for all patients and staff.**
- **Turn on lights** to avoid panic in darkness.
- Take charge of situation, and consider calling **Code Green Evacuation STAT** if you require extra help immediately to evacuate patients. Remember that **smoke** kills more people than fire.

### SECONDARY ACTIONS

- Do not cancel the 911 call even if the fire has been extinguished. Have them confirm the fire is completely out and source of ignition has been eliminated.
- Inform all involved parties that the Code Red is clear when situation under control.
- Account for all patients, clients, visitors and staff **again** once situation is clear.
- Notify Manager/Senior Manager
- Notify Medical Clinic and EMS when situation under control.

### RECOVERY

- Tag any fire extinguisher or fire blanket that has been used, location it came from, and send to Maintenance for replacement. This includes extinguishers where the pink has been pulled but not used.
- Document incident on Code Action Report and submit to Chief Nursing Executive (CNE).
- Participate in incident debriefing.
- Determine need for stress debriefing, be alert for mental distress.

## FIRE

For further details refer to the Code Red policy & procedure on SURGE or Emergency Measures Binder.

### If you HEAR the Fire Alarm or CODE RED is announced:

#### PATIENT/RESIDENT AREAS

- Nurse retrieve Visi-Vest, Walkie Talkie located at Nurses station beside med room door (the vest has the key to the main entrance, and elevator pinned to it)
  - One walkie talkie to remain with second Nurse on Unit
  - Third walkie talkie is located in DI and will be for Manager /Incident Command
- Confirm walkie talkie is on CHANNEL 2 (to maintain communication between hospital staff.)
- Proceed to Fire Panel in lobby
- Check view window for location of incident -> *Press DOWN ARROW button to verify there is not a fire in more than one location*
- Report via walkie talkie the location showing on panel (*Refer to corresponding map located beside panel for location*).
- **You are in charge** until relieved by a more responsible person

#### IMMEDIATE ACTIONS

- RN Charge Nurse assumes Incident Manager role until relieved by Fire Department personnel
- **Do not silence the signals until the cause of the alarm has been found.**
- Delegate second Nurse to phone:
  - **ADSAB Manager of Corporate Property Maintenance: Kyle Stuckey 705-849-8549**
  - **Advise of alarm and location**
- **Proceed immediately to check the situation within hospital.** *Remember to test a closed door for heat before opening. Do NOT use the elevators.*
- As you proceed, **close doors and windows** to contain the fire and smoke.
- Monitor exits, if available personnel to do so, to ensure patients don't leave or visitors do not come into the building.
- If you find a fire, follow the instructions on the back of this page for "If You Discover a Fire"
- If alarm is determined to be a **false alarm, call 911 to advise the Fire Department.**
- **Once situation resolved, push the "ACK/SILENCE" button** on the alarm panel to silence to alarm
- If a Pull Station has been activated, the Fire Department will reset the pull station.
- The Fire Department will reset the panel once all clear.

#### SECONDARY ACTIONS

- Inform all involved that the Code Red is all clear when situation under control
- Account for all patient, visitors and staff **again** following the resetting of panel
- Fire Department / ADSAB will notify hospital / tenants of all clear

#### RECOVERY

- Document incident on Code Action Report and submit to Chief Nursing Executive (CNE)
- Participate in incident debriefing
- Determine need for stress debriefing, be alert for mental distress

## FIRE

*For further details refer to the Code Red policy & procedure on SURGE or Emergency Measures Binder.*

### If you **DISCOVER A FIRE:**

- **You are in charge** until relieved by a more responsible person or the fire department
- **Urgency is required** to contain fire situation and **prevent smoke inhalation**

### IMMEDIATE ACTIONS (R.A.C.E)

- **R**escue patients/clients who are in immediate danger
- Pull the Fire **A**larm (located near an exit) **and call 911** (to ensure Fire Department is responding)
- **C**ontain fire and smoke by closing ALL doors and windows
- **E**xtinguish **only** a small fire using a portable **fire extinguisher** or **fire blanket** **only if personal safety permits.**
  
- **Account for and document the location of all patients.** Use a current patient census list
- Take charge of situation, and consider calling **Code Green Evacuation STAT** if you require extra help immediately to evacuate patients. Remember that **smoke** kills more people than fire.
- **Notify Algoma Manor and ADSAB** for extra help
- **Never use an elevator in a fire situation....** It may stop, trapping you there

### SECONDARY ACTIONS

- Do not cancel the 911 call even if the fire has been extinguished. Have them confirm the fire is completely out and source of ignition has been eliminated.
- Inform all involved parties that the Code Red is clear when situation under control.
- Account for all patients, clients, visitors and staff **again** once situation is clear.
- Notify Manager/Senior Manager

### RECOVERY

- Tag any fire extinguisher or fire blanket that has been used, location it came from, and send to Maintenance for replacement. This includes extinguishers where the pin has been pulled but not used.
- Document incident on Code Action Report and submit to Chief Nursing Executive (CNE)
- Participate in incident debriefing
- Determine need for stress debriefing, be alert for mental distress



### **ADDITIONAL INSTRUCTIONS FOR CODE RED:**

#### **If the fire panel shows it is IN your section of the building**

- Don Orange Visi Vest
- Refer to Thessalon Hospital Code RED protocol
- If unable to safely contain fire, proceed to CODE GREEN evacuation protocol
- Fire Department / ADSAB will reset Panel once all clear

#### **If the fire panel shows it is a SUPERVISORY signal from Algoma Manor**

- Push 'ACK/SILENCE' button and 'SIGNAL SILENC' button
- Do NOT contact RN at the Manor by Walkie Talkie or Phone
- Set Walkie Talkie to channel 1 (Algoma Manor) and
- Wait for them to contact you
- Fire Department / ADSAB will reset Panel once all clear

#### **If the fire panel shows it is in a RESIDENTIAL (ADSAB) section of the building**

Advise **ADSAB Manager of Corporate Property Maintenance: Kyle Stuckey 705-849-8549**

- of location lit up on fire panel
- Wait for update from ADSAB for situation
- Do NOT silence alarms unless directed to
- Remain near the fire panel if safe to do so and communicate location noted on fire panel to Fire Department upon their arrival
- Fire Department / ADSAB will reset the panel once all clear

**The elevator automatically locks itself out if it detects SMOKE.**



## TITLE: Code Red

MANUAL: HEALTH AND SAFETY

SECTION: EMERGENCY PREPAREDNESS

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

### POLICY

---

Code Red is the term used to announce a fire emergency. The purpose of the policy is to define the Code Red Fire Plan for the preparation for and handling of a fire emergency.

It is policy to review, test, and evaluate the Code Red procedures to ensure that all workers are trained and prepared to deal with a fire emergency situation in order to reduce risk and reaction time, to improve coordination and minimize confusion resulting in the best outcome for all persons on site and the facility.

The safety of patients, residents, visitors and workers is a priority in the event of a Code Red.

### AUTHORITY TO DECLARE

A Code Red may be declared by any person who discovers a fire.

### 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 knowledgeable and capable of carrying out the Code Red Policy and Procedure.
- Be knowledgeable of:
  - The location and use of fire alarms (typically at the end of hallways near exits).
  - The location of exits (including emergency exits).
  - Primary and alternate evacuation routes.
  - The location and use of fire/smoke barrier doors.
  - The operation of smoke detectors (a steady red light indicates it has been activated).
  - The use of the fire panels and reactivation of the fire alarm panel (if in their area).
  - The location and use of fire extinguishers.
- Report any “suspicious” smells or unsafe conditions immediately to a person in charge
- Work in a manner as to eliminate or minimize fire hazards.
- Attend educational programs as required.
  - If unsure of the procedure, it is their responsibility to seek out information and educate themselves.
- Respond if off-duty, when asked to report to work to assist if a Code Green develops as a result of the Code Red.

#### II. Managers:

- Be knowledgeable and capable of carrying out the Code Red policy and procedure

- Attend educational programs as required.
- Ensure employees know their role and can respond competently to a Code Red.
- Ensure employees know the location of pull stations, fire extinguishers and exit routes.
- Review the Code Red Policy with new employees during orientation and with seasoned workers in conjunction with Code Red drills.
- Ensure employees attend scheduled education programs.

**III. Director of Environmental Services:**

- Have a copy and being familiar with the Ontario Fire Code.
- Ensure the following is completed:
  - Inspection and maintenance of all fire-fighting equipment in accordance with the Ontario Fire Code.
  - The fire separation doors are maintained in good state of repair.
  - The generating plant is checked weekly and repaired as required.
- Assist with educational programs to train employees in fire prevention, fire safety and the location and use of fire-fighting equipment.
- Assist with conducting regular fire exercises in accordance with the Ontario Fire Code.
- Keep access to roadways, fire hydrants and standpipe/sprinkler connection hook-ups areas accessible at all times.

**IV. Chief Fire Official:**

- Attend the “Improving Fire Safety for Vulnerable Ontarians” training to be a qualified Chief Fire Official (CFO).
- Approve the Fire Safety Plans.
- Make recommendations to improve the Fire Safety Plan/Code Red policy and procedure as required.

**V. First Response Team Members:**

First Response Team Members include Managers, Charge Nurse (after hours) and Maintenance personnel.

- Manager or Charge Nurse
  - Assume responsibility for patient and worker safety
  - Direct workers as required
  - At the Richards Landing Matthews site ensure 911 has been called.
- Maintenance personnel or other trained personnel
  - Report immediately to the announced location of the fire, bringing a fire extinguisher
  - Assist with the immediate evacuation of patients/residents if required

**VI. Emergency Preparedness Coordinator:**

- Provide new employees with Emergency Code training.
- Prepare and conducting educational programs to train and test employees on Emergency Code procedures including Code Red.
- Conduct educational sessions on fire safety including fire extinguisher use.
- Participate in monthly fire drills by evaluating employee response and providing feedback.

