TITLE:	**Emergency Preparedness − Code Grey – Infrastructure Loss or Failure − External Air Exclusion**		
Manual/Policy#:	Emergency Code Manual E 10.1	**Entity:**	AGH/ CPDMH/ FVM/ LCPS
Original Issue:	October 2025	**Issued by:**	AGH/ CPDMH/ FVM/ LCPS
Previous Date Reviewed:	N/A	**Approved by:**	VP Capital Development & Support Services
Last Date Reviewed:	February 2026	**Cross Reference(s):**	Policy E 10.1 Emergency Preparedness and Response Plan

1. POLICY STATEMENT:

Almonte General Hospital, Carleton Place & District Memorial Hospital, Fairview Manor and Lanark County Paramedic Service (the "MRHA") is committed to ensuring the MRHA is prepared in the event of a loss of infrastructure utilities, such as power, telecommunications, sanitary sewage discharge and or potable water etc. resulting in the potential loss of use of hospital, long-term care or paramedic base facilities. It also includes steps for External Air Exclusion if adverse air conditions external to the hospital could make it unsafe for occupants inside the building.

2. SCOPE:

This policy applies to all employees, members of the medical staff, residents, substitute decision makers, caregivers, Residents' Council, Family Council, volunteers and students within all MRHA facilities.

3. GUIDING PRINCIPLES:

Code Grey – Infrastructure Loss or Failure is designed to alert the organization to an infrastructure loss, failure or event of substantial significance. (i.e., power outage, flood, or emergency generator failure, etc.). The MRHA will take all necessary actions to provide a safe and secure environment for all patients, residents, visitors, medical staff, volunteers, students and staff including an assessment of the situation which may similarly necessitate immediate relocation or evacuation.

This policy provides a guideline for the management of the loss of utilities by mobilizing all appropriate staff, supplies and equipment. Notification of a utility failure, if not evident, will usually occur from a public authority (paramedic base, fire or police or the Facility Services Office) to the Emergency Department or Switchboard.

Code Grey Subset: Code Grey – Button-down (External Air Exclusion): the subset of Code Grey is designed to alert the organization to exclude external air from entering the facility (i.e., external chemical plume); if the building or a location within a building is subjected to air quality concerns. This occurs when there is a toxic or hazardous substance near the facility which may enter the building through air handling units, windows or municipal sewer systems. This may result from events such as fire, motor

vehicle collisions, train derailment, industrial incidents or natural disasters. A Code Grey Button-down may be called in conjunction with other codes such as Code Green.

4. DEFINITIONS:

Code Grey – Infrastructure Loss or Failure: a loss of utilities, such as power, telecommunications, sanitary sewage discharge and or potable water etc. resulting in the potential loss of use of hospital, long-term care or paramedic base facilities.

Code Grey Subset: Code Grey – Button-down (External Air Exclusion): closure of fresh air intakes, shutting down of ventilations, air handlers or chillers, and closing windows to prevent the intrusion of dangerous gases. Where toxic or hazardous substances are near the facility and may enter the building through air handling units and windows. This may result from events such as fire, motor vehicle collisions, train derailment, industrial incidents or natural disasters.

Emergency Operations Centre (EOC): a designated and appropriately equipped area where the Incident Management System (IMS) Team assemble to manage the Code Grey response and recovery.

Incident Management System (IMS): a standardized approach to emergency management encompassing personnel, facilities, equipment, procedures and communications operating within a common organizational structure and terminology. The IMS is predicated on the understanding that in any and every incident there are certain management functions that must be carried out regardless of the number of people who are available or involved in the emergency response. Please refer to Policy E 10.1 Emergency Preparedness and Response for details

Infrastructure: includes, but not limited to, hydro, power, domestic water supply, heating, cooling, ventilation, elevator, medical gas supply (oxygen, medical vacuum, medical air, nitrous oxide, nitrogen), telecommunications and natural disaster (flooding, fire, tornado, etc.).

Lockdown: a process for securing access to a room, space, department or facility for personal safety and to restrict individuals from leaving a room, space, department or facility until directed to do so. A lockdown means that no unauthorized people are to leave their area or enter the facility. All doors will be locked to restrict access and will be monitored by security.

Ventilation System Shutdown Procedure: the hospital, long-term care or paramedic base facility ventilation system is shut down when there is a report or threat of contaminated air entering the facility (loss of fresh air). This action closes the internal atmosphere to externally contaminated air.

Stage 1 – Initial: The hospital, long-term care or paramedic base facility receives information regarding potential involvement in a loss of a utility. Existing internal resources can manage the situation; the issue is contained and can be addressed within four (4) hours or less.

Stage 2 – Limited: The hospital, long-term care or paramedic base receive information regarding the impact of a loss of utility or event, the impact is deemed more serious, likely to take longer than four (4) hours to resolved and requires some additional resources to support fixing the issue and/or managing operational impacts for safe patient and resident care. Stage 2 may or may not be preceded by Stage 1.

Stage 3 – Extended: The hospital, long-term care or paramedic base facility is required to make use of all MRHA resources, along with additional staff. Other external agencies may be called upon to facilitate and temporarily relocate patients and/or residents. Patient care services may be cancelled. Stage 3 may or may not be preceded by Stage 1 or Stage 2.

