



KEMPTVILLE DISTRICT HOSPITAL

Building healthier communities

Emergency Management Plan

Date:
January
2020

Emergencies, Disasters, Accidents and Injuries can occur any time and without warning.

This Emergency Management Plan gives you instructions for handling emergencies and disasters.

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Annexes:

EMERGENCY COLOUR CODES

ANNEX A	CODE GREEN	Evacuation
ANNEX B1	CODE YELLOW	Missing Patient
ANNEX B2	CODE YELLOW TYPE 2	Missing Patient Memory Loss
ANNEX C	CODE ORANGE	Disaster
ANNEX D	CODE RED	Fire
ANNEX E	CODE WHITE	Act of Threat of Violence
ANNEX F	CODE PURPLE	Hostage Taking
ANNEX G	CODE BROWN	Chemical Spill
ANNEX H	CODE SILVER	Armed Assailant
ANNEX I	CODE BLACK	Bomb Threat
ANNEX J1	CODE GREY TYPE 1	Infrastructure and System Failure
ANNEX J2	CODE GREY TYPE 2	External Air Exclusion
ANNEX K	CODE 10	Immediate Help Needed

MEDICAL CODES

ANNEX L	CODE BLUE	Cardiac Arrest
ANNEX M	CODE PINK	Paediatric Cardiac Arrest

SUPPORTING PLANS AND DOCUMENTS

ANNEX N	BUSINESS CONTINUITY PLAN
ANNEX O	PANDEMIC CONTINGENCY PLAN
ANNEX P	EMERGENCY COMMUNICATIONS PLAN

1.0 Introduction

This Emergency Management Plan (EMP) has been developed to comply with Provincial and County level obligations and requirements.

The EMP reflects an all-hazards approach. All-hazards emergency management planning is an approach that recognizes that the actions required to mitigate the effects of emergencies are essentially the same, irrespective of the nature of the event, thereby permitting an optimization of scarce planning, response and support resources.

An emergency refers to an immediate event that requires prompt coordination of actions concerning persons or property to protect the health, safety or welfare of people, or to limit damage to property or the environment. The EMP establishes the basic framework for emergency management (Prevention/Mitigation, Preparedness, Response, and Recovery) and outlines the emergency response procedures to be followed by KDH staff during an emergency to protect life, property and the environment. Overall the key concepts associated with EMP response are **Assess, Communicate and Take Action or ACT**. This approach is designed to support a common and consistent approach to emergency response by all staff in all situations. The EMP also identifies key activities associated with recovery efforts following an emergency.

This EMP outlines the emergency response procedures to be followed by KDH staff during an emergency to protect life, property and the environment. KDH staff are equipped and trained to deal with a broad range of all hazard scenarios and incidents. For complex and larger scale incidents and emergencies, KDH staff will work closely with emergency responders and emergency management partners to mitigate the impacts on patients, visitors and staff, property and the environment.

Please read this Plan thoroughly BEFORE an emergency occurs and become acquainted with the KDH Emergency Management Plan in your department. The more you prepare, the better you can respond to minimize panic and confusion when an emergency occurs. The safety of our patients, visitors, physicians, students, volunteers and YOU are of utmost importance.

The KDH EMP will be reviewed annually and updated as required. Questions and inquiries regarding this Plan can be directed to the VP Corporate Services.

ASSUMPTIONS

When reading this document, assume that:

- Responsibilities delegated to a specific individual will fall to an alternate or appointed delegate in this individual's absence.
- Switchboard duties are the responsibility of the person manning the switchboard (i.e. the patient registration clerk, the ward clerk, M&S staff or ER Charge Nurse).
- A "secure area" is any location not affected by the fire and smoke beyond the nearest barrier doors, outside of the danger zone.

2.0 Kemptville District Hospital Overview

Kemptville District Hospital (KDH): KDH is a multi-site health services organization serving the health needs of North Grenville and South Ottawa. KDH offers a range of services to include 24-hour emergency care, diagnostics, out-patient care/clinics, 18 in-patient beds (acute and chronic care), four interim long-term care beds, eight convalescent care beds, 10 surgical beds, orthopedic, endoscopic and general surgery, health education and wellness.

Staffing Levels: Typical KDH staffing levels are outlined below:

Approximate number of staff onsite	Mon – Fri Days	Mon – Fri Eve/Night	Sat/Sun Days	Sat/Sun Eve/Night
ER/Patient Reg	5	3	4	3
DI	5	2	2	1
M&S/Ortho	7	5	5	3
LTC	3	3	2	3
OR/PACU	16	0	0	0
Clinics	2	0	0	0
Physio	5	0	0	0
Pharmacy	2	0	0	0
Env Services/Laundry/MM	5	3	2	1
Maintenance	4	0	1	0
Management/Admin	38	0	1	0
Dietary	3	0	3	0
Lab	2	0	0	0
Physicians	6	2	2	2
Volunteers	10	0	1	0
Totals	113	18	21	13

KDH staff levels provide for a timely initial response to incidents reported to KDH staff however KDH staff will require support from first responders and emergency management partners for large scale and complex incidents.

Emergency Equipment: Emergency equipment is located throughout the KDH to assist staff to deal with a wide range of all hazard scenarios. Key equipment includes fire equipment, first aid kits and an AED, telephones, two-way radio equipment, etc.

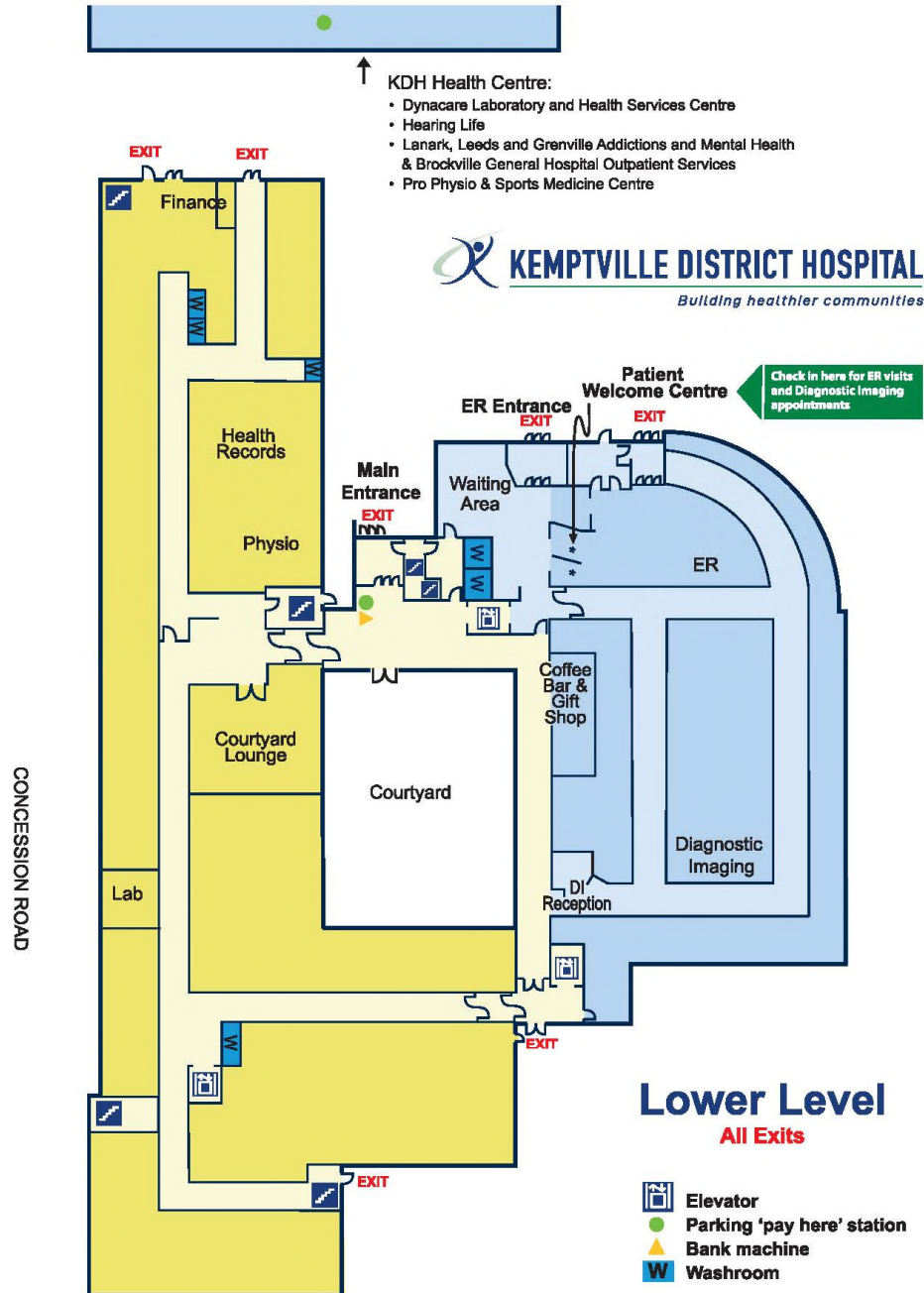
Evacuation Routes and Muster Stations: The KDH EMP maps identify the evacuation routes and muster stations.

Emergency Communications. KDH staff have the ability to communicate with staff, patients and visitors using a range of communication capabilities that include in person, telephones, a public announcement system, mobile radios, and radios. The KDH Emergency Communications Plan is included as Annex P to the EMP.

Emergency Response. KDH staff will respond to incidents in accordance with the response procedures outlined in Annexes A to M to this plan. KDH staff levels provide for a timely initial response to incidents reported to KDH staff however KDH staff would require significant support from first responders and emergency management partners for large scale or complex incidents. The average response time for police, fire and ambulance services to a KDH emergency is approximately 7-10 minutes.

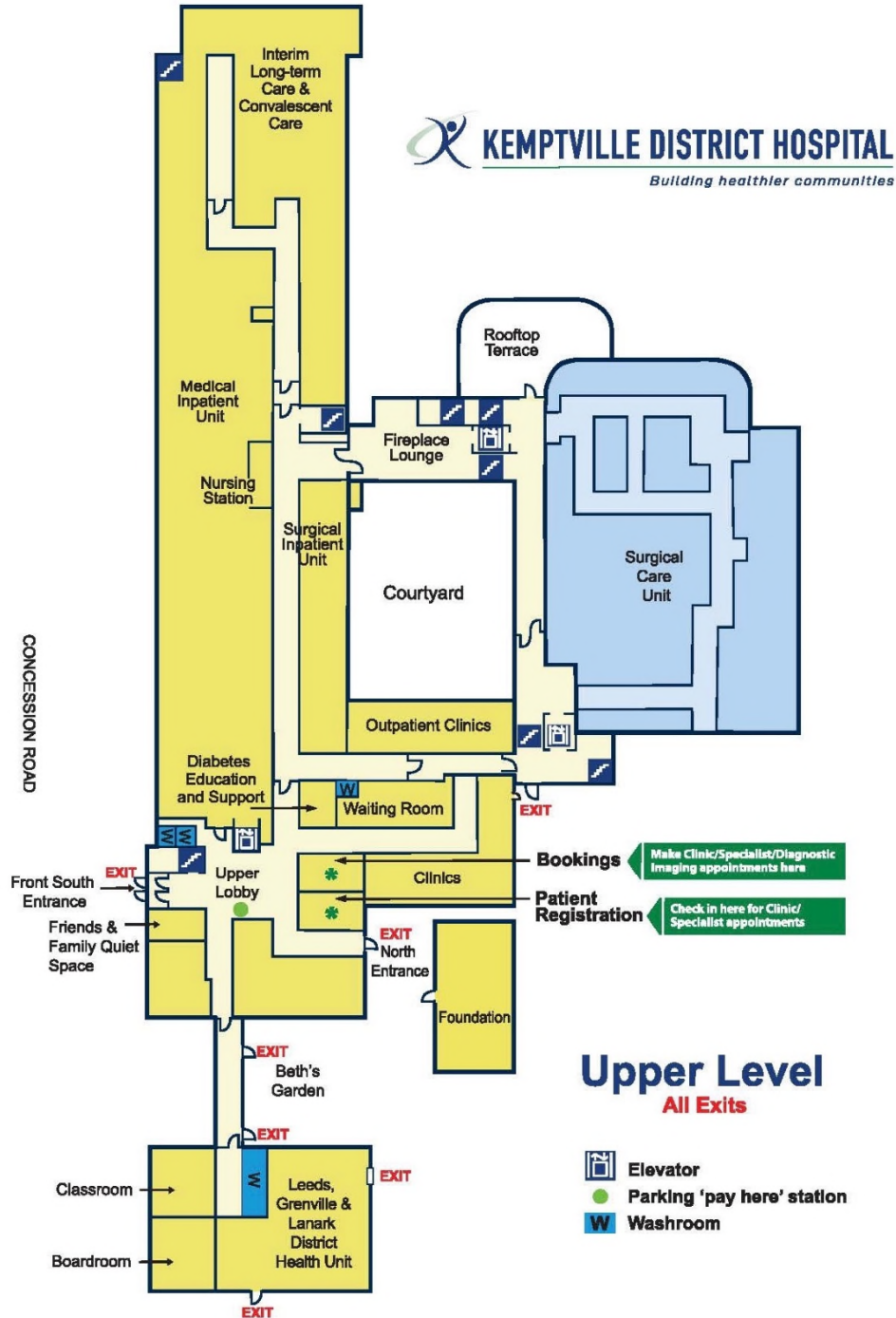
KDH Emergency Management Plan

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Hospital EMP Map – Upper Level

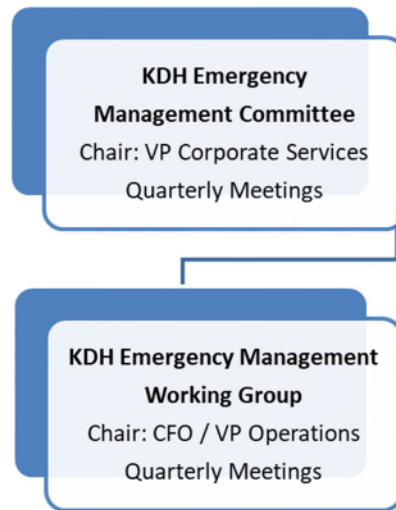
www.kdh.on.ca



These maps are to be reviewed and updated annually as needed.

3.0 Governance

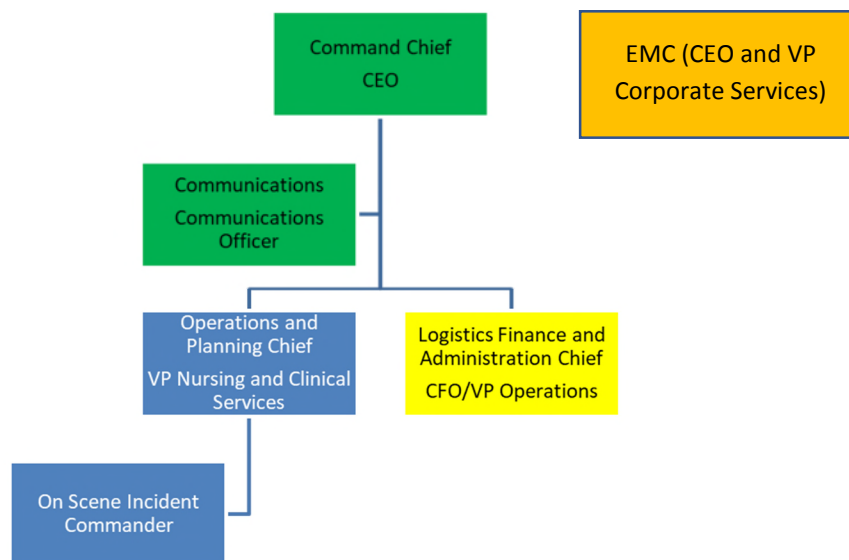
The senior official responsible for the KDH Emergency Management Plan is the CEO of the Kemptville District Hospital. The VP Corporate Services chairs the Hospital EMP Committee which is the approval authority for this plan. The graphic below reflects the governance structure for the strategic management of the Hospital Emergency Management Program.



The roles of each of these governance bodies is summarized in the table below:

Governance Body	Roles
KDH Emergency Management Committee Chair: <ul style="list-style-type: none"> VP Corporate Services Members: <ul style="list-style-type: none"> CEO CFO & VP of Operations VP Nursing & Clinical Services 	<p>The KDH Emergency Management Committee (or equivalent) is comprised of senior hospital personnel responsible for making strategic and long-term decisions relating to Emergency Management and Preparedness.</p> <p>The purpose of this group is to:</p> <ul style="list-style-type: none"> Provide direction and policies related to the Emergency Management program Review and approve the KDH Emergency Management Plan and associated plans Review and authorize EM program funding Provide direction to the KDH Emergency Management Working Group as required
KDH Emergency Management Working Group Members: <ul style="list-style-type: none"> CFO & VP of Operations VP Nursing & Clinical Services (or representative) Communications Officer Manager Building Services Maintenance Mechanic Team Leader 	<p>The KDH Emergency Management Working Group is comprised of staff members responsible for the day-to-day management of KDH facilities and the Emergency Management Program.</p> <p>The purpose of this group is to:</p> <ul style="list-style-type: none"> Develop and maintain the KDH Emergency Management Plan and associated plans Coordinate Emergency Management related training Identify areas for improvement for the Emergency Management Program Recommend options and solutions to enhance the Emergency Management Program

Governance During an Emergency. During an emergency scenario, the KDH Emergency Management Committee (EMC) is the organizational structure with the primary objective to deliver effective and efficient communications between Hospital management, employees, patients, families, and visitors. In addition, the EMC is responsible to establish and sustain the requisite leadership and organizational structure for successful incident management for all emergency incidents. For significant emergency events, KDH may elect to establish an Incident Management System (IMS) based structure to manage the incident. The proposed KDH IMS structure for major incidents (based on the Province of Ontario IMS approach) is depicted below:

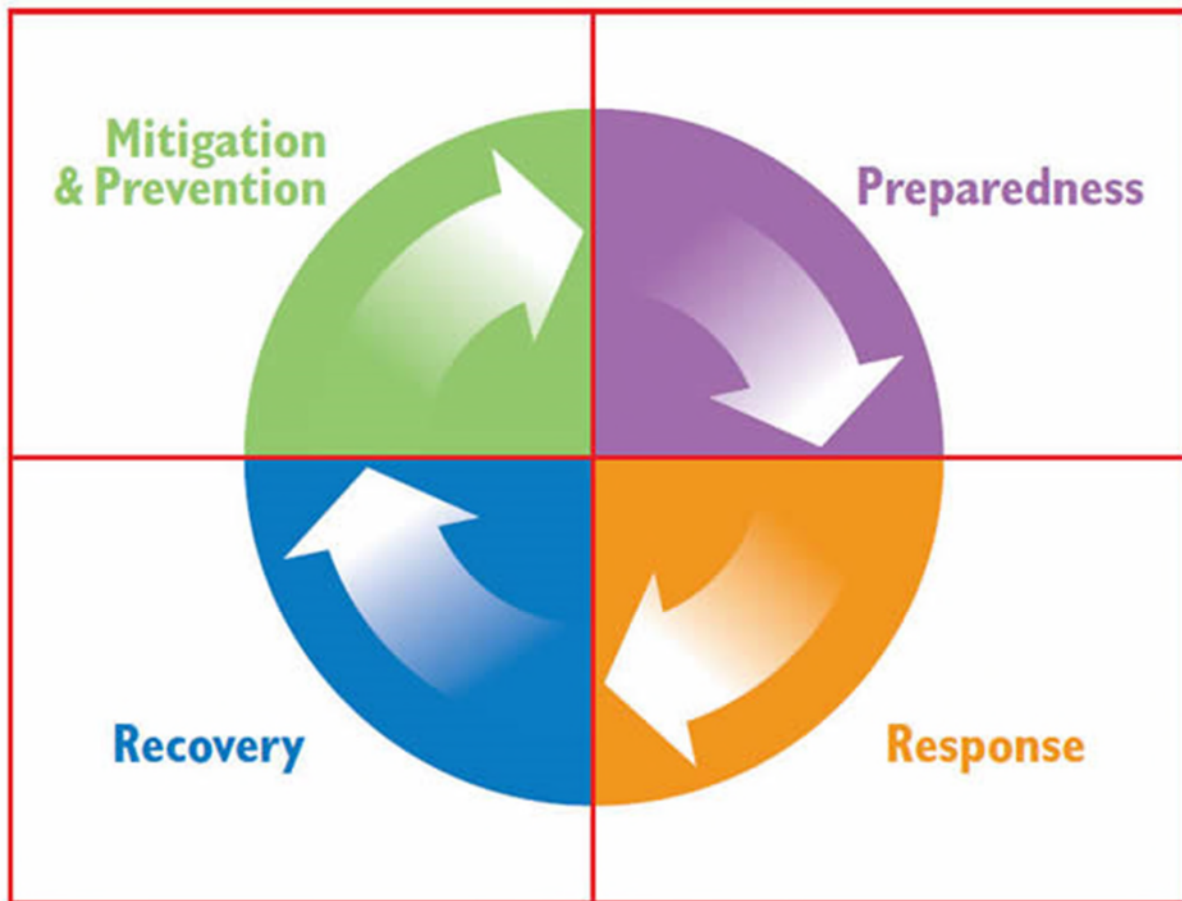


IMS Management Activity/ Function	Command	Operations and Planning	Logistics, Finance and Administration
	Command Sets objectives and priorities, has overall responsibility at the incident or event	Operations Conducts tactical operations to carry out the plan develops the tactical objectives, organization, and directs all resources. Planning develops the action plan to accomplish the objectives, collects and evaluates information. Maintains resource status	Logistics Provides support to meet incident needs, provides resources and all other services needed to support the incident. Finance/ Administration monitors costs related to incident, provides accounting, procurement, time recording, and cost analysis.
Designated Chief and Alternate	Primary: CEO Alternate: CFO & VP OPERATIONS	Primary: VP NURSING & CLINICAL SERVICES Alternate: NURSE MANAGER	Primary: CFO & VP OPERATIONS Alternate: VP CORPORATE SERVICES

The IMS structure can be tailored to each emergency scenario. The IMS structure and roles and responsibilities is included in each Emergency Code. Additional resources will be assigned to each Chief as required to manage the scope of the Emergency Response and Recovery effort.

4.0 Emergency Management Approach

The KDH EMP approach reflects all of the phases on emergency management depicted below:



5.0 Emergency Mitigation and Prevention

KDH staff are committed to emergency mitigation and preventions. As part of a comprehensive emergency management approach, KDH staff will implement the following initiatives:

- Promote and adhere to the EMP program objectives and procedures outlined in the KDH EMP.
- Conduct regular inspections and assessment to identify and address potential hazards.
- Conduct regular equipment inspections and maintenance to ensure all emergency equipment is in working order.
- Restrict KDH activities when appropriate to mitigate potential hazards.

6.0 Emergency Preparedness

KDH staff are committed to emergency preparedness. As part of a comprehensive emergency management approach, KDH staff will implement the following initiatives:

- Promote and adhere to the EMP program objectives and procedures outlined in the KDH EMP.
- Maintain, review and update (as needed) the KDH EMP on an annual basis. This review will be led by the KDH EMP Coordinator with input from KDH staff.
- Conduct emergency preparedness related training which may include basic fire training, first aid and AED training.
- Conduct periodic exercises to test the EMP. Exercises are to be scheduled by the KDH EMP in consultation with EMP Steering Committee and Working Group staff. Exercises can range from group discussions, to table top exercises, to practical tests of select response procedures. Exercises should be conducted every 3 years as a minimum.
- Conduct regular liaison with key emergency response agencies (where possible host an annual emergency services day).

7.0 Emergency Response

KDH Emergency Response procedures are based on the concept of A-C-T or assess, communicate and take action (for fire related incidents, the KDH response will adhere to the REACT (Remove, Ensure, Activate, Call, Try) approach):

Assess - Stop to Assess the Situation

- Is there an immediate danger? Am I in danger?
- Is there a need to move people away from the danger or ensure people do not move into harm's way?
- Do I have the equipment, training and experience to deal with this situation?
- Are additional resources and first responders required?

Communicate - Pause to Communicate

- In case of an emergency contact 911
- Contact other KDH staff for assistance
- Communicate with staff, patients and visitors

PAGING SYSTEM INSTRUCTIONS

Emergency Communication during an Emergency event provides guidance, prevents injury, panic, and helps to promote helpful behaviour.

- Press the page button, or dial *84
- When prompted, enter page group1#
- After tone, speak into receiver, page will be instantaneous
- Repeat information when speaking for all critical pages
- Hang up receiver

Take Action (appropriate to the incident). The EMP includes following Emergency Response Procedures (see the applicable Annex)

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8.0 Recovery Procedures

Following an incident, recovery efforts may be required in order to return to normal KDH operations. Recovery procedures are outlined in the KDH Business Continuity Plan (Annex P) and may vary from incident to incident but will typically include the following activities:

- Conduct a Damage Assessment and initiate clean up and recovery efforts
- Initiate critical incident support for KDH staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the KDH following a partial or full evacuation
- Post incident reporting and communications
- Conduct an initial after action review within 24 hours of the incident. For major events, KDH staff may consider a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

Larger clean up and recovery efforts will be coordinated through the KDH Emergency Management Committee and other entities.

Emergency and Key Contact Numbers

EMERGENCY AND KEY CONTACT NUMBERS			
EMERGENCY SERVICES			
Police (OPP)	Ontario Provincial Police	9-1-1	
Fire	North Grenville Fire Service	9-1-1	
Paramedics	EMS Ambulance Dispatch	9-1-1 613-258-5634	
AFTER HOURS STAFF EMERGENCY CONTACT LIST (24 Hour contact numbers)			
Employee	Position	Home Phone	Cell Phone
Steve Webber	Maintenance Mechanic		613-857-4755
Dennis Piche	Maintenance Mechanic	613-658-3499	613-697-9562
Tammy Buehlow	Manager Building Services		613-851-7308
Jennifer Ellis	VP Nursing & Clinical Services		613-983-1655
Brittany Rivard	CFO & VP Operations		613-220-3356
Frank Vassallo	Chief Executive Officer		613-914-4443

OTHER KEY CONTACTS		
Company Name	Service Provided	Phone
Leeds, Grenville & Lanark District Health Unit Brockville	Public Health Programs and Services	613-345-5685
Winchester District Memorial Hospital	Assisting Hospital for Evacuations	613-774-2420
Municipality of North Grenville (Mark Guy)	Primary Satellite Evacuation Centre	mguy@northgrenville.on.ca 613-258-9569 ext.107
Canadian Blood Services	Blood Services	1-888-310-1122
Ministry of the Environment – Spills Action Center	Regarding chemical spills	1-800-268-6060 or 416-325-3000 (24hr)
Home and Community Care (formerly CCAC)	Discharge Planning – Ask for Manager in Charge	1-800-538-0520
Bayfield Manor	Long Term Care	613-258-7484
Kemptville Taxi	Taxi service	613-258-2500
Trauma Management Group	Professional Counselling and Support (24/7)	1-800-644-4373
Mark Stinson - QCH	Queensway Carleton SPD Stores	613-721-2000 ext. 1356
Donna Barnes	Compass Group Canada (Back up personnel for food & support services)	1-416-272-9658
Sysco Canada	Emergency Food Supplier	1-800-324-9074
Advanced Alarm Systems	Fire Alarm Company	613-283-6238
Chubb Edwards	Fire Alarms / Sprinklers	613-254-7422
ABC	Fire Extinguishers	613-228-1881
Horton Automatics	Automatic Doors	613-863-8261
Johnson Controls (formerly Tyco)	Security System	613-696-3914
Howell Electric	Electrical	613-258-0294
Boyd HVAC	Mechanical	613-868-4880
Brooks & Cryderman	Plumbing	613-258-5943

CODE GREEN:**EVACUATION****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective precautionary or full evacuation in response to an external or internal event affecting the hospital.

In the event of an external or internal incident, it may be necessary to isolate an area, a floor, or to totally evacuate the Hospital.

AUTHORIZATION TO ACTIVATE CODE GREEN

The decision to isolate, to partially evacuate, or to totally evacuate the Hospital lies in the hands of the Chief Executive Officer/Designate until:

1. The Fire Chief or delegate arrives, in the event of a fire.
2. The Ontario Provincial Police (OPP) arrives, in the event of a threat to staff or patient safety.

EVACUATION CODES**1. CODE GREEN: PRECAUTIONARY EVACUATION**

May be activated when an external or internal incident causes the relocation of patients. There is usually some advance warning that gives the Hospital time to get organized.

2. CODE GREEN: STAT

May be activated when an external or internal event causes the relocation of all persons present (patients, visitors, staff, etc.).

GENERAL INFORMATION EVACUATION**1. CONTROLS CORRIDOR BARRIER DOORS**

A control person will be assigned to open and close the barrier doors for rescuers and patients to ensure that smoke spillage from the fire zone into the secure zone (Fireplace Lounge) is kept to a minimum and to reduce the chance of injury from the door hitting patients or staff.

2. STAIRWELL DOORS

A control person will be assigned to open and close stairwell doors for rescuers and patients to reduce the chance of injury and to control the traffic flow.

3. AMBULATORY PATIENTS

Once ambulatory patients are in a secure area (Fireplace Lounge) they must be prevented from wandering off or from trying to return to the fire zone. Where possible, it is desirable that they be placed in a room such as a lounge area, sunroom, etc., and the door closed. A member of the staff must be left with these patients for control and possible medical emergency.

CENSUS

All patients and staff must be accounted for during any emergency evacuation. To help facilitate the accounting in the secure area, (Fireplace Lounge) patients from one unit will be kept separate from patients of other units. A staff member of the evacuated unit will be assigned to account for patients using the Daily Patient List. Should a patient be missing, the VP Nursing & Clinical Services /Nurse Manager must be informed immediately. No employee should return and search the unit for a missing patient once evacuation has been completed. This is to be left for the fire department, which is properly equipped and trained for this task.

The VP Nursing & Clinical Services/Nurse Manager, will ensure that Daily Patient Lists are taken from their unit to the secure area. These records are to be used to account for the patients of the evacuated unit.

MOVING PATIENTS**1. AMBULATORY PATIENTS**

Ambulatory patients are evacuated first.

