

MANUAL: Emergency	APPROVED BY: Manager of Nutrition and Environmental Services	Emergency Plan: Code Grey	PLAN #: EMERG – I – 06a
Orig: Aug 2006	Code Grey / Loss of Essential Services LOSS OF HYDRO or NATURAL GAS		Page 1 of 21
Revised: Feb/18; Aug/18; Sept/18, Jul/19, May/23			

Reviewed: Dec/22; Aug/23

INTRODUCTION

- Loss of an essential service either hydro or natural gas at **Bob Rumball Home for the Deaf** (BRHD) is treated as a “Code Grey” emergency — and needs to be managed as quickly as possible to avoid potential risk to residents and others at BRHD.
- Natural gas pipes or hydro lines may break from events such as severe storm conditions, deep freeze temperatures, earthquakes or floods.
 - The loss of hydro or natural gas may also be related to equipment failure, e.g., mechanical or electronic breakdown.

The **purpose** of the BRHD Code Grey plan is to:

- Outline measures for dealing with, responding to and preparing for the **loss of hydro and or natural gas at BRHD.**^{i ii iii}
- To protect the safety and well-being of residents, staff and others, as much as possible, during the loss of either hydro or natural gas.
- Ensure that the “Code Grey Plan – Loss of hydro or natural gas” is tested, evaluated, updated and reviewed with the staff of the Home, as required.
- Ensure **communication** of the emergency, e.g., announcement of emergency, declaring emergency over, debriefing with persons involved in the emergency after it is declared over; and ensuring external entities are offered an opportunity to provide feedback, and be informed about any changes to the emergency code.^{iv}

Note: The Emergency Plan for a “**Gas Leak**” is Code **Grey (EMERG-I-07)**. If you smell natural gas, call Enbridge and 911 immediately, and follow the Code Grey Plan.

The Code Grey plan includes:

- Lead for co-ordinating the “Loss of Hydro or Natural Gas” activities, e.g., review and testing of the Plan, as required
- Consultation^v
- Record Retention
- Hazards and Risks^{vi} for loss of hydro or natural gas
- Emergency supplies and equipment
- **Activation of the Plan ~ Roles and Responsibilities**^{vii}
 - **Loss of Hydro**
 - **Loss of Natural Gas**
- Activities after the Emergency is declared over
- Training / Retraining
- Related Plan / Policy
- Appendices

The **Manager of Nutrition and Environmental Services (MNES)** /designate is the lead person responsible to ensure that:

- The **Code Grey Plan – “Loss of Essential Services”**, is **tested annually**, including arrangements with the entities that may be involved in or provide emergency services to BRHD.^{viii}

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- The Loss of Essential services has been **subdivided into 3 components**, i.e.,
 - **Loss of Hydro or Natural Gas** (EMERG-I-06a);
 - **Loss of Water***; (EMERG-I-06b); and
 - **Loss of Communication** (EMERG-I-06c)

***Note: The Loss of Potable Water and Boil Water Advisory component of EMERG-I-06b will be tested annually.**^{ix}
- As such, **each component of the Loss of Essential Services** (EMERG-I-06a, 06b or 06c) will be **tested once every three years on alternate years**, to ensure that a different component of “Loss of Essential Services” is tested annually.
- The **Code Grey Plan ~” Loss of Hydro or Natural Gas”** is **evaluated and updated**, including the updating of all emergency contact information of the entities:
 - (a) at least **annually**, and
 - (b) **within 30 days** of the **Loss of Hydro or Natural Gas** emergency being activated and declared over.^x

MOCK EMERGENCY TEST

- If conducting a **MOCK EMERGENCY TEST**, you **must notify the appropriate emergency external entities** (particularly emergency service, e.g., police, fire or ambulance, if you anticipate that 911 will be called) at least 24 hours **PRIOR** to conducting the Mock Test, as per the non-emergency contact numbers. The entities/entity will inquire as to the details, e.g., date, time, type of test, and other external entities involved, as appropriate.

CONSULTATION

The following will be consulted when developing and/or updating the Code Grey Plan – Loss of Hydro or Natural Gas:^{xi}

- BRHD staff, including the registered nursing staff, and managers
- The Residents’ Council (RC) and the Family Council (FC), if any;^{xii} and
- The relevant external entities, as appropriate.^{xiii}

Loss of Hydro:

- Alectra tel:1-833-253-2872^{xiv}, BRHD’s local public utility that provides power to the Home.
- **RHA Environmental** contractors provide the service and repairs to the home’s HVAC system. The contractor will have a 24-hour emergency hot-line service available.
- **MFM Facilities Maintenance** are the contractors used for the Emergency Generator service.
- **MBA Controls** is the building automation support for HVAC as necessary.
- **HTS Controls – HVAC**

Loss of Natural Gas:

- Enbridge Gas

Any **changes to the Code Grey “Plan”** (for Loss of Hydro or Natural Gas) will be identified and the following notified of the changes:

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- The staff, volunteers and students
- The RC and FC if any, by providing an update at their respective meetings
- The entities, by providing a copy of the updated emergency plan for their review and feedback.^{xv}