5. PROCEDURE:

5.1 Who activates Code Grey

The following are the persons who will determine if a Code Grey should be called:

- **Administration On-Call** (responsible and accountable for making the call)
- Consultation with Service Managers/Directors/VPs and Manager of Facilities and Environmental Services is encouraged
- In the absence of the above leaders, ANY employee may call a Code Grey

5.2 Activation of the Plan

A graduated system of Code Grey for Infrastructure Loss, Failure or Button Down (External Air Exclusion) is to be used as follows with more details in table below:

- Stage 1 - Initial
- Stage 2 - Limited
- Stage 3 - Extended

Each of which can be activated independently or progressively.

NOTE: If a building or a location within a building has sustained damage, this may similarly necessitate immediate relocation or evacuation to achieve a safe and secure environment.

Code Grey Stage	Description/ Procedures	Criteria for Activation	Activation
Infrastructure Loss or Failure ***Stage 1 – Initial*** Roles and Responsibilities: refer to Appendix A,	**Alert and preparation phase enables departments and staff to prepare and get ready:** Initial - the hospital, long-term care or paramedic base receives information regarding potential involvement in a loss or failure of a utility or infrastructure. **Activity**: Contact **Administration On-Call**; assess the situation; its impact; contact key personnel; assess current resources; Prepare for the potential activation of a LIMITED (Stage 2) or EXTENDED (Stage 3) response or to External Air Exclusion This stage could be very short or last several hours, leading to stage 2 or stage 3 if required	Upon notification by a public authority of a major utility failure or internal failure with the potential to affect hospital, long-term care or paramedic base operations the **Administration On-Call**, in consultation with the Department Manager/Dir/VP and the Manager of Facilities and Environmental Services, will determine if activating Stage 1 is warranted.	The **Administration On-Call, in consultation** with the Manager, VP or Designate and Facility Services will authorize the following: *(Note: Appendix A – Roles and Responsibility Item#4 has the same information noted below)* 1. **Notification to ALL MRHA: Admin On-Call** executes (or assigns a designate) to immediately do the following: o **Call Switchboard to do Page Overhead at BOTH sites** (AGH/FMV and CPDMH) "Code Grey – Stage 1 (or 2 or 3 if required), - (Issue: i.e., Loss of Power) – (the Site: AGH) – (the Location: CCC Unit, Level 2) – Facilities has been notified. o **Email All MRHA staff** using the Outlook contact group titled "Code Grey" in Outlook which has all persons with an MRHA email. o Ensure that an email is sent to all **MRHA Medical Staff** by the Medical Affairs Coordinator o Ensure that the **FVM Director of Care or designate** sends a separate email to all **FVM residents, substitute decision-makers, students, caregivers, Residents' Council and Family Council members** o The email should contain the following information: Subject Line: "Code Grey-Stage 1: LOSS OF POWER – AGH, CCC Unit, Level 2" and add details in the body of the email as it relates. NOTE: The main purpose of calling Code Grey's more often is to ensure (1) All staff know of the issue and can adapt/support as

Code Grey Stage	Description/ Procedures	Criteria for Activation	Activation
			needed; (2) All staff are aware that leaders are aware of the issue and steps are being taken to fix the issue. 2. **NOTIFY RELATED LEADERS:** The **Admin On-Call** ensures the appropriate leaders are notified, and that they are taking lead on the corrective actions, and appropriate stakeholders are engaged. o i.e., depending on the issue, the appropriate VP, Director and Manager with related internal and external experts, agencies etc. working to correct the issue directly. 3. **CREATE COMMS CHAT: Admin On-Call** (or designate assigned by **Admin On-Call**) create a Communications Chat (in MS Teams and/or Text Group) to keep those who need to know abreast of the situation. This provides a single platform where those key people managing the issue have a quick way to stay connected as the issue evolves. This would primarily include the following people. • **Admin On-Call** • VP of the service impacted • Manager of impacted services • As required, other impacted leader departments with appropriate leaders/stakeholders and team members in charge of corrective action and/or operational impacts/mitigations (i.e., labs, pharmacy, imaging etc.) 4. **Manage the Event:** The Admin On-Call along with key stakeholders addressing the issue work together to best fix the issue, assess operational impacts, decide on

Code Grey Stage	Description/ Procedures	Criteria for Activation	Activation
			additional resources required and work to de-escalate and close out the issue. 5. **Communication:** Admin On-Call accountable for sending out ongoing updates to BOTH sites through overhead page, and via email to all stakeholders are outlined in item #4 above following the same process. 6. **Close Out:** Admin On-Call accountable for decision to conduct any formal debriefing activities after the incident. Not all Code Grey Stage 1's may warrant a debrief, but Admin On-Call should expect to do one for each incident. Upon closure of the Code Grey a final email notice and overhead announcement to all stakeholders are outlined in item #4 above following the same process.
Infrastructure Loss or Failure ***Stage 2 – LIMITED*** Roles and Responsibilities: refer to Appendix A	Current in-hospital, long-term care or paramedic base resources and staff, and/or a limited number of additional staff will be needed to manage the loss of utilities. ***Stage 2 may or may not be preceded by Stage 1.***	Depending on the nature of the incident, its impact on the hospital, long-term care or paramedic base resources and operations, the extent of infrastructure loss or failure: the Manager or Designate of the affected site in consultation with the **Administration On-Call** and Facility Services to determine if activating a Stage 2 is warranted. ***This stage does not exceed the capability of the hospital*, long-term care or paramedic base resources *under normal operation.***	The Incident Commander, in consultation with **Administration On-Call** and/or VP, with the Manager or Designate and Facility Services will authorize Switchboard to announce **"Code Grey – Stage 2, LIMITED" x 3 times** and follow the same steps for communication as outlined in Stage 1 Code Grey ACTIVATION noted above **Activation:** Activation of the Incident Management System (IMS) and the Emergency Command Center (EOC) During any Code call the **Administration On-Call** may activate the Fan Out list process. The Fan Out list is a manual list of staff names, positions and home or personal phone numbers and provides to get staff to support on site during any type of Code event.