Ambulatory patients must be escorted from the danger zone to the secure area (Fireplace Lounge) by staff members. Once in a secure area, ambulatory patients must be supervised to ensure they do not attempt to return to the danger zone.

2. NON-AMBULATORY PATIENTS

Non-ambulatory patients are evacuated by evacu-sleds, or blankets, where available.

In the case of a Horizontal Evacuation, non-ambulatory persons are to be placed on the same side of the corridor, along the wall opposite to the exit door, leaving one side free.

PERSONNEL POOL (COURTYARD LOUNGE)

KDH will set up a Personnel Pool, from which the Personnel Pool Coordinator (VP Nursing & Clinical Services/Nurse Manager) will fill all staffing needs.

Staffing the Personnel Pool is the responsibility of all departments. Demands for help will be great during an evacuation and all personnel are required to report to the Personnel Pool. Hospital Volunteers, as well, initially report to the Personnel Pool. Departments requiring additional help to meet their responsibilities must contact the Personnel Pool Coordinator. The Personnel Pool Coordinator will take into account the nature and training required of the jobs to be done when choosing pool members to fill the various needs.

2.0 RESPONSE PROCEDURE

1. Classify Patients That Can be Discharged as follows:

Green	Denotes patients who maybe discharged	Fireplace Lounge
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2. Move Patients

Discharge Planner, working with the VP Nursing & Clinical Services/Nurse Manager, and Discharge Officer, will make arrangements for patient discharge and have patients moved to the Discharge Area (Fireplace Lounge).

PARTIAL EVACUATION

1. Isolate Area

Clear the immediate area of any obstructions and set up a barrier.

2. Move Patients to Secure Room

Move patients to a secure room within the Unit (Fireplace Lounge) once the immediate area has been deemed safe.

HORIZONTAL EVACUATION

1. Isolate Area

Clear the immediate area of any obstructions; isolate the room involved by closing all doors and windows and setting up a barrier to the area.

2. Move Patients Beyond Barrier Doors

Move all patients beyond the fire doors into the secure east or west wings. Close the fire doors and place the patients in rooms behind closed doors and windows.

VERTICAL EVACUATION

1. Isolate Area

Clear the immediate area of any obstructions; isolate the room involved by closing all doors and windows and setting up a barrier to the area.

2. Move Patients Downward

Evacuate the floor vertically; i.e. move all patients down one floor using the stairwells only.

TOTAL EVACUATION

1.CODE GREEN Announcement

The Switchboard, upon direction by the Chief Executive Officer, or the Fire Chief or the OPP, will make the appropriate Code Green Announcement, saying:

**"CODE GREEN—PRECAUTIONARY: EVACUATE TO "LOCATION"
or**

"CODE GREEN—STAT: IMMEDIATE EVACUATION TO LOCATION"

2. Fan-Out Call System.

The Building Services Manager of Delegate will activate the Automated Telephone Fan-Out Call System.

3. Notify Outside Parties.

The CFO & VP Operations /Designate will notify the necessary outside parties of the evacuation and make arrangement for assistance with evacuation.

4. Personnel Pool coordinator will assign a staff member to post Evacuation Signs.

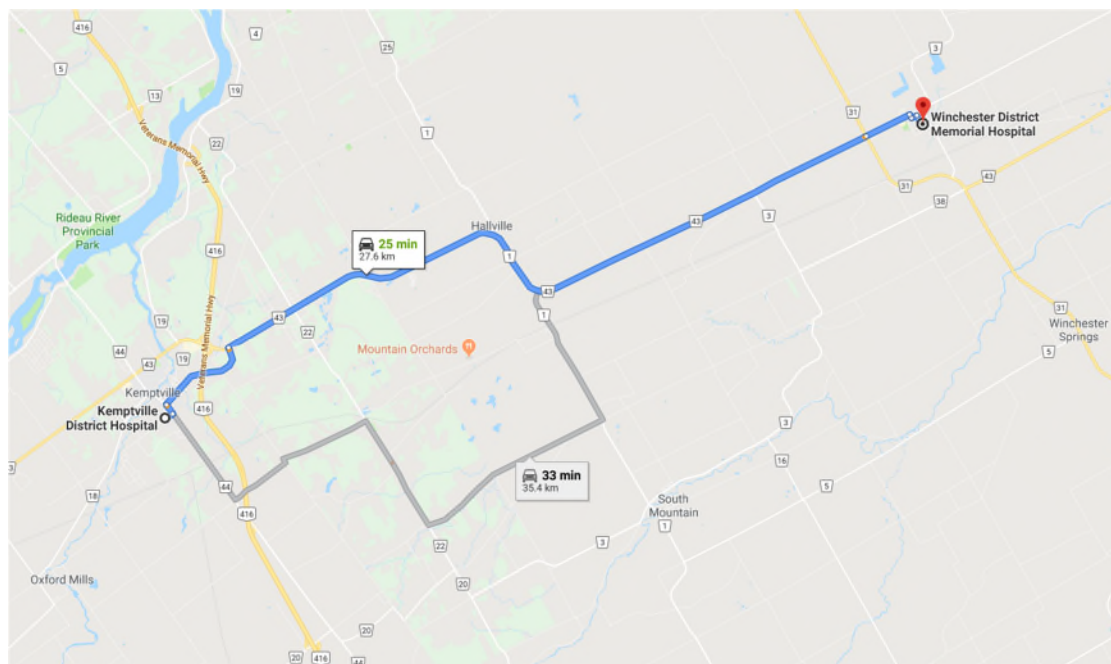
5. "HOSPITAL TEMPORARILY CLOSED" signs will be posted at all entrances.

6. Classify and Move Patients

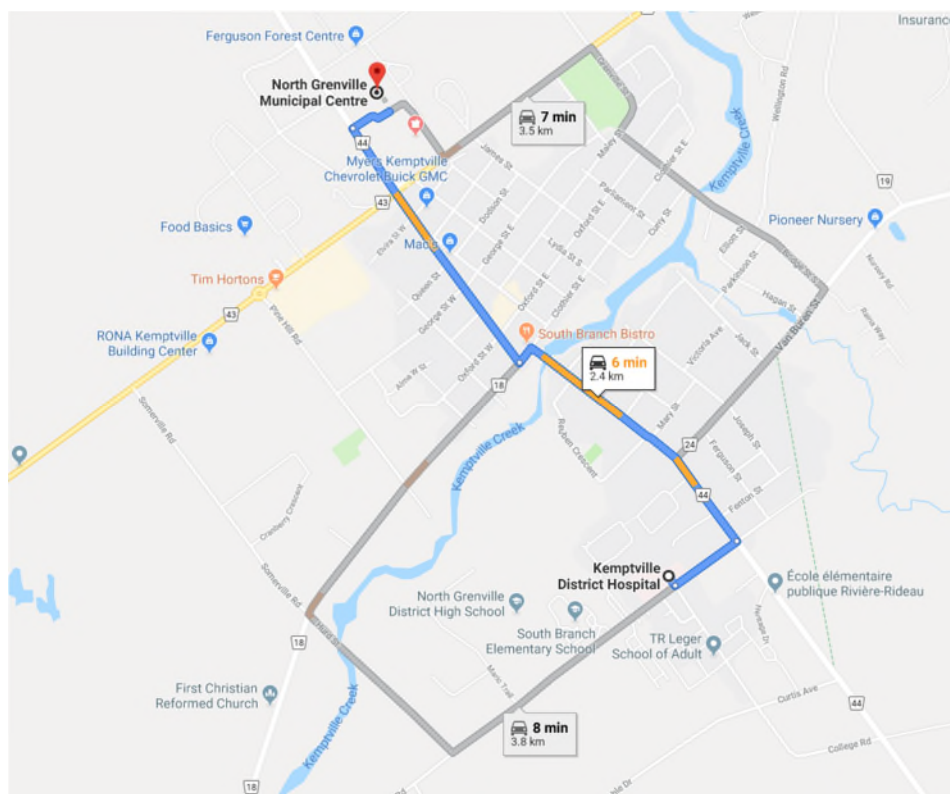
The VP Nursing & Clinical Services will liaise with the Discharge Officer, using a current In-patient List to identify and classify patients as follows:

Red	Denotes Patients to be transferred to the Assisting Hospital	Winchester District Hospital (see map)
Orange	Denotes patients requiring only minimal nursing care to be transferred to a Satellite Evacuation Centre	Primary: North Grenville Municipal Centre (see map)
Green	Denotes patients who may be discharged	Fireplace Lounge (see map)

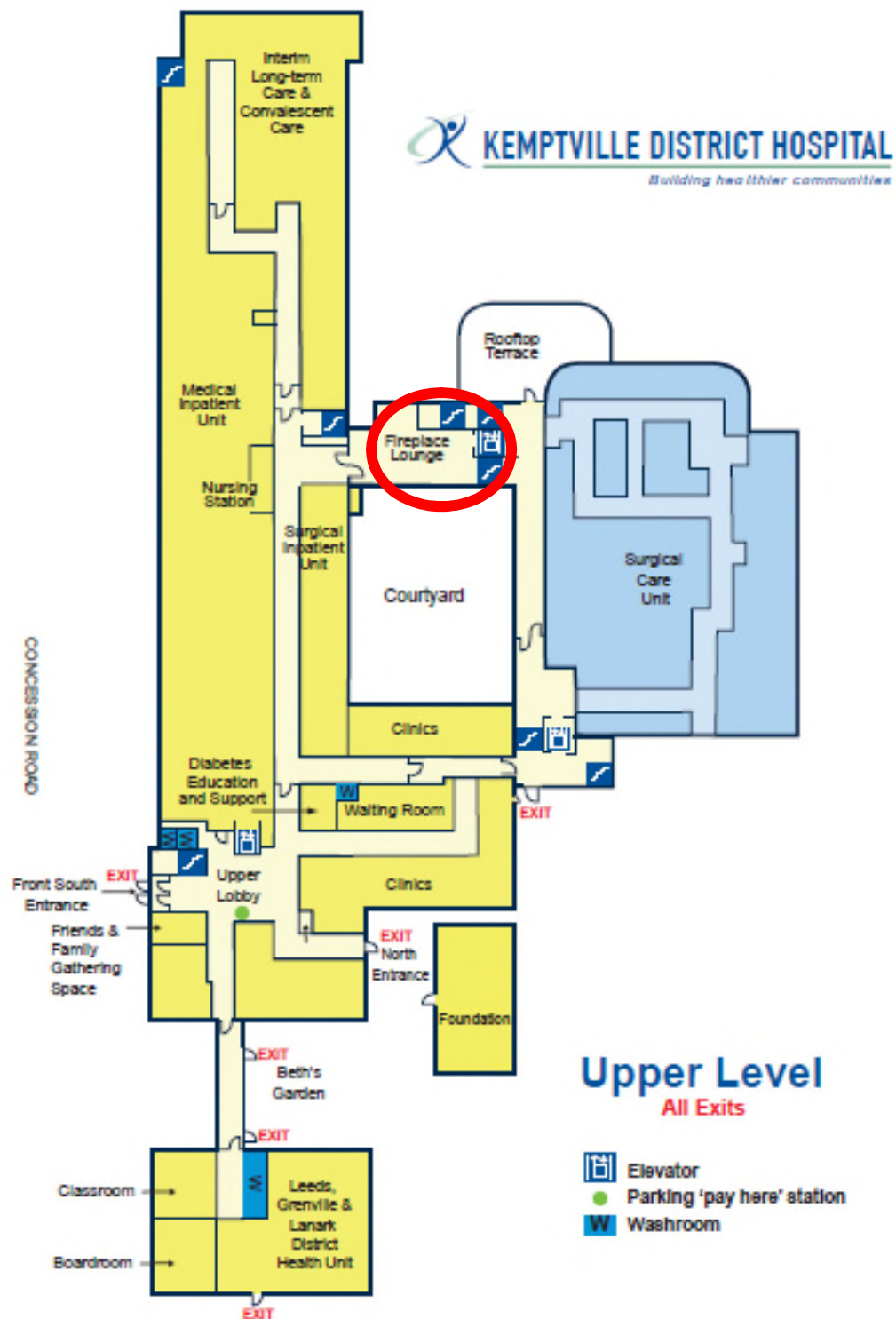
Map depicting route between Kemptville District Hospital and Winchester Memorial District Hospital.



Map depicting route between Kemptville District Hospital and North Grenville Municipal Centre.



Hospital EPP Map – Upper Level – Fireplace Lounge circled in red



7. Search and Close Rooms

VP Nursing & Clinical Services/Nurse Manager will assign two-person teams to search and close rooms. Once a room has been searched, close the door and flip up the white tag on the door (Remar) so that all staff will know that the room has been checked.

8. Transfer and Discharge Patients**a. Medication**

- i. Patients being transferred to another facility will each have a plastic bag containing a supply of required medications and their medication record. These bags will be clearly labelled with the patient's name and, IF TIME PERMITS, pinned to the patient.
- ii. Patients being discharged home will require a written prescription for medications. Medications are NOT to be sent home with patients.

b. Documentation

The VP Nursing & Clinical Services/Nurse Manager, will ensure the following information is documented for each patient being evacuated or discharged from the Hospital:

- iii. Name
- iv. Address
- v. Phone Number (Home)
- vi. Time of Discharge or Transfer
- vii. Being Discharged or Transferred to: (indicate if going home or name of facility)

c. Transportation

Arrangements will be made for the transportation of patients, by either ambulance, volunteer drivers or family members.

9. Report to Satellite Evacuation Centre(s)

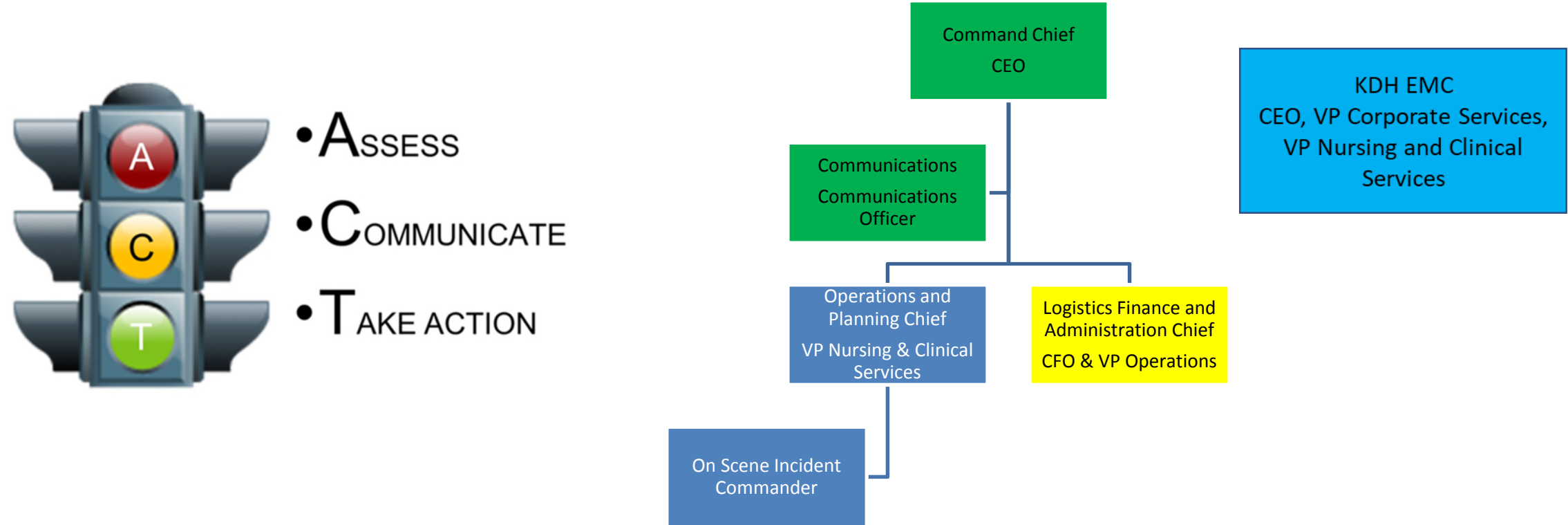
Once the Hospital has been completely evacuated, all personnel are to report to the Satellite Evacuation Centre(s) for census taking.

10. File Code Report

The Chief Executive Officer will file a Code Green Report with the Building Services Manager of Delegate and VP Nursing & Clinical Services/Nurse Manager.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

CODE GREEN INCIDENT MANAGEMENT SYSTEM (IMS) ORGANIZATION



CODE GREEN IMS Management Activity/Function	Command	Operations and Planning	Logistics, Finance and Administration
	Command Sets objectives and priorities, has overall responsibility at the incident or event	Operations Conducts tactical operations to carry out the plan develops the tactical objectives, organization, and directs all resources Planning Develops the action plan to accomplish the objectives, collects and evaluates information. Maintains resource status	Logistics Provides support to meet incident needs, provides resources and all other services needed to support the incident Finance / Administration Monitors costs related to incident, provides accounting, procurement, time recording, and cost analyses.
Designated Chief and Alternate	Primary: CEO Alternate: CFO & VP OPERATIONS	Primary: VP NURSING & CLINICAL SERVICES Alternate: NURSE MANAGER	Primary: CFO & VP OPERATIONS Alternate: VP CORPORATE SERVICES
Supporting KDH Appointments and Resources	<ul style="list-style-type: none">• Operations and Planning Chief• Logistics, Finance & Administration Chief• Communications Officer• Switchboard	<ul style="list-style-type: none">• Discharge Officer• Discharge Planner• Managers• Physicians• Staff Nurses/PCAs• Planning representatives from Functional Services (Managers):<ul style="list-style-type: none">○ Lab○ Dietary○ Pharmacy○ Medical Records• Building Services Manager	<ul style="list-style-type: none">• Manager Building Services• Maintenance Team Lead• Finance Staff Laundry Services• Pharmacy Technician• Material Management• Administrative Assistants

Appointment/ Function		
CHIEF EXECUTIVE OFFICER Incident Command	VP NURSING & CLINICAL SERVICES (PERSONNEL POOL COORDINATOR) Operations and Planning Chief	CFO & VP OPERATIONS Logistics, Finance and Administration Chief
<div>1. Report to Emergency Operations Centre (Finance Office) or Personnel Pool (Courtyard Lounge).</div> <div>2. The decision to isolate, to partially evacuate, or to totally evacuate the Hospital, as informed by the VP Clinical & Nursing Services, lies in the hands of the Chief Executive Officer/Designate until:<div><div>a. The Fire Chief or delegate arrives, in the event of a fire.</div><div>b. The Ontario Provincial Police (OPP) arrives, in the event of a threat to staff and/or patient safety.</div></div></div> <div>3. Notify assisting hospital of evacuation (Winchester District Memorial Hospital 613-774-2420)</div> <div>4. Notify Satellite Evacuation Centre(s) of evacuation (Primary: Municipality of North Grenville – Contact Mark Guy - 613-258-9569 ext. 107)</div> <div>5. Contact Emergency Medical Service (EMS) to assist in the transportation of patients.<div><div>a. EMS Ambulance Dispatch: 613-258-5634</div><div>b. As well, have an ambulance on stand-by at the emergency entrance to transport any arriving emergency cases to another hospital.</div></div></div> <div>6. Contact Resources (Appendix D) to advise those applicable to stand by for possible request for assistance.</div> <div>7. File a Code Green Report (Appendix A) with the Building Services Manager and VP Nursing & Clinical Services.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge) as Personnel Pool Coordinator</div> <div>2. Assign an On Scene Commander if one is not already identified</div> <div>3. Assign staff member to post Evacuation Signs and “HOSPITAL TEMPORARILY CLOSED” signs.</div> <div>4. Assign two-person teams to search each and every room, closet, shower etc, starting at one end of the unit and work their way to the other end room-by-room.<div><div>a. NOTE: It is not only children who hide during a fire emergency, adults do as well, therefore check under beds, in closets, lockers, washrooms, showers etc.</div><div>b. Once a room has been searched, close the door and flip up the white tag on the door (Remar) so that all staff will know that the room has been checked.</div><div>c. Once a team has finished their assigned area they are to report back to the Coordinator. Teams should not separate. Stay together for safety.</div></div></div> <div>5. Ensure census taking of patients.</div> <div>6. Liaise with Discharge Physician, using a current In-patient List to identify and classify patients as either Red, Orange or Green:<div><div>a. Red denotes Patients to be transferred to the Assisting Hospital (Winchester District Memorial Hospital)</div><div>b. Orange denotes patients requiring only minimal nursing care to be transferred to a Satellite Evacuation Centre (Primary: Municipality of North Grenville)</div><div>c. Green denotes patients who may be discharged (Fireplace Lounge)</div></div></div> <div>7. Designate secure areas for critically ill patients who will be transferred directly to assisting hospital. Ensure extra blankets are made available in these secure areas along with portable oxygen.</div> <div>8. Designate a Person-in-Charge of the Discharge Area (Fireplace Lounge).</div> <div>9. Ensure the following information is documented for each patient being evacuated or discharged from the Hospital:<div><div>a. Name</div><div>b. Address</div><div>c. Phone Number (Home)</div><div>d. Time of Discharge or Transfer</div><div>e. Being Discharged or Transferred to: (indicate if going home or name of facility)</div></div></div> <div>10. Record the names of those reporting to the Personnel Pool and distribute to each an orange "KDH Staff" button for ready identification.</div> <div>11. Immediately dispatch employees as follows:<div><div>a. Two (2) employees to each of the following locations to control traffic from entering:<div><div>i. Patient Registration/Waiting area door</div><div>ii. Ambulance Entrance</div><div>iii. Old ER Entrance</div><div>iv. North Entrance</div><div>v. Old Lobby (legacy)</div><div>vi. Shipping and Receiving Entrance</div><div>vii. OR Catwalk</div></div></div><div>b. One (1) person to the OR/Recovery Room area to maintain contact with the OR staff, if necessary</div><div>c. Send a team of staff members to Satellite Evacuation Centre to receive patients and supplies.</div><div>d. Select and direct personnel to fill any requirements as requested or as need arises.</div></div></div> <div>12. Assign personnel from the Personnel Pool to meet Functional Services requirements.</div> <div>13. Work with Discharge Planner and Discharge Physician, making arrangements for patient discharge and to have patients moved to the Discharge Area (Fireplace Lounge).</div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Notify the necessary outside parties of the evacuation and make arrangements for assistance with evacuation.</div> <div>3. Contact the various departments and have them start preparing supplies for possible transfer to the Satellite Evacuation Center. (Blankets, medications, portable oxygen, etc.)<div><div>a. Laundry/Linen (Ext. 127)</div><div>b. Pharmacy (Ext. 240)</div><div>c. Material Management (Ext. 168)</div></div></div>

Appointment/ Function			
SWITCHBOAR	BUILDING SERVICES MANAGER	BUILDING SERVICES	DISCHARGE PHYSICIAN (PHYSICIAN DESIGNATED)
1. Upon direction from the CEO, or the Fire Chief or the OPP, Switchboard to make the Code Green announcement, saying, "CODE GREEN–PRECAUTIONARY: EVACUATE TO “LOCATION” or "CODE GREEN–STAT: IMMEDIATE EVACUATION TO LOCATION"	1. Activate the Automated Telephone Fan-Out Call System (Appendix C)	1. Report to Personnel Pool (Courtyard Lounge). 2. Coordinate and provide security at the following Security Posts: a. Upper and lower parking lot attendant (flash light required) b. ER Entrance c. Main Lobby entrance d. Upper lobby entrance e. North entrance f. Link hall entrances (hall to Boardroom/classroom and Public Health Unit) g. Shipping and Receiving entrance h. Elevators 3. Ensure all linen carts are stocked and ready for transport to the Satellite Evacuation Centre(s). 4. Ensure tenant safety, advise to vacate if possible.	1. Liaise with VP Nursing & Clinical Services using a current In-patient List to identify and classify patients as either Red, Orange or Green: a. Red denotes Patients to be transferred to the Assisting Hospital (Winchester District Memorial Hospital) b. Orange denotes patients requiring only minimal nursing care to be transferred to a Satellite Evacuation Centre (Primary: Municipality of North Grenville) c. Green denotes patients who may be discharged (Fireplace Lounge) 2. Work with the Discharge Planner in the evacuation/discharge of patients.
VP CORPORATE SERVICES	DISCHARGE PLANNER (CCAC)	CHIEF OF STAFF	ER NURSE MANAGER
1. Alternate Logistics, Finance and Administration Chief 2. Report to Emergency Operations Centre (Finance Office) or Personnel Pool (Courtyard Lounge) and assist as needed.	1. Liaise with the VP Nursing/Clinical Services/Nurse Manager and Discharge Officer (Designated Physician) to assist in the discharge/transfer of patients. 2. Person-In-Charge of the Discharge Area (Fireplace Lounge) will ensure the following information is documented for each patient being evacuated/discharged from the Hospital: a. Name b. Address c. Phone Number (Home) d. Time of Discharge or Transfer 3. Being Discharged or Transferred to: (indicate if going home or name of facility)	1. Report to the Personnel Pool (Courtyard Lounge). 2. Will appoint a Physician to act as Discharge Physician. PHYSICIANS NOTE: All Doctors available must respond to Code Green when so requested. 1. Report to Personnel Pool Coordinator.	1. Alternate Operations and Planning Chief 2. Report to Personnel Pool (Courtyard Lounge). 3. Take charge until Senior Management staff arrive. YES 4. Go to Emergency with triage vest (orange fire vest from M&S). a. Set out Disaster charts from Emergency Department on the Patient Registration Desk for distribution b. In the event of evacuation, send a team of staff members to the Evacuation Facility to receive patients & supplies. 5. When relieved, give orange vest to Triage Nurse. 6. Organize patients that can be discharged. (Final decision to discharge with Discharge Physician). Discharge Planner to assist with Transfer/Discharge.
COMMUNICATIONS		MATERIAL MANAGEMENT	PHARMACY
1. Report to Emergency Operations Centre (Finance Office) or Personnel Pool (Courtyard Lounge). 2. Liaison for communications between the media, police, fire, etc., when delegated to do so. 3. Take calls regarding evacuation. 4. Press and Media are to be directed to Command Centre Ext. 176). 5. Relatives are to be directed to the Boardroom/classroom areas.		1. Stock and ready the supply carts, including the Emergency I.V. solutions cart, for transport to Satellite Evacuation Centre(s). 2. Stock and ready the I.V. pumps and I.V. poles for transport to the Satellite Evacuation Centre(s). 3. Upon direction of VP Nursing & Clinical Services, ensure supply carts are transported to the Satellite Evacuation Centre(s). 4. Ensure that I.V. pumps and I.V. poles are transported to the Satellite Evacuation Centre(s) in event of a Hospital evacuation.	1. Upon direction, ensure that the M&S Medication Carts (WOW’s) #1 ,2 & 3, the Emergency and M&S Crash Carts, Pediatric Crash Bags, and Emergency Intravenous Medication drawer box are transported to the Satellite Evacuation Centre(s), if possible.

Appointment/ Function		
MANAGERS	ALL EMPLOYEES	CLINICAL TEAM LEADS
<div>1. Ensure all visitors in their department/unit and surrounding area are escorted out of building.</div> <div>2. Ensure all staff and volunteers in their department/unit report to the Personnel Pool to be accounted for.</div> <div>3. Ensure any disabled/challenged visitors and personnel are escorted as appropriate either out of the building or to the Personnel Pool.</div> <div>4. Upon direction, send a team of staff members to Satellite Evacuation Centre(s) to receive patients and supplies.</div> <div>3. Select and direct personnel to fill any requirements as requested or as need arises.</div>	<div>1. All employees upon hearing the CODE GREEN announcement, or receiving a call-back, except those nursing staff dealing directly with patients, are to immediately report to the Personnel Pool (Courtyard Lounge) to be assigned to assist in the evacuation.</div> <div>2. Upon completion of the evacuation, all personnel must report to the Satellite Evacuation Centre(s) in order that a census of staff can be done.</div>	<div>1. Report to the Personnel Pool Coordinator.</div> <div>2. Receive assigned duties from the Personnel Pool Coordinator.</div> <div>3. Prepare In-Patient Discharge List (Form #92) (Appendix I) for in-patients able to be discharged, making note of prescription(s) needed. All discharges and prescriptions must be approved by the Discharge Physician.</div> <div>4. Notify Pharmacy for prescription needs</div>

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE GREEN:

REPORT

APPENDIX A: CODE GREEN REPORT

This Report is for both **CODE GREEN – PRECAUTIONARY EVACUATION AND**
CODE GREEN – STAT EVACUATION

☐ Mock

☐ Real

☐ Table Top

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (✓))

	Yes	No	N/A
1. CODE GREEN - _____			
2. Evacuation was declared by: _____			
3. Cause for declaring of CODE GREEN was related to: _____ (related Code)			
4. CODE GREEN Announcement was made, saying: "CODE GREEN - PRECAUTIONARY: EVACUATE TO <u>LOCATION</u>" or "CODE GREEN - STAT: IMMEDIATE EVACUATION"			
5. CODE GREEN Announcement was heard loud and clear			
6. Patients were prepared for transfer			
7. Medical Charts were taken by Ward Clerk			
8. Medications were taken in the cart by the Medication Nurses			
9. Patients were removed in the following order: 1. Ambulatory 2. Wheelchair 3. Stretcher			
10. Proper body mechanics are demonstrated			
11. Evacuated rooms were identified by using the REMAR Markers			
12. All patients were accounted for			
13. All staff were accounted for			
14. All staff reported to Personnel Pool			
15. Evacuation Signs posted on the Hospital			
16. The Following Responded: H.E.R.T.:____ Fire:____ Police:____ Ambulance:____			

Building Services / Maintenance:___			
17. Immediate Fire area was cleared			
18. Main Ventilation System automatically shut down			
19. Exact fire zone coordinates and source of fire was communicated to Switchboard Operator			
20. Appropriate fire extinguisher was used			
21. CODE GREEN – Precautionary was activated			
22. CODE GREEN – Stat was activated			
23. Patients were evacuated by: Walking:___ Wheelchair:___ Evacuated:___ Stretcher:___			
24. Danger Zone was cleared of all persons			
25. Containment: Windows Closed:___ Doors Closed:___			
26. Fire hose used by Fire Department			
27. Hallways were cleared of obstruction			
28. All lights were on			
29. Elevator was not used			
30. Electrical equipment shut off			
31. Unnecessary anaesthetics and oxygen were turned off			
32. Chemicals were return to designated location			
33. Drugs were secure			
34. Vitals records were secure			
35. Patients were returned to their rooms			
36. Visitors were instructed to stay with the patient they were visiting			
37. Any casualties due to incident? _____ _____			
38. Switchboard Operator made All Clear announcement, saying: "CODE GREEN: ALL CLEAR"			
39. Code Announcements were heard loud and clear			

CODE YELLOW:**MISSING PATIENT****1.0 INTRODUCTION****AIM**

The aim of this document is to coordinate a safe and effective response to reports of a missing patient from the hospital.