RECORD RETENTION: BRHD will keep a record of the testing of the Code Grey Plan ~ Loss of Hydro or Natural Gas that is activated in response to the emergency; of changes made to improve the plans;^{xvi} consultations, and the current **contact information** for relevant entities that may be involved in the emergency plans.^{xvii}

Emergency Manual Location: A copy of the Code Grey Plan ~ Loss of Hydro or Natural Gas is available in the BRHD’s Emergency Manual located in the front vestibule, and in each Care Centre (CC). In addition, BRHD’s emergency plans are located in the Home’s computer system on the S drive, and on the BRHD website. Physical copies of the plan are made available upon request.^{xviii}

HAZARDS AND RISKS^{xix}

Loss of Hydro

In the event of a hydro outage, BRHD has a back-up generator that is initiated within 3 seconds of a power failure.^{xx}

- The **back-up generator** is available at all times and in the event of a power outage, has the capacity to maintain,
 - (a) the heating system, including operating the pumps for the in-floor heating;
 - (b) emergency lighting in hallways, corridors, and exits; and
 - (c) essential services, including dietary services equipment required to store food at safe temperatures and prepare and deliver meals and snacks, equipment required to store drugs at safe temperatures and to prepare and deliver drugs,^{xxi} ^{xxii} the resident-staff communication and response system, and, life support, safety e.g., fire system, and emergency equipment.^{xxiii}

Refer to **Appendix A** for a **“List of Essential Services/Areas Serviced by the Back-Up Generator”**.

To minimize any risk in the event of a power outage:

- Maintenance / designate will reset the security system, located in the **mechanical room**, to relock/secure all the exterior doors, after the generator initializes, because the exterior doors may automatically unlock during the power outage within the 3 seconds prior to the back-up generator initializing.
 - Conduct a head count of residents to ensure no resident has wandered outside while the doors were not secured prior to the back-up generator starting.
- The following should be plugged into the **red electrical outlets**, since the back-up generator will supply power to the red outlets, in the event of a power outage.
 - All essential care equipment and battery chargers (e.g., oxygen concentrators, C-pap machines, alternating air mattresses, G-tube feed batteries, such machines, etc.)

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- Dietary services equipment required to store food at safe temperatures, (e.g., fridges, freezers), and prepare and deliver meals and snacks (e.g., steam carts, if food is being served).
 - Drug administration laptops and fridges,
 - Lab specimen fridges
- If extension cords are required, they should be obtained from maintenance when essential equipment is initially plugged in.
- As part of the maintenance services, there are schedules and procedures in place for preventive and remedial maintenance through Worx Hub and as per policies to prevent equipment failure, including but not limited to the back-up generator to ensure equipment functioning is maintained at all times.
- Consider implementing the BRHD **Food and Fluid Emergency Plan**,^{xxiv} as outlined in *Appendix 9 of the Code Green Plan (EMERG-I-02)*, if required.

Notes:

- *All fans and heaters brought into the home for the resident’s personal use, should be checked by the maintenance staff prior to use.*
- *When using fans or heaters during a power outage also, ensure the essential equipment is plugged into the **red outlet** in the resident’s room or the hallway, which is hooked up to the emergency generator.*
- *In the event hydro is maintained, but there is a loss of heat or cooling, if several bedrooms in a row require a portable heater/fan, ensure that the outlets used are alternated to prevent the breaker from tripping, e.g. in the first room, plug the heater/fan next to the TV, in the second room, plug the heater/fan next to the closet, the third room plug the heater/fan next to the bed, and in the fourth room plug the heater/fan next to the bathroom, and so on.*

Loss of Natural Gas

- BRHD requires **natural gas**, to source the HVAC system, as well as other equipment in the Home e.g., boilers which source the in-floor heating and hot water tanks; and gas operated kitchen equipment.
 - As such, the Home will be without:
 - Heating or cooling, depending on the type of weather, which was supplied by the HVAC system
 - In-floor back up heating (*natural gas heats water in boilers for in-floor heating*)
 - Hot water
 - Natural gas operated cooking/heating equipment
- The loss of natural gas to the Home will prevent the kitchen staff from being able to cook or heat food with gas operated equipment. There will be no hot water for washing/bathing residents, cleaning hands, etc.
- In addition:

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The loss of natural gas and thus heat from the HVAC and in-floor heating systems during the **cold weather** may cause:

- the air temperature in the Home to drop below the required 22 degrees Celsius (71.6 *degrees Fahrenheit*)^{xxv}, and
- residents, staff and others to feel uncomfortably cold and suffer from potential hypothermia (dangerously low body temperature).

The loss of natural gas and thus air-conditioning from the HVAC during the **hot weather** may cause:

- the air temperature in the Home to be *at or above 26° C*, and
 - residents, staff and others to feel uncomfortably warm/hot and suffer from a heat-related illness, e.g., dehydration, heat stroke, exhaustion, etc.,
- To minimize potential risks associated with loss of natural gas, BRHD will:
For **equipment failure** - contact the appropriate contractor to repair the equipment.