Code Grey Stage	Description/ Procedures	Criteria for Activation	Activation
Infrastructure Loss or Failure ***Stage 3 – EXTENDED*** Roles and Responsibilities: refer to Appendix A	It is apparent that the utility loss prevents the use of all hospital, long-term care or paramedic base resources and severely impacted operations. The need for resources exceeds current resources and ability requiring additional staff. This stage requires cancellation of normal activities and staff assignment. Other facilities within and outside the hospital, long-term care or paramedic base will be used to facilitate and temporarily relocate patients and residents. Elective surgeries will be cancelled. ***Stage 3 may or may not be preceded by Stage 1 or Stage 2***.	The duration of the utility loss is known or unknown but the extent will last for over 4 hours. The number of patients and residents requiring emergency admission may require the transfer of patients and residents to other facilities. ***This stage DOES EXCEED the capability of the hospital, long-term care or paramedic base facility under normal operation*** **Activation:** Fan Out List may be activated The Incident Management System (IMS) must be activated	The Incident Commander, in consultation with **Administration On-Call** and/or VP, with the Manager or Designate and Facility Services will authorize Switchboard to announce **"Code Grey – Stage 3, EXTENDED" x 3 times** and follow the same steps for communication as outlined in Stage 1 Code Grey ACTIVATION noted above **Activation:** Activation of the Incident Management System (IMS) and the Emergency Command Center (EOC) Fan Out List may be activated
Code Grey - Button-Down ***(External Air Exclusion)***	Alert to MRHA affected hospital, long-term care or paramedic base facility to exclude external air from entering the facility; where toxic or hazardous substance is near the facility and may enter the building through air handling units and windows. The building or location within a	Upon notification and in conjunction with Local Authority of a threat of contaminated air entering the Hospital, long-term care or paramedic base facility that poses a risk to the health and safety of all occupants and affecting hospital, long-term care or paramedic base facility operations.	Upon receiving notification and confirmation of an external air emergency or contaminant: the **Administration On-Call** or Incident Commander in consultation with Manager or Designate and Director, Support Services or Delegate **will authorize Switchboard to announce "Code Grey – Button-down (External Air Exclusion x 3 times** following the same steps for communication as outlined in Stage 1 Code Grey ACTIVATION noted above **Activation:**

Code Grey Stage	Description/ Procedures	Criteria for Activation	Activation
Roles and Responsibilities: refer to Appendix A	building is subjected to air quality concern entering the site that could cause deterioration of air quality and be harmful to occupants. **All surgeries, admission, clinics and visitors cancelled.** **Facility/ maintenance staff** will immediately control the contaminated air from entering the building. Facility or Maintenance staff should be called back immediately if not on duty. **Lockdown**: the decision to lockdown or evacuate: will be made subsequently between the Incident Commander in consultation with Chief of Staff with local authority (police, fire, EMS, Public Health, and or Municipal Engineers or Municipal Ministry of Environment). **Note:** Depending on the contaminated air or heavier-than-air, flammable, explosives gases have entered the municipal sewer system and entered the building through drains, evacuation of the building may be **MANDATORY.**	The hospital, long-term care or paramedic base facility is to initiate a process to secure the building by shutting down and closing all air handling units, windows and lockdown.	Fan Out List may be activated. The Incident Management System (IMS) may be activated ***If activated, notification to 911:*** *The Incident Commander appoints someone to notify 911.* If in lockdown it may be necessary to retain staff if the emergency lasts into the next shift. **Overhead Paging Message**: Upon further notice from the Incident Commander the *Overhead Paging Message* will be announced every 30 minutes.

5.3 Notification

Fan Out List: The **Administration On-Call** or the Incident Commander will be responsible to activate the Fan Out List.

CODE GREY – Incident Management System (IMS) Activation (Stage 2 or 3 only):

The Incident Management System (IMS) may be activated depending on the scale of the incident. For detailed Job Actions Sheets (JAS), please refer to the Appendix D of the Emergency Preparedness and Response Policy Corporate Emergency Operations Centre (EOC), Family Support Centre, Media Room and Staff Deployment Room: may be activated and staffed accordingly for the duration of the incident response and recovery until the Code is declared "All Clear". (See Table 1 below).

*Note: should there be a threat to these locations: decision to relocate to alternate locations within the Hospital, long-term care or paramedic base facilities or outside the MRHA sites will be made by the Incident Commander and the location announced.

Table 1: The MRHA Corporate Emergency Operations Centre (EOC), Family Support Centres, Media Rooms and Staff Deployment Rooms.

