 Extraordinary Caring. Every Person. Every Time.		NAME: Code Amber – Infant/Child Abduction	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Amber	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction for a controlled and coordinated response in the early notification for assistance from hospital staff and police to locate a child victim under the age of 18 years of age, who is believed to have been abducted and is in danger of serious bodily harm or death. This also includes suspected actions that could result in the abduction of an infant or a child. Code Amber also provides instruction to staff in the event of a witnessed or suspect event.

2.0 Background

A code amber provides early notification for hospital staff to locate a child victim under the age of 18 who is believed to have been abducted and is in danger of serious bodily harm or death. This is also inclusive of suspected actions that could result in the abduction of an infant or a child.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each site within Niagara Health.

4.0 Policy

- 4.1 A Code Amber may be initiated by any staff member who discovers, or is advised of, an infant or child missing without family permission/consent or discharge.
- 4.2 All staff must follow the steps outlined in the Job Action Sheets found within ERD. A Code Amber may be deactivated by the Vice President of Patient Services/Designate (i.e. Program Director) or Charge Nurse following consultation with Niagara Regional Police and/or if the incident has been resolved.

5.0 Procedure**5.1 Initial Discovery – Immediate Actions**

- a) Notify Dept. Lead
- b) Call the Resource Centre at Ext. 55555 to advise of the Code Amber
- c) Immediately begin a search of the Department starting with the last known location (do not spend longer than 1 minute on this cursory search)

5.2 Code Amber Activation (Stage 2 or Stage 3)

- a) Upon activation of a Code Amber, all staff will follow tasks outlined in the Job Action Sheets (ERD) according to their role.

5.3 Communication Guidelines

- a) All inquiries, including those from the press should be referred to Corporate Communications.
- b) All communications with the public media must be cleared by the Police and will be made through the President and Chief Executive Officer/Designate and Corporate Communications.

5.4 Code Amber Deactivation**a) Vice-President Patient Services/Designate (Program Director)**

- i) In consultation with Niagara Regional Police, the Chief Executive Officer/Designate will determine whether the crisis has been concluded and that it is safe to return to normal operations.
- ii) Once this decision is made, the Vice-President Patient Services/Designate shall notify Switchboard to announce the “All Clear”.

b) Switchboard Responsibilities

Upon notification by the Vice-President Patient Services/Designate that the crisis has been concluded Switchboard will:

- i) Announce ” CODE AMBER – ALL CLEAR” 3 times
- ii) Notify by phone those areas at the respective site, which are not served by the public address system.

c) Staff Responsibilities

Upon receiving the “All Clear” notification all hospital staff will:

- i) Resume normal duties
- ii) Advise patients and visitors that the crisis no longer exists.
- iii) Refer any inquiries about the crisis to Corporate Communication

5.5 Roles and Responsibilities

Upon activation of a Code Amber, in accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in ERD, which is accessible through Source-Net or on a mobile phone.

6.0 Definitions

Code Amber: is defined as the abduction of an infant (up to 28 days old) or a child (up to 18 years of age) from the floor or from the hospital, without permission/consent or discharge by the parent(s) / substitute decision maker or the respective Niagara Health site hospital. Refer to the Job Action Sheet within ERD.

7.0 Education/Communications**Documentation****7.1 Documentation for any infant/child abduction is to include:**

- a) Security incident report from Security staff
- b) Incident report from Department Manager or Designate
- c) Abductor and Infant/Child Descriptor Sheet

7.2 Follow Up - Managing Distribution of Hospital Activities

Senior management will implement a course of action to cope with the disruption of hospital routine if necessary.

- a) Evaluation of Response:
 - i) The staff response and that of other agencies is to be evaluated and any recommendations for improvement in the process are to be implemented.
 - ii) An annual review of the Code Amber procedure/contingency plan will be completed by the Risk Management Department in conjunction with Vice-President Patient Services/Designate and Department Managers.

8.0 Appendices

N/A

9.0 Related Documents

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

N/A

11.0 References

N/A

12.0 Supersedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Aqua	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Aqua	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	

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1.0 Purpose

To provide a comprehensive guideline to all Niagara Health sites in order to prepare and respond to internal flooding. If flooding occurs, an increased risk to the safety of the staff, visitors and patients would be apparent and must be dealt with immediately.

2.0 Background

A Code Aqua is a water problem resulting from either broken water pipes, drain back up or flooding. The flooding can cause damage to both the external and internal hospital. The flooding negatively impacts the operations of a Niagara Health facility.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class, volunteers, students/learners, independent and external contract workers at each hospital site within Niagara Health.

4.0 Policy

- 4.1 Any staff member, Security Officer, professional staff or volunteer has the ability to call a Code Aqua in the event there is a situation.
 - a) Dial “55555” and request a Code Aqua be paged.

- b) On hearing an overhead announcement for “Code Aqua”, Staff members in the vicinity will respond and the Code Team will respond.

- 4.2 In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

5.0 Procedure

- 5.1 The Code Aqua Team consist of staff from:
 - a) Environmental Services (EVS)
 - b) Facilities Management
- 5.2 Staff from these departments will respond when a Code Aqua has been called. The Code Aqua Team will be led by the EVS or Facilities Management Supervisor, or designate at the scene.

6.0 Definitions

Code Aqua is a water problem resulting from either broken water pipes, drain back up or flooding.

- 6.1 **Stage 1 Minor:**
 - a) A flood that impacts a single department
- 6.2 **Stage 2 Major:**
 - a) A flood that impacts multiple departments
- 6.3 **Stage 3 Critical:**
 - a) A flood that impacts a site or site(s)

7.0 Education/Communications

- 7.1 **Code of the Month:** Code Aqua Online training for all staff at all sites describes a Code Aqua, the stages and actions to be taken during a Code Aqua.
- 7.2 **Code Team:** No special training required
- 7.3 **Code Aqua Table Top Exercise:** 1 hr TTX for Dept. Lead/Manager On-Call, Director On-Call (EOC) and ELT.

8.0 Appendices

N/A

9.0 Related Documents

Refer to [Niagara Health Emergency Resource Director \(ERD\)](#)

10.0 Related Forms

EOC Post-Incident Report Form
Incident Hazard Investigating Form

11.0 References

N/A

12.0 Supersedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Beige – ICT Failure	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes – Code Beige	EFFECTIVE DATE: (DD/MM/YY)	01/06/21
APPROVED BY: Director, Quality, Patient Safety, Risk and Patient Relations		END DATE: (DD/MM/YY)	01/06/24
		DOCUMENT ID:	N/A

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1.0 Purpose

To provide a plan to identify a code situation and response actions in the event of an ICT Failure.

2.0 Background

A Code Beige is an Information / Communication Technology failure. This code is conducted with the participation of the ICT Help Desk. The code may be initiated by the Help Desk.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each hospital site within Niagara Health.

4.0 Policy

4.1 Code Beige is a code enacted/approved by the ICT team. When a system failure occurs, immediately consult with the ICT team to discuss next steps.

4.2 It is imperative to escalate system failures immediately. This is inclusive of paging system failures.

5.0 Procedure**5.1 Sending Alerts**

- a) Confirm Code Beige with ICT first

5.2

Responsibilities at all NH Sites	Refer to
ICT Service Disruption Initial Assessment	Appendix A
Resource Centre JAS	Appendix C
Staff JAS	Appendix D
Code Team JAS	Appendix E
Department Lead JAS	Appendix F
Manager On-Call JAS	Appendix G
Director On-Call JAS	Appendix H
Vice President JAS	Appendix I
Executive Leadership JAS	Appendix J

6.0 Definitions**6.1** Code Beige is an Information/Communication Technology failure.

- a) **Stage 1 Minor** – There is no Stage 1 – go to Stage 2 or 3
- b) **Stage 2 Major** – Major functionality is severely impaired:
 - i) Operations can continue in a restricted fashion, although long-term productivity might be adversely affected
 - ii) A major milestone is at risk; ongoing and incremental installations are affected
 - iii) A temporary workaround is available
- c) **Stage 3 Critical** – Production server or other mission critical system(s) are down and no workaround is immediately available:
 - i) All or a substantial portion of mission critical data is at a significant risk of loss or corrupted
 - ii) A substantial loss of service
 - iii) Business operations have been severely disrupted

7.0 Education/Communications

- 7.1 Code Beige Online training for all staff at all sites describes a Code Beige, the stages and actions to be taken during a Code Beige.
- 7.2 Crisis Event Management – 2.4 Communication Protocol for Impact Levels A-D
- 7.3 Staff/patient/vendor messaging/external stakeholders
- 7.4 Social media
- 7.5 Communication approval process

8.0 Appendices

- [Appendix A - Code Beige Initial Assessment Checklist](#)
- [Appendix B - Job Action Sheet Summary \(All Roles\)](#)
- [Appendix C – Switchboard/Resource Centre Job Action Sheet and Checklist](#)
- [Appendix D - Staff Job Action Sheet and Checklist](#)
- [Appendix E - Security Job Action Sheet and Checklist](#)
- [Appendix F - Department Lead Job Action Sheet and Checklist](#)
- [Appendix G - Manager On-Call Lead Job Action Sheet and Checklist](#)
- [Appendix H - Director On-Call Job Action Sheet and Checklist](#)
- [Appendix I - Vice President On-Call Job Action Sheet and Checklist](#)
- [Appendix J - Executive Leadership Team Job Action Sheet and Checklist](#)
- [Appendix K - Communications Table](#)
- [Appendix L - Messaging Templates](#)

9.0 Related Documents

ICT Process – Crisis Event Management

10.0 Related Forms

N/A

11.0 References

N/A

Appendix A

Code Beige – ICT Service Disruption Initial Assessment

Definitions, Code Team Members and Assessment

Initial Discovery and Immediate Actions

- Contact ICT Service Desk
- Notify Dept. Lead
- Check the Service Desk banner for further instructions

<i>There is no Stage 1 - go to Stages 2 or 3</i>	
Major functionality is severely impaired - Stage 2 Major	
<input type="checkbox"/>	Operations can continue in a restricted fashion, although long-term productivity might be adversely affected
<input type="checkbox"/>	A major milestone is at risk; ongoing and incremental installations are affected
<input type="checkbox"/>	Operations can continue in a restricted fashion, although long-term productivity might be adversely affected
<input type="checkbox"/>	A temporary workaround is available
<input type="checkbox"/>	If answer is "yes" to any of the above questions and "no" to the Stage 3 Assessment, then the ICT failure is a Stage 2
<input type="checkbox"/>	Contact Resource Centre Ext. 55555 and advise of ICT Service Disruption - Stage 2, site, and location
Production server or other mission critical system(s) are down and no workaround is immediately available. - Stage 3 Critical	
<input type="checkbox"/>	All or a substantial portion of mission critical data is at a significant risk of loss or corrupted
<input type="checkbox"/>	A substantial loss of service
<input type="checkbox"/>	Business operations have been severely disrupted
<input type="checkbox"/>	If answered "yes" to either of the two previous questions, the ICT Service Disruption is a Stage 3
<input type="checkbox"/>	Contact Resource Centre Ext. 55555 and advise of ICT Service Disruption - Stage 3, site, and location

Severity 1 support requires to have dedicated resources available to work on the issue on an ongoing basis during contractual hours.

Code Team Membership

- ICT Service Desk
- ICT Technical Team
- ICT Information Solutions Team

Appendix B

Job Action Sheet Summary (All Roles)

This summary page provides a quick reference of the key points with the various JAS for each Role.

Code JAS Summary

Group	Stage 1	Stage 2	Stage 3
Chain of Command			
Executive Leadership Team (ELT) / VP On-Call	No Stage 1	VP On-Call: <ul style="list-style-type: none"> Join EOC Conference Call Approve Code Green Review and approve Communications Determine impact on operations and consider COOP activation Update ELT 	ELT: <ul style="list-style-type: none"> Establish ELT meeting Review and approve communications Approve Continuity of Operations Plan Advise stakeholders VP On-Call: <ul style="list-style-type: none"> Attend the EOC Approve Code Green Determine impact on operations and consider COOP activation Develop communications plan Issue All Clear
EOC / Director On-Call	No Stage 1	<ul style="list-style-type: none"> Lead EOC Conference Call; develop Action Plan Discuss with Incident Commander at each site, and VP On- Call Consider escalation to Stage 3 Determine impact on operations and consider COOP activation Consider Code Green as required Conduct patient census; consider early discharge as required Consider delay/cancel non-essential functions Develop communications plan Issue All Clear 	<ul style="list-style-type: none"> Lead EOC Conference Call; develop Action Plan Discuss with Incident Commander at each site, and VP On- Call Consider escalation to Stage 3 Determine impact on operations and consider COOP activation Consider Code Green as required Conduct patient census; consider early discharge as required Consider delay/cancel non-essential functions Develop communications plan

Incident Command Post (ICP)	No Stage 1	<p>Staff:</p> <ul style="list-style-type: none"> • Check for Service Desk banner for further instructions • Assess patients' conditions, safety of occupants • Prepare patients for evacuation as directed • Ensure transfer of belongings, medications and records upon evacuation <p>Dept. Lead/Manager On-Call</p> <ul style="list-style-type: none"> • Assume role of Incident Commander 	<p>Staff:</p> <ul style="list-style-type: none"> • Check for Service Desk banner for further instructions • Assess patients' conditions, safety of occupants • Prepare patients for evacuation as directed • Ensure transfer of belongings, medications and records upon evacuation <p>Dept. Lead/Manager On-Call:</p> <ul style="list-style-type: none"> • Assume role of Incident Commander
		<ul style="list-style-type: none"> • Determine if patient care is compromised by ICT failure • Direct staff to evacuation patients if required • Liaise with Dept. Leads; determine ICT status of each department and impact on patient care • Determine up-staffing requirements <p>Code Team:</p> <ul style="list-style-type: none"> • Refer to ICT PROCESS – CRISIS MANAGEMENT DOCUMENT • Activate alternate systems as needed • Determine requirements for vendor/ contractor attendance, additional resources 	<ul style="list-style-type: none"> • Determine if patient care is compromised by ICT failure • Direct staff to evacuation patients if required • Liaise with Dept. Leads; determine ICT status of each department and impact on patient care • Determine up-staffing requirements • Advise NEMS of ED closures or redirects; advise alternate sites <p>Code Team:</p> <ul style="list-style-type: none"> • Refer to ICT PROCESS – CRISIS MANAGEMENT DOCUMENT • Activate alternate systems as needed • Determine requirements for vendor/ contractor attendance, additional resources
Communications			
Resource Centre	No Stage 1	<ul style="list-style-type: none"> • Contact ICT Helpdesk • Send out PA Announcement • Phone Director On-Call • Send NHS Emergency Management group email • Send out All Clear PA, email 	<ul style="list-style-type: none"> • Contact ICT Helpdesk • Send out PA Announcement • Phone Director On-Call • Send NHS Emergency Management group email • Send out All Clear PA, email

Appendix C
Switchboard / Resource Centre Job Action Sheet and Checklist

Code Beige - ICT Failure – Stage 2 Major		
Definition	ICT functionality is severely impaired	
1. SENDING ALERTS		
Confirm Code Beige with ICT Service Desk first		
PA Announcement (3 times)	Code Beige – Stage 2 - [location description not required]	
Phone/Contact Responders	All Sites	<ul style="list-style-type: none">• ICT Helpdesk
Send Group Emails (Verbally confirm with Service Desk or ICT On-Call)	Email distribution groups:	<ul style="list-style-type: none">• NHS Emergency Management
	Subject Line (cut and paste, update site)	Code Alert: Code Beige – (insert Service Desk Banner Info) Stage 2 – [Site]
	Email Body (cut and paste, update outage description, list departments)	<p>There has been an ICT failure [describe outage] in the following departments: [list affected departments].</p> <p>A Code Update Email will be sent as more information comes available.</p>

2. EOC ACTIVATION

A. Call the Director On-Call (according to schedule) 1/ Confirm the Director On-Call is aware of the Code and has spoken with the Dept. Lead or Manager On-Call 2/ Confirm the Director On-Call wants to activate the EOC Teleconference Meeting	Mon-Fri: 0830-1630 (start with #1 until someone answers)	1. Director, Quality, Patient Safety, Risk and Patient Relations 2. Director, EVS, Patient Transportation, Waste and Linden Services 3. Director Facilities Engineering, Capital Planning, Biomedical Engineering, Parking and Security 4. Director, Finance 5. Director, Patient Care SCS
	After-hours	Refer to Director On-call schedule
B. Establish 'Teleconference Meeting' as per Director On-Call	1. Teleconference Meeting invitation subject line (cut and paste, update site)	EOC Conference Call – Code Beige – Stage 2 – [Site]
	1. Send Teleconference Meeting invitation via email to leadership list <ol style="list-style-type: none"> 1. Set start time to begin immediately 2. Call Leadership list to advise of Teleconference Meeting invitation 	<ul style="list-style-type: none"> • Manager of affected department (M.-F. 0830-1630 hours), or Manager On-Call (after hours) • Manager of Risk or designate (M.-F. 0830 1630), or Risk On-Call (after hours) • Director of affected department (M.-F. 0830-1630), or Director On-Call (after hours) • Executive Site Lead (daytime) • Director of Facilities • Communications • Director of ICT • Manager of Resource Centre • VP On-Call
3. CODE UPDATE EMAIL		
<ul style="list-style-type: none"> • Receive information from Dept. Lead • Send Code Update Email 	Email distribution groups:	<ul style="list-style-type: none"> • NHS Emergency Management
	Subject Line (cut and paste, update site)	Code Update Email: Code Beige – Stage 2 – [Site]
	Email Body	<ul style="list-style-type: none"> • Open <i>CODE UPDATE EMAIL</i> • Enter content into template; Copy and paste template into Email body
	Email Attachment as required	Code Support Documents

4. ADDITIONAL DUTIES AS REQUIRED		
Downtime Procedures	• Activate downtime procedures as required	
Complete Documentation	N/A	
Media Inquiries	• Direct media inquiries to Communications Dept.	
Patient Inquiries	N/A	
ED Closure Notifications – as directed	N/A	
EOC Hotline	N/A	
5. ALL CLEAR		
Authority to give the “All Clear”	Director On-call	
PA Announcement (once)	All Clear Code Beige	
Group Emails	Email distribution groups:	• NHS Emergency Management
	Subject Line (cut and paste, update site)	Code Alert: Code Beige – Stage 2 – [Site] – All Clear
6. POST INCIDENT PROCEDURES		
Record	Code Log	

Code Beige – Stage 3 – Resource Centre JAS

Code Beige – Stage 3 Critical		
Definition	Production server or other mission critical system(s) are down with no immediate workaround available	
1. SENDING ALERTS		
Confirm Code Beige with ICT Service Desk first		
PA Announcement (3 times)	Code Beige – Stage 3 [location description not required]	
Phone/Contact Responders	All Sites	<ul style="list-style-type: none">• ICT Helpdesk
Send Group Emails (Verbally confirm with Service Desk or ICT On-Call)	Email distribution groups:	<ul style="list-style-type: none">• NHS Emergency Management
	Subject Line (cut and paste, update site(s))	Code Alert: Code Beige –(insert Service Desk Banner Info) Stage 3 – [Site(s)]
	Email Body (cut and paste, update outage description, site(s))	There has been an ICT failure [describe outage] at [site(s)]. A Code Update Email will be sent as more information comes available.

2. EOC ACTIVATION		
a. Call the Director On-Call (according to schedule) 1/ Confirm the Director On-Call is aware of the Code and has spoke with the Dept. Lead or Manager On-Call 2/ Confirm the Director On-Call wants to activate the EOC Teleconference Meeting	Mon-Fri 0830-1630 (start with #1 until someone answers)	1. Director, Quality, Patient Safety, Risk and Patient Relations 2. Director, EVS, Patient Transportation, Waste and Linden Services 3. Director Facilities Engineering, Capital Planning, Biomedical Engineering, Parking and Security 4. Director, Finance 5. Director, Patient Care SCS
	After-hours	Refer to Director On-call schedule
b. Establish 'Teleconference Meeting' as per Director On-Call	1. Teleconference Meeting invitation subject line (cut and paste, update site(s))	EOC Conference Call – Code Beige – Stage 3 – [Site(s)]
	1. Send Teleconference Meeting invitation via email to leadership list 1. Set start time to begin immediately 2. Phone leadership list to advise of Teleconference Meeting invitation	<ul style="list-style-type: none"> • Manager of affected department (M.-F. 0830-1630 hours), or Manager On-Call (after hours) • Manager of Risk or designate (M.-F. 0830 1630), or Risk On-Call (after hours) • Director of affected department (M.-F. 0830-1630), or Director On-Call (after hours) • Executive Site Lead (daytime) • Director of Facilities • Communications • Director of ICT • Manager of Resource Centre • VP On-Call
3. CODE UPDATE EMAIL		
<ul style="list-style-type: none"> • Receive information from Dept. Lead • Send Code Update Email 	Email distribution groups:	<ul style="list-style-type: none"> • NHS Emergency Management
	Subject Line (cut and paste, update site)	Code Update Email: Code Beige – Stage 3 – [Site]
	Email Body	<ul style="list-style-type: none"> • Open <i>CODE UPDATE EMAIL</i> • Enter content into template; Copy and paste template into Email body
	Email Attachment as required	Code Support Documents

4. ADDITIONAL DUTIES AS REQUIRED		
Downtime Procedures	<ul style="list-style-type: none">• Activate downtime procedures as required	
Complete Documentation	N/A	
Media Inquiries	<ul style="list-style-type: none">• Direct media inquiries to Communications Dept.	
Patient Inquiries	<ul style="list-style-type: none">• Transfer call to unaffected Depts.• For affected depts. advise caller there is an emergency code in effect and to please call back in 30 minutes.	
ED Closure Notifications – as directed	<ul style="list-style-type: none">• Notify NEMS of any ED closures• Notify other Niagara Health sites of ED closure	
EOC Hotline	N/A	
5. ALL CLEAR		
Authority to give the “All Clear”	VP On-call	
PA Announcement (once)	All Clear Code Beige	
Group Emails	Email distribution groups:	<ul style="list-style-type: none">• NHS Emergency Management
	Subject Line (cut and paste, update site)	Code Alert: Code Beige – Stage 3 – [Site(s)] – All Clear
6. POST INCIDENT PROCEDURES		
Record	Code Log	

Appendix D
Staff Job Action Sheet and Checklist

Code Beige - Stage 1 Minor	
<input type="checkbox"/>	There is no Stage 1 - Go To Stage 2 or 3

Code Beige - Stage 2 Major	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Notice the ICT Failure
<input type="checkbox"/>	Contact Dept. Lead. If Dept. Lead is not available, contact Resource Centre Ext. 55555 and advise of Code Beige
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action Plan	
<input type="checkbox"/>	Check the Service Desk banner for further instructions
<input type="checkbox"/>	Update ICT upon their arrival
If patient care is being affected by the ICT Failure:	
<input type="checkbox"/>	Prepare patients for evacuations as directed
<input type="checkbox"/>	Assess the patient's conditions and prioritize those at most risk
<input type="checkbox"/>	Ensure the transfer of patient's belongings, medications and records upon evacuation
<input type="checkbox"/>	Evaluate safety of patients, family, staff and facility and recommend protective and corrective actions to minimize hazards and risks
Step 3 – All Clear	
<input type="checkbox"/>	ICT will confirm when equipment is back on-line
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required

Code Beige - Stage 3 Critical	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Notice the ICT Failure
<input type="checkbox"/>	Contact Dept. Lead. If Dept. Lead is not available, contact Resource Centre Ext. 55555 and advise of Code Beige
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action Plan	
<input type="checkbox"/>	Check the Service Desk banner for further instructions
<input type="checkbox"/>	Update ICT upon their arrival
If patient care is being affected by the ICT Failure:	
<input type="checkbox"/>	Prepare patients for evacuations as directed
<input type="checkbox"/>	Assess the patient's conditions and prioritize those at most risk
<input type="checkbox"/>	Ensure the transfer of patient's belongings, medications and records upon evacuation
Step 3 – All Clear	
<input type="checkbox"/>	Receive Code Alert: All Clear
<input type="checkbox"/>	ICT will confirm when equipment is back on-line
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required

Appendix E
Code Beige Team Job Action Sheet and Checklist

Code Beige - Stage 1 Minor	
<input type="checkbox"/>	There is no Stage 1 - Go To Stage 2 or 3
Code Beige - Stage 2 Major	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
<input type="checkbox"/>	Attend Code location as required
<input type="checkbox"/>	Liaise with Dept. Lead for information
<input type="checkbox"/>	If not already done so, complete INITIAL ASSESSMENT CHECKLIST and advise Resource Centre Ext. 55555
Step 2 – Action Plan	
<input type="checkbox"/>	Refer to ICT PROCESS - CRISIS MANAGEMENT DOCUMENT
<input type="checkbox"/>	Assess and advise Incident Commander of the extent and possible duration of ICT failure
<input type="checkbox"/>	Activate alternate systems as needed
<input type="checkbox"/>	Liaise with Dept Lead and determine critical equipment that is affected
<input type="checkbox"/>	Determine and advise on the effects on other departments, if any
<input type="checkbox"/>	Determine requirement of vendors or contractors for emergency repairs and immediate response
<input type="checkbox"/>	Assess need for additional ICT upstaffing and advise ICT Manager
Communicate to the Incident Commander when the following thresholds have occurred:	
<input type="checkbox"/>	ICT Failure source discovered
<input type="checkbox"/>	ICT restored
<input type="checkbox"/>	Equipment maintenance initiated (if required)
<input type="checkbox"/>	Equipment maintenance completed (if required)
Step 3 – All Clear	
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required
Code Beige - Stage 3 Critical	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
<input type="checkbox"/>	Attend Code location as required
<input type="checkbox"/>	Liaise with Dept. Lead for information
<input type="checkbox"/>	If not already done so, complete INITIAL ASSESSMENT CHECKLIST and advise Resource Centre Ext. 55555
Step 2 – Action Plan	
<input type="checkbox"/>	Refer to ICT PROCESS - CRISIS MANAGEMENT DOCUMENT
<input type="checkbox"/>	Assess and advise Incident Commander of the extent and possible duration of ICT failure
<input type="checkbox"/>	Activate alternate systems as needed
<input type="checkbox"/>	Liaise with Dept. Lead and determine critical equipment that is affected
<input type="checkbox"/>	Determine and advise on the effects on other departments, if any
<input type="checkbox"/>	Determine requirement of vendors or contractors for emergency repairs and immediate response
<input type="checkbox"/>	Assess need for additional ICT up-staffing and advise ICT Manager
Communicate to the Incident Commander when the following thresholds have occurred:	
<input type="checkbox"/>	ICT Failure source discovered
<input type="checkbox"/>	ICT restored
<input type="checkbox"/>	Equipment maintenance initiated (if required)
<input type="checkbox"/>	Equipment maintenance completed (if required)