For **natural gas outage to the Home**

- Contact the natural gas supplier (Enbridge) to report the outage, investigate and repair the concern, and determine how long the Home will be without natural gas.
- Inform staff and residents about the loss of natural gas to the Home, and how that will affect them, including the lack of hot water, heating/cooling, and meal preparation, until the natural gas is restored.
- Discuss with MNES/designate about the need to change the menu to the emergency menu plan. (*Refer to Code Green, Appendix 9 ~ Food and Fluid Emergency Plan*)^{xxvi}
- Monitor the **inside** air temperatures of resident areas, to determine if **required air temperatures** are maintained, (*i.e., a minimum of 22° C, and if at or above 26° C., measures must be taken to prevent resident concerns*), and implement additional measures to protect the residents.

During cold weather:

- Provide residents with layered clothing, and extra blankets, located in each wing; serve warm drinks and food;
- Use an electric heater in each affected resident's bedroom. Heaters are located in the maintenance area and in Resident Home Areas (RHAs).
- Close the door to keep the heat in the room and ensure doors are closed of any unoccupied room.
- Monitor residents for any signs or symptoms of hypothermia.

During hot weather:

- Place portable fans in areas to circulate and cool the air, as appropriate. Several fans are available at the Home.
- Remove residents' extra layers of clothing, and provide frequent hydration with cool water/drinks to prevent hydration^{xxvii}

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- Install the back-up portable air-conditioners (four are available for use), one in each window of the long hall in D1, D2, D3, and D4, or as appropriate.
Note: The portable air-conditioners are stored in the outdoor shed.
 - Refer also to the **Heat-Related Illness Prevention and Management Plan (NUR-V-193)**, which includes monitoring of air temperatures and additional strategies to prepare for and prevent heat related illness.^{xxviii}
 - Closely monitor residents for heat related illness, particularly residents assessed at high risk for heat related illness or heat intolerance.
Note: A report can be run in PCC to determine the residents at moderate (10-14) and high risk (15 or >) to heat.
- If the temperatures concerns are isolated to specific rooms or areas, consider the need for initiating **Code Green (EMERG-I-02)** for a **horizontal** or total **evacuation**. Ensure discussion with the Administrator/designate prior to initiating Code Green an evacuation.

EMERGENCY SUPPLIES and EQUIPMENT^{xxix}

General

- Emergency Manual, located as identified above, includes:
 - Code Grey ~ Loss of Hydro or Natural Gas Plan; and
 - Emergency Contact numbers, kept current annually when each emergency plan reviewed^{xxx}
 - Back up generator and diesel fuel located in mechanical room
 - 4 portable air-conditioners (back-up) ~ *Outdoor storage shed*
 - Heaters (64); Batteries (various sizes), extension cords, fans ~ *Maintenance shop*
 - Laser digital temperature reader ~ maintenance shop
 - Flashlights ~ *Maintenance shop; each Care Centre emergency cupboard; and Command Centre Bag*
 - Thermometers attached to wall in various locations ~ *D1, D2, D3, D4*
 - Thermometers (*to take resident temperatures*) ~ *Treatment Cart*
 - Personal Protective Equipment, including, gowns, gloves, Isagel, goggles, N-95 masks, thermometer probe covers, etc. ~ CC1 and CC2
 - Extra blankets ~ CC1 and CC2 linen room; and Laundry
 - Food and Fluid Emergency Plan^{xxxi} ~ as outlined in Appendix 9 of the Code Green Plan (EMERG-I-02), or as current.
 - Additional hot / cold food and beverages, as appropriate ~ *Kitchen*
 - First Aid Kit ~ Triage Bag at reception, and CC2
 - Alcohol based hand sanitizer
 - Cots (2) ~ *Storage room on each Care Centre*
- Notes:**
- *The generator can operate indefinitely in the event of a power failure. **Sargent Fuels Ltd.** should be contacted to top up the diesel fuel after 12 hours of continuous running and every 12*

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hours thereafter until resumption of normal power. Fuel consumption will be monitored twice during an 8-hour shift to ensure adequate quantity of fuel.

- *The resident communication response system uses battery powered badges. All chargers are plugged into red receptacles at the nursing care centres.*
- *The emergency red button (nurse call system) in common areas, e.g., washrooms, dining rooms, lounges, spas are battery operated. The emergency red buttons are tested through the computer system to ensure they are operating. Batteries are replaced as needed.*

ACTIVATION OF THE PLAN ^{xxxii}



General Information during the Emergency

- Staff are not allowed to leave the building until the emergency is declared over, unless directed to do so by the FIW or Emergency Personnel. Your assistance during the emergency may be required.
- Only the Administrator/designate should speak with the media.

ROLES AND RESPONSIBILITIES ^{xxxiii}

Person identifying the Loss of Hydro or Natural Gas

- Anyone within the Home who identifies that there is a loss of hydro or gas, should notify the Fire Incident Warden.

Fire Incident Warden (FIW)

The **Manager of Nutrition and Environmental Services (MNES)**, if **on-site** at BRHD, is the FIW in charge of responding to a loss of hydro or natural gas at the Home.

- If the MNES is not on-site, the person in charge of the Home, i.e., manager, or senior Registered Nurse in the absence of a manager, is the FIW.

The FIW will:

- Determine the extent of the loss of the essential service (hydro or natural gas) in the Home, and the potential risk to residents and staff.
- **Loss of Hydro:** Call local utility – **Alectra:** 1-833-253-2872 to report concern, and determine length of time until hydro is restored, if known.^{xxxiv}
- **Loss of Natural Gas:** Call Enbridge (1-866-763-5427) to report concern, and determine length of time until natural gas is restored to the Home.^{xxxv}
NOTE: At any time during the emergency, if the loss of natural gas is a suspected GAS LEAK within the Home, follow the Code Grey Plan after notifying Enbridge and the Fire Department (911).