**VII. 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

## FIRE DRILLS

The purpose of conducting fire drills is to test the worker's ability to follow the Code Red policy and procedure. An evaluation of the drill will be communicated with the manager. Remediation education and an opportunity to discuss the drill will be done immediately following the drill. Fire drills will be:

- Conducted once/month at all sites by the maintenance worker or manager.
- Held on different shifts with the night shift being tested at least every 3 months.
- The date and time of the drill is to be limited to a minimum number of persons.
- Reacted to in the same fashion during a drill as it would to an actual event to ensure the integrity of the test procedure.
- Code Action Reports are to be completed and submitted to the Chief Nursing Executive for review at the next Emergency Preparedness Committee Meeting.

## PROCEDURES

The response will differ depending on the building, site, and extent of the fire and whether or not your immediate area is affected. In the event that the fire is not quickly contained or there is the danger of smoke inhalation, a partial or completed evacuation (Code Green STAT) will be initiated.

**NOTE:** The **person in charge** will be determined based on the time of day, the location (unit or site), and the available Managers / Delegates responding.

The following actions are in accordance with the Ontario Fire Code:

### A) DISCOVERY OF A FIRE OR SMOKE (R.A.C.E.)

**R**emove patients/clients who are in immediate danger.

- Use the Remar Safety Marker flag system when available. Flip up flag to indicate if patient/resident has been removed from room. (Note: RED in BED, WHITE in FLIGHT)

Pull the Fire **A**larm and call **911**. Alert others in the building by announcing the CODE RED and the LOCATION.

**C**ontain fire and smoke by closing all doors to rooms and areas.

- Place a towel, sheet or blanket at the base of the door where the fire is located to contain smoke and/or water.
- Shut off auxiliary equipment. (Ventilation fans and gas valves).

**E**xtinguish only a small fire using portable fire extinguisher or fire blanket.

### i) EXTINGUISHING FIRES

#### 1. USING A FIRE EXTINGUISHER

The portable fire extinguishers are ABC extinguishers and are safe to use on any type of fire. The acronym "P.A.S.S" is used to describe the four-step process in operating a fire extinguisher:

**P**ull the safety pin. Remember DO NOT squeeze the handle while you are removing the pin.



**Aim** the hose at the base of the fire at the front edge, holding onto the hose.

**Squeeze** the handle to discharge the material

**Sweep** the hose across the base of the fire from side to side, going slightly past the edge of the fire

Stay low or upwind to avoid breathing heated air and smoke as well as the extinguishing agent.

If you can fight the fire with two extinguishers at the same time, it is more effective than fighting it with two extinguishers one after the other.

## 2. USING A FIRE BLANKET

Using a fire blanket correctly is one of the safest ways to extinguish a flammable liquid burning in a container.

- Remove the fire blanket from its envelope by grasping the two protruding tags and pulling down.
- Grasp one tab in each hand near the blanket and rotate your hands inwards so that they are protected by the blanket.
- Hold arms out toward the fire.
- Move slowly and carefully towards the fire. The blanket will protect you from heat and flame.
- Ensure the bottom of the fire blanket is below the base of the fire. Let the bottom of the fire blanket touch the side of the stove, or the container. Still moving your arms forward, slowly and carefully lower the blanket over the top of the container.
  - Ensure the bottom of the fire blanket is below the base of the fire.
- Place a saucepan lid, a metal tray, or other flat solid object on top of the fire blanket over the container and leave the container in place.
- If possible, turn off the heat source.
- The container should be left in place for at least 1 hour before attempting to move it.

**DO NOT** look over the top of the blanket at the fire.

**DO NOT** attempt to throw the blanket over the fire.

### **WARNINGS:**

- **NEVER** attempt to carry a container of burning liquid.
  - Movement may cause the flames to lap back towards the individual, possibly igniting clothing and causing the container to be dropped and the fire to spread.
- **NEVER** attempt to use water to extinguish a flammable liquid.
  - The sudden expansion of water turning to steam will expel the burning liquid from the container igniting any combustibles with which it comes in contact.

## ii) SAFETY WHEN USING A FIRE EXTINGUISHER / FIRE BLANKET

**DO NOT USE** the large water hoses in the cabinets. They are for the fire department's use only.

**DO NOT ENTER** areas that have a special fire extinguishing agent/suppression system in place. **At the Blind River Site these areas include:**

- the information technology server room
- the main electrical room
- the generator room and the telephone room.

These rooms have a door sign to indicate these special precautions. If you are in these rooms and hear the fire alarm or an announcement, leave the room immediately. These systems are automatically activated and the oxygen in these rooms is almost immediately depleted once the agent is dispersed.

**Attempt to extinguish the fire only if ALL of the following are true:**

- The alarm has been activated and/or 911 has been called.
- The fire is small and confined to the immediate area where it was started (e.g. garbage can, electrical plug) and it is not quickly spreading.
- You have a way out and can fight the fire with your back to the exit.
- You have training in the use of a fire extinguisher and/or fire blanket and are confident you can operate it effectively.

**If your instincts tell you not to fight the fire, or you have the slightest doubt about it, DON'T fight it. Instead, get out, closing the door behind you.**

**B) UPON HEARING AN ALARM**

***Workers in all areas should collect a fire extinguisher and proceed with caution to investigate their area upon hearing a fire alarm. If required, fire blankets are available throughout the facility.***

If you discover a fire, make others aware immediately and follow the R.A.C.E protocol.

- In the event of a drill or false alarm in your area at the Blind River Site call Acute Care (ext. 2300) to report the status to the worker on the unit who may silence alarms and reset the alarm panel.
- In the event of a drill or false alarm at the Thessalon or Richards Landing Sites notify the Charge Nurse.

**i) PATIENT AND RESIDENT AREAS**

***Workers in all areas should collect a fire extinguisher and proceed with caution to investigate their area upon hearing a fire alarm. If required, fire blankets are available throughout the facility.***

- Check the fire alarm enunciator panel at the Acute Care and LTC nursing stations for the fire alarm location.
  - If the location is not showing, immediately start checking all non-patient rooms and areas for fire or smoke. If a door is closed, feel for heat before opening. Do NOT open if the door is hot.
- Look at detectors for a steady red light. This is a detector that was activated.
- Look for fire pull stations that were activated.
- As you check rooms, close windows and doors to help prevent the spread of any fire. Rooms must be checked thoroughly as patients (especially the elderly) or visitors may be hiding.
  - (Code Red to children is the same as our Code Silver)
- If available use the REMAR Safety marker to indicate whether a patient/resident and visitor(s) are in the room or not. (White in flight, Red in bed)
- Monitor exits closely to ensure residents/patients do not get outside. The fire alarm releases all the locked exit doors.
- Do not allow visitors into the building.

- Use a current patient/resident list or census to account for and document the location of all patients/residents once all the doors are locked again.

## ii) CHARGE NURSE:

- Assume the Incident Manager role until relieved by Manager / Delegate or Fire Department personnel.
  - Refer to the site specific Code Action Checklist for detailed steps.
    - Richards Landing – Matthews Site:
      - Ensure 911 has been called, and ask for fire **and** an ambulance (the ambulance request is to alert the EMS worker of the fire so they can move their ambulance out to the front of the building.)
    - Thessalon Site:
      - If location is unknown, proceed with caution to the lobby to check the alarm panel for location.
      - If the location is within the hospital, proceed immediately, with caution to investigate.
        - Notify the Algoma Manor and ADSAB for assistance via walkie talkie.
      - In the event of a real fire – ensure that 911 has been called as a backup to the alarm.
    - Blind River Site (After Hours / Weekends):
      - Contact Acute Care to confirm the fire location.
        - In the event that the fire is located on LTC – communicate with the LTC RPN to determine the status of the alarm.
      - In the event of a real fire – ensure that 911 has been called as a backup to the alarm.
      - Once the cause of the alarm has been confirmed, determine the course of action.
        - In the case of a false alarm, ensure that the Fire Department dispatch is notified by telephone.
  - Call a Code Green – Stat if required to preserve the health and safety of patients/residents and workers. Consideration must be given to the fact that smoke and superheated air kills more people than fire.

## iii) ACUTE CARE – BLIND RIVER

***Workers in all areas should collect a fire extinguisher and proceed with caution to investigate their area upon hearing a fire alarm. If required, fire blankets are available throughout the facility.***

- Acute Care is the control hub for fire and security alarms at the Blind River Site.
- Report to the enunciator panel, if safe to do so. Determine fire alarm location.
  - After hours -> make an announcement stating it is a Code Red and the location of the alarm. Repeat the announcement three times.
  - Provide direction to workers.

- If the alarm is located in LTC, and if the fire is determined to be real, an RPN from ACU will respond to LTC.
- Announce “Code Red All Clear” three times when the situation is deemed under control and security and fire alarm panels have been reset (or contact Switchboard to page).
- Verify that all patients are accounted for, both during and after the event.

iv) **LONG-TERM CARE (ALL)**

***Workers in all areas should collect a fire extinguisher and proceed with caution to investigate their area upon hearing a fire alarm. If required, fire blankets are available throughout the facility.***

- Available workers will report to the enunciator panel on the unit, if safe to do so, to confirm location and receive further instruction.
  - If a worker is in the vicinity of the fire location – proceed with caution to investigate.
- Identify if there is a fire.
  - Communicate to the RPN on the floor.

v) **LONG-TERM CARE (RPN)**

***In the event that there is no RPN on the unit at the time of the alarm, a worker must assume responsibility for LTC until relieved or assigned duties.***

- In a real fire, call 911.
- Assume responsibility for LTC until relieved or assigned duties by the Charge Nurse / Manager / designate.
  - Report to the enunciator panel, if safe to do so. Provide direction to workers (response, door monitoring, etc.)
  - Determine whether a Code Green evacuation is required.
    - If needed, have someone announce 3 times: “CODE GREEN STAT and give location”.
  - If the 12HR RPN is not on the floor, the 8HR RPN will assume responsibility for LTC until relieved or assigned duties by the Charge Nurse / Manager / designate.
  - DO NOT assume the Charge Nurse / Manager / designate is available to respond immediately.
- In the event of a **real fire**, call Acute Care (ext. 2300) to report the status of the alarm and/or to request assistance.
- In the event of a **drill** or **false alarm** on LTC, call Acute Care (ext. 2300) to report the status so the worker on the unit may silence alarms and reset the alarm panel.
- Report to the Charge Nurse / Manager / designate.
- Ensure workers / volunteers are monitoring exits.
- Verify that all Residents are accounted for, both during and after the event.

vi) **NON-PATIENT/RESIDENT AREAS**

***Workers in all areas should collect a fire extinguisher and proceed with caution to investigate their area upon hearing a fire alarm. If required, fire blankets are available throughout the facility.***

- Listen for an announcement for the location of the fire.
- Proceed with caution to investigate your area.
- If the fire is in your area, make others aware immediately and evacuate to the outside of the building, closing doors behind you. Do not leave the property. Call 911. Contact Acute Care (ext. 2300) to report the status of the fire.
- If no location is announced, or if the fire is announced in your area but not immediately found start checking rooms in your department for fire or smoke. If the door is closed, feel for heat before opening. Do NOT open if the door is hot.
- Look at detectors for a steady red light. This is a detector that was activated.
- Look for fire pull stations that were activated.
- As you check rooms, close windows and doors to help prevent the spread of any fire.
  - In the event of a drill or false alarm in your area, call Acute Care (ext. 2300) the control hub for fire and security alarms to report the status so the worker on the unit may silence and reset the fire and security alarm panels.
- If the fire is not in your area, stand-by and listen for further instructions.
- If the situation escalates to a Code Green, be prepared to help evacuate patients/residents if called upon to help.
- Do not allow persons into the building unless immediate medical help is required.
  - Assist with traffic control at entrances.