NAME: Code Beige – ICT Failure

Step 3 – All Clear	
<input type="checkbox"/>	Receive Code Alert: All Clear
<input type="checkbox"/>	ICT will confirm when equipment is back on-line
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required

Appendix F
Department Lead Job Action Sheet and Checklist

Code Beige - Stage 1 Minor	
<input type="checkbox"/>	There is no Stage 1 - Go To Stage 2 or 3

Code Beige - Stage 2 Major	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive information from Staff re: ICT failure
<input type="checkbox"/>	If not already done so, complete INITIAL ASSESSMENT CHECKLIST and advise Resource Centre Ext. 55555
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Determine if patient care is being compromised by the ICT failure
<input type="checkbox"/>	Direct staff to evacuation patients if required
<input type="checkbox"/>	Update Manager On-Call
<input type="checkbox"/>	Contact Resource Centre and provide information for Code Update Email
Step 3 – All Clear	
<input type="checkbox"/>	The Code Team will advise when the Code has been resolved
<input type="checkbox"/>	Contact Manager On-Call and advise of the All Clear
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required
<input type="checkbox"/>	Complete Code IRS

Code Beige - Stage 3 Critical	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive information from Staff re: ICT failure
<input type="checkbox"/>	If not already done so, complete INITIAL ASSESSMENT CHECKLIST and advise Resource Centre Ext. 55555
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Establish Incident Command Post location and assume role of Incident Commander; don IC vest
<input type="checkbox"/>	Update Code Team upon their arrival
<input type="checkbox"/>	Contact Resource Centre Ext. 55555 to advise of Code Team arrival
<input type="checkbox"/>	Determine if patient care is being compromised by the ICT failure
<input type="checkbox"/>	Direct staff to evacuate patients if required
<input type="checkbox"/>	Update Manager On-Call
<input type="checkbox"/>	Contact Resource Centre and provide information for Code Update Email
Step 3 – All Clear	
<input type="checkbox"/>	The Code Team will advise when the Code has been resolved
<input type="checkbox"/>	Contact Manager On-Call and advise of the All Clear
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required
<input type="checkbox"/>	Complete Code IRS

Appendix G
Manager On-Call Job Action Sheet and Checklist

Code Beige - Stage 1 Minor	
<input type="checkbox"/>	There is no Stage 1 - Go To Stage 2 or 3

Code Beige - Stage 2 Major	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Liaise with Dept. Lead and Code Team to determine extent of ICT failure
<input type="checkbox"/>	Take over role of Incident Commander if required; don IC vest
<input type="checkbox"/>	Ensure the extent of the ICT failure onsite has been determined and upgrade/downgrade Stage accordingly
<input type="checkbox"/>	Liaise with Dept. Leads and determine effect on patient care
<input type="checkbox"/>	Direct Dept. Leads to determine the affects on scheduling for elective procedures, surgeries, non-essential hospital services and advise accordingly
<input type="checkbox"/>	Liaise with Code Team and assess need for and obtain additional staff and request up-staffing through Director On-Call
The Code Team will advise on the following:	
<input type="checkbox"/>	failure source located
<input type="checkbox"/>	ICT failure corrected and systems back on-line
<input type="checkbox"/>	Maintenance initiated (if required)
<input type="checkbox"/>	Maintenance complete (if required)
<input type="checkbox"/>	Contact Resource Centre and provide information for Code Update Email
Step 3 – All Clear	
<input type="checkbox"/>	The Code Team will advise when the Code has been resolved
<input type="checkbox"/>	Contact Director On-Call and notify of All Clear
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required

Code Beige - Stage 3 Critical	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Liaise with Dept. Lead and Code Team to determine extent of ICT failure
<input type="checkbox"/>	Take over role of Incident Commander if required; don IC vest
<input type="checkbox"/>	Ensure the extent of the ICT failure onsite has been determined and upgrade/downgrade Stage accordingly
<input type="checkbox"/>	Liaise with Dept. Leads and determine effect on patient care
<input type="checkbox"/>	Contact and update Director On-Call to address patient care concerns
<input type="checkbox"/>	Update Director On-Call and advise on the extent of the Code
<input type="checkbox"/>	Direct Dept. Leads to determine the effects on scheduling for elective procedures, surgeries, non-essential hospital services and advise accordingly
<input type="checkbox"/>	Liaise with Code Team and assess need for and obtain additional staff and request up-staffing through Director On-Call
The Code Team will advise on the following:	
<input type="checkbox"/>	ICT failure source located
<input type="checkbox"/>	ICT failure corrected and systems back on-line

<input type="checkbox"/>	Maintenance initiated (if required)
<input type="checkbox"/>	Maintenance complete (if required)
<input type="checkbox"/>	Contact Resource Centre and provide information for Code Update Email
IN THE EVENT OF A REQUIRED SHUT DOWN OF A CRITICAL DEPARTMENT (I.E.: EMERGENCY DEPT.):	
<input type="checkbox"/>	Ensure that EMS is notified to redirect patient flow to an alternate site
<input type="checkbox"/>	Ensure that other NHS sites are notified by Resource Centre Ext. 55555 in the event of an Emergency Department closure
<input type="checkbox"/>	Contact and update Director On-Call
Step 3 – All Clear	
<input type="checkbox"/>	Code Team will advise when the Code has been resolved
<input type="checkbox"/>	Contact Director On-Call and advise of All Clear
<input type="checkbox"/>	Receive Code Alert: All Clear
<input type="checkbox"/>	Contact and advise Resource Centre to discontinue ambulance diversion (confirm with Director On-Call)
Step 4 – Post Incident	
<input type="checkbox"/>	Assist as required

Appendix H
Director On-Call Job Action Sheet and Checklist

Code Beige - Stage 1 Minor	
<input type="checkbox"/>	There is no Stage 1 - Go To Stage 2 or 3
Code Beige - Stage 2 Major	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
<input type="checkbox"/>	Receive update from Dept. Lead/Manager On-Call
<input type="checkbox"/>	Inform the ICT Manager/Designate if the ICT Manager has not yet been notified
Step 2 – Action plan	
<input type="checkbox"/>	Ensure Incident Commander has been appointed for each site
<input type="checkbox"/>	Liaise with the Incident Commander from each site and Code Team and determine extent of ICT failure
<input type="checkbox"/>	Consider escalation to Stage 3
<input type="checkbox"/>	Determine requirement to activate the EOC
<input type="checkbox"/>	Lead Teleconference Meeting EOC Meeting; develop Action Plan
<input type="checkbox"/>	Approve activation of backup communications systems
<input type="checkbox"/>	Contact and update VP On-Call
<input type="checkbox"/>	Determine impact on operations and consider COOP activation
<input type="checkbox"/>	Consider Code Green as required
<input type="checkbox"/>	Notify departments to assess patients for early discharge to decrease patient census if required
<input type="checkbox"/>	Determine the need to extend curtail or cancel non-essential function
<input type="checkbox"/>	Develop communications plan
<input type="checkbox"/>	Receive the Code Update Email from Resource Center
Step 3 – All Clear	
<input type="checkbox"/>	Receive notification of All Clear status from the Incident Commander at each site
<input type="checkbox"/>	Contact Resource Centre Ext. 55555 and advise of the All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Conduct Post Incident Debrief as required
Code Beige - Stage 3 Critical	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
<input type="checkbox"/>	Receive update from Dept. Lead/Manager On-Call
<input type="checkbox"/>	Inform the ICT Manager/Designate if the ICT Manager has not yet been notified
Step 2 – Action plan	
<input type="checkbox"/>	Ensure Incident Commander has been appointed for each site
<input type="checkbox"/>	Liaise with the Incident Commander from each site and Code Team and determine extent of ICT failure
<input type="checkbox"/>	Lead the Teleconference Meeting EOC Meeting; develop Action Plan
<input type="checkbox"/>	Determine impact on operations and consider COOP activation
<input type="checkbox"/>	Consider Code Green as required
<input type="checkbox"/>	Contact and update VP On-Call
<input type="checkbox"/>	Approve activation of backup communications systems
<input type="checkbox"/>	Notify departments to assess patients for early discharge to decrease patient census if required
<input type="checkbox"/>	Determine the need to extend curtail or cancel non-essential function
<input type="checkbox"/>	Develop communications plan
<input type="checkbox"/>	Receive the Code Update Email from Resource Center

NAME: Code Beige – ICT Failure

Step 3 – All Clear	
<input type="checkbox"/>	Receive notification of All Clear from the Incident Commander at each site
<input type="checkbox"/>	Advise VP On-Call that the Code has been resolved
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Conduct Post Incident Debrief as required

Appendix I
VP On-Call Job Action Sheet and Checklist

Code Beige - Stage 1 Minor	
<input type="checkbox"/>	There is no Stage 1 - Go To Stage 2 or 3

Code Beige - Stage 2 Major	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Receive update from Director On-Call
<input type="checkbox"/>	Report to EOC as required
<input type="checkbox"/>	Determine impact on operations and consider COOP activation
<input type="checkbox"/>	Approve Code Green as required
<input type="checkbox"/>	Notify departments to assess patients for early discharge to decrease patient census as required
<input type="checkbox"/>	Determine the need to extend curtail or cancel non-essential functions
<input type="checkbox"/>	Review and approve communications plan
<input type="checkbox"/>	Update ELT
<input type="checkbox"/>	Receive the Code Update Email from Resource Center
Step 3 – All Clear	
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist with Post Incident Debrief as required

Code Beige - Stage 3 Critical	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Attend the Emergency Operations Centre
<input type="checkbox"/>	Determine patient care impact; develop an action plan with the Director On-Call
<input type="checkbox"/>	Determine impact on operations and consider COOP activation
<input type="checkbox"/>	Approve Code Green as required
<input type="checkbox"/>	Develop communications plan
<input type="checkbox"/>	Direct any Media communications
<input type="checkbox"/>	Update the ELT
<input type="checkbox"/>	Discuss incident with vendor, Fire Dept. or community officials as required
<input type="checkbox"/>	Receive Code Update Email from the Resource Centre
Step 3 – All Clear	
<input type="checkbox"/>	Receive update from Director On-Call when the Code has been resolved
<input type="checkbox"/>	Notify Resource Centre Ext. 55555 to advise of the All Clear
<input type="checkbox"/>	Receive Code Update Email from the Resource Centre
Step 4 – Post Incident	
<input type="checkbox"/>	Post Incident Debrief – support as required

Appendix J

ELT Job Action Sheet and Checklist

Code Beige - Stage 1 Minor	
<input type="checkbox"/>	There is no Stage 1 - Go To Stage 2 or 3

Code Beige - Stage 2 Major	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Receive updates and discuss Code with VP On-Call
<input type="checkbox"/>	Discuss impact on hospital operations and affected departments
<input type="checkbox"/>	Review and approve communications
<input type="checkbox"/>	Assist with Media Communications and statements to the media
<input type="checkbox"/>	Receive Code Update Email from Resource Centre
Step 3 – All Clear	
<input type="checkbox"/>	Receive update from VP On-Call when the Code has been resolved
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist with Post Incident Debrief as required

Code Beige - Stage 3 Critical	
Step 1 – Activate and Notify	
<input type="checkbox"/>	Receive Code Alert
Step 2 – Action plan	
<input type="checkbox"/>	Receive update from VP On-Call
<input type="checkbox"/>	Report to ELT Committee (phone in as required)
<input type="checkbox"/>	Discuss the Code, resources needed, expected duration, impact on the hospital
<input type="checkbox"/>	Review requirements for resources needed
<input type="checkbox"/>	Determine the need to extend curtail or cancel non-essential functions
<input type="checkbox"/>	Review and approve communications (Memos, social media, website)
<input type="checkbox"/>	Approve Continuity of Operations (COOP) plan, approve AD Hoc Crisis Management Team to oversee COOP
<input type="checkbox"/>	Receive the Code Update Email from Resource Center
<input type="checkbox"/>	Advise Chief of Staff
<input type="checkbox"/>	Contact Board of Directors, CEO
<input type="checkbox"/>	Contact LHIN
Step 3 – All Clear	
<input type="checkbox"/>	The VP On-Call will advise when the Code has been resolved
<input type="checkbox"/>	Receive Code Alert: All Clear
Step 4 – Post Incident	
<input type="checkbox"/>	Assist with Post Incident Debrief

Appendix K
Communication Table

Code Type	Sent by	There is NO Stage 1	Stage 2 - Major	Stage 3 - Critical
Code Beige – ICT Failure		N/A	ICT functionality is severely impaired	Production server or other mission critical system(s) are down with no immediate workaround available
Code Membership		N/A	ICT	ICT
All Clear Approved by		N/A	Director On-Call	VP On-Call
Staff Code Message	Communications	N/A	Director On-Call <i>ICT Failure message</i>	VP On-Call / ELT Committee <i>ICT Failure message</i>
Patient Code Message	Communications	N/A	Director On-Call	VP On-Call / ELT Committee
Vendor Code Message	Communications	N/A	Director On-Call	VP On-Call / ELT Committee
Website	Communications	N/A	Director On-Call	VP On-Call / ELT Committee
FB	Communications	N/A	Director On-Call	VP On-Call / ELT Committee
Twitter	Communications	N/A	Director On-Call	VP On-Call / ELT Committee

Appendix L Messaging Templates

STAFF CODE MESSAGE:

(DATE and TIME)

CODE ALERT: CODE BEIGE – STAGE 3 – Site

(ICT TEAM) are on site investigating CODE BEIGE STAGE 3 which occurred (date and time).

As a result:

- List impact (e.g. email is down, departments affected/closed – appointment schedules, access to hospital card and OHIP numbers, etc.)

Health and safety is always a top priority and we will continue to work with (Experts: e.g. Police, Fire, EMS, Security) to proactively monitor this situation.

(Staff) will remain on stand-by to quickly address incidents that may arise. If you experience an emergency or injury while on site, please dial 55555 to receive aid ASAP.

As you may know, the emergency management program can be found (link, hard copy location).

This Emergency Bulletin was sent by (NAME and TITLE), and will be updated every (X) hour(s), on the hour. If you have any questions or concerns, please contact (EXTENSION)

STAFF CODE MESSAGE UPDATE: FINAL

(DATE and TIME)

CODE ALERT: CODE BEIGE – ALL CLEAR

Please be advised that the (ICT) have confirmed the ALL CLEAR. All systems have resumed regular operations.

We would like to thank everyone for their assistance in ensuring the health and safety of our staff, visitors and patients.

This Emergency Bulletin was sent by (NAME and TITLE). If you have any questions or concerns, please contact (EXTENSION)

CODE ALERT: CODE BEIGE — STAGE 3 – Site**(If closures become necessary)****PATIENT CODE MESSAGE**

(DATE and TIME)

*** TIME SENSITIVE UPDATE ***

Please be advised that (site entrance, clinic) is temporarily closed.

If you have an appointment on (date), please do not make your way to the (site).

Please contact your referring (doctor/clinic staff) (when?) to reschedule your appointment. Please be assured that we will work with your doctor to ensure your appointment or procedure is rescheduled as quickly as possible.

We sincerely regret any inconvenience and thank

you for your patience. We will provide an update

once this status has changed at (website)

*Sent by (NAME and TITLE).**Sent by (NAME and TITLE).***PATIENT UPDATE - FINAL**

(DATE and TIME)

Please be advised that (clinic) has reopened and resumed regular operations. We sincerely regret any inconvenience and thank you for your patience.

Sent by (NAME and TITLE).

Appendix M Social Media

Facebook

Criteria	Draft	Hashtags #	URLs / Links	Include Images
Initial post	<p>Please be advised that (site entrance, clinic) is temporarily closed.</p> <p>If you have an appointment on (date), please do not make your way to the (site).</p> <p>Please contact your referring (doctor/clinic staff) (when?) to reschedule your appointment. Please be assured that we will work with your doctor to ensure your appointment or procedure is rescheduled as quickly as possible.</p> <p>We sincerely regret any inconvenience and thank you for your patience.</p> <p>We will provide an update once this status has changed at (website)</p>	#NHSLocation	(website)	No
Update 1	<p>We would like to remind everyone that we are currently closed so please avoid the area.</p> <p>We will provide updates here or on our (website) when more details come to hand.</p>	#NHSLocation	(website)	If there is an image
Update 2	<p>Health and safety is always a top priority and we will continue to work with (Experts: e.g. Police, Fire, EMS, Security) to proactively monitor this situation.</p>	#NHSLocation	(website)	If there is an image
Update 3 (If applicable)	<p>Please be advised that (site entrance, clinic) remains temporarily closed.</p> <p>We will provide updates here or on our (website) when more details come to hand.</p>	#NHSLocation	(website)	If there is an image
Final post	<p>Please be advised that (clinic) has reopened and resumed regular operations.</p> <p>We sincerely regret any inconvenience and thank you for your patience.</p>	#NHSLocation	(website)	If there is an image

Social Media: Twitter

Criteria	Draft	Hashtags #	URLs / Links	Include Images
Initial post	Please be advised that (site entrance, clinic) is temporarily closed. For info & updates (website)	#NHSLocation	(website)	No
Update 1	We would like to remind everyone that we are currently closed so please avoid the area. For info & updates (website)	#NHSLocation	(website)	If there is an image
Update 2	Health and safety is always a top priority and we will continue to work with (Experts: e.g. Police, Fire, EMS, Security) to proactively monitor this situation.	#NHSLocation	(website)	If there is an image
Update 3 (if applicable)	Please be advised that (site entrance, clinic) remains temporarily closed. For info & updates (website)	#NHSLocation	(website)	If there is an image
Final post	(clinic) has reopened & resumed regular operations. We sincerely regret any inconvenience and thank you for your patience.	#NHSLocation	(website)	If there is an image


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Black – Bomb Threat	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Black	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction to staff in being able to provide a controlled and coordinated plan of response to a bomb threat or discovery of a suspicious package.

2.0 Background

A Code Black is declared for an emergency situation where potential or actual danger exists from a bomb threat made against, or a suspicious package, vehicle or substance is discovered at any Niagara Health location. This policy promotes the life safety of all individuals who enter the buildings controlled by the Niagara Health. This plan describes safety measures for all patients, staff and visitors to the premises.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each site of Niagara Health.

4.0 Policy

4.1 All bomb threats must be considered to be legitimate until proven otherwise.

- 4.2 All staff must follow the steps outlined in the Job Action Sheets found within NH ERD.
- 4.3 The Niagara Health goal is to perform rapid response to Code Black in the safest manner possible. Our procedures were developed to provide a safe work atmosphere with the utmost consideration to the safety and health of all Niagara Health Staff, Patients and Visitors during a Code Black.
- 4.4 Any individual within the hospital receiving a bomb threat or discovering a suspicious package, vehicle or substance is authorized to activate a Code Black.
- 4.5 A Code Black is comprised of four response pathways based upon the threat, with each having its own distinct staging.
- a) **Code Black – Bomb Threat**
- i) **Stage 1 Minor:**
 - I) There is no Stage 1.
 - ii) **Stage 2 Major:**
 - I) Non-Specific Bomb Threat;
 - II) Not enough details to confirm nor negate presence of a device.
 - iii) **Stage 3 Critical:**
 - I) Specific Bomb Threat;
 - II) Threat containing enough details to confirm the presence of a device; or,
 - III) Multiple calls from the same caller with continued warnings about time to detonation.
- b) **Code Black – Suspicious Package**
- i) **Stage 1 Minor:**
 - I) Unattended package;
 - II) Bag left in a common area (i.e. briefcase, knapsack, purse, box, vehicle, etc.);
 - III) No known related threat;
 - IV) Owner of package cannot be located.
 - ii) **Stage 2 Major:**
 - I) STOPIED checklist indicator suggest concern;
 - II) Video checks reveal suspicious activity;
 - III) Related to recent history, company activities or threats (i.e. labour disputes, activists, etc.);
 - IV) No direct threat related to package.
 - iii) **Stage 3 Critical:**
 - I) What appears to be an IED or device found - it looks like a bomb;
 - II) Threat or action directly related to device.
- c) **Code Black – Suspicious Vehicle**
- i) **Stage 1 Minor:**
 - I) Unattended vehicle;
 - II) Vehicle's location is abnormal;
 - III) Unattended vehicle owner not identified.
 - ii) **Stage 2 Major:**
 - I) Suspicious activity associated to the vehicle;
 - II) STOPIED checklist shows additional risk factors;
 - III) General non-specific threats have been received related to recent company activities, i.e. labour dispute, activists, layoffs, dismissals, etc. but not associated with a direct threat or actions (see Stage 3);
 - IV) Evacuation of area to occur until threat proven otherwise (See Code Green).
 - iii) **Stage 3 Critical:**
 - I) An VBIED (Vehicle Bourne IED), specific device found;
 - II) Vehicle contains components or appears to be a VBIED;
 - III) STOPIED checklist shows additional risk factors;
 - IV) Threat or action directly related to vehicle;
 - V) Evacuation is immediate (see Code Green).

d) Code Black – CBRNE Internal Suspicious Substance**i) Stage 1 Minor:**

- I) There is no Stage 1, go to Stage 3.

ii) Stage 2 Major:

- I) There is no Stage 2, go to Stage 3.

iii) Stage 3 Critical:

- I) A Suspicious Substance Chemical, Biological, Radiological or Nuclear agent has been released inside the hospital, or appears to have been delivered purposely;
- II) Presence of a real or perceived Chemical, Biological, Radiological or Nuclear agent;
- III) Agent delivered via mail, dispersal device, or intentionally cast (thrown) by person, Go To Code Brown;
- IV) If release occurs outside the hospital, Go To Code Brown CBRNE and consider Code Grey – Air Exclusion;
- V) The most common incident involving suspicious substances CBRNE agents is the delivery of a white powder, which may be indicated as anthrax.

5.0 Materials

5.1 To ensure a controlled and coordinated response, each unit within Niagara Health the following emergency response supplies will be maintained:

- a) A full set of Hospital floor plans are located;
- b) In the Site Command Centre/Emergency Operations Centre;
- c) In the site Engineering Services office;
- d) In Source-Net NH ERD.
- e) A Code Black Bomb Threat Telephone Checklist is to be kept near all hospital phones. A copy will also be located in all emergency response manuals.

5.2 A Search List for each department listing all rooms and their room numbers to facilitate in the response process.

5.3 Each unit is to have an easily accessible supply of flashlights should they be necessary to conduct a search.

6.0 Procedure**Authority to Activate**

6.1 Any staff member is authorized to initiate Code Black by calling Switchboard / Resource Centre ext. 55555.

6.2 The Switchboard / Resource Centre will immediately contact Niagara Regional Police, and the Code Black Team.

Initial Discovery and Immediate Actions**6.3 Receiving a Telephone Threat:**

Upon receiving a telephone bomb threat the individual receiving the call will:

- a) Stay calm;
- b) Contact Switchboard / Resource Centre ext. 55555;
- c) Notify the Department Lead (or most senior staff member), Department Manager, or after-hours, the Clinical Manager on-call.
- d) Complete the Code Black Bomb Threat Telephone Checklist;
- e) If checklist is not immediately available, then write down as many details as you remember, such as:
 - i) Location of the bomb;
 - ii) What the bomb looks like;
 - iii) When is it going to explode;
 - iv) What will make it explode;

- v) Why was it put there;
- vi) How does the person calling in the bomb threat know so much about the bomb;
- vii) Voice characteristics (loud/soft, fast/slow, high/low pitched, raspy, nasally, stutter, distorted, slurred, lisp etc.);
- viii) Language characteristics (excellent, poor, foul, accent etc.);
- ix) Background noise;
- f) Did the caller seem familiar with the building?
- g) Wait for direction from the attending Senior Police Officer and the Hospital Command Centre.

6.4 Receiving a Written Threat:

Should an individual receive a threat in written form:

- a) Do not continue to handle the letter;
- b) Contact Switchboard / Resource Centre at ext. 55555
- c) Provide Switchboard / Resource Centre with the details of the threat and location.
- d) Notify the Department Lead (or most senior staff member), Department Manager, or after-hours, the Clinical Manager on-call;
- e) Wait for direction from the attending Senior Police Officer and the Hospital Command Centre.

6.5 Upon Discovery of a Suspicious Package:

In the event that a staff member, visitor, or patient was to locate an unattended suspicious package the following actions must be taken:

- a) Do not move or touch the package;
- b) Evacuate the immediate area (See Code Green);
- c) Contact Switchboard / Resource Centre at ext. 55555;
- d) Provide Switchboard / Resource Centre with the details of the package and location.
- e) Notify the Department Lead (or most senior staff member), Department Manager, or after-hours, the Clinical Manager on-call.
- f) Liaise with security on arrival.
- g) Security and staff will redirect foot traffic away from the area where the package is located.
- h) Wait for direction from the attending Senior Police Officer and the Hospital Command Centre.

6.6 Upon Discovery of a Suspicious Vehicle:

In the event that a staff member, visitor, or patient was to locate an unattended suspicious package the following actions must be taken:

- a) Do not touch or move the vehicle;
- b) Evacuate the immediate area (See Code Green);
- c) Contact Switchboard / Resource Centre at ext. 55555;
- d) Provide Switchboard / Resource Centre with the details of the vehicle and location;
- e) Notify your Department Lead (or most senior staff member);
- f) Liaise with security on arrival;
- g) Security and staff will redirect foot traffic away from the area where the vehicle is located.
- h) Wait for direction from the attending Senior Police Officer and the Hospital Command Centre.

6.7 Upon Discovery of a potential or actual Suspicious Substance:

In the event that a staff member, visitor, or patient was to locate an unattended suspicious package the following actions must be taken:

- a) Do not touch or move the substance;
- b) Evacuate the immediate area (See Code Green);
- c) Isolate any persons who may have been contaminated or exposed;
- d) Contact Switchboard / Resource Centre at ext. 55555;
- e) Provide Switchboard / Resource Centre with the details of the substance and location;
- f) Notify your Department Lead (or most senior staff member);
- g) Liaise with security on arrival;
- h) Security and staff will redirect foot traffic away from the area where the substance is located.
- i) Wait for direction from the attending Senior Police Officer and the Hospital Command Centre.

