Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
Partnering to keep healthcare close to home.

Emergency Management Plan

Version: 12-2023

Contents

INTRODUCTION

Overview

This Emergency Management Plan and its appendices provide the framework for an effective system of managing any incident or emergency, either internal or external, which adversely affects or impedes the normal operations of Alexandra Hospital, Ingersoll or Tillsonburg District Memorial Hospital (the Hospital).

The plan is intended to:

- Reduce the vulnerability of the Hospital, its patients and staff to damage, injury and loss of life and property resulting from natural, technological or man-made emergencies;
- Prepare the Hospital for prompt and efficient response to incidents and emergencies;
- Prepare the Hospital to respond to emergencies using all systems and resources necessary to preserve the health, safety, and welfare of all persons affected by the emergency; and,
- Prepare the Hospital to manage incidents and emergencies by providing a structured process to oversee, guide and support the provision of key services and functions affecting its staff, patients and property.

Scope

The Emergency Management Plan was developed to provide a consistent approach to preparing for and responding to an organization-wide incident or emergency. It is based on an all hazards approach to an incident response. Other incident specific plans e.g. the Hospital Pandemic Plan are intended to complement the Emergency Management Plan. The plan is intended to be flexible and scalable so that the organization's response can be customized appropriately for the incident and the organization's capacity at any given time. The Emergency Management Plan will continue to evolve over time, as the Hospital uses it to respond to identified incidents and incorporates lessons learned.

Access to the Emergency Management Plan

An electronic version of the Emergency Management Plan will be made available via the Hospital Hub. A paper format of the plan will be made available in the following locations:

Administration	Food Services	Maintenance / Power Plant
Ambulatory Care	Housekeeping	Materials Management / Stores
Communications / Switchboard	ICCU / SCU	Operating Room / PACU / Endoscopy
Diagnostic Imaging	Inpatient Units	Pharmacy
Dialysis	Laboratory	Physiotherapy
Emergency Department	Laundry	Volunteer Services

Each tenant will be provided with an *Emergency Response Card* which will be made accessible in each area. This resource will provide general guidelines for Emergency Code response.

Annual Reviews and Evaluation of the Plan

The Emergency Preparedness Committee (see Appendix A for Committee Terms of Reference) is responsible to the Integrated Leadership Team for ensuring the Hospital's Emergency Management Plan is maintained, relevant, and validated on an annual basis. Each person, service area or department listed in this Plan is responsible for notifying the Chair of the Emergency Preparedness Committee of any revisions, administrative changes or updated contact information affecting the Plan or its Appendices.

Training and Exercise Program

The Emergency Preparedness Committee is responsible for scheduling annual training and Emergency Management Plan exercises. Recommendations resulting from such exercises are to be incorporated into future versions of the Plan. Appendix B outlines the methodology for testing and drills. The schedule will be reviewed/updated on an annual basis.

Hazard Identification and Risk Assessment

The Hospital has not conducted a formal Hazards Identification and Risk Assessment study. However, given local geography and environment the types of hazards that must be considered in Emergency Planning for the Hospital may include, but are not limited to:

External

- Power Disruptions and Outages (localized and widespread)
- Environmental Issues, e.g., wildfire, severe weather (heat/cold, ice storm, flooding, tornado, blizzard, hurricane, storm surges)
- Pandemic, Infectious Disease Outbreak
- Contamination / Disruption to Water System
- Cybersecurity Incidents
- Hospital / Long Term Care Facility Evacuations
- Terrorism, Bomb Threats, Suspicious Packages

Internal

- HVAC issues (heating, ventilation, air conditioning)
- Infrastructure Failure (electrical, gas, information technology, health information systems)
- Fire, flooding (water damage)
- Hazardous substance spills/leaks
- Workplace violence
- Physical, chemical and biological agents
- Health Human Resources (HHR) crisis/shortage
- Other Health & Safety issues (e.g., air quality issues)

INCIDENT RESPONSE STRATEGY

Background

Emergency legislation exists at the Federal, provincial/territorial and municipal/county levels of government. *Public Safety Canada* is responsible for coordinating the federal response to emergencies while *Emergency Management Ontario* coordinates the provincial response. Municipalities are authorized to establish emergency plans by the *Emergency Management and Civil Protection Act*.

Objective During an Incident

The primary objective during an incident or emergency is to ensure the continued safety of and mitigation of risk to Hospital employees, patients and any on-site visitors. Additional considerations include, but are not limited to: human, information, financial, relationships, e.g. stakeholders and physical assets. The Hospital aims to respond to and manage the incident or emergency using the principles embodied in the international Incident Management System (IMS).

Emergency Status of the Organization

Understanding and communicating the organization's Emergency Status helps to ensure that all involved parties have a common basis for:

- Examining and assessing the characteristics of an event;
- Determining whether an event could be or could develop into an incident requiring elevated management and/or executive attention; and,
- Deciding on appropriate immediate response activities including notifying management and escalating to other operational areas and/or senior management.

Evaluation and regular review of the Emergency Status helps with:

- Determining when to activate the Emergency Management Plan;
- Ensuring that the organization responds in an appropriate manner as the incident (or series/combinations of incidents) progresses; and,
- Communicating Emergency Status in terminology that is used and understood by all.

Hospital Emergency Status		
Levels	**Description**	
	Normal Operation	**Organizational Response**
Normal (Level IV)	There is no internal or external information to warrant increased concern or actions beyond normal security efforts.	None
Watch (Level III)	Occurs when notification is received of an incident or potential emergency that could disrupt, interrupt or otherwise negatively impact operations. This status could be established: • In response to a minor or localized incident that can be controlled locally through normal management processes; or, • In anticipation of a possible incident where the scope is not yet assessed as credible or imminent.	Increased level of awareness and monitoring/management oversight; review of related preparedness status and emergency management plan; and, preparation to undertake pre-declaration activities if necessary.
Warning (Level II)	Some operational disruption and/or increasing risk of disruption may have occurred. The status could be established: • When a local incident may exceed the response capacity or authority of local responders; and/or, • In anticipation of an escalating incident whose scope is assessed as credible and imminent.	Elevated level of awareness and monitoring/management oversight; actions taken in preparation for the activation of the Emergency Management Plan; pre-declaration activities such as readying the Command Centre, ensuring key resources are ready and available to respond; and, communicating "what if" types of instructions.
Declared (Level I)	The Emergency Operations Centre has been activated. The status will be established in response to an incident meeting or exceeding the criteria for a crisis either by: • The level of damage resulting; or, • Through its importance to the fulfillment of goals, the protection of vital interests, or the adherence to values, or the duration, disruption, or fiscal impact.	Activation of the Emergency Management Plan; corresponding modifications to operations to manage in a manner that ensures (1) the protection of life and property and (2) the continued ability of the organization to maintain critical functions.
Recovery	During this stage of an incident, the organization is recovering from an incident.	

Appendix C outlines in detail the Hospital's all hazards communication plan.

INCIDENT MANAGEMENT SYSTEM (IMS) STRUCTURE AND PROCESS

Overview

The IMS is a hierarchical model that provides a means to coordinate the health response to an emergency. Through identifying risks and hazards, an IMS is designed to stabilize and react rapidly to incidents by organizing priorities and resources to protect life, property, and the environment. The core concerns of the four key functions are:

- *What are we going to do?*
- *What needs to be communicated?*
- *How will we protect patients, staff and stakeholders?*
- *Who should we be contacting?*
- *How are we going to do it?*
- *How are we going to support it?*
- *What needs to be documented?*
- *Who is going to pay for it?*

The Emergency Operations Centre (EOC) Commander / Incident Manager is responsible and accountable for all aspects of the incident.

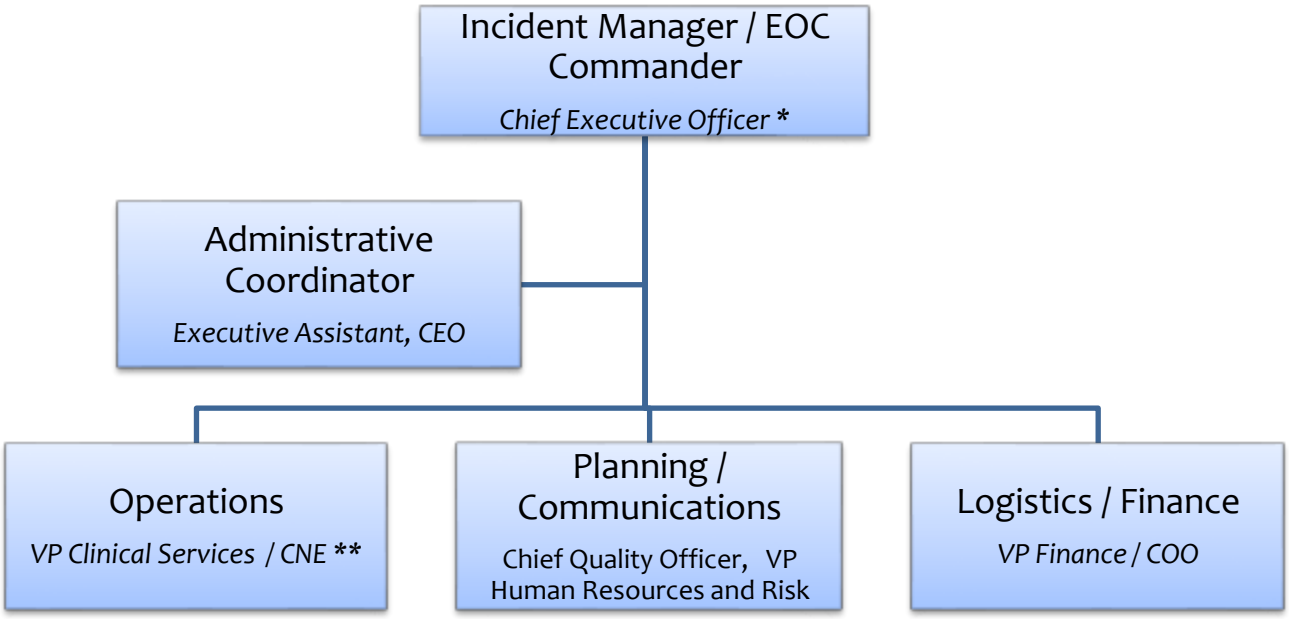
The Hospital EOC Team Structure

The EOC Team is responsible to provide Emergency Management support and make Emergency Management decisions. They are responsible for the overall strategic management of the incident and emergency, which includes:

- Work to ensure the safety of the Hospital employees, patients and stakeholders;
- Establish the EOC;
- Determine goals, objectives and priorities of the Hospital's response to the incident or emergency;
- Implement the Emergency Management Plan;
- Direct internal and external communications;
- Forecast the course of the emergency and prepare alternative plans for changes to the Emergency Management Plan;
- Develop response/recovery objectives and strategies;
- Ensure that all Emergency Management Plan activities are documented;
- Coordinate activities with external organizations as required; and,
- Establish a recovery plan for continuation of operations.

The following chart represents the Hospital's EOC Team structure:

**Interim Alternate = Clinical Leader / Charge Nurse / Administrator on Call*



***Alternate = Director*

Unless otherwise instructed, ongoing program responsibilities (e.g. Human Resources, Occupational Health, Infection Control, Risk Management and Pharmacy) will continue to be managed by existing leadership.

EMERGENCY PLAN IMPLEMENTATION

Triggers

The kinds of trigger events that could result in activation of the Emergency Management Plan vary widely and include events that are safety and health related as well as other serious events or situations that can threaten the ability of the organization to continue its normal operations. The characteristics of the trigger event and its actual or potential impact are examined to determine the type and degree of response required. Factors to be considered are health and safety issues; potential or actual impact on patients and staff; escalation of the incident factors; and, urgency before irreversible damage occurs.

Notification

The employee who first becomes aware of an actual or potential incident or emergency must immediately contact their Leader. The Leader who receives the call must determine what kind of escalation steps to take and when and must act accordingly. The Leader must consider factors such as:

- The urgency of the situation;
- Whether a 911 call should be placed (if not already done);
- Whether there is time to gather further information;
- Whether enough details were received;
- The credibility of the information provided and the source of the information;
- Whether independent confirmation is required;
- Whether additional information is required before escalating to the Vice President / Administrator on Call; and,
- Whether there is a more appropriate contact for the circumstance (e.g. minor-moderate Information Technology Failure).

When the Leader contacts the Administrator on Call, the contacted individual must consider the incident severity and the impact on the organization and determine the organization's alert level and respond accordingly.

Declaration

Declaration or activation of the Emergency Management Plan is the responsibility of the EOC Commander/ Incident Manager.

Fan-Out Procedure

Fan-out procedures ensure a coordinated methodology for advising employees and other stakeholders about incidents or emergencies that will or may have some type of impact on them. Any member of the EOC will have the authority to initiate the Fan-out Procedure. See Fan-Out Procedures in Appendix D for more detailed information.

Emergency Operations Centre Location

The EOC location is an information management and decision-making hub during an incident or emergency. Its primary purpose is to gather and process all of the information required to plan for any response to incidents quickly and effectively. The EOC Location will be the ***Hospital Boardroom***, unless otherwise specified by the EOC Commander/Incident Manager. The EOC Commander/ Incident Manager shall be responsible for activating and deactivating the EOC.

Incident Response Work Flow

The following summarizes the flow of the key activities/milestones that occur during the incident response:

- Members of the EOC Team report to the EOC when an emergency has been declared; review their Job Action Sheet; and, prepare to receive a briefing from the EOC Commander/Incident Manager.
- The EOC Commander conducts an initial briefing to determine the current situation and the actual and potential implications of the event based on the available information.
- The EOC Team sets the Incident Objectives and Strategy which are then communicated to all Leaders and other key staff.
- The Leaders and any other relevant staff should conduct one or more sub-meetings to establish actions to support the Incident Objectives and Strategy.
- It would be expected that EOC Team would meet three times daily (0630, 1100, and 1800) 7 days per week to review the current status, to identify and discuss new issues and to present recommendations for the ongoing management of the incident.

Note: See Appendix E for EOC Job Action Sheets, Forms & Templates.

Deactivation of EOC

The EOC Commander/Incident Commander shall be responsible for deactivating the EOC once the incident has been completed or can be managed through normal operations.

Post Incident Debriefing

An incident cannot be considered fully resolved until a final debriefing has occurred. Debriefing following an incident is a valuable method for capturing lessons learned during the experience in order to improve future response to an incident. The Chair of the Emergency Preparedness Committee will coordinate and/or facilitate team debriefings as requested and will ensure that lessons learned are incorporated into the Emergency Management Plan. A summary of each team debrief will be captured in the *Post Incident Debrief Summary Form* (Appendix E) and submitted to the Chair of the Emergency Preparedness Committee.

EMERGENCY RESPONSE PLAN & STANDARDIZED EMERGENCY CODES

Overview

Whether emergencies are gradual by onset or immediate, they present a threat to the health and safety of staff, patients, and visitors along with overall operations of the Hospital. Developing a means of rapid communication with staff that result in specific and pre-determined responses can help to ensure effective and efficient responses to emergency situations.

Standardized Emergency Codes are words used to alert staff to an emergency situation that has occurred in the Hospital, and to activate an *immediate response* from individuals or groups of individuals to that specific emergency. They were developed to promote a common language and response, to reduce the amount of information staff must learn and prevent alarming patients and visitors.

Some Emergency Color Codes rely on designated response teams. In such cases, when the code is called, a pre-determined member of the response team will become the Incident Manager and lead the appropriate response. The person in the role of Incident Manager is responsible for the management of the response activity, until the conclusion of the response (e.g., code terminated or response declared over) or until command is formally transferred to another person.

To ensure that all staff is able to evacuate a hazardous environment in a safe manner Emergency Response Plans will be in place to identify appropriate measures to assist employees with disabilities in the event of an emergency situation. The Hospitals will utilize best practice to aid in the development of individualized Emergency Response Plans.

The following Emergency Color Codes are based on best practice; ensure guiding principles for emergency response; and, enhance collaboration and coordination by clearly outlining roles and responsibilities within the organization:

Emergency Color Codes		
Codes	**Incident**	**Definition**
Code White	Violent/Behavioural Situation	The code designed to initiate a cautious and prescribed response to a patient; visitor or staff member who is displaying undue anxiety, yelling or otherwise represents a threat of aggression or violence to themselves or others.
Code Yellow	Missing Person	The code designed to initiate a comprehensive expedient search by designated staff to locate a missing patient (unauthorized absence from the unit/hospital) before that patient's safety and well-being is compromised.
Code Amber	Missing Child/Child Abduction	
Code Green	Evacuation (Precautionary)	The code designed to initiate an orderly response when it is recommended to evacuate within a certain perimeter (usually a building or a specific location within a building) until the initial situation is contained. The direction of evacuation may be limited to a horizontal evacuation.
Code Red	Fire	The code designed to alert hospital personnel to the detection of smoke or fire.
Code Orange	Disaster	The code designed to activate a response to an external disaster whereby the influx of patients demands additional resources to manage the event.
Code Black	Bomb Threat/Suspicious Object	The code designed to address a bomb threat or discovery of or search for a suspicious object.

Code Blue	Cardiac Arrest / Medical Emergency - Adult	The code designed to respond to a medical emergency, when a person is experiencing a real or suspected imminent loss of life.
Code Pink	Cardiac Arrest /Medical Emergency- Infant/Child	The code designed to distinguish a Paediatric arrest from that of an adult.
Code Brown	In-facility Hazardous Spill	The code designed to alert staff to an accidental release of a hazardous or potentially hazardous material.
Code Purple	Hostage Taking	The code designed to elicit a response to a hostage-taking.
Code Grey	Infrastructure Loss or Failure	The Code designed to alert the organization to an infrastructure loss or failure of substantial significance. (i.e., flood, emergency generator failure).
Code Silver	Person with a Weapon	The Code is designed to alert the organization of a threat, attempt, or active use of a weapon or an object/instrument fashioned into a weapon to cause harm.

Specific response instructions for each code are outlined in Appendix F.

PANDEMIC INFLUENZA PLAN

The Hospital's Pandemic Influenza Plan (Appendix G) is intended to establish a framework for the Hospital's response to a global pandemic. It is not intended for the management of routine influenza outbreaks or respiratory illnesses. It is part of the Hospital's comprehensive emergency management strategy and reflects a collaborative effort between all areas of the organization. The Infection Prevention and Control Committee is accountable to develop and revise the Pandemic Influenza Plan on an annual basis.

BUSINESS CONTINUITY PLAN

The purpose of the Hospital's Business Continuity Plan (Appendix H) is to provide a systematic approach to prepare and to follow in the event of an emergency or disaster and the process of recovery. The plan has been developed to protect patients, staff and visitors and to restore the critical business functions of the Hospital.

FIRE SAFETY PLAN

A Fire Safety Plan has been prepared by the Hospital as required by the Ontario Fire Code, Section 2.8, (*Ontario Regulation 213/07 of the Ontario Fire Protection and Prevention Act*, as amended).

The purpose of the plan is to provide safety information for all occupants in the event of a fire; to ensure the effective use of life saving features in the building; and, to prevent fires from being initiated. This fire safety plan has been designed to suit the resources of the Hospital and has been approved by the Chief Fire Official.

The Fire Safety Plan shall be reviewed as often as necessary, but at intervals not greater than twelve (12) months, to ensure that it takes account of changes in use and other characteristics of the building. The Chief Fire Official is to be notified regarding any subsequent changes in the contents of the approved Fire Safety Plan.

This official document is to be kept readily available at all times for use by staff and fire officials in the event of an emergency. Hard copies of the Fire Plan are located at the Emergency Entrance and West Loading Dock Entrance at Alexandra Hospital, Ingersoll and at the Main Entrance of Tillsonburg District Memorial Hospital. The Plan is also available in an electronic format on the Hospital Hub.

RESOURCES & TOOLS

See Appendix E for additional tools and resources including: community contact information, facility maps, Emergency Response Codes Reference Cards.

APPENDIX A: Emergency Preparedness Committee Terms of Reference

EMERGENCY PREPAREDNESS COMMITTEE - TERMS OF REFERENCE

Authority

The Emergency Preparedness Committee operates under the authority of the Leadership team of Alexandra Hospital, Ingersoll or Tillsonburg District Memorial Hospital (the Hospital).

Purpose

The Committee shall monitor, evaluate, advise and make recommendations with respect to policies and matters related to an Emergency Management Plan for the Hospital, the Business Continuity Plans for the departments and the interrelationship of those plans with municipal, regional, provincial, federal Emergency Response Plans.

Duties and Responsibilities

The Emergency Preparedness Committee is responsible for:

- Developing, maintaining, validating and amending the Hospital's Emergency Management Plan;
- Ensuring the Hospital's Emergency Management Plan is aligned with external and appropriate emergency plans and legislative standards;
- Supporting the Hospital's departments in the development of their respective departmental response plans;
- Ensuring the Hospital's department-level plans are aligned with the Hospital's overarching Emergency Management Plan;
- Developing organization-wide policies, plans, guidelines and education related to emergency activities;
- Developing and implementing a communication strategy that promotes Emergency Management awareness effectively for Hospital staff, partners and patients;
- Leading an annual review of the Hospital's Emergency Management Plan and Departmental Emergency Procedures.
- Developing, initiating, managing and validating varying exercises that test the Emergency Management plan annually.
- Developing and implementing table top exercises for the Emergency Management Plan on an annual basis;
- Ensuring the Emergency Management Plan incorporates recommendations for improvements and is effectively communicated across the organization;
- Conducting debriefs of incidents/events and makes recommendations for change based on lessons learned.

Membership

- Chief Quality Officer, VP Human Resources & Risk (Chair)
- VP Clinical Services/CNE
- Director(s), Clinical Services
- Director, Support Services & Safety
- Integrated Manager, Quality and Patient Safety
- Manager, Information Technology
- Integrated Manager, Health Information & Privacy
- Ad Hoc Representatives as required, including:
    - Coordinator, Quality, Patient Relations & Patient Safety; Educator, Pharmacist, Human Resources, Maintenance, Finance, Laboratory Diagnostic Imaging, Occupational Health & Safety , Infection Prevention and Control, Medical Staff , Community Partners

Decision Making
Decisions will be made by consensus of the attending members.

Reporting
The Emergency Preparedness Committee shall report to the Hospital Integrated Leadership Team and the Joint Health and Safety Committees.

Frequency of Meetings and Manner of Call
The Committee will hold a minimum 4 meetings annually. The Committee Chair shall preside at all meetings of the Committee.

The Committee shall record and make available Minutes for all meetings. The Minutes shall be recorded by a member designated by the Committee Chair. The Chair is responsible for keeping a log of all meeting minutes including past Agendas.

The Committee Chair will ensure that the following documents are circulated at least three (3) days in advance of each meeting:

- The Agenda for the meeting;
- The Minutes of the previous meeting;
- Any other documentation related to the business to be conducted by the Committee.

Quorum
A quorum will be considered a majority of the members.

Evaluation
The Emergency Preparedness Committee shall evaluate its effectiveness on an annual basis.

APPENDIX B: Methodology for Testing & Drills

METHODOLGY FOR TESTING & DRILLS

Code	Guideline	Person Responsible	Date & Location
Code White – Violent Patient / Behavioural Situation	Annually *Incorporate CIT techniques into the mock scenarios	Committee	Mock – October – with OPP
Code Yellow – Missing Person	Annually	Committee	Table Top - June
Code Amber – Missing Child / Abduction	Annually	Committee	Table Top - June
Code Green – Evacuation	Annually	Committee	Mock - September
Code Red - Fire	Monthly Fire Drills	Maintenance	Monthly – by department
	Annual Fire Drill During Lowest Staffing Level	VP Safety or delegate	Summer/Weekend/Evening
	Annual Fire Extinguisher Training	VP Safety or delegate	
	Annual Review of Fire Plan with Fire Chief	Maintenance	
Code Orange - Disaster	Internal, Q 3Yrs. External, Q 3 Yrs.	Committee	Table Top – January External Mock
Code Black – Bomb Threat /Suspicious Object	Annually	Committee	Table Top - May
Code Blue – Cardiac Arrest - Adult	Minimum 6 x / Year	Educator	Mock – February
Code Pink – Cardiac Arrest - Infant/Child	Minimum 6 x / Year	Educator	Mock – March
Code Brown – In-facility Hazardous Spill	Annually	Committee	Table Top - July
Code Purple – Hostage Taking	Annually	Committee	Table Top - November
Code Grey – Infrastructure Loss or Failure	Annually	Committee	Table Top – April
Code Silver – Person with Weapon	Annually	Committee	Mock – October – with OPP
OPP Panic Button	Monthly	Switchboard/Registration	Monthly testing
Personal Panic Alarms / Screamers/Staff Duress	Monthly	Department Manager	Monthly testing by department
Fan-Out List	Bi-Annually	Committee	April, October

APPENDIX C: All Hazards Communication Plan

ALL HAZARDS COMMUNCATION PLAN

Underpinning the Communications Response

- Control the internal and external communications process.
- The Hospital will use the following colour-coded system to convey the level of risk associated with an event based on its potential to disrupt our operations:
    - Green (Level IV: Normal): indicates business as usual.
    - Yellow (Level III: Watch): indicates we are monitoring an emerging, but so far manageable situation, and are reviewing procedures to ensure operational readiness.
    - Orange (Level II: Warning): indicates we have confirmed a situation that could disrupt our operations and are accelerating our preparedness efforts, including notifying staff and readying our EOC.
    - Red (Level I: Declared): indicates our Emergency Management Plan has been invoked, staff, patients and stakeholders have been notified, and our EOC has become operational. We have detailed plans, networks and systems in place to manage any immediate and ongoing contingencies.
    - Blue (Recovery/Restoration): indicates that the level of risk has diminished but that we are monitoring the situation as we gradually begin to wind-down our response.
- Ensure systems (and back-up systems) for monitoring developments and disseminating timely, complete and consistent information to the EOC Team, staff, patients and their families and other stakeholders are in place and fully operational.
- The Hospital will utilize the online Emergency Management Communication Tool (EMCT) to alert and update health system partners about incidents that may impact their capacity to deliver services.
- Establish a clear focal point for managing the flow of information to and from target audiences that reflects the emergency situation and respects the leadership role of Leaders.
- The EOC Commander will assume the role of lead spokesperson.
- Ensure consistent and coherent external messaging by coordinating any planned outreach with the OHA, other hospitals and municipal and local public health officials.
- Before issuing any statements to the media, share information with Leaders first and ensure they are able to manage general questions from staff.
- Ensure proposed activities/responses are compliant with relevant Hospital policies.

Internal Audiences

- Provide Leaders with the timely, relevant, complete and accessible information they need to respond to staff queries and take appropriate actions to minimize service interruptions to patients.
- Raise awareness amongst Hospital staff and stakeholders of the unfolding situation, how it may affect their work, when and how they will receive information; where to go if they have questions or concerns; and, to remind them of their professional duties as the situation unfolds.
- Announce that the Emergency Management Plan will be/has been invoked.
- Position and profile the CEO or designate as a trusted spokesperson for complete and trustworthy information about the situation.
- Demonstrate the Hospital's proactive leadership and commitment to protecting the health and safety of its staff, patients and stakeholders.
- Anticipate staff questions and direct them to appropriate information sources/conduits for up-to-date information.
- Ensure staff knows to direct queries from patients and other stakeholders to approved Hospital information sources.

Key Messages: Internal Audiences

- In light of the incident/emergency the Hospital will shortly invoke/has invoked its Emergency Management Plan.
- The Plan is designed to ensure we are able to continue to meet the needs of our patients throughout this period.
- As always, our priority is to ensure the health and safety of our staff, patients and stakeholders.
- To that end, we are in contact with other hospitals and local and municipal medical officers of health to ensure a well co-ordinated response.
- There is no cause for alarm but we felt it was prudent to take steps now to prepare for any potential contingency.
- At this stage, we expect all staff to maintain regular work schedules.
- In the event the situation changes, we will immediately communicate relevant information.

External Audiences

Patients and their Families

- Position and profile the CEO or designate as a trusted spokesperson for complete and trustworthy information about the situation.
- Demonstrate the Hospital's proactive leadership and commitment to protecting the health and safety of its patients.
- Announce that the Emergency Management Plan may be/has been invoked and reassure them that the Hospital has a business continuity plan in place.
- Explain to them how they can stay abreast of new information as the situation evolves.

OHA, Ontario Health, Hospitals, Public Health and Ministry of Health

- Announce that the Emergency Management Plan may be/has been invoked and reassure them that the Hospital is closely monitoring the situation.
- Confirm key communications contacts, methodologies, and briefing schedules and coordinate feedback and monitoring services.
- Demonstrate the Hospital's proactive leadership and commitment to protecting the health and safety of its patients.

Media

- Establish the CEO or designate as a trusted spokesperson for complete and trustworthy information about the situation.
- Demonstrate the Hospital's proactive leadership and commitment to protecting the health and safety of its patients.
- Define key contacts, identify spokespersons, clarify rules-of-engagement and the timing and methodology for providing briefings and updates.
- Leverage the positive contribution media can play in terms of raising awareness of the situation (via soliciting print and electronic media interviews and making spokespersons(s) availability on open-line radio shows).

Key Messages: External Audiences

- In light of current incident/emergency the Hospital is planning to invoke/has invoked its Emergency Management Plan.
- The Plan is designed to ensure we are able to continue to meet the needs of our patients throughout this period.
- As per our Hospital Emergency Management Plan, we have advised local, regional and provincial health officials, hospitals, and suppliers of our plans and priorities and will work collaboratively with them throughout this period to meet patient needs.
- There is no cause for alarm, but in light of current situation, we felt it was prudent to take steps now to prepare for any potential contingency.
- In the event the situation changes, we will immediately communicate relevant information.

APPENDIX D: Emergency Fan-Out Procedures

Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
Partnering to keep healthcare close to home.

TILLSONBURG DISTRICT MEMORIAL HOSPITAL EMERGENCY FAN-OUT

The Fan Out List will be activated when sufficient numbers of casualties are anticipated to overwhelm/ compromise the provision of routine emergency services at the Hospital. This decision will be reached collaboratively by the ***Charge Nurse*** and the ***Emergency Physician*** and will be communicated to Patient Registration and/or Communications (Ext. 5555).