#### **vii) ADMITTING (BLIND RIVER)**

- Check the fire alarm enunciator panel for the fire alarm location.
- Make an announcement stating it is a Code Red and the location of the alarm. Repeat the announcement three times.
- If someone requests a Code Red announced, confirm 911 has been called.
- Do not allow any further visitors or patients into the building unless immediate medical help is required.
- Watch the front doors for patients that may be attempting to leave.
- Stand by and await further instructions.

#### **viii) MAINTENANCE WORKERS AND OTHER FIRST RESPONDERS**

- Report to the area of the fire.
- Using a fire extinguisher or fire blanket, make every effort to fight/control the fire without compromising your safety.
- Direct and control traffic on the NSHN grounds to allow for easy access for fire department vehicles if required.
- Shut off the supply of oxygen, medical air and vacuum to the area the fire is in using the secondary isolation valves. Main supply valves may be required to be shut-off, including natural gas.

#### **C) RECOVERY:**

- In the event of a real fire, never cancel the fire department response even if the fire has been put out. The fire department should be doing further investigation to determine the fire is completely extinguished and/or the source of the fire has been eliminated.
- **BLIND RIVER SITE:**
  - o If it has been determined with **no doubt** that the alarm is false, the **person in charge** shall
    - Advise 911 and call the Fire Department Dispatch at 9-1-705-256-1070.

- Have the alarms silenced.
- Ensure the security and alarm panel on Acute Care has been reset to reactivate the alarm system.
- If a Pull Station has been activated, use a screw driver to reset it prior to resetting the panel. You can temporarily silence the alarm, however, you will need to reset it again after resetting the pull station.
- To reset the alarm: Push Button # 1 first, then # 2, then # 3. You must also reset the ATS alarm by pushing buttons 1, 2, 3, 4, 1. (The alarm must sound for at least 1 minute before a silence is possible.
- **Once the alarm panels have been reset, Acute Care** shall notify Switchboard to have an announcement made stating that the Code is over. "Code Red – All Clear", repeated three times. During off hours, a worker may be assigned to make the announcement.
- In LTC physically check all exit doors to ensure they have re-locked and account for all residents.
  - Determine the requirement to inform the MOHLTC if LTC was affected.
- Tag any fire extinguisher or fire blanket that has been used, the location it came from, and send to the maintenance department so it can be replaced. This includes extinguishers where the pin has been pulled but not used. Never put a used or damaged extinguisher or fire blanket back.
- Document the incident on a Code Action Report form and submit to the Chief Nursing Executive.
- Return to normal functioning.
- Participate in debriefing.
- Determine the need for stress debriefing and be alert for signs of mental distress.

## NOTIFICATION OF THE MOHLTC (per LTCHA)

The *Fixing Long-Term Care Act, 2021* (FLTCA) and O. Reg. 246/22 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. (s.115(11)).

### **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.

## INFORMATION MANAGEMENT

### I. 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 \(ontario.ca\)](#)

# CODE SILVER

## Person with a Weapon

For further details refer to the Code Silver policy & procedure on SURGE or Emergency Measures Binder.

### If you observe an ASSAILANT with a WEAPON:

- **Use of a safety whistle during a Code Silver is not recommended, however, extenuating circumstances may apply.**
- Do **NOT** engage with the assailant; speak to them only when spoken to.
- **Immediately notify the OPP (Dial 9 - 911) AND push Panic Alarm** located in Acute Care, LTC, Emergency, Diagnostic Imaging and Switchboard, if within reach.
  - **Use of a safety whistle during a Code Silver is not recommended, however, extenuating circumstances may apply.**
- **Page to announce three times (3x) “Code Silver and specify location” when safe to do so.**

### **Quickly determine the most reasonable way to protect life:**

#### EVACUATE

- Only evacuate if you are close to an exit and can get there safely without attracting attention.
- Have an escape route/plan in mind
- Leave all your belongings
- Keep your hands visible at all times (so as not to be misinterpreted as the assailant by police)

#### HIDE

If evacuation is not possible:

- Go into a room, lock the doors, and shut off any lights
- If a room is unavailable, hide in an area out of the assailant’s view
- Take cover and remain low to the ground
- Block and barricade entry using heavy items
- Remain quiet, silence all cell phones and pagers

- Once OPP arrive on the scene, they take control of the incident.**
- Follow OPP orders. Expect orders to evacuate the area(s) adjacent to the assailant.**
- The Incident Manager should inform staff, visitors, patients and site partners (HSFHT, PHARA, ADSAB, Algoma Manor) of the situation and prevent them from entering danger areas as much as able.

### **Staff members in other locations within the Hospital:**

- Do NOT attempt to return to your department, stay where you are until further direction received.
- Hide along with patients and visitors wherever it is safe to do so.
- Remain calm and quiet.
- DO NOT respond to any other codes called within the Hospital unless directed by the OPP.**

### **RECOVERY**

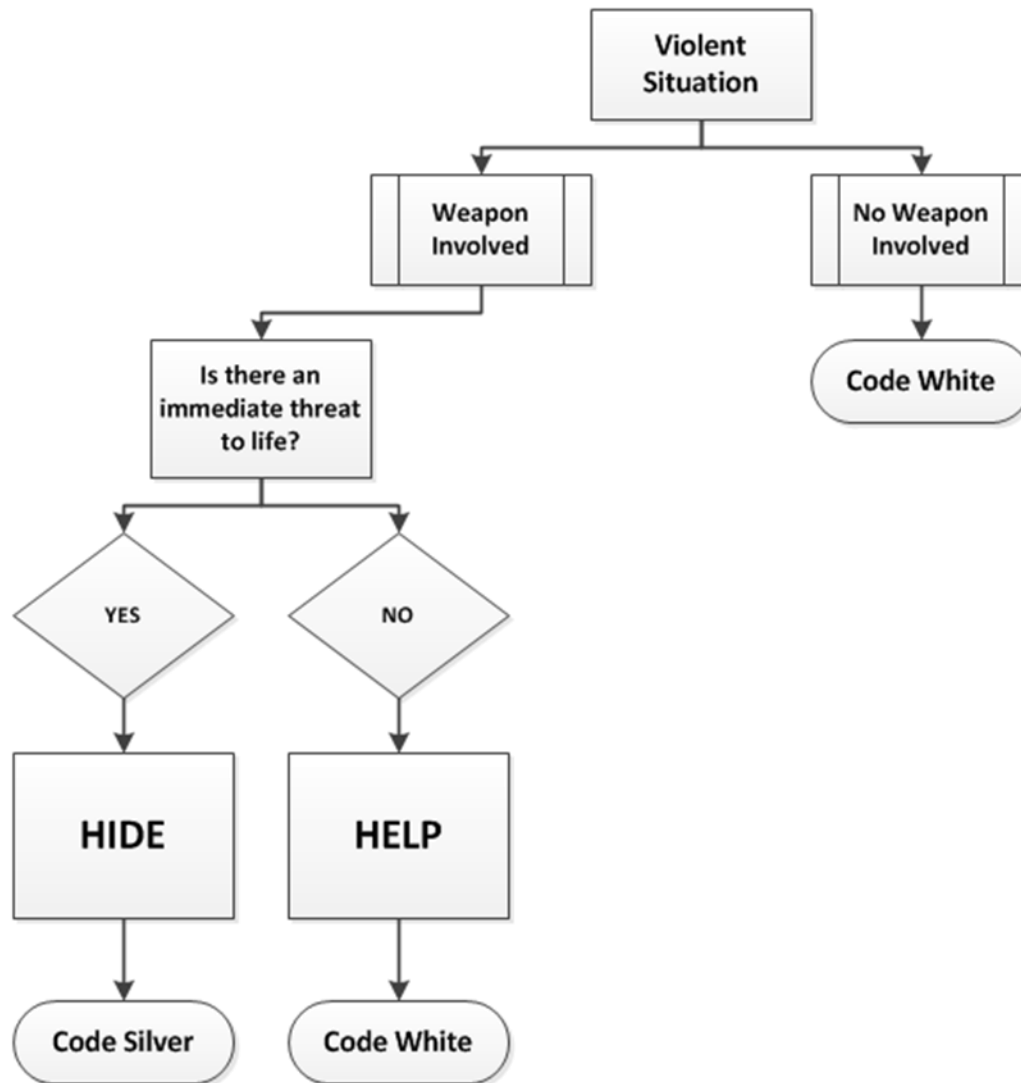
- The OPP and senior staff will personally let staff know when code silver is over.
- If unlawful conduct results in harm or a risk of harm to a Resident of LTC – notify MOHLTC immediately through Critical Incident System.
- Document incident on Code Action Report using Quality Risk Manager on Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Return to normal functioning
- Participate in incident debriefing
- Determine need for stress debriefing



## Person with a Weapon

For further details refer to the Code Silver policy & procedure on SURGE or Emergency Measures Binder.