- If the extent of the loss of hydro or natural gas **puts the resident at risk**, or if the back-up generator was initiated, use the phone system to **announce Code Grey**.
 - Pick up the phone (land line). Push the button that is marked “Page” and clearly state:

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“**Code Grey**” and the **location** to meet, (e.g., **Front Lobby / Care Centre 2**)^{xxxvi}

- Repeat the message **three times** to ensure that it is clearly heard.
- **Obtain the Master Key** from either CC1/CC2 med room if you do not already have it with you
 - **Meet with others in the announced location, and provide direction as outlined.**
- **FIW/designate** to notify the on-call Manager if none on-site, and ask the manager to notify the Administrator about the emergency.

FIW will give direction, as identified:

Loss of Hydro Activity	Comments/ assigned person(s) by the FIW	Loss of Gas Activity	Comments/ assigned person(s) by the FIW
Reset the security system, located in the mechanical room , to relock/secure all the exterior doors, Check that the generator is on, functioning & there is sufficient fuel	Maintenance/designate - Instructions for resetting system posted in mechanical room; Order additional diesel for delivery, as necessary (in ~ 11 hrs)	Inform staff, including those who are deaf, about the extent of the loss of natural gas; Explain how it will affect the residents, e.g., loss of heating/ air-conditioning (HVAC), hot water (boilers), potential change to menu	Maintenance Nursing Kitchen housekeeping
Inform staff, including those who are deaf, that the hydro is out, & the back-up generator on, and what areas will continue to have power. Report any issues/concerns to the FIW:	Appendix A	Report any smell of gas inside the Home to the FIW.	Call Enbridge, 911 (Fire); evacuate persons from gas smell area, follow Code Brown .
Conduct a head count of residents to ensure no resident wandered outside while doors were not secure.	Nursing staff.	Instruct staff to ensure all equipment using natural gas, and the main gas switch(es) be turned off, until gas is restored to the Home. Once restored, the pilots may need to be relit.	Maintenance/designate; Kitchen staff
If any contractors called in, assign staff to meet & direct individual to FIW. Staff to retrieve command centre bag and distribute flashlights, post signage re emergency entrance restrictions	Staff member as directed. Signage in Command Ctr bag	Instruct staff on measures to take to minimize impact on residents during hot or cold weather as applicable, as outlined above, e.g., gather and distribute heaters, fans; install portable AC units (maintenance)	All staff including maintenance and nursing, as directed. Heat-Related Illness Prevention and Management Plan (NUR-V-193)
Inform residents of emergency. Conduct rounds in each resident’s room, ensure that all essential equipment is plugged into the red outlets; reassure residents	Nursing staff	Inform residents of emergency and impact on them (heating/ cooling change in air temperature, loss of hot water, change in food menu until gas restored.	Nursing, programs and students
Ensure kitchen/servery equipment is plugged into the red outlets.	Dietary staff	Conduct resident rounds: ensure appropriate weather-	Nursing, programs and students;

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Determine if the menu for the next meal needs to be altered, Use disposable dishes for next meal.		related clothing and supplies (e.g., blankets). Supply appropriate food/drinks (hot or cold as appropriate) to each resident	Dietary and nursing staff
Monitor indoor temperatures frequently, e.g., every 1-2 hours; Ensure measures, as outlined above, are taken as necessary, to reduce risk to residents, especially during cold, hot air temperatures	Housekeeping / designate	Prepare next meal as per the emergency menu plan as directed.	MNES/designate kitchen staff
If a resident program is underway and can safely continue, proceed with the activity; Otherwise, assist nursing staff as needed	Program staff	Monitor indoor temperatures frequently, e.g., hourly; Monitor residents for any discomfort or illness if temperatures as required are not maintained. Ensure measures are taken, as necessary, and as outlined above, to reduce risk to residents, especially during cold, or hot air temperatures.	Housekeeping / designate Additional measures required if indoor air temp is below 22°C, and at or above 26°C
Inform /update residents/POAs of any updates	Managers / designates	Inform /update residents/POAs of any updates	Managers/designates
Inform MLTC by after-hours pager, of emergency, as possible/	FIW / designate	Inform MLTC by after-hours pager, of emergency, as possible/	FIW/designate
		If unable to maintain required temperatures throughout the Home, consider a horizontal evacuation to gather residents.	FIW, and Administrator/ designate approval required.
Conduct "Activities After Declared Over" as outlined below.		Conduct "Activities After Declared Over" as outlined below.	

MNES/designate

- If MNES or designate is **on-site, take on the role of the FIW.**
 - If you arrived on-site after the emergency was initiated, receive an update from the FIW prior to taking over as FIW
- Determine if any additional action is required, including receiving a more current update from the utility company as to how long the Home will be out of hydro or natural gas, as applicable.