Patient Registration &/or Communications initiates Emergency Fan-Out below:

Notify: Admin on Call; Maintenance on Call; Diagnostic Imaging on Call; ED Physician 2nd on Call; Hospitalist; Anesthesia on Call; Internal Medicine on Call; Surgeon on Call; IT on Call

#1 Call In

- Chief Executive Officer
- Respiratory Therapist x 1
- Manager, Clinical Services
- Patient Registration Assistant x 1
- Ward Clerk x 1
- ED RN – Triage x 1
- ED RN x 2
- IP RN x 1
- IP RPN x 1
- Housekeeping x 1

#2 Call In

- Executive Assistant, CEO
- VP Clinical Services / CNE
- Chief Quality Officer, VP Human Resources and Risk
- VP Finance / COO
- Director, Clinical Services
- Director, Human Resources
- Chief of Staff
- Chief of Emergency
- Maintenance Personnel x 1
- Materials Management x 1

#3 Call In

- Manager, Laboratory
- Manager, Diagnostic Imaging
- Director, Support Services & Safety
- Pharmacist
- Physiotherapist x 1
- Volunteer Coordinator
- Staffing Assistant x 1
- Administrative Assistant x 1
- MDRD x 1
- Health Records x 1

Alexandra Hospital Ingersoll
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ALEXANDRA HOSPITAL, INGERSOLL EMERGENCY FAN-OUT

The Fan Out List will be activated when sufficient numbers of casualties are anticipated to overwhelm / compromise the provision of routine emergency services at the Hospital. This decision will be reached collaboratively by the ***Clinical Leader*** and the ***Emergency Physician*** and will be communicated to Patient Registration and / or Communications (Ext. 5555).

Patient Registration & / or Communications initiates Emergency Fan-Out below:

Notify: Admin on Call; Maintenance on Call; Laboratory on Call; Diagnostic Imaging on Call; ED Physician 2nd on Call; Hospitalist; Internal Medicine on Call; IT on Call

#1 Call In

- Chief Executive Officer
- Respiratory Therapist x 1
- Manager, Clinical Services
- Patient Registration Assistant x 1
- Ward Clerk x 1
- ED RN – Triage x 1
- ED RN x 2
- IP RN x 1
- IP RPN x 1
- Housekeeping x 1

#2 Call In

- Executive Assistant, CEO
- VP Clinical Services / CNE
- Chief Quality Officer, VP Human Resources and Risk
- VP Finance / COO
- Director, Clinical Services
- Director, Human Resources
- Chief of Staff
- Chief of Emergency
- Maintenance Personnel x 1
- Materials Management x 1

#3 Call In

- Manager, Laboratory
- Manager, Diagnostic Imaging
- Director, Support Services & Safety
- Pharmacist
- Physiotherapist x 1
- Volunteer Coordinator
- Staffing Assistant x 1
- Administrative Assistant x 1
- MDRD x 1
- Health Records x 1

APPENDIX E: Resources & Tools

EOC COMMADER JOB ACTION SHEET

Position assigned to:	
You report to:	**Board of Directors**
Your telephone number is:	
People reporting to you:	**Role of Planning / Communications Officer, Operations Officer, Logistics / Finance Officer, Administrative Coordinator**

Immediate Actions Required:

- Requesting that the Administrative Coordinator activate the hospital Emergency Operations Centre (EOC). *Note: The EOC has been assigned a designated telephone extension that can be activated from any Hot Desk telephone. At AHI the log in Extension is 8502, Password is 1700: at TDMH the Extension is 5502, Password is 3611.*
- Brief, provide and receive ongoing communication to the Board of Directors, Chief of Staff, Chief of Emergency and other parties as identified.
- Organize and direct EOC as per Incident Management System model.
- Assume the role of media spokesperson.
- Confirm who will fill the roles of the EOC positions – provide this information to the Administrative Coordinator.
- Assess the situation and request a status report from the Planning / Communications Officer**,** Operations Officer and Logistics/Finance Officer– status reports will be handed to the Administrative Coordinator.
- Establish initial briefing session and confirm frequency of meetings – note the Ministry of Health and OHA information cycles.
- Establish immediate objectives and priorities.
- Request that Chief of Emergency/Chief of Staff arrange staffing requirements and rotations for Emergency Department/Inpatients. Ensure a rotating relief schedule.

Secondary Actions Required:

- Consider the event impact from the long-term perspective;
- Ensure designates have been identified to fill the role in your absence;
- Ensure your staff are taking rest breaks;
- Observe your staff for signs of stress or fatigue and report concerns to Occupational Health Department. Reinforce Employee and Family Assistance Program support;
- Consider needs for staff and volunteers with regard to food and shelter;
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known;
- Consider a staff Town Hall session;

- Consider what to tell the public – try to coordinate messaging with Public Health, Ministry of Health and OHA;
- Determine whether or not to dismiss the EOC Team until further activity required – **if dismissed, ensure the Administrative Coordinator monitors phone/fax lines and that they have the ability to contact the EOC Team if required.** Based on the communication cycle established, EOC members should return for brief/debrief sessions;
- Receive/interpret Ministry of Health directives – use your people resources to help with interpretation of new directives; and,
- Mitigate any potential issues, threats to facility with EOC Team and department leads.

Recovery:

- Activate the demobilization of the EOC on advice from the Planning / Communication Officer;
- Participate in event debriefing;
- Evaluate strategies for emergency measures and facilitate any required improvements; and,
- Return to normal function.

EOC PLANNING / COMMUNICATION JOB ACTION SHEET

Position assigned to:	
You report to:	**EOC Commander / Incident Manager**
Your telephone number is:	
People reporting to you:	

Immediate Actions Required:

- Liaise with Operations Officer to identify services that are essential, can be stopped or reduced;
- Establish a process for short and long-term planning to execute business level. Be prepared to update the plan as situations develop;
- Consult with Risk Management to discuss legal, liability and risk considerations attached to decision making in preparation for response;
- Collaborate with Logistics/Finance Officer that Materials Management maintains a supply of Personal Protective Equipment;
- Coordinate with Occupational Health and Logistics/Finance regarding security of medications and/or equipment when/if available;
- Assess media needs and set up communication/media centre;
- Keep media contact information current;
- Review and refine key message statements and ensure all public information releases are approved by the EOC Commander/Incident Manager;
- Assess resources required, i.e. staffing, supplies, etc.; and,
- In collaboration with EOC Commander/Incident Manager, consider restriction/suspension of visiting practices.

Secondary Actions Required:

- Consider the event impact from the long-term perspective;
- Ensure designates have been identified to fill the role in your absence;
- Ensure your staff are taking rest breaks;
- Consider needs for staff and volunteers with regard to food and shelter;
- Observe your staff for signs of stress or fatigue and report concerns to the Occupational Health. Reinforce Employee and Family Assistance Program support.
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements are known;
- Consider a long-range plan for organizational response;

- Ask Occupational Health, Operations Officer and Department Leads to report unsafe work measures. Report concerns to Risk Management;
- Optimize use of technology to reduce on-site human resource needs;
- Ongoing review of emergency situation and contingency plans. Develop/modify plans, policies, procedures and strategies as required;
- Liaison with external partners:
    - Funeral Homes- to coordinate capacity of deceased
    - Fire Department
    - Police- for security issues, safety of staff (potential public panic)
    - EMS/Private Transfer Companies- for transfer of patients to other facilities
    - Municipality- coordinates areas for surge capacity (e.g. Recreation Centre, Legion)
- Develop, organize, prepare, and deliver ongoing communication and updates to the EOC Team, leadership and your staffing group in conjunction with the EOC Commander/Incident Commander;
- Provide briefing to Board, Ontario Health and Ministry officials in consultation with EOC Commander/ Incident Commander;
- Maintains contact with Public Health and Ministry of Health. Communicate and implements strategies that are handed down from high levels (e.g. Ministry of Health);
- Monitor broadcast and print media, using information to develop follow-up news releases and rumour control;
- Document action and decisions on a continual basis. Ensure that file copies are maintained of all information released and provide copies to EOC Commander/Incident Commander;
- Ensure development of appropriate public information regarding patient numbers, mortality, etc. in connection with Operations and EOC Commander/Incident Commander;
- Consider formal letters to staff members and their families, assuring them of the hospital's desire to keep them safe and to encourage them to come to work (if applicable);
- Organize and prepare support materials for daily media briefings;
- Ensure appropriate planning for demobilization of EOC staff and termination of emergency operations in consultation with the EOC Commander/Incident Commander; and,
- Other duties as assigned by the EOC Commander/Incident Commander.

Recovery:

- Collect all logs, notes and relevant information for the debriefing session;
- Evaluate strategies for emergency measures and facilitate any required improvements;
- Participate in event debriefing; and,
- Return to normal function.

EOC OPERATIONS JOB ACTION SHEET

Position assigned to:	
You report to:	**EOC Commander / Incident Commander**
Your telephone number is:	
People reporting to you:	**Chief of Staff, Chief of Emergency, Nursing**

Immediate Actions Required:

- Meet with Chief of Emergency, Chief of Staff, and Nursing staff to assess & plan response to current patient care needs;
- Identify services that are essential, can be stopped or reduced. Prioritize and establish guidelines for essential patient care services within the Hospital;
- Develop action plan for patient care services. Implement all steps to increase capacity and supplement staff;
- Implement decanting strategies. Work with medical staff, Ontario Health Home & Community Care, community hospitals and Long Term Care homes to facilitate discharge and coordinate bed availability;
- Coordinate care and discharge of patients in the Emergency Department and Inpatient Unit;
- Consider opening an overflow area to accommodate non-urgent patients that need admission;
- Consult with Risk Management to discuss legal, liability and risk considerations attached to decision making in preparation for response;
- Be alert to any hazardous conditions throughout the facility. Develop and recommend measures for staff safety based on information provided;
- Evaluate need for equipment, supplies such as decontamination, isolation, personal protective; and,
- Be prepared to temporarily stop work and/or prevent unsafe acts until safety conditions met.

Secondary Actions Required:

- Consider the event impact from the long-term perspective;
- Ensure designates have been identified to fill the role in your absence;
- Ensure your staff are taking rest breaks;
- Observe your staff for signs of stress or fatigue and report concerns to Occupational Health Group. Reinforce Employee and Family Assistance Program support;
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known;
- Establish regular patient care/service briefings. Ensure updates about adequate staff and supplies for current conditions in regards to the delivery and quality of care in all patient care areas;

- Receive update from Logistics/Finance Officer regarding critical resources and reconcile with projected need. Direct Stores and MDRD staff to replenish supplies and resources to units;
- Monitor efficacy of infection prevention and control measures (incident dependent) and enforce infection control practices;
- Monitor any current or anticipated shortage of personnel, supplies, etc.;
- Evaluate need for additional equipment and communicate need to Logistics/Finance Officer as required;
- Consider canceling scheduled ambulatory and elective services and establish follow-up services/clinics at the Hospital or off-site (if required);
- Oversee appropriate staffing of Nursing for the Emergency Department/Inpatient Unit/ Overflow area. Delegate staffing to Ward Clerk;
- Implement adjustments to workload and safety procedures as directed by EOC Commander/Incident Commander;
- Obtain casualty data (name, sex, age, address, seriousness or condition) and provide to the EOC Commander/Incident Commander;
- Provide statistics on patients: numbers, the number of patients that can be received and treated immediately, acuity and mortality, number hospitalized, number actual/planned discharged or transferred to Planning/Communications Officer;
- Document action and decisions on a continual basis;
- Notify EOC Team of information that would suggest that emergency may be concluding;
- Monitor current condition of hospital structure and utilities;
- Ongoing communication and updates to EOC Team, Chief of Emergency, Chief of Staff, management and your staffing group;
- Provide updates and required information to Planning/Communication Officer for external agencies such as Public Health;
- Provide quick on the spot training if needed for staff and utilize train the trainer; and,
- Other duties as assigned by the EOC Commander/Incident Manager.

Recovery:

- Evaluate strategies for emergency measures and facilitate any required improvements;
- Participate in event debriefing; and,
- Return to normal function.

Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
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EOC LOGISTICS / FINANCE OFFICER JOB ACTION SHEET

Position assigned to:	
You report to:	**EOC Commander / Incident Commander**
Your telephone number is:	
People reporting to you:	**Human Resources, Materials Management, Pharmacy**

Immediate Actions Required:

- Brief Human Resources, Materials Management, and Pharmacy;
- Liaise with Operations Officer to identify services that are essential, can be stopped or reduced;
- Ensure necessary resources to support the medical objective(s) are available;
- Assign support staff to act as a porter for patient transfers within facility or as runner for staff (nutrition relief, message relaying, direct visitors/ public regarding emergency, handout educational material), if applicable;
- Assign staff to assist Emergency Department staff with patient care i.e. transfer patients between units, access supplies for nursing, cleaning, bed making, etc.;
- Request that Laboratory staff assist in specimen procurement;
- Assign Health Records staff to act as runners for clerical duties (e.g. obtaining and faxing records to other facilities, provides pre-made patient charts for staffing in unique areas and to manage collection, security, and storage and tracking of medical record);
- Assign Facilities staff to provide security for facility and staff. (liaise with Ontario Provincial Police if required), to assist with transporting heavier supplies/equipment/patients, and to erect external and internal signage if applicable;
- Ensure necessary communication tools are operational;
- In collaboration with Planning/Communications Officer restrict visitor access;
- Recommend the level of perimeter security and access control and notify Planning/Communication Officer to communicate;
- Limit controlled entry access and exits for all staff and visitors; and,
- Coordinate with Planning/Communication and Occupational Health to ensure the security of treatments and therapies (if applicable).

Secondary Actions Required:

- Consider the event impact from the long-term perspective;
- Ensure designates have been identified to fill the role in your absence;
- Ensure your staff are taking rest breaks;
- Observe your staff for signs of stress or fatigue and report concerns to Occupational Health Group. Reinforce Employee and Family Assistance Program support;
- Brief your relief, ensuring that ongoing activities are identified and follow-up requirements known;
- Establish routine briefings with Human Resources and Materials Management, Pharmacy and Occupational Health;
- Consult with Risk Management to discuss legal, liability and risk considerations attached to decision making;

- Work with Planning/Communication Officer to limit access for media and provide communication of such;
- Track critical shipments and resources (including costs) from emergency onset to resolution. Provide updates to Operations, Planning and EOC Commander/Incident Commander;
- Educate vendors/staff of the possible priority access to supplies and personnel resources;
- In collaboration with Human Resources and Risk Management determine skill sets of staff, volunteers and other human resources and redeployment;
- Work with Human Resource Officer for obtaining staffing from outside agencies to help staff various departments;
- Receive from Materials Management and Pharmacy the overall condition of sustainability of operations from a supply, equipment and medication perspective;
- Coordinate closely with the Operations and Planning/Communications Officers to establish priorities and ultimately formulate decision for resource allocation during the response;
- Maintain resource listings, vendor references, and other resource directories;
- Assure technology infrastructure in place i.e. pagers, computers etc.;
- Ensure backup and protection of existing data for main and support computer systems;
- Have Operations, Human Resources, Materials Management, and Pharmacy report any unsafe, hazardous or security issues (e.g. Security of Antivirals (if applicable), Triage, Discharge or Morgue areas);
- Ongoing communication and updates to EOC Team, management and your staffing group;
- Document action and decisions on a continual basis; and,
- Other duties as assigned by the EOC Commander/Incident Commander.

Recovery:

- Collect all logs, notes and relevant information for the debriefing session;
- Evaluate strategies for emergency measures and facilitate any required improvements;
- Participate in event debriefing; and,
- Return to normal function.

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EOC ADMINISTRATIVE COORDINATOR JOB ACTION SHEET

Position assigned to:	
You report to:	**EOC Commander / Incident Manager**
Your telephone number is:	
People reporting to you:	

Immediate Actions Required:

- Retrieve the Emergency Operations Center (EOC) Supply Kit and transport to the EOC.;
- Assist in set-up of the EOC communication equipment, which may include: telephones, computers, fax machine, television, OTN, radio, tool kit contents, stationary supplies, etc.; *Note: The EOC has been assigned a designated telephone extension that can be activated from any Hot Desk telephone. At AHI the log in Extension is 8502, Password is 1700: at TDMH the Extension is 5502, Password is 3611.*
- Establish a dedicated area within the EOC to work in;
- Attend briefings and relay information to EOC Commander/Incident Commander;
- Provide assistance to the EOC Team as required;
- Record and maintain a log of important decisions and actions taken by the EOC Team;
- Arrange for, notify, and debrief any support/clerical staff required to report to the EOC;
- Arrange for printing of materials, as required; and,
- Act as a conduit for incoming and outgoing telephone calls and messages for the EOC Team, as required.

Secondary Actions Required:

- Keep minutes of meetings;
- Arrange through the Logistics Team: meals, rest areas, telephones and computers for the EOC Team;
- Maintain adequate supplies for use by the EOC Team;
- Track deadlines; and,
- Accept any other duties assigned by EOC Commander/Incident Commander.

Recovery:

- Collect all logs, notes and relevant information for the debriefing session;
- Evaluate strategies for emergency measures and facilitate any required improvements;
- Participate in event debriefing; and,
- Return to normal function.

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EOC INCIDENT OBJECTIVES & STRATEGY FORM

Date and Time of Report:	
1. *Brief description of the incident.* *(Who, What, When, Where, Why, Additional Comments)*	
2. *Source of Information.* *(How did you become aware of incident? Additional Comments)*	
3. *Description of Ongoing Response.* *(Is it being managed internally? Has emergency services responded? Who is coordinating the ongoing response? What action are you doing, or have you done?)*	
4. *Assessment/Analysis.* *(What is the impact on the safety and well-being of our staff? What is the impact on our patient's safety? Who should be notified within the organization?)*	
5. *Recommendations.* *(Based on your assessment/analysis above, what do you recommend?)*	
Strategy	***Objectives***

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EOC STATUS UPDATE FORM

Date and Time of Report:	

1. ***Current Situation Report*** *(Describe the emergency situation, the commitment of Hospital resources and the actions being taken.)*

2. ***Predictable Probable Course of Events*** *(How is the emergency likely to evolve, in terms of escalation, duration and severity?)*

3. ***Situation Priorities*** *(Identify the priority action items to respond, manage and support the emergency.)*

4. ***Liaison Implications.*** *(Who will you communicate with?)*

5. ***Communications Implications.*** *(What are the communications priorities, key messages and the audience?)*

EOC Team Implications *(Identify the requirements for each EOC Team to address the incident priorities.)*	
6. EOC Commander	
7. Operations	
8. Planning/Communications	
9. Logistics/Finances	
Approved by: *(EOC Commander)*	Approval Date and Time:

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EVENT LOG

Incident: _____ Date: _____

Time	Comments

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POST INCIDENT DEBRIEF SUMMARY FORM

Date:	
Title:	
Facilitator	
Background:	

Observation	***Recommendation***	***Comments***	***Accountability***	***Date Completed***

Overall Assessment:

Overall Recommendation(s):

Distribution List:

EMERGENCY CONTACTS

Emergency Management of Ontario.....1-800-565-1842

Criticall 1-800-668-4357

ARENAS / COMMUNITY CENTRES:

Ingersoll Parks and Recreation.....519 425-1181

Tillsonburg Community Centre.....519 688-9011

CITY WORKS:

Township of Ingersoll.....519-485-0120

Town of Tillsonburg, Chief Building Official.....519-688-3009 x2234

Town of Tillsonburg, Chief Administrative Office 519-688-3009 x3227

Tillsonburg Mayor.....519-688-3009 x3234

Tillsonburg Manager of Public Works.....519-688-3009 x5302

Hydro One Tillsonburg 519-842-9200

COUNTY OF OXFORD -MUNICIPAL EMERGENCY INFORMATION OFFICERS

Ingersoll Mayor / Deputy Mayor / Town Engineer.....519-485-0120

Woodstock Mayor 519-539-2382 x2102

Colleen Pepper (Town of Tillsonburg).....519-688-3009 x3231

Tommasina Conte (County of Oxford).....519-539-9800 x3503

Donald Macleod (Zorra Township).....519-425-2300

Kyle Kruger (Norwich Township) 519-468-2410 x227

South-West Oxford.....519-485-0477

Lenore Caperm (Township of Ingersoll).....519-485-0120

Patti Cote (OPP Media Officer).....519-688-6540

CLERGY / CHURCHES:

Sacred Heart Church 519 485-1802

St. James Anglican Church.....519 485-0385

First Baptist Church 519 485-3046

St. Paul's Presbyterian Church.....519 485-3390

Trinity United Church.....519 485-0820

Ingersoll Christian Reformed Church.....519 485-4941

Crossroads Alliance Church 519 485-4440

Hiway Pentacostal Church.....519 485-0961

Kingdom Hall of Jehovah's Witness 519 485-6428

Holy Cross Catholic Church 519 539-3475

Avondale United 519 842-5532

Beacon Bible Church.....226-667-9929

Bethel Pentecostal Church 519 842-9401

Church of Jesus Christ Latter Day Saints.....519 842-7272

Faith Presbyterian Church 519 688-5111

Opens Arms Church 519 842-9352

First Baptist Church 519 842-8762

Kingdom Hall of Jehovah's Witness.....519 688-1245

New Hope Baptist Church.....519 842-3251

North Broadway Baptist 519 688-5959

Peace Lutheran Church.....519 842-8331

St. Andrew Presbyterian 519 842-8665

St. John's Anglican Church 519 842-5573

St. Mary's Church.....519 842-3224

The Church of the Living Water.....519 873-0996

Tillsonburg Alliance Church 519 842-2301

Tillsonburg Christian Reformed Church……..519 688-1115

Salvation Army Ministries……. 519 842-3231

COMMUNICATIONS:

CHCD FM Simcoe (98.9) ……519-426-7700

CKOT FM Tillsonburg (101.3) ……519-842-4281

CKDK FM Woodstock (103.9) ……519-931-6000

Heart FM Woodstock 104.7)……519-537-8400

Sentinel Review Newspaper……519-537-2341

Tillsonburg News 519 688-6397

Lakeshore Shopper……519 688-1177

Rogers Cable ……1-888-764-3771

EMERGENCY

Ambulance (Oxford County EMS) Non-Emergency ……519-539-9800 x3464

Ambulance (Oxford County EMS) Emergency.....911

Canadian Red Cross ……519-650-9603

Fire Department (Ingersoll) Non-Emergency……519-485-3910

Fire Department (Tillsonburg) Non-Emergency……519-842-2905

Fire Department (Ingersoll & Tillsonburg) Emergency……911

OPP (Non-Emergency) ……1-888-310-1122

OPP (Emergency)……911

London Central Ambulance Communication Centre
(Woodstock, London, St. Thomas, Aylmer, Tillsonburg, Ingersoll,
Rodney)……519-667-3070

Salvation Army (Ingersoll)……519-485-4961

St. John's Ambulance (Woodstock)……519-537-5622

Hamilton Central Ambulance Communication Centre (Norfolk) ……1-800-263-5767

Poison Control (Non-Emergency) ……1-800-268-9017

Ontario Red Cross Duty Officer (24 hrs)……416-209-0432

FOOD:

Foodland……519 485-1430

Trembletts 519 425-4406

Metro.....519 842-3625

Sobey's 519 688-1734

Zehr's 519 842-9031

FUNERAL HOMES:

McBeath Dynes Funeral Home (Ingersoll) ……..519 425-1600

Arn Lockie Funeral Home (Norwich) ……..519-863-3020

Kebbel Funeral Home (Aylmer) ……519-773-8400

Murphy's Funeral Home (Delhi) ……519-582-1290

Ostrander Funeral Home (Tillsonburg) 519-842-5221

Verhoeve's Funeral Home (Tillsonburg).....519-842-4238

HARDWARE / EQUIPMENT SUPPLIES:

Equipment Centre……519-688-1080

Tillsonburg Rent-All……519-842-7180

McKim Quality Home Hardware……519 485-1170

Ingersoll Home Hardware Building Centre 519 485-5111

Canadian Tire 519 842-5926

Home Hardware Building Center.....519 842-8461

TSC 519 842-7001

Rona.....519 842-4201

HOSPITALS

Alexandra Hospital, Ingersoll……519-485-1700

London Health Sciences Centre (All Sites) ……519-685-8500

Norfolk General-Simcoe ……519-426-0130

St. Joseph's London 519-646-6100

St. Thomas Elgin General Hospital.....519 631-2020

Tillsonburg District Memorial Hospital.....519-842-3611

Woodstock General Hospital 519-421-4211

HEALTH UNITS

Oxford/Elgin/St. Thomas Public Health Unit 1-800-922-0096

Haldimand / Norfolk County Public Health Unit 1-519-426-6170

LODGINGS:

Comfort Inn 519 425-1100

Elmhurst 519-485-5321

Howard Johnson 519-842-7366

Quality Inn 519-537-5586

MEDICATIONS - PHARMACIES:

Loblaw Pharmacy.....519-425-2118

Shoppers Drug Mart 519-485-2230

Remedy RX.....519-425-2118

Ingersoll Medical Pharmacy 519-303-0255

Coward Pharmacy.....519-842-4081

IDA Pharmacy 519-842-2020

Ingersoll Pharmasave 519-485-2300

Shopper's Drug Mart (Ingersoll) 519-485-2230

Shopper's Drug Mart (Tillsonburg) 519-842-3521

Young's Pharmacy (Ingersoll).....519-425-1599

Walmart.....519-842-7925

Zehr's 519-842-9031

MEDICAL GAS

Vitalaire (Air Liquide) 888-629-0202

REST HOMES / NURSING HOMES

Caressant Care Nursing & Retirement Home 519-539-6461

Victoria Rest Home 519-539-2295

Leisure World Oxford.....519-485-3920

Oxford Manor Retirement Home (Ingersoll).....519-485-0350

Woodingford Lodge (Ingersoll) 519-485-7053

Park Place Retirement Home 519-539-0219

Oxford Gardens 519-537-7733

Cedarview 226-242-0084

Maple Manor 519-842-3563

Tillsonburg Retirement Residence 519-688-0347

Woodingford Lodge 519-688-4874

SOCIAL SERVICES:

Ingersoll Support Services 519-425-0005

Children's Aid Society of Oxford 1-800-250-7010

Livingston Centre 519-842-9008

Care Partners 519-688-1853

Ontario Health 1-800-811-5146

Domestic Abuse Services Oxford 1-800-265-1938

VON Oxford 519-539-1231

Multi Service Centre – Livingstone Centre (Tillsonburg)..... 519-842-9000

TRANSPORTATION:

Elgie Bus Lines 519-539-0306

Fuller Trucking 519-842-3503

KTN Taxi 519-688-3900

Lang's Bus Lines (Norwich) 519-468-5388

Old Time Taxi.....519-425-0110

Paratransit.....519-539-1291

Raven Coach Lines 519-842-3401

TGO Transit Tillsonburg.....519-842-9000

Thames Valley District School Board - Community Education Centre.....519-452-2000

Via Rail 1-888-842-7245

Verspeeten Trucking 519-425-7881

Voyageur Transportation Services.....519-455-4579

Why Wait Taxi.....519-842-7889

UTILITIES

Bell Telephone Emergency Services.....1-800-265-9777

Erie Thames Power 519-485-1820

Hydro One 1-800-434-1235

Public Works (Ingersoll) 519-485-2931

Tillsonburg P.U.C.....519-842-9200

Union Gas.....1-877-969-0999

WASTE REMOVAL, LINEN AND HOUSEKEEPING SUPPLIES:

Waste Management 519 539-9800

MCQ Handling (Waste and Recycling) 519 425-4951

Town of Tillsonburg (Waste and Recycling).....519-842-9200

Daniels SharpsSmart 888-952-5580

London Hospital Linen Services 519-438-2925

Wood Wyant (chemical and cleaning supplies).....1-800-361-7691

CANUTEC – 24 hour hotline for hazardous materials.....1-613-996-6666

Emergency Spill Response - iTech Environmental (Brantford).....1-877-324-4402

Emergency Spill Response - Ferro Environmental (Guelph).....1-877-429-7760

Radioactive Transportation Emergencies.....1-800-263-4695

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Tillsonburg District Memorial Hospital
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HOSPITAL TELEPHONE CONTINGENCY RESOURCES

Backup / Powerfail Phones

Both hospitals are set up with multiple redundancies to accommodate a variety of failures.

1. Each hospital is equipped with a PBX that will automatically act as a backup to the other in the event of failure of a PBX.
2. In the event of a phone provider failure at a hospital, the main hospital phone number is automatically routed to the other hospital.
3. If there is an internal network failure breaking the connection from the handsets to the PBX, the phones will automatically route through the alternate hospital across our redundant private lines with Largnet.
4. If the phone provider at each hospital is failing OR both PBX's are failing OR any other redundancies are failing, please follow the appropriate hospital process below:

   AH - there are 3 pre-configured phones located in IT that can be plugged into power only and will connect to Wi-Fi for phone service.

Alexandra Hospital, Ingersoll		
1	Emergency Dept.	519-914-4308
2	Combined Unit	519-914-4309
3	Registration	519-914-4307

   *Preconfigured phones use hospital Wi-Fi by default but can be plugged into the network OR configured to use a Wi-Fi hotspot if ALL redundant internet connectivity is down.