INTRODUCTION

All staff are responsible for immediately reporting to their supervisor when a patient is absent from their supervision.

2.0 RESPONSE PROCEDURE**1. Ascertain patient is missing**

Initiate search of the entire unit or department to determine patient is actually 'missing'.

2. Announcement

- Press the page button, or dial *84
- When prompted, enter page group 1#
- After tone, speak into receiver, page will be instantaneous
- Repeat information when speaking for all critical pages.
- Hang up receiver.

If patient is not located during unit search, make announcement saying:

"(PATIENT NAME), PLEASE RETURN TO YOUR ROOM"

OR

"(PATIENT NAME), PLEASE RETURN TO (DEPARTMENT) "

After two (2) minutes, if the patient does not return, notify Switchboard (ext. 5003) to make CODE YELLOW announcement.

3. CODE YELLOW Announcement, saying:

**"CODE YELLOW: (PATIENT NAME), FROM (DEPARTMENT) –
WEARING - (DESCRIPTION OF PATIENT'S CLOTHING)"**

4. Contact VP Nursing & Clinical Services/ER Charge Nurse/Delegate

Contact VP Nursing & Clinical Services (ext. 197) or, after hours, ER Charge Nurse (ext. 208), give further details on patient.

VP Nursing & Clinical Services/ER Charge Nurse to take responsibility at this point.

5. Hospital-Wide Search

All departments search their assigned area thoroughly and report findings to the nursing unit (ext. 172) or, after hours, (ext. 208).

6. Contact Outside Parties

If search of Hospital is unsuccessful and if deemed necessary, VP Nursing & Clinical Services/ER Charge Nurse to contact **OPP - 911**, senior administration staff member, (follow the Emergency Resource list) missing person's physician and family, and, when applicable, the on-call physician.

After Hour Emergency Contacts (24 hour telephone numbers)

Employee	Position	Home Phone	Cell Phone
Steve Webber	Maintenance Mechanic Team Lead		613-857-4755
Dennis Piche	Maintenance Mechanic	613-658-3499	613-697-9562
Tammy Buehlow	Manager Building Services		613-851-7308
Jennifer Ellis	VP Nursing & Clinical Services		613-983-1655
Brittany Rivard	CFO & VP of Operations		613-220-3356
Frank Vassallo	Chief Executive Officer		613-914-4443

7. ALL CLEAR Announcement

When patient is found or when it is deemed that the search of the Hospital is over, VP Nursing & Clinical Services/ER Charge Nurse to authorize Switchboard to make **ALL CLEAR** announcement.

Switchboard to make **ALL CLEAR** announcement, saying:

"CODE YELLOW: ALL CLEAR"

8. File Code Report

VP Nursing & Clinical Services /ER Charge Nurse to file Code Yellow Report (Appendix A), with Building Services Manager or Delegate.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

VP NURSING & CLINICAL SERVICES/ER CHARGE NURSE

1. Following the CODE YELLOW announcement, take responsibility for the situation.
2. Monitor search of Hospital; i.e. ensure Departmental Search Areas (see page 4) are covered and results reported in.
3. If after hours, call in on-call maintenance person to assist with search.
4. If search of Hospital is unsuccessful in locating the missing patient, contact OPP and request assistance.
5. Contact a senior administration staff member, the missing person's physician and family, and, when applicable, the on-call physician to advise them of the situation.
6. When patient is found, or when it is deemed that the search of the Hospital is over, notify Switchboard to make ALL CLEAR announcement.
7. File Code Yellow Report (Appendix A) with Building Services Manager or Delegate.

NURSING STAFF/ DEPARTMENT HEAD

1. Initiate a search of the entire unit or area.
2. If patient is not located during unit search, make announcement saying:

"(PATIENT NAME), PLEASE RETURN TO YOUR ROOM"

"OR"

(PATIENT NAME), PLEASE RETURN TO (DEPARTMENT NAME)."

3. If the patient has not returned to his/her room after five (5) minutes, notify Switchboard to make **CODE YELLOW** announcement.
4. Contact VP Nursing & Clinical Services (ext.197) or, after hours, ER Charge Nurse (ext.208) to give details on patient.

5. VP Nursing & Clinical Services/ER Charge Nurse is to take responsibility at this point.

OTHER STAFF

All staff are responsible for immediately reporting to their supervisor when a patient is absent from their supervision.

UPON HEARING THE CODE YELLOW ANNOUNCEMENT:

1. Immediately notify the nursing unit (ext. 172) or, after hours, (ext. 208) if you know the person's whereabouts.
2. Search your department/area thoroughly and report findings to the nursing unit (ext. 172) or, after hours, (ext. 208).

Department	Search and Responsibility
Environmental Services	All Stairwells, Elevators and Public Health Unit (PHU)
ILTC Care	ILTC Wing Including Sunroom, Balcony and Rooms /Office
Materiel Management	Materiel Management areas
Departments on Lower Levels	Lower Level areas
Maintenance Staff	Penthouse, Boiler Room and Exterior Grounds
M&S	Active Wing including Upper Lobby, Clinic areas, and Fireplace Lounge
Finance	Gr. Floor West Admin Areas
Building Services Office Staff	Stairwell to OR Corridor and Balcony
Emergency Department	ER areas, including ER Waiting Room
Diagnostic Imaging	Gift Shop Hall, Main Lobby and Public Washroom areas.

3. If necessary, assist further as directed by the VP Nursing & Clinical Services /ER Charge Nurse/Delegate and/or OPP.

4.0 RECOVERY AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required

- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency After Incident Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE YELLOW TYPE 1:

REPORT

APPENDIX A: CODE YELLOW TYPE 1 REPORT

☐ Mock☐ Real☐ Tabletop

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (√))

	Yes	No	N/A
1) Missing patient was assessed for risk:			
<i>a. Is this patient a 'Memory Loss' patient?</i>			
2) Alarm was activated by anti-wandering bracelet:			
3) Unit/Department from which the patient went missing was searched.			
4) Patient not found within Unit/Department, so announcement made: " <u>PATIENT NAME</u> , Please return to your room." or <u>PATIENT NAME</u> , PLEASE RETURN TO <u>DEPARTMENT NAME</u> "			
5) After two (2) minutes, the patient did not return to his/her room, so Code Yellow Type 2 Announcement was made, saying two (2) times slowly and clearly: " <u>CODE YELLOW TYPE 2: PATIENT NAME, FROM DEPARTMENT, WEARING DESCRIPTION OF PATIENT'S CLOTHING</u> "			
6) Manager Nursing Services/ ER Charge Nurse was notified:			
7) Set up Interior Central Command Post: <i>a. During Business Hours: M&S Nursing Station (ext. 172)</i> <i>b. After Hours: ER (ext. 208)</i>			
8) Departments conducted search of assigned Search Areas and reported results to Nursing Unit:			
9) Manager Nursing Services/Charge Nurse notified: ____ Police ____ Senior Administration Staff Member ____ Missing Patient's Family Physician, when applicable ____ On-Call Physician (when applicable) ____ Missing Patient's Family			
10) Patient found:			
11) Patient returned by: ____ Self ____ Visitors			

<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers <input type="checkbox"/> Police <input type="checkbox"/> Ambulance			
12) Manager Nursing Services ensures patient's family were notified of patient's return/or not:			
13) Patient did not return:			
14) Switchboard made All Clear announcement, saying slowly and clearly: "CODE YELLOW TYPE 2: ALL CLEAR"			
15) Code Announcements were heard loud and clear:			
16) Complete Missing Person Report; include completed Appendix A, update Patient Care Plan and attach to report:			
17) Take completed report (Missing Person Report, Appendix A, Patient Care Plan and Staff Sign IN / OUT off of patient door) to Nurse Manager:			

CODE YELLOW TYPE 2:**MISSING PATIENT MEMORY LOSS****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to reports of a missing patient with memory loss.

All staff are responsible for immediately reporting to their supervisor when a patient is absent from their supervision.

2.0 RESPONSE PROCEDURE**1. Ascertain patient is missing**

Initiate preliminary (5 minute maximum) search of the entire unit or department to determine patient is actually 'missing'.

2. CODE YELLOW Announcement

- Press the page button, or dial *84
- When prompted, enter page group #1.
- After tone, speak into receiver, page will be instantaneous
- Repeat information when speaking for all critical pages.
- Hang up receiver.

Although patient may not respond to name, make announcement, saying:

"(PATIENT NAME), PLEASE RETURN TO YOUR ROOM"

OR

"(PATIENT NAME), PLEASE RETURN TO (DEPARTMENT) "

3. CODE YELLOW TYPE 2 Announcement, saying:

After two minutes, if the patient does not return, notify Switchboard (ext. 5003) to make CODE YELLOW TYPE 2 announcement, saying:

**"CODE YELLOW TYPE 2: (PATIENT NAME), FROM (DEPARTMENT NAME)
WEARING...(DESCRIPTION OF PATIENT'S CLOTHING)"**

4. Contact VP Nursing & Clinical Services/ER Charge Nurse

Contact VP Nursing & Clinical Services (ext. 197) or, reference phone list or, after hours, ER Charge Nurse (ext. 208), and give further details on patient including:

- Full description including clothing worn
- The time and place where person was last seen

5. Set up Interior Command Post

- During Business Hours: Nursing Unit (ext. 172)
- After Hours: ER (ext. 208)

6. VP Nursing & Clinical Services/Charge Nurse will gather search tools from client chart:

- Wandering Person Profile (Form No. 492) , and
- Missing Person Incident Tracking Report (Form No. 493)
- Emergency Management Plan Binder
- Search Kit Code Yellow Type 2 (box stored in Nursing Unit)
- Code Yellow Type 2 Missing Person Code Report (Appendix A)

7. Secure Building

Building Services Manager will assign staff to all entrances/exits.

UPON HEARING THE CODE YELLOW ANNOUNCEMENT:

All staff immediately notify the nursing unit (ext. 172) or, after hours the ER (ext. 208), if you know the person's whereabouts.

Hospital-Wide Search

All staff will search in pairs, whenever possible, your department and any assigned areas (listed below) thoroughly and report findings to the nursing unit (ext. 172) or, after hours the ER (ext. 208).

When searching for patients with memory loss, staff will:

- Remain silent except for essential conversation.
- Listen for the person (remember that the person may not respond to his/her name being called).
- Check all closets, beside and under beds, under tables, behind furniture, bathrooms, tubs, shower stalls, behind doors, etc., since these patients may be frightened and trying to hide.
- Check all areas even those that patients would not have access to. Do not omit any area because you think the lost person can't get there. Report back to the central command post within 10 minutes – Business Hours: Nursing Unit (ext. 172) / After Hours: ER (ext. 208).
- Additional searching assignments to various locations may be delegated by VP Nursing & Clinical Services/Charge Nurse:

Department	Search and Responsibility
Environmental Services	All Stairwells and Elevators
ILTC/CCP	ILTC Wing Including Sunroom and Rooms /Office
Materials Management	Materials Management Areas
Departments on Lower Levels	Lower Level Areas
Maintenance Staff	Penthouse, Boiler Room and Exterior Grounds
M&S	Active Wing including Upper Lobby, Old OR area, and Fireplace Lounge
Finance	Public Health Wing

Patient is Not Located

If the patient is not located within 10 minutes of having been reported missing, the VP Nursing & Clinical Services/ER Charge Nurse will:

- Notify the OPP (911) requesting police assistance, senior administration staff member, (follow the Emergency Resource list) missing person's physician and family, and, when applicable, the on-call physician.
- Conduct another full facility search while waiting for Police to arrive.

OPP Search and Rescue Arrives

When the OPP arrives, the VP Nursing & Clinical Services/ER Charge Nurse will provide the Police with the information on the missing patient (i.e. whether registered member of Safely Home Alzheimer Society Wandering Registry and registry number), maps of search completed and Search Kit. In collaboration with the hospital, the OPP will lead the next phase of the search.

Patient's Family

The VP Nursing & Clinical Services/ER Charge Nurse will notify the patient's family of the disappearance and will remain the family's information source.

ALL CLEAR Announcement

When the patient has been found, the VP Nursing & Clinical Services & ER Charge Nurse will:

- Authorize Switchboard to make the ALL CLEAR announcement. Switchboard to make announcement saying:

"CODE YELLOW: ALL CLEAR"

- Notify OPP, family and senior team member, if not onsite

- Have the patient's condition assessed and provide patient with reassurance.
- Modify patient care plan with strategies to prevent further incidents.
- If client not a registered member of the Safely Home Wandering Registry, provide copy of registration form to family and appropriate recommendation.

File Reports

VP Nursing & Clinical Services/ER Charge Nurse will:

1. Update and file client's Missing Person Incident Tracking Report (Form No. 493) back on client Chart.
2. Complete and file Code Yellow Report (Appendix A) with VP Nursing & Clinical Services); and Building Services Manager or Delegate to be filed with JHSC.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

VP Nursing & Clinical Services/Charge Nurse

Following the CODE YELLOW TYPE 2 announcement, take responsibility for the situation:

- Set up Interior Central Command Post: Business Hours: Nursing Unit (ext. 172) / After Hours: ER (ext. 208)
- Monitor search of Hospital
- Ensure Departmental Search Areas (see page 6) are covered and results reported
- Use information gathered from client chart on any previous incidents to concentrate search areas

If after hours, call in, On-call Maintenance person to assist with search:

1. If search of Hospital is unsuccessful in locating the missing patient, contact OPP and request assistance.
2. Contact a senior administration staff member, the missing person's physician and family, and, when applicable, the on-call physician to advise them of the situation.
3. When patient is found, or when it is deemed that the search of the Hospital is over, notify Switchboard to make ALL CLEAR announcement.

4. File Code Yellow Reports with VP Nursing & Clinical Services/Delegate and Building Services Manager.
5. Building Services Manager or delegate will file reports with JHSC.

Nursing Staff Department Head or Designate

1. If you are working nights or alone, delegate as follows:
 - Call Doctor to watch your patients
 - Call to M&S or ILTC to delegate someone to watch your patients or to go on the search in your place
 - Call the Laboratory or X-Ray if they are sleeping over night
 - Call the Paramedics if they are in the building
2. Initiate a search of the entire unit or area.
3. If patient is not located during unit search, make announcement, saying:

"(PATIENT NAME), PLEASE RETURN TO YOUR ROOM"

or

"(PATIENT NAME), PLEASE RETURN TO (DEPARTMENT NAME)"

4. If the patient has not returned to his/her room after two (2) minutes, notify Switchboard to make CODE YELLOW TYPE 2 announcement.
5. Contact VP Nursing & Clinical Services (ext. 172) or, after hours, Charge Nurse (ext. 208) to give details on patient. VP Nursing & Clinical Services/ER Charge Nurse is to take responsibility at this point.

Other Staff

All staff are responsible for immediately reporting to their supervisor when a patient is absent from their supervision.

UPON HEARING THE CODE YELLOW ANNOUNCEMENT:

1. Immediately notify the nursing unit (ext. 172) or, after hours, (ext. 208) if you know the person's whereabouts.
2. Search your department/area thoroughly and report findings to the nursing unit (ext. 172) or, after hours, (ext. 208).

Department	Search and Responsibility
Environmental Services	All Stairwells and Elevators
ILTC/CCP	ILTC Wing Including Sunroom and Rooms /Office
Materiel Management	Materiel Management Areas
Departments on Lower Levels	Lower Level Areas
Maintenance Staff	Penthouse, Boiler Room and Exterior Grounds
M&S	Active Wing including Upper Lobby, Old OR area, and Fireplace Lounge
Finance	Public Health Unit Wing
Building Services Admin Staff	Stairwell to OR Corridor and Balcony
Medical Records	Clinic Halls and ER Waiting Area
Diagnostic Imaging	Gift Shop Hall, Main Lobby and Public Washrooms

If necessary, assist further as directed by the VP Nursing & Clinical Services/ER Charge Nurse and/or OPP.

4.0 GENERAL INFORMATION

The admitting nurse will identify clients on admission to ILTC/CCP or M&S as “Code Yellow Type 2” include as follows:

- All registered members of “Safely Home”, Alzheimer Society’s Wandering Registry.
- All ALC and ILTC/CCP patients
- Any M&S patients with Alzheimer’s or memory disorder Ward Clerks to apply a yellow dot

Once identified, Code Yellow Type 2 Memory Loss Information Package pulled:

- Wandering Person Profile (Form No. 492) processed as instructed and then filed on client chart.
- Patient Photo Consent (Form No. 51) completed before photo is taken.
- Staff – Sign IN /OUT Sheet (Form No. 62) to be hung on patient’s door and staff to check on patient every hour and record on this form.
- Blank Missing Person Incident Tracking Report (Form No. 493) filed on client chart.
- If client is a registered member of the Alzheimer Society’s Safely Home Wandering Registry, a request is made of the client’s family to provide the client’s membership

number and a copy of the Registration Form. Client's family is also made aware of the hospital's establishment of Code Yellow Type 2 in conjunction with the Alzheimer Society and Search and Rescue.

- If client is not a registered member of the Alzheimer Society's Safely Home Wandering Registry, a registration form is to be offered to the client's family with recommendation as appropriate.

5.0 RECOVERY AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE YELLOW TYPE 2:

REPORT

APPENDIX A: CODE YELLOW TYPE 2 REPORT

☐

Mock

☐

Real

☐

Tabletop

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (✓))

	Yes	No	N/A
1) Missing patient was assessed for risk:			
<i>a. Is this patient a 'Memory Loss' patient?</i>			
2) Alarm was activated by anti-wandering bracelet:			
3) Unit/Department from which the patient went missing was searched.			
4) Patient not found within Unit/Department, so announcement made: " PATIENT NAME, Please return to your room. " or PATIENT NAME, PLEASE RETURN TO DEPARTMENT NAME "			
5) After two (2) minutes, the patient did not return to his/her room, so Code Yellow Type 2 Announcement was made, saying two (2) times slowly and clearly: " CODE YELLOW TYPE 2: PATIENT NAME, FROM DEPARTMENT, WEARING DESCRIPTION OF PATIENT'S CLOTHING "			
6) Manager Nursing Services/ ER Charge Nurse was notified:			
7) Set up Interior Central Command Post: <i>a. During Business Hours: M&S Nursing Station (ext. 172)</i> <i>b. After Hours: ER (ext. 208)</i>			
8) Departments conducted search of assigned Search Areas and reported results to Nursing Unit:			
9) Manager Nursing Services/Charge Nurse notified: ____ Police ____ Senior Administration Staff Member ____ Missing Patient's Family Physician, when applicable ____ On-Call Physician (when applicable) ____ Missing Patient's Family			
10) Patient found:			
11) Patient returned by: ____ Self ____ Visitors			

<input type="checkbox"/> Staff <input type="checkbox"/> Volunteers <input type="checkbox"/> Police <input type="checkbox"/> Ambulance			
12) Manager Nursing Services ensures patient's family were notified of patient's return/or not:			
13) Patient did not return:			
14) Switchboard made All Clear announcement, saying slowly and clearly: "CODE YELLOW TYPE 2: ALL CLEAR"			
15) Code Announcements were heard loud and clear:			
16) Complete Missing Person Report; include completed Appendix A, update Patient Care Plan and attach to report:			
17) Take completed report (Missing Person Report, Appendix A, Patient Care Plan and Staff Sign IN / OUT off of patient door) to Nurse Manager:			

CODE YELLOW TYPE 2:

MISSING PATIENT MEMORY LOSS

APPENDIX B: STAFF SIGN IN/OUT SHEET

Patient Name: _____

Room #: _____

Time	Time In	Time Out	Date	Name (Print)	Signature
1 AM					
2 AM					
3 AM					
4 AM					
5 AM					
6 AM					
7 AM					
8 AM					
9 AM					
10 AM					
11 AM					
1200 (NOON)					
1300					
1400					
1500					
1600					
1700					
1800					
1900					
2000					
2100					
2200					
2300					
2400 (Midnight)					

CODE ORANGE:**DISASTER****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to an external disaster or event that may exceed the normal capacity of the hospital.

Code Orange deals exclusively with disasters resulting in mass casualty incidents.

A disaster refers to an external disaster that generates casualties that require treatment in the Hospital.

- **Minor Disaster.** The normal Hospital resources should be capable of dealing with less than 10 casualties, by augmenting the existing staff.
- **Major Disaster.** When warning of a Disaster is given, or when casualties arrive at the Hospital, whose numbers constitute a strain on the normal routine emergency resources. In the event of a Major Disaster, we will provide triage and first aid, stabilize seriously injured patients and provide prompt transfers.
- **Code Orange.** A disaster will be considered a Code Orange disaster when the estimated number of injured to be received by KDH for treatment is greater than the number with which the Hospital's routine facilities can cope.

Response procedures to CBRNE or Chemical(C), Biological (B), Radio-Nuclear (RN), Explosive(E) or environmental (E) events due to natural, accidental or intentional acts are outlined in the Code Brown procedures (See Annex G).

The response to a Pandemic Influenza outbreak will be in accordance with the Kempville District Hospital Pandemic Influenza Contingency Plan.

MONITORING AND PREPAREDNESS

Although disasters can occur with little or no warning, KDH staff will monitor available information sources for weather and public safety watches, warnings and alerts.

In the event of a watch, warning of alert, KDH staff will review the requirement to recall staff and to initiate other preparedness activities in anticipation of a potential disaster.

AUTHORIZATION TO ACTIVATE CODE ORANGE

The authority to initiate a Code Orange response requires the approval of two of the following persons:

- Chief Executive Officer
- CFO & VP Operations
- VP Nursing & Clinical Services
- ER Physician On-Call
- Chief of Medical Staff

2.0 RESPONSE PROCEDURE

RESPONSE PHASE

Although each disaster may be unique the following steps will typically be associated with the response phase

- Initial Assessment
- Communications and Staff Recall
- Code Orange - Incident Response

INITIAL ASSESSMENT

- Declare Code Orange
- Establish IMS organization
- Assess Staffing, Facility and Resource Requirements
- Consider need for full or partial evacuation
- Consider the need to initiate the BCP or other KDH plans and procedures

PROCEDURE

1. CODE ORANGE Announcement

The Switchboard, upon receiving direction from the VP Nursing & Clinical Services, will make the **CODE ORANGE** announcement:

"CODE ORANGE IS NOW IN EFFECT" Repeat calmly two (2) times.

"PATIENTS ARE REQUESTED NOT TO USE THEIR TELEPHONES"

"VISITORS MAY REMAIN WITH THEIR RELATIVE IF THEY WISH, OR LEAVE THE BUILDING IMMEDIATELY"

2. Fan-Out Call System

Switchboard will activate the Automated Telephone Fan-Out Call System

3. Report to Personnel Pool

All employees will report to the Personnel Pool (Courtyard Lounge).

4. Functional Services

Functional Service areas will be set up and specific duties completed.

5. Triage

Triage will be set up.

6. If Necessary, Evacuate for Space Needed

If more space is required for incoming casualties, evacuation of patients will commence. See Annex A - **CODE GREEN: EVACUATION**

HOURS OF WORK

All departments will operate 24 hours a day while the disaster plan is in effect, or until the department is instructed to change its schedule. All Managers will report to the Hospital as soon as they are notified and assume responsibility for coordinating the work in their area.

FUNCTIONAL SERVICES

When a Disaster is declared, the following Functional Services will be set up:

Service	Location	Ext.	Charge Person
Communication Centre	Finance Office	123	Communications Officer
Head Quarters	Finance Office	220	CFO & VP Operations
Discharge Area	Fireplace Lounge	172	Designate Appointed
Discharge Planning	Med/Surg	172	Discharge Planner
Emergency Care	Observation Rooms	208	ER Staff
Family Holding Area	Boardroom/classroom	189	Designate Appointed
Hospital Security	Building Services	232	Manager Building Services
Information Centre	Medical Records	205	Chief Privacy Officer Health Records Manager
Morgue Services	Diagnostic Imaging ECG Room	237	ER Staff
Non-Urgent Care	Physiotherapy Department	136	ER Staff
Pastoral Care & Ministerial Service	Boardroom/classroom	189	Volunteer Coordinator
Personnel Pool	Courtyard Lounge	613-762-6781	VP Nursing & Clinical Services
Disaster Site Team	Disaster Site		Designated Physicians and ER Nurses
Reception Area	Patient Registration	5003	Chief Privacy Officer Health Records Manager
Resuscitation	Trauma room	208	ER Staff
Triage	ER Waiting Room	208	ER Staff
Urgent Care	ER Clinic Rooms	208	ER Staff
Volunteer Pool	Volunteer Lounge	193	Volunteer Coordinator

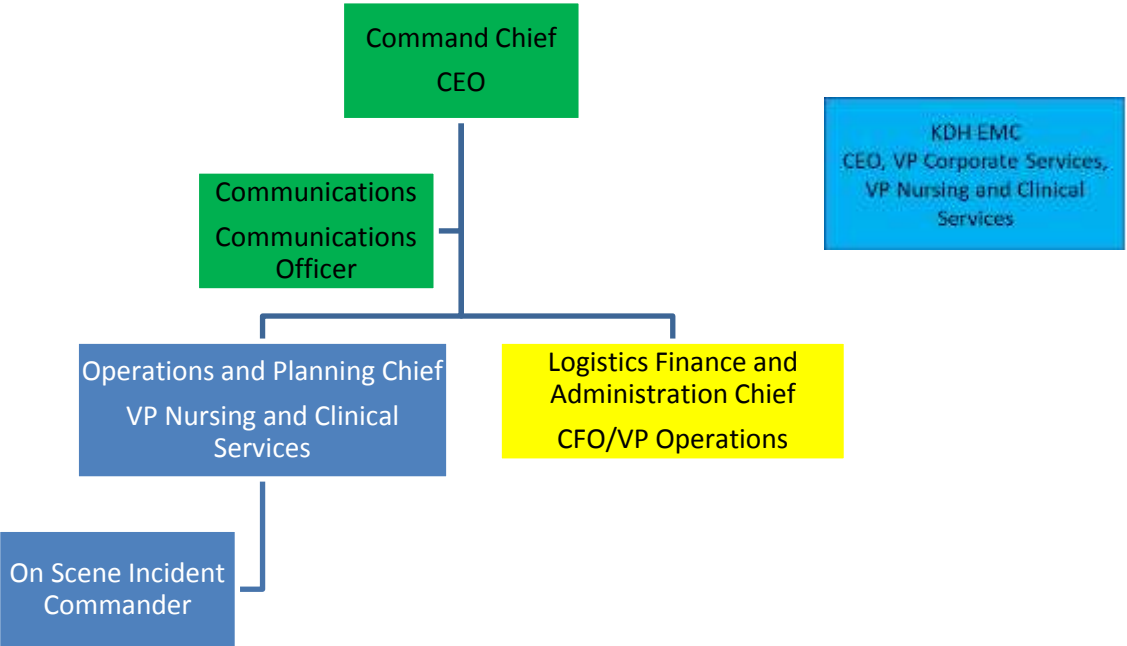
Depending on the conditions, the Operating Room may, at least during the early stages, use its Recovery Room for a holding area for surgical patients and send patients after surgery to Day Surgery or Recovery.