Hospitals	Emergency Operations Centre (EOC)	Emergency Operations Centre (EOC) (Secondary)	Staff Deployment	Media Room	Family Support Centre
CPDMH	Boardroom (Basement)	Training Room (Basement)	Old Emergency Area (Level 1)	Admin Trailer Meeting Room (outside the front of Hospital)	Old Ambulance Garage (Level 1)
AGH/FVM	Main Boardroom (Main Floor near Main Lobby)	Physio Dept (Space next to Main Lobby)	Day Hospital	Octagon Room (Main Floor)	FVM Great Room (Adjacent to Main Entrance)

5.4 CODE GREY – BUTTON-DOWN (EXTERNAL AIR EXCLUSION)

AIR EXCLUION SHUTDOWN PROCEDURES:

Facility/maintenance staff will immediately control the contaminated air from entering the building. Facility or Maintenance staff should be called back immediately if not on duty.

IMMEDIATE SHUTDOWN PROCEDURES WILL BE DETERMINED AND IMPLEMENTED by the Manager of Facilities and Environmental Services and/or VP of Capital Development & Support Services, or Delegate, Facility and Maintenance Staff:

- Secure the building lockdown

- As per Facility Services Procedures, close all supply and return air fans for the building (Reference Systems Shutdown List in Emergency Binder)
- Shut down sanitary and general fume exhaust fans
- Shut down laminar flow and biohazard hoods if necessary
- Ensure that the status of negative pressure rooms is maintained by shutting down the fresh air supply but continue to operate the exhaust systems
- Switching off general exhaust systems (mechanical and elevator shafts)
- Ensuring that fire doors are closed
- **Restart the ventilation system and all general exhaust upon notification of all clear**

5.4.1 SECURE THE BUILDING

Decision on how to protect the hospital, long-term care or paramedic base facility will be made based on the known hazards and their effects on the building in collaboration with local authority and municipal engineers or ministry of environment or public works.

Lockdown: a decision may be made to activate a lockdown the entire building or parts of the building in order to protect all occupants and to secure the building.

Evacuation: a decision may be made to evacuate parts of the facility or to lockdown another part and or to lockdown the entire facility until an evacuation can be conducted, if necessary.

5.4.2 STAFF IDENTIFICATION

Normal staff identification cards will be used to identify staff and volunteers during the incident. Staff must bring their ID card with them when they report for work. Upon arrival at the affected facility, all staff will report to the designated staff pool location. If an individual does not have their ID badge temporary ID will be provided to them at the staff pool.

5.4.3 DOCUMENTATION:

- ✓ **All individuals identified in this plan will keep a record of actions taken and decisions made during the incident. These records will be annotated chronologically commencing with the first notification an incident is in progress.**
- ✓ Standard paper forms will be used for documentation until patient or resident is admitted or is electronically registered.
- ✓ Requisitions to be printed legibly.

5.4.4 DISCHARGING PATIENTS AND RESIDENTS:

This process will be determined by the appropriate medical staff at the facility affected at the time of the incident.

5.5 Code Grey Stage 1, 2 and 3 & Code GREY - External Air Exclusion "ALL CLEAR" – RETURN TO NORMAL OPERATIONS

STAGE 1: INITIAL UTILITY LOSS

After assessing the situation, **the Administration On-Call or VP, Manager or Designate** will determine whether to terminate the **Stage 1 Alert** and authorize the Switchboard to announce the **"All Clear".**

STAGE 2 OR 3: LIMITED/EXTENDED UTILITY LOSS

Upon conclusion of the incident in consultation the **Incident Commander (if activated) with/ or the Administration On-Call**, the **Director of Support Services** or delegate will determine whether to terminate the **Stage 2 or 3** and authorize the Switchboard to announce the **"Code Grey Stage 2/3 - All Clear" (as applicable to the incident).**

CODE GREY – BUTTON-DOWN (EXTERNAL AIR EXCLUSION) - "ALL CLEAR" – RETURN TO NORMAL OPERATIONS

The Incident Commander in collaboration and consultation with public and/ or local authority **will determine when the incident is concluded. Upon conclusion of the incident**, in consultation **the Incident Commander** with the IMS Officers **will declare the incident closed and direct Switchboard to announce, "Code Grey – External Air Exclusion All Clear".**

Switchboard: Upon making the overhead announcement of the "All Clear", Switchboard will notify by phone those areas not served by the public announcement system.

Secure Lockdown will be lifted.

ALL STAFF

- ✓ Upon receiving the "All Clear" notification, all Hospital**,** long-term care or paramedic base facility Personnel will resume normal duties.
- ✓ Advise patients, residents and visitors that the incident has concluded.
- ✓ Refer all external inquiries surrounding the incident to the Director of Communications

5.6 Debriefing, Reporting, Support and Follow-up

Debriefing, support, follow-up and patient and resident care are distinct activities required after a Code Grey response and recovery, vital components to ensure that staff, patient and residents are supported.

The incident debriefing session will assist people, particularly staff to overcome the effects of the incident and to discuss the effectiveness of the response and recovery.

5.6.1 Immediate Debriefing

Code Grey Incident Commander/ or delegate to initiate within one hour following the incident.

Purpose:
To allow those involved in the Code Grey Response the opportunity to discuss the incident as a group before leaving work and to begin evaluating the overall Code Grey Response.

Note: debrief is not intended to address clinical issues regarding patient and resident care.