   TDMH – Communications shall designate and issue Bell Room key to team members for immediate distribution of these telephones for use in Power Failure Phone Jacks located as follows:

Tillsonburg District Memorial Hospital		
1	Emergency Dept. Fax Line	519-842-4296
2	2 South Fax Line	519-842-6355
3	ICCU Fax Line	519-842-3940
4	Administration Fax Line	519-842-6733
5	Stores Fax Line	519-688-1031

Pay Phones

Public Pay Phones are separate from the Hospital's telephone system and should be functional. They shall be designated and used for outgoing Hospital Emergency Use Only and are located in the following areas:

Alexandra Hospital, Ingersoll	
1	Outside visitor elevator area
Tillsonburg District Memorial Hospital	
1	Emergency Waiting Room
2	Front Foyer

Portable Emergency Communication Radios

Portable radios are dependent only on the Hospital electrical supply and shall be utilized for internal communications with Nursing and Patient Care areas being a priority. The base radio is located at Patient Registration / Communications / Switchboard area with hand held units being obtained from the following areas:

Alexandra Hospital, Ingersoll		
	Location	# of Units
1	Patient Registration	Six
2	Care Unit Physician Office	Four
Tillsonburg District Memorial Hospital		
1	Communications	Two
2	Administration/Executive Offices	One
3	Maintenance / Maintenance Shop	Two
4	1 South Breakroom	One

SUMMARY OF AREAS and PERSONNEL ASSIGNMENTS

AREA	CHARGE PERSON	FUNCTION OF AREA	PERSONNEL
Main Entrance (Front / Main Entrance)	Security	Security of entrance. Logging all persons entering / exiting	1 Administrative Assistant 1 Maintenance Personnel
EOC (Boardroom)	Administrator on Call / EOC Commander / Incident Manager	EOC Communications Media releases	1 EOC Commander 1 Planning / Communications Officer 1 Operations Officer 1 Logistics / Finance Officer 1 Administrative Coordinator
Staff Pool	Pool Manager	Check-in, assign, check-out staff	1 Human Resources Personnel
Triage Area (ED Entrance)	Clinical Leader / Charge Nurse ED Physician until Chief of Emergency Arrives	Triage per CTAS Provide Security *No treatment is done in the triage area. Record information on *Disaster Flow Sheet*	1 Physician on Call 1 Clinical Leader / Charge Nurse 1 ED Nurse 1 Nursing Leader 1 Ward Clerk 1 Registration Associate 2 Volunteers / Porter 1 Maintenance Personnel
Immediate & Delayed Casualty Treatment Area (ED Service Area)	2nd On-Call Physician	Receiving of and providing treatment to triaged patients Enter patients into Cerner Cleaning rooms and replenishing supplies	1 2nd On-Call Physician 2 ED Physicians 4 ED Registered Nurses 1 Nursing Leader 1 Ward Clerk 1 Housekeeping
Minor Casualty Treatment Area (Physiotherapy Service Area – TDMH & Pain Clinic – AHI)	Reg.N. Doctor(s) assigned by the Chief of Staff	Treatment of minor medical or surgical emergencies (green tagged patients). Administration of first aid. Patient may be discharged & return for x-rays /suturing. Treatment of hysterical patients. Record transitions on the *Admission / Discharge / Transfer List*	1 Physician 2 Nursing staff (1 RN) 1 Physiotherapist 1 Ward Clerk 1 Messenger 1 Volunteer / Porter
Deceased Casualty Area (Assembly Room – TDMH & Basement Staff Education Room – AHI)	N/A	According to the Municipal Emergency Disaster Plan, pronounced DOA on site are not to be removed from the site without authorization of a Coroner / designate. If applicable, transport DOA to the morgue.	1 General Staff Member

		The triage tag must remain on patient. Toe tags must be applied prior to transport.	
Discharge Area (Cafeteria) ***All patients will be discharged from Discharge Area to ensure proper data collection.**	Charge Nurse Chief of Staff	To receive & attend to inpatients discharged from IP. Record transitions on the *Admission / Discharge / Transfer List.*	1 Doctor 2 Nursing 1 Messenger 1 Porter 1 Health Records Associate 2 Volunteers / Porters
Inpatient Unit	Charge Nurse Chief of Staff	To receive & attend to inpatients, patients discharged from ED & casualties awaiting discharge.	1 Doctors 2 RN 2 RPN 1 Messenger 1 Porter 1 Ward Clerk 1 Housekeeping 1 Home & Community Care
Family Waiting Area (Main Lobby / Waiting Area)	Physiotherapy	Support family needs, answer questions. Maintain a registry of family members waiting, including name of patient they are waiting to visit or receive information on. When possible arrangements will be made for at least one relative to visit	1 Physio Staff 1 Social Work 1 Messenger Any Clergy

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DISASTER FLOW SHEET

Disaster Tag #	ED Record #	Name	Sex	Age	Treatment Area

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ADMISSION / DISCHARGE / TRANSFER LIST

Location: _____

Name	Hospital #	Age	Physician	Diagnosis	Discharged To	Method of Transportation	Time
		..					
		..					
		..					
		....					
		..					

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PERSONNEL AND PHYSICIAN CENSUS SHEET

Time In	Name	Designation	Sent To:	Time Out

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VISITOR AND VOLUNTEER CENSUS SHEET

Time	Name	Location	Sent To:

APPENDIX F: Emergency Response Codes

Code WHITE

CODE WHITE – Violent / Behavioural Situation

PURPOSE

A Code White is to be called when any staff member observes an individual who is behaving in an aggressive, violent and / or suspicious manner and who requires immediate support and assistance from other staff and / or the Police.

Individuals who might present such behaviours are:

- Patients with a known history of violent behaviour or those exhibiting violent behaviour for the first time
- Disgruntled staff members or ex- staff members
- Angry relatives, family members, friends:
  - Over protective parents / children
  - Estranged spouses / boyfriends
  - Non-custodial parents
- Suspicious persons in unauthorized areas

Individuals exhibiting such behaviours are the responsibility of the Police and our staff members will only intervene in order to prevent further injury to patients, staff or other visitors. The degree to which our staff will respond will be determined by whether or not the individual is armed and whether they are holding a hostage. Staff will:

- Always attempt to reason with such individuals as a first strategy and prior to confrontation.
- Always permit the exit of such individuals as an alternative to confrontation.
- Never be expected to confront or attempt to disarm any individual who is carrying a weapon of any type.
- Not intervene until such time as there is sufficient staff present to perform the intervention with a reasonable degree of safety.
- Use only as much force as is reasonable in order to prevent injury to themselves or others and to prevent the individual from further injuring themselves.
- One designated staff member from each clinical department, where appropriate, will respond to the Code White. Any other available staff members that have current certification in de-escalation techniques i.e. Crisis Intervention Training (CIT), Gentle Persuasive Approach (GPA) etc. , to respond.

A Code White is NEVER a reasonable excuse for an assault. Staff are to report to the Emergency Department for follow-up if an assault has occurred.

For any individual holding a hostage(s) the Code Purple procedure will apply. For any individual in possession of a weapon, the Code Silver procedure will apply.

RESPONSE PROCEDURE

All staff observing an individual who is behaving in an aggressive, violent and / or suspicious manner and requires immediate assistance will:

- Activate your staff duress transmitter (if available) or call emergency extension 5555 to notify Patient Registration / Communications / Switchboard of the need to announce a Code White and advise location (hospital floor level, unit or department and room number).
- If staff does not have a staff duress transmitter and cannot access a phone or call for help but need assistance, the CODE BLUE button can be pushed where available (e.g. in patient areas).
- Attempt to engage the individual in conversation. Attempt to determine:
    - Who are you?
    - Why are you angry?
    - What Unit are you from?
    - If not a patient, are they connected to a patient?
    - Do you have any weapons?
- Observe the individual, looking for clues about what might be wrong:
    - Any sign of weapons?
    - What are they holding?
    - Any evidence of alcohol/drug use?
    - Slurred speech?
    - Abnormal gait?
    - Drowsiness?
    - Confusion?
- Keep your tone of voice neutral but concerned.
- Avoid comments or responses which might be seen as judgmental.
- Attempt to dissuade the individual from leaving.
- Never make any promises that you cannot keep.
- Never 'play into' such an individual's fantasies, if they have them.
- If the individual responds aggressively, withdraw a little and re-assess the situation.
- Never attempt to block their exit from the hospital.
- Attempt to keep other individuals (visitors, patients) at a safe distance.
- Do not permit other individuals to engage in conversation with the subject.
- Await the arrival of other staff members as part of the Code White response. Upon arrival, brief the additional staff members on what has happened, and on what you have learned about the individual so far.

All staff responding to a Code White will:

- Designated staff will report to the area identified in the overhead page and await instruction from the Incident Manager.
- The Incident Manager will request the number of additional staff needed to respond, if applicable.
- Responding staff whose assistance is not immediately required will move to an area out of the sight of the subject.
- Staff should remove personal effects that could be used to injure such as pens, scissors, neckties, neck cords, keys, rings, etc.
- Where appropriate, and prior to physical contact, the subject should be asked to cooperate and be given options in clear and simple terms. Some options for inpatients may include the willing acceptance of medication or restraints.
- If physical restraint is necessary, staff responding should move to a pre-assigned area of the patient when cued by the Incident Manager (as per CIT Training).
- The Hospitals have a policy of least restraint; last resort emphasizing personal autonomy and quality of life in a caring environment. The Hospitals adhere to appropriate use of physical, chemical and environmental restraints for a patient at risk of causing bodily harm to themselves or others. The capable patient or Substitute Decision-Maker has the right to refuse.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Incident Manager and report to the affected area. Document the events (see Appendix E: Event Log). Delegate role of Recorder, if applicable.
- Ensure that Patient Registration / Communications / Switchboard (5555) have been notified and a Code White has been initiated. Provide physical description of patient, if known.
- Assess the necessity for Police involvement.
- Assess the necessity for notifying the Administrator on Call, Chief Executive Officer or their delegate.
- Assist staff members trained in de-escalation techniques ie CIT, GPA to respond to the incident.
- Determine if additional staff is required.
- Direct staff members whose assistance is not required to return to their departments.
- Determine whether the on-call Physician should be called to assist.

Patient Registration / Communications / Switchboard

- Announce overhead three times "*Code White (*floor, unit, department, room number if applicable)".
- Upon direction of the Clinical Leader / Charge Nurse / Incident Manger:
    - Call 911 and notify Police
    - Notify Administrator on Call
- Make any other announcements related to the code, or subsequent codes, as directed to do so.

Administrator on Call

- Receive notification information from Acting Incident Manager and review steps taken.
- Determine need for Emergency Operations Centre (EOC) activation.
- Determine if personal attendance is required.

RECOVERY / DEBRIEF / REVIEW

- As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police should be invited to the debriefing. The Incident Manager will complete an incident report using the electronic risk reporting system (RL6). The summary of RL6 Workplace Violence Incidents is reported at the Joint Health and Safety Committee (JHSC) monthly meetings.
- As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their leader regarding any specific concerns, needs, or considerations.

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CODE YELLOW – *Missing Person*

Code YELLOW

PURPOSE

A Code Yellow is to be called to ensure safe, efficient and effective response in the event of a missing patient.

Staff in each clinical area will identify potential patients (dementia, Alzheimer's, agitation, etc.), at risk for wandering from nursing units / treatment areas. Strategies to manage those patients at risk for wandering will be determined by those clinicians who have direct care responsibilities for the patient. If patient is high risk for wandering off unit, the "Wander Guard" System should be utilized, where applicable.

Searches for missing patients will be organized and sequential. They will begin with calling the Police, securing entrances / exits (where possible) followed by a thorough search of the unit affected. It will then proceed to the entire hospital, its grounds and the community as a whole.

NOTE: When a patient is deemed "Missing" after a day / weekend leave-of-absence, the first action is to call the number where the patient was staying to determine if the patient is intending to return to the hospital. If not available or not found at home location, notify the Police.

RESPONSE PROCEDURE

Upon notification that a patient is missing, <u>the staff noting the absence</u> will take the following steps:

- Immediately check with all other staff on the unit.
- Discreetly check the patient's room.
- If unable to account for the patient, IMMEDIATELY implement the Code Yellow plan by notifying Patient Registration / Communications / Switchboard (extension 5555). Provide brief description of the missing patient i.e. sex, age, physical characteristics, clothing, etc., if possible.
- These steps should take no longer than one-minute.

Upon notification that a patient is missing, the staff <u>in the unaffected unit / department</u> will take the following steps:

- On hearing the Code Yellow announcement, be alert and watchful.
- Notify Patient Registration / Communications / Switchboard (extension 5555) if you see anyone matching the description of missing patient.
- Delegate one or two people to conduct a thorough search of the department or unit.
    - Systematically search the department area including patient rooms, washrooms, and closets, under beds and any locked storage or maintenance rooms.
    - All departments conducting the search will report back to the Clinical Leader / Charge Nurse / Incident Manager.

When the Patient is Found

- Immediately inform the Clinical Leader / Charge Nurse / Incident Manager.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Incident Manager and report to the affected area. Document the events (see Appendix E: Event Log). Delegate role of Recorder, if applicable.
- Ensure that Patient Registration / Communications / Switchboard (5555) have been notified and a Code Yellow has been initiated. Provide physical description of patient, if known.
- Delegate staff to thoroughly search the department x 2. Delegate staff to secure doors where possible.
- If after a second thorough search, the patient is still unaccounted for, initiate a hospital-wide and exterior search. On afternoons / nights the Clinical Leader / Charge Nurse / Incident Manger will delegate staff to search areas where the departments are locked.
- If the patient is not found, ensure notification of the following:
    - Police
    - Administrator on Call
    - Most Responsible Physician
- Notify family, identified emergency contact or Substitute Decision Maker. Provide support for the family if present. Provide ongoing updates, if applicable.
- Consider early contact with taxi companies. Have pertinent physical information and approximate time of disappearance before contacting.
- Receive reports of each department's search, verbally.
- When the patient is found:
    - Inform Police.
    - Inform the family, identified emergency contact or Substitute Decision Maker.
    - Inform Administrator on Call.
    - Inform the Most Responsible Physician.
- Once the patient is located, instruct Patient Registration / Communication / Switchboard to announce "Code Yellow, All Clear" overhead three times.

Patient Registration / Communications / Switchboard

- Announce overhead three times *"Code Yellow (description of patient and clothing he / she is wearing)".*
- Upon direction of the Clinical Leader / Charge Nurse / Incident Manger, call 911 and notify Police.
    - Advise 911 operator of all available information such as:
        - Sex
        - Ethnicity
        - Estimated Age, Height, Weight
        - Hair Color / Style
        - Distinguishing Features
        - Clothing / Jewelry
- Notify Administrator on Call immediately after placing 911 call.
- Repeat overhead page "Code Yellow still in effect" every 15 minutes.
- Make any other announcements related to the code, or subsequent codes, as directed to do so.

Administrator on Call

- Receive notification information from Patient Registration / Communications / Switchboard or the Acting Incident Manager and review steps taken.
- Determine need for Emergency Operations Centre (EOC) activation.
- Determine if personal attendance is required.
- If patient is not found, notify the Chief Executive Officer (CEO).
- Determine need to review security camera footage.

CEO

- If patient is not found, determine if notification of Board Chair and media is required.

RECOVERY / DEBRIEF / REVIEW

- As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of Emergency Management Plan) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the Joint Health & Safety Committee (JHSC).
- As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their leader regarding any specific concerns, needs, or considerations.

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CODE AMBER – *Missing Child / Abduction*

Code AMBER

PURPOSE

A Code Amber is to be called in the event of an abduction of an infant or child from a department within the Hospital.

Infants or children are RARELY carried in arms by staff. Stop and question any person dressed as a staff member who is seen carrying an infant or child. If they attempt to flee, go to the nearest telephone and dial 5555 to report a Code Amber.

Searches for missing or abducted infants or children will be organized and sequential. They will begin with calling the Police, securing entrances/exits, followed by a thorough search of the unit affected. It will then proceed to the entire Hospital, its grounds and the community as a whole.

List of priority outside Entrance/Exit doors to be Secured:

Site	Floor	Entrance/Exit Door Location	Department Responsible
TDMH	Main	1) Rolph St. Main Entrance 2) Emergency Entrance 3) North Stairwell-Staff Entrance	1) Administration 2) Switchboard or Registration 3) Diagnostic Imaging
	Basement Level	4) East Stairwell Exit 5) Cafeteria Exits 6) #4 Stores Ramp Door 7) South Stairwell Exit	4) Laboratory Staff 5) Food Services 6) Stores or Maintenance 7) Human Resources
AHI	Main	1) Main Emergency Entrance 2) Ambulatory Entrance 3) Gift Shop Entrance	1) Registration 2) Human Resources or Housekeeping 3) Administration
	Basement Level	4) Maintenance Staff Entrance 5) West Woodingford Exit 6) East Stairwell Exit 7) North Linen Exit	4) Maintenance 5) Food Services 6) Human Resources 7) Housekeeping

RESPONSE PROCEDURE

Upon notification that an infant or child is missing, <u>the staff noting the absence</u> will take the following steps:

- Immediately check with all other staff on the unit.
- Discreetly check the patient's room.
- If unable to account for the infant or child, IMMEDIATELY implement the Code Amber plan by notifying Patient Registration / Communications / Switchboard (extension 5555). Provide physical description of abductor, if known.
- These steps should take no longer than one-minute.

Upon notification that an infant or child is missing, the staff <u>in the unaffected unit / department</u> will take the following steps:

- On hearing the Code Amber announcement, be alert and watchful.
- Notify Patient Registration / Communications / Switchboard (5555) if you see any suspicious activity or remember any details from earlier in the day or shift that may be relevant to the Code Amber response.
- Delegate one or two people to conduct a thorough search of the department or unit.
    - Proceed calmly and quietly.
    - Systematically search the department area including patient rooms, washrooms, and closets, under beds and any locked storage or maintenance rooms.
    - All departments conducting the search will report back to the Clinical Leader / Charge Nurse / Incident Manager.
    - Remember that in addition to searching for the abductor and infant child, you are also on the lookout for items associated with the abduction, such as articles of clothing discarded along the way out of the building.

When the Infant or Child is Found

- Immediately inform the Clinical Leader / Charge Nurse / Incident Manager.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Incident Manager and report to the affected area. Document the events (see Appendix E: Event Log). Delegate role of Recorder, if applicable.
- Ensure that Patient Registration / Communications / Switchboard (extension 5555) have been notified and a Code Amber has been initiated. Provide physical description of abductor, if known. Ensure that the Police and Administrator on Call have been notified.
- Delegate staff to thoroughly search the department x 2. Delegate staff to secure doors.
- If after a second thorough search, the infant or child is still unaccounted for, initiate a hospital-wide search. On afternoons/nights the Clinical Leader / Charge Nurse / Incident Manager will delegate staff to search areas where the departments are locked.
- If the patient is not found, ensure notification of the following:
    - Police
    - Administrator on call
    - Most Responsible Physician
- Where possible, notify legal guardian, identified emergency contact or Substitute Decision Maker. Provide support for the family if present. Provide ongoing updates, if applicable.
- Consider early contact with taxi companies. Have pertinent physical information and approximate time of abduction before contacting.
- Receive reports of each department's search, verbally.
- Refer any with media inquiries which will follow Amber Alert announcement by the police to the Chief Executive Officer (CEO) or delegate.
- When the Infant or Child is Found:
    - Inform Police.
    - Inform the family, identified emergency contact or Substitute Decision Maker.
    - Inform Administrator on Call.
    - Inform the Most Responsible Physician.
- Once the infant or child is located, instruct Patient Registration and / or Communication to announce "Code Amber, All Clear" overhead three times.

Patient Registration / Communications / Switchboard

- Upon direction of the Incident Manager, announce overhead three times *"Code Amber (floor, unit, room number if applicable)".* Provide a description of the missing infant or child and abductor, if known when requested to do so.
- Call 911 and notify Police.
    - Advise 911 operator of all available information such as:
        - Sex
        - Ethnicity
        - Estimated Age, Height, Weight
        - Hair Color / Style
        - Distinguishing Features
        - Clothing / Jewelry
- Notify Administrator on Call immediately after placing 911 call.
- Repeat overhead page "Code Amber still in effect" every 15 minutes.
- Make any other announcements related to the code, or subsequent codes, as directed to do so.

Administrator on Call

- Receive notification information from Patient Registration / Communications / Switchboard or the Acting Incident Manager and review steps taken.
- Determine need for Emergency Operations Centre (EOC) activation.
- Report to the Hospital.
- If the infant or child is not found, notify the CEO.
- Determine need to review security camera footage.

CEO

- If the infant or child is not found, determine if notification of Board Chair and media is required.

RECOVERY / DEBRIEF / REVIEW

- As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of the EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.
- As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their leader regarding any specific concerns, needs, or considerations.

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CODE GREEN – Evacuation

Code GREEN

PURPOSE

A Code Green is to be called when the safe and efficient removal of patients, staff, physicians, and visitors from a hazardous situation is required.

There are three levels of evacuation:

1. *Horizontal Evacuation*: Removal of all patients in an affected area to a safe area on the same floor. Where possible, at least 2 fire separation zones away.
2. *Vertical Evacuation*: Removal of all patients from the affected floor to a safe area or floor below the affected area.
3. *Total Evacuation*: Removal of all patients and occupants from the building.

The decision to totally evacuate will be made by the President / Chief Executive Officer (CEO) or designate after consultation with local authorities (Fire / Police Chief).

In the event of a Code Green, the Emergency Operations Centre (EOC) will be activated. The EOC Commander / Incident Commander will assume responsibility for overall implementation of the plan. In the event that a senior administrative staff member is not on site, the Clinical Leader / Charge Nurse will be the interim Incident Manager until a senior administrative staff arrives.

It is likely that the activation of the Code Green procedure will follow the activation of some other code such as a second stage Code Red alarm.

It is not reasonable to expect that either the Fire Department (except for unsafe areas) or Emergency Medical Services (EMS) will be conducting evacuations. Each of these groups has their own mandated responsibilities. Internal evacuation will be conducted by hospital staff.

RESPONSE PROCEDURE

Upon notification of a Code Green, <u>all staff</u> will immediately take the following steps:

- Return to your assigned area immediately, using stairs.
- Assess whether the Code is likely to affect your area.
- If applicable, record patients, visitors and volunteers currently in your department on the *Visitor and Volunteer Census Sheet* (See Appendix E).
- If applicable, begin by ensuring that each patient is given his or her own chart and med drawer to hold.
- Await further instructions

Upon notification of a <u>*Horizontal Evacuation*</u>*:*

- Move all patients, visitors, staff and volunteers toward the nearest safe area beyond the fire doors in a neighboring unit.
- Follow the directions issued through the EOC.

Upon notification of a *Vertical Evacuation:*

- Move all patients, visitors, staff and volunteers toward the nearest safe area in a lower level. Never evacuate to below First Floor.
- Follow the directions issued through the EOC.

Upon notification of a *Total Evacuation*:

- Move all patients, visitors, staff and volunteers toward one of the following two / most appropriate Emergency Gathering Points:
    - ***Emergency Entrance*** - the gathering area is directly in line with the ambulance ramp doors. *****Note AHI patients on stretchers to exit via this door. Main entrance not large enough for stretcher access.
    - ***Main Entrance*** – the gathering area is directly adjacent to the visitor entrance.
- Follow the directions issued through the EOC.

Sequence of Evacuation

The Incident Commander will coordinate the activities of responding staff. The goal should be to evacuate all endangered occupants from the area as quickly as possible.

1. Evacuate patients in immediate danger first. Evacuate the rooms on either side of the room of threat origin and the room directly across the hall. The occupants of these rooms are at greatest risk. As each room is evacuated, the door will be closed and white "cleared" indicator arm will be set to up position.
2. Evacuate ambulatory persons next. They should be moved in a group whenever possible. Visitors, and other occupants capable of evacuating, should be instructed to leave area on their own or with some assistance. Visitors could provide assistance if given suitable instructions.
3. Persons in wheelchairs should be moved next.
4. Other non-ambulatory patients should then be evacuated because of the time and resources necessary to move them. Evacuate patients who are on life support systems or added precautions last unless they are in immediate danger. If not in immediate danger, patients should be left in their room with the door closed. The Fire Department must be informed of their location. It may be necessary to temporarily remove patients from a life support system, such as a ventilator. Appropriate life support should be given while being moved.
5. Patient on added precautions requiring isolation are to be cared for by a specific individual as assigned by the Incident Commander.

Patients' health records and medication drawers only need to be moved with the patients.

A record of evacuated patients will be completed by nursing staff, noting all patients evacuated (See Appendix E - *Visitor and Volunteer Census Sheet*). The Clinical Leader / Charge Nurse on each unit is responsible to ensure this record is completed and record is given to Incident Manager.

For all types of evacuation, move along the right hand side of the corridors and stairwells. Elevators will not be used unless otherwise specified by the Incident Manager.

Evacuation Techniques

There are many techniques that can be used to move ambulatory and non-ambulatory persons in an emergency. Staff must recognize their personal limitations and abilities when preparing to move a patient using an evacuation technique. It is important to recognize if the patient is too heavy to be moved by one staff member. Staff should also be able to determine if the patient should be moved using a special technique.

Use other evacuation aids when available.

- Wheelchairs and walkers can be used to help evacuate people who walk slowly. These chairs speed up the evacuation and reduce the person's risk of falling. Move the patient to a safe location; assist them out of the chair, then return to evacuate others if necessary.
- Stretchers, slides, Med Sled for evacuation may be used as required. The manufacturer's instructions should be followed.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Incident Manager and report to the affected area. Document the events (see Appendix E: *Event Log*). Delegate role of Recorder, if applicable.
- Assess situation and determine type of evacuation required and who is to be evacuated
- Ensure that Patient Registration / Communications / Switchboard (extension 5555) has been notified and a Code Green has been initiated.
- Request that the Administrator on Call, Chief Executive Officer and the Chief of Medical Staff are notified by Patient Registration / Communications / Switchboard.
- Speak to assigned Emergency Medical Services (EMS) Liaison Officer to advise of situation and coordinate transportation for non-ambulatory patients.
- Contact area hospitals to advise of situation and request bed availability for non-critical care transfers. Advise that you have redirected EMS.
- Contact non-urgent transportation i.e. Voyageur, Wheelchair Taxi, etc. regarding transportation of ambulatory patients.
- Assist staff in prioritizing and preparing need for evacuation.
- Provide report to Incoming Incident Manger (a senior administrative staff).

Patient Registration / Communications / Switchboard

- Upon direction of Incident Commander will:
    - Announce overhead three times "Code Green". "Please stand by for further instructions".
    - Announce:
        - "Code Green". "Please initiate horizontal evacuation of (rooms, department, or area) to X area".
        - "Code Green". "Please initiate vertical evacuation from X floor to X floor (area)". OR,
        - "Code Green". "Please initiate a non-urgent total evacuation to evacuation site X".
- Upon direction of the Incident Manager, notify the:
    - Administrator on Call
    - Chief Executive Officer
    - Chief of Medical Staff
    - Maintenance, if instructed to do so
- Print Inpatient and Emergency Department census reports and await pick up for the EOC.
- Make further contacts or announcements as directed by the Incident Manger.

Chief Executive Officer / Administrator on Call / EOC Team Members

- Report to the EOC.
- Obtain an update from the Acting Incident Manager / Clinical Leader / Charge Nurse.
- Put the evacuation procedure into effect in consultation with the Fire Marshall (as necessary).
- Designate Patient Registration / Communications / Switchboard to initiate Emergency Fan-Out List, if required.
- Ensure that the Emergency Management Communication (EMCT) Tool has been updated.
- Once applicable, the Incident Manger will instruct Patient Registration and / or Communication to announce "Code Green, All Clear" overhead three times.

Other Department Leaders

- Ensure the safety of patients, visitors and staff in your department.
- Initiate and direct evacuation of department staff, as necessary.
- Report to the Incident Commander of evacuation status.
- Gather staff time sheets and patients records (as practical) and take them to the Incident Commander in the EOC.

All Remaining Staff

- All available and unassigned staff report to their department Leader.
- If Fan-Out List initiated, off -duty staff, to report to the Personnel Pool Area unless situation requires otherwise.
- Every trained staff member must assume responsibility to safely remove patients who are in an area of immediate danger to a safer environment.

RECOVERY / DEBRIEF / REVIEW

- As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police, Fire and EMS should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.
- As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their leader regarding any specific concerns, needs, or considerations.

CODE RED – Fire

Code RED

PURPOSE

A Code Red is to be called to ensure efficient and safe actions in the event of smoke or fire.

RESPONSE PROCEDURE

Procedure upon <u>Discovering</u> the Smoke or Fire:

In case of fire, this acronym describes the necessary actions required:

SAVE	Remove to safety anyone who is in immediate danger. If applicable, use the door markers to indicate that the room is empty only if the room has been thoroughly searched. Shut off medical gases and electrical equipment.
ALARM	Pull the fire alarm and call extension 5555 giving the exact location and room number of the fire.
VENTILATION	Turn ON all lights. Close all windows and doors in the fire area.
EXTINGUISH	Control fire with extinguisher, if it is safe to do so, until assistance arrives.
EVACUATE	Remain calm. Report to the nearest assembly area (corridor / Nurse's Station) and await further instructions. Initiate horizontal evacuation beyond fire doors, if necessary or when directed. Safeguard any vital records (e.g. Patient information), if able.

NOTE: If the fire alarm increases to a one hundred twenty (120) strokes / minute – *General Alarm (Evacuation)* - all available staff are to assist with the evacuation of patients.

Procedure upon <u>Hearing the Fire Alarm</u>:

1. Report to your assigned work area, using the stairs.
2. Turn ON all lights. Close all doors and windows in your area.
3. Stay alert for signs of smoke and / or fire.
4. Report to the corridor and await further instructions.
5. Be prepared to assist with the evacuation of patients.

NOTE: If the fire alarm increases to a one hundred twenty (120) strokes / minute – *General Alarm (Evacuation)* - all available staff are to assist with the evacuation of patients.

General Considerations

Prompt reporting of a fire by location and extent is mandatory no matter how minor the fire. It is your responsibility to pull the alarm. Do not wait for authorization.

- All staff will remain on fire alert until the ALL CLEAR is given.
- Elevators should not be used when Fire Alarm sounds.
- Do not use the telephone except for emergencies. No outgoing calls are to be made during a Code Red situation.

Visitors / Outpatients

Visitors should be directed to stay with the patient they are visiting. Outpatients in the process of having procedure / test will remain with staff in the area. All other outpatients or individuals in the building will be directed to wait in the area they are in. They will not leave the building until it is safe to do so. No visitors will be allowed to enter the building until the ALL CLEAR is announced.

Procedures Regarding the Woodingford Lodge Long Term Care (LTC) Satellite Facility

Given the nature of the linkage between the Hospital and the LTC Facility, it will be necessary for the Hospital to implement a response procedure in the case of an alarm at the LTC facility. The fire alarm systems at the two (2) facilities are linked to each other. In the event of an alert or alarm regarding a potential or real situation at the affected facility, an alert or alarm will display in the unaffected facility. The alert or alarm in the unaffected facility will be at a level lower than the alert or alarm in the affected facility. The Hospital fire panel will display a message containing LTC Facility as the location with an indication of the alarm stage.