### HOW TO DETERMINE WHETHER TO CALL A CODE SILVER:



## Person with a Weapon

For further details refer to the Code Silver policy & procedure on SURGE or Emergency Measures Binder.

### If you observe an ASSAILANT with a WEAPON:

- **Use of a safety whistle during a Code Silver is not recommended, however, extenuating circumstances may apply.**
- Do **NOT** engage with the assailant; speak to them only when spoken to.
- **Immediately notify the OPP (Dial 911) AND push Panic Alarm.**
  - **Use of a safety whistle during a Code Silver is not recommended, however, extenuating circumstances may apply.**

### **Quickly determine the most reasonable way to protect life:**

#### EVACUATE

- Only evacuate if you are close to an exit and can get there safely without attracting attention.
- Have an escape route/plan in mind
- Leave all your belongings
- Keep your hands visible at all times (so as not to be misinterpreted as the assailant by police)

#### HIDE

##### If evacuation is not possible:

- Go into a room, lock the doors, and shut off any lights
- If a room is unavailable, hide in an area out of the assailant's view
- Take cover and remain low to the ground
- Block and barricade entry using heavy items
- Remain quiet, silence all cell phones and pagers

- Once OPP arrive on the scene, they take control of the incident.**
- Follow OPP orders. Expect orders to evacuate the area(s) adjacent to the assailant.**
- The Incident Manager should inform staff, visitors, patients and site partners (Medical Clinic) of the situation and prevent them from entering danger areas as much as able.

### **Staff members in other locations within the Hospital:**

- Do NOT attempt to return to your department, stay where you are until further direction received.
- Hide along with patients and visitors wherever it is safe to do so.
- Remain calm and quiet.
- DO NOT respond to any other codes called within the Hospital unless directed by the OPP.**

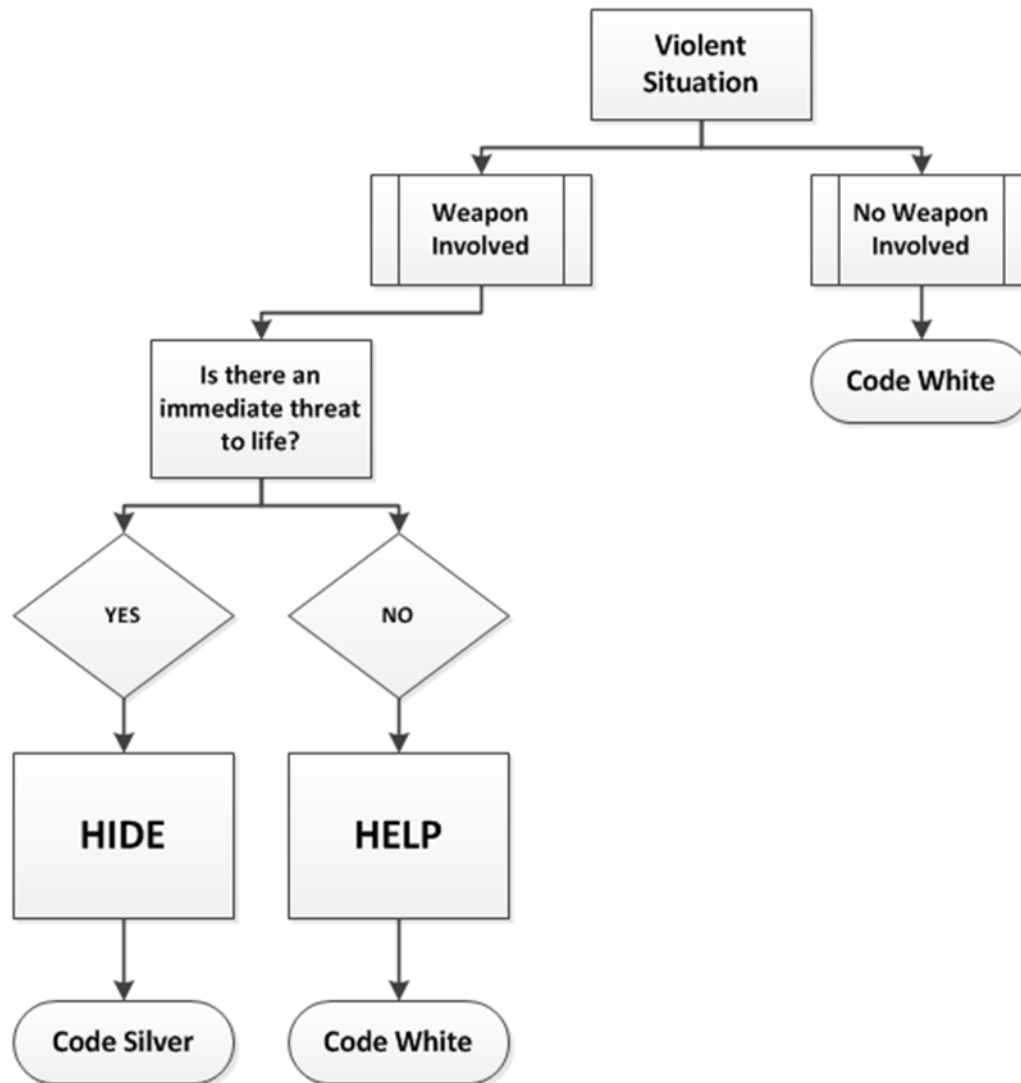
### **RECOVERY**

- The OPP and Senior Management/Delegate will personally let staff know when code silver is over.
- Document incident on Code Action Report using Quality Risk Manager on Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Return to normal functioning
- Participate in incident debriefing
- Determine need for stress debriefing

## Person with a Weapon

For further details refer to the Code Silver policy & procedure on SURGE or Emergency Measures Binder.

### HOW TO DETERMINE WHETHER TO CALL A CODE SILVER:



# CODE SILVER

## Person with a Weapon

For further details refer to the Code Silver policy & procedure on SURGE or Emergency Measures Binder.

### If you observe an ASSAILANT with a WEAPON:

- **Use of a safety whistle during a Code Silver is not recommended, however, extenuating circumstances may apply.**
- Do **NOT** engage with the assailant; speak to them only when spoken to.
- **Immediately notify the OPP (Dial 911) AND push Panic Alarm.**
  - **Use of a safety whistle during a Code Silver is not recommended, however, extenuating circumstances may apply.**
  - **Give notification of a Code Silver to co-workers if safe to do so.**

### **Quickly determine the most reasonable way to protect life:**

#### EVACUATE

- Only evacuate if you are close to an exit and can get there safely without attracting attention.
- Have an escape route/plan in mind
- Leave all your belongings
- Keep your hands visible at all times (so as not to be misinterpreted as the assailant by police)

#### HIDE

##### If evacuation is not possible:

- Go into a room, lock the doors, and shut off any lights
- If a room is unavailable, hide in an area out of the assailant's view
- Take cover and remain low to the ground
- Block and barricade entry using heavy items
- Remain quiet, silence all cell phones and pagers

- Once OPP arrive on the scene, they take control of the incident.**
- Follow OPP orders. Expect orders to evacuate the area(s) adjacent to the assailant.**
- The Incident Manager should inform staff, visitors, patients and site partners (PHARA, Algoma Manor) of the situation and prevent them from entering danger areas as much as able.

### **Staff members in other locations within the Hospital:**

- Do NOT attempt to return to your department, stay where you are until further direction received.
- Hide along with patients and visitors wherever it is safe to do so.
- Remain calm and quiet.
- DO NOT respond to any other codes called within the Hospital unless directed by the OPP.**

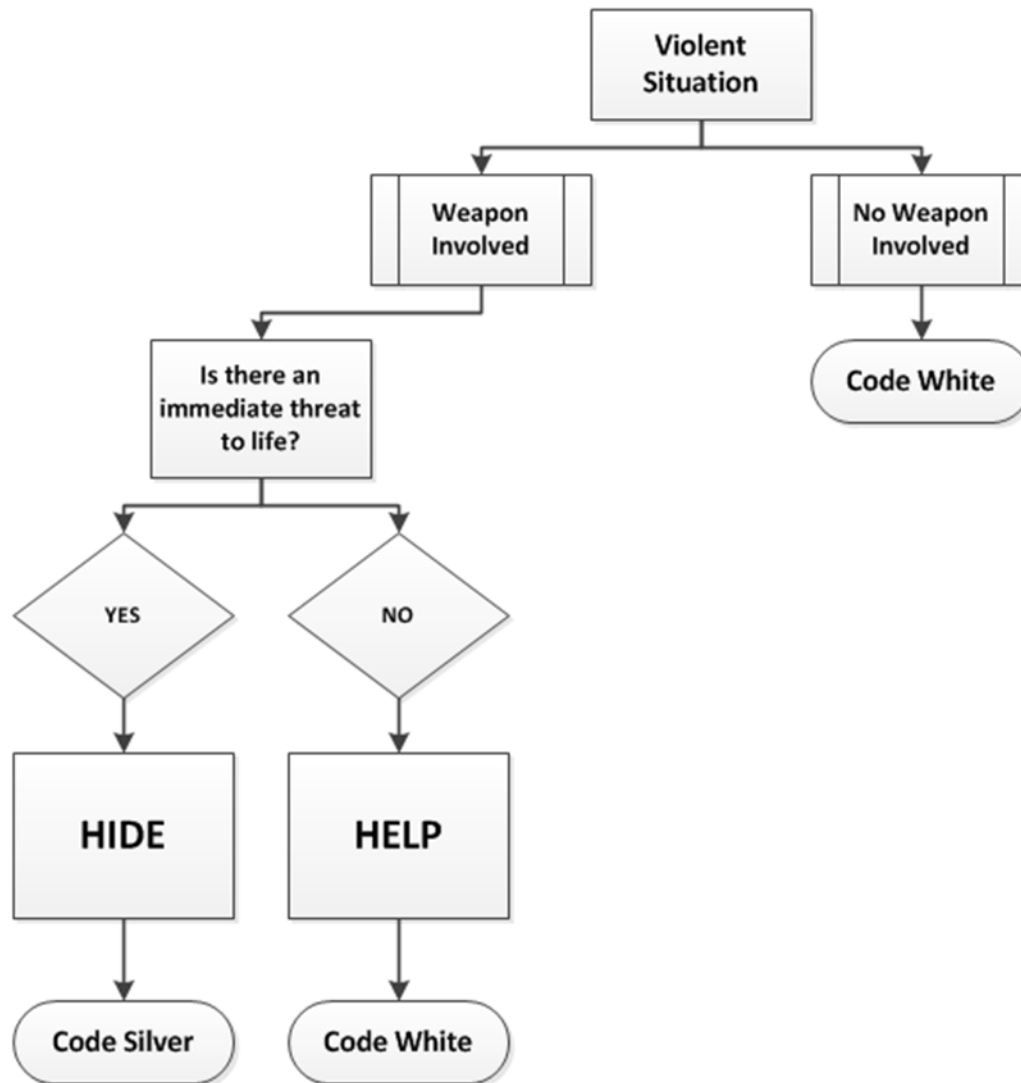
### **RECOVERY**

- The OPP and Senior Management/Delegate will personally let staff know when code silver is over.
- Document incident on Code Action Report using Quality Risk Manager on Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Return to normal functioning
- Participate in incident debriefing
- Determine need for stress debriefing