All other staff

- If the Code Grey is announced
 - At least one nursing staff member must stay on each Care Centre in the event a resident requires something

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- All other staff should go to the identified emergency location as announced, and take direction from the FIW.
- Report any emergency related concerns to the FIW

Students

- Assist by staying with residents **in a safe area**, as directed by the FIW/designate

Visitors and Volunteers

- Have the choice to either:
 - leave the building, or
 - stay with the resident **in a safe area**, as directed.

ACTIVITIES AFTER THE EMERGENCY IS DECLARED OVER

FIW/designate will:

- If a Code Grey was announced, ensure that “**Code Grey, All Clear**” is announced three times clearly, to communicate that the emergency is declared over.^{xxxvii xxxviii} Resume normal duties.
 - Ensure hearing staff inform staff who are deaf of the ‘all clear’ announcement using the appropriate communication, e.g., American Sign Language (ASL) / face-to-face, pager etc.
- Notify the **Administrator**/designate of the “All Clear”, if not on site.
- Direct nursing staff to conduct rounds of residents. Inform residents that the emergency is declared over, and ensure residents are comfortable and assess for any signs or symptoms of illness related to loss of heat or cooling, as applicable. Report any concerns to registered nursing staff.
 - Gather supplies, e.g., heaters, fans, etc. when no longer required and return to maintenance. If extra blankets were supplied and no longer required, send to laundry.

The MNES/FIW will

- As soon as possible after the emergency is declared over:
 - Invite the following persons, who were involved in the emergency, to participate in a post emergency meeting:
 - MNES, and other on-site managers, representatives from the staff, students, volunteers, and any external entities involved in the emergency., e.g., Enbridge, Alectra, as applicable and available.^{xxxix}
- Chair the meeting. The purpose of the post emergency meeting is to **complete the “Code Grey ~ Loss of Hydro / Natural Gas Test Report”** (*Appendix B*), **evaluate** the emergency and identify any **recommendations for improvement**.
- Ensure the Ministry Long-Term Care (MLTC) were notified by the **after-hours pager** of Code Grey – Loss of Hydro or Natural Gas, as applicable, and that a Critical Incident System (CIS) **report is completed and submitted**, as soon as possible, if not done already. ^{xl}

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- Determine what equipment and supplies were used, and assign staff to replace /disinfect, and/or return, as appropriate, to their normal location, including the *Command Centre Bag*.^{xlii}
- Ensure the Master Key from the applicable CC med room, if used, is placed in a new sealed envelope, and returned.
- Forward the completed “**Code Grey Test Report and Evaluation**” (*Appendix B*) to the MNES if not conducting the meeting.

The MNES will:

- Ensure the “**Code Grey Test Report and Evaluation**” is completed and follow-up on any outstanding issues, including completion of documentation, as required.
- **Debrief** the residents, their SDMs, if any, staff, volunteers, and students after the emergency, as appropriate, e.g., by memo, in person, at a meeting, etc., the fact that the Emergency Plan was tested (planned or unplanned), and any approved recommendations for improvement to be implemented.^{xlii} Maintain a written record of the debrief.
- Determine if anyone experienced **distress** during the emergency, and if so, ensure that the person is provided with an opportunity to discuss their concerns and/or given appropriate emotional support.^{xliii} BRHD has an EAP, for eligible staff.
- Ensure notification of WSIB and MOL / MLITSD, if any staff injury, as applicable.
- If any external entities (e.g., emergency personnel, contractors, Enbridge gas, etc.) were involved in an emergency response, ensure the entities, and the RC, and FC, if any, are provided an opportunity to offer feedback,^{xliiv} if their representative was unable to attend the post emergency evaluation discussion.
- Review the Code Grey **Plan** (EMERG-I-06a), and add any recommendations for change to the Plan, to the written recommendations for improvement as outlined in the “**Code Grey Test Report and Evaluation**”
- Bring all **recommendations for improvement** of the Code Grey Plan to the Management Team meeting for discussion and determine with the team, which recommendations for improvement are approved or rejected. Record decisions about each recommendation on the Code Grey Test Report and Evaluation form.
- Forward a copy of all documentation/records related to the Code Grey ~ Loss of Hydro or Natural Gas to the Administrator. Retain records.
- Review the Code Grey **Plan**, and **update** as applicable, with any approved recommendations for improvement, **within 30 days** after the event was declared over.^{xliv}
Note: If any changes were made to improve the plan, maintain a written record of the changes made.^{xlvi}

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- **Complete Appendix C** ~ “Checklist for Code Grey ~ Loss of Hydro or Natural Gas” at the end of each calendar year.

Administrator/designate will:

- Address the **recovery** from the Emergency: ^{xlvii}
 - Ensure completion of all records and follow-through activities.
 - Arrange for staff **training/retraining** to be updated and conducted, as required. (*Refer to the sections below.*)

TRAINING – Emergency Plan ^{xlviii}

- BRHD **staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter.^{xlix}
 - The training will be based on that staff member’s responsibilities, prior to that person performing his/her responsibilities.ⁱ
- Note:** *In the event of an emergency or exceptional unforeseen circumstances, e.g., the new employee is being orientated on-site with another employee, the emergency training must be provided within one week of when the person begins performing their responsibilities.ⁱⁱ*