Areas for discussion:

- Precipitating factors/ events preceding the incident
- Perspective of the incident, what happened
- Expression how staff feel as a result of the incident
- Review what went well during the response and recovery
- Identify and provide positive feedback for aspects of the response which worked well
- Identify opportunities for improvement in the overall process
- Identify and propose recommendations for aspects of the policy, procedures and or further team response education and training requirement.
- Completion of the debriefing template
- Ensure a copy of all documentation, reports and debriefing forms are collected and forwarded to the Facilities Manager and/or VP Capital Development & Support Services

Refer to Policy E 10.0 Appendix B for Code Grey - Immediate De-briefing Form

5.6.2 Formal Debriefing

A formal debriefing will be arranged by Manager of Facilities and Environmental Services and/or VP Capital Development & Support Services within 2 weeks following the event. The purpose of this debriefing is to review in detail the response to the Code Grey, identify what went well and what opportunities for improvement exist. It is recommended that staff, any local authorities and external resources involved in the Code Grey response be included in this debriefing process.

5.6.3 Support

It is the responsibility of all staff/ medical staff/ students/ volunteers to ensure that their Manager/Department Head is aware of their involvement of such incident so that meaningful support can be provided and issues with the response, if any, are identified and remedied.

Resources: Occupational Health & Safety, Unit/Department Managers, Medical Staff Leadership within 24 hours of the incident.

Purpose:
Taking the initial debriefing one step further, support for staff following an incident to decrease tension and allow all to verbalize their views; to limit the potential for subsequent emotional sequel; to provide closure to the incident; to assist all to return to regular duties and identify those in need of additional support beyond that provided during the debrief.

Areas for discussion:

- Precipitating factors/ events preceding the incident
- Perspective of the incident, what happened
- Express how they feel as a result of the incident
- Identify any individual stress reactions (i.e. physical, emotional, behavioral)
- If applicable: perception of clinical management of the incident
- Actions and Recommendations

5.6.4 Follow Up

<u>Individuals sustaining injury</u> (physical or psychological):

"Supervisors" are to follow up with injured staff immediately and ensure a MRHA PRIMS staff event is initiated, and Occupational Health is advised. The investigation will be initiated by Manager or Department/Division Head as soon as possible and completed within 5 days of the incident.

If a Critical Injury is sustained during the Code Grey, OHS will ensure no person shall interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene of or connected with the occurrence until permission to do so has been given by a Ministry of Labour inspector. Within 48 hours, OHS will send a copy of the Critical Injury Report to the Ministry of Labour detailing the incident, investigation and follow-up per Section 51(2) of the OHS Act as well as for completion of WSIB reports within three (3) days, if required.

Purpose:
To support and counsel any staff/physician/student/volunteer who sustains an injury as a result of the incident and make them aware of the options available to them.

5.6.5 Patient and Resident Care Planning

If a patient/resident/visitor is injured, care will be provided and coordinated under respective departments and areas of responsibilities.

6. REFERENCES:

Quinte Health Emergency Preparedness Policy and Procedures

North York General Hospital Policy Manual – Code Grey – Hazardous Spill. June, 2012.

Campbellford Memorial Hospital, Emergency Measure Manual, Code Grey Plan, Rev. May 2013.

OHA Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals. ©2008, by Ontario Hospital Association (OHA).

7. APPENDICES:

Appendix A − Roles and Responsibilities
Appendix B − Code Grey Immediate De-Briefing Form
Appendix C – Specific Infrastructure Loss Plans
Appendix D – Fairview Manor Communication Plan

<u>Evaluation:</u>

This policy will be reviewed every 2 years.

APPENDIX A

MRHA Evacuation Locations

The following sites have been identified as receiving locations for evacuated patients.

Site	Location	MOU Site	MOU Transportation
Carleton Place & District Memorial Hospital (CPDMH)	*Primary location:* **Town of Carleton Place Arena** 75 Neelin St, Carleton Place, ON K7C 2J6 Tel: 613-257-1690 Cell 613-913-3549	**MOU** signed TBD	**Premier Bus Lines** 613-253-8863
	Secondary Location: Arklan Public School 123 Patterson Crescent, Carleton Place, ON K7C 4R2 Tel: 613-257-8113	**MOU** signed TBD	**Premier Bus Lines** 613-253-8863
Almonte General Hospital (AGH)	**TBC Secondary School**	**MOU signed**	**TBC**
	TBC Secondary School	**MOU signed**	**TBC**
Fairview Manor (FVM)	**TBC Secondary School**	**MOU signed**	**TBC**
	TBC Secondary School xxx.	**MOU signed** Term x Years	**TBC** Xxx
Lanark County Paramedic Service (LCPS)	**TBC Secondary School** xxx.	**MOU signed** Term x Years	**TBC** Xxx
	TBC Secondary School xxx.	**MOU signed** Term x Years	**TBC** Xxx

APPENDIX B

MRHA EOC Tote/Room Resources Inventory

EOC Supplies Checklist	EOC DESIGNATED ROOM
Emergency Preparedness & Response Policy 2.13 - Administration Binder	**Infrastructure**
Director/Manager Call-out List	Auxiliary Power
IMS Roles & Responsibilities	Lighting
EOC Forms	Bathroom
1 – MRHA Phone Directory	Food
1 – Carleton Place and Almonte area maps	
1 - Current Phone Book - Carleton Place and Almonte, Ottawa	
3 - Fluorescent Lanterns	**General Office and Communications Equipment**
8 – Flashlights	Telephones
14 - 1.5 v D flashlight batteries	Fax Machine
2 - Small flashlights	Copy Machine
1- Fluorescent safety vest	Computer Terminal with wireless access
2 - Metal signalling whistles	Printer/Scanner
1- Battery/hand crank operated AM/FM radio	TV
1- Small metal locked box with 4 Master keys	2 - extension cords
	Tables & chairs
	Overhead projector with Screen
Small Tote	Flip chart
1 - Box (4 flip chart pens) black, blue, green, & red ink	Flip chart paper or Cling on sheets
2 - White board markers	Dry erase markers
1 - Box (12) highlighters	Dry erasers
6 - Erasers	
1 - pkg (100) index cards	**Office Supplies**
1 - Scissors	1 - pkg (5 pads) lined note pads - 8.5 X 11"