6.8 Staff Roles and Responsibilities during a Code Black

In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD, which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

6.9 Debriefing

- a) Debriefing should occur as soon as possible and practical after every incident and will be coordinated by the Department Manager/Delegate.
- b) EAP (Employee Assistance Program) should be offered to staff involved if required.
- c) An Occupational Health and Safety representative will attend the debriefing and will be the liaison to the site Joint Health and Safety Committee.
- d) In the event of a critical incident, a full debriefing session will be coordinated by the Risk Management Department in conjunction with the Department Manager and appropriate Administrative and/or medical staff.

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions.

All Clear – The incident has been resolved.

Chemical, Biological, Radiological or Nuclear substance – may take the form of a solid, powder, vapor, aerosol or liquid and can range from colourless and odourless to pungent and/or oily. The contaminating agent can be either a casual/toxic agent or an incapacitating agent.

Code Alert – An email sent from Switchboard with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code Black – an emergency situation where potential or actual danger exists from a bomb threat made against, or a suspicious package, vehicle or substance is discovered at any Niagara Health location.

Code Brown – an emergency situation involving a hazardous spill or leak of the type or magnitude that it cannot be safely cleaned up by the available staff and resources in the location of the spill.

Code Green – an emergency response to an internal or external threat due to an internal incident or external threat such as loss of infrastructure or essential services, fire, explosion, suspicious device or noxious fumes.

Code Grey – Air Exclusion – an emergency response to any toxic gaseous release or similar occurrence in the community or within a Niagara Health location by restricting the spread of contaminated air by shutting down the HVAC / air handling system.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team.

Evacuation: Is defined as the movement of hospital occupants due to a hazardous or potentially hazardous situation to a location that eliminates the risk of injury or illness created by the situation (e.g. violent event, internal fire, impending explosion or internal/external airborne gas).

IED – Improvised Explosive Device

Incident – is a naturally occurring or man-made event that may negatively impact our hospital. The incident may impact our people, business, data or our reputation.

Incident Commander – The Lead person taking overall control of Operations during a Code Black event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage 1, 2 and 3.

Notification – A message from the Resource Centre through a Code Alert email for information only but with no action necessary.

Switchboard / Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

STOPIED – A mnemonic device listing the components of a process to analyze and identify a potential Improvised Explosive Device. STOPIED = Stamp, To/From, Observe, Post Marks, Information, Evacuate, and Distances

VBIED – Vehicle Bourne Improvised Explosive Device.

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Black Policy as a part of the global emergency management “Code of the Month” program.
- 8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related Documents

[Code Brown – Hazardous Spill -- Policy and Procedure](#)

[Code Green – Evacuation -- Policy and Procedure](#)

[Code Grey – Air Exclusion -- Policy and Procedure](#)

Refer to Niagara Health [Emergency Resource Directory \(ERD\)](#)

11.0 Related Forms

Back Track – Post Exposure Form

WSIB Worker's Exposure Incident Form

12.0 References

N/A

13.0 Supercedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Blue – Adult Cardiac Arrest	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes – Code Blue	EFFECTIVE DATE: (DD/MM/YY)	26/02/24
APPROVED BY: Director of Critical Care Nursing Advisory Committee Medical Advisory Committee Code Blue Committee		END DATE: (DD/MM/YY)	26/02/27
		DOCUMENT ID:	N/A

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1.0 Purpose

To provide guidelines to define interdisciplinary roles during a Code Blue response and to ensure qualified personnel are immediately available to manage a Code Blue involving a patient, visitor, or staff with immediate or imminent cardiac or respiratory arrest.

2.0 Background

A Code Blue is declared for an emergency situation where an adult is discovered or witnessed to be without any signs of circulation or no palpable pulse; unresponsive, not breathing or abnormal breaths. This policy promotes life saving measures for all individuals that enter any Niagara Health site and describes safety measures for all patients, staff and visitors.

3.0 Scope

Applies to all employees, volunteers, students/learners, persons with practicing privileges, independent and external workers at all Niagara Health Sites with the knowledge, skill, and judgement to assist with a Code Blue.

4.0 Policy

- 4.1 All hospital personnel must follow the steps outlined in the Job Action Sheets found within the Emergency Resource Directory (ERD).

- 4.2 The goal of the Code Blue response at Niagara Health is to rapidly respond to the code in the safest manner possible.
- 4.3 Any individual within the hospital witnessing an immediate or imminent cardiac or respiratory arrest is authorized to activate a Code Blue.
- 4.4 If a code blue is called on a unit, all unit staff are to immediately return to assist with the response.
- 4.5 To ensure optimal learning as well as safety and quality care only one learner per profession to be in the room during a code blue.
- 4.6 A Code Blue is comprised of three Stages:
- Stage 1:** A single adult cardiac arrest inside the hospital where the Code Blue Team is already responding.
 - Stage 2:** A single adult cardiac arrest inside the hospital requiring a Code Blue Team response to be activated.
 - Stage 3:** Adult Cardiac Arrest within hospital facility before the Code Blue Team is cleared from a prior Code Blue.
- 4.7 Code Blue Team Membership will vary according to site:
- SCS**
 - 1 Emergency Department (ED) Physician
 - 1 Intensive Care Unit (ICU) Physician
 - 2 ICU Registered Nurses (RN)
 - 1 EDRN to respond to Code Blue if in DI area, Walker Building, basement, or Main Lobby/ Main Street
 - 1 Cardiac Care Unit (CCU) RN – Day shift only
 - 1 Registered Respiratory Therapists (RRT)
 - Security
 - Spiritual Care
 - NFS**
 - 1 ED Physician
 - 1 ICU physician
 - 1 ED RN
 - 1 ICU RN
 - 1 RRT
 - Security
 - Spiritual Care (if available)
 - WS**
 - 1 ED Physician
 - 1 ICU physician (Day shift only)
 - 1 ED RN
 - 1 ICU RN
 - 1 RRT
 - Security
 - Spiritual Care (if available)
 - PCS and FES**
Between hours of 1000-2200
 - 1 Urgent Care Centre (UCC) Physician
 - 1 UCC RN
 - Security
 - Switchboard / Resource Centre will call 9-1-1 EMS**Between the hours of 2200-1000**
 - Switchboard / Resource Centre will call 9-1-1 EMS
 - Complex care staff will support until EMS arrives

- e) **Satellite Sites: Port Colborne New Port Centre/Niagara Falls Dialysis Centre/Withdrawal Management Services/McLean Building Welland Site/Allied Health Building Niagara Falls Site**

- i) Staff members will support until EMS arrives

5.0 Materials

- 5.1 To ensure a controlled and coordinated response, the following emergency response documents will be maintained and accessible on ERD.
 - a) Site Specific Response Guide and job action sheets
 - b) Code Blue Cart Equipment Checklist
 - c) Code Blue Resuscitation Record (DR5 on access eFR)
 - d) Debrief tool
 - e) Glucose Meter (POCT) Patient Emergency CODE Form
- 5.2 The unit will maintain their code blue carts as per Niagara Health protocols found in the ERD database, including stocking and maintaining. Unit charge nurse will ensure code cart checks are delegated to staff as per protocol. Unit manager will facilitate compliance. Satellite sites are to call 911 directly for EMS response.
- 5.3 Rapid Sequence Intubation (RSI) kit will be kept in the Automated Dispensing Cabinet (ADC) in ICU and ED at St. Catharines Site (SCS), Welland Hospital Site (WS), and Niagara Falls Site (NFS). In the event of a code blue, the kit will be brought to the code by the RN from the ICU Code Blue response team. The exception is if the code blue is in the ED at the SCS, WS, and NFS. In this circumstance, the RSI kit will be acquired from the ADC in the ED. Refer to Medications Stored in the Emergency Supply Kit Policy (555-003-055).

6.0 Procedure

All team members responding to a Code Blue are to ensure they are wearing appropriate Personal Protective Equipment (PPE), based on their Point of Care Risk Assessment (PCRA) and posted IPAC signage, prior to entering a resuscitation area. Recommended use is N95 mask for code blue responders as a standard practice where feasible and no significant delays to care. However, can use medical mask in certain scenarios based on PCRA (e.g. known patient at low risk of COVID-19, awake patient with no need for intubation, or where N-95 mask is not yet available but compressions need to be started).

- 6.1 If patient is inside the hospital on initial discovery immediate actions include:
 - a) Determine unresponsiveness; assess for signs of circulation
 - b) Notify other staff or call for help
 - c) Begin Cardiopulmonary Resuscitation (CPR) if indicated
- 6.2 The Switchboard / Resource Centre (ext.55555), when notified of a code blue, will activate the Code Blue response team by calling overhead and/or activate 9-1-1 response as required by site. When the code blue ends, switchboard should be notified.
- 6.3 **Roles and Responsibilities:**
 - a) **First Responder:** The First Responder is the first person to notice the patient's sudden declining condition or cardiac/respiratory arrest. This could be any member of the team. This person shall call attention to the situation and begin basic resuscitation according to their abilities, and Basic Life Support (BLS) guidelines.
Specific duties will include:
 - i) Assesses the patient
 - ii) Identify appropriateness of BLS interventions
 - iii) Call for help using the call bell, Vocera, verbal communication, or the emergency button (NOTE: the in room emergency button only notifies staff on the unit of a code blue, switchboard has to be called to activate site wide response)
 - iv) Don appropriate PPE based on PCRA (N95 Recommended)
 - v) Begin chest compressions, if indicated

b) Second Responder:

- i) Calls Switchboard / Resource Centre ext. 55555 to advise of the Code Blue location – if not already done
Note: PCS/FES sites (Calls Switchboard / Resource Centre ext. 55555 to advise of the Code Blue called and switchboard will contact 911)
Note: Satellites sites call 911 directly for EMS response
- ii) Dons appropriate PPE based on PCRA and assist 1st responder with BLS until Code Blue team arrives (PCS and FES between 2200-1000, assist with BLS until EMS arrives)
- iii) Maintain oxygenation with oral airway and bag valve mask device

c) Additional Responder Duties:

- i) Brings the closest Code Blue Cart to the location
- ii) Attach and use an Automated External Defibrillator (AED) if available **Note:** AED only available at St Catharines Withdrawal Management & Outpatient Addictions Services Site (Welland Avenue), New Port Centre (Port Colborne), Niagara Falls outpatient dialysis.
- iii) Maintains airway with an oral airway and bag valve mask device
- iv) Performs effective chest compressions
- v) Assists in placing the CPR board under the back of the patient
- vi) Ensure personal protective equipment is worn by all members of the resuscitation team within the room/area (N95 mask, face shield, or additional precautions as warranted)
- vii) Establish an Intravenous access if one is not already in situ (if authorized and in scope of practice)
- viii) Begin documentation on the Adult Resuscitation Record (DR5) and attach patient label
- ix) Provide support to family if present (allowing presence during code is acceptable)
- x) Clear room of obstacles, perform crowd control and maintain privacy for patient

d) After Arrival of the Code Blue Team, Duties for floor staff include:

- i) Are expected to continue CPR, rotating compressor at least every 2 minutes
- ii) The nurse assigned to the patient is expected to give a report to the Code Blue team, including advanced directives if applicable, and remain present during the Code Blue to answer questions from the team
- iii) Continue Documentation using the 'Adult Resuscitation Record' (DR5)
- iv) Bring equipment and supplies requested by the code blue team
- v) Notify Most Responsible Physician/Nurse Practitioner
- vi) Notify the patient's family
- vii) Assist with care of the patient while transport is arranged and assist in patient transport to critical care unit if applicable
- viii) The nurse assigned to the patient will assist with patient transport to give report to ICU/ED nurse if applicable

e) Physician / Code Team Leader:

- i) The first physician on the scene maintains lead of the code until responsibility is relinquished. Discussion to take place between ED and ICU physicians to determine who will continue the role of team leader.
- ii) **At WS site only**, during a code blue, the code team leader or designate may call the covering ICU MRP for clinical consultation or determination of disposition. When contacted, the ICU MRP should provide consultation and/or plan for transfer of care as needed.
- iii) Code Leader will always identify themselves and receive report from first responder or other professionals on scene.
- iv) Assigns the other Code Team roles (see below) and performs a systematic approach to the resuscitation according to the most recent Canadian Heart and Stroke, BLS, Advanced Cardiac Life Support primary and secondary surveys, guidelines and algorithms.
- v) The lead physician will review the resuscitation record at the end of the arrest for completeness and sign indicating self as the Most Responsible Physician during the arrest. By signing the document, the MRP is also signing for all verbal orders issued during the code.
- vi) Will determine disposition of the patient post arrest.

- vii) Code blue physician is the only person able to end a Code Blue
- f) **Registered Nurse – Critical Care Area (ED/ICU/CCU/UCC)**
 - i) Brings Code Blue Cart if applicable according to 'Site Specific Response Guide' (Appendix A) and applies monitoring equipment to patient.
 - ii) Initiates Intravenous access if not already in place.
 - iii) Assists with the administration of medications as ordered by lead physician.
 - iv) If certified, delivers energy as required/appropriate as per NH Medical Directive: Application of Energy.
 - v) Documents on 'Adult /Paediatric Resuscitation Record DR5' as needed.
- g) **Registered Respiratory Therapist /Airway Management Role:**
 - i) Assesses and intervenes utilizing basic to advanced airway management adjuncts appropriate to the situation to maximize ventilation and oxygenation.
 - ii) Will perform advanced airway management as necessary and as directed by the lead physician.
 - iii) The RRT will utilize capnography to monitor the effectiveness of resuscitation.
 - iv) Performs arterial punctures as needed
- h) **Security Staff:**
 - i) Will respond to the location
 - ii) Assist in crowd control
 - iii) Manage elevator access
 - iv) Provide other assistance as needed
- i) **Spiritual and Religious Care:**
 - i) Receives report from staff or Code Blue team
 - ii) Acts as liaison for family, providing information and support

Note: Code Blue Team member duties are interchangeable within the member's scope of practice.

6.4 **For St. Catharines Site (SCS):** The designated Nurse from adjacent patient care unit will respond to Code Blue calls with their Code Blue cart (if applicable) refer to site-specific response guide in Appendix A.

a) **For Niagara Falls Site (NFS)**

- i) A designated nurse from Unit C will go to all calls on the first floor and bring the Code Blue cart.
- ii) A designated nurse from the Brock Unit will respond to all calls on the third floor and bring the Code Blue cart.
- iii) A designated nurse from Critical Care will respond to all code Blues calls on the second floor and bring the code blue cart, with the exception of bringing the code blue cart to the ED.

b) **For Welland Site (WS)**

- i) The ED designated staff will respond with a cart to Code Blue's in their department, the first floor outpatient clinics, Diagnostic imaging and any area up to and including site administration. The ED will also respond with a cart to code blues in the non-clinical area in the basement.
- ii) The Woolcott wing will respond with the cart to Code blues in their department, outpatient Dialysis unit and any area up to site administration on the first floor.
- iii) The ICU will respond with a cart to all Code blues on the 3rd floor, excluding the OR (where they will access the OR resuscitation cart). ICU will also respond to code blue in the non-clinical areas of the 2nd floor, 2 South, and the 5th floor.
- iv) The 4th floor will respond with the cart to Code Blue's on the 4th floor.
- v) The 6th floor will respond with the cart to Code Blue's on the 6th floor.

c) **Port Colborne and Fort Erie Site (PCS and FES)**

- i) During operating hour of 1000-2200.
- ii) Code blue team from UCC will respond to calls in complex care areas.
- iii) During Operating hours of 2200-1000.
- iv) Activate code blue through resource center (55555) (911/EMS will be called by switchboard when code blue activated).

- v) Complex staff will follow BLS protocols until EMS arrival.
- d) **Satellite Sites: Port Colborne New Port Centre/Niagara Falls Dialysis Centre/Withdrawal Management Services/McLean Building Welland Site/Allied Health Building Niagara Falls Site**
 - i) Staff will call 911 to activate EMS response
 - ii) Staff will follow BLS protocol until EMS arrival
 - iii) At completion of Code blue, staff will call switchboard to notify of the code for tracking purposes

6.5 **Staff Roles and Responsibilities during a Code Blue**

Staff involved in all aspects of the Code Blue response should refer to the appropriate Job Action Sheet for a description of the duties and responsibilities assigned to each role.

- a) Switchboard / Resource Centre
- b) Staff
- c) Security
- d) Code Team
- e) Department Lead
- f) Manager On-Call
- g) Director On-Call
- h) Vice President On-Call
- i) Executive Leadership Team

6.6 **Family Presence during Code Blue**

NH will continue to strive to provide patient client centered care.

Family member presence during emergencies will be considered on a case specific basis.

A designated staff member will remain with family member at all times, whenever possible.

Discussion with family may include:

- a) What types of activity the family member (s) may see
- b) Importance of not interfering with the required care
- c) Awareness of religious, cultural background and end of life wishes of patient and family
- d) Acceptance that due to space limitations possibly only one or two family members can remain.

6.7 **Post resuscitation**

- a) Patient disposition at the end of a Code Blue will be determined by the code team leader or MRP. Recommendations: outpatients to be transferred to the Emergency department or directly to inpatient unit (determination of MRP), inpatients transferred to ICU.
- b) Debrief post resuscitation utilizing the 'Post Resuscitation Debriefing Tool' located on the ERD.
- c) Notify switchboard to clear the code blue.
- d) Satellite Sites: At completion of Code blue, staff will call switchboard to notify of the code for tracking purposes.

6.8 **Documentation**

- a) A Code Blue must be documented on the 'Adult Resuscitation Record DR5'.
- b) It is the responsibility of the staff member assigned to documentation to ensure:
 - i) the Code Blue record is signed by the Code Team Leader
 - ii) Attendance record filled out accordingly.
 - iii) Review the Resuscitation Record, for completeness including medications, defibrillation, and ACLS procedures.
 - iv) Send copy of record to unit manager for auditing purposes.

6.9 **Post Code Debriefing**

- a) Debriefing is an opportunity to learn and implement action items that may provide improved future resuscitation efforts. The Post Resuscitation Debriefing Tool (found on ERD) will be used to guide this discussion. The physician lead is integral to this process however; other team members may perform the debriefing.

- b) Debriefing should occur as soon as possible and practical after every incident and will be coordinated by the department manager or delegate.
- c) The completed Debriefing Tool will be forwarded to the code blue committee via email address located at the bottom of the debrief tool.
- d) EFAP (Employee and Family Assistance Program) should be offered to staff involved, if required.
- e) In the event of a critical incident, appropriate follow-up will be completed by the department manager. A Code Lavender may also be called through switchboard post resuscitation if indicated.

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions.

Advanced Cardiac Life Support (ACLS) – refers to a set of clinical interventions for the urgent treatment of cardiac arrest and other life threatening medical emergencies, as well as the knowledge and skills to deploy those interventions.

Basic Cardiac Life Support (BLS) – refers to a set of life-saving interventions such as cardiopulmonary resuscitation (CPR).

All Clear – The incident has been resolved.

Automated External Defibrillator (AED) – An automated device that may be attached to a person without any signs of circulation; unresponsive, not breathing or abnormal breaths, no palpable pulse.

Code Blue – Code called by any staff member to receive assistance for any person (patient, visitor, or staff) with immediate or imminent cardiac or respiratory arrest.

Delegated Controlled Acts – Relate to acts that are considered to be potentially harmful if performed by unqualified persons. Niagara Health follows a formalized process to certify their critical care staff in the delegation and performance of the controlled act of application of electrical energy.

Delegation – Refers to the transfer of authority established in the legislation to a person not otherwise authorized to perform a controlled act procedure. Niagara Health follows the delegation process as set out by the College of Physicians and Surgeons (CPSO).

Employee and Family Assistance Program (EFAP) – A support program offered by Niagara Health to support staff.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage 1, 2 and 3.

Notification – A message from the Switchboard / Resource Centre through a Code Alert email for information only but with no action necessary.

Personal Protective Equipment (PPE) – is equipment which includes protective masks, eyewear, gloves and gowns. They are used for infection prevention and control practices that prevent and control transmission of micro-organisms in healthcare settings.

Point of Care Risk Assessment (PCRA) - Performing a PCRA is the first step in routine practices.

Routine Practices are to be used with all patients for all care and all interactions. Assess the task, the patient and the Environment prior to each patient interaction. This will help you decide on appropriate infection prevention and control practices to use including selection of PPE to protect yourself and prevent the spread of germs.

Routine Practices – A system of infection prevention and control practices recommended to be used with all patients during all care in all health care settings to prevent and control transmission of microorganisms.

SBAR (Situation, Background, Assessment, Recommendation) – A communication technique used to facilitate prompt and appropriate communication.

Switchboard / Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

Urgent Care Service – Service that provides care and treatment for a range of non-emergency ailments. e.g. Port Colborne site and Fort Erie site.

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Blue Policy as part of the global emergency management “Code of the Month” program.
- 8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

[Code Blue Cart Equipment Check Process](#)
[Site Specific Response Guide](#)

10.0 Related Documents

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)
[Automated External Defibrillator \(AED\) – Policy and Procedure and Algorithm for Use of the Automated External Defibrillator Appendix](#)
[Medical Directive: Delegation of Controlled Act: Application of Energy – Defibrillation, Cardioversion, Transcutaneous and Transvenous Pacing, Analyzer Adjustment during Permanent Pacemaker Insertion - 710-040-008](#)
[Medications Stored in the Emergency Supply Kit -- Policy](#)

11.0 Related Forms

Adult /Paediatric Resuscitation Record (DR5)
 Glucose Meter (POCT) Patient Emergency CODE Form

12.0 References

N/A

Appendix A Site Specific Response Guide

Resuscitation carts have been strategically placed to provide the resuscitation team with timely access to resuscitation equipment. This requires that a staff member be assigned to bring the resuscitation cart to the area of need when a Code blue is called. This could entail directly on the unit or in department or to an adjacent unit or department. The response coverage and team varies by site. See below for your sites plan for who brings the code blue cart and refer to the ERD for team members.

St. Catharines Site
<p>All units on the A wing of the hospital will respond with the cart to all code blue calls on either A or B wing of that floor. Example a code blue is called on 5B. A pre-assigned staff member will bring the Code blue cart from 5A to the patient's bedside on 5B.</p> <p>All other out-patient or non-in-patient units such as Diagnostic Imaging and Interventional Radiology will respond within their departmental areas. The ED will respond with a cart to all areas on the first floor (excluding Mental Health (MH) where the MH cart will be accessed). ED will also respond to all codes in the Basement of the hospital. ICU will respond with a cart to all code blues in all other non-clinical areas of the building from 2nd floor up.</p>
Welland Site
<p>The ICU and ED staffs collaborate to form the code blue response team at Welland. The ED designated staff will respond with a cart to Code Blue's in their department, the first floor outpatient clinics, Diagnostic imaging and any area up to and including site administration. The ED will also respond with a cart to code blues in the non-clinical area in the basement. The Woolcott wing will respond with the cart to Code blues in their department, outpatient Dialysis unit and any area up to site administration on the first floor. The ICU will respond with a cart to all Code blues on the 3rd floor, excluding the OR (where they will access the OR resuscitation cart). ICU will also respond to code blue in the non-clinical areas of the 2nd floor, 2 South, and the 5th floor.</p> <p>The 4th floor will respond with the cart to Code Blue's on the 4th floor.</p> <p>The 6th floor will respond with the cart to Code Blue's on the 6th floor.</p>
Niagara Falls Site
<p>The ICU and ED staffs collaborate to form the code blue response team at Niagara Falls. ICU will respond with a cart to Code Blue's on the second floor and in the tunnel excluding the OR (where they will access the OR resuscitation cart). ICU will respond to Code Blue's with staff only to all other units of the hospital. Unit C will respond with the cart to the Code Blue's on the Ground floor (1st floor). Brock will respond with the cart to the Code Blue's on the 3rd floor.</p>
Fort Erie Site
<p>The Urgent Care staff will respond with a cart to the Code Blue's on the Ground floor and the 1st floor (between 1000-2200) The Complex care staff will respond with the cart to the Code Blue's on the First floor between 2200-1000 and activate EMS through switchboard. 911/EMS will be called by switchboard when code blue activated through the resource center (ext.55555)</p>
Port Colborne Site
<p>The Urgent Care staff will respond with a cart to the Code Blue's on the Ground floor and the 1st floor (between 1000-2200) The Complex care staff will respond with the cart to the Code Blue's on the First floor between 2200-1000 and activate EMS through switchboard. 911/EMS will be called by switchboard when code blue activated through the resource center (ext.55555)</p>
Port Colborne New Port Centre / Niagara Falls Dialysis Centre / Withdrawal Management Services / McLean Building Welland Site / Allied Health Building Niagara Falls Site
<p>These out-patient satellite areas do not have code blue carts but will have available the use of an Automated External Defibrillator (AED) for staff to apply to the arrested patient (Exception McLean building and Allied Health building). Staff in these areas will also call 911 to initiate Emergency Medical Service being dispatched to their location.</p>

Appendix B Code Blue Cart Equipment Check Process

Resuscitation carts are available on every floor of each hospital site at Niagara Health. The carts have been standardized to include the identical items in same drawer location. A designated staff member will be assigned to open and check the contents of the cart for completeness and item expiration. This will occur, at minimum, once a week. Expired items will be replaced by unit. A standardized check list will be used to do the checking process located on ERD.

Unit charge persons will assign this role to a staff member and ensure the cart is checked daily and weekly. Unit managers will monitor compliance of the cart, weekly, checking procedure and ensure completion. A clipboard with the resuscitation check list, resuscitation documentation record and post resuscitation debrief tool will be kept on the top of the resuscitation cart. These documents are available in the ERD Code blue section under supporting documents.

Standardized drug trays will be available on all resuscitation carts as supplied by the pharmacy staff. Staff performing the weekly code cart check will review and record the expiry of the tray and notify pharmacy if close to expiration for replacement. These can be replaced by pharmacy during regular business hours.

Standardized airway management trays (yellow) are available in drawer #5 of the cart and will be supplied by the Respiratory Therapists at each site. If tray has expired equipment, respiratory therapist will be notified to exchange the tray.