The following procedure is to be used in the event of an alert or alarm at the LTC facility:

1. *During Regular Business Hours:* Patient Registration / Communications / Switchboard will notify the Maintenance staff and the Chief Nursing Executive/VP Clinical Services, Quality & Safety or designate, providing the location as the LTC Facility and the level of the alert or alarm. The Maintenance staff will check the integrity of the door at the link (basement level), and guard the door to ensure no traffic enters the tunnel.

2. *After Regular Business Hours, On Weekends and Holidays:* Patient Registration / Communications / Switchboard will notify the appropriate Housekeeping Aide, providing the location as the LTC Facility and the level of the alert or alarm. The Housekeeping Aide, if available, will check the integrity of the door at the link (basement level), and guard the door to ensure no traffic enters the tunnel. These doors are locked and have lighted alarm to indicate LTC alarm.

3. Patient Registration / Communications / Switchboard will also notify the Clinical Leader / Charge Nurse, the Maintenance On-Call and the Administrator On-Call (AOC), providing the location as the LTC Facility and the level of the alert or alarm.

4. *Code Green – Evacuation at the LTC Facility:* In the event of a Code Green – Evacuation at the LTC Facility, the Hospital fire system will go into a Stage One - Alert, enacting the audible bells and bringing all staff into the respective corridors. In this event, Patient Registration / Communications / Switchboard will make the following announcement three (3) times: *Code Green – Long Term Care Facility. Please stand by for further instruction.*
   The President / CEO or delegate will provide further instruction in concert with the Fire Department.

Leadership Team Responsibilities

Immediately upon hearing Code Red alarm the following must be carried out:

1. ***Incident Commander or Administrator On-Call***
   a) In the event of a fire, assume full charge of coordinating the Hospital fire emergency procedures. This includes giving orders for evacuation if directed by the Fire Chief.
   b) Nominate a team of messengers to provide information to and from fire scene to the Incident Commander or others as required.

c) Arrange to meet the Fire Department upon arrival at the **Main Entrance of the Emergency Department (primary entrance)** or the Plant Door by Stairwell # 2 - Loading Dock # 1 (Secondary Entrance) **at Alexandra Hospital, Ingersoll** and the **Main Entrance beside Administration (primary entrance) at Tillsonburg District Memorial Hospital** and direct to the fire scene. Note: Secured Fire Safety Plan boxes are provided at these entrances and contain keys that the Fire Department may require. Hospital Maintenance Department and Registration/Communication have keys to access the Fire Safety Plan boxes.
d) Provide information to staff and patients, if necessary, as to extent and progress of fire.
e) Issue alert warnings, where required, for possible evacuation.
f) Ensure that a staff member is assigned to all public entrances of the Hospital, stopping visitors from entering the building unless it is an emergency.
g) If fire proceeds, arrange the set-up of the Hospital Board Room (unless otherwise specified by the EOC Commander/Incident Manager) as Control Headquarters. Notify the Fire Department of any exceptions.
h) Upon direction of the Fire Department, instruct Patient Registration / Communications / Switchboard to announce "Code Red, All Clear" overhead three times.

2. ***Fire Manager and / or Coordinator***
   a) Direct firefighting operations if on the scene when fire occurs.
   b) Meet the Incident Commander at the appropriate entrance.
   c) Reset fire system upon receiving signal of ALL CLEAR.
   d) Where evacuation is ordered, ensuring that the signal is in operation.

3. ***Director, Patient Services or Delegate - During Business Hours***
   a) Return to the Inpatient Floor and direct emergency procedures in the area.
   b) Ensure all persons are removed from danger. Particular attention must be given to those people with disabilities.
   c) Ensure established emergency procedures for the Hospital are carried out.
   d) Direct evacuation as necessary.

4. ***Directors or Delegates - During Business Hours***
   a) Ensure the safety of all persons in his / her area.
   b) Assist in evacuation as necessary.
   c) In collaboration with AOC, determine need to initiate an ambulance redirect.

5. ***Clinical Leader / Charge Nurses – After Business Hours***
   a) Respond to the fire.
   b) Ensure the fire safety procedures are efficiently and effectively carried out.
   c) **Take complete charge during and after a fire emergency in the absence of a member of the Leadership Team.** If necessary, meet the Fire Department at the main entrance to unlock the doors and provide them with a radio.

NOTE: The person meeting the Incident Commander must wear an orange vest. The vest can be found at Patient Registration/Communications with the radios or inside the Fire Safety Plan boxes. Fire panel keys are held with Maintenance.

<u>Control Headquarters</u>

A Control Headquarters may be set up in a fire safe location, such as the Board Room or other suitable place in the event of a fire emergency. Located at Control Headquarters is Hospital staff with decision making authority. They should include:

a) Incident Commander or AOC or Clinical Leader / Charge Nurse
b) Director, Patient Services or delegate
c) Fire Manager /Coordinator

It is the responsibility of Control Headquarters to coordinate all departments and staff in carrying out the evacuation plans. Control Headquarters will provide effective liaison with all outside agencies and give direction in all matters as necessary. It is at Control Headquarters the complete picture about a situation is maintained.

Evacuation routes, safe areas, requests for special needs, assistance, etc. should be cleared through Control Headquarters.

Patient Registration / Communications / Switchboard

Immediately upon hearing Code Red alarm the following must be carried out:

1. Check the annunciator panel for the location of the fire.
2. Announce overhead three times "Code Red and location".
3. Notify the Fire Department and the Oxford Emergency Medical Services (EMS) - Call 911
4. After hours, in addition to the above, notify the following people:
    - Clinical Leader / Charge Nurse
    - Maintenance On-Call
    - Administrator On-Call
    - Others as Instructed
5. Announce overhead three times "Attention Visitors. Please remain where you are and await further instructions".
6. Keep a written record in the Operational Log, including the proper sequence of events, locations and times, etc. (e.g. 1. Alarm received - 1510 hours - Location)
7. Avoid accepting incoming calls.
8. Make any other announcements related to the code, or subsequent codes, as directed to do so by the Fire Department.

Clinical Leader/Charge Nurse

Immediately upon hearing Code Red alarm the following must be carried out:

1. Respond to the fire.
2. Ensure the fire safety procedures are efficiently and effectively carried out.
3. Take complete charge during and after a fire emergency in the absence of a member of the Leadership Team.

Pharmacy

Immediately upon hearing Code Red alarm the following must be carried out:

- Lock the narcotics cupboard.
- Place flammable materials in fire cupboard.

Maintenance/Physical Plant

Immediately upon hearing Code Red alarm the following must be carried out:

During Business Hours (0800 - 1600 hours)

1. Make sure special equipment is turned off. Close all Physical Plant doors. Note: If the fire is located in the Physical Plant Sub-Basement, the Physical Plant door is to be kept closed and personnel are not to enter the area. The Fire Department will investigate.
2. Fire Coordinator or delegate to proceed to Patient Registration / Communications / Switchboard and meet with the Incident Commander or delegate to reset the alarm and panel when the ALL CLEAR has been given.
3. Be prepared to shut down the elevators if necessary and upon direction of the Fire Department.

After Hours, Weekends and Holidays

- A Maintenance team member is on-call during these hours and will respond to a page. The Maintenance team member on-call is available to reset the alarm and panel when the ALL CLEAR has been given.
- If a *manual fire watch* (see form attached) is required, the Administrator On-Call should be contacted and additional staff called in as necessary.

Emergency Department

Immediately upon hearing Code Red alarm the following must be carried out:

1. Prepare to receive casualties and assist with evacuation, if applicable.
2. Code nurse to go to act as backup.
3. Prepare for /communicate potential ambulance redirect
4. Notify the medical staff in the Emergency Room and Outpatient area that a fire has broken out in the Hospital.
5. Assign someone to answer incoming calls.

Accounts Payable / Receivable

Immediately upon hearing Code Red alarm the following must be carried out:

1. Lock the safe.

In-Patient Units

Immediately upon hearing Code Red alarm the following must be carried out:

1. After Hours and On Weekends and Statutory Holidays, the designated Code Nurses at each site will respond to the location of the fire with an extinguisher to assist in fighting the fire.

Operating Room

Immediately upon hearing Code Red alarm the following must be carried out:

1. Make sure fire doors are closed.
2. If surgery in progress, notify Patient Registration / Communications / Switchboard (5555) that staff/Physicians are still in the Operating Room / Endoscopy Suite. Request that Patient Registration / Communications / Switchboard notify Incident Commander.

Traffic Control and Elevators

Immediately upon hearing Code Red alarm the following must be carried out:

1. Administrative personnel from the Executive Office or Accounts Receivable Office to proceed to main entrance to restrict access.

RECOVERY / DEBRIEF / REVIEW

1. As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. Fire and EMS should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of the EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.
2. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
3. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital

Manual Fire Watch Report

Service Area:_____ Date:_____

Area Checked	Time	Initialed	Time	Initialed	Time	Initialed	Time	Initialed	Time	Initialed

Comments:

_____

Leader: _____ Fire Coordinator: _____

Manual Fire Watch Procedure is activated when the automatic building alarm system is non- operational for any reason. Hospital staff are required to manually watch for fire emergencies that may occur.
Communications will announce "The Fire Alarm System is out of service. The Hospital is now on manual Fire Watch for [name the appropriate area(s)]." When the announcement is made, the Hospital is in manual Fire Watch status. It is the responsibility of every staff member to participate in the Fire Watch for the appropriate announced area(s).

Occupied Clinical Zones If the alarm system is non-operational in an occupied clinical zone, Nursing staff must inspect their zone every half (½) hour and record above.

All Other Zones If the alarm system is non-operational in an unoccupied zone, clinical or otherwise, staff must physically walk the area every hour and record above.
When the alarm system becomes operational, Communications will announce "The Fire Alarm System is back in service" and manual Fire Watch procedures will end.

Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
Partnering to keep healthcare close to home.

CODE ORANGE – Disaster

Code ORANGE

PURPOSE

A Disaster situation is any event involving the arrival of multiple casualties to the Emergency Department (ED) within a short period of time, causing strain on the Hospital's facilities and available resources. The number will depend on the severity of casualties, other circumstances occurring and the number of staff and physicians available. This may be a sudden occurrence within the community resulting in a complete implementation of the Code Orange in conjunction with the Regional Disaster Plan.

A Code Orange will be called to alert staff to an external disaster that requires the Hospital to receive large numbers of casualties and may require additional resources.

RESPONSE PROCEDURE

Normal functioning of the Hospital's ED is important and should not be disrupted more than is necessary. It is anticipated that, with the exception of minor casualties lodged in the Physiotherapy Department, the Hospital will continue to function without undue change to physical entities or procedures.

Hospital procedure for transfers to other facilities shall be followed (i.e. One Number) shall be notified by the ED or delegate as soon as possible after the announcement of a crisis.

Response cannot be accurately gauged by a simple numerical count of casualties. The severity and number of injuries are most important in planning the Hospital's response.

Objectives:

1. To have a prepared and organized Disaster Plan in order to ensure quality care.
2. To receive casualties into the Hospital and provide care based upon their classification.
3. To select and discharge patients from the Hospital who can be cared for under home care arrangements or other, thus making beds available for casualties.
4. Utilize the resources to best advantage.
5. Support planning with municipalities to ensure efficiencies in response.

Disaster Plan Initiation

Initial notification occurs by Central 9-1-1 dispatch, however; an external disaster may not result in the activation of the Code Orange plan.

The plan will be initiated when sufficient numbers of casualties are anticipated to overwhelm / compromise the provision of routine emergency services at the Hospital. This decision will be reached collaboratively by the Clinical Leader / Charge Nurse and the Emergency Physician. The decision, as well as expected number of casualties, will be communicated to Patient Registration / Communications / Switchboard who will notify the Administrator on Call.

Upon direction of the Clinical Leader / Charge Nurse and the Emergency Physician, Patient Registration / Communications / Switchboard will initiate the Emergency Fan-Out List (see Appendix D – Emergency Fan-Out Procedures).

The Emergency Operations Centre (EOC) will be activated and will be manned by the Incident Manager. After hours, the Clinical Leader / Charge Nurse will serve as the Incident Manager until relieved by the Administrator on Call.

Visitors

- No routine visitors or unauthorized persons will be allowed into the hospital once a disaster is declared. All exterior doors will be locked with the exception of the ED entrance.
- One immediate family member will be permitted in the ED. Family members can enter through the main / front door and will be re-directed to Family Waiting Area (Main Lobby / Waiting Area).

Ambulatory Patients

- All non-essential services and clinics will be suspended during Code Orange. Any outpatient in any outpatient department should be requested to leave the hospital via the main / front door. Ambulatory patients and staff will use the stairs when possible. Elevators will be kept free for the transportation of patients.

Inpatients

- All admissions, except emergencies, will cease during the period of the disaster.
- Inpatient areas will prepare to take patients into the hallway or discharge patients if necessary.
- A list of transferred / discharged patients and available inpatient beds will be provided on an ongoing basis to the Nursing Leader and the EOC Commander / Incident Commander.
- All transfers / discharges from the Inpatient areas will exit via the main / front door.

Communication

- Each department will report to the EOC Commander / Incident Manager: condition of staff, patients, and visitors as soon as possible.
- One staff member from each department will be assigned to be a messenger for interdepartmental communications.
- 1 two-way radio will assigned to each of the following areas: Main Entrance, EOC, Staff Pool, Triage Area, Immediate & Delayed Casualty Treatment Area, Minor Casualty Treatment Area, Deceased Casualty Area, Discharge Area, Inpatient Unit and the Family Waiting Area. Two-way radios are located in the Registration and / or Communications area.
- Private telephone calls are prohibited.
- Patient Registration / Communications / Switchboard will handle calls of a routine nature.
- All disaster inquiries MUST be referred to the EOC; not to the ED. All announcements on hospital emergency operations to the press or public will be made by the EOC Commander / Incident Manager.
- The EOC will ensure that the Emergency Management Communication (EMCT) Tool has been updated.

Documentation (See Appendix E)

- All staff will be logged on the *Personnel and Physician Census Sheet*.
- All visitors and volunteers will be logged on the *Visitor & Volunteer Census Sheet*.
- Casualty triage tags (from scene), if applicable, will remain on patients until discharge. Record destination of patient and disaster tag number on the emergency record and leave emergency record with patient. After discharge, attach disaster tag to ED record. Casualties in the Triage area will be documented on the *Disaster Flow Sheet*.
- Inpatients and casualties in the Minor Treatment and Discharge Area will use the *Admission / Discharge / Transfer List*.
- Send copy of all documentation to the EOC, as required.

Disaster Casualty Management

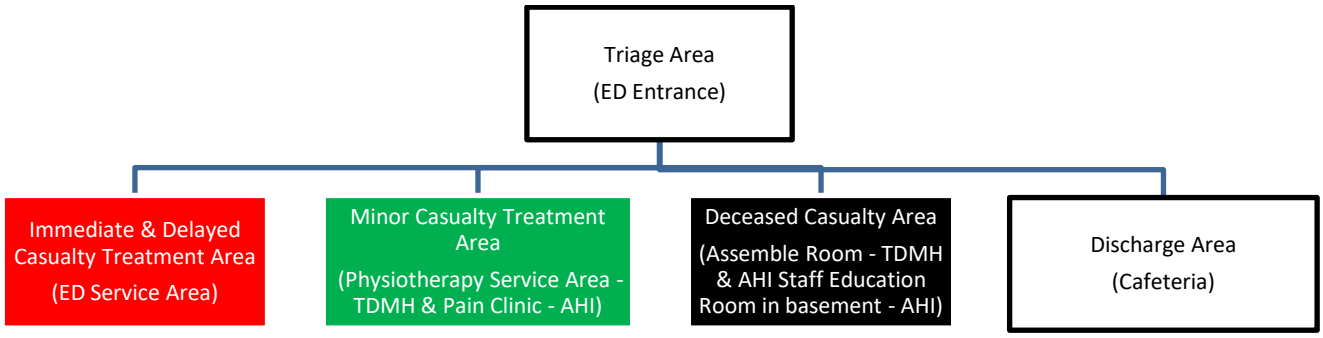
It is proposed to accept all casualties from a local emergency into the Hospital. All casualties will enter via the ED entrance to ensure accurate logging and registering. Causalities will be assessed in the ED entrance hallway.

An ED record will be assigned to each patient and an Identification (ID) bracelet with the ED record number an assigned name written on it, will be placed on each patient.

Patients in the ED at the time of notification of an external disaster will have to be moved out to make room for the disaster casualties.

- CTAS level 1 or 2 patients: transfer to the Intensive Care Unit or notify CritiCall to transfer to peripheral hospitals. Utilize Emergency Medical Services or private patient transport.
- CTAS level 3, 4 and 5: transfer to Inpatient Unit, Nursing Home or discharged home.

Casualty field triaging will be implemented for all Code Orange declarations. Immediate (Red), Delayed (Yellow), Minor (Green) and Deceased (Black) will flow through triage and be directed to the appropriate Disaster Centre:



The following provides an overview of each Disaster Centre area:

Triage Area	
Objective:	Establish priorities of treatment
Location:	ED entrance
Personnel:	1 Physician on Call; 1 Clinical Leader / Charge Nurse; 1 ED Nursing Staff Member; 1 Nursing Leader; 1 Maintenance Personnel; 1 Ward Clerk; 1 Registration; 2 Volunteers; additional Nursing Support as required (i.e. Operating Room; ICU Nursing)
Duties:	• On-Call Physician will be responsible for the triage of all casualties. • Clinical Leader / Charge Nurse will assist On Call Physician with triage and coordinate the activities of all Nursing Staff Members assigned to Triage Area. • Nursing Team Member(s) will complete duties as assigned by Clinical Leader / Charge Nurse. • The Nursing Leader will act as Disaster Centre Liaison (Orange Vest) and will be responsible for providing the EOC with regular updates (every 30 minutes or as appropriate). • The Ward Clerk / Registration staff member will assist with recording information on the *Disaster Flow Sheet*. • The Volunteers will assist with transporting patients and act as messengers. • Maintenance Personnel will provide security for the area and ensure no unauthorized access to hospital is allowed.

Function:	• Casualties labelled with EMS Field Triage Tag: Immediate (Red), Delayed (Yellow), Minor (Green) and Deceased (Black) will flow through triage and be directed to the appropriate Disaster Centre. • Triage Team will tag other casualties who arrive without EMS Tags. • Supportive Triage Staff Members will assist with the movement of casualties to the appropriate Disaster Centre. • Patients arriving for treatment (who are not related to the Code Orange incident) will be directed to regular triage process in the regular triage room). • Stretchers and wheel chairs will be available at the Emergency Entrance Corridor.

Immediate & Delayed Casualty Treatment Area	
Objective:	Receiving of and providing treatment to triaged patients.
Location:	ED Service Area
Personnel:	1 2nd Physician on Call; 2 ED Physicians; 4 ED Registered Nurses; 1 Nursing Leader; 1 Ward Clerk; 1 Housekeeping.
Duties:	• The 2nd On-Call Physician will be responsible for directing the activities of all personnel in the treatment area. The 2nd On-Call Physician will be the primary Physician responsible for the treatment of all Immediate Casualties (Red Tagged). • Other available Physicians will be the primary Physician(s) responsible for the treatment of all Delayed Casualties (Yellow Tagged). • The Registered Nurse – ER will assist all Physicians with the treatment of all casualties as required. • The Nursing Staff Member(s) will assist all Physicians with the treatment of all casualties as required. • The Nursing Leader will act as Disaster Centre Liaison (Orange Vest) and will be responsible for providing the EOC with regular updates (every 30 minutes or as appropriate). • The Ward Clerk will be responsible for coordinating patient activities. • Housekeeping will assist with cleaning rooms and replenishing supplies.

Minor Casualty Treatment Area	
Objective:	Provide treatment to green tagged casualties
Location:	Physiotherapy Service Area (TDMH); Pain Clinic (AHI)
Personnel:	1 Physician; 2 Nursing Staff Members (1 RN); 1 Physiotherapist; 1 Ward Clerk; 1 Messenger; 1 Volunteer
Duties:	• The Physician (Orange Vest) will be responsible for directing the activities of all personnel in the treatment area. • The Nursing Staff Member(s) will act as Minor Casualty Centre Liaison Nurse and will assist all Physicians with the treatment of all casualties as required. • The Physiotherapist will assist Nursing and Physicians as required. • The Ward Clerk will assist with registrations and data entry. • The volunteers(s) assigned to the Minor Casualties Centre through the General Team Pool will complete duties as assigned by Physicians, Nursing Team Members and Physiotherapist. When duties are completed, Volunteer(s) will return to the General Team Pool and register for another assignment.
Function:	• Green tagged casualties who develop complications preventing discharge will be monitored in this area and await further assessment. • Patients awaiting discharge will be moved to the Discharge Centre. • Record transitions on the *Admission / Discharge / Transfer List.*

Deceased Casualty Area	
Objective:	Proper care of and security for the deceased
Location:	Assembly Room (TDMH); AHI Basement Staff Education Room (AHI)
Personnel:	1 General Staff Member
Duties:	• The General Team Member will receive and properly place any deceased casualties in the morgue or overflow area. The General Team Member will remain in the morgue area throughout the disaster to provide security for the area.
Function:	• Each area will arrange for transport of bodies to the morgue area as required. • Bodies will be stored properly and securely in the morgue. If additional space is required, the General Team Member will contact the EOC for further instructions.

Discharge Area	
Objective:	Coordinate the discharge of patients
Location:	Cafeteria
Personnel:	1 Physician; 2 Nursing Staff Members; 1 Health Records Associate; 2 Volunteers.
Duties:	• Nursing Staff Member will supervise patients while waiting for family to arrive and take patients home. • Health Records Associate will document the arrival and discharge times for all in-patients and casualties. • Volunteers will provide support to the Nursing Team Member as required and will assist with the movement of discharged patients. If patient is able to navigate stairs, direct patients to leave through the front / main door. • Record transitions on the *Admission / Discharge / Transfer List.*

Departmental Responsibilities

Arriving Hospital Personnel and Physicians from Fan-Out List*:*

- All hospital personnel and physicians will return to the hospital when requested to do so. Those arriving to assist with disaster will enter by the front / main entrance and report to the Personnel Pool Area (Waiting Area) for assignment of duties by the Pool Manager (Orange Vest). See Appendix E for the *Summary of Areas and Personnel Assignments*.
- Personnel and Physicians will park in the designated staff / physician parking lots as not to obstruct incoming emergency vehicles at the ED entrance. If possible, staff / physicians should request to have someone drop them off so that parking congestion is minimized.
- Proper hospital photo ID must be worn at all times. Access to the hospital will not be permitted without photo ID.
- All EOC Team members reporting to assist with disaster will proceed to the EOC (Boardroom) for assignment of duties.
- All staff members leaving the facility will do so upon direction of the EOC and will be required to sign out.

Clinical Leader / Charge Nurse or Delegate:

- Assume the role of the Incident Manger until Leadership arrives on site.
- In collaboration with the Emergency Physician, ensure that the Code Orange has been called and the Fan-Out List has been initiated.
- Communicate with site as to the nature of the disaster; nature of injuries; number and severity of casualties; ETA; name of individual making the notification call and phone number for call back confirmation and / or additional information. Notify the Incident Commander. Continue to communicate as required.

Patient Registration / Communications / Switchboard:

- Upon direction of Incident Commander will announce overhead three times:
    - Code Orange (Drill) – "Code Orange, Code Orange, Code Orange – This is a test – Code Orange is now in effect. All staff report to their stations and activate department disaster plans. This is a test".
    - Code Orange (Actual Disaster) – "Code Orange, Code Orange, Code Orange – Code Orange is now in effect. All staff report to their stations and activate department disaster plans. All visitors kindly leave the building immediately. Do not use telephones".
- Initiate Emergency Fan-Out List upon instruction from Clinical Leader / Charge Nurse or ED Physician.
- Make further contacts or announcements as directed by the Incident Manger.
- Routine admitting duties are suspended until the disaster situation is terminated.
- Utilize Cerner "Downtime Procedures" for assigning new "disaster" pins, if required.
- Forward all inquiries from relatives concerning casualties and news media to the Incident Commander.
- Receive the *Disaster Flow Sheet* (Appendix E) from the Health Records Associate assisting the Triage Nurse and forward to the Incident Commander.

Administrator on Call:

- Obtain an update from the Acting Incident Manager / Clinical Leader / Charge Nurse.
- Declare disaster plan is in effect; instruct Patient Registration / Communications / Switchboard to announce overhead and initiate Emergency Fan-Out List.
- Report to the EOC.
- Notify Senior Leadership members, as required.
- Check that ED or delegate has called One Number to inform them of the disaster.
- Communicate with Fire / Police and request an officer for traffic control, as required.
- Ensure all departments are ready and issue instructions as required.
- Provide for the sole source of release of information to all press and radio stations. Consider radio and television stations to announce the disaster situation at the Hospital and that unauthorized persons are not permitted on hospital property.
- Ensure that the disaster has adequate personnel to manage the disaster. Ensure that Personal Pool Manager documents staff attendance and reassignment of staff.
- Coordinate all functions and information flow during the disaster.
- Maintain an up-to-date list of casualty, admissions, discharges and transfers.
- Liaise with public and community agencies.
- Determine the need to discharge Inpatients, to admit casualties and liaise with admitting department regarding this decision.
- Ensure the safety of patients and staff.
- Ensure that the Emergency Management Communication (EMCT) Tool has been updated.
- Once applicable, the Incident Manger will instruct Patient Registration / Communications / Switchboard to announce "Code Orange, All Clear" overhead three times.

ED Nursing:

- Prepare department supplies and rooms for arrival of casualties.
- Access inpatient crash cart if additional medications or supplies are required.
- Assign a Triage Nurse. If additional staff not available, assume responsibility for the Triage, tagging, and logging of all disaster victims until Triage Nurse arrives.
- Casualty triage tag (from scene) to remain on patient.
- When transfer done, Nurse will give report to Nurse receiving patient.
- Ensure charting is complete: copy triage number onto ED form; try and obtain name, age, next of kin; chart as any other ED patient.
- Patients, who require further treatment that can be received outside of the ED, will be transferred to the Inpatient Unit when a bed is available or to the Physiotherapy Department for minor treatment.
- Patients that can be discharged will be sent to the Discharge Area.

Triage Nurse:

- Organize equipment.
- Complete and apply triage tags to person, not clothing, if not tagged at scene.
- Communicate patient details to the Ward Clerk / Registration so that the information is documented on the *Disaster Flow Sheet* (Appendix E).
- Assign casualties to ED rooms depending on severity.
- Arrange x-rays, lab transfers, admissions according to severity.
- Liaise with the Nursing Leader / Clinical Leader / Charge Nurse if more staff, equipment, or supplies are required.
- Prevent off load delay.
- Liaise between ED and other departments and Triage Teams.
- The ED Physician will assist triage Nurse until the Chief of Emergency arrives and assumes this position.
- With the assistance of the Ward Clerk / Registration, document casualties as they arrive.
- Using the ambulance triage tags, reassess the triage code: check date, time and initial ambulance tag.
- Triage will coordinate with Patient Registration / Communications / Switchboard to assign a hospital disaster number.
- Register patients on an ED chart. Send the back copy of this chart to Patient Registration / Communications / Switchboard for electronic entry. Once entered, the chart is to return to the patient.
- Place an ID bracelet and, as necessary, place an allergy band on the patient.
- Blood work and x-rays will be performed on a priority basis, as identified by the Most Responsible Physician.
- The Triage Nurse designates routing of patients to either:
    - *Immediate & Delayed Casualty Treatment Area*
    - *Minor Casualty Treatment Area*
    - *Deceased Casualty Area*
- No patient will be permitted food or drink until checked by a Physician.
- Disaster victims will be admitted by Patient Registration / Communications / Switchboard. Collection of admission data can be done after treatment is given and the patient assigned a room.
- Initially records shall be maintained using the patient's hospital disaster number.

Inpatient Nursing:

- In coordination with the Chief of Staff or Hospitalist, determine appropriate patients for discharge.
- Communicate bed availability to the Incident Commander.
- Assign 1 Nurse for patient discharge and 1 Nurse responsible for admission of new patients.
- Assign RN to ED until further assistance is received to ED.
- Coordinate with Housekeeping so that beds are cleaned.
- Ambulatory Inpatients for discharge will be sent to the Patient Lounge, which will be used as a holding area for discharged patients until seen by a physician.
- Inpatient charts must accompany patients who are transferred to the Patient Lounge.
- Follow normal discharge procedures.

Nursing Assigned to Physiotherapy / Pain Clinic:

- Prepare department supplies and beds for arrival of casualties.
- Assess and treat disaster victims with non-life and/or limb threatening injuries.
- Decide direction of casualties to appropriate areas e.g. x-ray or immediate discharge.
- Obtain relevant and accurate information for completion of disaster tags.
- For discharge casualties, return card portion of triage tag to Patient Registration / Communications / Switchboard.
- Staff must retrieve and retain triage tags from ambulatory casualties before they leave the hospital. Document date, time and mode of discharge, followed by staff signature.
- A Ward Clerk will log and correlate information and names of patients discharged. (See Appendix E - *Minor Treatment Area Discharge / Transfer List)*
- Patients demanding their release must sign their disaster tag. Staff must document date, time, reason and mode of discharge, followed by staff signature.

Chief of Staff:

- Work with Personnel Pool Manager to assign staff and physicians to designated treatment and discharge locations.
- Act as Chief Medical Officer in Inpatient Units. Oversee all activities relating to treatment and discharge of patients.
- Ensure rapid and effective care and turnover to avoid departmental congestions.

Chief of Staff / Emergency or Delegate:

- Obtain disaster details briefing from Triage Nurse.
- Act as Chief Medical Officer in Triage, ED, and Inpatient Units. Oversee all activities relating to treatment and discharge of patients.
- Avoid off load delay of EMS in emergency department.
- Evaluate anticipated Inpatient bed requirements.

All Reporting Physicians:

- The Personnel Pool Manger in consultation with Chief of Staff will provide you with your assignment.

Personnel Pool Manager – Human Resources Personnel:

- Coordinate personnel and physician assignment in conjunction with the Chief of Staff.
- Assign and record staff reporting to the personnel pool on the *Summary of Areas and Personnel Assignments (Appendix E).*

Pharmacy:

- Contact MedDispense administrator or contact 1-800 number and remove narcotic override. Once disaster is over reinstate narcotic override and complete a full narcotic count.
- Take resuscitation medications to the ED.