1 - Three-hole punch	1 - pkg (500 sheets) white printer paper 8.5 x 11"
1 - Roll 1" masking tape	1 - box (100) file folders burgundy 8.5 x 11"
1 - Roll (48 x 50 mm) cellophane tape	1 - pkg (500 sheets) white printer paper 8.5 x 17"
1 - box (100) jumbo paper clips	
1 - Box (100) regular paper clips	
2 - pkg (4 ea) bulldog clamps	
1 - Stapler	
1 - Box (5000) staples	
5 - Rulers 12" wooden	
2 - pkg (3 in ea) Post It notes	
1 - pkg Post It flags (red/green/yellow/blue)	
1 - Box (100) rubber bands	
1 - Box pencils (12)	
1 - Box (12) pens - black	
1 - Box (12) pens - red	
1 - Box (12) pens - blue	

APPENDIX C

MRHA Emergency Codes and Annual Review Timelines

Code Blue	Completion of Review: **February & August**
Code Pink	Completion of Review: **February & August**
Code White	Completion of Review: **May & November**
Code Red	Completion of Review: **Monthly**
Code Black	Completion of Review: **September**
Code Yellow Code Amber	Completion of Review: **December**
Code Brown	Completion of Review: **September**
Code Grey	Completion of Review: **April**
Code Orange	Completion of Review: **April**
Code Green	Completion of Review: **October**
Code Purple	Completion of Review: **July**
Code Transfusion	Completion of Review: **March**
Code Silver	Completion of Review **June**

APPENDIX D

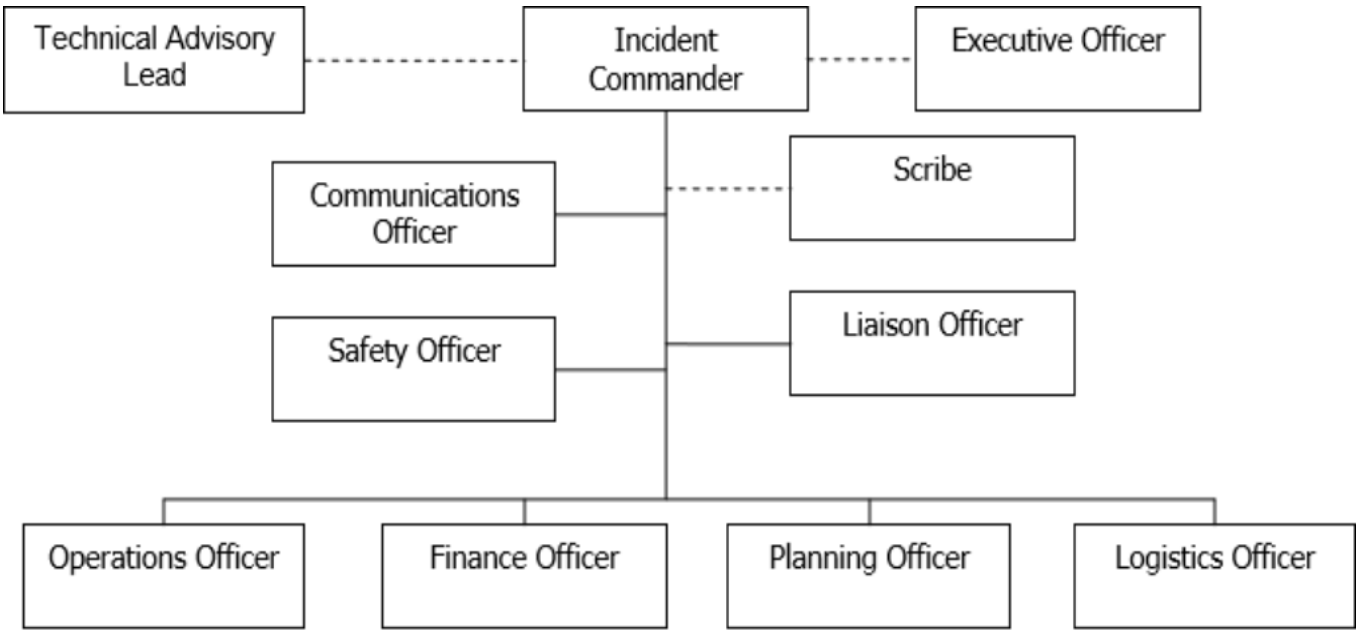
Incident Management System (IMS)

Roles and Responsibilities for Emergency Operations Center (EOC)

Under the Incident Management System (IMS), this operational structure requires that the following designated functions are filled.

- **Incident Commander**
- **Scribe**
- **Communications Officer**
- **Safety Officer**
- **Liaison Officer**
- **Operations Officer**
- **Finance Officer**
- **Logistics Officer**

IMS Structure



Selection of the Incident Commander (IC)
The selection of the Incident Commander is the first step once it is decided to initiate the IMS process.