Defibrillators

A ZOLL defibrillator will be placed on top of all resuscitation carts and is to be utilized by certified critical care staff only. The ZOLL R series defibrillator will systematically run its own readiness test and doesn't require a staff member to do this however, a daily check is still required. A GREEN √ will be present in a small window in the top right hand corner of the R series to indicate the test was passed. The X series defibrillator requires a staff member to turn the monitor on and perform a 30 joule test daily. An empty black box for X series monitor indicates functional readiness. A designated staff member needs to visualize the presence of this indicator (depending on the type of defibrillator) as part of the daily check for all defibrillators. If a RED X or RED CIRCLE With diagonal line is visible in the defibrillator readiness window, biomedical personnel will be notified wirelessly by the monitor to address the issue. In these situations if the defibrillator is needed for patient use, the defibrillator should be used to attempt the delivery of energy until another defibrillator can be retrieved.

After Use of Resuscitation Cart

After use, code cart exchange process or restocking process varies between sites and NH encourages a collaborative approach to the after use care of the Resuscitation cart. See below for your sites process of after use care of the cart. When the cart and/or defibrillator is used all exterior surfaces should be wiped using the NH approved cleansing product.

St. Catharines Site

Portering is to be notified to bring a fully stocked resuscitation cart and retrieve the used cart from the unit through the code cart exchange option in Connexall. The defibrillator DOES NOT go to MDR. The defibrillator and clipboard needs to be moved to the new code cart once delivered. This service is available 24 hours a day.

Welland and Niagara Falls Sites

Portering is to be notified to bring a fully stocked resuscitation cart and retrieve the used cart from the unit through the code cart exchange option in Connexall. (if Connexall not available in location, call switchboard to activate code cart exchange through switchboard). Code cart exchange through portering is only available during site-specific hours of operation. Outside of these hours of operation security is to be notified and they will escort unit delegate to bring used code cart to MDR area and retrieve a new cart from specific MDR area. The defibrillator DOES NOT go to MDR. The defibrillator and clipboard needs to be moved to the new code cart once delivered.

Fort Erie and Port Colborne Sites

After use of the code cart, an inventory of the cart should be done using the code cart checklist. All used items should be replaced by the unit staff member. During day shift hours pharmacy staff can supply a replacement medication tray. During off hours an extra medication tray is kept in the Urgent care for restocking and will be replaced the next day by the pharmacy staff.


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Brown – Hazardous Spill	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Brown	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction for a controlled and coordinated response to a hazardous chemical or biohazard spill by providing a safe work atmosphere for those affected by an event within Niagara Health.

2.0 Background

A Code Brown is declared upon discovery of a hazardous spill or leak of the type or magnitude that it cannot be safely cleaned up by the available staff and resources in the location of the spill.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each hospital site of Niagara Health.

4.0 Policy

- 4.1 A Code Brown can be activated by any member of staff who has discovered a hazardous spill or leak that is of the type or magnitude that it cannot be safely cleaned up by the available staff and resources in the location of the spill.

- 4.2 In the event that the spill renders all or part of a building uninhabitable, a Code Green will be called and the building will be partially or totally evacuated.
- 4.3 A Code Brown is comprised of three stages:
- a) **Stage 1: Minor:**
 - i) Department staff are able to clean up a known hazardous material.
 - b) **Stage 2: Major:**
 - i) A Vendor is required to clean up the spill. The Code Team will respond and coordinate.
 - c) **Stage 3: Critical:**
 - i) A Vendor is required to clean up the spill. The spill has resulted in injury or contamination to person(s). The Code Team will respond and coordinate.
- 4.4 Hazardous materials may poses a higher degree of risk to those in the immediate vicinity of a spill; therefore, staff must protect themselves PRIOR to attempting remediation. Fumes/vapours from hazardous materials can incapacitate the staff's ability to function. Failure to protect one's self can result in serious injury, including death, as a result of unprotected contact with certain hazardous agents
- 4.5 **Activation of Code Brown**
Any staff member, who witnesses, discovers or suspects an internal hazardous release of a known or unknown origin must immediately perform the following actions:
- a) Notify all parties in the immediate area to evacuate.
 - b) Isolate the area by closing all doors in the area.
 - c) Head to a safe location that does not pose a threat to health and safety.
 - d) Call Resource Centre at ext. 55555 and provide them with the following information:
 - i) The site spill location (unit/area and room number, if available).
 - ii) Name of product or substance spilled (if known) and quantity spilled.
 - iii) Their name(s) and extension of a safe location where they can be reached.
- 4.6 **Code Team Membership**
- a) There is no Code Team for a Code Brown Stage 1.
 - b) The Code Brown team for a Stage 2 or 3 consists of the following staff:
 - i) Facilities Management / Engineering Services
 - ii) Environmental Services Manager
 - iii) Environmental Services
 - iv) Niagara Health Radiation Safety Officer (to be called for advice during the initial assessment if radiation is suspected).

5.0 Materials

- 5.1 To ensure a controlled and coordinated response to Code Brown, each unit within Niagara Health will maintain emergency response supplies.
- a) **Code Brown - Inventory Maintenance:**
 - i) The Department Manager in each department where the risk of chemical spill exists (e.g. Lab, Engineering etc.) must maintain an adequate supply of Chemical spills response kits containing all the necessary equipment and supplies for the safe containment and clean-up of chemical spills.
 - ii) This inventory shall be checked monthly as part of the regular Department inspection.
 - b) **Payment for External Spills Response Company and Spills Kit Supplies**
 - i) The department responsible for the cause of the spill is accountable for all costs associated with the clean-up, including both the costs of an external spill response company attending and the replenishing of all spills kit supplies used in the cleanup.

6.0 Procedure

6.1 Initial Discovery and Immediate Actions

- a) Determine if there are any injuries or exposures that need to be managed
- b) Notify Department lead and co-workers

- c) Call Resource Centre ext. 55555 to report the Code
- d) Keep a safe distance; stay out of the immediate room or area of the spill (Hot Zone)
- e) Attempt to create a perimeter around Hot Zone and prevent others from going near the spill
- f) Isolate any persons who have been contaminated or exposed

6.2 Activation of Code Brown

Any staff member, who witnesses, discovers or suspects an internal hazardous release of a known or unknown origin must immediately perform the following actions:

- a) Notify all parties in the immediate area to evacuate.
- b) Isolate the area by closing all doors in the area.
- c) Head to a safe location that does not pose a threat to health and safety.
- d) Call Resource Centre at ext. 55555 and provide them with the following information:
 - i) The site spill location (unit/area and room number, if available).
 - ii) Name of product or substance spilled (if known) and quantity spilled.
 - iii) Their name(s) and extension of a safe location where they can be reached.
- e) Provide instruction or direction to staff regarding measures that should be taken in the department to minimize risk to staff, patients or visitors.
- f) Meet with the Engineering Services Manager/Designate and provide departmental assistance.
- g) If a Staff member suffers minor exposure to a hazardous substance, ensure the staff member flushes the affected area for a minimum of 15 minutes (Please refer to the specific SDS – Material Safety Data Sheet).
- h) Ensure that any person contaminated or exposed have been isolated in a room nearby the spill; DO NOT move person through facility.
- i) If the exposed or contaminated persons require medical assistance, contact the Resources Centre at ext. 55555 and declare a Code One.

6.3 Deactivation of Code Brown

- a) After consulting with the external spills response company the Engineering Services Manager/Designate may deactivate the Code Brown when it is safe to do so.
- b) To deactivate the Code Brown, the Engineering Services Manager/Designate will have Switchboard/Resource Centre announce via overhead paging: "All Clear Code Brown + site location".

6.4 Safe Handling Procedures for In-house Remediation of Known Products

- a) If the Staff have the experience, training and PPE (Personal Protective Equipment) designated for remediation of the specific product they may precede with the process.
- b) Review all sections of the SDS to ensure the proper PPE and safe handling tools are available.
- c) Review data provided by CANUTEC.
- d) Don the appropriate PPE based on the SDS requirements.
- e) Use the proper remediation techniques as described in the SDS.
- f) Package all waste in a "UN" approved Container.
- g) Ensure the area is thoroughly inspected after remediation.
- h) Remove PPE in a manner that does not contaminate skin and place the PPE in a Clear Plastic Poly bag and seal the bag.
- i) Please refer to the transportation of dangerous good act for the proper information to fill out waste labels.
- j) Use the appropriate hazardous waste labels and proper waste class sticker are affixed to the container on the right side of the label.
- k) Contact Engineering to have the container removed to the appropriate site waste storage area.

6.5 Roles and Responsibilities

Upon activation of a Code Brown, in accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD, which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions. All Clear – The incident has been resolved.

Code Alert – An email sent from Switchboard with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code Brown – an emergency situation involving a hazardous spill or leak of the type or magnitude that it cannot be safely cleaned up by the available staff and resources in the location of the spill.

Code Brown

Stage 1: Minor – Department staff are able to clean up a known hazardous material.

Stage 2: Major – A Vendor is required to clean up the spill. The Code Team will respond and coordinate.

Stage 3: Critical – A Vendor is required to clean up the spill. The spill has resulted in injury or contamination to person(s). The Code Team will respond and coordinate.

Code Green

Stage 1: Minor – A horizontal evacuation from an impacted area to another safe area / department on the same floor, well beyond a fire door.

Stage 2: Major – A vertical evacuation of all areas of the impacted floor to another safe floor. This type of evacuation is normally conducted downward. Requires activation of the Incident Management Team.

Stage 3: Critical – A hospital block or site-wide evacuation of all floors to another building or to designated assembly points outside the hospital site. Requires full activation of the Emergency Response Team, Incident Management Team and Senior Leadership Committee.

EAP - Employee Assistance Program.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team.

Evacuation - Is defined as the movement of hospital occupants due to a hazardous or potentially hazardous situation to a location that eliminates the risk of injury or illness created by the situation (e.g. internal fire, impending explosion or internal/external airborne gas).

Hot Zone – The immediate area surrounding the spill

Incident – is a naturally occurring or man-made event that may negatively impact our hospital. The incident may impact our people, business, data or our reputation.

Incident Commander – The Lead person taking overall control of Operations during a Code Green event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident.

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage 1, 2 and 3.

Notification – A message from the Resource Centre through a Code Alert email for information only but with no action necessary.

PPE - Personal Protective Equipment.

Release - Any spill of a known hazardous product/substance or an unknown origin that presents or has the ability to present a threat to the health and/or safety of an individual or group of staff/clients/visitors and/or causes an adverse environmental impact or can cause property damage.

Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital

SDS/MSDS – Safety Data Sheet / Material Safety Data Sheet

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Brown Policy as a part of the global emergency management “Code of the Month” program.
- 8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related Documents

[Code CBRNE -- Policy and Procedure](#)

[Code Green -- Policy and Procedure](#)

[Code Grey -- Policy and Procedure](#)

Code Update Email

Continuity of Operations Plan

Family Support Centre

Fire Safety Plans for each Niagara Health site Guide to Canadian Health Care Facilities

Internal Facilities and Monitoring Equipment for Temporary Relocation of Patients Media Centre Guide

Refer to Niagara Health [Emergency Resource Director \(ERD\)](#)

11.0 Related Forms

Post Incident Debrief

Code IRS (RL6)

12.0 References

- 12.1 Ministry of the Environment and Climate Change - Environmental Protection Act and Regulations.
- 12.2 Ministry of Labour, Training and Skills Development - Occupational Health and Safety Act.
- 12.3 Ministry of Labour, Training and Skills Development - Industrial Establishments Regulation 851.
- 12.4 Ontario Hospital Association Emergency Management Toolkit, 2011.
- 12.5 Ontario Occupational Health and Safety Act, Ontario Regulation 67/93 Regulation for Health Care and Residential Facilities.
- 12.6 SDS Online Listed on Source-Net.

13.0 Supersedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code CBRNE – Hazardous Materials (Chemical, Biological, Radiological, Nuclear and Explosive)	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code CBRNE	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
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1.0 Purpose

To provide overall guidance and instruction for a controlled and coordinated response to individuals presenting to a Niagara Health Emergency Department or Urgent Care Centre who have been exposed to a Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) hazardous material requiring decontamination.

2.0 Background

A Code CBRNE may be declared in response to an individual or mass casualty event involving Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) hazardous materials. A Code CBRNE may be declared in conjunction with a Code Orange – Mass Casualty Incident.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each hospital site of Niagara Health.

4.0 Policy

- 4.1 A Code CBRNE will be activated when an individual or individuals present to a Niagara Health facility who have been exposed to a Chemical, Biological, Radiological, Nuclear, or Explosive material requiring decontamination. (CBRNE) hazardous.
- 4.2 A Code CBRNE is comprised of three stages:
 - a) **Stage 1: Minor**
 - i) A known hazardous material; decontamination directed by Niagara Health staff. Not applicable for PCS and FES.
 - b) **Stage 2: Major**
 - i) A known/unknown hazardous material; no more than 2 patients; Vendor or Fire Department required for decontamination.
 - c) **Stage 3: Critical**
 - i) Release of a CBRNE substance with multiple patients; Vendor or Fire Department required for decontamination.
- 4.3 The contaminated casualty poses a higher degree of risk to the Emergency Department or Urgent Care Centre staff, patients, and visitors; therefore, staff must protect themselves PRIOR to treating casualties. Fumes/vapours from contaminated patients can incapacitate the staff's ability to function. Failure to protect one's self can result in serious injury, including death, as a result of unprotected contact with certain CBRNE agents.
- 4.4 **Personal Protective Equipment**
PPE is designed to protect employees from the hazards of agents and controlled products. It is the duty and legal/moral obligation of the NHS to provide all workers with sufficient PPE to protect them from occupational injury and illness. It is a mandatory requirement and condition of employment for all staff to wear the required PPE. Failure to wear the appropriate PPE or wear the PPE incorrectly can result in serious health implications and even death. All staff that wear respiratory protective equipment are required to have a medical exam scheduled by OHS prior to participating in CBRN training and operations. If the OHS Physician grants clearance, the staff member will have Fit Testing scheduled.
- 4.5 Contaminated casualties ARE NOT allowed in the Emergency Department or Urgent Care Centre beyond the Decontamination Shower rooms until fully decontaminated.
- 4.6 Contaminated casualties refusing decontamination will not be permitted to enter any Niagara Health location.
- 4.7 The normal patient entrance to the Emergency Department or Urgent Care Centre may be closed off during a CBRNE incident.
- 4.8 **Activation of Code CBRNE**
The Emergency Department Charge Nurse or Designate or member of the CBRNE Code Team is authorized to declare a Code CBRNE. The most responsible person will use the Initial Assessment Checklist to determine which stage is to be declared.
- 4.9 **Code Team Membership**
 - a) Code CBRNE teams consist of the following staff at the **SCS, NFS** and **WS** sites:
 - i) Emergency Department Staff
 - ii) Emergency Department Lead
 - iii) Emergency Department Manager or Manager On-Call (depending on time of day)
 - iv) Security
 - v) Facilities Management / Engineering Services
 - vi) Manager of Occupational Health
 - vii) Supported by:
 - l) Fire Department,

- II) EMS, and
- III) Vendor for decontamination.
- b) Code CBRNE teams consist of the following staff at the FES and PCS sites:
 - i) Urgent Care Centre Staff
 - ii) Urgent Care Centre Lead
 - iii) Emergency Department Manager or Manager On-Call (depending on time of day)
 - iv) Security
 - v) Facilities Management / Engineering Services
 - vi) Manager of Occupational Health
 - vii) Supported by:
 - I) Fire Department,
 - II) EMS and
 - III) Vendor for decontamination.

5.0 Materials

To ensure a controlled and coordinated decontamination, Niagara Health maintains a supply of emergency response equipment specific to CBRNE response.

6.0 Procedure

6.1 Immediate recognition of a CBRNE event:

- a) A Code CBRNE must be activated if an event occurs which involves any casualty or casualties who present (with or without notification) to the Emergency Department or Urgent Care Centre.
- b) The contaminated patient poses a higher degree of risk to the Emergency Department or Urgent Care Centre staff, patients, and visitors, therefore the determination must be made if the patient(s):
 - i) Has a respiratory tract exposure; or,
 - ii) If the patient has direct skin contact with a product or an agent that can result in cross contamination between staff or other patients.

6.2 Authority to Activate Code CBRNE

- a) The Emergency Department Charge Nurse or Designate or member of the CBRNE Code Team is authorized to declare a Code CBRNE. The most responsible person will use the Initial Assessment Checklist to determine which stage is to be declared.
- b) Any staff member who witnesses, discovers or suspects a CBRNE event or contaminated / suspected contaminated patient within a Niagara Health site must declare a Code Brown – Hazardous Materials Spill.
- c) The Charge Nurse or Designate will provide instruction or direction to staff regarding measures that should be taken in the department to minimize risk to staff, patients or visitors.

6.3 Walk In Contaminated Patients - General Staff Roles and Responsibilities

A patient walks into the waiting room and there is suspect of contamination or a patient informs staff that they have been in direct contact with a hazardous substance or agent. Decontamination must take place prior to treatment:

- a) Code CBRNE must be initiated.
- b) Direct the patient to wait outside of the Emergency Department/Urgent Care Centre.
- c) Notify Resource Centre at ext. 55555 of a CBRNE event.
- d) Isolate the area by closing all doors in the area.
- e) Direct other patients that in the waiting area or room to move to a safe location.
- f) Move to a safe area designated by the Emergency Department Charge Nurse.
- g) Take direction from the Emergency Department Charge Nurse on measures to follow during a CBRNE event.
- h) "All Clear on Code CBRNE" will be announced by Resource Centre when the situation is resolved.

6.4 Staff Roles and Responsibilities during a Code CBRNE

In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD, which is accessible through Source·Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

6.5 Transported Contaminated Patients

- a) Niagara EMS is under directive not to transport a patient that has not been fully decontaminated to protect their staff from harm. EMS is required to demonstrate to Niagara Health that the patient is decontaminated prior to transport to a Niagara Health facility (see point 6.7 below). In the event that EMS or another organization has transported a contaminated patient to a Niagara Health facility, Decontamination must take place prior to treatment.
- b) If an external organization has transported a patient to an NH Facility without proper decontamination the following steps must take place prior to treatment:
 - i) If a patient is transported to the Emergency Department by Niagara EMS or another organization and they have not been decontaminated Niagara Health staff will refuse entry to EMS.
 - ii) EMS staff and patient must go through Decontamination prior to entering the hospital after coming in contact with the patient.
 - iii) Code CBRNE must be initiated.
 - iv) Direct the EMS staff to wait outside of the building and not to exit their vehicle.
 - v) Call Resource Centre at ext. 55555 and provide them with information related to the event as directed by the Charge Nurse/Designate. Isolate the area by closing all doors in the area.
 - vi) Direct other patients in the waiting area or room to a safe location.
 - vii) Move to a safe area designated by the Emergency Department Charge Nurse.
 - viii) Take direction from the Emergency Department Charge Nurse on measures to follow during a CBRNE event.
 - ix) Refrain from making non-urgent phone calls (including internal calls) for the duration of the Code CBRNE.
 - x) "All Clear on Code CBRNE" will be announced by Switchboard when the situation is resolved.

6.6 Suspect Patients that have not been fully decontaminated

- a) Niagara EMS is under directive not to transport a patient that has not been fully decontaminated to protect their staff from harm. Decontamination must take place prior to treatment.
- b) Signs of Improper Decontamination:
 - i) The patient produces an unknown odour.
 - ii) The patient is wearing personal clothing (clothing is generally removed during decontamination process).
 - iii) The patient has an unknown liquid or solid on skin.
 - iv) EMS staff present an unknown odour.
 - v) EMS staff show signs or symptoms of exposure.

6.7 General Staff Roles and Responsibilities:

In the event that EMS or another organization has transported a patient to a Niagara Health facility and staff determine that improper or insufficient decontamination has been performed, the following procedures will apply:

- a) If a patient is transported to the Emergency Department by Niagara EMS or another organization and they have not been decontaminated Niagara Health staff will refuse entry to EMS.
- b) EMS staff and patient must go through Decontamination prior to entering the hospital after coming in contact with the patient.
- c) Code CBRNE must be initiated.
- d) Direct the EMS staff to wait outside of the building and not to exit their vehicle.

- e) Call Resource Centre at ext. 55555 and provide with information related to the event as directed by the Charge Nurse/Designate.
- f) Isolate the area by closing all doors in the area.
- g) Direct other patients in the waiting area or room to a safe location.
- h) Move to a safe area designated by the Emergency Department Charge Nurse.
- i) Take direction from the Emergency Department Charge Nurse on measures to follow during a CBRNE event.
- j) Refrain from making non-urgent phone calls (including internal calls) for the duration of the Code CBRNE.
- k) All Clear on Code CBRNE” will be announced by Resource Centre when the situation is resolved.

6.8 Fully Decontaminated Patients

If EMS or another organization has transported a patient to a Niagara Health facility that has been exposed to a product or agent and has been fully decontaminated prior to treatment the Charge Nurse/Designate must:

- a) Get verbal confirmation directly from the EMS staff on scene that has witnessed the Decon process for the patient.
- b) Be provided with the name and technical data of agent/product such as an SDS if possible.
- c) Perform a full body survey of the patient and look for Signs of Improper Decontamination (see point 6.6.b above.)
- d) Inform Niagara Health staff that it is safe to treat the individual.

6.9 Immediate contacts made by Resource Centre during a CBRNE event (under direction of the Charge Nurse)

- a) Immediate External Contacts:
 - i) Vendor
 - ii) Regional CBRN and/or Municipal Fire/HAZMAT – 911
 - iii) EMS (direct line)
 - iv) Poison Control (Toronto – 1-800-268-9017)
 - v) CANUTEC – Emergency: 613-996-6666 / Non-Emergency: 1-613-992-4624
 - vi) Niagara Regional Police – 9-911

6.10 Immediate Internal Contacts: (*utilize ‘911’ with page*)

- a) Emergency Department Physician
- b) Engineering via Resource Centre – ext. 33500
- c) CBRNE site team via overhead paging
- d) Emergency Department Site Chief, Site Chief of Staff, Regional Emergency Department Chief, and Chief of Staff
- e) Emergency Department Manager and Manager On-Call, Clinical Managers, if after hours
- f) Emergency Services Health Program Director.

6.11 Other Internal Contacts ASAP:

- a) Emergency Department Physician / Physician backup (contact through ED ward clerk)
- b) Respiratory Therapist
- c) Diagnostic Imaging
- d) Laboratory
- e) Pharmacy

6.12 Other Internal Contacts as required:

- a) Emergency Department Fan Out List (contact through ED ward clerk)
- b) Utilization/Discharge Planning
- c) Social / Crisis Worker
- d) Occupational Health and Safety Manager and/or Occupational Health Nurse
- e) Employee Assistance Program (1-888-521-8300)
- f) Security Leadership

- g) Infection Control Personnel (ICP)
- h) Pharmacy Leadership / Director of Pharmacy
- i) LHIN
- j) Regional Coroner

6.13 Other Contacts as required:

- a) Regional Medical Officer of Health: 905-688-3762 ext. 7366, page: 905-322-5640, cell: 289-407-1461.
- b) Ministry of the Environment and Climate Change – 24 hour spill reporting: 1-800-268-6060, Ministry of Health and Long Term Care – 24 hour Health Care Providers Hotline: 1-866-212-2272.
- c) Implementation of Niagara Health notification of code status and fan out list roll out as required.
- d) Command Centre set up (administration conference room) as required.

6.14 Health Program Director Emergency Department

- a) Notification of Regional Emergency Departments.
- b) Notification of Vice President Patient Services for the Emergency Program.

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions. All Clear – The incident has been resolved.

CBRNE – Chemical, Biological, Radiological, Nuclear, and Explosive.

Chemical Agent – This may take the form of a vapour; aerosol or liquid and can range from colourless and odourless to pungent and oily. The chemical can be either a casualty/toxic agent or an incapacitating agent.

Code Alert – An email sent from Switchboard with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code CBRNE:

Stage 1: Minor – A known hazardous material; decontamination directed by Niagara Health staff. Not applicable for PCS and DMH.

Stage 2: Major – A known/unknown hazardous material; no more than 2 patients; Vendor or Fire Department required for decontamination.

Stage 3: Critical – Release of a CBRNE substance with multiple patients; Vendor or Fire Department required for decontamination

Code Orange - Multiple Casualty Incident is defined as being the number of casualties that can be handled dependent on the severity of their injuries and the status of hospital occupancy (number of empty beds).

Contamination Agent – This may be a chemical, biological, radiological or nuclear agent. It may take the form of a vapor; aerosol or liquid and can range from colourless and odourless to pungent and/or oily. The contaminating agent can be either a casual/toxic agent or an incapacitating agent.

Contaminated Patient – This is a patient that has been directly exposed to a product or a CBRN agent and as a result can spread contamination.

Cross Contamination – Occurs when an uncontaminated (“clean”) person or thing comes into direct contact with a contaminated (“dirty”) person, animal or object.

Dangerous goods – Also called hazardous materials or HAZMAT, are solids, liquids, or gases that can harm people, other living organisms, property, or the environment.

Decontamination – Removal of hazardous substances (bacteria, chemicals, radioactive material) from employees' bodies, clothing, equipment, tools, and/or sites to the extent necessary to prevent the occurrence of adverse health and/or environmental effects. Decontamination is performed by the external Vendor prior to allowing entry into a Niagara Health facility by a contaminated patient or member of external organizations.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team (IMT).

EMS – Emergency Medical Services

Incident – is a naturally occurring or man-made event that may negatively impact our hospital. The incident may impact our people, business, data or our reputation.

Incident Commander – The Lead person taking overall control of Operations during a CBRNE event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident.

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage Level 1, 2 and 3 (see below).

Notification – A message from the Resource Centre through a Code Alert email for information only but with no action necessary.

PPE - Personal Protective Equipment utilized to create a barrier between the responder and the hazard. Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

SDS/MSDS – Information provided by the manufacturer indicating the hazards and precautions for a substance. SDS/MSDS are available in electronic format through Source-Net.

8.0 Education/Communications

8.1 All staff will be required to participate and review the Code CBRNE Policy as a part of the global emergency management “Code of the Month” program.