Maintenance Personnel:

- Wear "Security" vest if acting as Security.
- Lock all external entrances except for the Emergency Department EMS entrance.
- 1 staff member report to the front / main entrance and 1 staff member report to the ambulance entrance to provide security. You may be relieved by another staff member once staff arrives to assist.
- Direct and control incoming traffic. Restrict unauthorized personnel from entering.
- Maintain all essential equipment, power, water and steam supply.
- Provide waste and emergency sanitation disposal if required.
- Assist in the provision and maintenance of internal and external communications.
- Provide, if required, alternate sources of portable water, heat, electrical power etc.
- Maintain clear access and egress to and from casualty reception areas.

Physiotherapy Staff:

- 1 staff member will be required in Physiotherapy Minor Casualty Treatment Area. 1 staff member will be required in Main Lobby / Waiting Area to support families and visitors.

Health Records Staff:

Report to the discharge area (Cafeteria) to make sure documentation or medical records are complete and to log patients out.

Food Services:

- Responsible for ensuring adequate nutrition to patients and staff. Communicate with Incident Commander and Personnel Pool Manager to determine numbers.
- Supply hot / cold beverages to staff in the following areas: Triage and Resuscitation (ED), Physiotherapy Department, Inpatient Unit, Patient Registration and the EOC.
- Provide emergency food service to casualties, hospital and volunteer personnel, in addition to normal duties, as well as duties assigned by the Personnel Pool Manager.

Housekeeping

- Check in with the Personnel Pool Manager and go directly to your assigned area.
- As patients are discharged, beds will be cleaned and prepared as soon as possible.
- Update Incident Commander of available beds.
- The first housekeeping personnel reporting to the Hospital is responsible for ensuring that adequate amounts of linen are delivered to the treatment areas.
- All other housekeeping staff may be reassigned duties by the Personnel Pool Manager as required.
- Assist with obtaining supplies and equipment for areas, porter patients, etc.
- Obtain supply of stretchers / wheelchairs and transport to the required locations.
- Tidy waste and removes dirty linen, as needed.

Radiology / Diagnostic Imaging (DI):

- Provide radiological services. Orders can be manually entered using downtime procedures.
- Maintain liaison with treatment teams to avoid over utilization of x-ray facilities.

Laboratory:

- Discontinue routine lab testing.
- Establish an inventory of available blood products and determine anticipated need in collaboration with the EOC.
- Laboratory staff will assume regular laboratory duties after reporting to Personnel Pool.

Central Supply / Materials Management:

- Provide additional supplies to the Emergency, Inpatient and Physiotherapy Departments as necessary.
- Maintain close liaison with the Logistics / Finance Officer.
- Procure medical supplies form other hospitals or medical companies, as needed. All supplies are to be delivered via the Loading Dock.

Medical Devices Reprocessing Department (MDRD):

- MDRD staff will assume regular department duties after reporting to Personnel Pool.
- Supply all necessary sterile supplies and equipment to treatment areas and nursing units.

Home & Community Care, Social Work & Clergy:

- Report to Personnel Pool Manager.
- Report to Main Lobby / Waiting Area to assist with visitors and family members.
- Provide discharge planning, counseling, and spiritual services.

Other Department Leaders:

- Send staff presently on duty to the Personnel Pool area OR send a list of the names of staff working in the department to the Personnel Pool Manager. Await further direction and anticipate re-assignment of your position. Staff may be delegated to carry out support tasks not performed during routine operations.
- Call in additional staff if required and as instructed by Incident Commander.

Volunteers:

- Transfers information, supplies, equipment, documents to various departments and the EOC.
- Transfers patients to and from departments.
- Transfers equipment or furniture, as needed.
- Transfers specimen samples, as required.
- Transfers deceased patient to morgue.

RECOVERY / DEBRIEF / REVIEW

4. As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police, Fire and EMS should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.
5. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
6. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

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CODE BLACK – *Bomb Threat or Suspicious Object*

Code BLACK

PURPOSE

A Code Black is to be called when a bomb threat / suspicious object is suspected or identified.

RESPONSE PROCEDURE

Any suspicious package should be considered to be a potential bomb until proven otherwise. All suspicious packages and bomb threats will be reported immediately and be taken seriously.

All Code Black responses will be the responsibility of the Police. The Incident Manager will be in charge until the Police arrive.

When a package is found, no staff member shall approach it or attempt to move it. In all cases, such devices are the responsibility of the Police.

When a suspected device is found, everyone should be removed from the immediate vicinity.

If Code Black procedures lead to a need for evacuation, Code Green procedures will be applied.

Upon receiving a bomb threat, the person receiving the call will immediately take the following steps:

- Remain calm. Think clearly. Be precise.
- Do NOT put caller on hold. Do NOT transfer call.
- Allow caller to talk; do NOT interrupt.
- Attempt to keep the caller in conversation to gain the following information
    - Who are you?
    - What is your grievance with the Hospital?
    - Why have you taken such an extreme measure?
    - Where is the bomb located?
    - What type of bomb is it?
    - Is there more than one bomb?
    - When did you place it in the Hospital?
    - When is it due to go off?
- Document all responses and impressions:
    - Male or female?
    - Any indications of age (very young, very old)?
    - Anxiety
    - Confusion
    - Level of education
    - Speech impediments
    - Patterns of speech
    - Foreign accents?
    - Is English a first language?
    - Sounds in the background (trains, traffic, machinery, and aircraft)?
- Write a note (e.g. Bomb Threat) to another staff member to dial 5555 to inform Patient Registration / Communications / Switchboard of the situation and to notify the Police.

Upon receiving a suspicious letter or parcel, the person receiving the letter / parcel will immediately take the following steps:

- Do not open any suspicious letter or parcel.
- Minimize handling of document.
- With a written threat, or suspicious looking envelope or parcel, do not touch and if touched immediately put it down.
- If a powdery substance is discovered upon opening the mail or a package, the following guidelines shall be initiated:
    - Put the mail or package down
    - Cover the package with paper, clothing or an empty garbage pail
    - Leave the room and secure the immediate area
    - Close the door
    - Wash your hands and exposed skin with soap and water
    - Call your Leader, Clinical Leader / Charge Nurse or Administrator-on-Call
    - Take note of persons who were in the room or area with you
    - Remain in the area beyond the closed door until officials arrive for further advisement and investigation
- If letter or parcel were hand-delivered, the person who received it should provide a description of the person who delivered it.
- Subsequent suspect letters should not be manually handled.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Acting Incident Manager and report to the affected area. Document the events (see Appendix E: *Event Log*). Delegate role of Recorder, if applicable.
- Ensure that the Police and Administrator on Call have been notified.
- Notify the ED Charge Nurse to contact EMS dispatch on the direct line and advise that no further ambulances are to be sent to our hospital until police have resolved the incident.

Patient Registration / Communications / Switchboard

- Upon direction of Incident Commander will:
    - Contact the Police. Inform them of the situation and request a response.
    - Contact Administrator on Call.
    - At the discretion of the Incident Manager or Police, notify the Clinical Leader / Charge Nurse or Housekeeping to lock exterior doors to entry.
    - Make further contacts or announcements as directed by the Incident Manger or Police.

Administrator on Call

- Obtain an update from the Acting Incident Manager / Clinical Leader / Charge Nurse.
- Report to the EOC, if safe to do so.
- Notify Senior Leadership members, as required.

Other Department Leaders

Upon Notification from Incident Manager:

- Ensure the safety of patients, visitors and staff in your department.
- Initiate and direct evacuation of department staff, as necessary.
- Report to the Incident Commander of evacuation status.
- If applicable, gather staff time sheets and patients records (as practical) and take them to the Incident Commander in the EOC.

RECOVERY / DEBRIEF / REVIEW

7. As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.

8. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
9. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

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Code BLUE

CODE BLUE – *Cardiac Arrest / Medical Emergency - Adult*

PURPOSE

A Code Blue is to be called to ensure prompt emergency response in cases requiring resuscitation from respiratory / cardiac arrest. Code Blue is appropriate for ages 18 years of age and older.

A medical emergency is called where a person requires immediate intervention to prevent progression to a cardiac arrest or life-threatening situation. Examples may include severe respiratory distress, coma and hemorrhage.

Resuscitation and defibrillation will be carried out according to current Heart & Stroke Advanced Cardiovascular Life Support (ACLS) Guidelines.

PROCEDURE

1. **TYPES OF RESPONSE PROCEDURE**
   - 1.1. **INTERNAL RESPONSE PROCEDURE**
     - A response team responds to medical emergencies that occur within main AHI and TDMH buildings, or within the vestibule of an exterior door.
   - 1.2. **EXTERNAL RESPONSE PROCEDURE**
     - A response coordinated through AHI and TDMH staff, Switchboard and EMS to medical emergencies that occur outside of the main TDMH and AHI buildings, on TDMH and AHI properties, including the parking lots.

2. **CRASH CART**
   - 2.1. It is the responsibility of the Nursing staff on the floor where the code occurs/crash cart is stationed, to replenish the crash cart. The replenishing of the crash cart must be completed as soon as possible following the use of the cart.
   - 2.2. Crash Carts should be cleaned as they are restocked by Nursing staff.
   - 2.3. It is the responsibility of all applicable staff to be familiar with the contents of the crash cart. Do not wait until a code to find out where items are located.

Crash carts are located:

Tillsonburg District Memorial Hospital	Alexandra Hospital, Ingersoll
ED – Resus Rm – Adult Crash Cart	ED – Rm#1 & Adult Crash Cart
ED – OR Rm – Paeds Crash Cart	ED – Rm#3 Adult Crash Cart
1 South – Clean Supply Room – Adult Crash Cart – Transported to Dialysis & Diagnostics	Pain Clinic / Rm#146 – Adult Crash Cart
PACU – PACU Hallway – Adult Crash Cart – Transported to 2 South & 2 North	SCU – Adult Crash Cart
ICCU – Nurses Station – Adult Crash Cart	ED – CDU Paeds Cart
Endoscopy – Nurses Station – Adult Crash Cart	

3. **INTERNAL RESPONSE PROCEDURE**

3.1. There may be situations where the roles required to manage the code are present. In this situation, the decision to call the code will be made in collaboration and at the discretion of the attending Physician and staff.

3.2. It is important to provide all the necessary information when requesting a Code Blue including:

3.2.1. The floor level

3.2.2. The specific unit or department

3.2.3. The room number of specific area

3.3. A Code Blue will be cancelled upon spontaneous return of circulation or respirations within the first minute of requesting the code.

3.4. **All Staff:**

3.4.1. Clear the room. Assist ambulatory patients to leave the room or pull curtains to provide as much privacy as possible. Remove unnecessary furniture and/or equipment.

3.4.2. If there are too many responders in the room, ensure that help is offered to other patients on the unit. If a Nurse is on their break when the code is called, they will immediately return to their home unit.

3.5. **Person Finding the Arrest will:**

3.5.1. Remain calm

3.5.2. Attempt to rouse patient

3.5.3. Determine type of arrest by checking for absence of pulse and/or breathing.

3.5.4. In patient care area, push CODE BLUE button in room

3.5.5. If applicable, ensure bed is in proper Cardiopulmonary Resuscitation (CPR) position.

3.5.6. Begin CPR according to current guidelines. Apply PPE prior to entering room, if able.

3.5.7. Once 2nd person arrives to assist, leave room and apply PPE if not already done.

3.6. **Second Responder will:**

3.6.1. If Code Blue not already called, notify Patient Registration / Communications / Switchboard (5555) to announce Code Blue and location (hospital floor level, unit or department and room number).

3.6.2. Apply PPE before entering room.

3.6.3. Ensure first responder leaves room to apply PPE.

3.7. **Response Team will:**

3.7.1. Bring crash cart / monitor / defibrillator / oxygen equipment from area and apply PPE before entering the room.

3.7.1.1. Position Crash Cart near the patient or bed.

3.7.1.2. Place the airway tray (intubation equipment) and oral suction near the patient's head.

3.7.1.3. Ensure patent IV access or prepare supplies to perform venipuncture, attempt as able.

3.7.1.4. Place near the patient:

3.7.1.5. IV infusion pump

3.7.1.6. IV Tubing (primed) and prepare tape

3.7.1.7. Blood pressure cuff and stethoscope

3.7.2. The attending Physician, if available, will direct and control treatment given to the patient.

3.7.3. In the absence of a Physician, a nurse with current ACLS certification will:

3.7.3.1. Apply PPE before entering the room.
3.7.3.2. Take charge of the code and assign roles until Physician arrives.
3.7.3.3. Follow ACLS guidelines based on patient's presentation and cardiac rhythm.
3.7.3.4. Ensure patent IV access or prepare supplies to perform venipuncture or Intraosseous infusion (IO), attempt as able.
3.7.3.5. Insert the oral airway (if trained to do so) and ventilate using the bag valve mask device connected to oxygen.
3.7.3.6. Delegate staff to record on the CPR Record available on the cart.

3.8. The staff member designated as Recorder will ensure that all necessary documentation has been completed and signed and that all persons participating in the arrest are recorded. Recorded information will be reviewed with another ACLS Nurse.

3.9. Nursing staff responding to the Code Blue will be assigned tasks. Staff that are not needed will be asked to assist on the rest of the unit or to return to their duties.

3.10. NOTE: the response team will include: Code Response Nurse assigned on every patient care area (except Dialysis in Tillsonburg), Clinical Leaders (Ingersoll), Physician(s), Nursing Manager of delegate (if available) and RT (TDMH)

4. **EXTERNAL RESPONSE**

4.1. When a person requires medical assistance on hospital property staff are expected to act in a reasonable manner in order to provide assistance at the immediate scene of the incident or injury.

4.2. AHI and TDMH staff are expected to use discretion before entering areas on hospital property that are unsafe and may pose a risk to the health and safety of the persons involved.

4.3. Provide assistance based on level of knowledge and skill when it is reasonably safe to reach the person in need of assistance on hospital property.

4.4. When responding poses no risk to personal safety, notify another staff when going outside the hospital to provide assistance on hospital property.

4.5. If it is not safe to provide assistance, call switchboard x5555 to call EMS.

4.6. Consider a minimum of two staff attending the scene. One staff may be required to leave the person in need of assistance in order to get additional help.

4.7. If staff/affiliates are alone outside the hospital, with no means of communication available and a person requires immediate medical attention:

4.7.1. Inform the person in need of assistance when leaving to get additional help.
4.7.2. Return to the person as soon as possible to provide assistance.
4.7.3. Remain with the person to provide assistance, comfort and reassurance until help arrives on the scene unless doing so poses a personal safety risk.
4.7.4. If transferring the person into the hospital poses no risk to staff/affiliates or the person then safely transport the person in need of assistance into the hospital

4.8. **The person finding an arrest on hospital property will:**

4.8.1. Remain calm
4.8.2. Attempt to rouse person
4.8.3. Determine type of arrest by checking for absence of pulse and/or breathing.
4.8.4. Summon assistance by verbally calling out Code Blue.
4.8.4.1. If no other staff are nearby, call AHI or TDMH on cell phone and dial x5555 to notify Patient Registration / Communications / Switchboard to announce Code Blue and location.

4.8.4.2. If unable to call or find another staff, the person finding the arrest will leave to get additional help and alert of Code Blue in the AHI or TDMH main building.

4.9. **Second responder will:**

4.9.1. If Code Blue not already called, notify Patient Registration / Communications / Switchboard (5555) to announce Code Blue and location.

4.10. **Response team will:**

4.10.1. Transport patient inside main hospital building. If unable to do so, call switchboard x5555 to call EMS to transport person inside.

4.10.2. Follow all procedures for an Internal Response once inside the main hospital building.

5. **INFECTION CONTROL**

5.1. It is essential that Infection Control practices be followed to reduce exposure to respiratory secretions.

5.2. Droplet Contact Precautions are mandatory for every Code Blue regardless of patient diagnosis.

5.3. Personal Protective Equipment (PPE) for all codes includes:

5.3.1. procedural mask

5.3.2. eye protection

5.3.3. gloves and

5.3.4. gown

5.4. For patients with known positive Febrile Respiratory Illness (FRI), staff will used enhanced PPE, including:

5.4.1. N95 Respirator,

5.4.2. eye protection

5.4.3. gloves and

5.4.4. gown

5.5. Unprotected staff should not go within one meter of resuscitation area.

5.6. If suspected overdose, add the following PPE:

5.6.1. N95 Respirator

5.6.2. eye protection

5.6.3. cytotoxic gowns and

5.6.4. double gloves

6. **POST ARREST**

6.1. When a crash cart is used, nursing staff will wipe the cart and replace the supplies. Follow supplies list: Crash Cart Checklist (Form 58-303) or Crash Cart Content List – Emergency Department (Document #31425) located on the crash cart.

6.2. Ensure the cleaning of the room and the replenishment supplies and PPE.

6.3. Ensure original Cardiopulmonary Record CPR Record (Form 58-27) accompanies the patient's chart and a photocopy goes to the Clinical Director.

6.4. Reconcile medications with the patient chart and the Omnicell i.e. medications given, and documented and wastages.

6.5. If applicable, it is the responsibility of the Physician to arrange for transfer, to notify the family, complete the death certificate and contact the Coroner.

7. **AFTER DEATH CARE/PROCESS**
   7.1. Refer to the Death Pronouncement Policy and Death Cadaver Report Policy.

8. **TEAM MEMBER RESPONSIBILITIES**
   8.1. **Patient Registration / Communications / Switchboard**
      8.1.1. Announce overhead three times "Code Blue (floor, unit or department and room number)".
      8.1.2. If the ED gets notification from the central ambulance dispatch that a patient without vital signs is on route, the ED will have Patient Registration / Communications / Switchboard notify the Clinical Leader / Charge Nurse so that they may go to the ED and be prepared to assist in resuscitation.
   8.2. Clinical Leader (AHI) and ED/ICU/Charge Nurse (TDMH)
   8.3. Responsible for:
      8.3.1. Managing responders.
      8.3.2. Ensuring all staff wears PPE.
      8.3.3. Unit coverage – both the affected unit and the responders unit (*****Note – Charge Nurse / Clinical Leader / Ward Clerk / Director to ensure unit coverage outside of the unit in which the code is occurring).
      8.3.4. Assigning a runner.
      8.3.5. Consider assigning a Nurse to support the family.

9. **RECOVERY/DEBRIEF AND REVIEW**
   9.1. As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police and/or Emergency Responders should be invited to the debriefing.
   9.2. The Clinical Director will summarize a report on a quarterly basis (minimum) which will be reviewed by the Emergency Preparedness Committee.
   9.3. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, peer to peer support, Community Crisis Support and workers compensation, as necessary.)
   9.4. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

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Code PINK

CODE PINK – *Cardiac Arrest / Medical Emergency* –

PURPOSE

A Code Pink is called for an arrest situation where the person involved is > 28 days and < 18 years of age. The Neonatal period is up to 28 days after birth and requires Neonatal Resuscitation.

Resuscitation and defibrillation will be carried out according to the Heart & Stroke Paediatric Advanced Life Support (PALS) Guidelines. Neonatal resuscitation will be as per the Canadian Pediatric Society Neonatal Resuscitation Program (NRP) Guidelines.

It is essential that Infection Control practices be followed to reduce exposure to respiratory secretions. Droplet Contact Precautions are mandatory for every Code Pink regardless of patient diagnosis.

- Personal Protective Equipment (PPE) for all codes includes: (procedural mask, eye protection, gloves and gown).
- For patients with known positive Febrile Respiratory Illness (FRI), staff will used enhanced PPE, including: N95 Respirator, eye protection, gloves, gown.
- Unprotected staff should not go within one meter of resuscitation area.
- If suspected overdose, add the following PPE: N95 Respirator, eye protection, cytotoxic gowns, double gloves.

Crash carts are located:

Tillsonburg District Memorial Hospital	Alexandra Hospital, Ingersoll
ED – Resus Rm – Adult Crash Cart	ED – Rm#1 & Adult Crash Cart
ED – OR Rm – Paeds Crash Cart	ED – Rm#3 Adult Crash Cart
1 South – Clean Supply Room – Adult Crash Cart – Transported to Diagnostics/Dialysis	Pain Clinic / Rm#146 – Adult Crash Cart
PACU – PACU Hallway – Adult Crash Cart – Transported to 2 South/2 North	SCU – Adult Crash Cart
ICCU – Nurses Station – Adult Crash Cart	ED – CDU Paeds Crash Cart
Endoscopy – Nurses Station – Adult Crash Cart	

It is the responsibility of the Nursing staff on the floor where the code occurs / crash cart is stationed, to replenish the crash cart. The replenishing of the crash cart must be completed as soon as possible following the use of the cart. Crash Carts should be cleaned as they are restocked by Nursing staff. It is the responsibility of all applicable staff to be familiar with the contents of the crash cart. Do not wait until a code to find out where items are located.

RESPONSE PROCEDURE

There may be situations where the roles required to manage the code are present. In this situation, the decision to call the code will be made in collaboration and at the discretion of the attending Physician and staff.

It is important to provide all the necessary information when requesting a code pink including:

- The floor level
- The specific unit or department
- The room number of specific area

A Code Pink will be cancelled only upon spontaneous return of circulation or respirations within the first minute of requesting the code.

All Staff:

Clear the room. Assist ambulatory patients to leave the room or pull curtains to provide as much privacy as possible. Remove unnecessary furniture and/or equipment.

If there are too many responders in the room, ensure that help is offered to other patients, on the unit. If a Nurse is on their break when the code is called they will immediately return to their home unit.

Person Finding the Arrest will:

- Remain calm.
- Attempt to rouse patient.
- Determine the type of arrest by checking for absence of pulse and/or breathing.
- In patient care area, push **CODE BLUE** button in room
- If applicable, ensure bed is in proper Cardiopulmonary Resuscitation (CPR) position.
- Begin CPR according to current guidelines. Apply PPE prior to entering room, if able.
- Once 2nd person arrives to assist, leave room and apply PPE if not already done.

Second Responder will:

- If Code Pink not already called, notify Patient Registration / Communications / Switchboard (5555) to announce Code Pink and location (hospital floor level, unit or department and room number).
- Apply PPE before entering room.
- Ensure first responder leaves room to apply PPE.

Response Team Will:

- Bring crash cart / monitor / defibrillator / oxygen equipment/ infant warmer for neonate and apply PPE before entering the room.
    - Position Crash Cart near the patient or bed.
    - Place the airway tray (intubation equipment) and oral suction near the patient's head.
    - Place near the patient:
        - IV infusion pump
        - IV Tubing (primed) and prepare tape
        - IV supplies to perform venipuncture
        - Blood pressure cuff and stethoscope
- The attending Physician, if available, will direct and control treatment given to the patient.
- In the absence of a Physician, a nurse with current PALS / NRP certification will:
    - Apply PPE before entering the room.
    - Take charge of the code and assign roles until Physician arrives.
    - Follow PALS / NRP guidelines based on patient's presentation and cardiac rhythm.
    - Ensure patent IV access or prepare supplies to perform venipuncture or Intraosseous infusion (IO), attempt as able.
    - Insert the oral airway (if trained to do so) and ventilate using the bag valve mask device connected to oxygen.
    - Delegate staff to record on the *CPR/ NRP Record* available on the cart.

- The staff member designated as Recorder will ensure that all necessary documentation has been completed and signed and that all persons participating in the arrest are recorded. Recorded information will be reviewed with another trained PALS / NRP Nurse.
- Nursing staff responding to the Code Pink will be assigned tasks. Staff that are not needed will be asked to assist on the rest of the unit or to return to their duties.

NOTE: the response team will include: Code Response Nurse assigned on every patient care area (except Dialysis in Tillsonburg), Clinical Leaders (Ingersoll), Physician(s), Nursing Manager or delgate (if available) and RT (TDMH)

Post Arrest

- When a crash cart is used, nursing staff will wipe the cart and replace the supplies. Follow supplies list on Pediatric *Crash Cart Checklist* (Form # ? – not in Paradigm) located on the crash cart.
- Ensure the cleaning of the room and the replenishment supplies and PPE.
- Ensure original *Cardiopulmonary Record CPR Record* (Form 58-27) accompanies the patient's chart and a photocopy goes to the Clinical Director.
- Reconcile medications with the patient chart and the Omnicell i.e. medications given, ~~and~~ documented, and wastages.
- If applicable, it is the responsibility of the Physician to arrange for transfer; to notify the family; complete the death certificate; and, contact the Coroner.

After Death Care/Process:

- Refer to the **Death Pronouncement Policy** and **Death Cadaver Report Policy**

TEAM MEMBER RESPONSIBILITIES

Patient Registration / Communications / Switchboard

- Announce overhead three times *"Code Pink (floor, unit or department and room number)".*
- If the ED gets notification from the central ambulance dispatch that a patient without vital signs is on route, the ED will have Patient Registration / Communications / Switchboard notify the Clinical Leader / Charge Nurse so that they may go to the ED and be prepared to assist in resuscitation.

Clinical Leader / Charge Nurse or Delegate

Responsible for:

- Managing responders.
- Ensuring all staff wears PPE.
- Unit coverage – both the affected unit and the responders unit (*Note – Charge Nurse / Clinical Leader / Ward Clerk / Director to ensure unit coverage outside of the unit in which the code is occurring).
- Assigning a runner.
- Consider assigning a Nurse to support the family.

RECOVERY / DEBRIEF / REVIEW

10. As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police and/or Emergency Responders should be invited to the debriefing.

11. The Clinical Director will summarize a report on a quarterly basis (minimum) which will be reviewed by the Emergency Preparedness Committee.
12. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, peer to peer support, Community Crisis Support and workers compensation, as necessary.)
13. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

CODE BROWN – In-Facility Hazardous Spill

Code BROWN

PURPOSE

A Code Brown is called in response to a hazardous materials spill or spill of multiple hazardous materials that react with each other.

The Safety Data Sheet (SDS) for any product used in the Hospital shall be readily available at all times for review by staff.

No staff member shall handle or use any product, whether obviously hazardous or not, unless they have received appropriate training; have reviewed the SDS for the product in question; and, wear the appropriate personal protective equipment (PPE).

Hazardous materials spills can be divided into two basic types:

1. *Minor spills:* Can be cleaned up in-house using readily available spill control material, using personal PPE and procedures outlined in SDS.
2. *Major spills:* Occur when the person in charge determines that the spill cannot be handled in a safe, competent manner by hospital staff members, or if the nature of the substance cannot be determined. A Code Brown should be called.

All materials resulting from hazardous materials spills will be disposed of in a safe and responsible manner. Hazardous materials spill kits are located in the Basement Staff / Storage Room (AHI) and the Medical Device Reprocessing Department (TDMH).

If a problem occurs in any process or procedure occurring in the Hospital safety will be the first priority; evacuate the immediate area and activate the Code Brown response procedure immediately.

All Code Brown incidents will be reported to the Joint Health and Safety Committee.

When Code Brown circumstances dictate evacuation, the Code Green procedure is to be used.

RESPONSE PROCEDURE

Upon discovery of a hazardous materials spill, the first person available will initiate the following response:

S Safely evacuate everyone from the immediate area and secure area.

P Prevent the spread of fumes by isolating the area (close doors, cordon off adjacent hallways, post signs).

I Initiate appropriate spill procedure.

L Leave all electrical equipment alone. Do not turn on or off.

L Consult the SDS and evaluate the hazardous properties of the spilled hazardous materials.

If a Minor or Manageable Spill:

1. Ensure that injured or exposed individuals get necessary medical attention.

2. Get help and bring the hazardous materials spill kit to the site.
3. Don appropriate PPE as per SDS.
4. Use the spill kit supplies in accordance with the instructions to absorb and contain the spilled material.
5. Collect and contain the residue in the bag provided and place in a secure and well-ventilated area.
6. Label the bag or container and the contents.
7. Ensure proper disposal as per SDS.
8. If you believe the spill is reportable, notify the department leader or delegate / Admin on Call.
9. Ensure supplies in the spill kit are replenished.

NOTE: All staff can respond to a minor / manageable hazardous materials spill. Anytime a staff member does not feel that they possess the knowledge and resources required to manage response, proceed to "major spill" response and activation of a Code Brown.

If a Major or Unmanageable Spill:

The person who first identifies the spill will:

- Immediately call Patient Registration / Communications / Switchboard (5555) to announce Code Brown. Relay the following details: the location of the spill, number of staff injured or exposed to the hazardous materials and the name and approximate quantity of the hazardous materials spilled (also if it is solid, liquid or gas, flammable or combustible).
- If safe to do so, remain at spill site to restrict access to area.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Acting Incident Manager and report to the affected area. Document the events (see Appendix E: *Event Log*). Delegate role of Recorder, if applicable.
- Verify that all appropriate safety measures have been taken.
- Assist with securing the incident perimeter.
- Ensure any injured or exposed individuals have medical attention.
- Consider the need for further evacuation and initiate Code Green if evacuation required.
- After hours bring (or designate someone to bring) the chemical spill cart to the location. Ensure that the required final cleanup and disposal of contaminated materials is completed.
- Notify the Ministry of Environment if the spill is a reportable incident.
- Once the third party Emergency Spill Response provider and / or Fire Department have said it is safe to do so, the Clinical Leader / Charge Nurse / Incident Manger will instruct Patient Registration / Communications / Switchboard to announce "Code Brown, All Clear" overhead three times.

Patient Registration / Communications / Switchboard

- Announce overhead three times "CODE BROWN and location". "All Staff be on heightened awareness for possible escalation to Code Green".
- Call the Ingersoll or Tillsonburg Fire Department if the spill is flammable or combustible.
- Contact a third party Emergency Spill Response provider when requested to do so by the Incident Manager and advise them of the situation. Obtain an estimated time of arrival.
- Notify the Clinical Leader / Charge Nurse and Administrator on Call immediately.
- Make any other announcements related to the code, or subsequent codes, as directed to do so.

Administrator on Call

- Receive notification information from Acting Incident Manager and review steps taken.
- Determine need for Emergency Operations Centre (EOC) activation. Ensure that the Chief Executive Officer and Senior Leadership team is notified.

- Determine if it is safe to attend in person at Hospital.
- Determine if appropriate to distribute an alert through the Emergency Management Communication (EMCT) Tool.