STAFF RETRAINING ⁱⁱⁱ

- All staff will receive annual retraining / reassessment on the Emergency Plan through Surge Learning and related Qs and As. ⁱⁱⁱ ^{liv} If staff at that time, or at any time are assessed as requiring further retraining, this will be done by the employee’s supervisor in a manner considered appropriate, e.g., repeating the training, 1:1 etc..^{lv}
- During the annual testing of the emergency procedure, any staff assessed as requiring further training will be retrained, based on his/her responsibilities during the emergency procedure.^{lvi}

Related Plan / Policy

- *Hot Weather-Related Illness Prevention and Management’ policy (NUR-V-193)*
- *Code Green – (EMERG-I-02) Plan for Horizontal and/or Total Evacuation*

APPENDICES

- **Appendix A** - List of Essential Services/Areas Serviced by the Back-Up Generator
- **Appendix B** - Code Grey ~ Loss of Hydro or Natural Gas Test Report and Evaluation
- **Appendix C** ~ MNES Checklist for Code Grey ~ Loss of Hydro or Natural Gas

* Please make 1 copy of “Activation of the Plan”, pages 7-10 inclusive for the Command Centre Bag, Code Grey – Loss of Hydro or Natural Gas (EMERG-I-06a) folder.

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- **Appendix A – List of Essential Services/Areas Serviced by the Back-Up Generator**

- Fire alarm system
- The HVAC system (*heating, ventilation and air-conditioning*)
- Security system, e.g., all external doors. ****May need to be reset in the mechanical room due to the 3 second delay of generator initiation after a power failure.***
- **Phones – land lines**
- Dining, Lounge areas and Spas in each care centre – *emergency light*
- Resident bedrooms - *one emergency red receptacle beside each resident's bed*
Note: *All resident essential equipment should be plugged into the red receptacle at all times. If extension cords are required, they should be obtained when essential equipment is initially plugged in.*
- Resident washrooms - *emergency light*
- Serveries on Care Centre (CC) – *emergency light; fridge and dishwasher only have emergency outlet*
- Medication Rooms on CC1 and CC2 – *emergency light; 1 emergency receptacle*
- Nursing care centres (CC1 and CC2) – *emergency light and 3 emergency red receptacles;*
- John Williams Education Room – *emergency light*
- Corridors - *emergency light*
- Snoozelon room - *emergency light*
- Kitchen - *emergency lights; Several emergency outlets for refrigerator, freezer, exhaust fan and equipment*
- Reception - *emergency light; 2 emergency red receptacles*
- Public washrooms - *emergency light*
- Mechanical system – *emergency light, battery back up light, and some emergency red receptacles*
- Laundry area – *emergency light, all equipment on back-up generator*
- Boardroom - *emergency light and one emergency red receptacle*
- Therapy / program area - *emergency light and two emergency red receptacles*
- Chapel – *emergency light*
- Hair Salon - *emergency light*
- Staff lounge - *emergency light and one emergency red receptacle*
- Offices - *emergency light and one emergency red receptacle*

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Appendix B: Code Grey ~ Loss of Hydro / Natural Gas Test Report and Evaluation

Loss of Hydro ~ Test & Evaluation: (Y/N) ____; **OR** **Loss of Natural Gas ~ Test & Evaluation:** (Y/N) ____

Actual Emergency (Y/N) ____; **- OR - Mock Emergency (Y/N)** ____

If mock, identify type (roll-play, table-top, etc.) _____

Code Grey – Loss of Essential Services is to be tested **annually**. BRHD will test Loss of Hydro or Natural Gas every 3 years; Loss of Water/Potable Water every 3 years, and Loss of Communication every three years. The testing of the 3 different types of loss of essential services will be altered each year to ensure one loss of an essential service type is tested each year.^{lvii}

Date of emergency: _____ (MMM/DD/YYYY)

Time emergency started: _____ AM / PM **Time emergency declared over:** _____ AM / PM

Instructions:

This report template is available for completion electronically. To be completed to the extent possible, by the onsite FIW and MNES, as soon as possible after the emergency is declared over. The following additional persons **if involved** in the emergency, are encouraged to participate and provide feedback: first person that became aware of/found the loss of Hydro or loss of natural gas, on-site manager(s), external entities (e.g., police),^{lviii} and representatives from involved staff, resident, and family, as appropriate.

Attendees:

NAME	Position		NAME	Position

List **external entities**, e.g., Enbridge, Alectra, etc., emergency services called or **involved including emergency services as applicable**, if **NOT** in attendance, so they can be given the opportunity for feedback:

The following will provide a brief summary of the Code Grey emergency event: (who, when, where, what, action taken, observations made, and comments for improvement)

Who was the first person who became aware of/found the loss of Hydro or loss of natural gas?

_____ (Name)

Was Code Grey announced? Y/N _____

Name of FIW: _____ (MNES, CC1 or CC2 nurse, or another manager.)