PERSONNEL POOL (COURTYARD LOUNGE)

Staffing the Personnel Pool is the responsibility of all departments. Demands for help will be greater during the initial influx of casualties and departments should plan on suspending as many of their normal routine duties as possible, so that they can send the required help to the pool. Hospital Volunteers offering their assistance should initially report to the Personnel Pool. Departments requiring additional help to meet their responsibilities must contact the Personnel Pool Coordinator. **The Personnel Pool Coordinator (VP Nursing & Clinical Services)** will take into account the nature and training required of the jobs to be done when choosing pool members to fill the various needs.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

CODE ORANGE INCIDENT MANAGEMENT SYSTEM (IMS) ORGANIZATION



CODE ORANGE IMS Management Activity/Function	Command	Operations and Planning	Logistics, Finance and Administration
	Command Sets objectives and priorities, has overall responsibility at the incident or event	Operations Conducts tactical operations to carry out the plan develops the tactical objectives, organization, and directs all resources Planning Develops the action plan to accomplish the objectives, collects and evaluates information. Maintains resource status	Logistics Provides support to meet incident needs, provides resources and all other services needed to support the incident Finance / Administration Monitors costs related to incident, provides accounting, procurement, time recording, and cost analyses.
Designated Chief and Alternate	Primary: CEO Alternate: CFO & VP OPERATIONS	Primary: VP NURSING & CLINICAL SERVICES Alternate: NURSE MANAGER	Primary: CFO & VP OPERATIONS Alternate: VP CORPORATE SERVICES
Supporting KDH Appointments and Resources	<ul style="list-style-type: none">Operations and Planning ChiefLogistics, Finance & Administration ChiefCommunications OfficerSwitchboard	<ul style="list-style-type: none">Discharge Officer (ER Physician On-Call)PhysiciansMorgue Services (Diagnostic Imaging ECG Room)Senior Diagnostics Imaging Technician/Diagnostic Imaging StaffNursing – ER Team LeaderEmergency Department NursesStaff Nurses/PCAsDischarge Planner (CACC)<ul style="list-style-type: none">Laboratory Department (Laboratory Manager, Laboratory Staff)Medical Records DepartmentPastoral Care and Clergy (Family Holding Area)PhysiotherapyPharmacyVolunteer PoolPlanning representatives from Functional Services	<ul style="list-style-type: none">Manager Building ServicesMaintenance Team LeadFinance StaffLaundry ServicesPharmacy TechnicianMaterial ManagementAdministrative AssistantsManager Building Services Maintenance MechanicsMaterials Management Supply TechniciansEnvironmental Services/LaundryManager Food and Nutrition ServicesDietary StaffFinance Staff

Appointment/ Function		
CHIEF EXECUTIVE OFFICER Incident Command	VP NURSING & CLINICAL SERVICES (PERSONNEL POOL COORDINATOR) Operations and Planning Chief	CFO & VP OPERATIONS Logistics, Finance and Administration Chief
<div>1. Report to Emergency Operations Centre (Finance Office) or Personnel Pool (Courtyard Lounge).</div> <div>2. Report to Finance Office as Incident Commander. In the absence of the CEO, the designated Incident Commander will report to the Finance Office.</div> <div>3. Display signage for this area.</div> <div>4. Alert the Medical Office of Health in Brockville (613-345-5685) of the Disaster and notify of the need for food, water, waste disposal, etc., if it becomes necessary.</div> <div>5. Notify the Trauma Management Group (Professional Counselling and Support in the aftermath of traumatic events) at 1-800-644-4373 (24 hours, 7 days/week) of the Disaster.</div> <div>6. Authorize all release of information to the news media. Initially, the Chief Executive Officer/Designate will inform the Press and Radio that:<div><div>a. The Disaster Response is in operation and off-duty Hospital personnel are requested to immediately report to the Hospital.</div><div>b. The usual visiting privileges are temporarily suspended.</div><div>c. All out-patient visits are cancelled.</div><div>d. The Hospital should not be phoned for information in order that its lines might be kept open for urgent calls.</div><div>e. Information regarding the discharge arrangements for regular patients will be transmitted to relatives.</div><div>f. Information regarding the condition of casualties injured severely enough to require admission to Hospital will not be released until the next-of-kin are notified.</div></div></div> <div>7. Provide effective communications to Emergency Agencies such as police, fire and others involved in assisting KDH with the Disaster.</div> <div>8. Chief Executive Officer/Designate (Emergency Control Centre) will file a Code Orange Report with the EPP Coordinator.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge) as Personnel Pool Coordinator</div> <div>2. Assign an On Scene Commander if one is not already identified</div> <div>3. Display Disaster signage for this area.</div> <div>4. Record the names of those reporting to the Personnel Pool and distribute to each an orange "KDH Staff" button for ready identification.</div> <div>5. Immediately dispatch employees as follows:<div><div>a. Two (2) employees to each the following locations to control traffic from entering:<div><div>i. Patient Registration/Waiting area door</div><div>ii. Main lobby entrance and upper lobby entrance</div><div>iii. Service Entrance Door in the Shipping/Receiving area</div></div></div><div>b. One (1) person to the OR/Recovery Room area to maintain contact with the OR staff, if necessary</div></div></div> <div>6. Assign personnel from the Personnel Pool to meet Functional Services requirements.</div> <div>7. Ensure that nursing areas are adequately staffed and have sufficient supplies.</div> <div>8. Deal with Patient care problems as they arise.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge)</div> <div>2. Report to and establish the Emergency Operations Centre (Finance Office).</div> <div>3. Ensure two persons are in Materials Management: one to remain in department at all times and one to transport supplies as needed.</div> <div>4. Ensure all supply cart needs are met. (Contact: Barb Kennedy, Queensway Carleton SPD Stores, at 721-4000 ext. 1356)</div> <div>5. Contact appropriate outside resources (Appendix C) to fill emergency needs as required.</div> <div>6. Contact Personnel Pool Coordinator if additional staff is needed.</div>
		<div>VP CORPORATE SERVICES</div> <div>1. Alternate Logistics, Finance and Administration Chief</div> <div>2. Report to Emergency Operations Centre (Finance Office) or Personnel Pool (Courtyard Lounge) and assist as needed.</div>

SWITCHBOARD	BUILDING SERVICES MANAGER	BUILDING SERVICES	DISCHARGE PHYSICIAN (PHYSICIAN DESIGNATED)
<div>1. Make Code Orange Announcement, paging instructions as follows:<ul style="list-style-type: none">Press the page button, or dial *84When prompted, enter page group 1#After tone, speak into receiver, page will be instantaneousRepeat information when speaking for all critical pages.Hang up receiver.</div> <div>2. Switchboard to make the Code Orange announcement, saying, "ATTENTION – CODE ORANGE IS NOW IN EFFECT" Repeat calmly two (2) times. "PATIENTS ARE REQUESTED NOT TO USE THEIRTELEPHONES" "VISITORS MAY REMAIN WITH THEIR RELATIVE IF THEY WISH. OR LEAVE THE BUILDING IMMEDIATELY"</div> <div>3. Direct all incoming calls regarding the casualties to the Communications Centre (Finance Office, Ext. 123).</div> <div>4. Direct all incoming calls re: News or Media to the Emergency Operations Centre (Finance Office, Ext. 123).</div> <div>5. Relay messages as indicated.</div> <div>6. Inform Emergency Operations Centre (Ext. 123) if difficulties arise.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Provide a supply of walkie-talkies to Personnel Pool Coordinator for distribution to Functional Service areas, required Departments, and to designated security personnel.</div> <div>3. Coordinate internal and parking area security at the following Security Posts:<ul style="list-style-type: none">Emergency Operations Centre/Finance OfficeUpper and lower parking lot attendant (flash light required)Upper Lobby entranceMain Lobby entranceNorth entranceBeth Donovan Garden entrance(s)Shipping/Receiving entrance</div> <div>4. Maintain essential services, especially in Functional Service areas.</div> <div>5. Organize the duties of Maintenance Mechanics after consultation with the VP Nursing & Clinical Services.</div> <div>6. Ensure Linen supplies are adequate.</div> <div>7. Ensure that police are directing traffic at the street.</div> <div>8. Contact Personnel Pool Coordinator if additional staff is needed.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. The first Maintenance Mechanic staff member arriving at the Hospital will, in the absence of the Personnel Pool Coordinator and/or Manager Building Services, assign personnel to act as interim security at the following Security Posts:<ul style="list-style-type: none">Emergency Operations Centre/Finance OfficeUpper and lower parking lot attendant (flash light required)Upper Lobby entranceMain Lobby entranceNorth entranceBeth Donovan Garden entrance(s)Shipping/Receiving entrance</div> <div>3. Return to Building Services and open up the Department.</div> <div>4. Do a complete check of all mechanical systems and maintain.</div> <div>5. Keep a detailed record including times of all actions taken.</div> <div>6. Report to the Manager of Building Services for security assignment after regular checks have been completed.<ul style="list-style-type: none">Due to the fact that medical gas levels, emergency power generator fuel level, medical vacuum and boiler/mechanical systems are checked regularly every day, security will be the primary function of Maintenance staff reporting to work as the result of a disaster alert</div>	<div>1. Liaison with Discharge Planner (CCAC) and VP Nursing & Clinical Services, approving discharge of In-Patients, as appropriate.</div> <div>2. In order to provide prompt transfers, the ER Physician on Call must make arrangements with Critical (1-800-668-4537)</div> <div>3. Write prescriptions for discharged In-Patients, as needed.</div>
PHYSICIANS	DISCHARGE PLANNER (CCAC)	CHIEF OF STAFF	ER NURSE MANAGER
<div>1. All Doctors available must respond to code orange when so requested.</div> <div>2. Report to Personnel Pool Coordinator.</div> <div>3. Report to Triage Area (ER Waiting Room) to receive instructions from first medical staff on site.</div> <div>4. During the Disaster, casualties will be admitted under the “On-Call Physician”, not their own Family Doctor.</div> <div>5. All discharging of in-patients will be done by the Discharge Officer appointed by the Chief of Staff.</div> <div>6. In-patients on the wards will still be looked after by their Doctor.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Liaison with the Discharge Officer (physician) and VP Nursing & Clinical Services to assess the need for in-patient beds.</div> <div>3. Assist in evaluating in-patient as to who may be safely discharged.</div> <div>4. Notify the Access Centre regarding the nature of the disaster called and the need for immediate discharges.</div> <div>5. Provide copies of In-Patient Discharge List to the Communications Officer (Finance Office) and Information Centre (Medical Records) on a regular basis.</div> <div>6. Notify Personnel Pool Coordinator if need for volunteers to help patients prepare for discharge and staff for room cleaning.</div>	<div>1. Report to the Personnel Pool (Courtyard Lounge).</div> <div>2. Get a brief description of Disaster from VP Nursing & Clinical Services.</div> <div>3. Ensure that all physicians respond to the situation.</div> <div>4. Coordinate physicians and assign them to:<ul style="list-style-type: none">2 - Resuscitation Area (Trauma Room)1 - Emergent Area (Observation/Ambulatory Care Room)1 – Urgent Care Area1 – Act as Discharge Officer (to liaison with Discharge Planner)</div> <div>5. Triage with a triage team at the Disaster Site if requested by the Ambulance.</div> <div>6. Or delegate (which could include the appropriate Police Department) will notify next-of kin of casualties.</div>	<div>1. Alternate Operations and Planning Chief</div> <div>2. Report to Personnel Pool (Courtyard Lounge).</div> <div>3. Take charge until Senior Management staff arrive.</div> <div>4. Go to Emergency with triage vest (orange fire vest from M&S).<ul style="list-style-type: none">Set out Disaster charts from Emergency Department on the Patient Registration Desk for distributionIn the event of evacuation, send a team of staff members to the Evacuation Facility to receive patients & supplies.</div> <div>5. When relieved, give orange vest to Triage Nurse.</div> <div>6. Organize patients that can be discharged. (Final decision to discharge with Discharge Office).</div>

		<div>7. Patient may be discharged from a bed on M&S and go to the Discharge Area (Fireplace Lounge) to await pickup. Persons picking up patients for discharge should be directed to the shipping /receiving doors at the back door lower level by Material Management Office.</div> <div>8. Contact Personnel Pool Coordinator if additional staff is needed.</div> <div>Contact List:</div> <table><tr><th>Name</th><th>Phone No.</th></tr><tr><td>Access Centre: <i>Ask for Manager-in-Charge</i></td><td>1-800-538-0520</td></tr><tr><td>Bayfield Manor</td><td>613-258-7484</td></tr><tr><td>Accessible Taxi</td><td>613-258-2500</td></tr></table>	Name	Phone No.	Access Centre: <i>Ask for Manager-in-Charge</i>	1-800-538-0520	Bayfield Manor	613-258-7484	Accessible Taxi	613-258-2500		Discharge Planner to assist with Transfer/Discharge.
			Name	Phone No.								
			Access Centre: <i>Ask for Manager-in-Charge</i>	1-800-538-0520								
Bayfield Manor	613-258-7484											
Accessible Taxi	613-258-2500											
7. Prepare units for casualties.												
STAFF NURSES /PCAS												
			<div>1. Report to the Personnel Pool Coordinator.</div> <div>2. Receive assigned duties from the Personnel Pool Coordinator.</div> <div>3. Prepare In-Patient Discharge List (Form #92) (Appendix I) for in-patients able to be discharged, making note of prescription(s) needed. All discharges and prescriptions must be approved by the Discharge Officer.</div> <div>4. Notify Pharmacy for prescription needs.</div>									
COMMUNICATIONS		MATERIAL MANAGEMENT	PHARMACY	EMERGENCY DEPARTMENT NURSES								
<div>1. Report to Emergency Operations Centre (Finance Office) or Personnel Pool (Courtyard Lounge).</div> <div>2. Liaison for communications between the media, police, fire, etc., when delegated to do so.</div> <div>3. Take calls regarding evacuation.</div> <div>4. Press and Media are to be directed to Command Centre Ext. 176).</div> <div>5. Relatives are to be directed to the Boardroom/classroom areas.</div>		<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Material Management, open the department and report to the Material Management Officer (CFO & VP Operations, ext. 220).</div> <div>3. Note: Two (2) persons should be in Material Management: one to remain at all times and one to transport supplies as needed.</div> <div>4. Go to the Emergency Department and check supplies on exchange carts, replenishing as needed. Check with Emergency staff as to additional supply requirements.</div> <div>5. Keep supply carts stocked. (Contact: Barb Kennedy, Queensway Carleton SPD Stores, at 721-4000 ext. 1356).</div> <div>6. Ensure I.V. solutions are delivered to Emergency Department on request.</div> <div>7. Report any additional supply and staffing requirements to Material Management Officer (CFO & VP Operations, ext. 220)</div>	<div>1. Report to the Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Pharmacy and open Department.</div> <div>3. Deliver medication supplies as needed. (For IV solutions, see Materials Management)</div> <div>4. Deliver Recovery Room Crash Cart to the Emergency Department. Deliver any other requested medications to Emergency or other areas as needed.</div> <div>5. One (1) Pharmacy staff member shall remain in the Pharmacy Department and await phone calls/pages when more stock is required.</div> <div>6. The Emergency Department staff shall notify the Pharmacy when the ER Crash Cart needs to be restocked or other items are needed.</div> <div>7. If the disaster lasts greater than one day, Pharmacy Staff shall check medication supplies in the Emergency Department or other affected areas and shall replenish as needed on a minimum daily basis.</div> <div>8. Contact the Personnel Pool Coordinator if additional staff are needed.</div> <div>When the disaster has ended, the Pharmacy Staff shall restock M&S, Emergency and Recovery Room Crash Carts before leaving the institution.</div>	<div>1. Report to the Personnel Pool (Courtyard Lounge).</div> <div>2. Report to the Emergency Department and get instructions from the VP Nursing & Clinical Services. Ensure disaster charts have been set out.</div> <div>3. Display disaster signage for this area.</div> <div>4. Explain to patients in waiting room what is happening and make suggestions for alternate care (if possible). Direct non-urgent patients and families to the Discharge Area (Fireplace Lounge) to wait.</div> <div>5. Extra I.V. equipment should be taken to the Emergent Care Area. (Observation Rooms)</div> <div>6. Contact Personnel Pool Coordinator if additional staff is needed.</div>								
SENIOR DIAGNOSTIC IMAGING TECHNICIAN	DIAGNOSTIC IMAGING STAFF		MANAGER FOOD & NUTRITION SERVICES	DIETARY STAFF								

<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Diagnostic Imaging and open Department.</div> <div>3. Notify Emergency Department (Ext. 208) that Department is open.</div> <div>4. Discuss with the On-Call ER Physician or VP Nursing & Clinical Services the extent of injuries and the impact of the Disaster on the Diagnostic Imaging Department.</div> <div>5. Ensure that the Diagnostic Imaging Department is adequately staffed. Contact Personnel Pool Coordinator if additional staff is needed.</div> <div>6. Call consultant radiologists as required.</div>	<div>1. Report to the Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Diagnostic Imaging and open Department.</div> <div>3. The Personnel Pool may be called to provide assistance with lifts and transfers.</div>	<div>1. Report to the Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Dietary and open Department.</div> <div>3. Assess/ adjust food service requirements according to the conditions created by the</div> <div>4. Disaster.</div> <div>5. Implement disaster menu to ensure the delivery of food to patients, staff and others involved in the disaster.</div> <div>6. Be prepared to provide guidance on:<div><div>a. Where additional supplies may be obtained quickly.</div><div>b. How to conserve existing supplies.</div><div>c. Guidelines for the provision of Food Services in the event of disrupted Facilities and/or utilities.</div></div></div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Dietary and open Department.</div> <div>3. Commence food preparation as directed by Manager or delegate.</div>
ADMINISTRATIVE ASSISTANTS	FINANCE STAFF	ENVIRONMENTAL SERVICES/LAUNDRY	MORGUE SERVICES (DIAGNOSTIC IMAGING ECG ROOM)
<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>1. Report to Emergency Operations Centre/Finance Office).</div> <div>2. Assist Chief Executive Officer/Designate (Incident Command), CFO & VP Operations, VP Nursing & Clinical Services (Personnel Pool Coordinator) and Communications Officer as needed.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. The first finance staff member to respond to a Disaster is to take orange "KDH Staff" buttons to Personnel Pool. (Staff buttons are kept in the "Disaster" drawer on the right hand side of the entrance into the finance area.)</div> <div>3. Other Finance personnel - as directed by CFO & VP Operations or Alternate.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Laundry and open up the Department.</div> <div>3. One (1) staff member to stay in laundry at all times.</div> <div>4. Ensure that Emergency areas have a sufficient supply of linen.</div> <div>5. If you need assistance with delivering items, notify Personnel Pool Coordinator.</div> <div>6. Ensure all linen carts are stocked and ready for transport to the Satellite Evacuation Centre(s) in case of Evacuation.</div>	<div>1. Prepare to receive deceased victims.</div> <div>2. Identification and documentation are extremely important. Information must be accurate and legible. Record date, time body identified, by whom, and relationship. This may be charted on the Emergency Record.</div> <div>3. A Death Certificate should be filled out and completed by the physician or coroner, which clearly indicates the name of the doctor or coroner.</div> <div>4. Complete the chart and send the white copy (Finance Office Copy) to the Information Centre (Medical Records Ext. 205) as soon as possible.</div> <div>5. In the Morgue Log, document the name of the deceased, name of the physician, date, location and designated funeral home.</div> <div>6. Physician/Coroner must authorize release of the body and Undertaker must sign receipt in the log book for each body. Chief of Staff will notify next-of-kin and make arrangements for transfer of deceased to funeral home.</div> <div>7. Remove Disaster Tag when deceased is released to Funeral Home.</div> <div>8. Clothing and valuables are to remain with the body, to be taken with the body to the Funeral Home and charted as such.</div>
LABORATORY DEPARTMENT	LABORATORY MANAGER	LABORATORY STAFF	MEDICAL RECORDS DEPARTMENT

<div>1. Provide the following tests:<div>a. CBC</div><div>b. Urine stix</div><div>c. Group specific, uncross-matched blood</div></div> <div>2. Provide other tests requested by the physicians will be done only as time and circumstances permit.</div> <div>3. Support the Hospital's intention is to make group specific uncross-matched blood available for each patient.</div> <div>4. No cross-matching will be performed during a disaster except in the case of a patient who is known to have any RBC antibody, in which case we will perform a stat cross-match.</div> <div>5. The blood requisition will require a physician's signature and the signature of the person drawing blood.</div>	<div>1. Report to the Personnel Pool (Courtyard Lounge).</div> <div>2. Discuss with On-Call ER Physician or VP Nursing & Clinical Services the extent of injuries and the impact of the disaster on the Laboratory.</div> <div>3. Ensure that sufficient blood is on hand in the blood bank. If necessary, contact the OPP for delivery of blood from the Canadian Blood Services 1-888-310-1122.</div> <div>4. Contact the Personnel Pool Coordinator if additional staff is needed.</div>	<div>1. Report to the Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Laboratory Department and perform duties as assigned by Laboratory Manager.</div>	<div>1. Report to Medical Records and open Department – display Disaster sign for this area.</div> <div>2. Go to Triage, on a regular basis to pick up copies of Emergency Out-Patient Records.</div> <div>3. Compile and maintain information, relay to/from the Emergency Operations Centre (Finance Office) and Triage.</div> <div>4. Maintain Triage Patient Control Log (Form #93), using white, blue and pink copies of Emergency Out-Patient Records.</div> <div>5. Be responsible for Disaster Charts and Folders, ensuring all content is pre-numbered.</div> <div>6. Names of deceased casualties or of those admitted to Hospital may not be released until next of kin are notified and permission given. With permission, only the following information may be given for admitted patients:<div>a. Name of Patient</div><div>b. Sex of Patient</div><div>c. When possible, whether the patient's condition is critical, satisfactory or good.</div></div>
<div>PASTORAL CARE & CLERGY/ FAMILY HOLDING AREA (BOARDROOM - EXT.189)</div>	<div>PHYSIOTHERAPY (NON URGENT CARE - EXT 136)</div>	<div>ALL EMPLOYEES</div>	<div>VOLUNTEER POOL (VOLUNTEER LOUNGE)</div>
<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Proceed to the Boardroom to assist in the Family Holding Area.</div> <div>3. Two (2) Pastoral Care Workers will be assigned to the Discharge Area (Fireplace Lounge).</div> <div>4. Relatives of the casualties will be permitted entrance by the front door.</div> <div>5. They will be met in the main foyer by a Volunteer and escorted to the Family Holding Area (Boardroom).</div> <div>6. Clergy or other staff in the Family Holding Area may obtain information for relatives from the Information Centre, as available.</div> <div>7. Relatives may visit casualties, at the discretion of the Doctor and ER Charge Nurse.</div> <div>8. Members of the Press will not be allowed access to the Relatives.</div>	<div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Return to Physiotherapy.</div> <div>3. Display disaster signage for this area.</div> <div>4. Open Department<div>a. Unlock office and store patient physio files in dedicated filing cabinets</div><div>b. Position B.P. Cuff and Stethoscope on small desk.</div><div>c. Stack linen onto cubicle shelves</div></div>	<div>1. In the case of a Disaster, it will be the responsibility of all employees to return to work, if the case may be, first report to the Personnel Pool (Courtyard Lounge), and then complete required duties specific to their Department/Area, or as assigned by the Personnel Pool Coordinator.</div>	<div>Three (3) Hospital Auxiliary Volunteers are on the Fan-Out Call System. Those listed have a list of volunteers to contact in case of a disaster. To activate the Clergy, Two (2) Pastoral Visitors are on the Fan-Out Call System. They will be in charge of calling the appropriate clergy required, as delegated to them by the Chief Executive Officer, and will provide pastoral counselling to casualties and families, if needed.</div> <div>1. Report to Personnel Pool (Courtyard Lounge).</div> <div>2. Proceed to the Volunteer Pool (Volunteer Lounge)</div> <div>3. Display signage for this area.</div> <div>4. Security Team Volunteers on the Fan-Out Call System can pick up a security vest, flashlight (if necessary) and Hospital map at the Personnel Pool (Courtyard Lounge).</div> <div>5. Once the security Team Volunteers are replaced by OPP/Fire Department, they are to return to the Volunteer Pool for reassignment.</div> <div>6. Volunteers will be assigned as needed from the Personnel Pool.</div> <div>VOLUNTEER DRIVERS. Volunteer Drivers will be assigned as needed from the Personnel Pool to:<div>a. Transport discharge patients to their homes, other facilities, etc.</div><div>b. Pick up supplies as necessary, e.g. drugs from Drug Store.</div></div>

4.0 CODE ORANGE DISASTER SITE TEAM

If the ambulance service deems it necessary, they will request a Disaster Site Team.

The Disaster Site Team is made up of 1-2 Physicians, 1-2 Emergency Room Nurses, and other Personnel as determined needed by site team.

1. Take the following equipment to the Disaster Site:
 - a. Transport Kits (Adult & Paediatric)
 - b. I.V. Supplies
 - c. Medications & Syringes – i.e. Analgesics
 - d. Intubation Equipment
 - e. Portable Monitor/Defibrillator
 - f. Oxygen, Dressings, Splints, etc. – only if specifically requested as ambulances carry this supplies.
2. Confirm/Revise Triage previously done by Ambulance Officers
3. Perform tasks the Ambulance Officers cannot do.
4. Confirm death.

HOSPITAL PROCEDURE

1. A Physician or a Registered Nurse (ER Team Leader or Emergency Nurse or ER Charge Nurse) shall act as the Triage Officer at the Emergency Waiting Room, where all Disaster casualties will be received.

The Triage Officer shall be responsible for the reception, initial Assessment, and disposition of all casualties.

2. Each patient receives a Disaster Chart as follows:

1 Pre-numbered Identaband	1 Blood Bank Requisition
1 Small envelope for valuables	1 Emergency Transfer Form
1 Small plastic bag	2 Pre-numbered Stickers
1 Emergency Graphic & Notes Sheet	1 Emergency Out-Patient Record
1 Lab Requisition	2 Wrist Bands: <ul style="list-style-type: none"> • 1 White • 1 Red (for allergies)
1 X-ray Requisition	1 Emergency Out-Patient Record

Disaster Charts to be kept in ER Department Triage Area.

3. From the clipboard, the Triage Nurse/Admitting Nurse shall affix a pre-numbered wrist band to each casualty, plus write the corresponding number on the casualty's skin with marker.

4. The Patient Registrant shall remove the Yellow Hospital Triangle from the TRIAGE TAG (upper right corner) and staple to Chart.
5. Place clipboard with patient.
6. PCA's shall take casualties to one of the following Treatment Areas assigned by the Triage Officer:

Area	Location	Criteria
Resuscitation Area	Trauma Room	Any casualty requiring immediate medical attention – i.e. haemorrhage, major trauma. Code 4 (2 Stretchers)
Emergent Area	Observation Room(s)	Casualties requiring prompt care or overflow from Trauma Room. Code 3 (4 Stretchers)
Urgent Area	ER Clinic Rooms	Casualties not in imminent danger of dying, but requiring reasonably prompt care. Code 2 (1 Exam Table, 2 Stretchers)
Non - Urgent Area	Physiotherapy	Casualties who are ambulatory but may require a bed to lie on – i.e. Fractured wrist, large wounds requiring suturing. Code 1 (6 beds required)
Discharge Area	Fireplace Lounge	Casualties waiting to make arrangements to be picked up. (tables and chairs required)

7. Area Patient Registrants shall obtain vital statistics from each casualty, if able, and clearly print on Emergency Out-Patient Record (or "O/P Record") (included in package).
 - a. If the casualty cannot be readily identified, "UNIDENTIFIED" will be written across the top of the O/P Record.
 - b. Casualties "DEAD ON ARRIVAL" will be similarly admitted and marked "DOA". After being seen by a physician, these casualties, along with the Disaster Folder and their personal effects, will be dispatched to the Morgue Services area.
 - c. For DOA and "UNIDENTIFIED" casualties, the white copy (Finance Office Copy) is taken to the Information Centre (Medical Records).
8. Area Patient Registrants or an area staff member shall be responsible for obtaining more detailed information regarding the Casualty, when available, and adding it to the O/P Record:
 - a. When complete, the blue copy (Family Physician's Copy) will be sent to the Information Centre (Medical Records). This includes disposition of casualty.
9. The Patient's clothes are to be placed in the large plastic pre-numbered bag, checking to make sure this number corresponds with the number on casualty. These items shall accompany the patients when their disposition has been determined.
10. Valuables are to be placed in pre-numbered valuables envelope. These items shall accompany the patients when their disposition has been determined.
11. When initial treatment is completed, the physician providing the treatment shall complete the Physician's Report section of the O/P Record.

12. The Area Patient Registrant then marks the disposition of patient on the bottom of the O/P Record and sends the pink copy (Attending Physician Copy) to the Information Centre (Medical Records).

DISASTER SITE TEAM - DUTIES AND RESPONSIBILITIES

TRIAGE NURSE

1. Display Disaster signage in the Triage area. (Emergency Department Waiting Room)
2. Assess casualties and dispatch immediate to:

Area	Location	Criteria
Resuscitation Area	Trauma Room	Any casualty requiring immediate medical attention – i.e. haemorrhage, major trauma, Code 4 (2 Stretchers)
Emergent Area	Observation Rooms	Casualties requiring prompt care or overflow from Trauma Room. Code 3 (4 Stretchers)
Urgent Area	ER Clinic Rooms	Casualties not in imminent danger of dying, but requiring reasonably prompt care. Code 2 (1 Exam Table, 2 Stretchers)
Non - Urgent Area	Physiotherapy	Casualties who are ambulatory but may require a bed to lie on – i.e. Fractured wrist, large wounds requiring suturing. Code 1 (6 beds required)
Discharge Area	Fireplace Lounge	Casualties waiting to make arrangements to be picked up. (tables and chairs required)

3. Ensure each casualty has been assigned a number and has a chart that corresponds with that number.

TRIAGE PHYSICIAN ("ON-CALL PHYSICIAN")

1. Liaison with Triage Nurse in assessing and dispatching of casualties.

PATIENT REGISTRATION

1. Obtain vital statistics from each casualty, if available, and clearly print on O/P Record. When complete, the white copy (Finance Office Copy) will be sent to the Information Centre (Medical Records). (See Procedure section for detailed instruction).
2. Obtaining more detailed information regarding the Casualty, when available, and add it to the O/P Record. When complete, the blue copy (Family Physician's Copy) will be sent to the Information Centre (Medical Records). This includes disposition of casualty.
3. When initial treatment is complete, mark the disposition of patient on the bottom of the O/P Record and send the pink copy (Attending Physician Copy) to the Information Centre (Medical Records).

PHYSICIANS

1. Examine casualties, determine the extent of their injuries, and order appropriate treatment.

NURSES

1. Assist Doctors with initial examination, provide appropriate Nursing Care.

PRE-HOSPITAL TRIAGE PROCEDURES:

Pre-Hospital Triage is completed at the disaster site and casualties tagged by the ambulance officers. Every casualty will have a Triage Tag assigning one of the following Patient Priority Codes:

Triage Tag Colour Code	Priority	Patient Condition
BLUE	DECEASED	DECEASED
RED	CODE 4	IMMEDIATE PRIORITY
YELLOW	CODE 3	SECOND PRIORITY
GREEN	CODE 2	DELAYED PRIORITY

It should be emphasized that the triage categories are Pre-Hospital. A different triaging system will present within the Hospital Emergency Department to meet the specific needs of the Hospital.

INSTRUCTIONS:**FRONT SIDE:**

- Fill in:
 - Time
 - Location
 - Name
- Check one:
 - MD
 - RN
 - Amb
 - Other
- Tear off Bottom Part
- Corner Sections:

Ambulance to record on back where the victim has been taken – i.e. KDH Hospital to tear off and clip on chart.

REVERSE SIDE:

- Do not record obvious injuries – i.e. Laceration to head
- Record only critical issues – i.e. Probably C-spine
- Casualties are then transported to the Hospital.

5.0 RECOVERY AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities if applicable:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Conduct Post incident reporting and communications
- Conduct an initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH EPP Coordinator)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE ORANGE: DISASTER

REPORT

APPENDIX A: CODE ORANGE REPORT

☐ Mock☐ Real☐ Table Top

Date: _____ Time: _____ Department: _____

Checklist (Check the appropriate line/column with a (✓))	N/A: Not applicable		
	Yes	No	N/A
1. Decision to Activate Code Orange was made by two of the following: <input type="checkbox"/> Chief Executive Officer <input type="checkbox"/> CFO & VP of Operations <input type="checkbox"/> VP Nursing & Clinical Services <input type="checkbox"/> ER Physician On-Call <input type="checkbox"/> Chief of Medical Staff			
2. Switchboard Operator announces, saying: "CODE ORANGE IS NOW IN EFFECT"			
3. Fan-Out Call System was activated			
4. Functional Services were set up as per EMP Annex C: CODE ORANGE			
5. Staff knew the location of the Functional Service Areas			
6. Staff knew the responsibilities of each Function Service Area			
7. Staff knew the responsibilities of their departments.			
8. Signage displayed for Functional Service areas			
9. Entrances are secured			
10. Staff who are called in carry their ID access cards with them and report to the Personnel Pool			
11. Switchboard Operator made All Clear announcement, saying: "CODE ORANGE: ALL CLEAR"			
12. Code Announcement was heard loud and clear			

CODE RED: FIRE**REACT (Remove, Ensure, Activate, Call, Try)****1.0 INTRODUCTION****AIM**

The aim of this document is to coordinate a safe and effective response to fires and fire alarms within the hospital.