The decision on who is best suited to take on the Incident Commander is dependent on

- which staff and leaders are available, and
- on the nature of the event

In principle, the IC person selected should be agnostic to the event; for example, if the event is a disruption to IT systems the IC should not be an IT leader as those leaders are required to focus on the issue at hand, plus it's important to have someone at the IC role who is at arms-length to the service issue.

Any staff member could be called to be Incident Commander and/or any of the Officer positions that form the IMS team.

Below is a summary of the roles and responsibilities of each designated position.

Incident Commander

- Directs and coordinates the emergency response.
- Considers the who, what, when, where of the emergency (SIZE UP)
- Announces a status/action plan meeting of all Command Centre participants within 15 minutes of setup.
- Determines which response centers need to be established (Media, Patient Inquiry, Staff Assignment, etc.)
- Responsible for safety of staff and patients. Ensures risk management principles and procedures are applied to all ICP activities in consultation with the Safety and Risk Management Officer.
- Imposes a visitor ban (Requires Communication with Communications and Security)
- Obtains and reviews status reports from all Section Officers to develop an action plan.
- Coordinates issuing of information to staff, public, news media, patient inquiries via Communications Officer.
- Determines appropriate level of service (in consultation with Operations and Planning Officers)
- Designates timing of business cycle (briefing) meetings with all Command Centre participants
- Determines, with section Officers, need for staff, volunteers, supplies, equipment.
- Regularly communicates status to the CEO or designate.
- Approves media releases in consultation with the Communications Officers
- Monitors situation as it develops in consultation with all Command Centre participants.
- Discusses organization-wide projection plans for immediate (1-4 hours), intermediate (4- 8hours) and long-term period (8 to 24 hours and greater as required)
- Communicates the stand-down or deactivation status to organization via Communications as situation resolves.

Scribe

- Reports to the Incident Commander
- Provides an accurate, chronological, written record of events pertaining to the incident, and disseminating that information to the correct people at the correct time.
- Functions as a support to the Incident Commander and other Command Centre participants
- Obtains appointment and briefing from the Incident Commander and prioritizes duties as assigned.
- Assists the Incident Commander in any way required.
- Offers relief to the Incident Commander and other Command Centre participants as require (must be formal hand-off)
- Works with Operations, Planning, Logistics and Finance Officers.

Communications Officer

- Manages external and internal communications.
- Develops communications action plan.
- Monitors television/radio and social media coverage of event
- Addresses any serious mis/disinformation campaigns
- Assumes all responsibility for working with the media, setting up the media centre, preparing press conferences.
- Records all media calls and responses.
- Prepares communication briefs to internal staff and keeps staff regularly informed of status of the emergency.
- Notifies media and public with updates as required.
- Continually updates and distributes communications action plan as required.
- Informs media of the physical areas which they have access to and what areas are restricted.
- Works with the Security Officer regarding media access to the hospital

Safety Officer

- Ensures the proper implementation of safety measures and/or infection control measures.
- Obtains briefing from the Incident Commander and prioritizes steps or duties assigned.
- Asses immediate or anticipated needs regarding staff safety/infection control
- Assesses need for equipment decontamination as required.
- Ensures that Operations, Planning and Logistics Officers have incorporated and anticipated equipment/supply/facility/resource needs related to infection control and staff safety.
- Communicates with the Operations, Planning and Logistics Officers to ensure the safety and well-being of staff are being provided for (water, food, rest, family concerns)
- Continually updates and communicates plan.
- Observes all staff and volunteers for signs of fatigue and stress.
- Coordinates with Liaison Officer any communication with outside agencies as required Public Health, Health Canada, etc.)
- Works with Security Officer and Public Information Officer regarding infection screening of staff, patients, visitors, etc.

Liaison Officer

- Functions as incident contact person for representatives from other agencies
- Assists the Incident Commander with establishing the Command Centre
- Obtains briefing from the Incident Commander with establishing the Command Centre
- Obtains briefing from the Incident Commander and prioritizes duties as required.
- Develops action plan and continually updates.
- Reviews provincial and municipal emergency organizational charts and determines appropriate contacts and message routing (in consultation with the Incident Commander)
- Provides information to the inter-hospital emergency communication network, municipal EOC and/or the provincial EOC as appropriate/as required.
- Provides information to relevant contact points on:
  - Organization's current patient population
  - Ability to receive patients.
  - Current or anticipated personnel, supply needs
  - Decanting progress and destinations
  - Any resources required/requested by other facilities.
- Responds to requests and complaints from incident personnel/responders regarding problems and concerns (works with Security Officer as required)
- Liaises with Police, Fire, EMS and continually updates plan status (works with Security Officer as required)
- Continually updates and distributes action plan as required.

Operations Officer

- Organizes, coordinates and supervises the Medical Care and Clinical Support under Operations
- Obtains the bed and staff status from each unit, clinic or department (as required by incident) and provides this information to the Incident Commander as soon as possible.
- Appoints clinical support, human resource leaders, and medical care director.
- Briefs all Operations Section Directors on status and develops action plan.
- Establishes an Operations Section Centre in proximity to the Command Centre
- Announces a status/action plan meeting of all Operations Section leaders within 15 minutes or less of call action.
- Develops business cycle meetings with all Operations Section Directors
- Attends business cycle meetings with Incident Commander and other Section Officers and updates status of plan.
- Ensures that the Medical Care and Clinical Support subsection are adequately staffed and supplied.