Housekeeping

Upon being notified of a Code Brown, Housekeeping staff shall immediately:

- Bring the Chemical Spill Cart to the incident location.
- Be prepared to assist with final cleanup, once the third party Emergency Spill Response provider and / or the Fire Department have declared the site safe.

Maintenance

- Ensure that the Emergency entrance ramp is cleared for the arrival of third party Emergency Spill Response provider and / or the Fire Department.
- Greet third party Emergency Spill Response provider and / or the Fire Department and direct them to the correct location.
- Upon the direction from the Fire Chief, ensure all air circulation equipment is shut down.
- Have floor plans ready and available (see Appendix I of the Emergency Management Plan).
- Ensure spill site is isolated and provide security as needed.
- Provide elevator access to transport spills response resources.

RECOVERY / DEBRIEF / REVIEW

14. Ensure that all applicable staff receives medical screening following decontamination. Ensure that the exposure, substance, length of exposure and PPE are documented appropriately for all staff members.
15. The Hospital should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation or if damage to facilities and equipment inhibits their use.
16. As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Fire and third party Emergency Spill Response provider should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.
17. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
18. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

CODE PURPLE – Hostage Taking

Code PURPLE

PURPOSE

A Code Purple is to be called in the event of a situation where any person is confined forcibly, seized or detained against their will, with the threat / possession of a weapon or threat of violence to themselves or others.

All Code Purple responses will be the responsibility of the Police. Any role played by our staff will be in support of Police efforts, and will be conducted in a safe location, and as directed by Police.

In the event of a hostage situation, there are certain basic survival guidelines that healthcare workers and others can exercise:

- Using good judgement, do whatever the hostage-taker asks.
- Be especially courteous during the first 5 minutes because that is when hostage takers are the most desperate and jumpy.
- Be patient – accept the situation and be prepared to wait.
- Do not try to be a hero. Avoid an aggressive or threatening stance or demeanor, as this may be perceived as a threat. Cooperate with the hostage taker(s) and follow instructions. If possible, try to establish rapport with the hostage taker(s). The longer you are together, the less likely you will be hurt.
- Treat the hostage taker(s) with the utmost respect.
- Do not speak unless spoken to. Never wisecrack.
- Try not to show your emotions. Hostage takers play on emotional weakness.
- Do not volunteer information, make suggestions, or make promises you cannot keep. Do inform the hostage taker(s) if anyone needs special medication.
- Do not try to escape – if you see a chance to escape, consider it very carefully. And then rethink it again. A foiled attempt can prove extremely dangerous for you and the other hostages.
- Act relaxed. Do not turn your back on the hostage taker(s) unless directed to do so.
- Try to keep eye contact without staring. People are less likely to harm someone they are looking at.
- Have faith in your fellow workers and negotiators.
- When rescue comes, take cover on the floor for your protection. In order to avoid injury, stay away from doors and windows.

IMPORTANT: At no time should any staff member talk to members of the community, media, etc., about the Code Purple situation.

RESPONSE PROCEDURE

Immediately upon seeing that the individual is holding one or more persons hostage, the following steps should be taken:

- Call Patient Registration / Communications / Switchboard (5555) to announce Code Purple. Relay the following details: the location of hostage taking; visible signs or mention of weapons; number and description of hostage(s); number and description of hostage taker(s); whether hostage taker(s) are contained within a specific room or area and whether they are mobile; and, any specific threats or demands.

- Do not physically confront the individual. If at all possible, leave the area and wait for the Police.
- Where possible, isolate the area (i.e., do not let other people into the area) by evacuating the area as quickly and quietly as possible.
- If the individual responds aggressively, withdraw a little and re-assess the situation.
- Gather as much information as you can, from a safe location if an opportunity presents, but never place yourself in a position where you might be taken hostage or injured.
- Never attempt to block their egress from the facility.
- Do not permit other individuals to engage in conversation with the subject.
- Await the arrival of Police. Brief the Police on what has happened, and on what you have learned about the individual so far.
- With the approval of the Police, withdraw to a safer location.

Staff Response on Unaffected Units

Under the direction of the Incident Manager or upon hearing announcement:

- Each Unit will 'lock down' for the duration of the emergency; patients will be confined to their rooms, with doors closed. *(Note: The Emergency Department would be the exception to the "lock down". Emergency Department to treat and discharge as many patients as possible. Have these patients remain in the waiting area. They must not be permitted to leave the building.)*
- Keep telephone usage to a minimum.
- Staff members may visit patient rooms for medications, needed procedures, etc., if safe to do so.
- All staircases and elevators are off limits to anyone other than Police officers, and should be considered to be out of service.
- No patient, staff or visitor shall leave any Unit, until the ALL CLEAR has been sounded.
- All appointments and scheduled procedures in the facility will be cancelled until further notice.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Acting Incident Manager and report to the affected area. Document the events (see Appendix E: Event Log). Delegate role of Recorder, if applicable.
- Contact Emergency Medical Services dispatch on the direct line and advise that no further ambulances are to be sent to our hospital until police have resolved the incident.
- Instruct the Emergency Department to treat and discharge as many patients as possible. Have these patients remain in the waiting area. They must not be permitted to leave the building.
- Attempt to cohort all critical patients in an appropriate area, where they can receive treatment without a great deal of movement through the corridors.
- Attempt to cohort all other patients requiring admission into as few rooms as possible.
- Close all room doors.
- Prepare the Resuscitation Area to treat potential victims.
- Ensure that measures for decontamination of tear gas are in place in the Resuscitation Area.

Patient Registration / Communications / Switchboard

Upon notification of a hostage taking situation:

- Announce overhead three times "*Code Purple*". Do not state location.
- Call 911 and notify Police. Advise 911 operator of all available information such as:
    - Location of incident, including current location and any affected locations
    - Description of assailant(s)
    - Type & description of weapon(s), if applicable
    - Information on hostages / victims (if any)

    - Any comments or demands made by the assailant
    - Any other relevant information
- Notify the Clinical Leader / Charge Nurse and Administrator on Call immediately.
- Make any other announcements related to the code, or subsequent codes, as directed to do so.

Administrator on Call

- Receive notification information from Incident Manager and review steps taken.
- Activate the Emergency Operations Centre (EOC) if it is safe to do so.
- Determine need to attend in person at the hospital.
- Notify Senior Leadership Team, as required.
- In some circumstances, when the designated Senior Leadership Team person is at home, returning to the hospital may be unsafe. In these cases, the Acting Incident Manager will remain in charge of the situation, assisted and advised by the appropriate person by telephone.
- The resolution of the incident will be the decision of the Police. Once the situation has been resolved, the Incident Manger will instruct Patient Registration / Communications / Switchboard to announce "Code Purple, All Clear" overhead three times.

Facilities Management

Under the direction of the Administrator on Call:

- Clear the driveway for the Police vehicles.
- Greet the Police and direct to the Emergency Operation Centre (EOC), if safe to do so.
- At the discretion of the Incident Manager or Police, lock exterior doors to entry and elevators if possible.
- Proceed to the designated EOC bringing the most current copy of the building floor plans.
- Assist police by providing information regarding building systems.

Senior Leadership Team

- Proceed to the designated EOC if it is safe to do so.
- If it is unsafe to return, they should remain at a number where they can be contacted by telephone.

RECOVERY / DEBRIEF / REVIEW

- As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.

19. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
20. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

Alexandra Hospital Ingersoll
Tillsonburg District Memorial Hospital
Partnering to keep healthcare close to home.

CODE GREY – Infrastructure Loss or Failure

Code GREY

PURPOSE

A Code Grey is to be called to alert the organization to a loss of essential service or an infrastructure loss or failure of substantial significance. It is also to alert the organization of severe weather.

The following would constitute situations that may trigger activating a Code Grey:

1. *Severe Weather*: Weather conditions are such that road travel is becoming a problem. Deliveries of food, medical supplies and pharmaceuticals are unlikely to occur while these weather conditions persist. Rationing of food, linen, medical supplies and pharmaceuticals may become necessary if the disruption is prolonged. Replacement staff may not be able to report or may be limited to those living in immediate proximity to the hospital. It may not be safe to leave the building. For the purpose of this Emergency Response Plan, Severe Weather also includes a Tornado Warning as defined by the Weather Service. A tornado warning indicates that a tornado has been spotted or that Doppler radar indicates a thunderstorm circulation which can spawn a tornado. When a tornado warning is issued for the town, immediate safety precautions must be taken.
2. *Main Electrical*: The main electrical power system is not functioning. This may be due to an internal or an external problem. This may also be due to a scheduled maintenance procedure. Emergency power, supplied to the red plugs by the back-up generator, is functioning normally. Only one of each pair of elevators is functioning.
3. *Emergency Power*: While the main electrical system is currently functioning, the emergency generator or its switching system is non-functional due to a problem, or has been taken off line for maintenance. Should any disruption of the main electrical power supply occur, there will be no emergency power.
4. *Water System (Flood)*: The main water system is currently offline. This may be due to a loss of external water pressure (e.g. broken water main), a plumbing problem in the hospital (e.g. a broken pipe), contamination of the water supply (e.g. boil water advisory) or scheduled maintenance procedure. Patients and staff should be using bottled water for drinking. While some pressure may remain in the pipes, this should be reserved for flushing toilets.
5. *Heating System:* The building heating system is currently offline. This may be due to an internal problem (e.g. boilers out) or to an external problem (e.g. gas main break). Measures may be required to keep patients and staff warm while repair measures are underway.
6. *Gas System:* The building is not currently receiving any natural gas to power the heating system, the hot water system, or the food preparation equipment.
7. *Ventilation System:* This may be the result of an internal issue (e.g. vapours from Code Brown) or external (e.g. excluding gases from a hazardous materials spill). The ventilation system will not function until further notice.
8. *Medical Gases:* One or more of the medical gases is currently offline. All patients requiring medical gases (e.g. oxygen) should be checked immediately, and placed on portable systems until further notice.
9. *Information Technology Failure:* Some aspect of our IT infrastructure is down. This may affect the telephone or computer systems; this will be specified in the announcement (e.g. Code Grey – IT: Computer, or Code Grey – IT: Telephone). Depending on the nature of the disruption, appropriate manual procedures will be initiated.

RESPONSE PROCEDURE

These are general processes that would address the situation. Each department must maintain department specific "down time" procedures for their specific equipment and processes that might be affected by the loss or failures listed below.

In the event of infrastructure loss or failure of substantial significance, Code Grey will be activated at the discretion of the Leader responsible for the particular service affected during normal working hours in collaboration with a Senior Administrator, Chief Executive Officer (CEO) or the Administrator on Call. When making this decision, consideration will be given to ability to treat patients safely and effectively.

Code Grey should be considered if the downtime will extend beyond 30 minutes. * Note - this does not include planned downtime.

When Code Grey circumstances dictate evacuation, the Code Green procedure is to be used.

All staff members suspecting a Code Grey scenario:

- Immediately refer the situation to their immediate Leader for follow-up.
- The immediate Leaders should contact Maintenance or another appropriate department, and advise them of the situation.
- Leadership of the appropriate department, and in consultation with their Senior Leader and upon validating the situation, will dial 5555 and request Patient Registration / Communications / Switchboard to announce the Code Grey, if applicable.
- Each department will follow department-specific procedures for their specific equipment and processes that might be affected by the loss or failures identified.

*When a tornado WARNING has been issued for the local area by the Weather Service:

- All persons involved in direct patient care and / or duties essential to the operation of the Hospital shall return to their unit or department for assignment.
- Patients who have been transported off their home floors for testing or therapies shall be sheltered in the safest location in that area. Transporters should not attempt to return to floors during a Code Grey warning.
- When a Code Grey warning is announced, patients will be placed in the safest possible place in accordance with their medical condition and unit.
    - Ambulatory patients and patients in wheelchairs shall be placed in the bathrooms of their rooms if space is available or in internal hallway corridors.
    - Bedfast patients will be placed in the flat position, as tolerated. For patients who cannot be moved to the hallway, draw curtains and shades in patient rooms. Turn bed so headboard is between patient and any windows. Protect patient with blankets or pillows.
- Employees in patient care areas should seek shelter in bathrooms or interior hallways based on space and patient needs. If time does not permit evacuation of areas with windows, seek shelter under desks or behind file cabinets.

Clinical Leader / Charge Nurse or Delegate

- Assume the role of Acting Incident Manager and report to the affected area, if it is safe to do so. Document the events (see Appendix I: *Event Log*). Delegate role of Recorder, if applicable.
- Notify and remain in contact with Administrator on Call until their onsite arrival.

Patient Registration / Communications / Switchboard

Upon notification of an infrastructure loss or failure:

- Upon direction of the Incident Manger, announce overhead three times "*Code Grey*". "Please stand by for further instructions".
- Make any other announcements related to the code, or subsequent codes, as directed to do so.

Administrator on Call

- Receive notification information from Incident Manager and review steps taken.
- Activate the Emergency Operations Centre (EOC) and notify the Senior Leadership Team.
- Report to the Hospital, if it is safe to do so.
- Ensure that the Emergency Management Communication (EMCT) Tool has been updated.

Senior Leadership Team / EOC Team

- Proceed to the designated EOC if it is safe to do so.
- Senior Leadership member responsible for the disrupted system or delegate must immediately assess situation, identify and immediate safety issues and provide update to the EOC Team. Direct appropriate department team members to proceed with required repairs, based on the type of incident. Ensure that you are notified regularly of progress and / or problems.
- Proceed with Code Grey measures, based on the type of incident:
    - *Severe Weather*:
        - Consult the Weather Network or some other similarly credible source. Determine the type of weather, duration, accumulations of precipitation.
        - Consider critical services affected by the disruption.
        - Determine when the next scheduled deliveries are for: food, medical supplies, pharmaceuticals, medical gases. Are any of these likely to be disrupted by the expected weather?
        - Consider the need to ration the above.
        - When are the next scheduled shift changes? Are these likely to be disrupted by the expected weather? Consider calling relief staff in early and asking on-duty staff to remain (they may have no option). Develop a plan to feed, rest and rotate what staff is available, in order to maintain patient care at levels which are appropriate and sustainable. Determine objectives and assign as tasks to subordinate staff members.
    - *Main Electrical & Emergency Power:*
        - Ensure that a Nurse immediately checks all patients with technology-based life support systems.
        - Are any individuals trapped in elevators, or diagnostic equipment?
        - Verify that the emergency power is functioning normally. Determine which building systems function on emergency power, and which do not. Determine the length of time emergency power can function without intervention. Ensure that safety measures and contingency arrangements are in place in case of failure of both the main and emergency power system.
        - Identify any patients who would be particularly vulnerable, during an extended power interruption.
    - Water Systems:
        - Identify any patients who might be particularly vulnerable to a lack of running water
        - All patients / staff to be using bottled water.
        - Switch to waterless hand sanitizer for hand washing. Ration bed baths.
        - When flooding is an issue:

- Relocate patients away from affected area
- Ensure Facilities Management makes necessary repairs (AHI has full time licensed plumber in Maintenance, and Maintenance is on call 24/7 for quick response)
- Ensure clean-up of the affected area by Housekeeping
- Restoration contractors are Belford, Winmar and Servicemaster
- Plan repatriation of evacuated patients, when it is appropriate to do so
- Determine whether flooding has affected water portability
- Make contingency arrangements for water supply, as required

In addition:

- Main valves are flipped (exercised) semi-annually, and documented by Maintenance
- Diagram (valve chart) located in Maintenance
- Main water shut off valve is labelled and located in pump room
- Spill Control cart is kept in ESW dept.
- Emergency Management Plan is reviewed/updated annually, and all staff review codes annually through LMS (Learning Management System)

- *Gas / Heating System:*
  - Determine outside temperature and the rate at which the building is likely to cool / heat.
  - Identify any patients who are at particular risk from this incident e.g. elderly, infants / children.
  - Determine strategy for managing the problem e.g. extra blankets, cohorting patients, evacuation.
  - Is there an immediate threat to safety (e.g. gas leak)?
  - Determine if food preparation is affected. Develop a cold feeding plan, if required.
- *Ventilation System:*
  - If the issue is external, direct all staff to close all windows and doors in the building. Limit entry and egress to the building to the Emergency Department entrance doors.
  - Consider any other strategies for ventilation / cooling e.g. fans, stopping activities which generating heat (laundry, hot food preparation).
- *Medical Gases:*
  - Direct all staff to immediately check on all patients who are dependent upon medical gases. Implement life safety measures using portable oxygen systems and manual equipment, as required
  - Inventory existing stocks of medical gases in transportable cylinders. Estimate rate of consumption and time to exhaustion of stocks.
  - Identify and contact potential sources for transportable medical gas cylinders e.g. regular supplier, alternate suppliers, EMS, nearby hospitals. Obtain estimates of time to delivery.
- *Information Technology:*
  - Does it affect the telephone or computer systems? Determine the extent of the impact on the Hospital.
  - Immediately inform Information Technology or I.T. On-Call if after hours.
  - Ensure that all staff members understand which services are currently unavailable e.g. Electronic Patient Records, email, Hospital Internet, telephones.
  - Ensure that the telephone service provider is notified and responding.
  - Conduct a thorough check of hospital telephones e.g. internal phones, inbound and outbound calls, long distance calls, cellular service and pay phones.

    - In the event of a Switchboard Console Failure, all inbound calls will be routed (via night mode) to the other (AH or TDMH) hospitals switchboard. Overhead paging will continue to be used through the other switchboard and registration phones. Team members may still call each other from extension to extension, and hospital to hospital via internal extensions.
    - Check with Emergency Services and determine whether there is a Police Officer or a Paramedic present. If there is, ask them to notify their Dispatch Centre of the situation, and to notify the emergency services. The direct telephone to EMS dispatch may also be used for this purpose.
- Ensure that each message carried by the runners is entered in the *Event Log*.
- Based on timing and duration of the failure, consider additional staffing for busy departments.
- Consider critical services affected by the disruption.
- Consider the need for municipal emergency services.
- Depending on the length and type of loss, decide if escalation to Code Green may be required. In situations where extended "down time" occurs (i.e., greater than 24 hrs) and not requiring escalation to Code Green (e.g., loss of IT or telephone system) request that Patient Registration and / or Communication repeat Code Grey announcement every 8 hours / shift between 0800 – 2000 to ensure that staff arriving during shift changes are informed. Begin contingency arrangements for Code Green, if necessary.
- Consider Emergency Services on redirect in collaboration with Clinical Leader / Charge Nurse.
- Surgical Services to complete current procedures and then stop.
- Ensure that staff and patients are briefed on the current / ongoing situation.
- Once the situation has been resolved, the Incident Manger will instruct Patient Registration / Communications / Switchboard to announce "Code Grey, All Clear" overhead three times.

Chief Executive Officer

- Notify the Board of Directors, Ministry of Health, Ontario Health, Media, etc., to inform them and the greater community of temporary measures.
- If necessary, maintain contact with external agencies to keep up-to-date with failure.

RECOVERY / DEBRIEF / REVIEW

- As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.

21. As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
22. Workers should speak with their leader regarding any specific concerns, needs, or considerations.

CODE SILVER - Person with a Weapon

Code SILVER

PURPOSE

A Code Silver is to be called in the event of a situation where any person is attempting or threatening to cause harm at a location within the Hospital, regardless of the weapon in use.

Other Codes that may escalate into a Code Silver:

- *Code White*, when staff is involved in the management of an aggressive or violent person. Hospital workers will come to assist when a Code White is called.
- *Code Purple*, where hostages are being used as currency. These situations are usually more physically contained in nature than Code Silver scenarios and may not require the same scope of response from law enforcement and Hospital workers.

*ALL CODE SILVER RESPONSES WILL BE THE RESPONSIBILITY OF THE POLICE. Any role played by our staff will be in support of Police efforts; be conducted in a safe location; and, as directed by Police.

RESPONSE PROCEDURE

Code Silver is a planned response to ensure the safety of all staff, patients and visitors at the Hospital when an individual is in possession of a weapon and an enhanced police response is required.

Code Silver should be called if there is a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon.

Code Silver will not result in other Hospital workers coming to assist as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.

When a Code Silver is initiated, all staff will make every reasonable effort to protect themselves, patients, visitors and others in their immediate area following the procedures set out in this document.

* DO NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation.

IMPORTANT:
Code Silver will not result in other Hospital workers coming to assist as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.
At no time should any staff member talk to members of the community, media, etc., about the Code Silver situation.

If <u>in the immediate area</u> of an assailant, all staff will:

1. Remain CALM and EVACUATE
    a. Do not confront a person with a weapon.
    b. Do not attempt to remove wounded persons from the scene.
    c. If possible, assist others to leave the area and redirect those trying to enter.

d. Evacuate if able and safe to proceed.
e. Only evacuate if you are close to an exit and can get there safely without attracting attention.
f. While evacuating keep hands visible at all times (not to be mistaken for the shooter).
g. Leave any belongings behind.

2. If unable to evacuate, HIDE
    a. Use safe rooms where possible, including any room with a door without a window, and the door can be locked.
    b. Barricade the door with heavy furniture. Turn off lights.
    c. Silence your cell phone and turn off any sources of noise (e.g. radios, televisions, etc.).
    d. Hide behind large objects (e.g. cabinets, desks, walls, etc.).
    e. Remain quiet and low to the ground.
    f. Do not open or respond to answer the door. Wait for the Code Silver ALL CLEAR announcement, or on verification that Police are at the door.

3. SURVIVE
    a. Fight only as a last resort and only if your life is in imminent danger.
    b. Attempt to disrupt and / or incapacitate the assailant, acting as aggressively as possible against him / her, throw items and improvising weapons, yelling, commit to your actions, personal alarms.
    c. If others are available, work together to distract and attack the assailant as fiercely as possible.
    d. Use objects to render as much harm as possible to enable escape. As soon as possible, run to safety. Do not leave Hospital property until authorized by the Police.

4. CALL Patient Registration / Communications / Switchboard (5555) as soon as possible.
    a. Inform Patient Registration / Communications / Switchboard to initiate Code Silver.
    b. Give the operator as much information as possible including:
        i. Location of the assailant(s) (current, last known, and / or direction headed).
        ii. Type of weapon(s).
        iii. Description of the assailant(s).
        iv. Any comments or demands made by the assailant.
        v. Information on victims and/or hostages.
        vi. Any other information you feel may be relevant.
    c. Remain on the line, and follow the instructions of the operator (stay as quiet as possible).

In areas near the Code Silver, staff will:

IMPORTANT:
Code Silver will not result in other Hospital workers coming to assist as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.

1. If you can leave safely, EVACUATE:
    a. Remain calm and follow Police direction, if available.
    b. Quickly leave the area, evacuating as many patients and other people as possible.
    c. Redirect any people entering the area to evacuate to a safe location.

2. If you cannot leave safely, HIDE:
    a. Remain calm.
    b. Protect yourself and individuals in your area by quickly and quietly:
        i. Closing doors, locking and barricading yourself and others inside (where possible).
        ii. Positioning people out of sight and behind large items that offer protection. (e.g. behind desks, cabinets, and away from windows).

iii. Silencing personal alarms, mobile phones and other electronic devices (e.g. TVs, Radios, etc.).
iv. Turning off monitors and screens (where possible) to reduce backlighting.
v. Instructing others, who are capable of assisting, to do the same with other patient rooms (i.e. visitors may assist with the patient room they are visiting).
vi. 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.
vii. Hide in place until "Code Silver, All Clear" is announced overhead.
viii. If the assailant enters your work area, contact Patient Registration / Communications / Switchboard (5555) if it is safe to do so.

Staff Response on <u>Unaffected Units</u>

IMPORTANT:
Code Silver will not result in other Hospital workers coming to assist as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.

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

<u>Upon Arrival of Police:</u>

- Understand that law enforcement personnel are the primary responders and will assume control in any Code Silver response.
- Do not interfere with the Police Officers by delaying or impeding their movements.
- Police Officers will be responding with the <u>intent to use a required level of force to defuse the situation</u>. Ensure you do not present yourself as a threat to them:
    - Drop any items in your hands (e.g. bags, jackets, etc.).
    - Immediately raise hands and keep them visible at all times.
    - Remain calm and follow Officers' instructions; avoid screaming and/or yelling.
    - Avoid making quick movements toward Officers.
    - Do not attempt to grab hold of an Officer.
    - Do not stop to ask Officers for help or direction when evacuating. Proceed in the direction from which Officers are entering the area.

Police Officers may:

- Be wearing normal uniforms or tactical gear, helmets, etc.
- Be armed with rifles, shotguns and/or handguns.

- Use chemical irritants or incapacitating devices (e.g. pepper spray, stun grenades, tasers, etc.) to control the situation.
- Shout commands and may push individuals to the ground for their safety.

Clinical Leader / Charge Nurse or Delegate

IMPORTANT:
Code Silver will not result in other Hospital workers coming to assist as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.

The Clinical Leader / Charge Nurse will assume the role of the Incident Manger until Leadership arrives on site and if safe to do so.

Patient Registration / Communications / Switchboard

IMPORTANT:
Code Silver will not result in other Hospital workers coming to assist as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.

If more than one person is available, work to complete all of these requirements in tandem.

- Announce overhead three times *"Code Silver (and specific location, if known)"*
- Call 911 and notify Police.
    - Advise 911 operator of all available information such as:
        - Location of incident, including current location and any affected locations
        - Description of assailant(s)
        - Type & description of weapon(s)
        - Information on hostages / victims (if any)
        - Any comments or demands made by the assailant
        - Any other relevant information
- Remain on the line to provide updates.
- Follow instructions of the 911 operator.
- Notify Administrator on Call immediately after placing 911 call.
- Close, lock and, if possible, barricade the door to the Patient Registration / Communications / Switchboard area.
- Make any other announcements related to the code, or subsequent codes, as directed to do so.

Incident Commander/Administrator-on-Call

IMPORTANT:
Code Silver will not result in other Hospital workers coming to assist as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.

- Receive notification information from Acting Incident Manager and review steps taken.
- Determine need for Emergency Operations Centre (EOC) activation. Ensure that the CEO and Senior Leadership team is notified.
- Determine if it is safe to attend in person at Hospital.
- Assist Police with all requests.
- Prepare Emergency Department for treatment of victims.
- Once the Police have said it is safe to do so, instruct Patient Registration / Communications / Switchboard to announce "Code Silver, All Clear" overhead three times.

RECOVERY / DEBRIEF / REVIEW

- The Hospital should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation or if damage to facilities and equipment inhibits their use.
- As soon as possible, Leadership should conduct a debriefing including participation of any involved staff members. The Police should be invited to the debriefing. The Incident Manager will complete the *Post Incident Debrief Summary* (Appendix E of EMP) and provide to the Emergency Preparedness Committee (EPC). The EPC will provide a quarterly report of incidents to the JHSC.
- As part of the recovery process, the Hospital will consider the physical and mental health needs of all workers and patients. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their leader regarding any specific concerns, needs, or considerations.

APPENDIX G: Pandemic Influenza Plan

PANDEMIC INFLUENZA PLAN

INTRODUCTION

Health sector employers are ultimately responsible for Occupational Health and Safety (OHS) in the health setting. Additional efforts must be made to maintain such healthy environments during an influenza pandemic and these pandemic precautions should be seen as an escalation of existing and effective OHS & Infection Prevention and Control practices. The following *Influenza Pandemic Plan* is based off of the *Ontario Health Plan for an Influenza Pandemic*, which was designed to guide planning at both the provincial and local levels across Ontario and describes how Ontario's healthcare system will respond to an influenza pandemic. While some of our content reflects strategies utilized to react to the 2020 COVID-19 pandemic, it does not provide in detail the entire response. The following plan will be reviewed/revised as new guidance regarding pandemic planning within the healthcare setting becomes available.

Characteristics of Influenza

Influenza occurs throughout North America predominately each fall and winter. Influenza is a contagious respiratory disease caused by a group of influenza viruses, A, B and C. However, influenza A and B primarily cause illness. Symptoms can be mild to severe and usually start suddenly. The most common symptoms include: fever, headache, aches and pains, fatigue and weakness, extreme exhaustion, stuffy/runny nose, sneezing, sore throat, cough and sometimes nausea, vomiting and diarrhea. While most healthy individuals recover from the illness, some people such as elderly and children, and those with underlying health conditions, can have serious complications.

Highly contagious, Influenza is transmitted by direct contact from person to person. Droplets can also be spread indirectly from contaminated items. The virus can survive for 24-48 hours on hard non-porous surfaces and up to 8-12 hours on cloth surfaces. Influenza is primarily transmitted within the community.

Influenza Pandemic

An influenza pandemic consists of two or more waves or intense periods of viral transmission. The novel influenza virus displaces other circulating seasonal strains during the pandemic. Pandemics occur when the four following characteristics are present:

1. A novel influenza A virus emerges;
2. The new virus can spread efficiently from human to human;
3. The new virus causes serious illness and death; and,
4. The population has little or no immunity to the new virus.

Commonly, new influenza strains originate in Southeast Asia where human populations have close interaction with pigs and domestic fowl. From past studies, experts predict the first wave lasting 6 to 8 weeks followed by a second and possibly more severe wave 3 to 9 months later. Additional waves may occur with a return to normal wintertime influenza cycle every 2 to 3 years.

The last pandemic occurred in in 2009, with the pathogen of origin identified as a novel H1N1 influenza. In less than two months from the first laboratory detected case in California to when the outbreak was declared on June 11, 2009, over 70 countries had reported cases of H1N1 to the Centers for Disease Control and Prevention (CDC) and community outbreaks were ongoing in numerous countries. (CDC, 2010). This example reinforces the need to prepare for any pandemic due to the impact of any emerging pathogens on all countries.

The Importance of Planning for a Pandemic

The World Health Organization (WHO) will declare a pandemic when human-to-human transmission of a novel influenza strain is confirmed and sustained, and outbreaks occur in several countries. The WHO, Government of Canada and the Province of Ontario have published plans outlining healthcare response strategies. These plans provide guidance for the development of local response plans. Public Health Units will assume the lead in the coordination of the local response and communicate and reinforce the Ministry of Health and Long Term Care's (Ministry of Health) recommendations and response strategies with local health system partners.