MONITORING AND PREPAREDNESS

Although fires can occur with little or no warning, KDH staff will monitor available information sources for fire hazards, warnings and alerts. KDH staff will conduct regular fire training and equipment maintenance. All staff will be proactive to keep evacuation routes clear.

2.0 RESPONSE PROCEDURE

Upon discovery of fire or smoke, **ALL STAFF** will carry out the following **REACT** procedures in order of priority as determined by fire circumstances:

R 1. REMOVE

Remove all persons from immediate danger. In patient rooms, this is to be done by two (2) persons: one person to hold the door open while the other(s) carry out the rescue of patients. Then set Remar on patient room door to indicate room has been evacuated.

E 2. ENSURE

Following rescue, ensure all doors are closed to contain flames, smoke and fire gases.

A 3. ACTIVATE

If the fire alarm bells are not sounding, go to the nearest fire alarm pull station and activate the fire alarm. This will ensure that everyone knows a fire emergency exists and that the fire department is notified. (The fire alarm bells will sound at 20 strokes per minute).

C 4. CALL

If immediate circumstances/conditions allow, use the nearest safe telephone to dial "444" (fire emergency extension) and inform switchboard of the exact location (zone, room number or common name), nature of the fire, if oxygen is flowing in the fire affected room, and if the room is evacuated.

If in doubt, or circumstances/conditions do not allow, **DO NOT DELAY**, call the fire department directly at 911, then page two times:

- Press page button, or dial *84
- When prompted, enter page group 1#

- After the tone, speak into receiver, page will be instantaneous
- Make CODE RED announcement, saying:

"CODE RED, (LOCATION)"

- Repeat information for all critical pages
- Hang up receiver

T 5. TRY

Staff members trained in the use of Portable Fire Extinguishers will assess the situation and if the fire is small and/or the circumstances and conditions so dictate will attempt to extinguish the fire, using the appropriate Portable Fire Extinguisher. This is only to be done if it will not endanger the safety of patients, staff or visitors.

If you are in doubt DO NOT attempt to fight the fire.

Keep doors to fire zone closed and leave the task to the fire department

If necessary, initiate evacuation from the fire zone to a secure area beyond the nearest fire barrier doors. (See Code Green)

In the event of hearing the fire alarm bells and/or the "CODE RED" announcement:

- **ALL Nursing Staff on Medical Surgical /LTC Units, CARING FOR PATIENTS** will remain with their patient and stand by for possible evacuation.
- **Clinical Nursing staff will remain with their patients and stand by for further instructions.**
- **ALL OFF DUTY STAFF** on site will use the safest nearest access and report to the (Personnel Pool) New Main Lobby.
- **ALL OTHER STAFF** will carry out the following procedures:

1. Return to Department

Report to your department/area, only if it is safe to do so. Ensuring that any equipment you are working with is removed from and/or positioned in the corridor in accordance with normal fire safety practices.

2. Electrical Equipment

Turn 'OFF' all non-essential electrical equipment and turn 'ON' all lights. The first step is for safety during firefighting operations, while the latter is to ensure maximum visibility.

3. Contain

Ensure all doors and windows throughout the Hospital are closed to impede the movement of air, which can transport heat, smoke and fire gases from one location to another.

4. Clear Area

If possible, surrounding corridors must be cleared of all items and obstructions. Place items in any room except a patient-occupied room. This action is to facilitate firefighting operations and evacuation if and when it becomes necessary.

5. Report to Personnel Pool (New Main Lobby)

All personnel not assigned specific tasks during a fire emergency will proceed to the Personnel Pool (New Main Lobby) and stand by for further instructions.

If the Fire is in the area of the Personnel Pool report to the parking lot behind Health Center.

Evacuate

If a decision is made to evacuate, the fire alarm bells will ring at a faster pace (120 beats per minute) and Switchboard will make announcement, saying:

"CODE GREEN—PRECAUTIONARY: EVACUATE TO LOCATION"

Or

"CODE GREEN—STAT: IMMEDIATE EVACUATION TO LOCATION"

EMERGENCY MANAGEMENT PLAN ANNEX A CODE GREEN: EVACUATION

6. ALL CLEAR Announcement

Only the Fire Department has the authorization to clear a fire emergency. When cleared, the Switchboard will make ALL CLEAR announcement, saying:

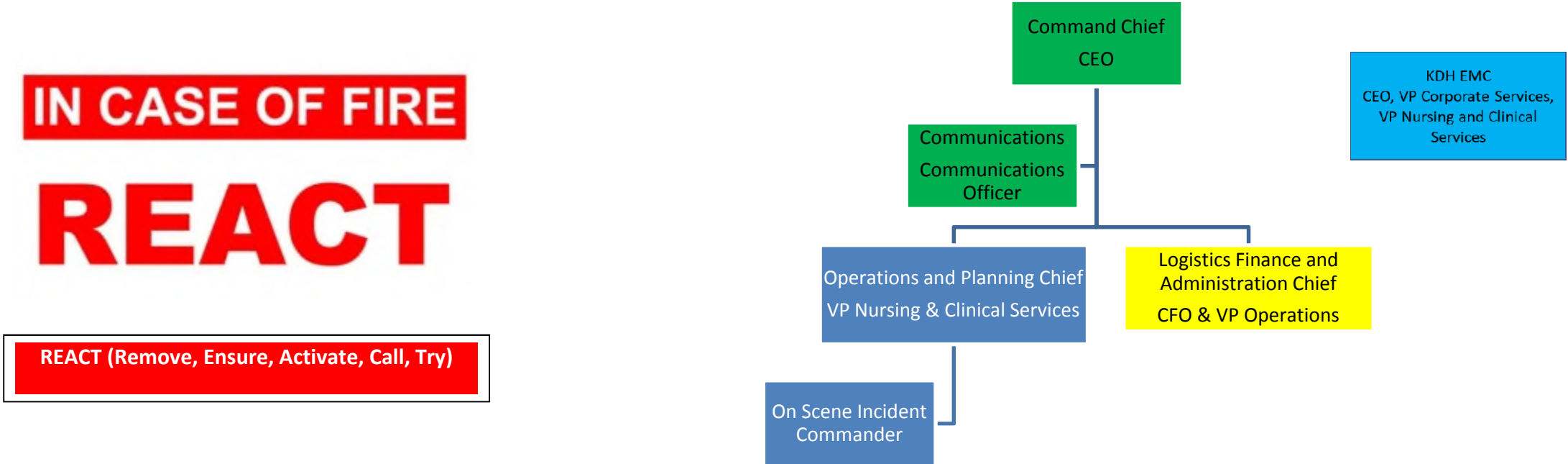
"CODE RED: ALL CLEAR" (X2)

7. File Reports

Building Services Manager or Delegate and /On-Call Maintenance Mechanic will file CODE RED Report (Appendix A) and submit to JHSC.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

CODE RED INCIDENT MANAGEMENT SYSTEM (IMS) ORGANIZATION



CODE RED IMS Management Activity/Function	Command	Operations and Planning	Logistics, Finance and Administration
	Command Sets objectives and priorities, has overall responsibility at the incident or event	Operations Conducts tactical operations to carry out the plan develops the tactical objectives, organization, and directs all resources Planning Develops the action plan to accomplish the objectives, collects and evaluates information. Maintains resource status	Logistics Provides support to meet incident needs, provides resources and all other services needed to support the incident Finance / Administration monitors costs related to incident, provides accounting, procurement, time recording, and cost analyses.
Designated Chief and Alternate	Primary: CEO Alternate: CFO & VP OPERATIONS	Primary: VP NURSING & CLINICAL SERVICES Alternate: NURSE MANAGER	Primary: CFO & VP OPERATIONS Alternate: VP CORPORATE SERVICES

APPOINTMENT/ FUNCTION												
VP Nursing/Nurse Manager/ Charge Nurse/Delegate	NURSING UNITS/OR/RR/CLINICS	BUILDING SERVICES/ENGINEERING UNIT MAINTENANCE MECHANICS/BOILER ROOM										
<p>1. Operations and Planning Chief, the VP Nursing & Clinical Services/Nurse Manager/Charge Nurse is responsible for the implementation of the CODE RED Procedures throughout the Hospital.</p> <p>If you cannot leave your responsibility, you may delegate as suggested below:</p> <table><tr><td>Other RN in ER</td><td>ext. 208</td></tr><tr><td>RN on M&S</td><td>ext. 172</td></tr><tr><td>RPN on LTC</td><td>ext. 179</td></tr><tr><td>RPN on M&S</td><td>ext. 172</td></tr><tr><td>PCA on LTC ext. 179</td><td>ext. 179</td></tr></table> <p>2. Ensure someone is assuming the duties and responsibilities of Switchboard.</p> <p>3. Put on orange vest and proceed to the fire alarm zone and take charge.</p> <p>4. Ensure REACT (Remove, Ensure, Activate, Call, Try) procedures are followed.</p> <p>5. Obtain the following information:</p> <ul style="list-style-type: none">• Condition and location of patients from fire room• Number of patients on unit <p>6. Determine if oxygen is being used in the fire zone and whether it has been turned 'OFF'. If not, ascertain when it may be turned 'OFF' without endangering patient safety.</p> <p>7. Meet, or delegate someone to meet, Fire Department at Front Doors (Main Lobby) – remember to get front door keys from ER Drug Cart and Master key from Admitting Locked Box:</p> <ul style="list-style-type: none">• If after hours, take keys and open doors.• Brief on all available information, including:<ul style="list-style-type: none">▪ Exact location of fire.▪ Nature of fire – all available information on what is burning.▪ Patient control – number of patients in fire zone and extent of evacuation movements and the secure areas being used.▪ Oxygen: Give status of oxygen in all zones affected by the fire. If some areas have not been shut 'OFF' explain why and what steps are being taken so that they can be shut 'OFF'. <p>8. If necessary, order evacuation of other areas. Designate routes and secure areas.</p> <p>9. NOTE: Once Fire Department is on location, any decision regarding evacuation will be made jointly by the Fire Chief and the VP Nursing & Clinical Services/Nurse Manager/Charge Nurse/Building Services Manager.</p> <p>10. Ensure departments/areas above/below the fire zone are monitored for possible smoke and flame spread, as well as water seepage. Should water seepage occur, the lights and electrical equipment must be turned “OFF”</p>	Other RN in ER	ext. 208	RN on M&S	ext. 172	RPN on LTC	ext. 179	RPN on M&S	ext. 172	PCA on LTC ext. 179	ext. 179	<p>1. Check console above patient rooms to see if a red fire alarm indicator light is activated above a patient room door. If so, carry out REACT for the room indicated. If no red fire alarm indicator light is activated, then start search.</p> <p>2. Patient Safety:</p> <ul style="list-style-type: none">• If patients are not in their rooms (e.g. in hallway sunroom, etc.) have patients return to their rooms.• If there are visitors, have them remain in the room with the patients, or, if they insist on leaving, direct them to the nearest safe exit. Private duty nurses are to remain with their patients and are to be treated in a similar manner as visitors.• Patients and visitors in other secure areas are to remain in that secure area under the supervision of the area personnel. <p>3. If the fire alarm zone is directly below/above your unit, monitor for heat transfer and smoke seepage.</p> <p>4. Prepare alternate methods of administering oxygen to patients should the central oxygen system be shut down or evacuation be ordered.</p> <p>5. Prepare all persons for possible evacuation should it become necessary.</p> <p>6. If a special procedure is in progress, and you are near a fire zone, move the entire set-up to a secure area. The special procedure team will be kept informed as to the conditions and progress of the fire.</p>	<p>1. On discovery of fire:</p> <ul style="list-style-type: none">• Carry out REACT – send available resources to the fire site and attempt to extinguish the fire if safe to do so• Provide regular updates to the VP Nursing & Clinical Services/Nurse Manager/Charge Nurse• Close exterior main gas supply valve 'OFF'. <p>2. Upon hearing the fire alarm bells and/or the announcement "CODE RED":</p> <ul style="list-style-type: none">• Carry out all necessary safety procedures concerning boiler room operations.• Carry out RESPOND, except:• DO NOT SHUT OFF electrical equipment.• DO NOT report to Personnel Pool.• Immediately report to the fire zone. <p>3. Turn off main oxygen supply (nitrous oxide room) upon direction of VP Nursing/Clinical Services/Nurse Manager/Charge Nurse/Fire Department</p> <p>4. A member of the Maintenance Staff is responsible for re-setting the fire alarm system when cleared to do so by the Fire Department.</p> <ul style="list-style-type: none">• Assist ER Charge Nurse with Duties and Responsibilities• Complete CODE RED Report in conjunction with ER Charge Nurse and Building Services Manager
Other RN in ER	ext. 208											
RN on M&S	ext. 172											
RPN on LTC	ext. 179											
RPN on M&S	ext. 172											
PCA on LTC ext. 179	ext. 179											

SWITCHBOARD										
A	ON THE SOUNDING OF THE FIRE ALARM BELLS:	<input type="checkbox"/>								
	1. Check fire sub-panel (Patient Registration or M&S) to determine fire zone and Make CODE RED announcement, saying: "CODE RED": (ZONE/LOCATION)/DO NOT USE THE ELEVATOR OR TELEPHONES. "	<input type="checkbox"/>								
	2. If receiving a call of exact location, make 2nd CODE RED announcement, saying: "CODE RED: (ZONE/LOCATION) " x2	<input type="checkbox"/>								
OR										
B	IF ADVISED OF A FIRE VERBALLY (NO ALARM BELLS):	<input type="checkbox"/>								
	3. Write down the exact location and the name of the person making the report.	<input type="checkbox"/>								
	4. Make CODE RED announcement, saying: "CODE RED: (ZONE/LOCATION)/DO NOT USE THE ELEVATOR OR TELEPHONES. "	<input type="checkbox"/>								
THEN:										
	5. DIAL 911 and indicate to operator it is a fire. When put through to fire department dispatch, indicate it is KDH, where the fire is located, and details as known.	<input type="checkbox"/>								
	6. If after hours, notify the staff members listed below and state, "This is the Kemptonville District Hospital. We have a fire alarm condition and (give any pertinent information on fire conditions)."	<input type="checkbox"/>								
	Telephone staff in the following order until one of them is reached: <table><tbody><tr><td>Tammy Buehlow / Manager Building Services</td><td>613-851-7308</td></tr><tr><td>Jennifer Ellis / VP Nursing & Clinical Services</td><td>613-983-1655</td></tr><tr><td>Fallon Gluck / Nurse Manager</td><td>613-889-2451</td></tr><tr><td>ON-Call Maintenance Mechanic</td><td>Refer to Engineer on-call first or Internal Telephone Directory</td></tr></tbody></table>	Tammy Buehlow / Manager Building Services	613-851-7308	Jennifer Ellis / VP Nursing & Clinical Services	613-983-1655	Fallon Gluck / Nurse Manager	613-889-2451	ON-Call Maintenance Mechanic	Refer to Engineer on-call first or Internal Telephone Directory	<input type="checkbox"/>
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Jennifer Ellis / VP Nursing & Clinical Services	613-983-1655									
Fallon Gluck / Nurse Manager	613-889-2451									
ON-Call Maintenance Mechanic	Refer to Engineer on-call first or Internal Telephone Directory									
	7. Upon direction of the Fire Chief /, follow next step.	<input type="checkbox"/>								
	8. Do not allow unnecessary local or outside telephone calls during the fire emergency.	<input type="checkbox"/>								
	9. Direct all news and media inquiries to remain on front yard of Trailer#2 (by Health Center). Do not give out any information about the fire emergency.	<input type="checkbox"/>								

Switchboard: Emergency Communication

Emergency Communication during an Emergency event provides guidance, prevents illness, injury, prevents panic, and helps promote helpful behaviour.

Paging instructions:

- Press the page button, or dial *84
- When prompted, enter page group 1#
- After tone, speak into receiver
- Repeat information when speaking for all critical pages.
- Hang up receiver

Messaging must follow **5 minutes** after second CODE RED announcement. Then another to follow every **10 minutes** until notified of an all clear.

Listed below are examples of messaging that can be used during an Emergency.

- "May I have your attention please, an alarm has been activated. We are investigating the cause; please remain calm and standby for further instructions".
- "Attention please, we are currently investigating the cause; please remain calm and standby for further instructions".
- "Your attention please, the building condition has been cleared, you may return to your normal activities".

Fire Watch Duties: Emergency Communication
BSD-PR-30 Clean & Safe Work Zone /Environment

During construction phases all Fire systems are placed on test, as certain work can cause the Alarms to sound. Protocol upon hearing the Fire Alarm is to proceed to the Personnel Pool area. Once the situation has been investigated by a member of the Emergency Response team, an announcement may be made:

"All staff can return to their departments, and activate "Fire Watch Duties"
If the alarms sounds again all staff must report to the Personnel Pool area.
A member from the Emergency Response Team will direct staff as to the situation.

ALL PERSONNEL /PERSONNEL POOL (NEW MAIN LOBBY/SECONDARY LOCATION PARKING LOT BEHIND HEALTH CENTER)									
<p>All staff on premises during a fire alarm, including drills, which do not have direct patient care, Responsibilities or specialized fire duties are to report to the designated staff pool. Staff in the pool area may be directed to provide assistance in ways , for example:</p> <ul style="list-style-type: none">• Act as a messenger• Assist in evacuation of patients• Assist in receiving and attending to patients during an evacuation. <p><i>If you are the first person to arrive at the Personnel pool area start recording names of those reporting in.(all attendance sheets kept at desk in a binder)</i></p> <table><tr><td>1.</td><td>Record the names of those reporting to the Personnel Pool.</td></tr><tr><td>2.</td><td>Immediately assign staff to each of the following locations to control traffic from entering:<ul style="list-style-type: none">• Patient Registration/Emergency/Waiting area door• External Entrance door at the Cafeteria• Main Lobby Entrance• Ambulance entrance</td></tr><tr><td>3.</td><td>If necessary, immediately send someone to the OR/Recovery Room area to maintain contact with the OR Staff.</td></tr><tr><td>4.</td><td>Direct supplementary personnel to fulfil any requirements as necessary. Escort any visitors /clinic patients to the seating area in Lobby, or if they insist on leaving escort to the nearest safe exit.</td></tr></table> <p>DAY SHIFT</p> <ul style="list-style-type: none">• First Floor staff and volunteers are to report to the Staff Pool area in the New Main Lobby.• If the fire is in the Personnel Pool area, please report to secondary location: parking lot behind Health Center:<ul style="list-style-type: none">◦ Are to report to the secondary Personnel Pool area. Visitors remain with patients, unless otherwise directed• One staff member will take charge at the Staff Pool location and receive instructions from the Fire Controller <p>Everyone</p> <ul style="list-style-type: none">• Use of the telephone is for emergencies only• Do not use elevators• Staff returning to their department from other areas should not proceed through the fire zone• After the “All Clear” announcement, staff will return to normal duties <p>AFTER HOURS (After 4:00 pm)</p> <ul style="list-style-type: none">• Direct visitors on First Floor to Emergency Room waiting area or have them exit the building Second Floor non-nursing staff and volunteers are to report to Personnel Pool area)Visitors remain with patients, unless otherwise directed		1.	Record the names of those reporting to the Personnel Pool.	2.	Immediately assign staff to each of the following locations to control traffic from entering: <ul style="list-style-type: none">• Patient Registration/Emergency/Waiting area door• External Entrance door at the Cafeteria• Main Lobby Entrance• Ambulance entrance	3.	If necessary, immediately send someone to the OR/Recovery Room area to maintain contact with the OR Staff.	4.	Direct supplementary personnel to fulfil any requirements as necessary. Escort any visitors /clinic patients to the seating area in Lobby, or if they insist on leaving escort to the nearest safe exit.
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<p>ALL Nursing Staff on Medical Surgical /LTC Units, CARING FOR PATIENTS will remain with their patient and stand by for possible evacuation (See Code Green).</p> <p>2. Clinical Nursing staff will remain with their patients and stand by for further instructions.</p> <p>3. ALL OFF DUTY STAFF on site will use the safest nearest access and report to the (Personnel Pool) New Main Lobby.</p> <p>4. ALL OTHER STAFF will carry out the following procedures:</p> <ul style="list-style-type: none">• Return to Department. Report to your department/area, only if it is safe to do so. Ensuring that any equipment you are working with is removed from and/or positioned in the corridor in accordance with normal fire safety practices.• Electrical Equipment. Turn 'OFF' all non-essential electrical equipment and turn 'ON' all lights. The first step is for safety during firefighting operations, while the latter is to ensure maximum visibility.• Contain. Ensure all doors and windows throughout the Hospital are closed to impede the movement of air, which can transport heat, smoke and fire gases from one location to another.• Clear Area. If possible, surrounding corridors must be cleared of all items and obstructions. Place items in any room except a patient-occupied room. This action is to facilitate firefighting operations and evacuation if and when it becomes necessary.• Report to Personnel Pool (New Main Lobby). All personnel not assigned specific tasks during a fire emergency will proceed to the Personnel Pool (New Main Lobby) and stand by for further instructions. <p>If the Fire is in the area of the Personnel Pool report to the parking lot behind Health Center.</p>									

4.0 PERSONS REQUIRING ASSISTANCE

Tips for Interacting with Children with Disabilities

Communication

- When interacting with children with disabilities during an emergency, be open and honest about what is happening. Try to explain the problem and what is being done to solve it in a way they will understand.
- Reassure them that everything is under control and you are there to help them be safe.

Behavior

- If you must evacuate, try to bring a toy along; this may help to keep them occupied and provide them with some comfort.
- Never ignore their fears or anxieties.

Tips for Interacting with Seniors

Communication

- Try to listen to what the person is saying, and give them plenty of encouragement.
- Allow the person to describe what help they need and how it can be provided to them.
- Refrain from shouting or speaking unnaturally slowly.
- Make sure you have their full attention before you speak.

5.0 GENERAL INFORMATION

When fire strikes, the immediate action taken by the person discovering the fire and those responding to the emergency will mean the difference between containment of the fire and possible disaster.

The following fire safety plan is the educational and reference tool for use in fire prevention and management of fire conditions.

The purpose of this section is to make available to each and every employee a procedure to follow that is applicable in their job situation during an emergency.

Alarm System

KDH has a fire alarm system that is directly connected to the Brockville Fire Department Dispatch, who advises North Grenville Fire Service.

KDH has fire panels that notify that a fire exists and gives the location. These panels are situated as follows:

- **Main** - First Floor; Straight in from North Entrance
- **Sub Panel** - Patient Registration

- **Sub Panel - Medical/Surgical**

The fire alarm is connected to our security alarm system and Advance Alarm & Security System (613) 283-6238 is automatically notified when the alarm is set off. Advance Alarm & Security System will notify the fire department and then telephones Charge Nurse & M&S Nurse's Desk to advise them that this has been done.

Authorization to Activate "ALL CLEAR"

Only the Fire Department has the authorization to clear a fire emergency.

FIRE CLASSIFICATION AND EXTINGUISHERS

Fires are universally broken down into three basic categories: Class A, Class B, Class C, Class D and Class K. Likewise, fire extinguishers are classified in the corresponding categories: A, B, C, D and K:

1. Class A Extinguisher

Contains water and is silver in colour. This type of extinguisher is found on every floor throughout the Hospital.

2. Class B & C Extinguisher

Contains Carbon Dioxide (CO₂) and is red in colour. This type of extinguisher is found where the danger of a Class B or C fire exists. They are located in the O.R., X-Ray, Maintenance Shops, Electrical and Mechanical Rooms, and Boiler Room.

3. Class ABC or BC Extinguisher

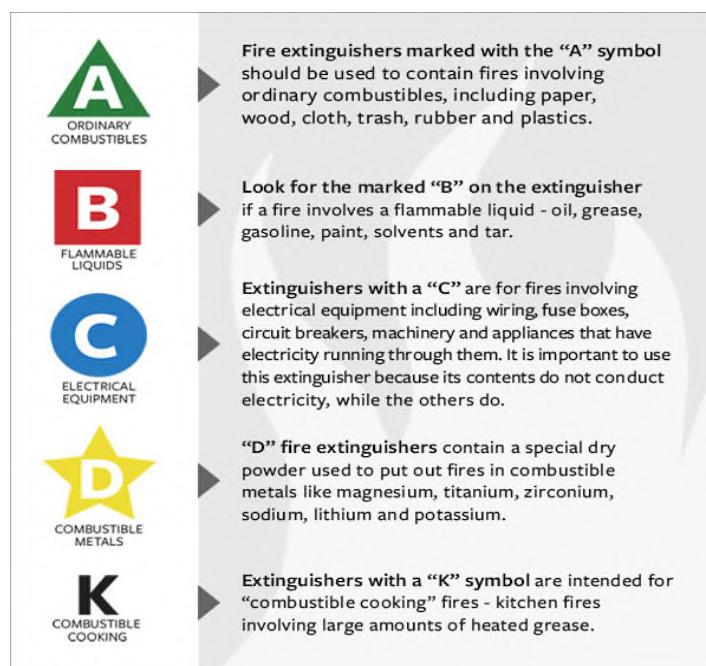
Contains Dry Chemical and is red, yellow or orange in colour, and has a pressure gauge indicating whether it is serviceable or not. They are located in areas where the hazard deems it necessary and in all Nursing Units.

4. Class D Fire Extinguishers

Contains Carbon dioxide and dry chemical powder –they are for fires that involve combustible metals, such as magnesium, titanium, potassium and sodium. Currently, WE DO NOT HAVE ANY CLASS D FIRE EXTINGUISHERS in any location within the facility.

5. Class K Fire Extinguishers

WET CHEMICAL extinguishers contain a special potassium acetate based agent. A large white Class K extinguisher can be located in main Dietary room, adjacent to the sink wash-up area.



Elevator

The elevator is not to be used during a fire emergency without direction from the fire department.

Telephones

Telephones are not to be used for outside calls. During a fire alert, the telephone system is for internal emergency use only.

Safety

Employees are to be dispatched in pairs and ordered not to separate. Should a route be obstructed by heavy smoke or flame, all employees are to return to the Personnel Pool immediately and inform the Coordinator. Employees are not to risk their lives.

Oxygen

During any fire emergency in a health care facility, oxygen can play a major role in the intensity and spread of a fire. The following are guidelines in the event of fire:

1. If possible, when evacuating a patient from the fire zone, the oxygen is to be shut 'OFF'.
2. If the oxygen cannot be shut 'OFF' in the fire zone, the VP Nursing & Clinical Services/Nurse Manager/Charge Nurse is to be informed that oxygen is still flowing.
3. The VP Nursing & Clinical Services/Charge Nurse will inform the North Grenville Fire Service as they arrive in the alarm zone.

Other Areas

Once the exact location of the fire is announced and fire procedures are carried out, the VP Nursing & Clinical Services/Nurse Manager/Charge Nurse may determine it necessary to have the oxygen shut 'OFF' for patients above and/or below the immediate fire zone. Prior to this taking place, the area involved must be notified in order to provide an opportunity for other arrangements to be made.

Hospital

It may become necessary to shut off the main oxygen supply to the Hospital. This decision will be made by Building Services (Maintenance Mechanic(s)) after discussion with VP Nursing & Clinical Services/Nurse Manager/Charge Nurse/Fire Department.

6.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE RED: FIRE

REPORT

APPENDIX A: CODE RED REPORT

☐ Mock ☐ Real ☐ Table Top

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (✓))

	Yes	No	N/A
1. The fire alarm was activated by: Staff: _____ Visitor: _____ Patient: _____ using: Manual Pull: _____ Smoke Detector: _____ Thermal Detector: _____			
2. Alarm worked properly.			
3. Switchboard was notified by: _____ Fire alarm bells _____ Telephone Call			
4. Exact fire location coordinates and source of fire was communicated to Switchboard			
5. Fire panel identified exact location of fire			
6. CODE RED Announcement was made, saying: "CODE RED": (ZONE/LOCATION) / DO NOT USE THE ELEVATOR OR TELEPHONES."			
7. All doors with magnet self-closing devices were automatically released.			
8. Switchboard notified: Fire: _____ And, if after hours: On-Call Maintenance Mechanic: _____ CEO or Designate: _____			
9. Immediate Fire area/location was cleared and containment established			
10. Staff were unable to clear and/or contain Fire area/location_			
11. Extinguisher was used: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, what type and from where: _____			
12. The Following Responded: Fire: _____ Nurse Manager/Charge Nurse: _____			
13. Main Ventilation System automatically shut down.			
14. Electrical equipment was shut "OFF".			
15. All lights were turned "ON".			
16. Doors and windows were closed throughout the hospital.			

17. Hallways were cleared of obstruction.			
18. Elevator was not used.			
19. Telephones were not used.			
20. Visitors were instructed to stay with the patient they were visiting.			
21. Personnel not assigned specific asks reported to Personnel Pool.			
22. Fire hose used by Fire Department.			
23. CODE GREEN – Precautionary was activated			
24. CODE GREEN – Stat was activated			
25. Switchboard made All Clear announcement, saying two times slowly and clearly: "CODE RED: ALL CLEAR".			
26. Any casualties due to incident? _____ _____			
27. CODE Announcements were heard loud and clear.			

CODE WHITE:	ACT OR THREAT OF VIOLENCE
--------------------	----------------------------------

1.0 INTRODUCTION

KDH is committed to providing a safe and respectful workplace. Code White procedures will be initiated in response to acts or threats of violence. In the context of these procedures a Code White incident refers to anyone (patient, visitor or staff member) who is acting in an aggressive or violent manner towards others.