Was the Administrator notified of the Code Grey? Y/N _____

Did the on-site MNES or designate manager take over as the FIW? Y/N _____

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If yes, name: _____

- . Was the emergency declared over by the FIW? Y/N ____
- . If not, who declared the emergency over? _____
- . If the Code Grey was declared at the beginning of the emergency, was the “All Clear” announced when Code Grey was declared over? Y/N ____ (If not, please ensure that a staff member announces the All-Clear ASAP)

LOSS OF HYDRO	LOSS OF NATURAL GAS
1. Who called Alectra? _____ What was their response to the power outage? _____	1. Who called Enbridge gas? _____ What was their response to the loss of natural gas? _____
2. Identify the areas of the Home that the power outage affected: _____ _____	2. Identify areas affected by the loss of natural gas: _____ _____
3. Reason for loss of Hydro if known, e.g., equipment failure, external power outage from downed trees: _____ _____	3. Reason for loss of natural gas, if known, e.g., an external break outside of BRHD grounds; or HVAC equipment failure, etc. _____ _____
4. Describe action taken: (include contractors & others who were directly involved) Refer to the FIW role and responsibilities, if desired. _____ _____ _____ _____ _____ _____	4. Describe action taken: (include contractors & others who were directly involved) Refer to the FIW role and responsibilities, if desired. _____ _____ _____ _____ _____ _____

Did anyone sustain one or more injuries? Y/N ____ If yes, please complete chart below.

Name (First / Last)	Position - resident, staff, visitor, etc.	Describe Injury	Treatment Provided

What went well?

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What didn't go well?	Recommendation for improvement?

To be Notified (If needed and not yet done, please assign if possible)

- . **MLTC notified of the emergency?** Y/N _____ **Was a CIS report submitted?** Y/N _____
If no, assigned to: _____
- . **Resident's POA?** Y/N *Not applicable (N/A)?* _____ If required, assigned to: _____
- . **Resident's Physician?** Y/N *Not applicable (N/A)?* _____ If required, assigned to: _____
- . Do any **resident's** health records need to be updated? Y/N _____; If yes, assigned to: _____
- . **WSIB, MLITSD?** Y/N *Not applicable (N/A)?* _____ If required, assigned to: _____

In the chart below, list the equipment and supplies that were used during the emergency and need to be replaced, cleaned and/or returned. Identify who will complete that task.

Supplies/Equipment Used	Replace or Disinfect & Return	Assigned to:
Command Centre Bag supplies?		
Master key from CC1/CC2 med room?		
Diesel fuel for generator?		

Did any person(s) experience distress as a result of the emergency? Y/N ____

If yes, list names of person(s) who experienced distress, and indicate whether emotional support was provided.

Person's name who experienced distress	Emotional Support Provided	Follow-through required

Signature of FIW: _____

Signature of the MNES / designate completing the report: _____

Ensure this report and supporting documentation are forwarded to the Manager of Nutrition and Environmental Services and the Administrator.

The remainder of the evaluation is to be completed by the MNES.

- Review the CIS report related to the emergency, that was submitted to the MLTC.
 - Make any amendments as required.

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- Does WSIB, MOL/ MLITSD, or any other government body or entity need to be notified? Y/N _____. If yes, identify who will notify which entity? _____
- Were the entities (e.g., Enbridge, Alectra) who were involved in emergency response provided with an opportunity to offer feedback.^{lix} Y/N _____. If no, who will ensure they are contacted and inquire if they have any feedback?

The **MNES** will ensure the review of the existing Code Grey Plan **annually** (for a **Loss of Hydro or Natural Gas**), and discuss any recommendations for improvement **with the Management Team**. (Refer to recommendations as listed above, and any additional recommendations that were received.)

The following are the Authorized Recommendations for Change

#	Authorized Recommendations for Change, including any changes to Code Grey Plan ~ Loss of Hydro or Natural Gas, if any:	Assigned to	Date of Implementation
1.			
2.			
3.			
4.			

Note: Authorized changes for improvement are to be promptly implemented and documented.^{lx}

The following are the Rejected Recommendations

#	Rejected Recommendations, if any:	Reason for Rejecting the Recommendation for Change
1.		
2.		
3.		

Code Grey Plan (EMERG–I–06a)

Within 30 days after the test is declared over, the emergency plan must be **reviewed and updated**, if necessary, based on the authorized recommendations.^{lxi}

If the Code Grey Plan (EMERG–I–06a) requires **updating**, assign to **MNES**: _____.

If changes were made to the **Code Grey Plan ~ Loss of Hydro or Natural Gas**, indicate how staff, volunteers, students, RC, FC if any, and external entities were involved / informed of **changes**, and will be given any **training/retraining**, as required.

Retain all supporting documentation, e.g., completed templates, changes made to the Plan, training records, etc.

- _____ New staff / volunteers & students will review updated emergency Plan as part of their **orientation**
- _____ Existing staff **Surge Learning updated, or retraining** by alternate method e.g., memo _____
- _____ Volunteers, Students, RC, FC if any, and relevant external entities given an opportunity for feedback and **advised of changes to the emergency plan**, which is available on BRHD's website, & internally in Emergency Manual, as appropriate.
- _____ If changes were made to emergency Plan, the revised Plan was updated in the Home's Emergency Manuals, and the electronic emergency Plan was sent to Fred /IT Specialist, for posting on the BRHD website and the former version of the Plan removed.

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After a review of this form, is there any additional follow-through required? Y/N___

- If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

Tasks Need to be Completed:	Assigned to:

Retain this record as part of the Home's quality management activities.

Name of person(s) completing report:

MNES / designate: _____ (Print); _____ (Signature)

Ensure the Administrator has a copy of the completed evaluation and all relevant documentation.

Date of completion: _____ (within 30 days after the emergency was initiated).