8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related Documents

[Code Brown – Hazardous Spill -- Policy and Procedure](#)

[Code Orange – Mass Casualty Incident Policy](#) and Response Plans

Code Update Email

Continuity of Operations Plan

Family Support Centre Guide

Media Centre Guide

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

11.0 Related Forms

CBRNE Back Track Post Exposure Form
Code IRS (RL6)
Post Incident Debrief
Worker Exposure Incident Form (WSIB form 3958A)

12.0 References

- 12.1 Canadian Nuclear Safety Commission - Radionuclide Information Booklet.
- 12.2 Ontario Hospital Association Emergency Management Toolkit, 2011.
- 12.3 Ontario Occupational Health and Safety Act, Ontario Regulation 67/93 Regulation for Health Care and Residential Facilities.

13.0 Supersedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Green - Evacuation	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Green	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction for a controlled and coordinated response to remove (evacuate) patients, staff and visitors safely from an unsafe location to a safe location due to an internal or external hazardous or potentially hazardous situation.

2.0 Background

A Code Green - Evacuation may be necessary due to an internal incident such as loss of infrastructure or essential services, fire, explosion, suspicious device or noxious fumes.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each hospital site of Niagara Health.

4.0 Policy

- 4.1 In the event of an emergency event which may render all or part of a building uninhabitable (e.g. fire, explosion, gas leak), a Code Green will be called and the building will be partially or totally evacuated.

4.2 A Code Green is comprised of three Stages:**a) Stage 1: Minor**

- i) An evacuation of a space for any reason other than a Code Red. (If smoke or fire is present, go to Code Red – Stage 2). Can be initiated by any member of staff.

b) Stage 2: Major

- i) A horizontal or vertical evacuation (usually beyond a fire separation door). Can be initiated by any member of staff.

c) Stage 3: Critical

- i) An evacuation of an entire building. Can be initiated only by a member of the Senior Executive.

4.3 Activation of Code Green

The Charge Nurse Designate is authorized to declare a Code Green - Stage 1 or Stage 2 in order to ensure the safety of any persons in immediate danger. Authority to declare a Code Green - Stage 3 rests with the Vice President Patient Services or their Designate (Program Director). In extreme events, the Charge Nurse in Emergency Department/UCC during evenings, nights, weekends and holidays is authorized to activate Code Green and evacuate all or any part of the hospital (upon consultation with the Engineering Services Manager/Designate, Fire Department personnel or any other pertinent authority, as necessary) even where only a potentially hazardous situation exists.

4.4 All persons must follow the steps outlined for their department/unit in their respective Site Procedure – Code Green – Evacuation.**4.5 In order to ensure its continued relevance, the Evacuation Plan is reviewed/revised regularly and shared with all pertinent agencies/organizations. The contents of this Evacuation Plan are developed so as to comply with emergency protocols developed in the respective Town/City/Region.****5.0 Materials**

To ensure a controlled and coordinated evacuation, each unit within Niagara Health will maintain the following emergency response supplies:

5.1 A full set of Hospital floor plans are located:

- a) In the Site Command Centre/Emergency Operations Centre;
- b) In the site Engineering Services office;
- c) In Source-Net NH ERD.

5.2 A Search List for each department listing all rooms and their room numbers to facilitate in the evacuation process.**5.3 A printed copy of the Patient Census for each unit will be generated at the beginning of each shift.****5.4 Extrication Devices: Each unit is to have an easily accessible supply of extrication devices should they be necessary to conduct a search.****6.0 Procedure****6.1 If an incident occurs that requires evacuation or if you are informed of the need to evacuate your area, notify the Resource Centre at ext. 55555.****6.2 If you hear a Code Green called, do not begin any activities that may delay your evacuation. Await instructions and prepare to evacuate.****6.3 Listen carefully to the Code Green announcement to determine the location of the area(s) being evacuated.**

6.4 Staff Roles and Responsibilities during a Code Green

- a) In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD, which is accessible through Source-Net or on a mobile device. Refer to the applicable Job Action Sheet within NH ERD.

6.5 What to do during a Code Green Involving your unit/department/program:

- a) Evacuate patients and visitors in the prescribed order (See Point 6.8).
- b) Before leaving your area, conduct a room-by-room search to ensure that all patients and visitors have been evacuated safely.
- c) Bring patient records and staff schedule to check and account for patients and staff.
- d) After completing your emergency duties, exit the unit and proceed to your assembly point. Staff not required for patient care should report to the staffing pool to assist with the evacuation of other departments/areas as assigned.
- e) For more information, refer to Code Green Job Action Sheets.

6.6 What to do during a Code Green Not Involving your unit/department/program:

- a) Reassure patients and ensure corridors are free of equipment. Be prepared to assist in the evacuation of or reception of patients from affected areas.
- b) If the code Green does not involve your area, await further instructions from the Lead Manager and/or Fire Department.
- c) Avoid entering an area for which a Code Green was called unless you are staff from that area or a Code Green Response Team Member.
- d) In the event of an evacuation due to fire at all Niagara Health Sites (except the St. Catharines Site), DO NOT use elevators, use stairwells. DO NOT enter smoke filled stairwells. The elevators at the St. Catharines site will continue to function during a Code Red and may be used for evacuation.
- e) DO NOT call the Resource Centre unless your call relates to an additional or current Emergency Code request. Paging/locating will only be performed for Emergency Codes.

6.7 Activation of Code Green

- a) The need to evacuate any or all parts of the hospital shall be initiated by activation of the hospital's evacuation signal and/or overhead paging and activation of the site Command Centre, with the potential for activation of the Corporate Command Centre.
- b) The evacuation signal is activated by inserting the evacuation key in the fire pull station.
- c) The fire alarm bells/tones will operate at 120 beats per minute, signaling that part of the hospital is being evacuated.

6.8 Types of Evacuation

- a) The objective is to eliminate safety threats to patients, visitors, and staff while minimizing the difficulty involved in transporting patients (and if possible, all related charts, care plans, equipment, supplies, etc.) to a safe location.
- b) Zone Evacuation - Persons are moved from the threatened area to a nearby area of safety.
- c) Horizontal Evacuation - Persons are moved along a corridor and beyond a fire door to a place of safety on the same floor.
- d) Vertical Evacuation - Persons are moved down one or more floors to a safe place on a lower floor.
- e) Total Evacuation - Persons are moved:
 - i) Outside the hospital, if necessary, to get to a safe place within another part of the hospital; or
 - ii) To a designated central location within the hospital to be temporarily transferred to another health care facility (if directed by senior hospital officials); or
 - iii) To one of the off-site evacuation centers, until the hospital can be reoccupied or until a temporary transfer to another health care facility can be arranged, as directed by senior hospital officials if necessary.

6.9 Patient Removal

- a) To conserve manpower resources and maximize efficiency, staff should categorize patients as follows for evacuation purposes:
 - i) Self-ambulatory patients, where no assistance is required;
 - ii) Semi-ambulatory patients, who can walk with assistance;
 - iii) Non-ambulatory patients, who can be moved by one person;
 - iv) Non-ambulatory patients, who require two people to be moved (e.g. where stairs are involved);
 - v) Non-ambulatory patients, who must for life-saving purposes be moved in the lying down position (e.g., where stairs are involved).
- b) Patients requiring assistance to evacuate may be aided in the following ways:
 - i) Self-ambulatory patients are to be joined into teams of three by the hand and then led to a safe place by a rescuer.
 - ii) The “human crutch” is to be used so that one rescuer may walk two patients to safety; one on either side of the rescuers;
 - iii) Wheelchairs/stretchers are to be used so that patient may be taken to and from the evacuation point.
 - iv) The “blanket drag” involves placing the patient on a blanket on the floor, then rolling up the blanket around the patient’s head and dragging him/her head first.
 - v) Where the patient is light enough, and the rescuer strong enough, the patient may be lifted out of bed and carried.
 - vi) The “chair lift” or “extremity lift” are two acceptable patient carrying techniques.
 - vii) The “blanket carry” where the patient is removed from the bed and placed on a blanket on the floor. The sides of the blanket are then rolled into the sides of the patient and three rescuers are positioned on either side of the patient, one on either side of the shoulders.
- c) Special Considerations:
 - i) Patients in Traction – limb(s) is/are to be supported and rope cut/cable disconnected, freeing the patient to be carried out in the sitting-up position.
 - ii) Patients with IVs and Lower Drainage Systems – the IV is to be clamped and the bottle/bag removed from the pole – the drainage tubes are also to be clamped and the patient carried out with tubes and IV still in place. Chest tubes are NOT to be clamped. They are to be disconnected from wall suction (if attached to such) and left connected to Thoraklex.

6.10 Personnel Needs during Evacuation

- a) Any program/service determining a need to evacuate is to assign personnel to the designated relocation site to tend to relocated patients. When necessary, call nearby programs/services for immediate assistance with patient transportation, or ensure a request is made for more personnel by calling Resource Centre, ext. 0).
- b) Upon receiving request for additional personnel, Resource Centre shall announce a Code Green alert, instructing available persons to respond to the location requesting additional personnel, then alert Vice President Patient Services/Designate (including Emergency Department/UCC Charge Nurse during evenings, nights, weekends and holidays).
- c) The Vice President Patient Services/Designate (or in the interim the Emergency Department/UCC Charge Nurse) shall assess the need to call in off-duty personnel to assist with an evacuation. If he/she deems an off-duty personnel call-in necessary, he/she shall refer to the Emergency Contact List.

6.11 Relocating Patients to Other Healthcare Facilities

Only when the hospital’s facilities are deemed unsuitable/unsafe for an unreasonable period (as assessed and determined by the Vice President Patient Services/Designate) shall any patients be transferred to another health care facility. Should the Vice President Patient Services/Designate declare the need to transfer any patients to other health care facilities, he/she shall ensure that:

- a) A request for ambulances and an Ambulance Site Coordinator is made by contacting:
 - i) Niagara EMS at 9-911
 - ii) Niagara Regional Specialized Transit at 1-866-487-7765

- b) A request for other vehicles is made to transport patients able to sit upright.
- c) Affected programs/services provide an estimate of how many patients need to be transferred via ambulances versus the number of patients able to sit upright in a bus or other type vehicle (so that Central Ambulance Communications Centre - CACC may be advised).
- d) Statistics regarding the number of patients per affected program/service are obtained from Department Charge Nurse/Urgent Care Centre or Designate personnel;
- e) Other hospitals (e.g. administrative individuals in charge) are contacted regarding their ability to temporarily accept patient transfers.
- f) A list is provided to the assigned Ambulance Site Coordinator outlining which hospitals have agreed to take what quantity of which patient-type.
- g) Affected patients are evacuated (with essential health record documentation and initial supply of required medications) by:
 - i) Designating a central evacuation point (e.g. the Emergency Department/UCC ambulance entrance unless inaccessible)
 - ii) Prioritizing patient evacuation ensuring adequate hospital personnel are sent along with transferred patients, initially
 - iii) Appointing a hospital individual to work with the assigned Ambulance Site Coordinator to record the following information as patients are evacuated:
 - I) Patient's name
 - II) Attending Physician
 - III) Ambulance number
 - IV) Destination (e.g. name of healthcare facility, if known)
 - V) Next-of-kin of those patients evacuated are advised of the need to do so
 - iv) Outpatient services cease, if necessary and emergency cases are re-routed.

6.12 Return of Temporarily Transferred Patients

- a) After confirming the location of each evacuated patient from the list compiled during transfer, the hospital's case managers shall supply Physicians with a list of their relocated patients, citing the applicable facility involved, so that Physicians may continue to monitor the progress of their patients.
- b) The Vice President Patient Services/Designate shall oversee measures aimed at restarting any operations suspended during the evacuation and prepare the hospital's facilities to reaccept transferred patients, coordinating efforts between the hospital's individual programs/services and other health care facilities to reaccept patient transfers once the hospital is ready to do so.

6.13 Evacuated Patients from Other Healthcare Facilities

- a) Vice President Patient Services/Designate shall handle requests to temporarily care for evacuated patients from another health care facility (or requests to borrow equipment/supplies).
- b) After establishing/considering available bed numbers (and consulting with pertinent individuals, if necessary/possible) including those beds purposely unstaffed at the time, the Vice President Patient Services/Designate shall decide the numbers/types of patients that the hospital is able to accept and then ensure the mobilization of the necessary resources needed to process the care for the agreed upon patient load (requesting the patient names and applicable diagnoses be faxes as soon as possible in order to prepare for patient reception, and requesting that the referring facility send additional manpower, if necessary/feasible).
- c) In critical situations, the Vice President Patient Services/Designate shall instruct inpatient areas to free-up beds by initiating the discharge of eligible patients (via contact with applicable most responsible physicians/designates).

6.14 General Guidelines for Evacuation

- a) For all hazards, take immediate and decisive action to remove people from the immediate hazardous area through the closest fire door.
- b) Once a room or area is cleared, set the REMAR marker on the door to indicate that the area has been cleared.
- c) For all patient care areas, move people in the following order:

- i) Patients in immediate danger;
- ii) Ambulatory patients;
- iii) Non-ambulatory patients (in bed, wheelchair, etc.);
- iv) Staff in area.

6.15 Using MedSled Devices

- a) MedSled Devices are utilized across Niagara Health to enable staff to quickly evacuate Non-ambulatory patients, who must for life-saving purposes be moved in the lying down position (e.g., where stairs are involved).
- b) See NH ERD for additional directions on MedSled use.

6.16 Using REMAR Markers

- a) REMAR markers are safety and security devices mounted on each door in the hospital enabling staff to quickly determine if a room or space has been searched.
- b) Once an area has been searched and deemed secure, all of the doors of that area are to be closed and the REMAR marker is to be set so it displays only one color (white).
- c) REMAR markers are set by rotating the top portion of the white plate until its free rounded edge resets on top of the support cube. If any door displays two colors (red and white) this means that the room or area has either been entered or exited and must be re-searched before the REMAR marker is reset.
- d) See NH ERD for additional directions on REMAR use.

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions. All Clear – The incident has been resolved.

Code Alert – An email sent from Switchboard with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code Green – an emergency response to an internal or external threat due to an internal incident or external threat such as loss of infrastructure or essential services, fire, explosion, suspicious device or noxious fumes.

Code Green - Stage 1: Minor – A horizontal evacuation from an impacted area to another safe area / department on the same floor, well beyond a fire door.

Code Green - Stage 2: Major – A vertical evacuation of all areas of the impacted floor to another safe floor. This type of evacuation is normally conducted downward. Requires activation of the Incident Management Team.

Code Green - Stage 3: Critical – A hospital block or site-wide evacuation of all floors to another building or to designated assembly points outside the hospital site. Requires full activation of the Emergency Response Team, Incident Management Team and Senior Leadership Committee.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team.

Evacuation: Is defined as the movement of hospital occupants due to a hazardous or potentially hazardous situation to a location that eliminates the risk of injury or illness created by the situation (e.g. internal fire, impending explosion or internal/external airborne gas).

Holding Area – An area where patients can be held in an inside holding area (e.g. cafeteria or auditorium) until transfer vehicles arrive.

Horizontal Evacuation – Persons are moved along a corridor and beyond a fire door to a place of safety on the same floor.

Incident – is a naturally occurring or man-made event that may negatively impact our hospital. The incident may impact our people, business, data or our reputation.

Incident Commander – The Lead person taking overall control of Operations during a Code Green event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage 1, 2 and 3.

Notification – A message from the Resource Centre through a Code Alert email for information only but with no action necessary.

REMAR markers – (REscue MARker) evacuation indicators situated on all interior doors enabling staff to quickly determine if a room has been searched. Once a room has been searched and determined fully evacuated, all doors are to be closed and the REMAR marker set so that it displays only one colour (WHITE).

Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

Total Evacuation - Persons are moved outside the hospital, if necessary

Vertical Evacuation - Persons are moved down one or more floors to a safe place on a lower floor.

Zone Evacuation - Persons are moved from the threatened area to a nearby area of safety.

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Green Policy as part of the global emergency management “Code of the Month” program.
- 8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related Documents

Code Update Email
Continuity of Operations Plan
Fire Safety Plans for each Niagara Health site
Guide to Canadian Health Care Facilities
Internal Facilities and Monitoring Equipment for Temporary Relocation of Patients
Media Centre Guide
Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

11.0 Related Forms

Code IRS (RL6)
Post Incident Debrief

12.0 References

- 12.1 Ontario Hospital Association Emergency Management Toolkit, 2011.
- 12.2 Ontario Occupational Health and Safety Act, Ontario Regulation 67/93 Regulation for Health Care and Residential Facilities.

13.0 Supercedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Grey – Gas Leak; Air Exclusion; Utility Failure; Elevator Failure; Medical Gas Failure; Loss of CT at NFS Stroke Centre	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Grey	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction for a controlled and coordinated response at all NH Sites in order to prepare and respond to gas leaks, utility failure, external air exchange, elevator failure, loss of heating, air conditioning or ventilation or concerns to medical gas failures.

2.0 Background

Code Grey may be necessary due to an internal or external incident affecting a gas leak, air exchange, utilities, air conditioning, heating, elevators, ventilation or medical gas at any of NH sites.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each hospital site of Niagara Health.

4.0 Policy

Code Grey is comprised of 6 unique failures as identified below:

- 4.1 **Code Grey - Internal Unknown Odour/ Gas Leak** to be activated when an event occurs which involves an unknown odour that effects the daily operation of NH and or may jeopardize patient and/or staff safety.

- a) **Stage 1 Minor:**
 - i) Unknown internal odour / gas leak affecting single department
 - ii) Only non-critical department or area affected
 - b) **Stage 2 Major:**
 - i) Unknown internal odour / gas leak affecting multiple departments
 - ii) Only non-critical departments or areas affected
 - c) **Stage 3 Critical:**
 - i) Unknown internal odour / gas leak affecting entire site(s)
 - ii) Critical/patient areas affected
- 4.2 **Code Grey - External Air Exclusion** may only be initiated by the Vice President of Patient Services/Designate (e.g. Program Director) (on-call after hours) following consultation with Niagara Regional Police and/or the Fire Department, and the Hospital's Director of Engineering Services/Designate.
- a) **Stage 1 – Minor – External Air Exchange**
 - i) Outside contaminated air affecting non-critical department or area of a building
 - b) **Stage 2 – Major – External Air Exchange**
 - i) Outside contaminated air affecting multiple department
 - ii) Contaminated air is ONLY affecting NON-critical area(s)
 - c) **Stage 3 – Critical – External Air Exchange**
 - i) Outside contaminated air affecting entire site or multiple sites
 - ii) Affecting critical area/patient care area(s)
- 4.3 **Code Grey - Utility Failure** is to be activated when an event occurs which involves any loss of utilities including heating, ventilation or air condition that effect the daily operation of NH and may jeopardize patient safety.
- a) **Stage 1 Minor – Utility Failure**
 - i) Isolated utility outage within a non-critical department or area of a building
 - b) **Stage 2 Major – Utility Failure**
 - i) Utility interruption lasting up to 60 minutes, after 60 minutes consider impact before moving to Stage 3
 - ii) Affecting multiple departments
 - iii) Utility Failure is ONLY affecting non-critical area(s)
 - c) **Stage 3 Critical - Utility Failure**
 - i) Interruption lasting longer than 60 minutes
 - ii) Affecting entire site or multiple sites
 - iii) Affecting critical area(s)
- 4.4 **Code Grey - Elevator Failure** is to be activated if an elevator or bank of elevators affects patient safety inclusive of entrapment or requires rerouting.
- a) **Stage 1 Minor – NO STAGE ONE**
 - i) There is no stage 1 for this code
 - ii) If there is a failure of a single elevator or bank of elevators, with no entrapment and not affecting patient safety, contact the Resource Centre to submit an elevator service call work order
 - b) **Stage 2 Major – Elevator Failure**
 - i) Failure of any single elevator or bank of elevators that affect patient safety (i.e.: due to rerouting)
 - ii) Entrapment issue with NO risk to safety (can be dealt with by vendor)
 - c) **Stage 3 Critical – Elevator Failure**
 - i) Failure of single elevator or bank of elevators where entrapped persons are injured or patient's safety will be in immediate jeopardy if Vendor response is delayed
 - ii) Fire Dept. response required for emergency or technical rescue
- 4.5 **Code Grey - Medical Gas Failure** refers to a Medical gas and suction failure.
- a) A work order is a utility service call and not a Code.

- i) Consider a Work Order only if the failure impacts only one patient or one room, i.e. the oxygen wall unit does not work for a bed
 - b) **Stage 1 Minor:**
 - i) Isolated medical gas failure within a single, non-critical department
 - ii) No vented patients affected
 - c) **Stage 2 Major:**
 - i) Medical gas failure affecting multiple non-critical departments
 - ii) No critical or vented patients affected
 - d) **Stage 3 Critical:**
 - i) Medical gas failure affecting multiple vented patients
 - ii) Failure affects critical department(s) or the entire site
- 4.6 **Code Grey – Loss of CT at NFS Stroke Centre** refers to the loss of the CT Scanner at NFS Stroke Centre.
- a) **Stage 1 Minor:**
 - i) No Stage 1 – Minor.
 - ii) Proceed directly to Stage 2 or Stage 3.
 - b) **Stage 2 Major:**
 - i) CT downtime at NFS Stroke Centre does not exceed 60 minutes. If the CT scanner is down for longer than 60 minutes, proceed to Stage 3 – Critical.
 - ii) No impact to patient health and safety resulting from the CT disruption. If EMS Bypass is initiated or possible stroke patient impacted, immediately proceed to Stage 3 – Critical
 - c) **Stage 3 Critical:**
 - i) CT downtime at NFS Stroke Centre exceeds, or is likely to exceed 60 minutes.
 - ii) Direct impact to patient health and safety resulting from the CT disruption.

5.0 Procedure

5.1 Staff Roles and Responsibilities during a Code Grey

- a) In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets attached as appendices and/or in NH ERD, which is accessible through Source-Net or on a mobile phone.
- b) Refer to the applicable Job Action Sheet within NH ERD.

5.2 The Vice President of Patient Services/Designate (i.e. Program Director) will:

- a) Activate the Site Command Centre with potential for activation of Corporate Command Centre.
- b) Inform the Engineering Services Manager/Designate if the Engineering Manager has not yet been notified.

5.3 Command Center Roles and Responsibilities

The Command Center Staff if activated and Engineering will work together to perform the following:

- a) Activate Command Center Staff and follow the site command center Policies and Procedures.
- b) If the site Command Center is activated, command center staff should begin planning to determine the need for partial or complete evacuation of the facility to protect patients and staff.
- c) Institute measures to prevent flooding and protect facility resources, as appropriate.
- d) If the need to evacuate is deemed an a potential action Command Center staff will follow the Code Green Policy and Procedure and notify local emergency management, public health department EMS, transportation providers, other NH hospitals, and other temporary relocation sites of the situation and possible need to evacuate.
- e) Notify local emergency management of situation and immediate actions.
- f) Command Center staff will notify departments to assess patients for early discharge to decrease patient census if required.
- g) Command Center staff and Engineering will plan to provide staff information on the situation and temporary measures to implement to protect patients and visitors (i.e., fans, cooling measures, hydration, etc.).

- h) Command center staff will determine the need to extend curtail or cancel non-essential functions.
- i) Will plan to document actions, decisions and activities and track response expenses and lost revenues.
- j) Command Centre Staff will provide accurate and timely briefings to staff, patients, families, and area hospitals during extended operations.
- k) Will work with Department Managers for restoring normal facility visitation, and non-essential service operations.
- l) Initiate clean-up operations, as appropriate.
- m) Continue to evaluate facility integrity and safety of flooded areas.
- n) Post information for the public on the NH website if the event is lengthy.
- o) Initiate demobilization plan and plan for system recovery.
- p) Complete a facility damage report, progress of repairs and estimated timelines for restoration of facility to pre-event condition.

5.4 Hospitality and Food Services

- a) Hospitality and Food Services will develop and maintain a Code Grey contingency plan to ensure that these services are uninterrupted and they have the ability to assist staff and patients during a code grey.
- b) Take direction from the Command Center Staff.
- c) Upon receipt of the “All Clear Code Grey Internal Flooding” all hospitality staff will:
 - i) Resume normal duties.
 - ii) Advise patients and visitors that the crisis no longer exists.
 - iii) Refer any inquires about the crisis to the Communications Department

6.0 Definitions

Air Exclusion: Is defined as any toxic gaseous release or similar occurrence in the community. Insufficient time, severe weather or other factors may make evacuation unfeasible during such instances. An alternative strategy is to “stay put,” and restrict the entry of external, contaminated air by shutting down the air exchange system (e.g. external air exclusion).

Code Grey: Is defined within 5 unique scenarios; Gas Leak; Air Exclusion; Utility Failure; Elevator Failure and Medical Gas Failure that could impact the infrastructure within a NH Facility.

Code Green: Is defined as the movement of hospital occupants due to a hazardous or potentially hazardous situation (e.g. internal fire, loss of heat, impending explosion, or internal/external airborne gas).

Elevator Failure: Is when an elevator or bank of elevators affects patient safety inclusive of entrapment or requires rerouting.

Gas Leak: An unknown odour that effects the daily operation of NH and or may jeopardize patient and/or staff safety.

Medical Gas Failure: Medical gas and suction failure.

Utility Failure: Refers to the failure of a crucial resource in a facility such as heating, water, electricity, etc. These resources are vital to the success of daily operations and patient safety.

Incident Commander: Is defined as the person responsible for all aspects of an emergency response; including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved. The incident commander sets priorities and defines the organization of the incident response teams and the overall incident action plan.

7.0 Education/Communications

- 7.1 All staff will be required to participate and review the Code Grey Policy and Procedure as part of the global emergency management “Code of the Month” program.
- 7.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

8.0 Appendices

N/A

9.0 Related Documents

[Code Green – Evacuation -- Policy and Procedure](#)

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

N/A

11.0 References

- 11.1 OHA Toolkit, 2011.

12.0 Supercedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Lavender	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Lavender	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

- 1.1 The purpose of Code Lavender is the provision of timely-and-effective care for staff, physicians, credentialed staff and volunteers having difficulty coping as a result of a professional and/or personal event. Code Lavender responds to individuals, care teams, or other identified groupings (e.g. a Department or Program).
- 1.2 This policy outlines the provision of care that ensues, and the associated roles and responsibilities.

2.0 Background

- 2.1 In 2008, the Spiritual Care Program at the Cleveland Clinic implemented Code Lavender; today it is an international evidenced-based means of 'administering psychological first aide'.
- 2.2 This framework has been used to introduce Code Lavender at Niagara Health.