Code White Key Concepts/Assumptions:

- Your personal safety is paramount
- Management of Aggressive Behaviour (MOAB) Training is available for all/select staff
- Every reasonable effort will be made to defuse and deescalate situations involving anyone who is acting in an aggressive or violent manner towards others without compromising your safety and the safety of others
- VP Nursing and Clinical Services or delegated authority (Nurse Manager, Charge Nurse) is the designated Operations Chief for Code White response
- All managers and pre-designated staff will support the Operations Chief during a Code White response (Code White Response Team)
- All staff should be prepared to respond to a Code White incident
- Procedures must be practical, simple and repeatable
- All key KDH staff have a Vocera device or connectivity to the system
- Communications are a critical element to an effective Code White Response
- Always ensure that 9-1-1 has been contacted to prompt emergency services to respond
- The average response time for police, fire and ambulance services to a KDH emergency is approximately 7-10 minutes
- A Code White incident may escalate into a Code Silver – Person with a Weapon
- All incidents involving a weapon will be treated as a Code Silver – Person with a Weapon
- Code White procedures will be updated as required to reflect upgrades associated with the Code White Task Force Action Plan

2.0 RESPONSE PROCEDURE

If you experience or observe aggressive or violent behaviour:

Notify Staff of Code White

- Activate your Vocera device. This will alert all staff and the Switchboard and trigger a Code White alert and response
- Staff will respond in accordance with Step 3 below
- If you do not have access to Vocera make every effort to alert staff in your immediate area (Overhead paging using the phone system (*83), shouting, use of cellular phone, etc.)

Seek or Offer Assistance

- Seek initial assistance from other staff in your immediate area
- Offer your assistance to defuse or deescalate the situation

Attempt to Defuse and Deescalate the Situation

- Remain calm and make every reasonable effort to defuse and deescalate the situation without compromising your safety and the safety of others
- **If KDH staff are unable to defuse or deescalate the situation, or if there is damage or injuries, call 911 (using Vocera or other means) and request police and emergency response**

Protect Yourself and Those in Your Care

- Alert and move patients and visitors out of harm's way if safe to do so
- As a last resort, protect yourself and those in your care until emergency services or other staff arrive

The response for each incident can vary depending on the nature of the incident. If there is a serious threat to your safety or others, call 911 immediately.



- **A**SSESS
- **C**OMMUNICATE
- **T**AKE ACTION

3.0 RESPONSE ROLES AND RESPONSIBILITIES

CODE WHITE INCIDENT MANAGEMENT SYSTEM (IMS) ORGANIZATION

The table below reflects the IMS Organization for Code White incidents:

CODE WHITE IMS	Command	Operations and Planning	Logistics, Finance and Administration
Management Activity/Function	Command Sets objectives and priorities, has overall responsibility at the incident or event	Operations Conducts tactical operations to carry out the plan develops the tactical objectives, organization, and directs all resources Planning Develops the action plan to accomplish the objectives, collects and evaluates information. Maintains resource status	Logistics Provides support to meet incident needs, provides resources and all other services needed to support the incident Finance / Administration Monitors costs related to incident, provides accounting, procurement, time recording, and cost analyses.
Designated Chief and Alternate	Primary: CEO Alternate: CFO & VP OPERATIONS	Primary: VP NURSING & CLINICAL SERVICES Alternate: NURSE MANAGER	Primary: CFO & VP OPERATIONS Alternate: VP CORPORATE SERVICES

The table below summarizes individual responsibilities during Code White incidents:

Appointment / Function			
VP NURSING & CLINICAL SERVICES or NURSE MANAGER	ALL MANAGERS	ALL STAFF	VOLUNTEERS
1. Immediately respond to a Code White incident within the hospital 2. Ensure sufficient resources are in place to deal with the situation, and that police and/or other emergency services have been notified, if required 3. Where appropriate, ensure patients and visitors are moved out of harm’s way if safe to do so 4. If police and/or other emergency services respond, ensure their direction is followed by KDH staff	1. Immediately respond to a Code White incident within your department/area 2. If you hear a Code White announcement for a department/area in which you know the Manager is unavailable, respond to that area to render assistance/direction 3. Offer assistance and support the VP Nursing and Clinical Services (or delegated Nurse Manager), as required 4. The Manager (or designate) responsible for the area where the disturbance occurred will be responsible for completing and filing the Code White Report with the Building Services Manager 5. Promote and coordinate MOAB Training for all/select staff	1. Activate your Vocera device 2. Seek or offer assistance 3. Attempt to Defuse and Deescalate the Situation 4. Protect yourself and those in your care	1. Make every effort to alert staff in your immediate area (Overhead paging using the phone system (*83), shouting, use of cellular phone, etc.) 2. Seek assistance 3. Protect yourself until assistance arrives

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE WHITE:

REPORT

APPENDIX A: CODE WHITE REPORT

☐ Mock☐ Real☐ Table Top

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (✓))

	Yes	No	N/A																												
1. Person was assessed for risk.																															
2. Act or Threat of Violence was caused by: <div style="margin-left: 20px;"> <input type="checkbox"/> Patient <input type="checkbox"/> Staff member <input type="checkbox"/> Visitor </div>																															
3. Switchboard was notified by: <div style="margin-left: 20px;"> <input type="checkbox"/> Staff <input type="checkbox"/> Telephone <input type="checkbox"/> Other (specify) _____ </div>																															
4. Code White announcement was heard loud and clear.																															
5. Confirm the Panic Alarm was activated. (Once activated, the panic alarm causes an audible alarm at both Nurses' Stations and at Advanced Alarms Security Company – who will dispatch OPP/EMS).																															
6. Identify Department Representatives that responded to Code White Announcement:																															
<table border="1" style="width: 100%;"> <thead> <tr> <th>Department</th> <th>Representative</th> <th>Department</th> <th>Representative</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Department	Representative	Department	Representative																											
Department	Representative	Department	Representative																												
7. Switchboard notified: <div style="display: flex; justify-content: space-between; margin-left: 20px;"> <div> <input type="checkbox"/> Police <input type="checkbox"/> CEO or Designate <input type="checkbox"/> VP Nursing & Clinical Services </div> <div> <input type="checkbox"/> Chief of Staff <input type="checkbox"/> Family Physician (If Necessary) <input type="checkbox"/> On-Call Physician </div> </div>																															
8. Situation diffused by: <div style="margin-left: 20px;"> <input type="checkbox"/> Staff <input type="checkbox"/> Police <input type="checkbox"/> Other: _____ </div>																															
9. Casualties due to incident.																															

CODE WHITE RESPONSE AT A GLANCE

Notify Staff of Code White

- Activate your Vocera device. This will alert all staff and the Switchboard and trigger a Code White alert and response
- Staff will respond in accordance with Step 3 below
- If you do not have access to Vocera make every effort to alert staff in your immediate area (Overhead paging using the phone system (*83), shouting, use of cellular phone, etc.)

Seek or Offer Assistance

- Seek initial assistance from other staff in your immediate area
- Offer your assistance to defuse or deescalate the situation

Attempt to Defuse and Deescalate the Situation

- Remain calm and make every reasonable effort to defuse and deescalate the situation without compromising your safety and the safety of others
- **If KDH staff are unable to defuse or deescalate the situation, or if there is damage or injuries, call 911 (using Vocera or other means) and request police and emergency response**

Protect Yourself and Those in Your Care

- Alert and move patients and visitors out of harm's way if safe to do so
- As a last resort, protect yourself and those in your care until emergency services or other staff arrive

The response for each incident can vary depending on the nature of the incident. If there is a serious threat to your safety or others, call 911 immediately.



CODE PURPLE:**HOSTAGE TAKING****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to Hostage Taking situations that may occur in the hospital.

2.0 RESPONSE PROCEDURE**1. Notify Switchboard ext. 5003 (after hours ER Charge Nurse ext. 208)**

Any person having knowledge that a hostage taking is in progress is to notify Switchboard.

2. CODE PURPLE Announcement:

- Press the page button, or dial *84
- When prompted, enter page group 1#
- After tone, speak into receiver
- Repeat information when speaking for all critical pages.
- Hang up receiver
- Switchboard to make **CODE PURPLE** announcement, saying:

"CODE PURPLE: (LOCATION)"

3. Dial 911

Switchboard to dial 911 and advise OPP.

4. Notify Chief Executive Officer (CEO) or Designate

Switchboard will notify Chief Executive Officer (ext. 132 or 613-914-4443)

5. Brief OPP on Arrival

CEO or Designate will meet OPP on their arrival and update them to the situation.

6. ALL CLEAR Announcement

When the OPP has cleared the situation, the Switchboard will announce, saying:

"CODE PURPLE: ALL CLEAR"

7. File Code Report

CEO or Designate will file a CODE PURPLE Report (Appendix A) with the JHSC.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

The following guidelines are generally applicable pending the arrival of the trained negotiators, especially if staff are forced to act before the arrival of the police:

SWITCHBOARD (after hours ER Charge Nurse)

1. Dial OPP 911 to advise them of the Hostage Taking.
Immediately inform Chief Executive Officer (CEO) or Designate.

CHIEF EXECUTIVE OFFICER (CEO) OR DESIGNATE

1. **Appoint Hostage Negotiator**
Call 911 and update OPP on the situation, appoint a Senior Team member as Hostage Negotiator.
2. **Monitor Situation**
Meet OPP and apprise of situation.
Keep Senior Team apprised of situation.

STAFF PERSON(S) ENCOUNTERING HOSTAGE TAKER

1. **Clear Hostage Area**
Everyone should clear the immediate area to reduce the hostage-taker's stress level.
2. **Summon Trusted Staff Member**
If the hostage-taker is a patient, an attempt should be made to summon the staff member most trusted by him. However, it is important to ensure that this individual does not also become a hostage.
3. **Terminate Telephone Communication to Hostage Area**
Telephone communication to the hostage area should be terminated except for a protected line from the negotiator. This will prevent unauthorized access to the hostage-taker (by the media) and the ensuing complications in the negotiating process.
4. **Stall-for-time**
Never say "No" to the hostage-taker, instead say, "I will see what I can do."

Notes:

- Transportation should never be provided to the hostage-taker, unless it is clear that the hostage's release will be secured prior to the vehicle being made available to the hostage-taker.

HOSTAGE

1. **Lower Hostage-taker's stress level**
Concentrate on lowering the hostage-taker's stress level and be alert for opportunities to support the efforts of the negotiators, as well as opportunities to escape.
2. **Develop rapport**
Try to develop a rapport with the hostage-taker; it is difficult for the hostage-taker to harm someone who appears to be supportive.
3. **Evaluate Escape**
Evaluate carefully any possible escape attempt. If it fails, you have lost any rapport you

may have established, and the situation may deteriorate.

4. Avoid an Aggressive Stance

The hostage-taker may perceive this is an additional threat.

5. Avoid Food or Drink

Avoid any food or drink provided by the hostage-taker even if it comes from negotiators. (It may be drugged in an attempt to overcome the hostage-taker).

6. Avoid Doors and Windows

The hostage should avoid doors/windows to reduce the chance of injury in the event the negotiators decide further negotiations are futile and decide to take the hostage by force.

GENERAL INFORMATION

This procedure has been designed to improve the chances of survival for those being held hostage and others who are not being held. Initial action taken here at the Hospital may well aid the police to bring a prompt ending to the incident.

Police forces have access to hostage negotiation response teams and these should be activated as soon as possible.

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency After Incident Report (CEO or Designate to complete and file this report to the JHSC and KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE PURPLE:

REPORT

APPENDIX A: CODE PURPLE REPORT

☐ Mock☐ Real☐ Table Top

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (✓))	Yes	No	N/A
1. The Switchboard Operator was notified (by any person having knowledge of occurrence).			
2. Code Purple Announcement was made, saying: "CODE PURPLE IS NOW IN EFFECT"			
3. Code Purple Announcement was heard loud and clear.			
4. Switchboard Operator notified OPP (Dial 911):			
5. Chief Executive Officer (CEO) or Designate was notified.			
6. CEO or Designate appointed a Senior Team member as Hostage Negotiator			
7. CEO or Designate met OPP and apprised them of the situation.			
8. Situation resolved by (<i>attach additional info as needed</i>): _____ _____ _____ _____			
9. Switchboard Operator made All Clear Announcement, saying: "CODE PURPLE: ALL CLEAR"			

CODE BROWN:**CHEMICAL SPILL****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to chemical spills at the hospital.

The following will outline the actions which should be taken in response to a chemical spill.

2.0 RESPONSE PROCEDURE**Contain Spill**

- Isolate the spill area. Remove persons from area/danger.
- Before attempting to clean up spill, be sure proper PPE is worn.
- Please follow SDS for instructions on how to contain and isolate. SDS binders are located in each department; Master SDS books can be located in the following areas:
 - Laundry Department
 - ER Department (storage room)
 - Materials Management
- SDS can also be searched on the internal Intranet Home Page via MSDS Online link:
 - <https://msdsmanagement.msdsonline.com/1000c35e-8346-4a0c-ab4c-c28926ca84dd/ebinder/?nas=True>

Obtain Spill Kit Locations:

- ES Closet beside Boiler Room
- Admin Hall Closet
- DI ES Room
- OR Soiled Utility Room
- Clinic ES Room
- LTC Janitor's Closet
- HC ES Room
- ***Chemo Spill Kit located in ER Supply room***

Asses Severity

Asses whether spill is **MINOR** or **MAJOR**. When in doubt treat all spills as major.

MINOR:

- Hazardous chemical spill of less than 4 liters
- Easily contained
- Minimal personnel/equipment
- Required for isolation and clean up.
- Evacuation unlikely or very limited.

IF MINOR,**Clean Spill (trained staff only)**

Clean the spill using the spill kit and following the Safety Data Sheet (SDS), instructions which are filed in a marked yellow binder, copies of which are found in:

- All departments (department specific)
- Emergency (master copy)
- Laundry (master copy)
- Materials Management (master copy)
- SDS can also be searched on the internal Intranet Home Page via MSDS Online link:
 - <https://msdsmanagement.msdsonline.com/1000c35e-8346-4a0c-ab4c-c28926ca84dd/ebinder/?nas=True>

Get Assistance

- Press the page button, or dial *84
- When prompted, enter page group 1#
- After tone, speak into receiver, page will be instantaneous
- Repeat information when speaking for all critical pages

Page for **assistance** from:

- Engineering and/or Maintenance staff
- Building Services Manager
- After hrs. – ER Charge Nurse

File Report(s)

- Manager Building Services
 - Engineering staff
 - Building Services Manager or Delegate will file report with JHSC.
-

MAJOR:

- Hazardous chemical spill of greater than 4 liters;
- Genuine threat to personnel or environment by virtue of:
 - Airborne contamination
 - Fire
 - Explosion
- Greater numbers of personnel/equipment required for isolation and clean up
- Limited evacuation likely; extended evacuation possible
- Probable Hazardous Materials (HAZMAT) Team/Fire Department involvement.

IF MAJOR,**CODE BROWN ANNOUNCEMENT:**

Switchboard to make the **CODE BROWN** announcement, saying,

“CODE BROWN (LOCATION)”

Switchboard to notify:

- Fire Department (911)
- Environmental Services (ext.166)
- Maintenance (ext.126); after hours follow the on-call list
- VP Nursing & Clinical Services (ext.197) after hours Charge Nurse (ext. 208)
- A Senior Administrative staff member. Telephone staff in the following order until one of them is reached.

Employee	Position	Home Phone	Cell Phone
Steve Webber	Maintenance Mechanic Team Lead		613-857-4755
Dennis Piche	Maintenance Mechanic	613-658-3499	613-697-9562
Tammy Buehlow	Manager Building Services		613-851-7308
Cathy Burke	VP Nursing & Clinical Services		613-762-6781
Marcus Hewitt	CFO & VP Operations		613-220-3356
Frank Vassallo	Chief Executive Officer		613-914-4443

Clear the Immediate Area

Evacuation (if not necessary, move to next step)

If Evacuation is deemed necessary by the Chief Executive Officer/Designate or Fire Department, Switchboard to make **CODE GREEN** announcement saying:

“CODE GREEN - PRECAUTIONARY: EVACUATE TO (LOCATION)”

or

“CODE GREEN - STAT: EVACUATE TO (LOCATION)”

Initiate the evacuation in accordance with the Code Green response procedures (Annex A) to the KDH Emergency Management Plan.

Fire Department to Clean/Decontaminate Spill

Maintenance to assist Fire Department in ensuring that the cleaning/decontamination instructions as per Safety Data Sheet (SDS) are followed. SDS are filed in yellow binders located in the following areas:

- All departments (department specific)

- Emergency (master copy)
- Laundry (master copy)
- Materials Management (master copy)
- SDS can also be searched on the internal Intranet Home Page via MSDS Online link:
 - <https://msdsmanagement.msdsonline.com/1000c35e-8346-4a0c-ab4c-c28926ca84dd/ebinder/?nas=True>

All Clear Announcement

Upon determination by the Chief Executive Officer/Designate or Fire Department that the situation has been cleared. Switchboard to make All Clear announcement saying:

“CODE BROWN ALL CLEAR”

Notify the Ministry of Environment

Manager of Building Services/Engineering, to notify the Ministry of the Environment – Spills Action Center at 1-800-268-6060 or 416-325-3000 (24hr) of the spill.

File Code Report

Building Services Manager and Engineering will file report with JHSC.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

Chief Executive Officer (Incident Command)

- Be on alert to receive information in order to determine, along with Fire Department, if evacuation is required.

Switchboard

- Make the Code Brown announcement
- Notify the following of a Code Brown:
 - Fire Department (911)
 - Environmental Services (ext.166)
 - Maintenance (ext.126); after hrs., follow the on-call list
 - VP Nursing & Clinical Services (ext.197) after hrs., Charge Nurse (ext. 208)
 - A Senior Administrative staff member. Telephone staff in the following order until one of them is reached:

Employee	Position	Home Phone	Cell Phone
Steve Webber	Maintenance Mechanic Team Lead		613-857-4755
Dennis Piche	Maintenance Mechanic	613-658-3499	613-697-9562
Tammy Buehlow	Manager Building Services		613-851-7308
Cathy Burke	VP Nursing & Clinical Services		613-762-6781
Marcus Hewitt	CFO & VP Operations		613-220-3356
Frank Vassallo	Chief Executive Officer		613-914-4443

- Keep the Chief Executive Officer/Designate informed of the situation.

Maintenance staff (incl. on-call Maintenance Mechanic), proceed to spill site and assist with the isolation and containment of the spill.

ADDITIONAL RESPONSIBILITIES IN THE EVENT OF A MAJOR SPILL:

2. Work with Fire Department to ensure that decontamination instructions as per Safety Data Sheet (SDS) are followed. SDS are filed in yellow binders in the following locations:
 - All departments (department specific)
 - Emergency (master copy)
 - Laundry (master copy)
 - Materials Management (master copy)
 - SDS can also be searched on the internal Intranet Home Page via MSDS Online link:
 - <https://msdsmanagement.msdonline.com/1000c35e-8346-4a0c-ab4c-c28926ca84dd/ebinder/?nas=True>
3. In the absence of Manager Building Service/Designate, the On-Call Maintenance Mechanic to notify the Ministry of the Environment - Spills Action Centre at (800) 268-6060 or (416) 325-3000 (24-hour).

Environmental Services Staff

Proceed to spill site and assist with the isolation and containment of the spill.

Manager Building Services/Maintenance Mechanic

1. Notify the Ministry of the Environment - Spills Action Centre at (800) 268-6060 or (416) 325-3000 (24-hour). If spill occurred after hours, ensure On-Call Maintenance Staff member placed this call.
2. File Code Brown Report with the Chair, JHSC.

Hospital Staff

Do not enter affected area unless directed to do so.

CHEMOTHERAPY SPILL DIRECTIONS

All Cytotoxic spillages should be managed as follows:

1. Warn other staff of spill and assign another staff member to ensure no one enters the area.
2. Retrieve Spill Kit. Open kit, place signage “Chemotherapy Spill” to mark spill area.
3. Put on PPE:
 - One pair of gloves, shoe covers and gown (Tyvek suit) the cuffs of the suit should cover the first pair of gloves
 - Put on second pair of gloves ensuring they cover the cuffs of the suit.
 - Put on hair net
 - Put on mask and goggles
4. For liquid spills, place absorbent pads in “V” position on outer perimeter of liquid spill to prevent spread. Place another absorbent pad on top of liquid spill ensuring not to touch liquid.
5. Dispose of any used pillows or towels in red cytotoxic bag and place bag in red pail.
6. Sweep any glass fragments, or powders or oral dosages forms into the dust pan with brush. Dispose in red cytotoxic bag, place red bag in red pail.
7. Collect cleaning solution (all purpose). Clean the spill area with detergent solution and thoroughly rinse with water. Repeat this process for a total of three times. Dispose of cleaning supplies in “red bag”, place red bag in red pail.
8. Rinse spill area with water and dry one last time. Use the absorbent pad to perform the rinse, dispose of the used pad in red bag, and place all red bags in Red pail. Be sure to place CYTOXIC label on top of lid.

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications

- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE BROWN:

REPORT

APPENDIX A: CODE BROWN REPORT

☐ Mock☐ Real☐ Table Top

Date: _____ Time: _____ Department: _____

Check the identified spill size:

☐ Minor Spill☐ Major Spill (Always make Code Announcement)

N/A: Not applicable

Checklist (Check the appropriate line/column with a "✓")

	Yes	No	N/A
1. Spill area was isolated.			
2. Spill Kit was found where indicated and brought to spill site.			
3. Product Identified: Name of Product: _____ Classification: _____			
4. Severity was assessed correctly.			
5. Spill was cleaned using Spill Kit and following decontamination instructions as per Safety Data Sheet (SDS).			
6. Switchboard was notified to make Code Brown announcement.			
7. Switchboard made Code Brown Announcement, saying: "CODE BROWN: <u>LOCATION</u>"			
8. Switchboard notified: ____ Fire Department ____ Environmental Services ____ Maintenance ____ Nursing Manager/Charge Nurse ____ A Senior Administration Staff Member			
9. Fire Department were met at the front door and brought to spill site.			

10. Evacuation was deemed necessary and Switchboard was notified to make CODE GREEN announcement.			
11. Switchboard made All Clear Announcement, saying two: "CODE BROWN: ALL CLEAR"			
12. Ministry of Environment – Spills Action Centre was notified of major spill.			
13. Code Announcements were heard loud and clear.			

CODE SILVER**PERSON WITH A WEAPON****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to incidents involving a person with a weapon in the hospital. These events are unpredictable, can evolve quickly and require immediate actions. The following procedures are built upon the principles of **RUN, HIDE, DEFEND** and **SECURE, PRESERVE, DEFEND**. The latter three terms have specific application to medical facilities due to the presence of patients who cannot run, hide or defend themselves. These procedures acknowledge that staff members may not be able to “RUN” or “HIDE” given their assigned task or immediate responsibilities to a patient or group of patients.

If **You** identify a Person with a Weapon:

- Call 9-1-1 at the earliest opportunity **when safe to do so**
- Be prepared to answer the following questions if possible:
 - Location of the armed person(s)
 - Number of armed person(s)
 - Physical description of the armed person(s)
 - Number and type of weapons they possess
 - Number of potential victims at location
- **Note:** 9-1-1 will likely keep you on the phone to obtain updates as Police are responding. **Take your location into consideration, and always be vigilant to your safety**
- Have someone else contact the Administrator In Charge (or On Call) to alert them of the situation
- Have someone else contact Switchboard to alert hospital personnel, patients and visitors

2.0 RESPONSE PROCEDURES

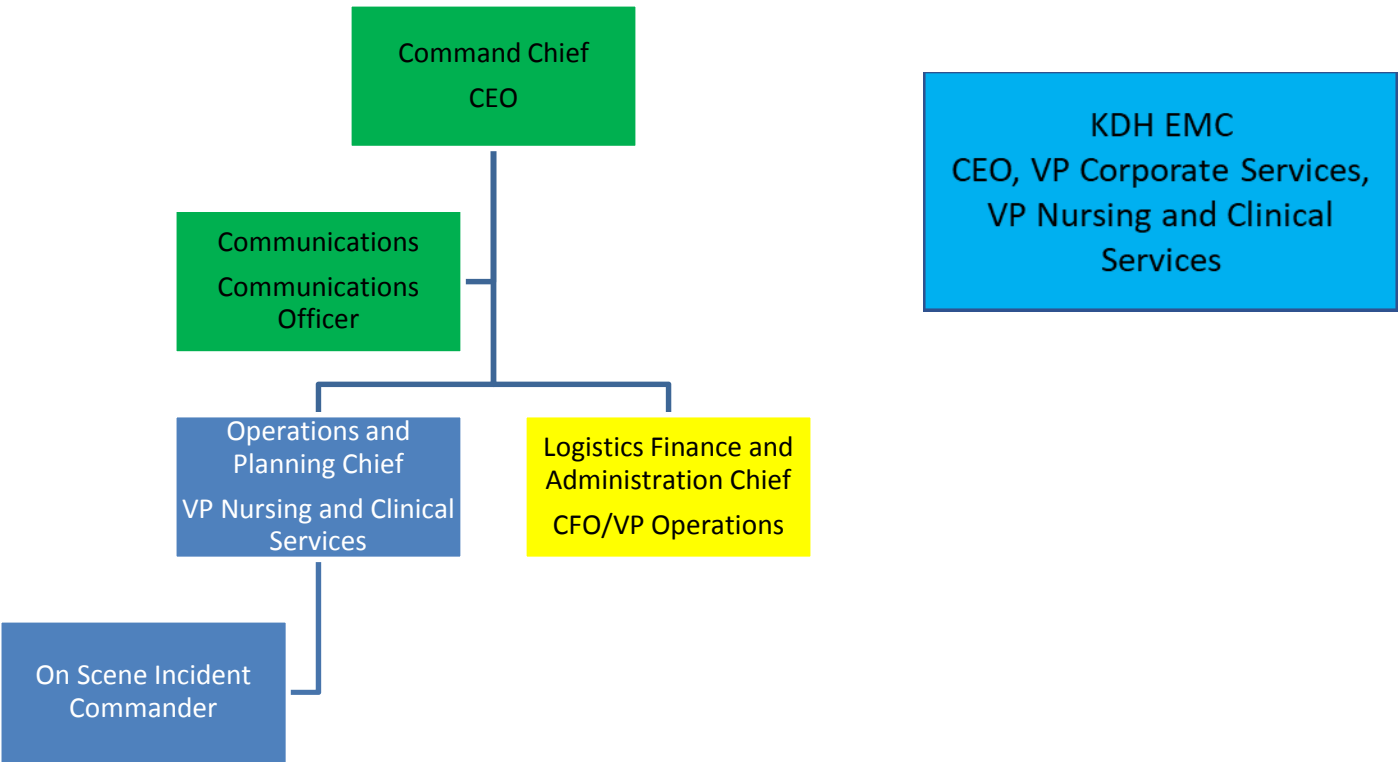
Once advised of the situation:

1. **Confirm that someone has called 9-1-1**
2. Encourage the **Run, Hide (Secure), Defend** philosophy depending on which option is most appropriate for your safety and that of others, namely:
3. Encourage others to remain calm and move out of harm's way or to a pre-determined Muster Point/Assembly Area if safe to do so (**RUN**). This is the first and best option.
Encourage them to:
 - Leave personal belongings behind
 - If there is an accessible escape path, attempt to evacuate the premises

- If possible, assist others to leave the area, but their own safety is paramount. Leave even if others do not follow
 - Do not attempt to remove wounded persons from the scene
 - Redirect any people entering the areas to evacuate to a safe location
 - Keep hands visible to avoid appearing as a threat to the intruder or the Police
4. Encourage others to hide if evacuation is not an option, and secure patient care areas where applicable (**HIDE / SECURE**).
- Encourage them to:**
- Immediately secure patient care areas where essential life-sustaining treatment is being provided
 - Deploy electronic or mechanical devices to barricade entrances into those areas
 - Find a secure place to hide where an armed person is less likely to find them
 - Immediately lock themselves in a room if they are not in a secure patient area. If door cannot be locked, barricade it and other possible access points with heavy furniture. If room has no door, hide under a desk or somewhere out of sight
 - If they are in an office, boardroom or washroom, stay there and secure the door
 - If they are in a hallway, do not activate the fire alarm, get into a room and secure the door
 - If possible, turn off or dim lights, monitors and screens, where possible to reduce backlighting
 - Move to a safe corner to reduce visibility. Keep away from windows/doors, and stay low to the floor or behind large objects
 - Silence cellphones/pagers and turn off any sources of noise, e.g. radio/television
 - Remain as silent as possible
 - Only if and when safe to do so, call 9-1-1 to report where occupants are hiding
 - Stay put until Police give the “all clear”, then follow Police instructions
5. Encourage others to defend themselves if they feel their life is in imminent danger, and they can't run or hide/secure themselves (**DEFEND**).
- Encourage them to:**
- Use aggressive force to stop the armed person
 - Use available objects, e.g. scissors, fire extinguishers, chairs, etc. to self-defend
 - Commit to the action, and act as a group to overwhelm the armed person
6. **Remind everyone that when law enforcement arrives:**
- Remain calm and follow officers' instructions
 - Drop items in your hands (e.g. bags, jackets) and raise hands
 - Keep hands visible at all times
 - Avoid quick movements toward officers, such as holding on to them for safety
 - Avoid pointing, screaming or yelling
 - Do not ask questions when evacuating

3.0 RESPONSE ROLES AND RESPONSIBILITIES

CODE SILVER INCIDENT MANAGEMENT SYSTEM (IMS) ORGANIZATION



CODE SILVER IMS Management Activity/Function	Command Command Sets objectives and priorities, has overall responsibility at the incident or event	Operations and Planning Operations conducts tactical operations to carry out the plan, develops the tactical objectives, organization, and directs all resources Planning develops the action plan to accomplish the objectives, collects and evaluates information. Maintains resource status	Logistics, Finance and Administration Logistics provides support to meet incident needs, provides resources and all other services needed to support the incident Finance / Administration monitors costs related to incident, provides accounting, procurement, time recording, and cost analyses.
Designated Chief and Alternate	Primary: CEO Alternate: CFO & VP OPERATIONS	Primary: VP NURSING & CLINICAL SERVICES Alternate: NURSE MANAGER	Primary: CFO & VP OPERATIONS Alternate: VP CORPORATE SERVICES
Supporting KDH Appointments and Resources	<ul style="list-style-type: none">Operations and Planning ChiefLogistics, Finance & Administration ChiefCommunications OfficerSwitchboard	<ul style="list-style-type: none">ManagersPhysiciansStaff Nurses/PCAsBuilding Services Manager	<ul style="list-style-type: none">Manager Building ServicesMaintenance Team Lead