## Person with a Weapon

For further details refer to the Code Silver policy & procedure on SURGE or Emergency Measures Binder.

### HOW TO DETERMINE WHETHER TO CALL A CODE SILVER:





**TITLE: Code Silver**

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE SILVER (PERSON WITH A WEAPON)

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

**POLICY**

---

Code Silver will be initiated if there is a threat, attempt or active use of a weapon to cause harm, regardless of the type of weapon. Police will be contacted as soon as Code Silver is called.

Code Silver is the term used to alert workers to the existence of a person with a weapon on the premises and advise all workers that an enhanced police response is required.

It is the policy to review, revise and test the Code Silver 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 Silver may be declared by any worker. It will be initiated when a worker observes or is informed of a person(s) who is:

- Attempting harm or injury to people with any weapon; or
- Carrying a weapon on or near the hospital grounds.

**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 assumes the incident Manager role until relieved by Senior Manager and/or OPP. The Incident Manager is responsible for the following:

- Protecting the safety of patients/residents, visitors and employees.
- Informing staff, visitors, patients and site partners (HSFHT, PHARA, Algoma Manor) of situation and preventing them from entering danger area as much as able.
- Determining the need for evacuation to protect patients from situation and arranging transportation.

**II. Workers**

- Knowledgeable and capable of carrying out the Code Silver Policy and Procedure.
- Attend educational programs as required.
- It is the responsibility of each employee to be informed of, and familiar with, the Code Silver policy and procedure. Should employees be uncertain as to the proper procedure, it is their responsibility to seek out and educate themselves.

### III. Department

- **Environmental Services:**
  - Ensuring panic alarms are in working order.
- **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

*Use of a safety whistle during a Code Silver is not recommended, however, extenuating circumstances may apply.*

**WORKERS WHO ARE IN THE IMMEDIATE AREA OF THE ASSAILANT** – **DO NOT** attempt to engage the assailant (this includes verbal and physical attempts to deescalate the situation):

#### i) **Remain CALM and EVACUATE:**

- Do not confront the person with a weapon
- Do not attempt to remove wounded persons from the scene
- If possible, assist others to leave the area and redirect those trying to enter
- Evacuate as able and when safe to proceed.
  - Only evacuate if you are close to an exit and can get there safely, without attracting attention.
  - While evacuating keep hands visible, so you are not mistaken as the assailant.
  - Leave any belongings behind.

#### ii) **If unable to evacuate, HIDE:**

- Use rooms with doors that lock.
- Barricade the door with heavy furniture.
- Silence your cell phone and turn off any sources of noise (e.g. radios, televisions, etc.).
- Hide behind large objects (e.g. cabinets, desks, walls, etc.).
- Remain quiet and low to the ground.

#### iii) **If unable to evacuate or hide, SURVIVE:**

- **Fight only as a last resort AND only if your life is in imminent danger.**
- Attempt to disrupt and/or incapacitate the assailant by:
  - i. Acting as aggressively as possible against him/her, throwing items and improvising weapons, or yelling. Commit to your actions.
- If others are available, work together to distract and attack the assailant as fiercely as possible.

#### iv) **CALL Code Silver as soon as possible, share as much information as you are able including:**

- Location of the assailant(s) (current, last known, and/or direction headed);
- Type of weapon(s);

- Description of the assailant(s);
- Any comments or demands made by the assailant;
- Information on victims and/or hostages; and
- Any other information you feel may be relevant.

#### WORKERS WHO ARE IN AREAS NEAR THE CODE SILVER LOCATION:

**i) If you can leave safely, EVACUATE:**

- Remain calm and follow Police/Security direction, if available.
- Quickly leave the area, evacuating as many patients and other people as possible.
- Redirect any people entering the area to evacuate to a safe location.

**ii) If you cannot evacuate safely, HIDE:**

- Remain calm.
- **Protect yourself and individuals in your area by quickly and quietly:**
  - Closing doors, locking and barricading yourself and others inside (where possible);
  - Positioning people out of sight and behind large items that offer protection (e.g. behind desks, cabinets, and away from windows);
  - Silencing personal alarms, mobile phones and other electronic devices (e.g. TVs, Radios, etc.);
  - Turning off monitors and screens (where possible) to reduce backlighting; and
  - Instructing others, who are capable of assisting, to do the same with other patient rooms (i.e. visitors may assist with the patient room they are visiting).
- **If able to do so, call 911 and attempt to notify Switchboard to report where occupants are hiding** (911 has the capacity to manage multiple calls as compared to a hospital switchboard.)
- **Do not use the telephone unless directly related to the Code Silver.** Medical emergency codes will not be called for victims of the assailant until the incident site is secured by Police.<sup>1</sup>
- **Hide in place** until the OPP or a senior staff member personally presents to advise the Code Silver is over.
- **If the assailant enters your work area,** contact 911 and Switchboard if it is safe to do so.

#### WORKERS IN OTHER LOCATIONS WITHIN THE FACILITY:

- **Do not attempt to return to your Department; and**
- **Follow the instructions of the Supervisor in your current location.**
  - Lock down all external doors, and doors between areas, where possible.
  - Stay where you are, protecting yourself and assisting others in your area, if possible.
  - Divide into small mixed groups of staff, patients and visitors. Hide in patient rooms, meeting rooms, bathrooms, offices, etc. Wherever is available and safe to do so.
  - Advise patients, visitors and others to hide; ask them to remain calm, quiet, and to avoid using their phones, any other electronic device, or posting to social media.
  - Move away from exposed windows, walls, and doors. Cover interior windows if able. Lay on floor, under/behind furniture. If possible hide against the wall that is on the same side as the door into the room. The room must appear empty.
  - Minimize movement within the area to essential, safety-related matters.
  - Silence personal alarms, mobile phones and other electronic devices.

---

<sup>1</sup> In all likelihood, it will be unsafe for medical teams to respond to the location of a Code Silver situation until the Police arrive and/or the assailant is incapacitated.



- Do not use the telephone unless directly related to the Code Silver incident.

**Police must approve all movement throughout the hospital, until the Code Silver has been cleared. This includes responding to other codes and patient care needs.**

#### **ONCE POLICE ARRIVE ON THE SCENE, THEY WILL TAKE CONTROL OF THE SITUATION:**

- Ensure you do not present yourself as a threat to the Police Officers as they respond to the scene:
  - Drop any items in your hands.
  - Keep your hands visible at all times.
  - Remain calm and follow the Police Officers instructions.
  - Police Officers will not provide assistance with evacuating the building. They are here to disarm the assailant.
- Police Officers may:
  - Be wearing normal gear or be dressed in tactical gear.
  - Be armed with rifles, shotguns and/or helmets.
  - Use chemical irritants or incapacitating devices (e.g. pepper spray, tasers, etc.) to control the situation.
  - Shout commands to staff, patients and visitors.
- Provide situation update to the Police if requested.
- Provide Police within your proximity with access cards or keys.
- **Be prepared** to evacuate immediate and surrounding areas as per police orders.
- Consider the need to initiate Incident Management System and Command Centre
- **The Police and Senior Management will go around to personally let staff know when Code Silver is over.**
  - It has happened that the assailant forces someone to call off the code, and then has more targets when people start walking around again.

#### **RECOVERY:**

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

#### **EDUCATIONAL EXERCISE:**

- *Code Silver* education and testing will occur annually for all employees.
- Testing will include the review of the *Code Silver* policy and procedure by each employee and participation in any mock exercises conducted.

## 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 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 MOLTC (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.

## INFORMATION MANAGEMENT

### I. External References

- Ontario Hospital Association, Retrieved July 26, 2016  
<http://www.oha.com/Services/HealthSafety/Safety/EmergencyPreparedness/Pages/CodeSilver.aspx>
- 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 \(ontario.ca\)](#)

### IF YOU ENCOUNTER OR PERCEIVE A VIOLENT SITUATION

- **Assess the situation to determine if you require:**
  - Immediate medical assistance.
  - Immediate help from other staff
  - Immediate help from OPP
    - Real or perceived threat that lives are in danger or bodily harm to any person,
    - The situation is beyond the abilities of the initial workers or Incident Commander,
    - A weapon is involved (Code Silver)
    - A hostage taking situation develops or may develop (Code Purple).
    - The aggressive behaviour continues outside the building.
- **To get help from the OPP push a Panic Alarm** located in Acute Care, LTC, Emergency, Diagnostic Imaging or Switchboard, **and call 9-911, if possible, to explain the situation.**
- **To get immediate help from staff, call out for help and/or page three times (3x) “Attention Please, Code White and specify Area/Room”** or call Switchboard to do so.
  - Safety Whistles may be used to alert others of the situation.