PANDEMIC INFLUENZA PLAN DEVELOPMENT

Alexandra Hospital, Ingersoll (AHI) and Tillsonburg District Memorial Hospital's (TDMH) Pandemic Influenza Plan (PIP) has been developed in collaboration with Oxford County Public Health & Emergency Services and associated healthcare providers in the community and is based on the federal and provincial planning guidelines.

PIP development is led by the Infection Prevention and Control Committee in collaboration with the Emergency Preparedness Committee. The PIP will be considered a working document and undergo many reiterations as further information and coordinated services develop. The decisions of all committees will be based on the principals of ethical decision making as outlined in the provincial plan. These include:

- Individual liberty
- Protection of public from harm
- Proportionality
- Privacy
- Equity
- Duty to provide care
- Reciprocity
- Trust
- Solidarity
- Stewardship
- Patient and family centred care
- Respect for emerging autonomy

Plan Objectives

The objectives of the PIP are to provide strategies to:

- Minimize the impact of influenza on hospital operations and normal patient care activities;
- Respond to the increased medical needs of the community;
- Protect and support hospital staff and associated healthcare professionals; and,
- Address the recovery of the financial, social and psychological pressures caused by the event.

Planning Assumptions

There are many uncertainties in relations to influenza pandemic planning. How these uncertainties manifest will affect how the pandemic response is mounted. The next pandemic could emerge anywhere in the world and at any time of year. Ontario has little lead time between when a pandemic virus is first identified and when it arrives in the province. The spread rate, age groups affected and the extent of medical needs cannot be identified until the pandemic begins. The availability and effectiveness of antiviral drugs in preventing transmission is also unknown. Due to these uncertainties, it is difficult to develop a definitive response plan. Therefore, the Hospital's PIP will provide guidance and an inventory of resources to assist in the decision making process as circumstances become known.

The pandemic virus behaves like seasonal influenza viruses in significant ways, including the incubation period, period of communicability and methods of transmission. The pandemic strain is primarily community spread; that is, it is transmitted from person-to-person in the community as well as in institutional settings.

The Government of Ontario has provided guidance in the pandemic planning activities based on a software program entitled FluAid2.0 developed by the CDC. This tool estimates the projected impact of an influenza

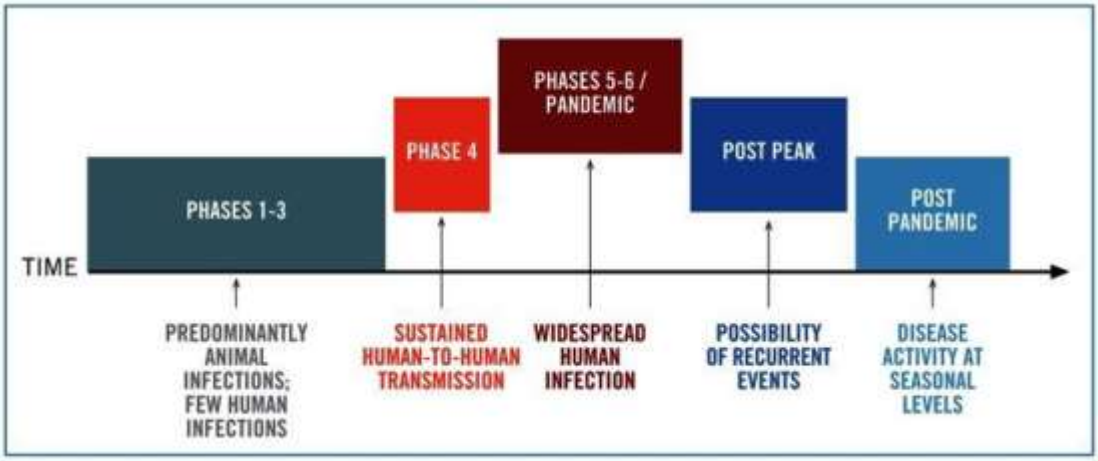
pandemic on a community based on population and available hospital resources. The Hospitals have used the FluAid2.0 program to estimate the impact of the influenza pandemic on its system. Based on a 25% spread rate and an estimated length of the first wave at 8 weeks, the projected impact to the Hospitals are as follows:

- AHI can expect to see 42 influenza related admissions and six influenza related deaths over the eight week period. In the peak activity weeks (weeks 4 and 5) AHI can expect approximately eight influenza related admissions and one influenza related death per week. These estimates will be the basis for determining admitted occupancies, treatment locations, outpatient visits, mortality figures, staffing levels and supply needs.
- TDMH can expect to see 83 influenza related admissions and 19 influenza related deaths over the eight week period. In the peak activity weeks (weeks 4 and 5) TDMH can expect approximately 16 influenza related admissions and three influenza related death per week. These estimates will be the basis for determining admitted occupancies, treatment locations, outpatient visits, mortality figures, staffing levels and supply needs.

The projected patient impact figures are in excess of the normal hospital patient activities and admissions. The Hospitals will strive to maintain all normal hospital services during a pandemic outbreak; however, the influx of patients and severity of the outbreak may require certain services to be curtailed.

PLANNING ACTIVITIES

With the confirmation of each Pandemic Influenza phase, planning activities will be escalated in preparation to a local response.



(World Health Organization, 2009)

Key elements and the most responsible party in each of the Pandemic Alert phases are included in Resource 1: *Planning and Activities by Pandemic Phase*.

COMMAND STRUCTURE

During an influenza pandemic response, it will be necessary to initiate and maintain coordinated efforts of both internal and external resources. Providing a clear understanding of roles and responsibilities, as well as communication processes is essential in delivering an efficient response. The following PIP incorporates the Incident Management System (IMS) as per the Hospital's Emergency Management Plan.

COMMUNICATIONS

The Ministry of Health issues situation reports to update health system partners on the status of the response. During an influenza pandemic, these reports may be sent to health liaison organizations, Local Health

Integration Networks (Ontario Healths) and Public Health Units, who then share information from these reports with their members, agencies and local partners.

Situation reports include the following information:

- Details of the event in progress, including information on the risk to the health and safety of Ontarians;
- Surveillance information;
- Health system impacts across the province, as well as the impacts to other critical infrastructure;
- Response activities at the local and provincial level; and,
- Next steps.

Communication with staff and external resources will be critical in maintaining a coordinated and effective response to the influenza pandemic.

Information and Communication Cycles

The Chief Executive Officer (CEO), or delegate, will be assigned the role of the Emergency Operations Centre (EOC) Commander and is responsible for the overall management of the incident. The EOC Commander is responsible for analyzing information and developing a plan with which to guide the organization through the incident. They will also set the internal coordination meetings with the EOC Team and additional Hospital representatives, as required.

Communication, to both internal and external staff and stakeholders, will be disseminated by the EOC Commander or designate on an ongoing basis as information becomes available.

A clear method of providing timely and accurate information to staff, physicians and volunteers regarding service delivery, staffing issues and new directives will be developed as needed during a pandemic situation.

Methods of communications to be explored will include the following: Overhead paging systems; communication runners; telephone and voicemail notifications; e-mail; internal and external website updates; radio communications; pager systems; newsletters or written notices; and, signage

Internal Communications

Information required:

- Details regarding the expectation of all Health Care Workers;
- Surveillance strategies and expectations;
- Details for anti-viral medication availability for health care workers; and,
- Details for immunization, when available.

The information will be made available via:

- 24 Hour hot line via central phone;
- Daily emails to all staff, including use of intranet;
- Hospital Website;
- Posted in all departments/staff bulletin boards;
- Staff door entrance(s)/screening centers which are clearly marked; and,
- Regular daily management and staff meetings.

External Communications

The Planning / Communications Officer will establish communication with other hospitals, Oxford County EOC, and / or local response agencies (e.g. Public Health) and report on the current Hospital status and to gather information to take back to the hospital EOC Team for sharing and decision making. Patient confidentiality and privacy policies will be maintained.

Media Releases

The EOC Commander or designate will be the media contact. Prior to release of information, the EOC Team shall approve all media releases or requests for media assistance.

External methods of communications may include:

- Brochures, posters, flyers
- Newspaper, magazines
- Social media
- Verbal
- Ads, commercials
- Newsletters, articles, updates
- Press releases, interviews
- Email/memo
- Presentations, town hall meeting

The Hospital will review reporting timelines with the Ministry of Health to assure that consistent and up to date information is provided.

REDEPLOYMENT CENTER

As human resources may be strained during an outbreak, changes to current workplace policies and procedures may occur. The redeployment of staff that has already been affected by the influenza virus will provide additional benefits to worker protection.

Issues to consider at time of event (event dependent):

- Ensuring names of all appropriate staff are submitted and redeployed.
- Ensuring staff working in Personnel Pool understand job requirements.
- Ability to capture costs associated with redeployment.
- Determining pay structure and payroll issues.
- Must ensure all redeployed staff receives orientation/training to new area.
- Must ensure personal supports are in place to assist staff in this change.

Redeployment principles and operational guidelines have been established (See Resource 2: *Redeployment Center*).

HEALTHCARE SERVICES

The Hospitals will concentrate planning activities with Regional and/or Provincial partners to address the projected acute care and critical care admissions. Planning with community care providers and Public Health officials will be required to address outpatient care and assessment services.

Clinical Management

The Ontario Health Plan for Influenza Pandemic (OHPIP) recommends that the patient's initial contact with the healthcare system will be through Tele-Health Ontario telephone services and primary assessment centers. While hospitals will continue to assess and treat non-influenza patients, it will be difficult to control patients with influenza-like symptoms from presenting themselves to the Emergency Department (ED).

Projected Impact

Based on past influenza and pandemic activities, experts predict a 15 % to 35% attack rate on the general population. It is estimated that up to 50% of the clinically ill will seek outpatient care and approximately 13% will require hospitalization.

AHI and TDMH have the capacity to open eight surge beds above its normal compliment, in a separate patient care area away from normal patient census, to offset the expected influx of patients.

Initial Triage & Assessment

During the pandemic phase 6, public access (including walk in emergency patients) will be restricted to the ED entrance. Initial Screening will occur in the ED entrance / lobby for patients arriving by Emergency Medical Services (EMS) / Police Services. Depending on the initial assessment, patients will be directed to the appropriate location. All emergency patients require a further triage assessment. At all times, the Hospitals will work towards achieving segregation for infection control purposes.

In the initial stages of a pandemic influenza outbreak for patients waiting to be seen within the ED, the Ambulatory Waiting Room will be used for cohorting patients with influenza-like illnesses and segregated from non-influenza patients in the main ED Waiting Room. This may be difficult to maintain as numbers increase in which case, consideration will be given to establishing a secondary triage area for influence-like illnesses utilizing a separate entrance. The Hospital's will review the guidelines and recommend changes based on standard assessment guidelines and checklists developed from the OHPIP.

Acute Influenza Patient Care

The primary acute care area for influenza patients that require admission will occur by opening and staffing the currently un-used Inpatient areas. Strategies for human resources, supplies, equipment and support services will be planned for these locations. Efforts will be made to discharge patients or accommodate the patients on another unit to facilitate an influenza unit.

Admission criteria standard orders have been reviewed by key clinicians and adapted to the Hospitals. The Hospitals will continue to utilize the Travel and Acute Respiratory Illness (ARI) Screening Tool which is incorporated in the mandatory triage assessment process.

Critical Care

Alexandra Hospital, Ingersoll does not operate an Intensive Care Unit and does not have staff trained to provide care for ventilated patients. All patients requiring these services will be transferred elsewhere.

TDMH patients will be treated as per usual in the Intensive Coronary Care Unit.

Patient Self Care

In order to meet the demanding needs of bed capacity, early patient discharges may be required. Self-care instructions for influenza-like illnesses during a pandemic will be developed by the Infection Control Department in conjunction with the County of Oxford Public Health and / or Public Health Ontario based on the Ministry of Health guidelines.

Medical Bed Management

Patient Services will be critical in freeing up bed space for influenza-like illness and non-influenza patients. The Hospitals will develop admission and discharge criteria guidelines based on directives received from the Ministry of Health in addition to continually monitoring patient activities and plans for early discharge or

alternative care programs. Home and Community Care will work closely with other healthcare organizations in monitoring alternative care programs and discharge plans.

Service Continuity

The Hospitals will strive to continue normal hospital operations during a pandemic outbreak; however, the EOC Team recognizes that temporary cancellations of non-essential services may be required to respond to the extent of the outbreak. The EOC Team will meet daily during a pandemic to review clinical care and more frequently as required.

Laboratory Services

Laboratory Services will maintain all services required to safely and optimally manage all hospitalized patients. Some laboratory services may be curtailed dependent of the extent of the outbreak and the reduction in non-essential services. Laboratory Services will review the OHPIP and develop and communicate a prioritized list of services based on the severity of the outbreak and available resources. Laboratory Services will communicate and organize with the Oxford County Public Health Unit for increased testing that cannot be done onsite.

Morgue Services

Morgue Services will be reviewed with the intent to optimize morgue capacity and alternative morgue resources. AHI has the capacity to hold two bodies and TDMH has the capacity to hold X bodies. The Hospitals will liaise with the Oxford County Public Health Emergency Response Teams when needed to obtain assistance from additional resources such as local funeral homes.

Diagnostic Imaging Services

Diagnostic Imaging will strive to maintain normal services and coordinate activities with other hospital services that may be curtailed during the outbreak. Portable Diagnostic Imaging equipment will be assessed for use outside of the department. For imaging that can only be completed within the department, Diagnostic Imaging will coordinate with sending area to minimize exposure to the outbreak. Diagnostic Imaging will review current resources and incorporate to optimize staff resources during the outbreak.

INFECTION CONTROL

Surveillance is the continuous and systematic process of collecting, analyzing, interpreting and disseminating descriptive information to monitor public health and ensure timely interventions to reduce morbidity and mortality. The objectives of surveillance are to detect and monitor influenza-like illness within our community.

Patients who present to the hospital with these symptoms should be place on Droplet / Contract precautions and the Infection Control Department notified. Patients should not be taken off precautions until cleared through the Infection Control Department.

RISK ASSESSMENTS

Organizational Risk Assessments

Currently, AHI has one negative pressure room within the ED and one negative pressure room on the 3rd Floor Inpatient Area for the protection for all front line staff and patients. TDMH has X negative pressure room located X and 1 portable unit.

Respiratory Protection Programs and donning and doffing education for all healthcare workers (HCWs) is reviewed in collaboration with Infection Control on a yearly basis to ensure that HCWs are trained fit tested and prepared. All staff is required to have a current fit test at all times.

All related policies and procedures are updated annually to be in compliance with current legislation, regulations and jurisdictional recommendations.

Ongoing evaluation of resources during the pandemic will include:

- Supplies needed for Personal Protective Equipment (PPE), patient care items and additional supply carts for PPE storage and additional precautions signage;
- Monitoring of the pressurization of airborne isolation rooms; and,
- Communication strategies to ensure timely information are shared with all key stakeholders in regards to the pandemic state.

Patient Screening

The Hospitals presently utilizes a self-screening program which includes Travel and ARI Screening at all points of registration and for any patients requiring assessment and possible admission within the Hospital. Infection Control Practitioners are advised of any potential cases for follow-up and provide recommendations on staff protection programs. Infection Control will adjust screening protocol with further refinements in best practices and ministry recommendations as the recommendations change.

Staff Screening

The Hospitals will utilize a staff screening process in regards to fitness to work during a pandemic based on Ministry of Health recommendations. Assessment locations may be initiated for everyone entering the hospital, including staff, volunteers and the general public. The Hospitals will review locations; download current Ministry of Health screening tools; review supply requirements; and, develop guidelines for managing these locations.

Point of Care Risk Assessments

Point of Care Risk Assessments (PCRAs) will be completed by all HCWs prior to the initiation of patient care to determine the appropriate PPE, isolation and cohorting strategies for any given patient. Staff will receive education upon orientation and ongoing.

The POCRA emphasizes:

- Evaluation of exposure likelihood for the specific interaction, with a specific patient, in the specific environment.
- Choose the appropriate work practices to protect the patient in question, the team member and other members of the environment (including PPE and appropriate actions)

As details of the illness become available, knowledge and resources will be provided to staff to more specifically perform POCRAs during the pandemic, including:

- Epidemiology of the illness
- Transmission factors of the illness
- Additional precaution measures

A matrix provided by The Public Health Agency of Canada or the Ministry of Health will be utilized by staff during a pandemic.

Triage & Assessment

Patients should be separated into three categories:

1. Influenza
2. Other Influenza Like Illness (ILI) symptoms
3. Other conditions with no ILI symptoms

Influenza Assessment Process

The influenza assessment process should be organized to minimize crowding and provide for appropriate spatial separation (two metres) between infected sources and susceptible hosts in assessment cubicles, waiting areas and treatment areas. Depending on the initial assessment patients will be directed to the appropriate locations.

a) Whenever possible, single rooms should be used for patients with ILI symptoms.
    - When single rooms are not possible, ensure that spatial separation recommendations are applied (i.e., two metre distancing between influenza and non-influenza patients or use of temporary physical barriers).
    - Respiratory Hygiene should be used, including the use of masks by patients, if tolerated.
    - Consider cohorting patients with similar symptoms in the same area (a two metre separation is not needed when patients have similar symptoms/diagnosis).
b) Assessment staff should be evaluating not only the patient's symptoms, but also the symptoms of the person accompanying the patient.
    - If the person accompanying the patient has ILI symptoms and the patient has no symptoms (i.e., presenting with "non-influenza" complaints):
        i. Consider the patient exposed to influenza;
        ii. The patient should be monitored every four to six hours for ILI symptoms
        iii. Request that another person without ILI symptoms accompany the patient. However, if this is not possible, the accompanying person with ILI symptoms may stay with this patient;
        iv. The accompanying person with ILI symptoms should be informed that if they leave the patient's bedside, they should leave the patient area and immediately leave the facility.
        v. The accompanying person with ILI symptoms should be asked to wear a mask and instructed in respiratory and hand hygiene.
        vi. The accompanying person with ILI symptoms should be informed that they may NOT go to the cafeteria, visit other patients, or wait in any public area.

Admission Process

a) The admission process should be organized to minimize crowding and provide for appropriate spatial separation (two metres) between infectious agents, infected sources, and susceptible hosts.
b) Where ever feasible, physical barriers (i.e., glass/acrylic partitions) should be used to minimize exposure of assessment, reception and admission personnel to patients with ILI symptoms.
    - When physical barriers are not possible, spatial separation recommendations should be applied (i.e., two metres between non-infected personnel and patients with ILI symptoms).
    - Separate influenza and non-influenza cohorts should be maintained for the duration of the pandemic (i.e., locally).

Patient Risk Assessment

All HCWs have a professional responsibility to assess the infectious risk posed to themselves and other patients, visitors, HCWs by a patient, situation, or procedure. This risk assessment is based on professional judgement of the health care provider and should be performed before every interaction with a potentially infectious patient.

The risk of transmission of microorganisms between individuals involves factors related to:

1. The patient infection status (including colonization);
2. The characteristics of the patient;
3. The type of care activities to be performed;
4. The resources available for control; and
5. The HCWs immune status.

The HCW must perform a risk assessment of each task or interaction that includes:

1. Assessing the risk of:
    a. contamination of skin or clothing by microorganisms in the patient environment;
    b. exposure to blood, body fluids, secretions, excretions, tissues;
    c. exposure to non-intact skin;
    d. exposure to mucous membranes; and
    e. exposure to contaminated equipment or surfaces
2. Recognition of symptoms of infection (e.g., syndromic surveillance)

SURVEILLANCE & ADDITIONAL PRECAUTIONS

Infection Control will implement the following measures:

- Establishment of a PPE and hand hygiene compliance audits schedule.
- HCWs training in the selection, putting on and taking off PPE safely along with the care, use and limitations of PPE.
- Use of glass or acrylic partitions as barriers to protect triage and reception personnel.
- A system for rapidly identifying patients with symptoms of ARI and / or accommodation for their assessment in a separate space away from patients without symptoms.
- Policies / processes for the early recognition (e.g., a screening program), containment, investigation, and reporting of any individuals (patients, HCWs, visitors, contractors, etc.) in the healthcare setting, with ILI symptoms
- Processes to minimize the generation of and exposure to infectious aerosols created during procedures
- Promotion of and adherence to effective hand hygiene practices by all individuals in the healthcare organization including patients, HCWs, visitors, contractors, etc.
- The use of Alcohol Based Hand Rubs (ABHRs) is the preferred method of hand hygiene in all healthcare settings. Hand washing with soap and water is recommended when hands are visibly soiled
- Consideration of individual bottles of ABHR available for use by HCWs in settings where wall / bedside-mounted containers are not feasible.

Precautionary Measures

- Signage should be placed at specific locations indicating the location of masks and ABHR
- Appropriate housekeeping, laundry and waste management
- Place ABHRs at points of care and at entrances to and exits from healthcare settings and patient-care units

- Separate assessment and care areas
- Temporary partitions
- Two metre distancing
- Risk Assessments completed by HCW, prior to every patient encounter
- Appropriate PPE
    - Masks and Respirators
    - Facial/eye protection or face shields
    - Gloves
    - Gowns

Patient Accommodation

Patient accommodations will be assigned to the Clinical Leader / Charge Nurse (who will work in collaboration with the Infection Control Practitioner). Whenever possible, single patient rooms should be utilized for inpatients with ILI symptoms.

Airborne infection isolation rooms may be utilized for patients requiring aerosol generating procedures with ILI symptoms when possible.

Note: Airborne infection isolation rooms are not required for the routine care of influenza patients.

Placement Alternatives

a) Patients who are immune to influenza include those who:
    - Were immunized against the pandemic influenza strain at least two weeks prior; OR,
    - Have recovered from laboratory confirmed pandemic influenza.
b) Patients who have recovered from laboratory confirmed influenza may be accommodated in the area most appropriate to their care needs.
c) As immunization may not be fully protective, consider assessing immunized inpatients for signs of influenza every four to six hours for one incubation period
    - Newly identified patients with ILI symptoms should be isolated within their room while ensuring a two metre separation from any roommates who do not have ILI symptoms.
    - Close the privacy curtains between the symptomatic patient and other patients, if they are not in a private room.
    - Treat new influenza patients with antiviral medication, unless medically contraindicated.
    - Instruct patients to practice frequent hand hygiene, utilize respiratory hygiene and remain within their own bed space.

Contract Tracing of Roommates

- For an outbreak, the definition of roommates includes present roommates and any patient that had shared the room within a previous one incubation period for open units, consider "roommates" to be the susceptible patients on either side of the newly infected patient or any patient within two metres of the newly infected patient.
- Monitoring roommates for signs and symptoms of influenza should be increased to every four to six hours for one incubation period
- Roommates should be started on antiviral prophylaxis, unless medically contraindicated (see *The Canadian Pandemic Influenza Plan for the Health Sector* - Annex E).
- Roommates should be encouraged to practice frequent hand hygiene.
- Asymptomatic roommates should not be required to wear masks to prevent influenza transmission.

Patient Transfer

The movement of patients with ILI symptoms should be limited to those transfers / transports that are medically necessary.

- When transfer / transport (intra-facility or inter-facility) is necessary, HCWs should perform a Patient Care Risk Assessment to determine the range of precautions that are recommended for care before, during and after the transport of the patient.

Formal communication processes should be established to ensure that the transporting agency and the receiving department, unit, or facility, is made aware of the patient's ILI symptoms, diagnosis and lab results (e.g., direct communication with personnel of the receiving department, unit or facility) so that the transferring personnel and the receiving area can rapidly initiate precautions during transport and upon arrival.

When transport (intra-facility or inter-facility) is necessary, patients with ILI symptoms should be taught to:

- Perform hand hygiene
- Wear a mask (NOT a respirator) for the duration of transport (if tolerated)
- Practice respiratory hygiene during transport

Visitors

Visitors with symptoms of influenza should NOT visit except in very exceptional circumstances.

PERSONAL PROTECTIVE EQUIPMENT

HCW's decision to wear PPE should be based on an understanding of the patient's infectious disease status and the mode of transmission of the infectious agent. PPE should be worn regardless of vaccination status or recovery from laboratory confirmed influenza as other respiratory viruses may be circulating. A point of care Risk Assessment should be performed prior to every patient interaction to determine what level of respiratory and other personal protection is required to provide care to a specific patient with specific symptoms.

Face Mask and / or Respirator

HCWs should wear a respirator and face or eye protection when:

- The HCW will be working within two metres of an influenza patient (or someone with ILI symptoms); and,
- The patient is coughing forcefully; and,
- The patient is unable or unwilling to comply with respiratory hygiene (e.g., coughing or sneezing into sleeve, using tissues or wearing a mask).

A respirator is recommended for all HCWs present in a room where an aerosol generating procedures are being performed on a patient with symptoms compatible with the pandemic influenza strain.

When either a mask or respirator is worn, it should:

- Be put on and worn appropriately to prevent self-contamination;
- Be removed carefully by the straps or ties;
- Cover the nose, mouth and chin;
- Be discarded immediately after use into an appropriate, preferably hands-free waste receptacle (i.e., disposed of when removed from the face);

- Not be touched on its external surface with the hands in order to avoid self-contamination;
- Not dangle around the neck;
- Be changed if it becomes wet or soiled (from the wearer's respiration or through an external splash).
- Be changed if breathing becomes difficult.
- Hand hygiene should be performed immediately before and after removing a mask or respirator.
- In designated influenza patient care areas, admission isolation or cohort care areas, the mask or respirator may be worn for sequential care of influenza patients. Gloves and gowns must be changed between patients.

Eye Protection and Face Shields

- Eye protection or face shields should be worn whenever a mask or respirator is worn as per Routine Practices.
- Eye protection or face shields should be removed immediately after use and discarded promptly into an appropriate, preferably hands-free receptacle. If eye protection is reusable, place in appropriate area for cleaning and re-processing.
- Hand hygiene should be performed immediately before and after removal of eye protection or face shields.
- Prescription glasses are NOT adequate for eye protection; additional eye protection should be worn over glasses.
- HCWs should avoid touching their faces with their hands to prevent self-contamination.

IN A DESIGNATED INFLUENZA ASSESSMENT, ADMISSION, ISOLATION OR COHORT AREA, EYE PROTECTION OR FACE SHIELDS MAY BE WORN FOR SEQUENTIAL CARE OF INFLUENZA PATIENTS. GLOVES AND GOWNS MUST BE CHANGED BETWEEN PATIENTS.

Gloves

- Gloves should be worn when coming within two metres of a patient with symptoms of ILI.
- Gloves should be removed and discarded immediately upon leaving the patient's room or bed space.
- Hand hygiene should be performed immediately after removal of gloves.
- When caring for a number of influenza patients, gloves MUST be changed between patients, including within designated influenza assessment, admission isolation or cohort care areas.

Gowns

- Gowns are not recommended for the routine care of patients with influenza or symptoms of ILI, unless contact with clothing or skin of the patient or contact with the patient's immediate (i.e. within two metres) environment is anticipated.
- Long-sleeved gowns are recommended if skin or clothing may be contaminated during patient care.
- If a gown is worn, it should be removed immediately after the indication for their use and placed into an appropriate, preferably hands-free receptacle.
- Hand hygiene should be performed immediately after removal of gowns.
- Gowns must be changed between ALL patients. When caring for a number of influenza patients, gowns MUST be changed between patients, including within designated influenza assessment, admission isolation or cohort care areas.

ENVIRONMENTAL HYGIENE PROGRAMS (HOUSEKEEPING, LAUNDRY AND WASTE)

- Clutter and entertainment items such as magazines, books and toys in waiting areas should be removed to prevent cross contamination and allow for ease of cleaning.
- Hospital-grade disinfectants can be used for environmental cleaning as these disinfectants readily inactivate the influenza virus.

- Meticulous daily cleaning of environmental surfaces.
- Surfaces frequently touched by the hands of HCWs and patients, such as, medical devices and knobs for adjustment or opening should be cleaned and disinfected with disinfectant wipes or hospital grade disinfectant at least twice daily and when visibly contaminated.
- Non-critical medical devices and medical equipment (e.g., oximeters, intravenous infusion pumps, armrests, examining tables, stretchers, etc.) should be cleaned and disinfected with a hospital grade disinfectant before use by a patient and in between patients.
- Linen contaminated with secretions from patients with ILI symptoms does NOT require special handling.
- Waste from patients with ILI symptoms does NOT require special handling.
- Dishes (e.g., disposable dishes) used by patients with ILI symptoms do NOT require special handling.

REPORTING

AHI regularly provides reports to the Oxford County Public Health (OCPH) including ARI surveillance activities. Reporting activities will be revised to meet guidelines developed by the Ministry of Health and OCPH.

SUPPORT SERVICES - HUMAN RESOURCES

Staff Resources

Human Resources maintain a list of all employees and contract staff, which will be utilized for staff call-ins and emergency fan-out procedures. Human Resources will utilize staff Physical Demands Analysis (PDA) which highlights skills-based tasks and responsibilities based on the job requirements. The PDA will assist the EOC Team in the decision making process to redeploy staff as needed.

External Personnel Resources

Human Resources can access recently retired HCWs that may be available to assist in the event of the outbreak. Additionally, a list of volunteers outlining their skills and abilities has been developed and will be maintained by the Volunteer Coordinator. The Hospitals have regulations and guidelines available in Occupational Health & Safety policies to assure that all temporary workers are provided education and training necessary to protect both themselves and the patients.

Staff Support

The Hospitals presently utilize an Employee and Family Assistance Program (EFAP) for staff and family assistance. The influenza pandemic will have an effect on all staff whether it is on oneself, family members, patients and co-workers. Additionally stress could be heightened by HCWs caring for an extensive number of patients.

Staff Remuneration

The Hospitals will review human resource policies to address lost time, overtime etc. These programs will be further reviewed with the use of volunteers and alternative staff resources. The Hospitals will adhere to current processes and parameters defined by collective agreements. Provision of sick pay will be determined based on Ministry of Health directives at the time of a pandemic.

Organizational Resiliency – Coping Mechanisms

It will be expected that we will be surviving several "waves" of the influenza. If employees are ill in vast numbers and the workload is overwhelming, it will be difficult to maintain staffing levels and positive employee morale, leading to poor morale, absenteeism and turnover. It will be difficult to ascertain whether or not the organizations have the resiliency will be a problem in coping with on-going crisis. It will also be

expected that EFAP utilization may increase cost and that provider resources may be limited due to increased volumes.