3.0 Scope

Applies to all NH employees, persons with practicing privileges (physicians, and credentialed staff), volunteers and students/learners.

4.0 Policy

- 4.1 Any person within the scope outlined above can initiate Code Lavender, at any time (24x7). Code Lavender will not be called overhead. A call is made to x55555, the Resource Centre who alerts Spiritual Care.
- 4.2 Once notified by the Resource Centre, Spiritual Care will lead the code, assesses the short-, mid- and long-term need and build an appropriate team to provide timely and effective supports.

5.0 Procedure

- 5.1 The code is initiated by calling the Resource Centre, extension 55555. The Resource Centre calls on- call Spiritual Care using the script; "Code Lavender, <Stage>, <Location>".
- 5.2 Spiritual Care will lead the code as a 'first responder' to make an initial assessment by phone. A strategic assessment upon arrival on site will verify if other resources are needed including Occupational Health, Mental Health, Wellness Specialist, etc. Spiritual Care will notify and assemble the team.
- 5.3 In the event that a Code Lavender is required for a second incident, the Resource Centre will call the Coordinator of Spiritual and Religious Care to identify and direct spiritual care resources.
- 5.4 In accordance to their role, staff are to follow established processes as set out in the Job Action Sheets in NH ERD which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

6.0 Definitions

Code Lavender - Code Lavender is a program by which overstressed or mentally/emotionally exhausted healthcare professionals can receive support that helps them get back on their feet and keep going. This program recognizes that staff members, physicians, credentialed staff and volunteers are human beings too, and can be affected by severe situations such as patient death and emergencies just as much as anyone else - even to the point of severe desensitization.

Stage 1 - Targeted Staff Care

Immediate response for an individual (or focused few) who is struggling to cope.

Stage 2 - Debriefing

A 'care for the care-team' process conducted 24-72 hours after a distressing incident of care.

Stage 3 - Defusing

A 'care for the care-team' process immediately following a distressing incident of care.

7.0 Education/Communications

- 7.1 All staff will be required to review the Code Lavender as a part of the global emergency preparedness "Code of the Month" program.

8.0 Appendices

N/A

9.0 Related Documents

N/A

10.0 Related Forms

Code Lavender Job Action Sheets

Refer to [NH Emergency Resource Directory \(ERD\)](#)

11.0 References

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Maroon	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide instruction to staff in the event of severe weather. To keep people inside and away from windows and glass. In addition, to ensure that vendors and outside contractors are warned in advance of impending severe weather, to ensure materials and equipment are safely stored and staff are not working at height.

2.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contact workers) at each hospital site within Niagara Health.

3.0 Policy

3.1 A Code Maroon is comprised of 3 stages:

a) Stage 1: Minor

- i) Weather Advisory: Official warning issued from Environment Canada for specific weather events that could cause significant impact.
- ii) Lead time less than 6 hours.

b) Stage 2: Major

- i) Weather Watch / Warning: Official warning issued from Environment Canada to alert persons about potential, or imminent severe weather conditions.
- ii) Floor Watch: Official warning issued by the Niagara Peninsula Conservation Authority indicating that flooding is possible and preparations should be made to mitigate impacts.
- iii) Tornado watch has been issued for the community.

- iv) Lead time less than 4 hours.
- c) **Stage 3: Critical**
 - i) A severe storm that is active or imminent, disrupting regular services at the hospital site(s) including surrounding infrastructure or utilities.
 - ii) Flood Warning: Flooding is imminent or already occurring in specific watercourses or municipalities.
 - iii) A Tornado warning has been issued or sighted in the area.
 - iv) Lead time: immediate to 1 hour.

4.0 Procedure

In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets attached as appendices and/or in Atlas, which is accessible through SourceNet or NH ERD on a mobile phone.

5.0 Definitions

Flood Warning

Flood is imminent or already occurring in specific watercourses or municipalities. Municipalities and individual should take action to deal with flood conditions. The may include road closures and evacuations.

Flood Watch

Flooding is possible in specific watercourses or municipalities. Municipalities, emergency services and individual landowners in flood-prone areas should prepare.

Severe Weather

Thunderstorms, hail, blizzards, ice storms, high winds, and heavy rain, which can develop and pose a threat to life and property.

Weather Advisory

Issued for specific weather events (like blowing snow, fog, freezing drizzle and frost) that are less severe, but could still cause significant impact.

Weather Warning

An urgent message that severe weather is either occurring or will occur.

Weather Watch

Issued to alert persons about weather conditions that are favorable for a storm or severe weather, which could cause safety concerns.

6.0 Education/Communications

N/A

7.0 Appendices

N/A

8.0 Related Documents

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

9.0 Related Forms

N/A

10.0 References

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code OB	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code OB	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

The purpose of Code OB as an Obstetrical Emergency Response Code is to reduce maternal and/or fetal morbidity and mortality by ensuring a rapid and consistent response to an obstetrical emergency requiring immediate surgical intervention.

2.0 Background

Certain obstetrical emergencies require immediate surgical intervention and it is evident from the literature that response time for required care providers is significantly reduced with an overhead page and streamlined notification processes.

3.0 Scope

Applies to all team members at Niagara Health at the St. Catharines Site.

NOTE: There is no Code OB at WS, NFS, FES, and PCS

4.0 Policy

- 4.1 Code OB can be initiated by any member of Niagara Health with the knowledge, skill and judgement to do so in collaboration with the Emergency or Obstetrical nursing team, midwifery, or medical team, when a pregnant patient is identified to require immediate surgical intervention for but not limited to one of the following indications:
- a) Prolapsed Cord

- b) Ruptured Uterus
 - c) Major Antepartum/Intrapartum Hemorrhage
 - d) Unresolved Shoulder Dystocia
 - e) Abnormal fetal heart rate in consultation with the Obstetrician
- 4.2 The Code OB Team is an Emergency Response Team made up of selected healthcare professionals listed below who are responsible to attend an obstetrical surgical emergency. The Code OB will be communicated to the Code OB Team as an overhead page and through Resource Centre notification.
- a) Obstetrician on-call
 - b) Surgical First Assist on-call
 - c) Anesthetist on-call
 - d) Paediatrician on-call
 - e) NICU Registered Nurse
 - f) Respiratory Therapist
 - g) Women and Babies Charge Nurse/Team Leader
 - h) Women and Babies Registered Nurse (Patient primary RN/First responder)
 - i) Women and Babies Operating Room Team (scrub nurse and circulating nurses)
 - j) Security Services
 - k) Social Work and Spiritual Services can be contacted separately as required.
 - l) Consider Family Practice/Midwife (if involved in the case)

5.0 Procedure

- 5.1 The Code OB will be initiated by any member of the care team with the knowledge, skills and judgement to do so.
- 5.2 A health care provider will remain with the patient at all times until the Code OB Emergency Response Team arrives.
- 5.3 The code will be initiated by calling extension 55555 in order to notify Resource Centre. Resource Centre will initiate the overhead page on the overhead public address system. The announcement will state the script; "Code OB, Stage, Location"
- 5.4 A Code OB may be called to the Emergency Department location if the pregnant patient requires immediate surgical intervention but is too unstable to be transferred to the Women and Babies Operating Room. The location of the surgical intervention will be determined by the Code OB Emergency Response Team.
- 5.5 All members of the Code OB team will report to the location as stated in the page as quickly as possible. Code OB team members will not call Women and Babies in response to the overhead page for clarification as this will increase response time.
- 5.6 If the first on-call Anesthesiologist or Obstetrician are unable to immediately respond to the Code OB, they will be responsible to contact the second on-call for their respective service and direct them to attend in their place. The second on-call Anesthesiologist or Obstetrician will go directly to the Code OB location to render further assistance.
- 5.7 In the event that a Code OB is required for a second patient, Resource Centre will indicate this using the overhead Public Address System by stating the script: "Code OB, Stage 3, location". A second OB Team will respond immediately.
- 5.8 Staff are to follow the Job Action Sheet according to their role within the code attached as appendices and/or in Atlas on Source-Net.

6.0 Definitions

Code OB: Emergency Response to an obstetrical emergency requiring immediate surgical intervention.

FES: Fort Erie Site

NFS: Niagara Falls Site

PCS: Port Colborne Site

WS: Welland Site

7.0 Education/Communications

7.1 There will be full education and communication plan for individuals on the Code OB Policy and Procedure.

7.2 All staff will be required to participate and review the Code OB Policy as a part of the global emergency preparedness “Code of the Month” program.

8.0 Appendices

N/A

9.0 Related Documents

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

Code OB Job Action Sheets

11.0 References

11.1 Trillium Health Partners (2019). Code OB – POL INT. Trillium Health Partners, Mississauga, ON.

12.0 Supersedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code OMEGA	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code OMEGA	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide guidance for staff in the event of a patient(s) requiring a massive blood transfusion.

2.0 Background

Hemorrhage remains a major cause of potentially preventable deaths. Rapid transfusion of large volumes of blood products is required in patients with haemorrhagic shock, which may lead to a unique set of complications. Protocol based management of these patients using massive transfusion protocol have shown improved outcomes.

3.0 Scope

Applies to all health care providers and support staff involved in the care of a patient experiencing a life threatening bleeding situation.

4.0 Policy

4.1 Activation of a Massive Transfusion Protocol (MTP) is the responsibility of the MRP or his/her delegate.

4.2 The MTP Order Set ORD46 (900878) remove number can be invoked as a verbal, telephone or written order.

- 4.3 Charge nurse/designate to Call Transfusion Medicine Laboratory STAT to announce location, full name, date of birth and hospital number of the MTP patient, Charge nurse contact name and extension for Transfusion Medicine (Blood Bank).
- 4.4 Charge Nurse/designate for the MTP will assign a designated porter/runner for the duration of the MTP.
- 4.5 Communication leads of the clinical unit and transfusion medicine laboratory will provide a direct telephone extension for ongoing voice messaging for the duration of the MTP.
- 4.6 The designated porter/runner will take direction from the charge nurse and lead MTP laboratory technologist during the entire MTP process.
- 4.7 Staffing resources will be mobilized as a priority during activation of MTP.

5.0 Procedure

- 5.1 MRP or designate activates the MTP for a patient.
- 5.2 MRP or designate invokes the MTP Order Set ORD46 (900878) as a verbal, telephone or written order.
- 5.3 Staff are to follow the Job Action Sheet according to their role within the code attached as appendices and/or in Atlas on Source-Net.

6.0 Definitions

A Code OMEGA is a hemorrhage requiring a massive blood transfusion

Documentation for any infant/child abduction is to include:

Stage 1: Minor - There is no Stage 1

Stage 2: Major – Code OMEGA Team responds to a critical patient requiring an immediate massive blood transfusion

Stage 3: Critical – Multiple patients requiring massive blood transfusions

7.0 Education/Communications

- 7.1 Code of the Month: Code OMEGA online training for all staff at all sites describes a Code OMEGA, the stages and actions to be taken.
- 7.2 Code OMEGA Table Top Exercise: 1hr TTX for Dept. Lead/Manager On-Call, Director On-Call (EOC) and ELT.
- 7.3 Staff are not to speak with the media or respond to public inquiries. All public and media inquiries shall be directed to the Communications department.

8.0 Appendices

N/A

9.0 Related Documents

[Massive Transfusion Protocol \(MTP\) – Policy and Procedure \(Corporate\)](#)

[TX Connect Code Omega Order Set – ORD46 \(900878\)](#)

[Massive Transfusion Protocol \(Lab Procedure 545-415-002\)](#)

[Massive Transfusion Protocol \(Lab Policy 545-415-001\)](#)

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

N/A

11.0 References

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code One	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code One	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide clear direction and instruction for all staff in responding to a situation in which a person requires immediate medical assistance **anywhere on hospital property** outside of a Code Blue.

2.0 Background

A Code One is the initial response code for a medical emergency on NH premises attended by NH staff that may include a patient not on a unit, visitor, volunteer, student, physician or staff member who may have been injured.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers) at each hospital site within Niagara Health.

4.0 Policy

- 4.1 Any member of staff can initiate a Code One response when they come across any person anywhere on hospital property that is in need of immediate medical assistance (e.g. slips, trips, falls, seizures).

- 4.2 If a staff member is alone with no means of communication available to them with a person requiring immediate medical attention and they require additional help, they will inform the person they are going to get additional help and return to the person as soon as possible to provide care, consistent with the staff member's knowledge and skills, and to also extend reassurance. The person must return to the individual as soon as possible after alerting others to the need for help.
- 4.3 All Code One responses will be triggered by calling "55555" and switchboard will manage all overhead paging, and tracking of calls.
- 4.4 If the Code One Team believes there is a need to escalate the call, the Team will contact Switchboard. Switchboard will then notify the Clinical Manager/On Call Clinical Manager. Switchboard will maintain a record of Code One calls that logs, date, time, location and name of person calling.
- 4.5 Staff members, inclusive of Security, in the vicinity of a Code One will respond and provide assistance within their level of knowledge and skill and will remain with the patient to provide reassurance and care until the Code One Team arrives on site. Once appropriate medical personnel are on scene, all unnecessary personnel will return to their duties. Security will provide "crowd control" and ensure the dignity of the individual is maintained through allowing as few people as possible near the scene.
- 4.6 Paging of the Emergency or Urgent Care Physician to the site will be on the direction of the Code One Team Leader.
- 4.7 Only the Emergency or Urgent Care Physician has the authority to request 911 EMS services if skilled extrication is needed to safely immobilize, stabilize, and transport the person to Emergency or the Urgent Care Centre. If the Emergency or Urgent Care Physician is not immediately available, the Code One Leader will use his or her best judgment in calling 911.
- 4.8 If the person's clinical status changes or the situation changes, staff will initiate the most appropriate code to ensure the right level of response is dispatched to the scene (i.e. Code, White, Code Blue, Code Pink, etc.)
- 4.9 An IRS report is required to be completed by the Team Leader once the scene has been cleared. Support from the Code One Team will ensure that the person who discovered/observed the incident provides information to the Team Leader.
- 4.10 In all cases, all persons will be offered the opportunity to be triaged and assessed in the Emergency or Urgent Care areas. In the event a person chooses not to attend Emergency or Urgent Care, the IRS report document the person's choice.
- 4.11 For Code One incidents involving staff, Physicians or volunteers, the IRS reports will be forwarded to Occupational Health and Safety for follow up to determine if a WSIB report is required.
- 4.12 As part of the IRS response, the appropriate Manager or Site HPD team will conduct a debriefing session to review the efficiency and efficacy of the Code One response.

5.0 Procedure

5.1 Authority to Activate a Code One

Any staff member, Security Officer, professional staff or volunteer has the ability to call a Code One in the event there is a situation.

- a) Dial "55555" and request a Code One be paged.
- b) On hearing an overhead announcement for "Code One" Staff members in the vicinity will respond, security is to respond immediately (if available) and the Code Team will respond.

5.2 Responsibilities at all Niagara Health sites

In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets attached as appendices and/or in NH ERD, which is accessible through Source-Net or on a mobile phone.

5.3 Deactivation of Code One

- a) The Team Leader will deactivate the code when they feel the situation is satisfactorily defused and will notify switchboard that the Code One is Clear.
- b) When a situation is stabilized, the Emergency Department staff are first to be released from the scene.

6.0 Definitions

Code One - This term is used to initiate a response to a person who is in immediate need of assistance at all Niagara Health sites when an existing code (i.e. Blue, Pink, White) does not apply.

Code One Team Leader is the first assigned Registered Health Care Provider on scene.

Extrication - To free or remove a person from a dangerous situation (entanglement and/or unsafe, difficult space/location).

First Responder – The first Niagara Health Staff member, Physician, volunteer, student or Security Officer who happens upon the scene.

Person – Can refer to a visitor, volunteer, staff member and/or physician, etc.

Professional Staff means those Medical Staff, Dental staff, Midwifery Staff and non-employed members of the Extended Class Nursing Staff that are appointed by the Board and who are granted specific Privileges to practice medicine, dentistry, midwifery or extended class nursing respectively.

Site-specific Code One Team membership is defined in Appendix A.

7.0 Education/Communications

- 7.1 All staff will be required to participate and review the Code One Policy as a part of the global emergency management “Code of the Month” program.
- 7.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

8.0 Appendices

[Appendix A: Algorithm for NH Sites with a 24-hour Urgent Care Centre](#)

[Appendix B: Algorithm for NH Sites with an Emergency Department](#)

[Appendix C: Algorithm for NH Sites with no Urgent Care Centre or closed Urgent Care Centre](#)

9.0 Related Documents

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

N/A

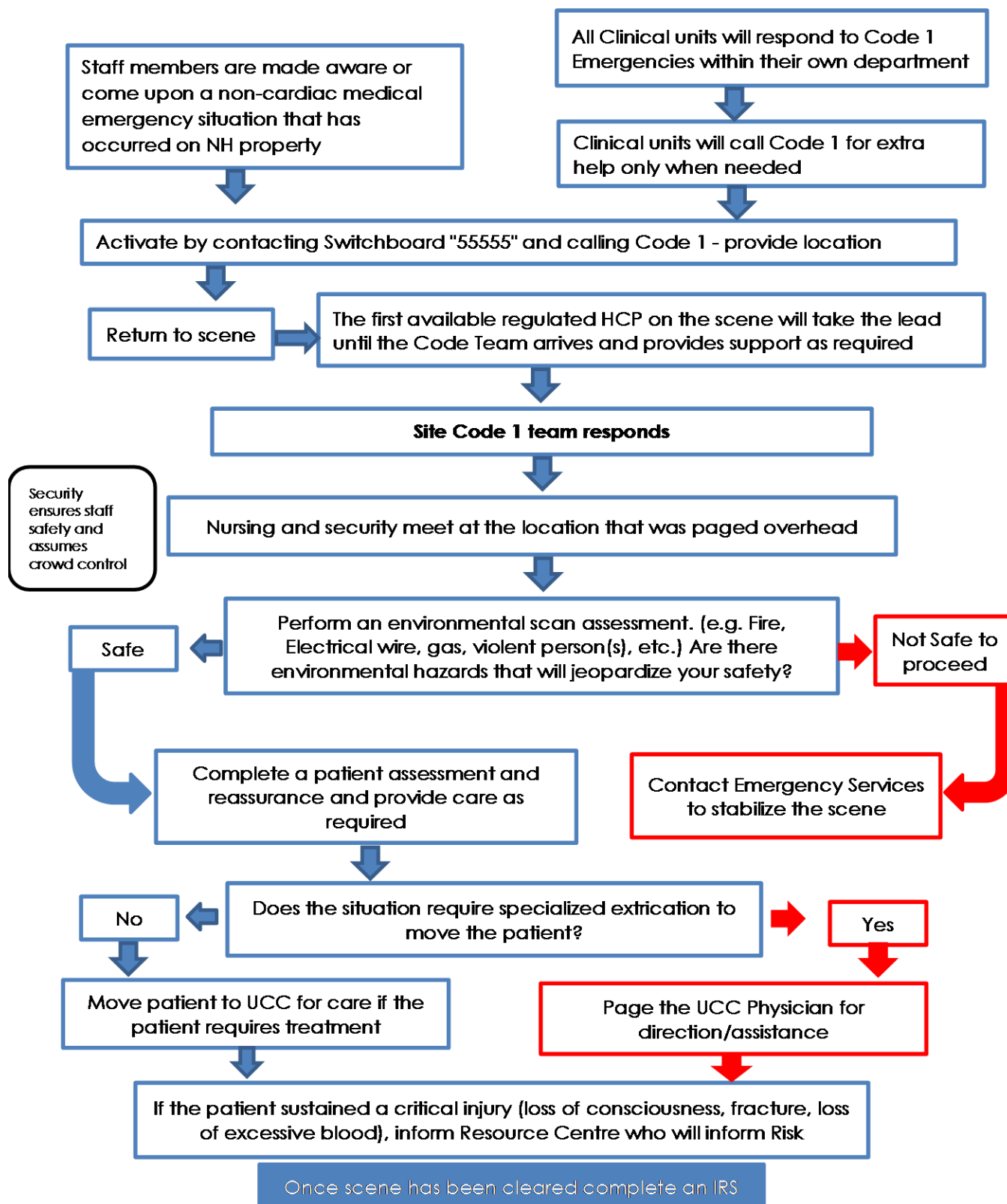
11.0 References

N/A

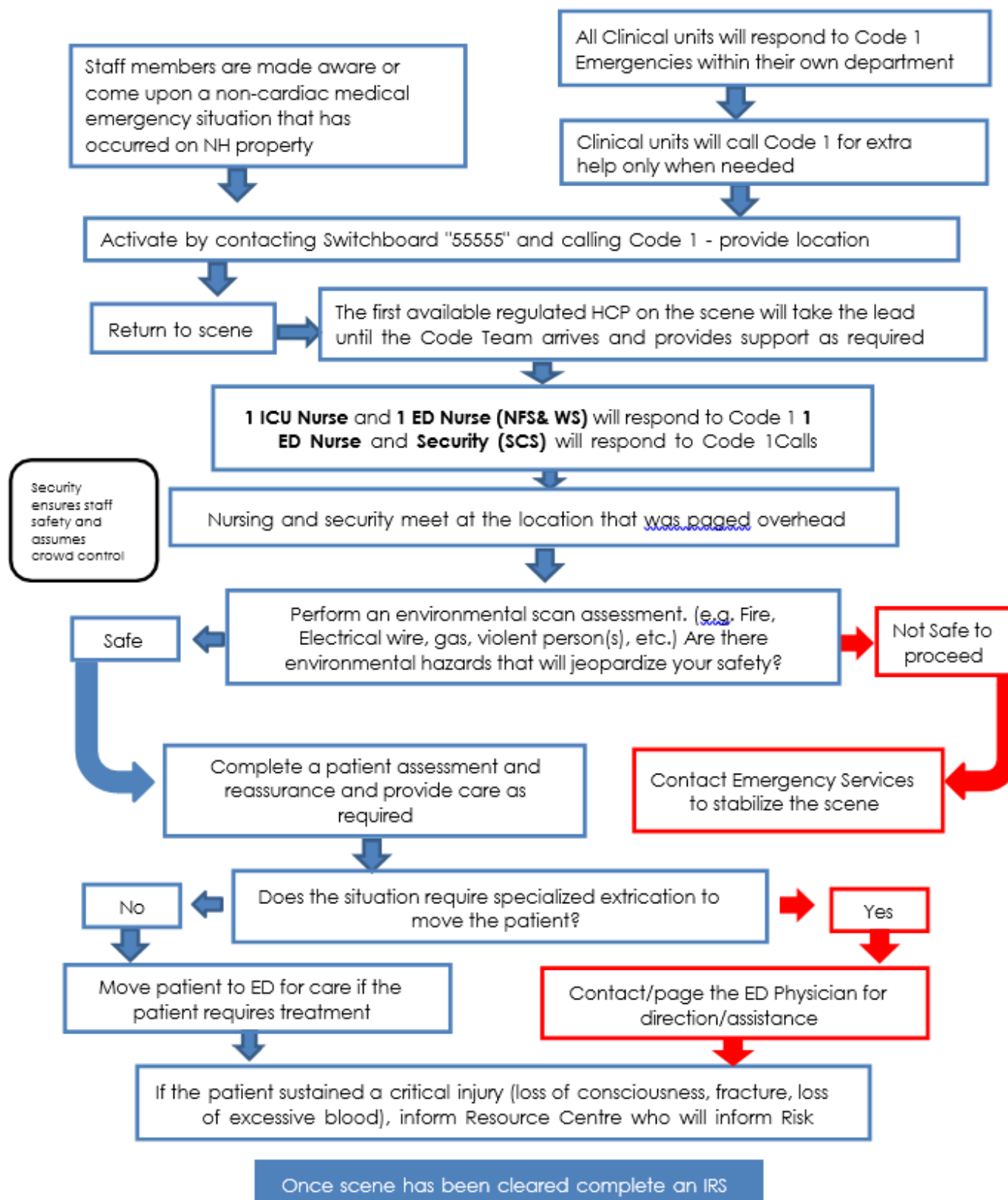
12.0 Supercedes

N/A

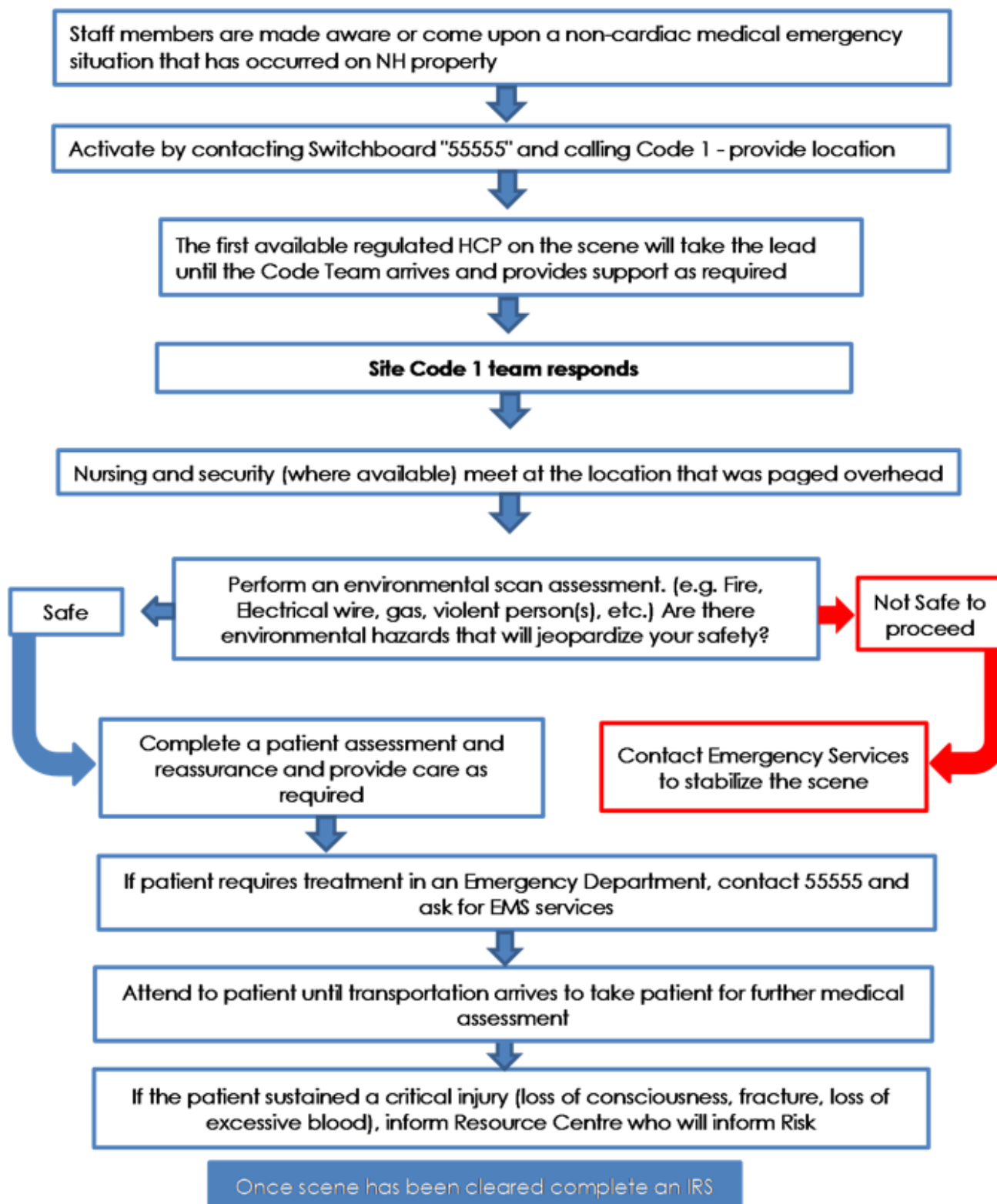
Appendix A
Code One Response at Niagara Health Sites with 24 hour Urgent Care Centre



Appendix B
Code One Response at Niagara Health Sites with an Emergency Department



Appendix C
Code One Response at Niagara Health Sites with no Urgent Care Centre or a closed UCC




 Extraordinary Caring. Every Person. Every Time.		NAME: Code Orange – Mass Casualty Incident	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Orange	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction for a controlled and coordinated response to a mass casualty event where the number of casualties could place a greater than normal demand on the services provided by a Niagara Health hospital site, or disrupt the normal hospital routine.