**If/when OPP arrive on the scene, the OPP will take control of the incident**

### IF YOU HEAR A CODE WHITE PAGED

#### IMMEDIATE ACTIONS

If a Code White is paged – help is needed. **All available** staff should respond immediately **but cautiously**, assessing situation and intervening as deemed necessary and appropriate.

Maintenance staff on-site will respond to all Code White calls.

If it is unsafe to proceed – do not continue.

- Call 911.
- Contact a Senior Manager / Charge Nurse

#### SECONDARY ACTIONS

- Provide medical attention if required.
- Assess whether there is a need to notify site partners (e.g. Huron Shores Family Health Team (HSFHT))
- When situation is resolved announce “Attention all staff, Code White is over.”

#### RECOVERY

- Document the incident using **Code Action Reports** and a **Workplace Violence/Harassment Incident Report**.
- Complete the Checklist for COVID-19 Potential Exposure and submit to Occ Health, if applicable.
- Participate in incident debriefing.
- Determine the need for stress debriefing and be alert for signs/symptoms of PTSD.
- Flag the patient as violent in Meditech by completing a **Violent Patient Assessment Form** (for more information view the NSHN policy – *Agitated or Violent Patient Management in the Emergency Department.*)

### GUIDELINES FOR MAINTAINING SAFE SERVICE DELIVERY

- **DO NOT delay in calling 911.**
- **DO NOT enter the home /area if feeling unsafe.**
  - **Contact your supervisor immediately.**
- All workers carry a cellular device in working order.
- Home Safety Risk Assessments are conducted at initial assessment and reviewed regularly for Assisted Living & Outreach Assisted Living Clients.

### IF YOU ENCOUNTER OR PERCEIVE A VIOLENT SITUATION IN COMMUNITY

**Every situation will be different. These guidelines are generally applicable.**

**When the OPP have been called they will take control of the situation upon arrival and assume the role of Incident Commander.**

- **Assess the situation and ensure personal safety. Call 911.**
- **If the care recipient/client, a household member or visitor is displaying violent behaviours, leave the home or area.**
- **Once in a safe place (e.g. your car), determine if you require:**
  - Immediate medical assistance.
  - Immediate help from OPP:
    - Real or perceived threat that lives are in danger or bodily harm to any person.
    - The situation is beyond the abilities of the worker to control.
    - The person's behaviours are harmful to self, others, or damaging to property.
    - The person's behaviours are escalating towards physical violence.
    - A weapon is involved (Code Silver).
    - A hostage taking situation develops or may develop (Code Purple).
- **Call 911 if you haven't already.**
  - Safety Whistles may be used to alert others of the situation and/or to obtain additional help.
- **Contact your supervisor / volunteer coordinator.**
- **Remain in a safe place until police arrive.**
- **Remain available to police should they have questions.**

### RECOVERY

- Document the incident on the **Code Action Report** and a **Workplace Violence/Harassment Incident Report** using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
  - Complete the Checklist for COVID-19 Potential Exposure and submit to Occ Health, if applicable.
- If you are injured as a result of the incident – complete the Occupational Health Worker Incident Report using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Volunteers should complete the OCC HEALTH – Visitor / Volunteer General Occurrence report using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Participate in incident debriefing.
- Determine the need for stress debriefing and be alert for signs/symptoms of PTSD.
- Review the situation and determine if the client should be flagged as violent in the electronic medical record by completing a **Violent Patient Assessment Form** (for more information view the NSHN policy – *Agitated or Violent Patient Management in the Emergency Department.*)

## Violent Person/Situation

For further details refer to the Code White policy & procedure on SURGE or Emergency Measures Binder.

### IF YOU ENCOUNTER OR PERCEIVE A VIOLENT SITUATION

- **Assess the situation to determine if you require:**
  - Immediate medical assistance.
  - Immediate help from other staff
  - Immediate help from OPP
    - Real or perceived threat that lives are in danger or bodily harm to any person,
    - The situation is beyond the abilities of the initial workers or Incident Commander,
    - A weapon is involved (Code Silver)
    - A hostage taking situation develops or may develop (Code Purple).
    - The aggressive behaviour continues outside the building.
  
- **To get help from the OPP push a Panic Alarm and call 911, if possible, to explain the situation. EMS may also respond.**
  
- **To get immediate help from staff, call out for help.**
  - Safety Whistles may be used to alert others of the situation.
  - Contact the Medical Clinic for additional help.

**If OPP arrive on the scene, the OPP will take control of the incident**

### IMMEDIATE ACTIONS

- All available employees** should respond immediately, **but cautiously**, to any Code White
- The charge nurse will assume the role of Incident Manager, assess the situation and direct staff
  - Assess the situation and intervene as deemed safe and necessary.
  - Staff in the affected area shall ensure safe evacuation of person(s) in the immediate area.
  - Remain on alert for further instructions.

### SECONDARY ACTIONS

- Provide medical attention if required.
- Assess whether there is a need to notify site partners (e.g. Medical Clinic)
- When situation is resolved notify all workers / providers.

### RECOVERY

- Document the incident using **Code Action Reports** and a **Workplace Violence/Harassment Incident Report**.
- Complete the **Checklist for COVID-19 Potential Exposure** and submit to Occ Health, if applicable.
- Participate in incident debriefing.
- Determine the need for stress debriefing and be alert for signs/symptoms of PTSD.
- Flag the patient as violent in Meditech by completing a **Violent Patient Assessment Form** (for more information view the NSHN policy – *Agitated or Violent Patient Management in the Emergency Department.*)

## Violent Person/Situation

For further details refer to the Code White policy & procedure on SURGE or Emergency Measures Binder.

### IF YOU ENCOUNTER OR PERCEIVE A VIOLENT SITUATION

- **Assess the situation to determine if you require:**
  - Immediate medical assistance.
  - Immediate help from other staff
  - Immediate help from OPP
    - Real or perceived threat that lives are in danger or bodily harm to any person,
    - The situation is beyond the abilities of the initial workers or Incident Commander,
    - A weapon is involved (Code Silver)
    - A hostage taking situation develops or may develop (Code Purple).
    - The aggressive behaviour continues outside the building.
- **To get help from the OPP push a Panic Alarm and call 911, if possible, to explain the situation.**
- **To get immediate help from staff, call out for help.**
  - Safety Whistles may be used to alert others of the situation.
  - Contact the NP Clinic, Algoma Manor and/or ADSAB for additional help.

**If OPP arrive on the scene, the OPP will take control of the incident**

### IMMEDIATE ACTIONS

- All available employees** should respond immediately, **but cautiously**, to any Code White
- The charge nurse will assume the role of Incident Manager, assess the situation and direct staff
  - Assess the situation and intervene as deemed safe and necessary.
  - Staff in the affected area shall ensure safe evacuation of person(s) in the immediate area.
  - Remain on alert for further instructions.

### SECONDARY ACTIONS

- Provide medical attention if required.
- Assess whether there is a need to notify site partners (e.g. NP Clinic / Algoma Manor / ADSAB)
- When situation is resolved notify all workers / providers.

### RECOVERY

- Document the incident using **Code Action Reports** and a **Workplace Violence/Harassment Incident Report**.
- Complete the **Checklist for COVID-19 Potential Exposure** and submit to Occ Health, if applicable.
- Participate in incident debriefing.
- Determine the need for stress debriefing and be alert for signs/symptoms of PTSD.
- Flag the patient as violent in Meditech by completing a **Violent Patient Assessment Form** (for more information view the NSHN policy – *Agitated or Violent Patient Management in the Emergency Department.*)



## TITLE: Code White – Violent Situation

MANUAL: HEALTH AND SAFETY

SECTION: EMERGENCY PREPAREDNESS

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

### POLICY

---

Code White is the term used to alert workers and volunteers of situations where individuals become violent and/or display threatening behaviour.

Code White will be initiated following unsuccessful attempts to de-escalate threatening behaviour perceived by workers or volunteers; or immediately when the safety of workers, volunteers, patients, residents, clients or any building occupant is compromised, or property is damaged.

NSHN will review, test, and evaluate the Code White procedures to ensure that all workers are trained and prepared to deal with an emergency situation in order to reduce risk and reaction time, to improve coordination and minimize confusion resulting in the best outcome for all persons on site and the facility.

### AUTHORITY TO DECLARE

A Code White may be declared by any worker.

### NOTIFICATION PROCEDURE

The purpose of notification is to make workers and volunteers aware of the situation. The following procedure is to be followed:

- Announce the Code White to others, giving the unit and/or room number.
  - At the Blind River site, page the announcement and repeat three times (3x).
  - Safety Whistles may be used to alert others of the situation.
- Assess the requirement to activate a **panic alarm** and call **911** (*This list is not exclusive – use sound judgment ALWAYS ERRING ON THE SIDE OF CAUTION*):
  - Whenever there is a real or perceived threat that lives are in danger.
  - Whenever there is the real or perceived threat of bodily harm to any person.
  - When the initial workers or Incident Commander/Charge Nurse determines the situation is beyond their abilities.
  - When other means of intervention are not available.
  - Whenever a weapon is involved (Code Silver).
  - Whenever a hostage taking situation develops or may develop (Code Purple).
  - When the aggressive behavior continues outside the building.
- Assess whether there is a need to notify site partners (e.g. Huron Shores Family Health Team (HSFHT), ADSAB, Algoma Manor, Nurse Practitioner Clinic, Medical Clinic, 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. Incident Manager

*The most responsible person in the facility assumes the Incident manager role until relieved by a Senior Manager and/or the OPP. The incident manager is responsible for the following:*

- o Protecting the safety of employees, patients/residents and other building occupants
- o Informing staff, visitors, patients and site partners (HSFHT, ADSAB, Algoma Manor, etc..) of the situation and preventing them from entering the danger area as much as able.
- o Determining the need for evacuation to protect staff, patients/residents and visitors from the situation.
- o Ensure proper medical care is provided for anyone involved in an incident.
- o After the incident implement the Workplace Violence Policy including completion of a **Workplace Violence/Harassment Investigation Report**.

