

**THE SALVATION ARMY
MEIGHEN HEALTH CENTRE**

EMERGENCY PLAN MANUAL

SECTION: Emergency CODES	SUBJECT: CODE GREY – BUTTON DOWN	Page	POLICY: IAMM <input checked="" type="checkbox"/>
EFFECTIVE: July 2022	REVISED: Leadership Team	REVIEWED: LEADERSHIP TEAM	APPROVED BY: M. Klein-Nouri- Executive Director

CODE GREY – BUTTON DOWN

Procedure for restricting the entry of outside air into both buildings when hazardous gases/fumes are present in outside air.

External air exclusion is only actioned where evacuation into the open air would be more hazardous to the health and safety of residents and staff (e.g. air pollution, external chemical cloud, considerable smoke from local fire, abnormally high outside ambient temperatures).

PLAN ACTIVATION: CODE GREY – BUTTON DOWN

1. Upon being notified of an incident or potential incident producing hazardous fumes external to the building, the **person receiving the information** will initiate a Code Grey – Button Down by paging over the emergency paging system

- Press Page LTC button on any business phone in the building
- Announcing 3 times over the paging system

Code Grey – Button Down
Code Grey – Button Down
Code Grey – Button Down

- Contact the other building to ensure Code Grey – Button Down page was heard and responded to

2. **RN NURSE DESIGNATE**

- Will take charge until relieved by the Executive Director/Designee
- If after hours, notify the Manager on-call and Environmental Services Manager
- Assign staff to go to each unit to ensure windows are closed
- Assign staff to each entrance to restrict the exit of residents, clients, staff, and visitors from the building
- Ensure that each door closes completely before opening the next door in the vestibules. (Although you cannot legally prevent a person from exiting the building, you can explain the potential hazards of the outdoor air quality.)
- Have residents/clients that are outside return inside

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3. ENVIRONMENTAL SERVICES MANGER/MAINTENANCE STAFF

- Will ensure that the ventilation system is turned off for both buildings. Please see Appendix 1 & 2 for directions

4. CHARGE NURSES/DEPARTMENT SUPERVISORS

Residents, staff, and visitors will be monitored for abnormal breathing difficulties

- 5.** The Manager on Call will establish contact with the local emergency services as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility – i.e. **Fire Department: 416-392-2489 or 911**

6. EMERGENCY DECLARED OVER

CODE GREY – Button Down is declared over when RN Nurse Designate/Designee receives confirmation that the external air is safe

The code is cleared by the receptionist/RN Nurse Designate/Designee

- Press Page LTC button on any business phone in the building
- Announce 3 times over the paging system.

Code Grey – Button Down All Clear

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RN Nurse Designate will notify the Manager on Call

7. RECOVERY PLAN

Recovery will take approximately 30 min to 3 days

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- Charge Nurses will assess all residents to ensure they are accounted for, are not having any breathing issues and provide intervention and support as required
- RN Nurse Designee will check with staff to ensure they are able to return to their assigned duties
 - Any staff with health concerns will be assessed by the RN
 - Any staff unable to return to duty will be replaced as per the **Staffing Contingency Plan**

8. DEBRIEF AND DOCUMENTATION

The RN Nurse Designee & Environmental Services Staff will complete the Code Grey Incident Checklist and/or draft a statement

9. WITHIN 30 DAYS OF INCIDENT

Once all information has been collected within 30 days of the incident, a root cause analysis and evaluation of the event is completed

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place by the required departments
- A copy of the report will be distributed and discussed at the Interdisciplinary Quality Improvement Committee
- A synopsis of the report will be shared for information purposes with the Board

10. ONGOING COMMUNICATION

No ongoing communication required unless deemed necessary by the Executive Director

16. TESTING & EVALUATION OF CODE GREY – BUTTON DOWN

- This emergency code will be tested annually unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes

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- A copy of the debriefing reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the Code Grey – Button Down emergency plan as required

Code Grey – Button Down: Incident Check List & Report

RN Nurse Designate/Environmental Services Staff: _____

DATE: _____ TIME: _____

Notification received from: _____

Contact Information: _____

Known information: _____

_____ Code Grey-Button Down paged both buildings

_____ Manager on-call notified who will notify ED

_____ Environmental Services Manager notified

_____ Ventilation system shutdown in both buildings

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_____ Staff assigned to each entrance to restrict the exit of residents, staff and visitors

_____ All windows closed

_____ Contact established with the local emergency services as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility

_____ Name & Contact Information

Emergency Situation Communicated as Resolved by:

_____ Emergency Code Cleared both buildings

_____ Post Incident all residents & staff accounted for and stable

Outcome of Situation

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Follow Up/Improvements Needed