VP NURSING/NURSE MANAGER/CHARGE NURSE/DELEGATE	NURSING UNITS/OR/RR/CLINICS/ CLINICAL TEAM LEADS										
<p>1. Operations and Planning Chief, the VP Nursing & Clinical Services/Nurse Manager/Charge Nurse is responsible for the implementation of the CODE SILVER Procedures throughout the Hospital,</p> <p>Incidents involving a Person with a Weapon can transpire rapidly, necessitating an immediate action by all employees to save lives and avoid injuries. It is acknowledged that Response Roles and Responsibilities within the Code Silver may not be immediately implemented until the hospital has been rendered safe and secure.</p> <p>If you cannot leave your responsibility, you may delegate as suggested below:</p> <table><tr><td>Other RN in ER</td><td>ext. 208</td></tr><tr><td>RN on M&S</td><td>ext. 172</td></tr><tr><td>RPN on LTC</td><td>ext. 179</td></tr><tr><td>RPN on M&S</td><td>ext. 172</td></tr><tr><td>PCA on LTC ext. 179</td><td>ext. 179</td></tr></table> <p>2. Ensure someone is assuming the duties and responsibilities of Switchboard,</p> <p>3. Ensure RUN, HIDE/SECURE, DEFEND procedures are being followed depending on duties of staff,</p> <p>4. Determine if any Police are already on-site (e.g. in Emergency Department),</p> <p>5. Put on orange vest and take charge,</p> <p>6. Meet, or delegate someone to meet the Police at Front Doors (Main Lobby) or alternate location depending on the last known location of the person with a weapon. Remember to get front door keys from ER Drug Cart and Master key from Admitting Locked Box:</p> <ul style="list-style-type: none">• If after hours, take keys and open doors. Provide Police with proximity reader access cards and Master key,• Brief Police on all available information, including:<ul style="list-style-type: none">i. Last known location of person(s) with a weapon,ii. Description of person(s) with a weapon,iii. Type & description of weapon(s),iv. Information on hostages / victims (if any),v. Any comments or demands made by the person with a weapon,vi. Maps/Floorplans of Hospital, <p>7. Ensure staff follow directions of the Police,</p> <p>8. Ensure all public announcements and/or communications requested by Police are made, pending the arrival of the hospital Incident Management System (IMS) team,</p> <p>9. Liaise with Police as to requirement for full or partial evacuation of hospital,</p> <p>10. Use CCTV cameras to provide additional information to Police,</p>	Other RN in ER	ext. 208	RN on M&S	ext. 172	RPN on LTC	ext. 179	RPN on M&S	ext. 172	PCA on LTC ext. 179	ext. 179	<p>1. Encourage the Run, Hide (Secure), Defend philosophy depending on which option is most appropriate for your safety and that of others,</p> <p>2. Immediately secure patient care areas where essential life-sustaining treatment is being provided,</p> <p>3. Deploy electronic or mechanical devices designed to barricade entrances into those areas to secure all access points from the inside,</p> <p>4. Have visitors remain in the room with patients, or, if they insist on leaving, encourage them to leave by the nearest exit if safe to do so,</p> <p>5. Encourage staff to turn off or dim the lights where possible. Move to a safe corner to reduce visibility. Keep away from windows and doors, and stay low to the floor or behind large objects to avoid detection,</p> <p>6. Silence cellphones and pagers and turn off any sources of noise (radios, televisions, etc.),</p> <p>7. Remain as silent as possible,</p> <p>8. Only if and when safe to do so, call 9-1-1,</p> <p>9. If patients are not in their rooms (e.g. in hallway, sunroom, etc.) have patients return to their rooms if it is not possible for them to leave the hospital quickly and safely,</p> <p>10. Prepare alternate methods of administering oxygen to patients should the central oxygen system be shut down or evacuation be ordered,</p> <p>11. Prepare all persons for possible evacuation should it become necessary,</p> <p>12. If they are not in a secure patient area, immediately lock themselves in a room. If the door cannot be locked, barricade it and other possible access points with heavy furniture. If the room has no door, hide under a desk or somewhere they cannot be seen,</p> <p>13. If they are in an office, boardroom or washroom, stay there and secure the door,</p> <p>14. Once Police are on scene, they must approve all movement throughout the hospital, until Code Silver has been cleared. This includes responding to other Codes and patient care needs.</p>
Other RN in ER	ext. 208										
RN on M&S	ext. 172										
RPN on LTC	ext. 179										
RPN on M&S	ext. 172										
PCA on LTC ext. 179	ext. 179										

MANAGERS	EMPLOYEES
<div>1. Ensure RUN, HIDE/SECURE, DEFEND procedures are being followed depending on duties of staff,</div> <div>2. Encourage staff, visitors and patients to remain calm and move out of harm’s way or to a pre-determined Muster Point/Assembly Area if safe to do so,</div> <div>3. Encourage staff, visitors and patients to hide if evacuation is not an option,</div> <div>4. Assist in securing patient care areas where safe to do so,</div> <div>5. Encourage staff, visitors and patients to defend themselves if they feel their life is in imminent danger, and they can’t run or hide/secure themselves,</div> <div>6. Ensure staff follow directions of the Police,</div> <div>7. When safe to do so, ensure a head count is performed at all designated meeting points and within the hospital to ensure all staff are accounted for,</div> <div>8. Provide updates to the VP Nursing & Clinical Services/Nurse Manager/Charge Nurse when safe to do so,</div> <div>9. Once Police are on scene, they must approve all movement throughout the hospital, until Code Silver has been cleared. This includes responding to other Codes and patient care needs.</div>	<div>1. If you are working in Nursing Units/OR/RR/Clinics follow procedures noted on previous page,</div> <div>2. For employees working in other parts of the hospital, follow the Run, Hide (Secure), Defend philosophy depending on which option is most appropriate for your safety and that of others,</div> <div>3. Encourage others to remain calm and move out of harm’s way or to a pre-determined Muster Point/Assembly Area if safe to do so,</div> <div>4. If the Hide option is deemed the safest choice, lock the door to the room. If the door cannot be locked, barricade it and other possible access points with heavy furniture. If the room has no door, hide under a desk or somewhere they cannot be seen. Cover interior windows if able. Turn off or dim the lights where possible, silence cellphones / pagers and turn off any sources of noise (radios, televisions, etc.), move to a safe corner of a room to reduce visibility, keep away from windows and doors, and stay low to the floor or behind large objects to avoid detection,</div> <div>5. Encourage others to hide if evacuation is not an option, ask them to remain quiet, and to avoid using their phones or any other devices, or posting to social media,</div> <div>6. Minimise movement within the area to essential, safety-related matters,</div> <div>7. Only if and when safe to do so, call 9-1-1. 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,</div> <div>8. Encourage others to defend themselves if they feel their life is in imminent danger, and they can’t run or hide/secure themselves,</div> <div>9. Once Police are on scene, they must approve all movement throughout the hospital, until Code Silver has been cleared. This includes responding to other Codes and patient care needs.</div>

SWITCHBOARD OPERATOR									
<p>UPON NOTIFICATION OF A PERSON WITH A WEAPON:</p> <p>1. If more than one person is available, work to complete all of these requirements in tandem,</p> <p>2. Announce overhead three times “Code Silver – Person with a Weapon (and specific location, if known)”,</p> <p>3. Call 9-1-1 and notify Police:</p> <p> b. Advise 9-1-1 operator of all available information such as:</p> <p> i. Location of person(s) with a weapon, including current location and any affected locations</p> <p> ii. Description of person(s) with a weapon</p> <p> iii. Type & description of weapon(s)</p> <p> iv. Information on hostages / victims (if any)</p> <p> v. Any comments or demands made by the person with a weapon</p> <p> vi. Any other information you received from the person who reported it</p> <p> c. Remain on the line to provide updates</p> <p> d. Follow instructions of the 9-1-1 operator,</p> <p>4. Notify VP Nursing & Clinical Services/Nurse Manager/Charge Nurse or delegate immediately after placing 9-1-1 call,</p> <p>5. If after hours, notify the On-Call Administrator and the staff members listed below and state, "This is the Kemptonville District Hospital. We have a Person with a Weapon incident and (give any pertinent information on the situation)."</p> <table><tbody><tr><td>Tammy Buehlow/Manager Building Services</td><td>613-851-7308</td></tr><tr><td>Cathy Burke / VP Nursing /Clinical Services</td><td>613-762-6781</td></tr><tr><td>Meagan Boisvenue / Nurse Manager</td><td>613-889-2451</td></tr><tr><td>ON-Call Maintenance Mechanic</td><td>Refer to Engineer on-call first or Internal Telephone Directory</td></tr></tbody></table> <p>6. Follow directions of the Police on scene,</p> <p>7. Do not give out any information about the emergency to news or media inquiries,</p> <p>8. Once the Police have said it is safe to do so, announce “Code Silver, All Clear” overhead three times.</p>		Tammy Buehlow/Manager Building Services	613-851-7308	Cathy Burke / VP Nursing /Clinical Services	613-762-6781	Meagan Boisvenue / Nurse Manager	613-889-2451	ON-Call Maintenance Mechanic	Refer to Engineer on-call first or Internal Telephone Directory
Tammy Buehlow/Manager Building Services	613-851-7308								
Cathy Burke / VP Nursing /Clinical Services	613-762-6781								
Meagan Boisvenue / Nurse Manager	613-889-2451								
ON-Call Maintenance Mechanic	Refer to Engineer on-call first or Internal Telephone Directory								

4.0 ARRIVAL OF POLICE

Staff are reminded that Police are the primary responders and will assume control in any Code Silver response. Do not interfere with Police Officers by delaying or impeding their movements. The Police are there to stop the threat as soon as possible. Officers will proceed directly to the area the armed person was last seen or heard. The first officers on scene will not stop to assist injured individuals.

Ensure you do not present yourself as a threat to them:

- Remain calm and follow officers' instructions
- Drop items in your hands (e.g. bags, jackets) and raise hands
- Keep hands visible at all times
- Avoid quick movements toward officers, such as holding on to them for safety
- Avoid pointing, screaming or yelling
- Do not ask questions when evacuating

Police Officers May:

- Be wearing normal uniforms or tactical gear, helmets, etc.
- Be armed with rifles, shotguns, handguns, and various non-lethal devices (e.g. pepper spray, electronic control devices (i.e. Tasers), etc.) to control the situation
- Shout commands and may push individuals to the ground for their safety

Rescue teams comprised of additional officers and emergency medical personnel may follow the initial officers when it is safe to do so. The rescue teams will treat and remove any injured persons. They may also call upon able bodied individuals to assist in removing the wounded from the area.

Once you have reached a safe location you will likely be held in that area by Police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until Police have instructed you to do so.

5.0 RECOVERY AND POST INCIDENT ACTIVITIES

Police will advise the KDH Incident Commander (or designate) when it is safe to end the Code Silver.

Once the Police have said it is safe to do so, the Switchboard Operator will announce “Code Silver, All Clear” overhead three times. Given the nature of this type of incident, parts of the hospital may be secured as part of the ongoing Police investigation after the “Code Silver” has ended.

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE SILVER:

REPORT

APPENDIX A: CODE SILVER REPORT

☐ Mock☐ Real☐ Table Top

Date: _____ Time: _____ Department: _____

Checklist (Check the appropriate line/column with a (✓))

N/A: Not applicable

	Yes	No	N/A
1. The information regarding impending THREAT is received by: Admitting:____ News:____ EMS:____ CEO/Designate:____ Other: _____			
2. Called 9-1-1 if emergency services required.			
3. Chief Executive Officer/Designate is notified.			
4. Chief Executive Officer/Designate makes the decision to activate CODE SILVER.			
5. Code Silver Announcement was made, saying: "CODE SILVER IS NOW IN EFFECT"			
6. Facility LOCK DOWN procedure is initiated.			
7. LOCK DOWN procedure completed by: _____			
8. Evacuation was deemed to be safely possible and Switchboard was notified to make CODE GREEN announcement.			
9. Department Managers/Supervisors/HCWS (where able to) ensure safety of patients, staff (HIDE) and perform head counts as per CODE SILVER section 3.0			
10. Switchboard Operator made All Clear Announcement, saying:			
11. "CODE SILVER: ALL CLEAR"			
12. Code Announcements were heard loud and clear			

CODE BLACK:**BOMB THREAT****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to Bomb Threats received at the hospital.

The most serious problem is not the danger of a bomb in a bomb threat; rather, it is over- reaction or panic on the part of the persons receiving the call.

According to law enforcement experts, the caller's primary motive is to disrupt the routine operations of the facility, while enjoying the ensuing publicity. Therefore, publicity will be totally avoided and "**Suspicious Package**" will substitute the use of the word "**Bomb**".

2.0 RESPONSE PROCEDURE

The Switchboard (ext. 5003) or the Receiver of the threat will:

- 1. Notify Staff**
- 2. Notify another staff member using "Code Black – Bomb Threat" sheet.**
- 3. Notify Senior Administration Staff Person:**

Employee	Position	Home Phone	Cell Phone
Frank Vassallo	Chief Executive Officer		613-914-4443
Marcus Hewitt	CFO & VP of Operations		613-220-3356
Cathy Burke	VP Nursing & Clinical Services		613-762-6781
Tammy Buehlow	Manager Building Services		613-851-7308
Steve Webber	Maintenance Mechanic		613-857-4755
Dennis Piche	Maintenance Mechanic	613-658-3499	613-697-9562

4. Prolong Conversation

Receiver of the threat will attempt to prolong conversation and attempt to determine:

- a.** Where bomb is located and time it is set to detonate.
- b.** If the caller has a good knowledge of the Hospital layout by his or her description of location.

5. Complete Bomb Threat Report

Complete the Bomb Threat Report while on the phone with caller if possible.

6. Contact OPP

Chief Executive Officer/Designate will immediately dial 911 to advise OPP of the bomb threat, providing details, if any.

7. Evacuate, if necessary

If evacuation is deemed necessary by Chief Executive Officer/Designate or OPP, Switchboard will make CODE GREEN announcement:

- Press the page button, or dial *84
- When prompted, enter page group 1#
- After tone, speak into receiver, saying:

CODE GREEN PRECAUTIONARY: EVACUATE TO (LOCATION)"

or

"CODE GREEN STAT: IMMEDIATE EVACUATION TO (LOCATION)"

- Repeat information when speaking for all critical pages.
- Hang up receiver

INITIATE CODE GREEN: EVACUATION

8. File Code Report

Chief Executive Officer (CEO) will file a Code Black Report with Manager Building Services/Maintenance Mechanic/JHSC.

3.0 RESPONSE ROLES AND RESPONSIBILITIES**Switchboard or Receiver of Threat**

1. Call OPP 911 to advise them of the bomb threat.
2. Immediately inform Chief Executive Officer (CEO), either by transferring telephone call or by notifying another staff member, by holding up "**Code Black – Bomb Threat**" sheet who will immediately inform the CEO (Ext. 132).
3. Try to prolong the conversation as long as possible and gather as much information as possible.
4. Complete the Bomb Threat Report (Appendix K), while on the phone with caller if possible.

Chief Executive Officer (CEO) or Designate

1. The CEO/Designate and/or OPP will decide on evacuation procedure (i.e., partial, horizontal, vertical or total) of the Hospital until such time that a suspicious package or object has been found.
2. Meet Police and update them on the situation.
3. Keep Senior Team apprised of the situation.

4. Ensure that a Code Black Report is filed with the Manager Building Services /Maintenance Mechanic /JHSC.

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below:

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE BLACK:

REPORT

APPENDIX A: CODE BLACK REPORT

☐ Mock☐ Real☐ Tabletop

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (✓))

	Yes	No	N/A
1. Threat received was in form of: ____ Telephone ____ Email ____ Package Delivered ____ Letter			
2. Bomb Threat Report Form completed.			
3. Chief Executive Officer (CEO) was notified by: ____ Telephone ____ Verbal ____ Written			
4. CEO / Designate notified OPP			
5. Decision is made to evacuate by: _____			

CODE GREY TYPE 1:**INFRASTRUCTURE AND SYTEM FAILURE****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to situations involving support system failures at the hospital.

CODE GREY TYPE 1 is to be activated when there is an unplanned infrastructure or system failure at the hospital. For prolonged infrastructure or system failures, there may be a requirement to initiate the Business Continuity Plan (Annex N to EMP).

2.0 RESPONSE PROCEDURE

1. Immediate Activation of **CODE GREY TYPE 1**. It is important the nature of the infrastructure or system failure be accurately identified as quickly as possible (Power, HVAC, IT, Communications, Water, Pressurized gas etc.) to ensure a timely and effective response.

2. **CODE GREY TYPE 1** Announcement:

- Press the page button, or dial *84
- When prompted, enter page group 1#
- After tone, speak into receiver
- Repeat information when speaking for all critical pages.
- Hang up receiver

Switchboard to make **CODE GREY TYPE 1** announcement, saying: "**CODE GREY TYPE 1 IS NOW IN EFFECT**"

****During a Power Outage, runners, 2-way radios and intercom system** will be used for communications.

3. **Depending on the type of failure, immediately inform appropriate personnel to start emergency recovery efforts in accordance with the KDH Emergency Management Plan (EMP).** All action by the lead response will be in accordance with the appropriate KDH Incident Response Procedures. Ex: IT personnel to ensure IT systems integrity is achieved through the application of the KDH IT Incident Response Procedures and /or KDH IT Data Backup and Recovery Policy.

4. Notify Chief Executive Officer/Designate (Incident Command) by reporting the reason for the activation of **CODE GREY TYPE 1** and what initial steps have been taken to reinstate hospital systems integrity.

5. File Report

3.0 RESPONSE ROLES AND RESPONSIBILITIES

FOR POWER OUTAGE:

Switchboard (after hours ER Charge Nurse)

- If overhead page is available, make announcement that "**CODE GREY TYPE 1 is now in effect.**"
- Advise Building Services Manager, Maintenance Mechanics and Manager IS/IT
- Make "**ALL CLEAR**" announcement upon authorization.

Building Services (Maintenance Mechanics)

- Confirm both backup generators are functioning.
- Immediately contact HYDRO ONE @ 1-800-434-1235 to report the power outage.
<https://www.hydroone.com/support/contact>
 - Ensure you mention KDH and that you are calling from a "**life support facility**"
 - Hydro One should be able to provide an estimate for service restoration.
- Confirm the Fire Alarm System is operational.
- If Fire doors have closed and/or maglocks have released, assign staff to watch exits/supervise clients to maintain accountability.
- Instruct staff to turn off unnecessary electrical equipment.
- Confirm status of oxygen supply and arrange portable tanks if required.
- **Instruct staff to check all monitored refrigerators for pharmacy and lab areas to ensure temperatures are maintained and products are protected. Consult with department leaders for specific protocols or precautions to follow.**
- Maintain site temperature by restricting unnecessary opening of doors
 - Consider relocating clients to an area of the site where the temperature can be maintained. Be prepared to activate CODE GREEN if needed.
 - Gather the necessary supplies to maintain client comfort, such as blankets, flashlights, batteries, portable radios etc.
- Complete After Action Review.

Manager IS/IT

- Confirm UPS and other IT systems are operational.
- Enlist NOVA Networks Technical Support as needed (24/7 @ 613-726-5001).
- Complete After Action Review.

FOR IT SYSTEM OUTAGE:

Switchboard (after hours ER Charge Nurse)

- If overhead page available, make announcement that **"CODE GREY TYPE 1 is now in effect."**
- **In the event of an IT incident related to data and/or IT system outages, contact Extension 5000 and request IS/IT Support.**
- Make **"ALL CLEAR"** announcement upon authorization

Manager IS/IT

- **KDH IT staff and service providers will respond to the incident in accordance with the KDH IT Incident Response Procedures.**
- KDH will respond to all data loss and IT outage incidents within three (3) hours in accordance with the **IT Data Backup and Recovery Policy.**
- Although the recovery time for data loss and IT system outages will vary from incident to incident, the objective is to resolve all incidents within eight (8) hours.
- Complete After Action Review.

Building Services (Maintenance Mechanics)

- Provide information/assistance as required.
- Standby to bring Buildings Systems back online as required.

FOR HVAC FAILURE:

Switchboard (after hours ER Charge Nurse)

- Make announcement that **"CODE GREY TYPE 1 is now in effect."**
- Ensure that Building Services are aware of the failure.
- Make **"ALL CLEAR"** announcement upon authorization

Building Services (Maintenance Mechanics)

- Confirm source of failure.
- Contact Building Automation System (BAS) technician if required (24/7 @ 613-239-4628).
- Contact HVAC contractor if required (24/7 @ 613-868-4880).
- Complete After Action Review.

FOR WATER FAILURE:

Switchboard (after hours ER Charge Nurse)

- Make announcement that **"CODE GREY TYPE 1 is now in effect."**
- Ensure that Building Services Maintenance Mechanics are aware of the failure.

- Make "**ALL CLEAR**" announcement upon authorization

Building Services (Maintenance Mechanics)

- Contact North Grenville Municipality Water Services 613-258-9569 ext. 159 (after hours 613-787-5651)
- Continue to use bottled water for drinking.
- Be prepared to evacuate KDH in accordance with CODE GREEN
- **When water services have been restored:**
 - Ensure plumbing services are functioning properly
 - Conduct water quality testing as required
 - Complete After Action Review.

FOR GAS SYSTEM FAILURE:

- Ensure that Building Services Maintenance Mechanics are aware of the failure.
- Determine if it is natural gas or medical gas.
- Contact Enbridge Gas if suspected natural gas leak 1-866-763-5427
- Consider the use of CODE BROWN as needed.
- Be prepared to evacuate KDH in accordance with CODE GREEN
- Complete After Action Review.

ALL DEPARTMENTS/UNITS:**Upon announcement of "CODE GREY TYPE 1":**

1. Take immediate mitigation measures specifically related to the system failure in accordance with the KDH Emergency Management Plan.
2. Monitor all other systems and stand by for further instructions.
3. Reassure patients and visitors.
4. Upon notification of "**ALL CLEAR**", ensure all systems are functioning properly.

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE GREY TYPE 1:

REPORT

APPENDIX A: CODE GREY TYPE 1 REPORT

☐ Mock☐ Real☐ Table Top

Date: _____ Time: _____ Department: _____

Checklist (Check the appropriate line/column with a (✓))

N/A: Not applicable

	Yes	No	N/A
1. Nature of the infrastructure or system failure is accurately identified as quickly as possible: ___ Power ___ HVAC ___ Communications ___ Water ___ Pressurized Gas ___ Other			
2. Switchboard Operator notified: ___ Building Services Manager ___ Maintenance Mechanic ___ Manager IS/IT			
3. Code Grey Type 1 Announcement is made, saying: "CODE GREY TYPE 1 IS NOW IN EFFECT"			
4. Code Grey Type 1 Announcement was heard loud and clear			
5. Chief Executive Officer/Designate is notified.			
6. Appropriate service provider(s) and / or contractor(s) are notified.			
7. Evacuation was deemed necessary and Switchboard was notified to make CODE GREEN announcement.			
8. Was deemed to be chemical in nature, Switchboard was notified to make CODE BROWN announcement.			
9. Switchboard Operator made All Clear Announcement, saying: "CODE GREY TYPE 1: ALL CLEAR"			
10. Code Announcements were heard loud and clear.			

CODE GREY TYPE 2:

EXTERNAL AIR EXCLUSION

1.0 INTRODUCTION

The aim of this document is to coordinate a safe and effective response to situations involving external air exclusion at the hospital.

CODE GREY TYPE 2 is activated when there is danger of harmful outside contaminants entering the Hospital causing deterioration of air quality inside the building.

2.0 DEFINITIONS

External Air Exclusion: Threat of external airborne contamination via odour, noxious fumes or contaminated air entering the building.

Shutdown Procedure: The hospital ventilation system is shut down when there is a report or threat of contaminated air entering the facility (loss of fresh air). This action closes the internal atmosphere to external contaminated air.

CODE GREY TYPE 2 Shelter-in-Place Zone: In an emergency where hazardous materials may have been released into the atmosphere you may be asked to shelter-in-place. This precaution is aimed to keep you safe while remaining indoors. To shelter-in-place means selecting a small, interior room, with no or few windows, and taking refuge there.

3.0 RESPONSE PROCEDURE

1. Notify Maintenance Mechanic(s)
 - Switchboard/ ER Charge Nurse to immediately notify Maintenance Mechanic(s) to assess and initiate Air Exclusion Shut Down Procedure if needed.
2. Call 9-1-1 if emergency services are required.
3. Notify Chief Executive Officer/Designate (Incident Command) and request activation of **CODE GREY TYPE 2**
 - Chief Executive Officer/Designate to call Switchboard (ext. 5003 – after hours ER Charge Nurse ext. 208) to activate **CODE GREY TYPE 2**
4. **CODE GREY TYPE 2** Announcement:
 - Press the page button, or dial *84
 - When prompted, enter page group 1#
 - After tone, speak into receiver
 - Repeat information when speaking for all critical pages.

- Hang up receiver

Switchboard to make **CODE GREY TYPE 2** announcement, saying:

"CODE GREY TYPE 2 IS NOW IN EFFECT"

5. All Clear

Upon clearing of situation, Switchboard to announce, saying:

"CODE GREY TYPE 2: ALL CLEAR"

6. File Report

3.0 RESPONSE ROLES AND RESPONSIBILITIES

Person receiving call or identifying the hazard

1. Call Switchboard (Ext. 5003) and advise of the need for **CODE GREY TYPE 2** announcement.
2. Call **9-1-1** if emergency services are required.

Switchboard (after hours ER Charge Nurse)

1. Advise Building Services (Maintenance Mechanics).
2. Call **9-1-1** if emergency services are required.
3. Contact Chief Executive Officer/Designate and request activation of **CODE GREY TYPE 2**.
4. In the absence of the CEO/Designate, contact the VP NURSING & CLINICAL SERVICES or NURSE MANAGER.
5. When authority is received, make announcement that **"CODE GREY TYPE 2 is now in effect."**
6. Make "ALL CLEAR" announcement upon authorization.

Building Services (Maintenance Mechanics)

1. **Assess situation.**
2. IF REQUIRED, initiate **Air Exclusion Shut Down Procedures** to maintain the internal environment. (Examples of common air exclusions to not initiate Code Grey Type 2 Shut Down Procedures include: woodstoves, bonfire, BBQ, burn barrel, manure spreading, etc).
3. IF REQUIRED, establish **CODE GREY TYPE 2 SHELTER-IN-PLACE ZONE** if (i.e. ER / DI, OR / PACU) to reduce the amount of sealing required if unable to shut down all HVAC systems. Shutdown procedures include (manually or via BAS where able to):

- Closing supply and return air fans for the building
 - Shutting down sanitary and general fume exhaust fans
 - Shutting down laminar flow and biohazard hoods if necessary
 - Switching off general exhaust systems (i.e. mechanical and elevator shafts)
 - Ensuring fire doors are closed
 - Restrict contaminated air from entering the site by shutting down air exchange systems and securing windows and doors.
 - Eliminate or limit exposure to contaminated air by restricting entry and exit of persons
2. Upon notification of "ALL CLEAR", reset all systems.
 3. Complete After Action Review Report

All Departments/Units

Upon announcement of "CODE GREY TYPE 2":

4. Close all windows and doors in your area.
5. Remain inside the Hospital until further instructions.
6. Reassure patients and visitors.
7. If determined to be required, ensure that all persons are relocated to the CODE GREY Shelter-in-Place Zone. Maintain accountability and ensure medications and charts accompany clients (see CODE GREEN).
8. Upon notification of "**ALL CLEAR**", open Fire Doors within the Hospital.

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

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Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE GREY TYPE 2:

REPORT

APPENDIX A: CODE GREY TYPE 2 REPORT

☐ Mock☐ Real☐ Table Top

Date: _____ Time: _____ Department: _____

Checklist (Check the appropriate line/column with a (✓))

N/A: Not applicable

	Yes	No	N/A
1. The information regarding impending disaster is received by: Admitting:____ News:____ OPP:____ EMS:____ Other:____			
2. Building Services Maintenance Department is notified.			
3. Called 9-1-1 if emergency services required.			
4. Chief Executive Officer/Designate is notified.			
5. Chief Executive Officer/Designate makes the decision to activate Code Grey Type 2.			
6. Code Grey Announcement was made, saying: "CODE GREY IS NOW IN EFFECT"			
7. Air Exclusion Shut Down procedures are initiated.			
8. Shelter-in-place zone is established.			
9. Evacuation was deemed necessary and Switchboard was notified to make CODE GREEN announcement.			
10. Shut Down procedure completed by: _____ Building Maintenance Mechanic on duty			
11. Switchboard Operator made All Clear Announcement, saying: "CODE GREY: ALL CLEAR"			
12. Code Announcements were heard loud and clear			

CODE 10:**IMMEDIATE HELP NEEDED****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to situations where staff require immediate assistance.

A "Code 10" is specific to KDH and should be used by any staff member or volunteer who recognizes a need for immediate assistance to deal with a person(s) or situation that is beyond the control of one person.

2.0 RESPONSE PROCEDURE**1. Staff member needing immediate help will page for assistance:**

- Press page button, or dial *84
- When prompted, enter page group 1#
- After the tone, speak into receive, page will be instantaneous – page Code 10 announcement, saying three times:

"CODE 10: (LOCATION; ROOM #, etc.)"

- Repeat information for all critical pages
- Hang up receiver

If you cannot make the Code 10 announcement, activate your Panic Bracelet. This will notify the Alarm Company which then will alert staff here on site.

If you do not have panic bracelet on please use cell phone dial **258- 6133 ext. 5003**, this will put you through to Patient Reg.

If after hours call into the hospital and dial **ext. 172** this will ring to the Medical /Surgical unit. If you do not have a cell phone shout out for help.

2. Provide Assistance

Any staff member in the immediate vicinity will go to the location to provide assistance, as needed.