### II. Workers:

- Be knowledgeable and capable of carrying out the Code White policy and procedure.
- Attend educational programs as required.
  - o All workers are required to complete mandatory training in Non-Violent Crisis Intervention once every 2 years.
- Complete the **Workplace Violence/Harassment Incident Form** in the event of an incident.
- It is the responsibility of each worker to be informed of, and familiar with, the Code White policy and procedure. Should workers be uncertain as to the proper procedure, it is their responsibility to seek out and educate themselves.

### III. Managers

Assessing the risk of violence to employees in their area and minimizing those risks where reasonably possible.

- Ensuring all workers know their role and can respond competently to a Code White.
- Reviewing the Code White policy and procedure with new employees during orientation and with seasoned employees in conjunction with emergency exercises.
- Ensuring employees attend scheduled education programs.
- Ensuring the safety of employees before investigating incidents of workplace violence.
- Review all Code White incidents at the Sr. Manager level in order to make improvements where possible. The review could include actions to reduce risk, reduce reaction time, improve coordination, minimize confusion, etc. The results of the review should be reported to the Joint Health and Safety Committee and the Emergency Preparedness Committee.
- Provide crisis intervention training for employees who are affected by the work environment.

### IV. Department

- **Environmental Services**
- Ensuring panic alarms are in working order.



- **Emergency Preparedness Coordinator**
  - Provide new employees with Emergency Code training.
    - Prepare and conduct educational programs to train and test employees on Emergency Code procedures including Code White.
- V. Emergency Preparedness Committee**
- Developing, reviewing and revising as necessary, all North Shore Health Network Emergency Preparedness plans.
  - Reviewing all Code Action Reports and making change as necessary to improve responses to emergency incidents.
- VI. Joint Health and Safety Committee**
- Review all incidents of workplace violence and recommend changes as necessary.

## RESPONSE PROCEDURE

### I. HOSPITAL AND LONG-TERM CARE SETTING

**While every situation will be different in respect to the violent person's behavior, these guidelines are generally applicable.**

**If the OPP have been called they will take control of the situation upon arrival.**

#### A) WITNESSING VIOLENT BEHAVIOUR / SITUATION

- i. Initiate the notification of a Code White as above (Notification Procedure.)
- ii. Assess the situation and determine the need to activate a panic alarm and/or call 911.
- iii. Remove all bystanders, visitors, or other patients from the area.

#### B) RESPONDING TO A CODE WHITE

**All available staff should respond immediately but cautiously**, assessing the situation and intervening as deemed necessary and appropriate.

Maintenance staff on-site will respond to all Code White calls.

If it is unsafe to proceed:

- a. Do not continue, return to your department.
  - i. Call 911
  - ii. Activate a Code White (if it has not already been initiated).
  - iii. Contact Senior Management / Charge Nurse.

#### C) INCIDENT MANAGER (SENIOR MANAGEMENT / CHARGE NURSE)

- i. Obtain information about the situation from the staff such as:
  1. Reason for the Code White call,
  2. Details of the current situation,
  3. Name of the violent person(s),
  4. Location of person,
  5. History of past incidents if known, and any interventions that have worked in the past,

6. Any pertinent medical information,
  7. Mental status,
  8. Intervention needed (e.g. medication, removal to seclusion, etc.), and
  9. Any additional information that may be pertinent (e.g. medical/nursing orders, committal status, etc.).
- ii. Develop an intervention plan to ensure enough resources are available to safely carry out the plan.
1. Enlist the help of workers trained in crisis intervention if available.
  2. Inform and direct other workers on the plan of action, including approach to be used, type of intervention and how each worker will exit from the room.
  3. Ensure the safety of workers by removing items such as watches, glasses (if possible and not safety glasses), pens, ties, scarves, pagers, scissors, stethoscopes, name tags, etc.
  4. Ensure PPE, such as gloves, are available for use.
  5. Assign workers to specific tasks/positions.
  6. Communicate with the acting out person – speak calmly and in a quiet manner.

#### **D) WORKER RESPONSIBILITIES IF A CODE WHITE HAS BEEN INITIATED IN YOUR AREA**

- i. Ensure personal safety by removing all personal items that could cause injury such as pens, stethoscopes, name badges, watches and eye glasses (if not needed)
- ii. If possible remove all individuals (patients, residents, visitors, etc.) in immediate danger to a safe area
- iii. Reduce stimulation in the area by turning off radios, TV's, other noise producing equipment
- iv. Reduce activity or keep to a minimum
- v. Speak calmly and in a quiet manner for all conversations
- vi. Remove any loose equipment that could be used as a weapon or cause injury
- vii. Provide details of the incident to the Incident Commander/Charge Nurse including:
  - A brief history of the incident (including name and chart if available)
  - What action has been taken

#### **E) NURSING STAFF RESPONSIBILITIES (If Required)**

Nursing staff should ensure a physician is contacted to obtain orders for:

- o Medication
- o Restraints if necessary
- o Seclusion if necessary

Nursing staff should attend to remaining patients as required.

## **II. COMMUNITY SUPPORT SERVICES SETTINGS**

**While every situation will be different in respect to the violent person's behavior, these guidelines are generally applicable.**

**When the OPP have been called they will take control of the situation upon arrival and assume the role of Incident Commander.**

#### **A) GUIDELINES FOR MAINTAINING SAFE SERVICE DELIVERY**

- o Do not delay in calling 911.
- o Do not enter the home / area if feeling unsafe – contact your supervisor / volunteer coordinator immediately.
- o Workers carry a cellular device in working order.

- o Home Safety Risk Assessments are conducted at initial assessment and reviewed regularly for Assisted Living and Outreach Assisted Living Clients.

## B) VIOLENT BEHAVIOUR / SITUATIONS

*This section also applies to Community Support Services Volunteers.*

1. Assess the situation and ensure personal safety. Call 911.
2. If the care recipient/client, a household member or visitor is displaying violent behaviours, leave the home or area.
3. Once in a safe place (e.g. worker's car) call 911 if you have not already done so.
  - o Determine if you require immediate medical assistance and/or immediate assistance from police (OPP).
  - o Safety whistles may be used to alert others of the situation and/or to obtain additional help.
4. Contact your supervisor / volunteer coordinator to inform of violent incident.
5. Remain in a safe place until police arrive.
6. Remain available to police should they have questions.

## ENDING CODE WHITE

The Incident Commander is responsible for cancelling the Code White. In hospital and long-term care settings this includes making an announcement or having an announcement made.

When the incident is over or as soon as possible, medical attention should be given to any casualties of the violent situation.

## RECOVERY

- Document the incident on **FORM-EPC-001 Code Action Report** using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
  - o Consider possible COVID-19 exposure risks – if applicable, complete the **Checklist for Potential COVID-19 Exposure**.
- Document the incident on the **OCC HEALTH – Workplace Violence / Harassment Incident Report Form** using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
  - o A subsequent investigation by Manager/Senior Manager using the Workplace Violence/Harassment Investigation will take place.
- If injuries result from the incident complete the OCC HEALTH – Worker Incident Report using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Volunteers document the incident using the OCC HEALTH – Visitor / Volunteer General Occurrence using the Quality Risk Manager in Surge ([www.surgelearning.ca](http://www.surgelearning.ca)).
- Incident debriefing should take place as soon as possible following the incident.
  - o Ensure workers are aware of and able to access all available supports if necessary, including Employee Assistance Programs / counselling.
- Determine the need for stress debriefing. Be alert for signs / symptoms of Post-Traumatic Stress Syndrome or other adverse effects.
- Flag the patient as violent in the electronic medical record by completing a **Violent Patient Assessment Form** (for more information view the NSHN policy – Agitated or Violent Patient Management in the Emergency Department policy).

## 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.

- o The following critical incidents must be reported to the Director **immediately**, in as much detail as possible, followed by a written report:
  - o 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):**

- o 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.'
- o 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**.

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.
- Public Services Health and Safety Association. (2021). Emergency Response for Workplace Violence (Code White) in the Healthcare Sector.
- 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 \(ontario.ca\)](#)

# CODE YELLOW

## MISSING PERSON

For further details refer to the Code Yellow– Missing Person policy & procedure on SURGE or Emergency Measures Binder.

- You are in charge** until relieved by a more responsible person.
- Page the **person's name, asking him/her to please return to room**, and immediately conduct an informal search within the unit.
- Page a **Code Yellow if the patient is not found within a few minutes**. Announce a “**Code Yellow, person's name and a physical description**, including sex, age, height, weight, clothing and other defining physical traits. Repeat three times (3X).

### IMMEDIATE ACTIONS:

- All staff are to conduct a **thorough search** of their area immediately and secure it (close and/or lock any doors and stand by) to prevent entry by missing person.
- Monitor nearby exits.
- Assist in a further search of the premises (sidewalks and roadways ONLY) when requested by the Incident Manager/Charge Nurse.
- Contact the OPP by calling 911.
- Notify a Senior Manager on call.

### **CHARGE NURSE – DURING THE NIGHT OR OFF HOURS**

- Assume the **Incident Manager** role, **assess the situation and mobilize and direct staff** until relieved by a Senior Manager or the OPP.
- Notify the physician, family and OPP that the patient/resident is missing.
- Check **exit door alarm panel** and **Versus system** to see if patient/resident has exited the building
- Assign staff to search specific areas (North-East End: maintenance & purchasing, South-East End: Medical Device Reprocessing Dept., Operating Room, Ambulance Bay, Dr.'s lounge, etc.) and report back after a 5 minute search.
- Consider bringing in **on-call Maintenance staff** to assist with search of **basement and outside areas**.

### SECONDARY ACTIONS

- If patient/client not readily found, notify Senior Management Team (by phone or e-mail) to activate Incident Management System.
- The Incident Command Centre will be relocated to the Board Room or alternate area identified by Incident Commander.
- Notify site partners (HSFHT, ADSAB, Algoma Manor, NP Clinic etc...), if possible.
- Determine need for mandatory and critical incident reporting requirements in accordance with the Long-Term Care Homes Act.