2.0 Background

A Code Orange may be declared in response to a mass casualty event, external disaster, or state of emergency declared by a municipal, regional, provincial, or federal authority. A Code Orange may be declared in conjunction with a Code CBRNE for an event involving Chemical, Biological, Radiological, Nuclear or Explosive (CBRNE) hazardous materials.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each hospital site of Niagara Health.

4.0 Policy

4.1 A Code Orange will be activated when the number of casualties expected requires drastic reallocation and supplementation of the hospital's resources and following confirmation by public authority, e.g. Police, Fire, or EMS.

4.2 All persons must follow the steps outlined for their department/unit in their respective Site Procedure – Code Green – Evacuation.

4.3 A Code Orange is comprised of three Stages:

- a) **Stage 1: Minor** – Mass Casualty Incident Alert only.
- b) **Stage 2: Major** – More than two (but less than five) critical patients beyond current capacity.
- c) **Stage 3: Critical** – Five or more critical patients beyond current capacity.

4.4 **Activation of Code Orange**

The Emergency Department Charge Nurse or Designate is authorized to declare a Code Orange. The most responsible person with use the Code Initial Assessment Checklist (see Appendix A) to determine which stage is to be declared.

4.5 **Code Team Membership**

Code Orange teams consist of the following staff at the SCS, NFS and WS sites:

- a) Emergency Department Staff
- b) Emergency Department Lead
- c) Emergency Department Manager or Manager On-Call (depending on time of day)
- d) Security
- e) Facilities Management / Engineering Services
- f) Manager of Occupational Health
- g) Pharmacy
- h) Lab
- i) Diagnostic Imaging
- j) Porter Services (SCS site only)
- k) Bed Booking
- l) Registration
- m) ED Chief
- n) Deputy Chief of Staff
- o) EVS

Note: There is no Code Orange Team at the FES or PCS sites. Call Resource Centre ext. 55555 to contact 9-1-1 EMS.

5.0 **Materials**

5.1 To ensure a controlled and coordinated response, each Emergency Department will maintain the following emergency response supplies:

- a) A full set of Hospital floor plans are located:
 - i) In the Site Command Centre/Emergency Operations Centre;
 - ii) In the site Engineering Services Office; and
 - iii) On Source-Net.

6.0 **Procedure**

6.1 **Immediate recognition of a Mass Casualty event:**

- a) A Code Orange will be activated when the number of casualties expected requires drastic reallocation and supplementation of the hospital's resources and following confirmation by public authority, e.g. Police, Fire, or EMS.
- b) Emergency Department Charge Nurse or Designate Immediately notify the ED Manager of the pending Mass Casualty Incident (MCI).
- c) Call the Resource Centre ext. 55555 to report the Code Orange and as additional information becomes available.

6.2 **Authority to Activate Code Orange**

The Emergency Department Charge Nurse or Designate is authorized to declare a Code Orange. The most responsible person with use the Code Initial Assessment Checklist (see Appendix A) to determine which stage is to be declared.

6.3 Staff Roles and Responsibilities during a Code Orange

In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets attached as appendices and/or in NH ERD, which is accessible through SourceNet or on a mobile phone.

6.4 Effect on General Policies of the Hospital Site

- a) **Staff Work Schedules:** All hospital site staff on-duty when the Code Orange is activated will remain on duty until replaced, but should not exceed a 12 hour shift, if possible. Subsequent personnel will be required to work up to 12 hours per shift if the disaster response is prolonged or in order to reestablish regular shift intervals once the Code Orange is activated.
- b) **Visiting Hours:** Staff will request all visitors, except those with acutely ill patients, to leave the hospital site in the event that the Code Orange is activated.
- c) **Patient Bookings:** Elective admissions and outpatient activity will be deferred during the disaster situation unless otherwise denoted by the Health Program Director/Designate.
- d) **Telephone Usage:** Service must only be used for matters dealing with the disaster situation and other emergencies.
- e) **Entrances:** All doors to the hospital site must be secured during the disaster situation (staff not carrying recognized Niagara Health System ID will be refused entry until their identity can be verified).

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions. All Clear – The incident has been resolved.

Code Alert – An email sent from Switchboard with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code Orange

Stage 1: Minor – Mass Casualty Incident Alert only.

Stage 2: Major – More than two (but less than five) critical patients beyond current capacity.

Stage 3: Critical – Five or more critical patients beyond current capacity.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team (IMT).

Incident – is a naturally occurring or man-made event that may negatively impact our hospital. The incident may impact our people, business, data or our reputation.

Incident Commander – The Lead person taking overall control of Operations during a Code Orange event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage Level 1, 2 and 3 (see below).

Notification – A message from the Resource Centre through a Code Alert email for information only but with no action necessary.

Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Orange Policy as a part of the global emergency management “Code of the Month” program.
- 8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related Documents[Bed Alert and Code Gridlock -- Policy and Procedure](#)[Code CBRNE – Policy and Procedure](#)[Code Green – Policy and Procedure](#)

Code Orange Disaster – Clinical Response

Code Orange Disaster – High Level Disaster Flow Chart

Code Orange Disaster – Non-Clinical Response

Code Update Email Continuity of Operations Plan

External Facilities for the Temporary Relocation of Patients

Gridlock Management Team Meetings Responsibilities

Gridlock Site and Program Responsibility

Internal Facilities for the Temporary Relocation of Patients and Staff

[Mixed Gender Admissions to Inpatient Units -- Policy](#)[NH Emergency Department Overcapacity Protocol -- Policy](#)Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)**11.0 Related Forms**

Post Incident Debrief

Code IRS (RL6)

12.0 References

12.1 Ontario Hospital Association Emergency Management Toolkit, 2011.

12.2 Ontario Occupational Health and Safety Act, Ontario Regulation 67/93 Regulation for Health Care and Residential Facilities


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Pink – Neonatal Emergency	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Pink – Neonatal Emergency	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide expert clinical management to neonates experiencing life-threatening medical emergencies including, but not limited to cardiovascular/respiratory compromise.

2.0 Scope

Applies to all Units at all sites of Niagara Health.

3.0 Policy

A Code Pink is a respiratory and/or cardiac arrest in an infant 0 - 4 weeks of age (if born full term) or if the baby was born preterm up to 44 weeks corrected age (4 weeks after original due date).

- 3.1 A Code Pink is a respiratory and/or cardiac arrest in an infant 0 – 4 weeks of age (if born full term) or if the baby was born preterm up to 44 weeks corrected age (4 weeks after original due date).
- 3.2 A Code Pink called overhead when:
 - a) **unanticipated respiratory and/or cardiac arrest occurs and the Code Pink Response Team is required**
 - b) **a high-risk delivery already attended by the Paediatrician, NICU nurse and RT progress to a Code Pink and additional personnel are required.**

4.0 Materials

For Cardiopulmonary Resuscitation:

- a) Personal Protective Equipment (PPE)
- b) Radiant warmer
- c) Oxygen with flow meter and tubing
- d) Medical air with flow meter Oxygen blender
- e) Wall mounted or portable cardiorespiratory monitor
- f) Neonatal Resuscitation Cart

5.0 Procedure

- 5.1 Staff are to follow appropriate Job Action Sheets (JAS) according to their role as set out in the Job Action Sheets in My-EOP, which is accessible through SourceNet or on a mobile phone.
- 5.2 Code Pink is initiated by any healthcare provider with the knowledge, skill and ability to recognize a cardiopulmonary/respiratory arrest or life-threatening medical emergency.
- 5.3 **Activation of Code Pink:**
To activate a Code Pink Response, press the Code Pink Button (if available) and call 55555 – provide the nature and location of the emergency (site, unit/department/area, room#).
- 5.4 Switchboard will page overhead “Code Pink - Neonatal + location” x3.
- 5.5 All appropriate support Code Pink – Neonatal Team members will respond immediately.
- 5.6 Initiate Regional Neonatal Resuscitation Record - Form 900372.
- 5.7 Follow NRP algorithm.
- 5.8 **Documentation**
Document on the following:
 - a) Code Pink events will be recorded on the Neonatal Resuscitation Record – Form 900372 The Registered Nurse and Physician sign the form after the cessation of the code.

6.0 Definitions

Cardiopulmonary Arrest: defined as a situation where a person is not breathing and/or pulseless

Code Pink – Neonatal: Code called to initiate a response to a neonate who is in immediate need of medical assistance due to cardiopulmonary arrest or life threatening medical emergency.

Life-threatening Medical Emergency: Defined as an acute event where a person’s life is threatened by their current medical condition and requires rapid assessment and intervention by trained medical personnel (This may include a variety of situations, such as, but not limited to, unconsciousness, serious respiratory or neurological compromise, symptoms of cardiac crisis, or cardiopulmonary arrest).

Neonate: A newborn less than or equal to 28 days of life

7.0 Education/Communications

- 7.1 Basic Cardiac Life Support (BCLS) annual renewal.
- 7.2 Neonatal Resuscitation Program (NRP) renewal every two years (mandatory for NICU, Labour and Delivery and Post-Partum unit).

8.0 Appendices

N/A

9.0 Related Documents

[Code Pink – Paediatric -- Policy and Procedure](#)

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

Neonatal Resuscitation Record – Form 900372

11.0 References

11.1 Venes, D (Ed.) Taber's Cyclopedic Medical Dictionary, 20th Edition. F.A. Davis Company, 2005.

11.2 Weiner, G. M., Zaichkin, J., American Academy of Pediatrics, & American Heart Association. (2020). Textbook of neonatal resuscitation (NRP).


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Pink - Paediatric	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Pink - Paediatric	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

The purpose of this Code Pink is to provide expert clinical management to Paediatric experiencing life-threatening medical emergencies including, but not limited to cardiovascular/respiratory compromise.

2.0 Scope

Applies to all Units at all sites of Niagara Health.

3.0 Policy

3.1 Responders to Code Pink – Paediatric calls are as follows:

- Level 3 Critical Care Service (SCS): the ED Physician, any available Paediatrician, Anaesthesiologist, 2 ICU RN's, 1 ED RN, 1 Neonatal Intensive Care Nurse (NICU) RN, 1 Paediatric RN and the RRT.
- Level 2 Critical Care Service (NFS and WS): the ED Physician, any available Paediatrician, Anaesthesiologist, 1 ICU, 1 ED RN and the RRT (if available).
- Urgent Care Service (FES and PCS): the Urgent Care physician, 1 Urgent Care RN.
- MacLean Building (WS) and Allied Health Building (NFS): 911 team will respond.

3.2 All staff from the Unit in which a Code Pink – Paediatric is called must return to their unit immediately to provide assistance as required.

- 3.3 All staff who work in ICU, ED/Urgent Care and Children's Health (at applicable sites) who are not present in their work areas when a Code Pink - Paediatric is called must return to their unit immediately to replace code team members who have left the unit to respond to the code, and possibly prepare to receive the patient.

4.0 Materials

Code Pink – Paediatric (Braslow) cart and defibrillator (Children's Health).

5.0 Procedure

- 5.1 In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in My-EOP which is accessible through Source·Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.
- 5.2 **Enacting the Code**
Immediate advanced life support assistance for the child is accessed by dialing "55555" and having switchboard page overhead "Code Pink - Paediatric + location x3".
- 5.3 This code may be used by any staff member to receive assistance for any child who is beyond the scope of the Code Pink – Neonatal policy, and who is suffering immediate or imminent cardiac or respiratory arrest.
- 5.4 All appropriate support Code Pink - Paediatric Team members will respond immediately.
- 5.5 An additional staff member may be required to bring the Neonatal Resuscitation Cart from the NICU.
- 5.6 Initiate Resuscitation Record
- 5.7 Initiate cardiopulmonary resuscitation, implementing Pediatric Advanced Life Support (PALS) algorithms as required.
- 5.8 **Team Members and Responsibilities**
The Code Pink – Paediatric response team consists of:
- a) Physicians:
 - i) Paediatrician and/or
 - ii) Emergency department physician
 - iii) and/or anaesthesiologist,
 - b) Nurses:
 - i) Emergency or Urgent Care;
 - ii) Intensive Care or Cardiac Care;
 - iii) SCS Children's Health Unit RN; and
 - iv) Neonatal Intensive Care Nursery RN
 - c) Registered Respiratory Therapist
 - d) Spiritual and Religious Care
- 5.9 **The Emergency Department (ED) Physician:**
- a) Will respond to all Code Pink - Paediatrics and will maintain control of the Code until he/she delegates to another physician.
- 5.10 **The Emergency Department (ED)/Urgent Care and Intensive/Cardiac Care (ICU/CCU) RN:**
- a) Will attend all "Code Pink - Paediatric" calls.
 - b) Will be certified in Defibrillation, Cardioversion, and will be able to administer critical care drugs.
 - c) Where relevant, will assist the NICU/Paediatric Staff in the ED/Paediatric area and will respond as needed to the NICU.

- d) A staff RN to document proceedings on the Regional Adult Resuscitation Record Form 900017.

5.11 Children's Health Unit RN:

- a) Will attend all "Code Pink – Paediatric" calls.
- b) The Children's Health RN will bring the Code Pink – Paediatric (Braslow) Cart with defibrillator.
- c) Administers medications under the direct supervision of a Physician if ordered.
- d) Performs intravenous initiation and assists with procedures as required.
- e) Assist the ED and ICU staff as required.
- f) A staff RN to document proceedings on the Regional Adult/Paediatric Resuscitation Record Form 900017.

5.12 Neonatal Intensive Care Unit Staff:

- a) Will attend all "Code Pink – Paediatric" calls.
- b) Will remain to be the primary RN for neonates < 28 days of age until stabilized.

5.13 Other Physicians:

- a) Any available Paediatrician or Anaesthesiologist will attend "Code Pink" calls.
- b) If not on site, the on-call rotation is utilized.

5.14 Respiratory Therapist:

- a) Will attend all "Code Pink - Paediatric" calls.
- b) Will manage the airway and oxygenation.
- c) Will be able to perform intubation or assist with intubation and securing of endotracheal tube.

5.15 Spiritual and Religious Care:

- a) Will attend all "Code Pink - Paediatric" calls.
- b) Will receive report from the Nursing Unit or Code Pink Team.
- c) Will act as a liaison for family, providing information and support.
- d) Will assist staff with crisis intervention as needed.

5.16 Documentation

- a) A Code Pink - Paediatric event must be documented on the Regional Adult/Paediatric Resuscitation Record Form 900017.

5.17 The resuscitation record must be signed by the physician.

5.18 Ensure complete and accurate completion of the resuscitation record.

6.0 Definitions

Code Pink - Paediatric: Code called for assistance for the Paediatric population (17 years and 364 days of age and younger) who are beyond the scope of the Code Pink – Neonate policy 190-080-005, who present with immediate or imminent cardiac or respiratory arrest.

7.0 Education/Communications

7.1 Basic Cardiac Life Support (BCLS) annual renewal.

7.2 Paediatric Advanced Life Support (PALS) Certification renewed every 2 years.(mandatory for Paediatric Unit)

8.0 Appendices

N/A

9.0 Related Documents

Code Pink – Neonate -- Policy and Procedure

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

Neonatal Resuscitation Record – Form 900372
Regional Adult Resuscitation Record – Form 900017

11.0 References

11.1 Topjian, A. A., Raymond, T. T., Atkins, D., Chan, M., Duff, J. P., Joyner Jr, B. L., & Schexnayder, S. M. (2020). Part 4: pediatric basic and advanced life support: 2020 American Heart Association guidelines for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation*, 142(16_Suppl_2), S469-S523.

11.2 Venes, D (Ed.) Taber's Cyclopedic Medical Dictionary, 20th Edition. F.A. Davis Company, 2005

12.0 Supercedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Purple - Hostage	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Purple	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction to staff in the occurrence of a hostage taking incident and to mitigate the threat to personal injury posed by a hostage taker. As part of the Niagara Health's response to any hostage taking, a trained negotiator/response team from the Niagara Regional Police will be called upon to handle the situation.

2.0 Background

A Code Purple is declared for an emergency situation in the event that a hostage taking occurs. This policy promotes the life safety of all individuals who enter the buildings controlled by Niagara Health.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each hospital site of Niagara Health.

4.0 Policy

- 4.1 Prompt reporting of a hostage taking in progress must be communicated to Switchboard / Resource Centre ext. 55555 without delay.

- 4.2 The Niagara Health goal is to perform rapid response to Code Purple in the safest manner possible. Our procedures were developed to provide a safe work atmosphere with the utmost consideration to the safety and health of all Niagara Health Staff, Patients and Visitors during a Code Purple.
- 4.3 Any individual within the hospital witnessing a hostage taking is authorized to activate a Code Purple.
- 4.4 Upon hearing a Code Purple announcement, all staff must follow the steps for their department/unit identified in the Job Action Sheets found in this policy.
- 4.5 A Code Purple may only be deactivated by the Vice President of Patient Services/Designate (i.e. Program Director) upon receiving information that the hostage-taking incident has been resolved.
- 4.6 Hostage Taking Incident Plan Development
- 4.7 To ensure its continued relevance, the Hostage Taking Incident Plan must be reviewed/revised annually in collaboration with the Niagara Regional Police.
- 4.8 **A Code Purple consists of one stage only:**
 - a) Stage 1 Minor – There is no Stage 1, go to Stage 3
 - b) Stage 2 Major – There is no Stage 2, go to Stage 3
 - c) Stage 3 Critical – A hostage-taking incident with a person or persons being held on site.
- 4.9 **Code Team Membership**
There is no Code Team. Niagara Health staff are not to respond directly to a Hostage Taking. All staff are to shelter in place. Police will take command.

5.0 Materials

- 5.1 To ensure a controlled and coordinated response, each unit within Niagara Health the following emergency response supplies will be maintained:
 - a) A full set of Hospital floor plans are located:
 - i) In the Site Command Centre/Emergency Operations Centre;
 - ii) In the site Engineering Services Office; and
 - iii) On Source-Net and NH ERD.

6.0 Procedure

- 6.1 **Authority to Activate**
Any staff member is authorized to initiate the Code Purple by calling Switchboard / Resource Centre ext. 55555.
- 6.2 The Switchboard / Resource Centre will immediately contact Niagara Regional Police, Security and Leadership On-Call Team.
 - a) Upon declaration of a Code Purple Niagara Health staff will adhere to the following:
 - i) DO NOT approach the scene;
 - ii) DO NOT allow anyone else to approach the scene;
 - iii) Immediately contact Switchboard / Resource Centre ext. 55555; ensure 9-1-1 is called, stay on the line;
 - iv) Isolate the scene by evacuating the area; if evacuation is not feasible then go to Code Silver;
 - v) If the hostage taker begins to cause injury, go immediately to Code Silver.
- 6.3 The following guidelines are recommended by the Niagara Regional Police for anyone taken hostage:
 - a) Do what the hostage taker tells you. Weapons put him/her in charge during a hostage-taking ordeal.

- b) Be careful in the first 15 minutes. At this stage, you mean little to a hostage taker – it is easy for him/her to harm you.
- c) Speak only when spoken to. Do not talk excessively as you will only cause a hostage taker to become annoyed.
- d) Do not show too much emotion. This will only upset the hostage taker.
- e) Sit down, if possible. You will be less threatening in this position.
- f) Act relaxed. This attitude will assist in defusing the tension.
- g) Weigh changes of escape very carefully. In your nervous state, you may not be as well coordinated as you are normally.
- h) Have faith in the Police. They will be negotiating carefully for your safe release.
- i) Face captor eye-to-eye. Try to maintain eye contact without staring – it is harder to hurt someone who is facing you.
- j) Be patient

6.4 Staff Roles and Responsibilities during a Code Purple

- a) In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions.

All Clear – The incident has been resolved.

Code Alert – An email sent from Switchboard / Resource Centre with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code Purple – an emergency situation when a hostage taking occurs.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team.

Employee Assistance Program (EAP) – A support program offered by Niagara Health to support staff.

Evacuation: Is defined as the movement of hospital occupants due to a hazardous or potentially hazardous situation to a location that eliminates the risk of injury or illness created by the situation (e.g. violent event, internal fire, impending explosion or internal/external airborne gas).

Incident Commander – The Lead person taking overall control of Operations during a Code Purple event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage 1, 2 and 3.

Notification – A message from the Switchboard / Resource Centre through a Code Alert email for information only but with no action necessary.

Switchboard / Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Purple Policy as a part of the global emergency management “Code of the Month” program.
- 8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related DocumentsRefer to [Niagara Health Emergency Resource Directory \(ERD\)](#)**11.0 Related Forms**

Code IRS – completed by Department Lead
 Post Traumatic Stress Debrief Form (PTSD) – completed by Risk and Occupational Health
 Incident – Hazard Investigation Form – completed by Risk and Occupational Health
 EOC Post Incident Report Form – completed by EOC Director

12.0 References

- 12.1 Ontario Hospital Association Emergency Management Toolkit, 2011

13.0 Supersedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Red – Fire Safety	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Red	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction for a controlled and coordinated response to the activation of the hospital's fire alarm systems, and to an actual fire, where one exists.

2.0 Background

A Code Red is declared for an emergency situation where fire or smoke of any size is detected. This fire safety procedure promotes the life safety of all individuals who enter the buildings controlled by the Niagara Health. This plan describes safety measures for all patients, staff and visitors to the premises.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each site of Niagara Health.

4.0 Policy

4.1 Prompt reporting of a fire is a must.

4.2 Any individual within the hospital is authorized to activate the hospital's fire alarm system (i.e. by pulling down on any fire alarm wall unit) where a fire or smoke of any size is detected in order to alert all staff of the situation and to alert the local Fire Department.

- 4.3 On hearing the hospital's fire alarm system, staff must return as soon as possible to their assigned unit (if safe to do so) as designated, in their respective site Fire Safety Plan.
- 4.4 All staff must follow the steps outlined for their site/department/unit in the Procedure - Code Red - Fire Safety Plan and in each site-specific Fire Plan that has been approved by the Fire Department.
- 4.5 A Code Red is comprised of three Stages:
 - a) **Stage 1: Minor** – The fire alarm has activated, with no signs of smoke and/or fire. No evacuation required.
 - b) **Stage 2: Major** – The fire alarm has activated, with signs of smoke and/or fire. Evacuate room of fire origin and fire zone. (Go to Code Green Stage 2).
 - c) **Stage 3: Critical** – The fire alarm has activated, with effects of smoke and/or fire extending past the original fire zone is imminent. (Go to Code Green Stage 2).
- 4.6 **Code Team Membership**
Code Red team for a Stage 1 consists of the following staff:
 - a) Facilities Management / Engineering Services On-Call
 - b) Engineering Services Manager
 - c) Engineering Services Supervisor
 - d) Security
- 4.7 Code Red team for a Stage 2 or 3 consists of the following staff:
 - a) Facilities Management / Engineering Services On-Call
 - b) Engineering Services Manager
 - c) Engineering Services Supervisor
 - d) Security
 - e) Manager of affected department, or Manager On-Call (depending on time of day)

5.0 Materials

- 5.1 A full set of Hospital floor plans are located:
 - a) In the Site Command Centre/Emergency Operations Centre;
 - b) In the site Engineering Services office;
 - c) In Source-Net and NH ERD
- 5.2 A Search List for each department listing all rooms and their room numbers to facilitate in the evacuation process.
- 5.3 A copy of the Patient Census for each unit will be generated during each shift, along with a copy of the unit's current staffing assignment and/or schedule.
- 5.4 Extrication Devices: Each unit is to have an easily accessible supply of extrication devices should they be necessary to conduct an evacuation.

6.0 Procedure

- 6.1 If evidence of a fire is discovered, follow the **REACT** mnemonic:
 - R** Remove Occupants
 - E** Ensure Containment (enclose the fire area in order to contain the fire and/or smoke by closing, but not locking the door(s) and window(s) in the room(s) where the fire exists, and by shutting off oxygen/medical gases, if applicable, as soon as possible and if safe to do so)
 - A** Activate Alarm (using nearest Fire Pull Station)
 - C** Call Resource Centre ext. 55555 to report the Code Red from a safe location. The Resource Centre will call 9-1-1 Fire Department.
 - T** Try to Extinguish or Evacuate (try to fight the fire using an extinguisher, only if safe to do so.)
- 6.2 Refer to site Fire Safety Plan for department-specific roles and responsibilities.