Finance Officer

- Monitors the utilization of financial assets.
- Oversees the acquisition of supplies and Services necessary to carry out the hospital's medical mission.
- Supervises the documentation of expenditures relevant to the emergency incident.

Logistics Officer

- Organizes, coordinates and directs those operations associated with the maintenance of the physical environment and adequate levels of food, shelter and supplies to support the organization.
- Obtains briefing from the Incident Commander and prioritizes duties.
- Establishes Logistics Section Centre in proximity to the command Centre.
- Appoints Security Leader & Facility Operations Leaders, Nutrition Leader, Transportation Leader, Materials Management Leader, Information Technology Leader, Biomedical Devices Leader
- Announces a status/action plan meeting of all Logistics Section Leaders to be held within no more than 15 minutes of event activation.
- After meeting with Incident Commander, briefs all Logistics Section Leaders and develops action plan.
- Develops business cycle with Logistics Section Leaders
- Receives any damage assessment updates from the Facility Operations Leader and relays to the Incident Commander
- Obtains needed supplies (works closely with the Finance Officer/Leader as required)
- Ensures long range plans for maintaining the physical environment and levels of required supplies.

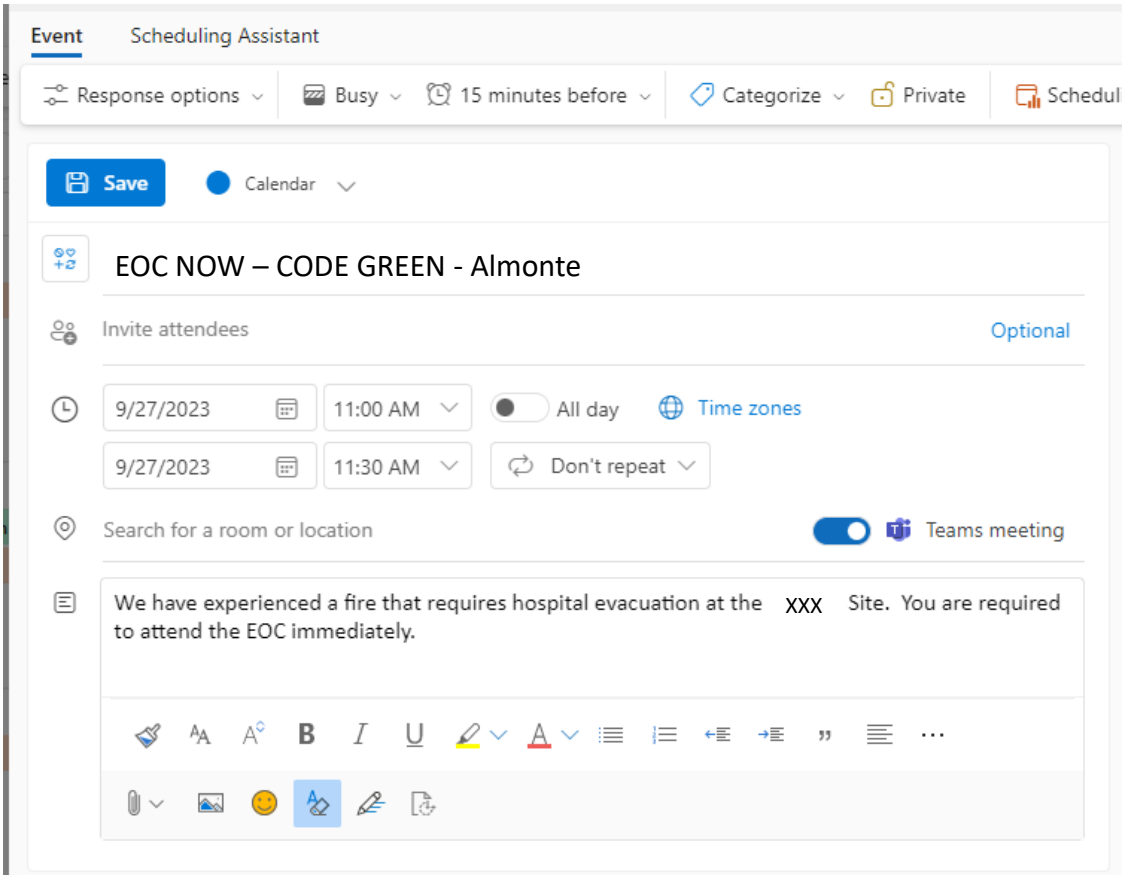
Technical Advisory Lead

- When required, the Technical Advisory lead will create and advisory group to help the Incident Commander with technical advice and recommendations.
- Examples of types of technical advisory functions; new emerging infectious disease, ethical issues, etc.

EOC Activation – Remote

- Upon notification of a MRHA Emergency/Activation of an emergency code that requires the EOC, the Incident Commander will establish a remote EOC meeting using Microsoft Teams.
- A Microsoft Teams invite will be sent to any Officer/Delegate/Lead who has been appointed to the EOC who cannot be physically present.
- The Incident Commander will create an outlook calendar invitation.

Example


Event
Scheduling Assistant
Response options
Busy
15 minutes before
Categorize
Private
Schedul
Save
Calendar
EOC NOW – CODE GREEN - Almonte
Invite attendees
Optional
9/27/2023
11:00 AM
All day
Time zones
9/27/2023
11:30 AM
Don't repeat
Search for a room or location
Teams meeting
We have experienced a fire that requires hospital evacuation at the XXX Site. You are required to attend the EOC immediately.