3. ALL CLEAR Announcement

When situation is under control, the staff member that required help will announce, saying three times:

"CODE 10: ALL CLEAR"

4. File Code Report

Person requesting "immediate help" (with the assistance of the Departmental Manager, if needed) completes and files a CODE 10 Report with the KDH Building Services Manager/JHSC.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

Person Requesting Help

1. Make Code 10 announcement or use Panic Bracelet or cell phone.
2. File Code 10 Report (Appendix A).

All Staff

1. Upon "Code 10" announcement, if in the vicinity, go to the location and provide assistance.

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE 10:

REPORT

APPENDIX A: CODE 10 REPORT

☐ Mock☐ Real☐ Tabletop

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the appropriate line/column with a (✓))

	Yes	No	N/A
1. Staff member that required assistance made Code 10 Announcement, saying: "CODE 10: <u>LOCATION</u> "			
2. Code 10 Announcement was heard loud and clear.			
3. Staff member(s) that provided assistance responded in a timely manner.			
4. Once the situation was under control and responders were no longer required, the staff member that required the help made All Clear announcement, saying: "CODE 10: ALL CLEAR"			

CODE BLUE:**CARDIAC ARREST****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to medical emergencies involving a cardiac arrest.

2.0 RESPONSE PROCEDURE**STAFF****1. Call Switchboard**

- Telephone the Switchboard (Dial ext.5003) and advise of a **CODE BLUE**. Or
- Push Cardiac Arrest button on panel in the ER Or
- Pull the Emergency Bell closest to you, asking that Switchboard be notified of **CODE BLUE**
Or
- Use the paging system in nursing units make a " **CODE BLUE**" announcement:
 - Press the page button, or dial *84
 - When prompted, enter page group 1#
 - After tone, speak into receiver, page will be instantaneous
 - Repeat information when speaking for all critical pages.
 - Hang up receiver

Please be sure when announcing CODE BLUE to provide the following info:

- a. Your Name.
- b. **CODE BLUE**.
- c. Location of the Medical Emergency.
- d. Room Number and, if applicable, Bed Number.

2. SWITCHBOARD if Notified of a CODE BLUE

Make CODE BLUE announcement, saying:

"CODE BLUE: (LOCATION, ROOM #)"

3. CODE BLUE Team Respond**4. File Code Report**

VP Nursing & Clinical Services/Charge Nurse/Delegate to file CODE BLUE Report with the KDH Building Services Manager.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

In the event of Cardiac Arrest, unless a DO NOT RESUSCITATE (DNR) is indicated on the Chart, cardiopulmonary resuscitation measures are instituted by a Physician, Registered Nurse, Registered Practical Nurse, or staff member with current CPR certification.

CODE BLUE TEAM

- Emergency Room Physician
- VP Nursing & Clinical Services/Charge Nurse/Delegate
- Nurses assigned cardiac arrest responsibilities
- Other Nursing and Medical Personnel
- Laboratory Tech

PERSONNEL RESPONDING TO CODE BLUE

CODE on Ground Floor:

ER staff responds to code, plus VP Nursing & Clinical Services/Delegate, and assigned nurses from the first floor.

CODE on First Floor:

Assigned staff responds to code, plus VP Nursing & Clinical Services, and assigned nurse from ER.

CODE Elsewhere:

Ground floor – ER brings equipment (Assigned staff from both floors will respond).

First floor – M&S brings equipment. (Assigned staff from both floors will respond).

VP Nursing & Clinical Services/Charge Nurse/Delegate

- Ensure that the Hospitalist is notified.
- Ensure that next-of-kin is notified.

Send copy of CODE BLUE Report to VP Nursing & Clinical Services/ with the KDH Building Services Manager. Building Services Manager will file with JHSC.

Laboratory Tech

Respond to CODE BLUE to be on stand-by.

4.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation

- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided below.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE BLUE:

REPORT

APPENDIX A: CODE BLUE REPORT

Nurse Manager/Charge Nurse to complete and file this report with the JHSC and KDH Building Services Manager.

 Mock

☐ Real

☐ Table Top

Date: _____ Time: _____ Department: _____

N/A: Not applicable

Checklist (Check the Appropriate line/column with a "√")

Checklist	Yes	No	N/A
1. Switchboard was Notified: ___ Telephone ___ Cardiac Arrest button ___ Emergency Bell ___ Intercom Nursing Unit			
2. Person who contacted Switchboard Operator stated: Name: _____ Code Blue: _____ Location of Emergency: _____ Room No.: _____ Bed No.: _____			
3. Code Blue Announcement was made, saying: "CODE BLUE: LOCATION, ROOM #"			
4. Code Blue Announcement was heard loud and clear.			
5. Code Blue Team Responded.			
6. Nurse Manager/Charge Nurse ensured Family Doctor was notified.			
7. Nurse Manager/Charge Nurse ensured next-of-kin were notified.			
8. CPR was started by: _____ <div style="text-align: right;">(name)</div>			
9. Crash Cart was brought by: _____ <div style="text-align: right;">(name)</div>			
10. CPR Arrest Record was completed.			

Mock Code Performance Measurement Tool:

	Criteria Measured	Yes	No
1.	Was the Code called appropriately?		
2.	Was a Code Team assigned?		
3.	Were personal protection equipment (PPE) used by all members of the team?		
4.	Was CPR started within 1 min. from the Code call?		
5.	Did the crash cart arrive within 2 min. of the Code call?		
6.	Was the correct cart brought to the scene? (adult vs. paediatric)		
7.	Was the back board placed?		
8.	Were compressions effective and uninterrupted?		
9.	Did the room have appropriate emergency equipment available and operational? (oxygen, ambu, suction)		
10.	Was oxygen connected and turned on?		
11.	Was a patient IV established?		
12.	Is there a lead running the code? (during mock codes, we are looking for the CCU(ACLS) nurse to serve this role)		
13.	Is the defibrillator being used correctly?		
	Total Score		
	"Yes" Percentage		

CODE PINK:**PAEDIATRIC CARDIAC ARREST****1.0 INTRODUCTION**

The aim of this document is to coordinate a safe and effective response to medical emergencies involving a paediatric cardiac arrest.

2.0 RESPONSE PROCEDURE**1. Call Switchboard (ext. 5003)**

or

Pull the Emergency Bell closest to you, asking that Switchboard be notified of CODE PINK

or

Use the intercom in the nursing units, asking that Switchboard be notified of CODE PINK:

- Press the page button, or dial *84
- When prompted, enter page group 1#
- After tone, speak into receiver
- Repeat information when speaking for all critical pages.
- Hang up receiver

2. Advise:

- a. Your Name.
- b. Code Pink.
- c. Location of the Medical Emergency.
- d. Room Number and, if applicable, Bed Number.

3. Code Pink Announcement

Switchboard to make **"CODE PINK" announcement**, saying

"CODE PINK: (LOCATION/ROOM #)"

4. File Code Report

VP Nursing & Clinical Services/Charge Nurse/Delegate to file an After Action Review Report with the KDH Building Services Manager.

3.0 RESPONSE ROLES AND RESPONSIBILITIES

In the event of Paediatric Cardiac Arrest or Paediatric Emergency, unless a Do Not Resuscitate (DNR) is indicated on the chart, cardiopulmonary resuscitation measures are instituted by a Physician, Registered Nurse, Registered Practical Nurse, or staff member with current CPR certification.

The Code Pink Team consists of the following:

- Emergency Room Physician
- VP Nursing & Clinical Services /Charge Nurse/Delegate
- Nurses assigned from the unit
- Other Nursing and Medical Personnel

Nurse

1. Nursing personnel to document on the CPR Arrest Record, which sheet becomes a part of the patient's chart.

VP Nursing & Clinical Services /Charge Nurse/Delegate

1. The VP Nursing & Clinical Services/Charge Nurse/Delegate ensures that the Family Doctor is notified.
2. The VP Nursing & Clinical Services/Charge Nurse/Delegate ensures that next-of-kin is notified.
3. File an After Action Review Report with the KDH Building Services Manager.

4.0 RECOVERY AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
- Secure and return personal belongings at the earliest opportunity
- Support an orderly re-entry to the Hospital following a partial or full evacuation
- Post incident reporting and communications
- Conduct initial after action review within 24 hours of the incident. A simple after action review form is provided on the next page.

Emergency Incident After Action Report (Submit a completed copy of the report to the KDH Building Services Manager)

Incident Date:		
Incident Overview:		
Report Prepared By:		
What Went Well During The Incident?	What Did Not Go As Well As Anticipated?	What Can Be Improved? What Lessons Can Be Learned?

- For major events, KDH Staff may consider conducting a more comprehensive review
- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed

CODE PINK:


REPORT

APPENDIX A: CODE PINK REPORT

Nurse Manager/Charge Nurse to complete and file this report with the JHSC and KDH Building Services Manager.

 Mock

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10.	Was oxygen connected and turned on?		
11.	Was a patient IV established?		
12.	Is there a lead running the code? (during mock codes, we are looking for the CCU(ACLS) nurse to serve this role)		
13.	Is the defibrillator being used correctly?		
	Total Score		
	"Yes" Percentage		



KEMPTVILLE DISTRICT HOSPITAL

Building healthier communities

Business Continuity Plan

Date:
October
2019

Action Plan for Maintaining Essential Services

1.0 INTRODUCTION

The aim of the Business Continuity Plan is to continue to deliver critical services throughout disasters and/or emergencies that may disrupt normal operations, and to facilitate the performance of essential functions while ensuring safety of staff, patients, and visitors.

2.0 ACTIVATION PROCEDURE

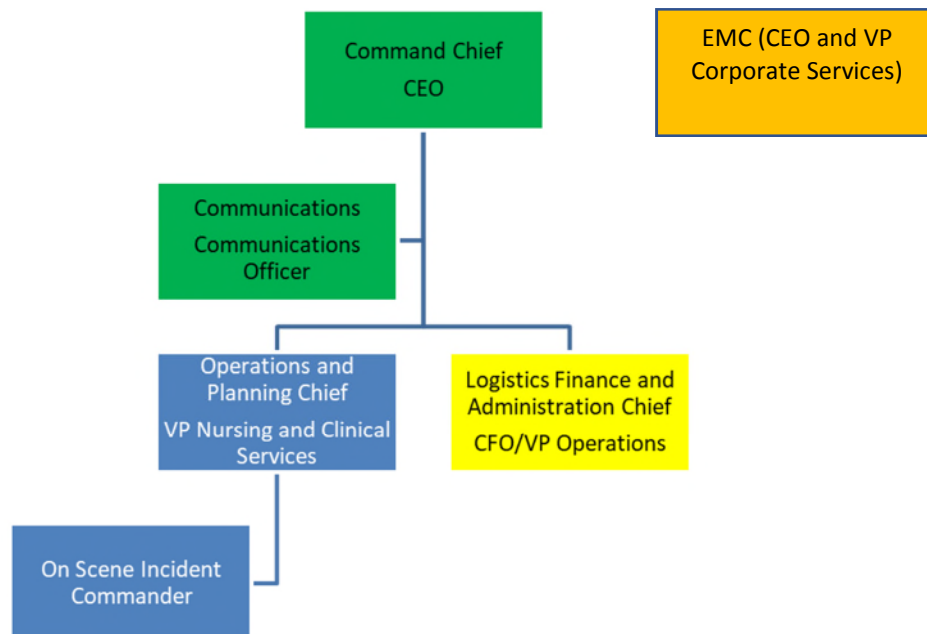
AUTHORIZATION TO ACTIVATE BUSINESS CONTINUITY PLAN

The decision to initiate the Business Continuity Plan lies in the hands of the Chief Executive Officer/Designate

The Chief Executive Officer/Designate will activate the Business Continuity Plan upon occurrence of a disaster or emergency situation, such as:

- A Pandemic Influenza outbreak (See Pandemic Plan)
- Natural disaster/emergency situation (See Code Orange)
- Power outage
- Any other adverse situation requiring prompt response

Once the Business Continuity Plan is activated, the KDH IMS structure for major incidents depicted below will be established:



The key roles and responsibilities for each member of the KDH IMS structure is outlined below:

IMS Management Activity/ Function	Command Command Sets objectives and priorities, has overall responsibility at the incident or event	Operations and Planning Operations Conducts tactical operations to carry out the plan develops the tactical objectives, organization, and directs all resources. Planning develops the action plan to accomplish the objectives, collects and evaluates information. Maintains resource status	Logistics, Finance and Administration Logistics Provides support to meet incident needs, provides resources and all other services needed to support the incident. Finance/ Administration monitors costs related to incident, provides accounting, procurement, time recording, and cost analysis.
Designated Chief and Alternate	Primary: CEO Alternate: CFO & VP OPERATIONS	Primary: VP NURSING & CLINICAL SERVICES Alternate: NURSE MANAGER	Primary: CFO & VP OPERATIONS Alternate: VP CORPORATE SERVICES

The IMS structure can be tailored to each emergency scenario. Additional resources will be assigned to each Chief as required to manage the scope of the Emergency Response and Recovery effort.

Action Plan:

The KDH Emergency Code Orange: Disaster outlines detailed response and recovery strategies including: roles and responsibilities, functional services plan, communication procedures, use of other sector services, etc.

Basic/Super Users registered with the Emergency Management Communication Tool (EMCT) Solution will monitor the dashboard in order to collaborate with other organizations, collect resources and provide updates as needed to organization representatives.

Quality Assurance:

In order to ensure accuracy, relevance and effectiveness, the Business Continuity Plan (BCP) is to be reviewed annually, after an exercise to incorporate findings, or when functional changes to the organization take place.

This assessment is to be completed in conjunction with the annual review of **Emergency Code Orange: Disaster**.



3.0 CORPORATE AND COMMUNITY IMPACT ISSUES

Physical space	Destroyed or inaccessible work area impacting ability to deliver patient care.	Mutual Aid Agreement with Winchester District Memorial Hospital. Emergency Evacuation Agreement with Upper Canada District School Board.
Technology	Loss of data/power, water, heat, etc.	Backup generators & UPS in place.
Financial	The cost to recover all function plus loss of revenue.	Focus on information, business recovery within 48hrs.
Operational	The ability to physically execute a critical function.	A centralized Disaster Control Centre (Finance Area) has been established to manage operation in the event of a disruption.
Legal/Regulatory	The ability to be fined, sued, or shut down.	McDougall Insurance & Financial policies in place.
Customer	The ability to retain client base when operating in emergency mode.	A Communications Plan has been created to address all requirements in collaboration with CEO, Communications.
Reputation	The ability to retain client base when information is released to the public.	A Communications Plan has been created to address all requirements in collaboration with CEO, Communications,

4.0 RESOURCE NEEDS

Requirement	Contact information	
Staffing	Jennifer Ellis	613.983.1655
Food supplies	Sysco	800.324.9074
Potable water	Nelson Water	613.831.8491
Sterile water	High Purity Water Services	800.535.9731
Mutual Aid Partner	Winchester District Memorial	613.774.2420
Primary Evacuation Centre	North Grenville District High School	613.258.3481
Secondary Evacuation Centre	South Branch Elementary School	613.258.1919
Telephone systems	BELL Customer Service	844.626.6638
Internet support	Nova Networks	613.726.5001
Generators	Toromont	905.488.2586
Natural Gas	Enbridge	866.763.5427
Fuel	MacEwan Gas	613.258.1196
Electricity	Hydro One	888.664.9376
Boilers	Waterloo Mfg.	800.265.8809
Medical gases	Linde Gas (24 hr emergency response)	905.501.0802
Vacuum systems	GH Medical	866.943.2039
Steam for sterilization	Steris Canada	800.661.3937
Building control systems – Legacy bldg.	Honeywell	866.330.3391
Building control systems – Tallman bldg.	Automated Logic	613.519.7700



Requirement	Contact information	
Building fire alarm monitoring	Advanced Alarms	613.283.6238
Buidling security system	Johnson Controls (JCI)	613.696.3914
Plumbing	Brooks & Cryderman	613.258.5943
Electrical	Howell Electric	613.258.0294
HVAC/Refrigeration	Boyd HVAC	613.868.4880
Elevators	Thyssen Krupp	613.731.0810
Laundry Services	Hart Laundry Service	613.283.6272
Biohazard	Stericycle	866.783.7422
Nonhazardous waste	Tomlinson	613.690.3026

4.0 TRAINING NEEDS

- All KDH staff mandatory training requirements have been identified, assigned, tracked and recorded via Surge Learning program.
- Key personnel with direct responsibilities have been trained for tasks they will be required to perform, and have been made aware of other team members' functions
- Emergency training exercises are performed monthly and/or as required in order to achieve and maintain high levels of competence and readiness –employee support is readily available as required.

5.0 RECOVER AND POST INCIDENT ACTIVITIES

Following an incident, recovery efforts may be required in order to return to normal operations. Recovery procedures may vary from incident to incident but may include the following activities:

- Conduct a Damage Assessment
- Initiate clean up and recovery efforts
- Initiate critical incident support for staff if required
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- Inspect emergency equipment and conduct maintenance as required
- Replenish emergency supplies as needed



Pandemic Contingency Plan

Date:
August
2021

Action Plan for responding to a Pandemic Outbreak

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B) Plan to Manage Increase in Demand for Health Care Services:	4
C) Plan to Increase / Maintain Workforce	5
D) Plan to Minimize the Spread of Infectious Agent	6
E) Plan to Manage Supplies and Equipment	7
F) Plan to Manage Increase in Emergency Department (ED) Volumes	7
G) Plan to Manage Corpses	8
H) Reporting of Outbreak cases to the Medical Officer of Health	8
I) Reporting of Adverse Vaccine Reaction.....	8

SUPPORTING DOCUMENTATION
Forms (KDH forms database)
Form 602 - Out Patient Prescription for H1N1 Treatment Oseltamivir Tamiflu
Form 431 - Emergency Department Acute Respiratory Illness Rapid Assessment Form
Form 496 - Primary Assessment Record Combined Adults & Pediatric
Form 1294 – COVID Screening Questionnaire
Policies (on KDH Intranet)
Policy IC 234 Outbreak Management Team
Policy IC 235 Respiratory Outbreak
Policy IC 261 Routine Practices and Additional Precautions
Policy IC 321 Enteric Outbreak Management
Policy IC 327 Influenza Immunization
Policy H-300 Immunization: Informed Consent
Policy H-380 Respiratory Protection Program
Reports for reporting
Report of Adverse Events Following Immunization https://www.canada.ca/content/dam/phac-aspc/documents/services/immunization/aefi-form-july23-2020-eng.pdf

Background

Kemptville District Hospital is a community hospital that provides healthcare to the town of Kemptville, the amalgamated municipality of North Grenville and the surrounding areas of Rideau, Edwardsburg, Mountain, South Mountain and the village of Merrickville.

Approximately 10% of the patient population comes from Osgoode, Wolford, Augusta and Ottawa-Carleton.

Six core programs are provided on site:

1. Emergency Services
 - open 24 hours / 7 days a week
 - physician coverage, along with back-up on call, provided 24 hours a day
2. Inpatient Medical Unit – 16 beds
3. Complex Continuing Care – 2 beds
4. Interim Long Term Care – 12 beds
5. Surgical Inpatient Unit – 8 beds
6. Ambulatory Care/ Clinics and Outpatient services (i.e. laboratory, diagnostic imaging, physiotherapy)

The following information outlines the responses that could be undertaken by Kemptville District Hospital in the event of a pandemic outbreak.

A) Plan to Increase Bed Capacity

Medical and Complex Continuing Care			Ortho	
100-1	105-1 105-2	108-3 108-4	117-1* 117-2*	121-2 121-2
101-1 101-2	106-1 106-2		118-1 118-2	
102-1 102-2				
103-1 103-2	107-1 107-2*		119-1 119-2	
104-1 104-2	108-1 108-2		120-1 120-2	

*Additional bed

Responsible Person: VP Nursing & Clinical Services / ICP or designate

Access to other facilities:

Bayfield Nursing Home in Kemptville and Hilltop Manor in Merrickville have been identified as local facilities where beds might be accessed.

If these facilities are not closed to new admissions because of the outbreak, alternate level of care (ALC) patients could be transferred in the interim.

Responsible Person: VP Nursing & Clinical Services / ICP/ Discharge Planner or designate

Alternative sites:

Utilizing the Kemptville District Hospital CODE ORANGE: Disaster plan, existing agreements have been made with:

- North Grenville District High School
- South Branch Public School

* Refer to CODE ORANGE and /or Business Continuity Plan for contacts.

Staffing off site facilities would be maintained through the Nursing and Central Scheduling Office, using established professional personnel pools and unregulated or support staff.

Responsible Person: VP Nursing & Clinical Services / Senior Scheduling Officer or designate

Transportation:

During an outbreak access to transportation must be prioritized based on need.

- Acute care patients – Ambulance Services, Fire Emergency Vehicle.
- Non Acute patients – Family, North Grenville Accessible Transportation.

Responsible Person: Discharge Planner/Home and Community Support Services Champlain Care Coordinator Planner, or designate

B) Plan to Manage Increase in Demand for Health Care Services:

Use of Off-Site Facility or Additional On-Site locations:

- Consideration to set up an off-site facility will be based on the availability of appropriate staffing compliments and the acuity level of the patient population. North Grenville High School would be used. On-site the Outpatient Physio Department would be used.
- Off-site facilities will only be used for outpatient management – defined by requiring less than 8 hours of care.
- If demands for inpatient care can be met on-site at Kemptville District Hospital, inpatient management will be based on availability of staff and equipment. This would be determined by the VP Nursing & Clinical Services /ICP or designate.
- A clear communications and education strategy that directs the public to either the off- site location or the Kemptville District Hospital Emergency Department will be developed. Consider use of CTAS triage criteria to direct patients to the correct location.

Depending on the type of pandemic outbreak consider establishing a strategy to immunize acute care patients – based on provincial criteria.

Responsible Person: VP Nursing & Clinical Services / ICP or designate.

C) Plan to Increase / Maintain Workforce

Professional goal:

Utilizing the internal fan out lists all full time, part time and casual nursing staff and PCAs will be contacted to determine availability and to alert them of the response plans.

Personnel pools for regulated care providers; RN and RPNs will be established. Physician pools will be established using the existing on-call roster.

Personnel pool for support staff; PCAs, volunteers, retired staff and nursing students will be established. Existing schedules will be placed on hold and emergency response schedules will be put into place. Patient care areas will be staffed based on patient activity.

Responsible Person: VP Nursing & Clinical Services / ICP and or delegate

Support pool:

Staffing from Plant Services, Environmental Services and Dietary Department will be pooled using the same process. Focus will be on staffing essential services. Redeployment of staff will be coordinated through the Nursing Office /Pandemic Team.

Responsible Person: Manager Building Services or designate / Dietary Manager.

Immunization management:

The Kemptville District Hospital will be utilizing the recommendations about priority groups for vaccination as outlined by the Public Health Agency of Canada and the Public Health Ontario, and Leeds Grenville and Lanark District Health Unit. During a pandemic those considered to be most important for health care and overall infrastructure will be vaccinated first.

1st Health Care Workers – internal priorities for Kemptville District Hospital:

- Emergency Department and Support staff – to include Registered Nurses and Physicians (Locum Privileges and Active Privileges). This also includes the front line providers in the admitting and outpatient care areas; laboratory and radiology.
- Inpatient care providers; Registered Nurses, Registered Practical Nurses, Personal Care Assistants, Physiotherapist, Physiotherapist Assistant and Support staff. See policy on immunization of Kemptville District Hospital staff, H-300 – Immunization: Informed Consent.

2nd Essential Service Providers – (fire, police, corrections, public transport and transport of essential goods). The Public Health Unit will provide immunizations to this target group. Kemptville District Hospital will only provide immunizations if available supply meets hospital requirements.

3rd High-risk patients as defined by Ministry of Health guidelines.

Note: *There is a possibility that no vaccine or a limited supply of vaccine will be available for the duration of an influenza pandemic.*

Responsible Person: VP Nursing & Clinical Services /OHN and or designate.

Antiviral Management:

The utilization and procedure for dispensing these medications will be determined in consultation with the Medical Officer of Health.

Responsible Person: VP Nursing & Clinical Services / ICP and or delegate.

D) Plan to Minimize the Spread of Infectious Agent

Education blitz regarding the transmission, spread, side effects and prevention strategies:

- Target: All hospital staff professional and support.
- Promote Routine Practices and Additional Precautions - personal protective equipment (barriers) and hand washing.

Responsible Person: ICP / VP Nursing & Clinical Services or designate.

Bed Management:

- Cohort these patients based on ARI, symptoms/Triage process.
- ARI (Acute Respiratory Illness) screening will continue to be done on admission for respiratory illness.

Responsible Person: VP Nursing & Clinical Services / ICP and or delegate.

Guidelines for patient transfers:

- Utilize existing procedure for Outbreak Management
- Routine Practices and Additional Precautions to be followed.
- Alert all personnel internal and external to the risk of exposure.

Responsible Person: VP Nursing & Clinical Services / ICP and or delegate.

Guidelines for visitors:

- During an outbreak all hospital programs and activities will be halted.
- Directions for closing the hospital to the public will be taken from the Medical Officer of Health.
- All entrances will be posted with signs indicating the restrictions.

Responsible Person: VP Nursing & Clinical Services / ICP and or delegate.

E) Plan to Manage Supplies and Equipment

Utilize existing network contracts to maintain and obtain adequate supplies – refer to disaster plan.

Responsible Person: Materials Management or designate

F) Plan to Manage Increase in Emergency Department (ED) Volumes**Explore Role of Medial Centres:**

Plan A: Meet with physicians to explore possible expanded role of medical centres to decrease ED volumes.

Responsible Person: Chief of Emergency Dept.

Signage:

- At ED Entrance; i.e., KDH Influenza Assessment Clinic Open – If you are here to see a Doctor for outbreak symptoms, check in with the Nurse at the entrance.
- Additional Signage at ED, Front and Back Door Entrances: Signage as appropriate for type of outbreak occurring.

Responsible Person: ICP / Building Services Manager

Role of RPN/Screener at ED Entrance:

1. Inform patients they can choose to go to an assessment centre if they have outbreak symptoms and no other symptoms requiring an emergency room visit.
2. Send ED patients directly to Triage Nurse.
3. Determine if the patients choosing the outbreak clinic have any chest pain, SOB – alert Triage.

4. For clinic patients (if applicable): Complete outbreak screener, have patient wear a mask; send patient to Patient Registration desk with clinic designation check off and clinic Q & A sheet (Form 295).
5. With clinic documentation, do vital signs; have patient wait in hallway chairs beside Clinic Room.

Location of Forms for Outbreak Assessment Clinic:

K:\FORMS_TEMPLATES\FORMS\KDH_Data_base

G) Plan to Manage Corpses

On-site:

- Diagnostic Imaging ECG room (ext. 237)

Off-site:

- Playfair & McGarry Funeral Home (limited storage and available space but able to transfer to city).
- Local municipal arena
- Consider use of refrigerated transport truck

Responsible Person: Chief of Staff / VP Nursing & Clinical Services, CNO

H) Reporting of Outbreak cases to the Medical Officer of Health

- Follow guidelines for reporting to the Health Unit

Responsible Person: ICP

I) Reporting of Adverse Vaccine Reaction

- Follow current protocol for documenting the immunizations and reporting reactions (Report of Adverse Events Following Immunizations)

Responsible Person: OHN



KEMPTVILLE DISTRICT HOSPITAL

Building healthier communities

Emergency Communications Plan

Date:
September
2019

Action Plan for Emergency and Crisis Communications

Kemptonville District Hospital

Emergency Communications Plan

1.0 Introduction

The Emergency Communications Plan outlines guidelines for quickly communicating with KDH's internal stakeholders, healthcare and community partners, and external stakeholders in the event of an emergency. The plan is intended to support the KDH Business Continuity Plan for continued operations while in emergency mode.

An emergency is a situation that results in, or is likely to result in, harm to persons, damage to property, or disruption of services at KDH. This can include fire, hazardous materials accident, natural disaster, or criminal event.

The Emergency Communications Plan identifies the essential information and messages that must be sent and received, to whom they should be communicated, and how KDH will send communications internally and externally.

2.0 Emergency Communications Approach

Most emergencies occur with limited or no warning. Through social media, information and speculation can spread within minutes of an event. As a result, timely and accurate communication is critical for the safety and wellbeing of the KDH community.

In order to enable rapid, accurate communication, those responsible for Emergency Communications in the immediate aftermath of an event are authorized to utilize available channels to issue prompt notification and safety information in the first critical phase of response. This includes the authority to respond within minutes via social media to acknowledge reports of emergency events, indicate verification is underway, and establish the KDH website as the source of accurate information.

Those responsible for Emergency Communications are aware of the importance of communicating quickly, honestly and accurately about what is known, and not speculating about what is not known.



3.0 Audiences

Important audiences for KDH during an emergency event include patients and families, staff, physicians and volunteers, the Board of Directors, healthcare, community and campus partners, the Champlain LHIN, all levels of government, media, and the general public. Priority in messaging will be given to those considered at greatest life safety risk.

4.0 Objective

Our objective is to provide information and safety instruction as quickly as possible, and provide updates as circumstances evolve, to ensure the safety of the KDH community and the continued operations of KDH services.

5.0 Procedures

In responding to an emergency, the hospital's Chief Executive Officer, Board Chair, and Communications Officer constitute the Emergency Communications (EC) Team. Any one of the three can act as spokesperson during and after the emergency.

Messages will be disseminated via the following communication instruments –

- **Internal stakeholders:** announcements, emails, staff intranet, social media, KDH website
- **External stakeholders:** media advisories, press releases, social media, KDH website, emails

The following list of procedures provides a checklist of action steps for the EC Team to execute following the onset of an incident.

1. EC Team obtains situation report from incident management team.
2. EC Team meets to assess situation, develop approach and strategies, and determine the response and messaging.
3. EC Team prepares and disseminates initial internal and external communications using appropriate instruments, including social media and the KDH website.
4. EC Team ensures prompt notification of key partners and stakeholders.
5. EC Team obtains regular status reports from incident management team.
6. EC Team prepares and disseminates regular status reports on the situation.
7. EC Team prepares and delivers regular updates to stakeholders, government agencies and other relevant entities.
8. EC Team prepares and delivers messages on resolution of the emergency.
9. EC Team provides ongoing updates to internal and external parties as the situation is resolved.
10. EC Team stands down once the emergency has been resolved.
11. EC Team prepares and issues post-event reports as needed to internal and external parties.



12. EC Team conducts post-event review of and revision to the Emergency Communications process.

6.0 Plan Maintenance and Testing

We will regularly review and update this plan and anticipate testing it during the next KDH disaster-preparedness drill.