### WHEN PATIENT/RESIDENT IS FOUND

- Announce over PA system, “**Attention all staff, Code Yellow is now over**”.
- Inform the OPP, physician, family, search parties and Senior Managers involved that the incident is over.
- Modify the care plan to include interventions to ensure patient's future safety.
- Complete an **Incident Report**.

### RECOVERY

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

# CODE YELLOW

## MISSING PERSON

For further details refer to the Code Yellow– Missing Person policy & procedure on SURGE or Emergency Measures Binder.

### LOST OR MISSING PERSON PHYSICAL DESCRIPTION & CLOTHING:

LAST NAME:		FIRST NAME:	
ALIAS(ES):		GENDER:	DOB:
MARITAL STATUS:	NATIONALITY:	LANGUAGES SPOKEN:	

#### A) Physical Description:

- Height: \_\_\_\_\_
- Weight: \_\_\_\_\_
- Age: \_\_\_\_\_
- Build (e.g. athletic, slim, etc.): \_\_\_\_\_
- Hair Colour (e.g. brown, red, etc.): \_\_\_\_\_
- Hair Length (e.g. shoulder length, buzz cut, etc.): \_\_\_\_\_
- Hairstyle (e.g. curly, wavy, etc.): \_\_\_\_\_
- Facial Hair Style (e.g. beard, moustache, goatee, sideburns): \_\_\_\_\_
- Facial Hair Description (e.g. colour, shape, etc.): \_\_\_\_\_
- Eye Colour: \_\_\_\_\_
- Wears prescription glasses?: \_\_\_\_\_
- Wears prescription contact lenses?: \_\_\_\_\_
- Face Shape (e.g. oval, round, etc.): \_\_\_\_\_
- Complexion (e.g. clear, freckles, etc.): \_\_\_\_\_
- Noted Facial Features: \_\_\_\_\_
- Overall Appearance Description (e.g. clean, dirty, etc.): \_\_\_\_\_
- Photo Available? : \_\_\_\_\_
- Distinguishing marks, surgical marks/scars, piercings or tattoos (include location on body, colour, size, etc.): \_\_\_\_\_
- Style / Habits of Speech (e.g. repeated words, stutter, distinguishing words or accent, etc.): \_\_\_\_\_

#### B) Clothing & Personal Items:

	STYLE	COLOUR	SIZE
Shirts / Sweater			
Pants			
Outerwear (e.g. coat)			
Innerwear (e.g. undergarments)			
Head Attire (e.g. hat)			
Rain / Winter Wear (e.g. umbrella)			
Glasses			
Other Pieces of Clothing			



## TITLE: Code Yellow – Missing Person

MANUAL: EMERGENCY PREPAREDNESS

SECTION: CODE YELLOW

APPROVED BY: EMERGENCY PREPAREDNESS COMMITTEE

### POLICY

---

Code Yellow is the term used to announce a missing patient or resident. The purpose of the policy is to define the plan for searching and handling of a missing patient/resident situation.

It is the guideline to review, revise and test the Code Yellow policy and procedure to ensure all employees are trained and prepared to deal with a missing patient or resident.

### AUTHORITY TO DECLARE

A Code Yellow may be declared by the nurse responsible for a missing patient or resident.

### NOTIFICATION PROCEDURE

The purpose of notification is to make employees aware of the situation. The following procedure is to be followed:

- Announce the Code Yellow – including Give the NAME, and a PHYSICAL DESCRIPTION of the missing patient/resident including: Sex, Height, Weight, Clothing, Other defining physical traits.
- At the Blind River site, page the announcement and repeat three times (3x).
- Notify the OPP to request assistance by calling 911.
- Notify site partners (e.g. Huron Shores Family Health Team (HSFHT), PHARA, ADSAB, Algoma Manor), 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. Workers

- Knowing and carrying out the Code Yellow procedure as outlined above.
- Knowing the location of patient/clients that are in your care.
- Attending education programs as required.
- Reviewing the emergency measures plans regularly. Should an employee be uncertain as to the proper procedure, it is his/her responsibility to seek out education.

- Checking for exiting patients/residents when the alarm is activated (if there is an Exit Alarm system at site).

## II. Managers

- Ensuring all employees know their role and can respond competently to the Code Yellow procedure.
- Reviewing the Code Yellow policy and procedure with new employees during orientation and with regular employees in conjunction with educational exercises.
- Ensuring employees complete scheduled education activities.
- Notifying MOLTC when necessary using the guidelines.

## III. Emergency Preparedness Coordinator

- Providing new employees with Code Yellow Policy and Procedure education.
- Arranging and providing employees the opportunity for an annual review of the Code Yellow policy and procedure.
- Participating in mock exercises to evaluate knowledge of the procedure.
- Providing Managers with feedback on performance during mock exercises.

## IV. Emergency Preparedness Committee

- Developing, annually reviewing, and revising as necessary, all Emergency Preparedness Plans.
- Participating in mock exercises to evaluate knowledge of the procedure.
- Providing Managers with feedback on performance during mock exercises.
- Reviewing all Code Action Reports and making changes as necessary to improve responses to emergency incidents.

## PROCEDURES

### 1. NOTIFICATION PROCEDURE

- Follow the **Code Yellow Action Checklist**.
- Prior to calling the *Code Yellow*, page the person's name, asking him/her to please return to room, and immediately conduct an informal search within the unit to ensure patient/resident is not just visiting in another room or has been signed out for the shift or day.
- If there is an Exit Alarm system at the site, check the panel to see if the patient may have exited the building and the alarm has gone off. Maintenance can check to see if the exit alarm has previously been activated.
- In Long Term Care a list of all residents is available and should be used to verify that all residents can be accounted for.
- If patient is not located within a few minutes, extend the search by paging *Code Yellow*, three (3) times.
  - Give the **NAME**, and a **PHYSICAL DESCRIPTION** of the missing patient/resident including:
    - Sex
    - Height
    - Weight
    - Clothing
    - Other defining physical traits.
      - Use the **Code Action Checklist -Lost or Missing Person Physical Description & Clothing** -as a guide.

### 2. INITIAL RESPONSE PROCEDURE



- The nursing station (of the unit of missing patient/resident) will serve as the Incident Command Centre initially.
  - If the individual is not located, the Incident Command Centre will be activated in the Board Room or alternate location determined by the Incident Commander.
- The Nurse Manager/Charge Nurse of the department will activate the missing person search procedure and become the Incident Manager until a Senior Manager or the Ontario Provincial Police (OPP) arrives to assume command.
- Be sure to have a good physical description of the patient/resident ready (using the **Code Action Checklist –Lost or Missing Person Physical Description & Clothing** –as a guide).
- All employees upon learning of the *Code Yellow* are to immediately conduct a **thorough search** (i.e. entering each room and looking in closets, bathrooms, in & under beds etc.).
- Secure your immediate area by closing and/or locking any doors of rooms that have been checked to limit possible accessibility, and stand by for further instructions to assist in further search of premises if necessary.
- Monitor any nearby exits.
- The Charge Nurse/Incident Manager will ensure that the OPP, physician and family are notified that the patient/resident is missing and that a search is underway.
- If the patient/resident is located in your area call the nursing station immediately and detain the patient/resident until a nurse from the unit arrives to bring the patient/resident back to the room.
- The nurse on the unit will notify involved parties when search is over.

### 3. IF PATIENT/RESIDENT IS NOT LOCATED, FOLLOW THE STEPS BELOW

#### A. During Daylight Hours

- Instruct the employees to protect any prints from the patient's footwear and do a zigzag search pattern starting from the exit door.
- Instruct employees to stay on roadways and sidewalks and do **NOT** go onto the grass areas or into the bush areas. This may impede the OPP search units. Usually the person is usually found within a 2.4 km radius. A person with dementia will more than likely exit the building and head out in a straight line regardless of hazards and obstacles.
- Have the employees search the outer grounds (roadways and sidewalks **only**, unless directed otherwise by the OPP), walking clockwise.
- Check associated external buildings including inside. There is no need to check inside if the building is locked.
- Have the employees report back to the nursing station/Incident Command Centre after a 5 minute preliminary search.

#### B. After Hours

- Consider bringing in on-call maintenance staff and ambulance staff (if available) to assist with perimeter search (roadways/sidewalks only) and OPP when available.

### 4. IF THE PATIENT/RESIDENT IS STILL NOT LOCATED, FOLLOW THE STEPS OUTLINED BELOW

- Notify the Senior Manager for advice on the next steps and activation of the Incident Management System.

### 5. WHEN THE PATIENT/RESIDENT IS FOUND

- Notify all parties involved that the *Code Yellow* is over. An announcement should be made.
- Notify police, Chief Executive Officer, Chief Nursing Executive, physician, the family and associated search parties.
- Assess the patient/resident and provide him/her with reassurance.

- Document the facts on the Incident Report.
- If the missing person was a resident of ELDCAP or Long Term Care, the Search Coordinator will ensure the completion of a written “Unusual Occurrence Report” for submission to the Ministry of Health Long Term Care if applicable.
- Modify the care plan of the patient/resident to include interventions to ensure safety.

## 6. **RECOVERY**

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

## NOTIFICATION OF THE MOLTC (per FLTC)

The *Fixing Long-Term Care Act, 2021* (FLTC) 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:
  - A resident who is missing for three hours or more (s.115(1)3).
  - Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing. (s.115(1)4).
- The following critical incidents must be reported to the Director **within 1 business day**, in as much detail as possible, followed by a written report (s. 107 (4)):
  - A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition. (s.115(3)1).

## **HOW LICENSEE MUST SUBMIT REPORT TO MOLTC (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 a *Code Yellow* drill is to test employee knowledge of how to manage this type of situation as well as to identify areas for improvement.

- *Code Yellow* education review and testing will be held annually and include review of the policy and procedure.
- Employees are to react in the same fashion during a drill as they would in an actual event to ensure the integrity of the test procedure.

- Code Action Reports are to be submitted to the Chief Nursing Officer (CNO). Reports are reviewed by the Emergency Preparedness Committee and improvements are made.

## 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 (2009). OHA Emergency 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 \(ontario.ca\)](#)