6.3 Evacuation Procedure

If an evacuation has been deemed necessary by the Fire Warden (Charge Person), the Fire Department and/or most senior person on site, staff will follow procedures outlined in the Code Green – Evacuation policy. Those in an area where a fire occurs are authorized to evacuate the area as necessary. The need for other areas to prepare for evacuation will be signaled by a second activation of the hospital's fire alarm systems and/or page overhead. On hearing a signal that sounds at 2 tones per second and/or overhead announcement, staff are to refer to the Code Green – Evacuation policy.

6.4 Staff Roles and Responsibilities during a Code Red

- a) In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD, which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions.

All Clear – The incident has been resolved.

Code Alert – An email sent from Switchboard with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code Red – An emergency situation where fire and/or smoke of any size is detected.

Code Red

Stage 1: Minor - The fire alarm has activated, with no signs of smoke and/or fire. No evacuation required.

Stage 2: Major - The fire alarm has activated, with signs of smoke and/or fire. Evacuate room of fire origin and fire zone.

Stage 3: Critical - The fire alarm has activated, with effects of smoke and/or fire extending past the original fire zone is imminent.

Code Green

Stage 1: Minor - A horizontal evacuation from an impacted area to another safe area / department on the same floor, well beyond a fire door.

Stage 2: Major - A vertical evacuation of all areas of the impacted floor to another safe floor. This type of evacuation is normally conducted downward. Requires activation of the Incident Management Team.

Stage 3: Critical - A hospital block or site-wide evacuation of all floors to another building or to designated assembly points outside the hospital site. Requires full activation of the Emergency Response Team, Incident Management Team and Senior Leadership Committee.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team (IMT).

Evacuation – is defined as the movement of hospital occupants due to a hazardous or potentially hazardous situation to a location that eliminates the risk of injury or illness created by the situation (e.g. internal fire, impending explosion or internal/external airborne gas).

Incident – is a naturally occurring or man-made event that may negatively impact our hospital. The incident may impact our people, business, data or our reputation.

Incident Commander – The Lead person taking overall control of Operations during a Code Orange event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident.

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage Level 1, 2 and 3.

Notification – A message from the Resource Centre through a Code Alert email for information only but with no action necessary.

REMAR markers – (REscue MARker) evacuation indicators situated on all interior doors enabling staff to quickly determine if a room has been searched. Once a room has been searched and determined fully evacuated, all doors are to be closed and the REMAR marker set so that it displays only one colour (WHITE).

Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Red Policy as a part of the global emergency management “Code of the Month” program.
- 8.2 Facilities Management will coordinate monthly fire drills at each site, and annual evacuation exercises in conjunction with Risk and the municipal fire departments.
- 8.3 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related Documents

[Code Green – Policy and Procedure](#)

Code Update Email

Continuity of Operations Plan Family Support Centre

Fire Safety Plans for each Niagara Health site

Guide to Canadian Health Care Facilities

Internal Facilities and Monitoring Equipment for Temporary Relocation of Patients

Media Centre Guide

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

11.0 Related Forms

Post Incident Debrief

Code IRS (RL6)

12.0 References

- 12.1 Ontario Hospital Association Emergency Management Toolkit, 2011.
- 12.2 Ontario Occupational Health and Safety Act, Ontario Regulation 67/93 Regulation for Health Care and Residential Facilities


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Silver – Person with a Weapon	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Silver	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction to staff in being able to provide a controlled and coordinated plan of response when shots are heard or seen or when a person uses random or targeted deadly force by discharging a weapon.

2.0 Background

A Code Silver is declared for an emergency situation where potential or actual danger exists from random or targeted deadly force involving weapons. This policy promotes the life safety of all individuals who enter the buildings controlled by the Niagara Health. This plan describes safety measures for all patients, staff and visitors to the premises.

3.0 Scope

Applies to all employees, persons with practicing privileges (physicians, dentists, midwives and RNs in the Extended Class), volunteers, students/learners, independent and external contract workers at each site of Niagara Health.

4.0 Policy

- 4.1 Prompt reporting of an instance of violence with weapons and any other available details, is a must.
- 4.2 Any individual within the hospital is authorized to activate a Code Silver.
- 4.3 A Code Silver is comprised of three Stages:
- Local** - A violent or threatening person with a "cold" weapon (i.e. a weapon that is not a firearm), or a violent person using nearby objects as improvised weapons
 - External** - A person with a weapon close to any Niagara Health hospital site (i.e. bank robbery) or, a potential threat of person coming to a site with a weapon (i.e. caller threatening to come to a hospital site)
 - Lockdown** - Person with a weapon on any Niagara Health hospital site that is/appears threatening or intending to use the weapon, or a person with a weapon on premises and attempting to gain entry or has gained entry to the building.
- 4.4 **Code Team Membership**
Niagara Health staff are not to respond directly to person with a weapon. Call the Resource Centre ext. 55555 and stay on the line to be connected to 9-1-1 - Police Dispatch.
- 4.5 Upon declaration of a Code Silver Niagara Health staff will adhere to the following:
- Person with a Weapon Off-Site**
 - Stay inside
 - Stay away from windows
 - Watch for person(s) with a weapon
 - Call the Resource Centre ext. 55555 to report any problems.
 - Person with a Weapon On-Site with the intent to cause harm**
 - Tell other staff and visitors
 - Quickly move to a safe place and lock the door (take other people if possible)
 - Remain hidden and attempt to barricade the entrance if possible.

5.0 Materials

- 5.1 To ensure a controlled and coordinated response, each unit within Niagara Health the following emergency response supplies will be maintained:
- A full set of Hospital floor plans are located:
 - In the Site Command Centre/Emergency Operations Centre;
 - In the site Engineering Services Office; and
 - On Source-Net and NH ERD
- 5.2 A Search List for each department listing all rooms and their room numbers to facilitate in the response process.
- 5.3 A copy of the Patient Census for each unit will be generated during each shift, along with a copy of the unit's current staffing assignment and/or schedule.

6.0 Procedure

- 6.1 **Authority to Activate**
Any staff member is authorized to initiate the Code Silver internal by calling the Resource Centre ext. 55555.
- 6.2 The Resource Centre will immediately contact Niagara Regional Police, Security and Management on-call.
- 6.3 In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

Responsibilities at all NH Sites**6.4 All non-clinical staff:**

- a) Run – if safe to do so, immediately run away or take shelter from threat – take as many people with you as possible; do not hesitate to call police – provide them with updated information
- b) Hide – if unable to run, hide and shelter – lock or barricade doors; call police to advise of location but remain quiet
- c) Fight – as a last resort fight your attacker with the intent to cause them harm
- d) Security will lock all entrances and mag-locks
- e) Do not make any non-urgent phone calls – turn the ringer on your phone to silent
- f) Wait for further direction – all clear only from the police or an overhead page

6.5 All clinical staff:

- a) Run – immediately shelter patients
- b) Hide – lock or barricade doors, move into lockable rooms, hide as best as possible and remain quiet. If possible, call police to advise of location and update on situation.
- c) Fight – as a last resort fight your attacker with the intent to cause them harm
- d) Do not make any non-urgent phone calls – turn the ringer on your phone to silent
- e) Wait for further direction – all clear only from the police or an overhead page

6.6 Do not attempt to communicate with the subject. All communication is managed by the police.

- a) Remove self/patients from a hallway as fast as possible to the closest room.
- b) Close/lock door and do not open until the all clear is called. (Never open a door to anybody).
- c) If the door has a window stay out of view of the window and as low as possible.
- d) Remain quiet and if caring for patients or accompanied by visitors or other staff remind them that silence is required.
- e) Note that the “Code Silver” is addressed with the assistance of Police, and that an “All Clear on Code Silver” will be announced by Switchboard when the situation is resolved.
- f) Ensure that all traffic (pedestrian or otherwise) to the cited active shooter area ceases and that people already in the vicinity are cleared away to avoid further casualties and to avoid further increasing the active shooter’s stress level. Have the Resource Centre contact Security personnel to address this function. If there is no Security at the site, the Resource Centre will take instructions from the Vice-President of Patient Services/Designate (i.e. Program Director).
- g) Work with Security (if available) at scene (to preserve collection of forensic evidence by Police). If at shift change, detain staff until excused by Police.

6.7 Clinical Manager/Manager-on-call

- a) Notify EOC Director or Director on-call and request activation of Emergency Operations Centre (EOC).

6.8 The Vice President of Patient Services/Designate (i.e. Program Director) will:

- a) Make contact with Niagara Regional Police (dialing ‘9-911’) and direct the Police to respond to the established EOC.
- b) Activate the EOC.
- c) If Site Command Centre is not accessible due to active shooter incident, designate a secondary Site Command Centre.
- d) Direct the bearer(s) of information regarding the active shooter to the Site Command Centre from which the active shooter situation in progress may be resolved. (Should the location of the active shooter situation not enable the Site Command Centre to serve as a suitable location, direct him/her/them to the secondary Site Command Centre).
- e) Inform the Engineering Services Manager/Designate of the active shooter situation in progress and direct him/her to the designated Site Command Centre to assist Police with any required information regarding plant layout (contact Switchboard to have paged, if necessary).
- f) Proceed to the selected Site Command Centre to work with the Police to resolve the shooter incident.
- g) Note the responsibilities of others in this part of the Active Shooter Incident Plan,

- h) Ensure that staff are advised of the “All Clear on Code Silver” (via Switchboard announcement) when the situation is resolved

6.9 Security (on site) will:

- a) Ensure that all traffic (pedestrian or otherwise) to the immediate active shooter area ceases and that people already in the vicinity are cleared away to avoid further casualties and to avoid increasing the active shooter’s stress level.
- b) Close exterior hospital doors to prevent more people from entering the Hospital/Urgent Care Centre.
- c) Note the responsibilities of others in this part of the Active shooter Incident Plan.

6.10 Switchboard will:

- a) Contact the Vice President of Patient Services/Designate (i.e. Program Director) or the Emergency Department Charge Nurse (if applicable), during evenings, nights, weekends and holidays as necessary, if alerted that an active shooter incident is in progress.
- b) Notify Risk Management (Manager of Risk or Risk on-call after hours) and alert that an active shooter incident is in progress.
- c) DO NOT transfer incoming telephone calls to the cited active shooter area.
- d) Advise the Engineering Services Manager/Designate and Security personnel (if available) of an active shooter (“Code Silver”) situation, and inform them of the EOC location as identified by the Vice President of Patient Services/Designate (i.e. Program Director).
- e) Carry/put requests to facilitate communication among those working, to defuse the active shooter situation.
- f) Utilize the term “Code Silver” when facilitating active shooter incident communication needs over the public address system.

7.0 Definitions

Activation – The status of an individual or team when required to perform designated actions.

All Clear – The incident has been resolved.

Code Alert – An email sent from Switchboard with Code Alert as the sender. The message provides information regarding the status of an incident and usually includes colour code, incident stage level, location and department.

Code Silver – an emergency situation when shots are heard or seen or when a person uses random or targeted deadly force by discharging a weapon.

Code Silver Local – A violent or threatening person with a "cold" weapon (i.e. a weapon that is not a firearm), or a violent person using nearby objects as improvised weapons

Code Silver External – A person with a weapon close to any Niagara Health hospital site (i.e. bank robbery) or, a potential threat of person coming to a site with a weapon (i.e. caller threatening to come to a hospital site)

Code Silver Lockdown – Person with a weapon on any Niagara Health hospital site that is/appears threatening or intending to use the weapon, or a person with a weapon on premises and attempting to gain entry or has gained entry to the building.

Emergency Operations Center (EOC) – the meeting location for the Incident Management Team (IMT).

Evacuation - Is defined as the movement of hospital occupants due to a hazardous or potentially hazardous situation to a location that eliminates the risk of injury or illness created by the situation (e.g. Violent event, internal fire, impending explosion or internal/external airborne gas).

Incident – is a naturally occurring or man-made event that may negatively impact our hospital. The incident may impact our people, business, data or our reputation.

Incident Commander – The Lead person taking overall control of Operations during a Code Orange event.

Incident Management System (IMS) – is the system that our hospital is using to respond to an incident. By using the structure of the Emergency Response Team reporting to the Incident

Incident Management Team (IMT) – the operational team that consists of manager and director level staff. This Team has an IMT Lead group (On-Call). Members of the IMT will generally operate in the EOC.

Job Action Sheet (JAS) – The Job action sheet is a one-page document that describes the specific procedures for an incident responder at stage Level 1, 2 and 3 (see below).

Notification – A message from the Resource Centre through a Code Alert email for information only but with no action necessary.

REMAR markers – (REscue MARker) evacuation indicators situated on all interior doors enabling staff to quickly determine if a room has been searched. Once a room has been searched and determined fully evacuated, all doors are to be closed and the REMAR marker set so that it displays only one colour (WHITE).

Resource Centre – Is the effective dispatch and communication hub during an incident, responsible for receiving emergency 55555 calls, sending out overhead announcements, Email Code Alerts, and Pager activations. Has access to contact lists (internal and external stakeholders) for the hospital.

8.0 Education/Communications

- 8.1 All staff will be required to participate and review the Code Silver Policy as a part of the global emergency management “Code of the Month” program.
- 8.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

9.0 Appendices

N/A

10.0 Related Documents

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

11.0 Related Forms

Post Incident Debrief
Code IRS (RL6)

12.0 References

N/A

13.0 Supersedes

N/A


 Extraordinary Caring. Every Person. Every Time.		NAME: Code White – Violent Person	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code White	EFFECTIVE DATE: (DD/MM/YY)	01/05/24
APPROVED BY:		END DATE: (DD/MM/YY)	01/06/27
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance and instruction to staff in being able to provide a controlled and coordinated plan of response for code white.

2.0 Background

Niagara Health is committed to providing a safe and secure environment for patients, visitors and staff by providing a comprehensive approach that includes prevention, early recognition, calming/de-escalation strategies, emergency interventions and post-incident review of behavioral disturbances.

3.0 Scope

Applies to all staff and affiliates of Niagara Health.

4.0 Policy

- 4.1 A Code White may be initiated by any staff member witnessing an incident of disturbed behavior.
- 4.2 The Code White procedures must be followed at all times to ensure staff, patient and visitor safety. Please refer to your role within the Code White Job Action Sheet (JAS) found in Niagara Health Emergency Resource Directory (ERD).
- 4.3 A Code White can only be deactivated by any responder to the Code with the collaborative approval of security and their Team Leader.

- 4.4 Niagara Health believes that staff members have the right to pursue legal actions against a patient that has caused physical harm. Staff may provide facts of the event to the Niagara Regional Police without breaching patient confidentiality.
- 4.5 This policy will be reviewed/revised every three years or as required by Risk Management and Patient Safety department in collaboration with Human Resources and Corporate Joint Health and Safety and the Code White sub-committee of the Emergency Management Committee

5.0 Procedure

5.1 Authority to Activate a Security Assist

- a) Any staff member has the ability to call a Security Assist in the event there is situation that is beginning to escalate and would warrant the presence of security when witnessing a nonviolent escalation. The presence of security may de-escalate the situation but **IF THE SITUATION BECOMES VIOLENT A CODE WHITE MUST BE INITIATED.**
- Dial 55555 in order to provide the responding Switchboard Operator with the details as to the site of the episode.
 - On being contacted for a “Security Assist” (with site of real/potentially aggressive episode), Security is to respond immediately. (STAT)
 - Security Assist Flow Chart.
 - Code White Security Contact List for site-specific information.

5.2 Deactivation of Security Assist

- a) Team Leader is authorized to deactivate the Hospital’s Security Assist when the potentially or actually aggressive episode has been deemed satisfactorily defused. If a Security Assist turns into a Code White then the Security Assist is deactivated when the Code White is called “All Clear”.

5.3 Authority and Activation of a Code White

- a) Any staff or affiliate has the ability to call a Code White in the event there is potential or actual situation that cannot be de-escalated and they feel that the safety of themselves, their team, visitors or the patient has been threatened. When calling a Code White you are activating the assistance of extra staff and/or security (where present) when witnessing an aggressive episode.
- Any individual witnessing a real/potentially aggressive episode must activate the Hospital’s Code White by dialing 55555 with the location of the Code White for immediate response. From a phone, call the Resource Centre ext. 55555 and request a Code White, or unless unable to do so, double-tap Vocera device, or press the red panic button on the side of the Vocera device.
 - If the site has two or more Security staff that are currently dealing with a Code White and a Second Code White is called Security will divide their resources to best deal with the situation.

5.4 Medical Aid

- a) Staff requiring medical assistance at any time during the code are to report to the Occupational Health Nurse or the Emergency Department/Urgent Care, as appropriate. A Code One may be called to assist.
- In the event that a patient is injured during violent/aggressive behaviour, the patient’s Most Responsible Physician and family member are to be notified by the relevant manager or nurse most responsible for the Unit.
 - Occupational Health and Safety will make notification to WSIB if an employee suffers an injury that requires medical care or result in Lost Time.
 - Employee Assistance Program counseling is available to any staff member who feels the need for it following involvement in a Code White incident. Refer to Post Traumatic Event Support Guidelines Policy and Appendices or initiate a Code Lavender.

5.5 Debriefing

- a) Debriefing after every Code White is coordinated by the Manager or charge nurse.
 - i) After a debriefing, an IRS (Incident Report System) will be filed for each event.
 - ii) In the event of a critical injury, an After Action Review will be coordinated by the Risk Management Department in conjunction with the Security, Workplace Relations, Safety Officers, Department/Unit Manager and appropriate administrative and/or medical staff.

5.6 Review of Incident

- a) Such incidents will be reviewed on a regular basis by the department with the Health Program Directors and identified affected departments. Opportunities for operational improvement will be discussed and implemented as necessary.

5.7 Responsibilities

- a) In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in ERD, which is accessible through SourceNet or on a mobile phone.

5.8 Responsibilities at all NH Sites

Refer to ERD for appropriate [Job Action Sheets](#) according to your role.

5.9 Documentation

- a) Appropriate documentation of the event is completed as outlined below:
 - i) Document the facts related to the incident in the patient's health record as appropriate.
 - ii) IRS (Incident Report System) to be completed by staff involved in the Code White as soon as possible and practical after a Code White has been called.
 - iii) Security Report is to be completed by the attending Security staff.
 - iv) Workplace Relations and Occupational Health and Safety follow up on all IRSs involving aggressive behavior and injuries arising from these incidents

6.0 Definitions

Affiliates: Refers to individuals who are affiliated with NH who have a contractual arrangement and/or provide services within the NH including (without limitation) volunteers, employees of the One Foundation of NH, members of the Board of Directors, learners/students, credentialed professional staff (physicians, dentists, midwives, extended class nurses), Spiritual Care, employees of Paladin security, Emergency Medical Services (EMS), and Local Integrated Health Network (formerly Community Care Access Centre) employees.

Aggression: a disposition, a willingness to inflict harm, regardless of whether this is behaviourally or verbally expressed and regardless of whether physical harm is sustained.

Antecedents: early warning signs that indicate that a person is escalating towards a violent act.

Calming strategies: skills employed for the reduction of anxiety/agitation mainly during the subtle and/or early stages of escalation.

Code White: A potential or actual situation that cannot be deescalated and the staff member(s) feels that the safety of themselves, their team, visitors or the patient has been threatened.

De-escalation: a complex range of skills designed to reduce an individual's level of arousal during the escalation and imminent phase; these include both verbal and non-verbal communication skills.

Disturbed behaviour: Exhibiting behaviours that deviate from the accepted norm for any reason can include aggressive, violent verbal and physical behaviour.

Security Assist: A non-violent event beginning to escalate and may warrant the presence of security.

Violent Behaviour: Is defined as any hostile, injurious or destructive behaviour by someone who threatens to, or causes injury to another person, self and/or hospital property.

7.0 Education/Communications

- 7.1 New Employees will receive an overview of Code White Policy and Procedure during Corporate (General) Orientation.
- 7.2 Security staff will receive appropriate training, on an annual basis, for Code White Response.
- 7.3 Risk Management and Patient Safety Department will provide on-going staff education and training in collaboration with Workplace Relations, Occupational Health and Safety, Practice and Education departments to include Code White policy and procedure and violence prevention and de-escalation techniques e.g. Safe Management Group (SMG) program, Gentle Persuasive Approach (GPA).
- 7.4 Staff education and training is provided yearly through NH's LERNH module and will be reviewed on an annual basis by Risk Management Department in collaboration with, Workplace Relations, Occupational Health and Safety and Practice and Education departments. The review will include, but is not limited to, staff training attendance, and an evaluation of the effectiveness of training programs.

8.0 Appendices

N/A

9.0 Related Documents

9-911 Call Sheet
 Code White Flow Chart
[Critical Injury Reporting and Investigation – Policy and Procedure](#)
[Devices to Summon Assistance – Policy and Procedure](#)
[Emergency Restraint Use -- Policy and Procedure](#)
[Flagging Alert -- Policy and Procedure](#)
[Flagging Guidelines – Preventing Violent Patient Behaviour \(Violence Prevention Program\)](#)
[Incident Reporting and Management – Policy and Procedure](#)
[Post Traumatic Event Support Guidelines -- Policy; and Post Traumatic Even Process Flow Chart and Supportive Resources Post Traumatic Event Appendices](#)
 Security Assist Flow Chart
 Security - Contact Information
[Violence Prevention in the Workplace – Policy and Procedure](#)
 Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

10.0 Related Forms

N/A

11.0 References

- 11.1 Ontario Hospital Association Emergency Management Toolkit, 2011


 Extraordinary Caring. Every Person. Every Time.		NAME: Code Yellow – Missing Person	
CLASSIFICATION:	Emergency Preparedness	DOCUMENT TYPE:	POLICY and PROCEDURE
SECTION:	Emergency Response Codes Code Yellow	EFFECTIVE DATE: (DD/MM/YY)	26/04/23
APPROVED BY:		END DATE: (DD/MM/YY)	26/04/26
EVP, Patient Experience and Integrated Care Director, Quality, Risk and Patient Safety		DOCUMENT ID:	N/A

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1.0 Purpose

To provide overall guidance to staff in locating an at risk patient who has gone missing from the unit/hospital.

2.0 Scope

Applies to all staff, physicians, persons with practice privileges (e.g. midwives, dentists), students, volunteers, contractors and visitors.

3.0 Policy

3.1 Niagara Health is committed to the provision of quality, safe care for all patients.

3.2 All patients will be treated with respect and dignity.

3.3 Niagara Health recognizes that admitted patients may require a temporary leave of absence from their admission to NH due to extenuating circumstances and/or request to leave the unit while remaining on NH property.

3.4 Patients signing themselves out of the hospital on the appropriate form, Temporary Leave of Absence from Niagara Health Premises and Waiver of Responsibility Form LOA001, will not be considered within the scope of the Code Yellow Policy and Procedure.

3.5 A search plan will be activated when an at-risk patient is identified as missing from a unit/hospital site within Niagara Health.

3.6 The patient's level of risk will be used to inform the search plan.

4.0 Procedure

4.1 Clinical staff are required to:

- a) Complete an assessment of risk issues at the time of entry to hospital. Any identified risk issues shall be documented on the clinical record.
- b) At the time that a patient is identified as "missing", review whether the individual is at-risk based on policy definitions.
- c) Contact the unit/department lead immediately and call the Resource Centre at extension 55555 to advise of a Code Amber where a newborn or pediatric patient is missing.
- d) Notify the clinical team and perform a quick search of the inpatient unit (unit corridors, lounge areas, washrooms) when a patient is identified "as missing."
- e) Verify that there is no approved Leave of Absence documentation on the clinical record.
- f) Perform a more detailed search of the unit (each room, closets, washrooms, under bed, storage areas) if the patient is not located.
- g) Update the unit/department lead throughout the search process to provide status updates.
- h) Contact the Resource Centre at extension 55555 and advise of Code Yellow – stage 2 and location if unit search does not locate missing patient.
- i) Perform a search of public areas of the hospital (gift shop, main lobby, cafeteria, chapel).and hospital grounds as appropriate. This search will be completed by designated staff and/or security personnel.
- j) If the patient is located then contact the Resource Centre to provide the All Clear direction.
- k) If the patient is not located, then contact unit/department lead and contact Resource Centre to upgrade Code Yellow stage.

4.2 Staff Roles and Responsibilities during a Code Yellow:

- a) In accordance to their role, staff are to follow the established processes as set out in the Job Action Sheets in NH ERD which is accessible through Source-Net or on a mobile phone. Refer to the applicable Job Action Sheet within NH ERD.

5.0 Definitions

Code Yellow: Is defined as the activation of a response after a unit/department has identified an at-risk patient to be missing.

At Risk: Refers to individuals who have a greater chance of negative care outcomes based on specific factors. Risks can be classified as:

a) Risk of Harm to Self

- i) Suicidal
- ii) Substance use issues where the potential for intentional or accidental overdose exists
- iii) CTAS 1 or 2 where risk of harm to self is identified
- iv) Individual who is subject to a Mental Health Act form e.g. Form 1, Form 2 where significant safety and risk issues are identified
- v) Cognitive issues where the individual does not have the ability to make safe decisions and may put themselves in potentially harmful situations
- vi) Medical issues present and leaving hospital may lead to further physical impairment and impact the safety of the individual

b) Risk of Harm to Others

- i) Homicidal
- ii) CTAS 1 or 2 where risk of harm to others is identified
- iii) Individual is subject to a Mental Health Act form e.g. Form 1, Form 2 where significant safety and risk issues related to threats of harm to others and/or violence are identified

c) Age

- i) Less than 16 years of age

d) **Other**

- i) Any other risk related issues specific to the individual

6.0 Education/Communications

- 6.1 All staff will be required to participate and review the Code Yellow Policy as a part of the global emergency management “Code of the Month” program.
- 6.2 Any changes to this document will be communicated to all staff by internal media forums. Any changes to individual response team members will be communicated to those team members by the Emergency Management Committee.

7.0 Appendices

N/A

8.0 Related Documents

[Patient Leave of Absence and Off Unit Pass -- Policy and Procedure](#)

Refer to [Niagara Health Emergency Resource Directory \(ERD\)](#)

9.0 Related Forms

Temporary Leave of Absence from Niagara Health Premises and Waiver of Responsibility Form LOA001

10.0 References

N/A

11.0 Supercedes

N/A