

**CODE GREY – Infrastructure Loss/External Air Exclusion**

<b>Approved by:</b> Administration	<b>Effective Date:</b> April 25, 2019	EP-06
<b>Issued By:</b> Administration	<b>Review Date:</b> July 5, 2022	
<b>Department(s)</b> All	<b>Version:</b> 6	Archived: N

**POLICY**

A “CODE GREY” is a loss or disruption of essential services such as:

- Power;
- Telecommunications;
- Water;
- Sanitary sewage discharge;
- Medical gas supply; and/or
- Ventilation systems that results in the potential loss of use of the Hospital facilities.

CODE GREY can be classified in three (3) stages:

<b>Stage</b>	<b>Description</b>	<b>Criteria for Activation</b>	<b>Activated By</b>
<b>STAGE 1 - INITIAL</b>			
	<ul style="list-style-type: none"> <li>• The Hospital receives notification regarding the potential loss of essential services. Key personnel will review emergency/backup procedures, confirm availability of necessary resources, contact key personnel and prepare for the activation of a limited (Stage 2) or an extended response (Stage 3).</li> </ul>	The CEO/designate will determine if activating Stage 1 is warranted upon notification by a public authority of a major utility failure with the potential to affect Hospital operations,	CEO/designate will authorize switchboard/ delegate to announce “CODE GREY” – <b>Stage 1 Initial</b> ” three (3) times over the Hospital PA system.
<b>STAGE 2 – LIMITED</b>			
	<ul style="list-style-type: none"> <li>• Current in-Hospital resources and staff, or a limited number of additional staff, will be needed to manage loss of services.</li> <li>• Stage 2 may or may not be preceded by Stage 1.</li> </ul>	The CEO/designate will determine if activating a Stage 2 is warranted and whether additional staff are required and the fan out list is to be implemented. A targeted <b>CODE GREEN</b> will be considered to mitigate the consequences of the loss of essential service(s) on vulnerable patients/residents.	CEO/designate will authorize switchboard/ delegate to announce “CODE GREY – <b>Stage 2 Limited</b> ” three (3) times over the Hospital PA system.
<b>STAGE 3 – EXTENDED</b>			
	<ul style="list-style-type: none"> <li>• The Hospital is required to make use of all Hospital resources along with additional staff.</li> <li>• Elective surgeries and clinic appointments are cancelled.</li> <li>• A <b>CODE GREEN</b> may be implemented to evacuate patient/residents to other areas within the hospital or facilities outside of the hospital unaffected by the service loss.</li> <li>• Stage 3 may or may not be preceded by Stage 1 or Stage 2.</li> </ul>	The duration of the utility loss is unknown but may exceed 12 hours.	CEO/designate will authorize switchboard/ delegate to announce “CODE GREY – <b>Stage 3 Extended</b> ” three (3) times over the Hospital PA system.

LACGH has the following procedures and resources in place to assist in offsetting any loss or disruption of essential services:

- 1) A Maintenance Worker On-Call.
- 2) An IT Worker On-Call
- 3) An Administrator On-Call.



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- 4) Two (2) water mains supplying the hospital ensures water supply to some areas of the facility should one (1) source be disrupted.
- 5) Two (2) separate phone links ensure a second system in which the phone is attached to the fax machine and the direct phone to 9-911 (red phone) in the ED will remain operational.

Notify Maintenance at ext. 272, or in off hours, the Maintenance On Call person to have incoming and outgoing call options transferred to these phones. The numbers for these phones are as follows:

<b>Emergency Department</b>	9 (613) 354-1705
<b>Executive Assistant’s Office</b>	9 (613) 354-7157
<b>Stores</b>	9 (613) 354-0398

- 6) **Telecommunication Outage** – If outage is **related to a power failure**, contact Maintenance On-Call. If outage is **not related to power failure**, contact IT On-Call.
- 7) **Emergency Power System.** A diesel powered, alternating current generator provides auxiliary power to the Hospital for an indeterminate amount of time. Emergency power is connected to the boilers, one (1) elevator and other areas requiring uninterrupted service. Emergency power outlets (Red Duplex Receptacles) are strategically located throughout the Hospital. Emergency powered lighting is provided in all hallways, patient/resident rooms, and elevators.
- 8) **Diesel backup fuel system** to run the boilers should the natural gas supply be disrupted.
- 9) **Oxygen Piping and Control Valves.** Main shut off to the building is in the ladies change room on “O” level with an auxiliary shut off located in the Boiler Room. Zone Isolation Valves in the pipeline distribution systems are installed to isolate and control the flow of oxygen to zones in the event of an emergency. In the event of an alarm, staff in each clinical area will be assigned to stand by the valve locations and await instructions.
- 10) Only a limited number of ventilation fans within the facility may be shut down to prevent an intrusion of dangerous gases coming from an internal or external source. The fresh air intake fans servicing the OR and ICU run continuously and may not be shut off. Therefore, if an incident occurs where by contaminated air may affect the facility, partial or total evacuation (**CODE GREEN**) of the Hospital may need to be considered.
- 11) A procedure is in place should the Meditech system fail either as an unexpected or planned event. If this should occur, staff are to follow the “Meditech Downtime Procedures” for their specific area.

**ALL CLEAR – RETURN TO NORMAL OPERATIONS**

Will be determined by the CEO or delegate in consultation with the Incident Management System (IMS) Team if the **CODE GREY** is limited or extended or has evolved into a **CODE GREEN**.

Once the decision is made to terminate the code, the following announcement “**CODE GREY Stage 2 or 3 – All Clear**” is announced three (3) times over the Hospital PA system by Switchboard /delegate.

Once the announcement is received, all Hospital personnel will:

- Resume normal duties.
- Inform patients/residents and visitors that the incident has concluded.
- Refer all inquiries to the Public Relations Officer.

**DOCUMENTATION**



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All individuals identified in this plan will keep a record of the actions they have taken and the decisions made during the incident. These records will be annotated chronologically commencing with the 1<sup>st</sup> notification of a potential loss of service(s).

**REPORTING REQUIREMENTS**

Must report immediately to the MOHLTC (Article 107) of *Long Term Care Homes Act 2007 – 0.Reg. 79/10*.

**DEBRIEFING**

The Incident Manger (CEO/delegate or Charge Nurse) with the other members of the IMS Team, along with Maintenance Representation and any other outside agencies (i.e. Fire Department, Public Works, etc.) will meet to evaluate the overall response. A report analysing the response will be created with recommendations for any remedial actions that may be required.