Recruitment Plan

Once the pandemic event is known, and during the event itself, it may be difficult to recruit staff. Once the pandemic is confirmed, the organizations may be very competing for human resources within the healthcare industry. External hires may demand increased rates for compensation and/or other benefit considerations and new staff will require orientation and training which will impact resources in human resources and staff development.

Action Plan:

- Human Resources will recruit additional staff as required including students etc.
- Upon notification of a pandemic event directors in collaboration with Human Resources will review all approved and pending leave requests.
- Human Resources will review opportunities to work with external agencies, as required.
- Compensation must be aligned with collective agreements and hospital policies.

Use of Volunteers

Recognizing that a pandemic may go on for an extended period and that staff may be exhausted or ill themselves, extra help in the form of volunteers may be needed. Volunteers and staff must be screened at the door based on pandemic directives:

- If Pass, assign duties.
- If Fail, do not assign duties, notify Occupational Health and Volunteer services department.

We will use our valuable volunteer force appropriately and as much as possible. Volunteer assignments will consist of non-clinical duties as directed by the EOC Commander, such as:

- Portering supplies and linen
- Delivery and retrieval of meal trays, food delivery to Family Room, etc.
- Door registration/screening
- Communications (directing visitors, crowd control)
- Administrative support
- Family support (accessing appropriate staff/spiritual care providers)
- Environmental services (table set-up, cleaning floors, tables, emptying linen bags, etc.)

Walk-in volunteers (concerned citizens) cannot be accepted due to the length of time it would take to screen them for deployment.

Determining Essential and Non-Essential Work

To have an effective redeployment system, identification of essential and non-essential work must be established so that all applicable staff are redeployed.

Action Plan:

- Dependent on number of patients with influenza.
- Color code lists for easy identification of nursing staff, health professionals, service/support, technical staff, etc.
- Dependent on expectation for continued clinical services (which services will be downsized to accommodate extra workload).

- Dependent on number of staff who become ill and staffing difficulties.
- Dependent to some degree on length of pandemic event and how many waves.
- Review labour classification to ensure all available staff are utilized effectively.

Role of the Joint Health & Safety Committee

Action Plan:

- Regular written updates will be provided to the JHSC to keep them informed.
- Communications will be given to staff regarding infection control procedures that will reduce spread of germs at home.

Child/Elder Care for Staff

Mandatory public health measures are extraordinary actions designed to address and counter specific public health threats such as a Pandemic. Mandatory measures could include the closure of schools and daycares to minimize the potential spread of infectious disease. This may have a great impact on staffs' availability to report to work. Further recommendations on self-care programs will additionally pose stresses to HCWs availability when family members require care at home.

Issues:

- Maintaining adequate staffing levels will be a severe challenge due to employees becoming ill, the added strain of their children or parents requiring care will result in additional lost time or resignations.
- Schools may be closed – childcare issues results.
- Employee's children may be ill – who will care for them?
- Employee's elderly parents may be ill – who will care for them?

Action Plan:

- Encourage staff to discuss and plan for these events with their families. HCWs must be considered the essential worker in the family with others providing support so they are able to maintain regular attendance at the hospital.
- Prepare a resource list of additional childcare resources in Ingersoll / Tillsonburg and surrounding area for staff. The Hospital will not be setting up a temporary childcare center.

Staff Identification

During a pandemic identification will be required. Staff must have and consistently carry hospital-issued identification (name tags) with them.

New Employee Entrance Screening Recruitment Plan

Recruitment will be difficult throughout the pandemic event. If the Ministry of Health determines that some form of new employee entrance screening is required, recruitment of staff may become a challenge.

Action Plan:

- Use existing job descriptions developed and adapt as required.
- Use existing orientation program developed.
- Use students and external resources as available.

Budget Tracking – Special Codes and Cost Centers

Issues:

The Logistics / Finance Lead will be responsible for ensuring that coding and tracking has been completed during the pandemic. These responsibilities may include the following:

- Coding and tracking of sick time related to pandemic situation.
- Coding and tracking of redeployment costs.
- Tracking of overtime.
- Timesheet issues.
- Current payroll system uses a number of codes, are they capable of developing new codes without jeopardizing the integrity of the system and compromising accuracy of pay run.

Action Plan:

- Sick time related to pandemic influenza should be coded separately. Payroll will be consulted.
- Redeployment must be tracked through originating department with a special code.
- Other special codes could be assigned as system allows or as needed.
- The Logistics / Finance Lead in collaboration with Payroll will develop further tracking plans. Proactively set up in advance budget / payroll tracking mechanisms.

OCCUPATIONAL HEALTH AND SAFETY

During a pandemic the risks to HCWs acquiring influenza will be similar to the risks faced by the general population due to the modes of transmission and the extent of the people who will be infected. The Hospitals will take all precautions to protect workers i.e. providing the supplies, education and the isolation requirements to minimize the risk of staff acquiring influenza in the workplace.

The Hospitals have the necessary PPE for ILI type symptoms with the goal of preventing the spread of respiratory illness to staff and patients. Education programs and policies have been developed to reinforce present infection control practices.

PPE that may be required to care for an ILI patient include the following

- N95 Respirators.
- PPE at point of care Mask with visor
- Hand hygiene – education and training,
- Higher leveled Gowns based on Ministry of Health requirements.

The Hospitals continue to evaluate and update the supply requirements of these items and is working partnership with HMMS to stockpile necessary supplies in their supplementary warehouse. In the event staff does not have a current Fit test, those staff will be Respirator Fit Tested immediately.

Immunization

Vaccines may not be available for up to five months following the first outbreak of the influenza. The Hospitals will develop a plan for the vaccination of all staff in collaboration with OCPH and monitor and report any adverse conditions in accordance with Ministry of Health directives.

Occupational Health will reinforce the Influenza surveillance policy throughout the pandemic outbreak and provide amendments to address issues identified during the planning process.

Antivirals

While vaccinations will not be available for the first wave of an influenza pandemic outbreak, antiviral medications may be effective for both treatment and prophylaxis use in slowing the spread and severity of the influenza strain. The Canadian and Ontario governments are stockpiling Oseltamivir (Tamiflu) for this purpose. Priority groups have been established with treatment of early influenza-like illness patients and

protection of essential healthcare providers being the higher priorities. The governments have not yet determined the deployment methods and timelines; however, AHI has engaged in a bulk-purchasing program with the Ontario Hospital Association for a supply of the antiviral medications specifically for employees. The deployment methods will be in accordance with Ministry of Health directives.

Fit to Work Policies

Recommendations in the Canadian Pandemic Plan have been to develop work exclusions and / or fit-to-work screening to assist workers in evaluating their conditions and potential utilization of workers in alternative roles. The Hospitals will explore these exclusions / inclusions based on current public health recommendations during the pandemic and follow some of the guiding principles in the Influenza surveillance program.

Staff Education

Educational opportunities in regards to donning and doffing of PPE, and N95 respirator training occur on an ongoing basis at corporate and nursing orientation and ongoing to ensure staff has the knowledge and skill regarding the sequencing and types of PPE requirements. Any additional education will include a collaborative educational approach with staff development and Infection Control.

Existing programs of infection control procedures and personal protective devices donning and doffing will be reinforced throughout the planning activities.

Redeployment Training

In developing the human resource response strategies, redeployed staff will require specialized training to conduct unfamiliar roles in the organization. We will follow the existing orientation processes (i.e. minimal orientation checklist, department orientation checklists). Each department and clinical area is responsible for redeployment as well as established routines. Job descriptions are available for all departments in Human Resources.

BUILDING OPERATIONS AND MAINTENANCE

Facility Management

Facility Management services at the Hospital are performed by in-house Maintenance staff who will be active participants in the preparation for, and response to, any pandemic situation.

Environmental Services is committed to maintaining the facility and prioritizing staff and patient safety in the event of a pandemic. Upon an outbreak being categorized as Public Health Agency of Canada Pandemic Phase 5, Environmental Services will begin a thorough review of all critical infrastructures. Extra maintenance will be completed to ensure uninterrupted operation during the outbreak period. For example all exhaust fan HEPA filters will be changed proactively to ensure maintenance is not required while the pandemic is active.

In the event of a labour disruption, caused by the pandemic, Environmental Services will reprioritize work to ensure that all emergency and safety related concerns are being completed in a timely manner. Qualified contractors will be brought in to support the department in the event that the internal Facilities Management roster is severely impacted by the pandemic.

<u>Critical Services & Supply Management</u>

Hospital planning will address the continued maintenance and operations of critical facility services to meet clinical needs.

The Hospital will identify building operations and maintenance consumables and develop a plan for the supply of these items during the pandemic response.

Security

Security of patients, staff, visitors, volunteers, facilities and supplies has been identified as being a major issue during an outbreak. The Hospital will review security policies and procedures as well as propose alternative measures for the protection of persons and property

Patient Flow

Large numbers of persons will seek assistance at the hospital during an outbreak. Planning will occur with Leadership who will address security issues related to patient flow as well as providing assistance to patients, families and visitors.

The Hospital has a detailed Hospital Policy that allows for admitting patients or moving admitted patients into non-conventional beds to prevent admitted patients from remaining in the ED. This policy ensures the care needs of patients are met when the Hospital is experiencing capacity issues and can be activated at any point during the 24 hour day. It incorporates increase in the number of bedside rounds to discuss bed utilization and strategy planning to ensure the continued flow of patients through the Hospital.

Supplies

During an outbreak, PPE, medical supplies, antiviral and vaccines may be in short supply. Additional shortages of fuels, food and basic necessities have been predicted by planning experts. The Hospital will develop recommendations on security measures for storage of stockpiles and access to other supply requirements.

Continuity of Food Services within the Hospital will be essential during a pandemic outbreak. Servicing normal patient, staff plus projected influenza patient numbers as well as families and volunteers will pose additional stress to the delivery of food services. Additionally potential disruption to the present product delivery services may be realized due to fuel and staffing shortages.

Food Services

During a pandemic, Food Service delivery to staff and volunteers will be reviewed, addressing increased staffing and volunteers. Food Service delivery may require modifications to suit Human Resource and Infection Control recommendations.

Environmental Services

Increased numbers in patients and patient care locations, may impact the supply of PPE. The Hospital will liaise with the Oxford County Emergency Response Teams to assist in obtaining additional resources as needed

Linen Management

AHI utilizes London Hospital Linen Services for the supply of hospital linen needs. LHLS has developed a Pandemic Plan and is storing old linens off site instead of disposing of them. They have made arrangements with suppliers to hold linen so it is available with 24 hours' notice. TDMH has an internal Laundry services.

Waste Management

The Hospital will review the present waste management programs and provide recommendations on disposal for the increase in patient numbers as well as potential disposal company disruption of services. The Hospital will follow the recommendations of the Ministry of Health regarding any additional precautions necessary for the disposal of pandemic waste. The Hospital partners with Daniels Sharps Smart Canada for weekly pick up of biomedical waste. General waste is picked up at AHI twice weekly and at TDMH three times weekly by MCQ Handling.

SUPPLIES AND EQUIPMENT

The OHIPIP has provided recommendations on stocking inventory of PPE for HCWs. The Hospital is currently an affiliate to Healthcare Materials Management Services (HMMS) who currently inventory the necessary supplies in their warehouse. The Hospital has a list of the other affiliate hospitals for HMMS as potential contact for supplies.

The Hospital will review critical resource requirements with the various departments throughout the Hospital to assess needs to stockpile critical resources. The plan will provide recommendations on the management, procurement and replenishment of these resources. Furthermore, review equipment presently in services, recently removed from service and the status of maintenance will be assessed and recommendations prepared to address deficiencies or concerns.

The Hospital will review vendor storage capacities, maintenance response times and shipment deliveries pertaining to the pandemic outbreak, and the provision for Vendor written commitments for support.

In the event of a pandemic situation, Pharmacy will produce additional medications related to supportive treatments, for example: intravenous antibiotics, analgesics, antipyretics, and bronchodilator inhalations. Stocking levels will be determined based on needs and appropriate stocking areas will be established for overflow clinical areas.

Although the hospital will be considered a priority service, service providers may have difficulty maintaining present service contracts during the pandemic. AHI will review essential utility and medical service contracts to assure priority services will be provided and will propose alternative sources for these services.

Development of a recovery plan from the pandemic outbreak is essential to assure the Hospital is ready for a potential second wave as well as to provide financial recovery to maintain normal hospital operations. The PIP provides recommendations on return to normal operation indicators and recommencement of normal services.

The financial lead will ensure that the pandemic expenditures are tracked during the interpandemic, pandemic and recovery stages. Guidelines will be developed for the procurement of supplies and services including recommendations for financial tracking of supply use, patient identification and normal hospital financial policies.

RESOURCE 1 - PLANNING AND ACTIVITIES BY PUBLIC HEALTH AGENCY OF CANADA PANDEMIC PHASE	
Key Planning Activities	**Most Responsible Position/Department**
Phase 3: No sustained human-to-human spread	
Commence pandemic planning activities. Create an inventory of available physical supply.	Infection Prevention & Control (IPAC)
Create an inventory of human resources.	Human Resources
Commence the development of a one month supply of critical supplies required for influenza patient care, diagnostics, and personal protection of staff.	Materials Management
Develop and maintain an alternate list of suppliers.	Materials Management
Conduct routine surveillance and screening of Acute Respiratory Illnesses (ARI).	IPAC
Commence planning of human resource strategies.	Human Resources
Identify patient care criteria to assess alternate care locations.	Chief Nursing Executive
Identify and develop staff educational awareness programs.	IPAC and Staff Development
Identify and plan for increased security needs.	VP Safety or delegate
Phase 4: Human-to-Human spread has been identified but remains highly localized (outside of Canada)	
Enhance ARI surveillance and reporting structures.	IPAC
Ensure human resources rosters are current.	Human Resources
Continue planning activities internally.	IPAC Committee
Review supplies inventory and procurement processes.	Materials Management
Commence staff educational awareness programs.	IPAC and Staff Development
Review patient care services planning.	Chief Nursing Executive
Identify internal and external communications protocols	IPAC / CEO
Identify alternative treatment sites and supply provisions.	Chief Operating Officer (COO)
Phase 5: Large clusters of human-to human transmission with outbreak remaining localized (outside of Oxford County)	
Enhance ARI surveillance of staff and visitors.	IPAC
Review visitor policies and restrictions.	IPAC / Chief Nursing Executive
Plan for consolidation and deferral of services.	Chief Nursing Executive
Develop discharge criteria to increase bed availability.	Multi-disciplinary & HCC
Develop triggers for curtailing of non-critical services & non-urgent care Programs.	Chief Nursing Executive
Provide assistance to staff in developing personal response preparedness plans.	Human Resources
Establish internal control and communications programs.	CEO
Obtain supplies and prepare additional treatment sites.	COO / Materials Management
Ramp up security program for supplies and staff.	Security
Commence staff educational awareness programs.	IPAC and Staff Development
Commence staff redeployment training.	Human Resources and Staff Development
Coordinate and ramp-up activities with Public Health officials.	IPAC / Oxford County / PHO / Regional Partners
Identify additional morgue capacities and processes.	Chief Nursing Executive
Review alternative strategies for staff redeployment and staffing base.	Human Resources
Phase 6: Increased and sustained transmission in the community	
Initiate anti-viral and personal protective equipment programs for staff, Physicians and Designated Hospital volunteers.	IPAC

Resource 2 – REDEPLOYMENT CENTER

Human Resources Redeployment Principles

During the pandemic event, it is imperative that we effectively manage the essential work of the Hospitals. It is a virtual certainty that the Hospitals will experience staffing shortages. Some estimates are that as many as 50% of hospital workers will get sick during this event. This figure does not take into account absenteeism that is not directly related to the pandemic event.

As a result, the following principles have been developed in order to assist the organization to best utilize the expertise of its entire staff, both clinical and non-clinical:

1. Throughout the pandemic event staff will be treated as much as possible in a manner consistent with established Human Resources principles, which respect the core values of the Hospital.
2. Staff in positions that are curtailed or halted due to closures, will be redeployed to assist in other areas that are experiencing staffing shortages. The EOC Team will determine staffing priorities.
3. All redeployment requests will occur via the Redeployment Office, overseen by Human Resources.
4. The Redeployment Centre will be staffed with Human Resources staff and Leaders with clinical knowledge in order to assess staffing competencies required.
5. The Redeployment Centre will assess staffing requests in priority of need. Priority will be given to direct patient care requirements and then to Pandemic related specific administrative requirements.
6. The Redeployment Centre will endeavor to place staff equitably such that workload is shared to the extent it is possible.
7. The Redeployment Centre will require staff to be flexible and be redeployed based on need, at times this may require shift work or weekend work. Every attempt will be made to distribute shifts equitably and to cause as little disruption as is necessary to employee's normal schedules. As much as possible unionized staff should be redeployed within the context and parameters of the appropriate collective agreement although this will not always be possible.
8. The Hospitals will attempt to provide orientation to new working units or positions resulting from the pandemic event. Every effort will be made to provide the most suitably qualified staff to the extent this is possible in an emergency situation.
9. Staff re-assigned to other units will identify any skill deficiencies or accommodations they may have to an appropriate person in charge.
10. If skill deficiency is verified, the staff may still be required to provide services to that unit based on their skill level.
11. Staff will be expected to accept reassignment and continue to work. Utilizing all staff and their valuable skills will be crucially important to each hospital's ability to successfully manage the pandemic event.
12. Human Resources will honour existing collective agreements and hospital policies to deal with conflicts, redeployment refusals, health issues or concerns from union or non-union staff.

Tracking, Forms & Processing

1. It is recommended that an electronic system be used in the redeployment center to record and track center activities. System should be able to track status of incoming calls, requirements, requests, etc.
2. The redeployment center will use the self-assessment forms combining information from managers to identify the staff with required skills that are available for redeployment.
3. Manager / Timekeeper responsible for the work area will validate entries before pay deadlines.
4. All time worked will be recorded accurately. Absences due to illness or work shortages will be recorded using time entry codes provided.
5. Incremental staffing costs incurred as a result of pandemic or redeployment will be captured by the Finance lead in the event Ministry of Health requires an accounting of those charges.
6. Redeployed staff members will be charged to a designated code determined by the Finance Lead.

7. In the event of electronic systems failure, redeployment team members will use large bulletin boards to track requests, requirements, and placements. Manual time forms will be provided to employees so that work details can be recorded and submitted for payment. The leader of the department will authorize Timesheets where the employee is working.

Orientation & Training

We will continue to use existing orientation processes (i.e. minimal orientation and departmental orientation checklists). It is recommended that each department endeavor to establish a minimum orientation requirement for redeployed staff. This should include job tasks and / or unit routines. The department will be responsible for having two sets of orientation depending on if the redeployed staff member is:

a) Coming from a different department (utilize job tasks/unit routines)
b) New temporary pandemic hire (utilize existing orientation processes).

Operational Guidelines for a Redeployment Center

1. All redeployed staff will continue to be coded on their home department timesheets utilizing a special code designated by the Finance Lead.
2. All premium codes for overtime, shift differential, etc. are still to be coded as you normally would; there is no change to this practice. However, in keeping with current practice, your manager must approve all overtime requests. Staff who cannot are not able to work their normal shift and then sign up for redeployment to collect overtime hours unless they have first discussed it with their Manager and approval has been given. It will be based on the need of the redeployment office.
3. If staff normally works straight days, or some other shift combination, they may be required to work a different shift and/or location. Again, redeployment will be based on requirement and urgency of need.
4. To ensure no loss of wages, it is recommended that you first redeploy staff whose work has been curtailed or stopped due to the Pandemic situation.
5. It is recommended that every effort be made to redeploy staff into areas that are related to their expertise, but based on requirement and urgency, the Redeployment Office may assign and schedule as needed. Staff will not be put into unsafe practice situations.
6. Someone may be redeployed into an area where they may not have all the appropriate skills, but will be assigned various tasks they are competent to undertake.
7. If full-time staff member has a scheduled day off, we will make every effort for that to be honoured. The exception would be a critical situation in which no other staff can be found. The responsibility will be placed on the Redeployment Office to substantiate it has made every effort to find a replacement. We must respect the wellness of our staff and appreciate the need for staff when considering the ongoing overtime that may be required.
8. It is recommended that work refusals or redeployment refusals be managed in accordance with the existing hospital processes in place, legislative guidelines, Human Resources policies and Collective Agreements.

APPENDIX H: Business Continuity Plan

BUSINESS CONTINUITY PLAN

Overview

The Hospital is concerned about any emergency that impacts the health and safety of staff, patients and visitors, or prevents normal access to our programs and services. Recognizing this, the Hospital has developed a formal Business Continuity Plan to respond to, recover from and to mitigate against the impacts of potential business service disruptions.

The plan does not apply to minor disruptions of service including temporary disruptions in Information Technology systems or power outages and any other scenarios where essential business functions can be readily restored in the primary facility.

Objectives

The main objectives of the Business Continuity Plan are to:

- Ensure the health and safety of all patients;
- Minimize the risk of disruption to services through careful planning;
- Respond effectively to an emergency;
- Communicate with staff, suppliers and the public during an emergency, and where appropriate, advise the public of risks; and,
- Restore services.

Workplace emergency response procedures are coordinated through the Hospital's Emergency Management Plan. Once certain that everyone in the area is safe and accounted for, the Business Continuity Plan will be executed.

Information Technology Systems

Information Technology (IT) policies and procedures are based on Canadian compliance and industry best practice.

The Hospital's practice is designed to protect the ability to conduct business and maintain the availability of all hospital information technologies (e.g., applications, servers, network, telephony and infrastructure). Core infrastructure services such as telephone and internet access are redundant, dual and diverse path. Critical server and application services (on premise) use failover technologies such as automated clustering and virtualization to ensure the continuance of service in the event of hardware and application related interruptions. All Hospital data is backed up and stored both at the Hospital and offsite in accordance with organizational policies and standards to ensure recovery in the event of a disaster. Formal, documented policies and procedures provide a framework for setting the organization's IT business contingency. Policies are reviewed and updated at least annually based on changes to best practice, test exercises, lessons learned or changes to services as required.

Human Resources

The Human Resources Department maintains a list of all employees and contract staff, which is utilized for staff call-ins and emergency fan-out procedures. The scheduling system provides access to schedules for each unit within the Hospital and schedules can be modified within the system as needed.

The Hospital's Administrative Support maintains a contact list of all medical staff, which can also be accessed remotely.

The Hospital has policies in place to address lost time, hours worked, overtime, etc. In the event of a disruption in Hospital operations, alternative / additional staff resources would be assessed such as utilizing the neighboring hospitals, hiring employees via an agency and utilizing volunteers where applicable. The Hospital would adhere to current processes and parameters defined by collective agreements and provision of sick pay would be determined based on the Hospitals of Ontario Disability Income Program (HOODIP).

Human Resources will assist in the evaluation and implementation of essential and non- essential work. The Joint Health and Safety Committee will support the work requirements through use of the Physical Demands Analysis (PDA) and job descriptions as required. This may also include a review of the labour classifications within each of the collective agreements.

Facilities Management

Facilities Management ensures that appropriate emergency management and contingency plans are in place to provide continuity of Facilities Management operations activities and to mitigate the impact of events and incidents that interrupt operations at the Hospital.

Hospital maintenance staff is available 24/7/365 to provide a coordinated response to on-site emergencies at the Hospital. The maintenance staff follows a systematic, coordinated and effective emergency response protocol to safeguard the health, safety, and welfare of all Hospital occupants with the aim to protect the building property and environment affected by an emergency that considers special processes undertaken in the building in the event of an emergency (e.g. shut down processes, etc.).

The Hospital's maintenance staff is trained for the effective handling of emergencies and / or disasters, and management of the return to normality, with focus on:

- Avoiding or minimizing loss of life and property;
- Ensuring any emergency can be effectively dealt with;
- Supporting a prompt response to any emergency;
- Directing key people to act on specific tasks and provide direction; and,
- Providing response mechanisms that support business continuity during / after an emergency.

The facility will be required to continue its operations during public emergencies and health emergencies, including but not limited to a pandemic. The scope of the plan is to outline the policy and procedures for the appropriate emergency management, business and operations contingency plans in the event of emergencies and incidents that have the potential to impact Hospital Services, including but not limited to utilities such as water, electricity, natural gas, and systems / equipment failures such as the Computer Maintenance Management System (CMMS) and Building Automation System (BAS).

The Hospital has redundant electrical feeds to municipal power. In the case of a loss of municipal power the hospital operates an emergency generator capable of providing power for all essential systems and lighting throughout the facility. The emergency generator is fed by on-site fuel oil tanks which are maintained at full capacity and can provide electricity to the facility for seven days before requiring re-supply. With re-supply of fuel oil, the emergency generator can provide power to essential systems and lighting throughout the facility indefinitely. The Hospital maintains a number of vendor contract arrangements for fuel oil where our facility is provided priority access to a re-supply of fuel oil.

The Hospitals have connections to municipal water (AHI-1 ; TDMH -2). In the case of loss of these connections or any loss of municipal water provision the hospital maintains a number of vendor contract arrangements for bulk water supply where our facility is provided priority access to a supply of bulk water.

Finance Systems

The Hospital Finance General Ledger, Accounts Payable, Fixed Assets and Materials Management software systems are maintained and supported by Quadrant (Dynamics GP) and the data is stored onsite where daily backups occur. The Payroll software system is maintained and supported by Compterease. The application is hosted and data is stored offsite at the Tillsonburg District Memorial Hospital where daily backups are completed and maintained by their I.T department. The Accounts Receivable system is shared between 8 Hospital sites and is hosted at the Woodstock General Hospital, and daily back-ups are completed and maintained by their IT Department.

All finance team members maintain electronic copies of their individual files / spreadsheets and reports that are applicable to their daily functions. These files are all saved in individually drives or on a shared finance drive and are backed up daily.

Accounts Payable has vendor invoices all documented in the system upon approval and copies could be obtained from their original source as required.

Accounts Receivable maintains hard copies of payment information from third parties such as insurance companies, Workplace Safety and Insurance Board and accommodation request forms from patients.

Payroll maintains the original hard copies of several documents such as TD1 tax forms, banking forms, record of employments, deduction forms, severance calculations, retro payment details, retiree and maternity leave paperwork, etc. Some of these items would not be easily replaced.

Infection Control

The Infection Prevention and Control Committee reviews / revises the Hospital's Pandemic Influenza Plan which details all key stakeholders roles and responsibilities. Furthermore, the plan outlines the necessary resource requirements based on current Oxford County population data and contains additional resources from community emergency partners.

In the event of a pandemic, the Incident Manager shall implement the Incident Management System as per the Hospital's Emergency Response Plan. The Incident Manager will be responsible for the overall management of the incident. Communication, to both internal and external staff and stakeholders, will be disseminated by the Hospital CEO or designate on an ongoing basis as information becomes available.

Medical Device Reprocessing Department (MDRD)

In the event that the Hospital's essential services are compromised (this includes but not limited to water, steam, electrical, medical air and any equipment failure within MDRD), a contingency plan may be executed in order for reprocessing of equipment to continue if the loss of service/interruption is greater than twelve hours. Coordination between Facilities, MDRD, Surgical Services and Purchasing will determine the need for off-site reprocessing to occur.

In the event of an expected service / interruption of greater than twelve hours at the Hospital, all reprocessing of equipment will be moved to the opposite Hospital site's (AHI or TDMH) MDRD department. Transportation of equipment will occur utilizing the hospital owned truck and specialized transportation bins available at the Hospital.

Staff within MDRD will be notified of plan. Arrangements will be made for extra staff or transfer of staff between sites as required.

Pharmacy

Pharmacy has a number of backup plans for maintaining Pharmacy Services in the event of system failures:

1. Electronic Patient Record: Medication orders and documentation after administration would take place on a paper based system as described in the Downtime Procedure. A procedure for obtaining drugs from the Automated Dispensing Cabinets (ADCs) is in place in the event the Cerner system fails.

2. Automated Dispensing Cabinets: The failure of the ADC's would affect Pharmacy Services. A procedure with 24 hour support is in place for all aspects of cabinet failure. Medications are able to be accessed alternatively in the event of a cabinet failure.

3. Medication Refrigerators: Medication refrigerators have temperature monitors on them and are certified through testing required by the Board of Health. In the event of a medication refrigerator failure, a procedure is in place to overcome a failure and maintain standards set for each refrigerated drug or vaccine.

4. Packaging and Barcoding of Medication: This is an important aspect of Pharmacy Service. AHI depends on TDMH for this service. Each drug has a several day supply backup. Therefore the failure of TDMH's packaging machine will have little immediate impact on service. TDMH has a Bio-Med Technician that can repair the packager. A manual system of packaging medication is also available at each site that can package and bar code drugs if needed.

5. Medication Backorders: Medication backorders can affect Pharmacy Services. A plan is in place to find alternate sources of a backordered medication or the Pharmacist will work with the medical staff to find and use therapeutic equivalents.

6. Human Resources: Human resources for Pharmacy are supplied by TDMH. A number of staff, both Pharmacy Technicians and Pharmacists are available to provide the service in the event of human resource shortfall. The Hospitals have an external backup source of Pharmacist services. This is supplied by NorthWest Pharmacy Services.

Surgical Services

In the event there is a disaster that impacts the Operating Room suites, all elective surgeries will be cancelled. AHI does not perform surgeries.

Food Services

In the event that Food Services essential services are compromised for greater than 2 hours (this includes but not limited to water, electrical, and any equipment failure within Food Services), a contingency plan may be executed in order for daily operations to continue. Coordination between the Facilities Management Team and Food Service Management will be executed. The refrigeration and freezer units will all run on emergency power.

There is a contingency plan in place for dish machine functioning. For the purposes of personal health, safety and infection control, hospital employees are required to abide by the following procedure pertaining to Dish Machine Contingency Sanitizing. It is the responsibility of each employee to prevent physical, chemical and microbiological contamination.

- Manual dish washing
- Disposable dishes if necessary
- Food supplies enough for 7 days with menu adjustments as necessary

If the dish machine rinse temperature is below 180°F (82°C), then the sanitizing process is not properly functioning. There is a process and procedure to follow until the dish machine is functioning properly.

Revisions Review & Approval:

Reviewed and revised November 2023 by the Emergency Preparedness Committee

Approved by the Integrated Leadership Team November 2023

Reviewed by the Joint Health & Safety Committees November 2023