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Appendix C ~ Checklist for Code Grey ~ Loss of Hydro or Natural Gas

The MNES is responsible to ensure that:

- The **Code Grey Plan ~ Loss of Essential Services (EMERG-I-061, 06b or 06c)** was **TESTED** at least annually Y/N ____; and
- The Code Grey Plan – **Loss of hydro or natural gas** was **TESTED** at least **every three years** (Y/N) ____
- The **Code Grey “PLAN” EMERG-I-06a** was **reviewed**, and **updated** as necessary:
 - (a) at least **annually**, including the updating of all **emergency contact information of the entities**, (Y/N) ____; and
 - (b) **within 30 days** of the emergency being activated and declared over.^{lxii}

Note: If the Code Grey Plan is changed, ensure the Emergency Manuals and the website have the most current version of the Plan.
- **The Code Grey – Loss of Hydro or Natural Gas may not be tested/activated every year. However, the Code Grey Plan is reviewed annually. Ensure to retain the following records of the annual Code Grey Plan review:**
 - date of discussion _____
 - persons in attendance for discussion: _____
 - Recommendations for Improvement: _____

 - If recommendations are approved identify the changes; person to make the changes in the Plan; and save the changes made to the Plan (e.g., changes in red font)
 - If recommendations for changes to the Plan are **rejected**, identify the recommendations rejected, and the reason why they were rejected. _____

- Ensure the **related documentation for all activation(s) & review(s)** of the **Code Grey Plan – Loss of Hydro or Natural Gas**, that **occurred in the calendar year** (planned and unplanned) are completed, compiled, and retained as per the retention requirements, including but not limited to:
 - The **Code Grey Test Report and Evaluation (Appendix C)**
 - The **debriefing** of staff, and volunteers and students, if any; ^{lxiii}
 - Any **changes made to the Code Grey Plan – Loss of Hydro or Natural Gas**, (*when reviewed at least annually and 30 days after the emergency is activated*), and
 - **When the emergency plan is changed, consultation with the entities**,^{lxiv} e.g., Enbridge, Alectra, and the RC and FC, if any, as appropriate; and
 - Any related training/retraining records.

Number of **Code Grey - Loss of Hydro or Natural Gas** emergencies **activated or tested** in the year? ____ (*at minimum every 3 years*) **Note: Ensure that the records of the last Code Grey test, are available on site.**

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Identify any recommendations for improvement that will be **carried over** to the **next year** for prompt implementation:

#	Recommendation(s) carried over to next year	Reason for implementation delay	Assigned to	Date to be Implemented
1.				
2.				

Signature of the MNES: _____ Date: _____

Forward copy of completion form to the Administrator.

Endnotes

- ⁱ Fixing Long-Term Care Act (FLTCA). s.90.
- ⁱⁱ O Reg. 246/22 s.268(4) ix. under the FLTCA.
- ⁱⁱⁱ O Reg. 246/22 s.268(2).
- ^{iv} O Reg. 246/22 s.268(5).3.
- ^v O. Reg. 246/22 s.268 (3).
- ^{vi} O. Reg. 246/22. s.268 (3)(b).
- ^{vii} O. Reg. 246/22. s.268 (5).1. and 4.
- ^{viii} O. Reg. 246. s.268 (10)(a).
- ^{ix} O. Reg. 246. ss.268 (4). ix.
- ^x O. Reg.246/22 s.268 (8).
- ^{xi} O. Reg. 246/22 s.268 (3).
- ^{xii} O. Reg. 246/22 s.268 (3)(c).
- ^{xiii} O. Reg. 246/22 s.268 (3)(a).
- ^{xiv} [Contact Us | Alectra Utilities](#)
- ^{xv} O. Reg.246/22. s.268.(9).
- ^{xvi} O. Reg.246/22. s.268.(10)(d).
- ^{xvii} O. Reg.246/22 s.268 (3)(4)4 and 5.
- ^{xviii} O. Reg.246/22 s.268 (7).
- ^{xix} O. Reg. 246/22. s.268(3)(b)
- ^{xx} O. Reg. 246/22. s.22 (3).
- ^{xxi} O. Reg. 246/22. s.22(1)(c), when enacted, July 11/23.
- ^{xxii} O. Reg. 246/22 s.268(4)7.
- ^{xxiii} O. Reg. 246/22. s.22 (1).
- ^{xxiv} O. Reg. 246/22 s.268(4)6.
- ^{xxv} O Reg. 246/22 s. 24(1)
- ^{xxvi} O. Reg. 246/22 s.268(4)6.
- ^{xxvii} O Reg. 246/22 s.74(2)(c).
- ^{xxviii} O Reg. 246/22 s.23(1).
- ^{xxix} O. Reg. 246. s.268(4)3.
- ^{xxx} O. Reg. 246. s.268(12).

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- xxxix O. Reg. 246/22 s.268(4)6.
- xxxix O. Reg. 246. s.268(5)1.
- xxxix O. Reg. 246/22. s.268 (5). 4.
- xxxix O. Reg. 246/22 s.268(4)5.
- xxxix O. Reg. 246/22 s.268(4)5.
- xxxix O. Reg.246/22. s.268.(6).
- xxxix O. Reg.246/22. s.268.(6).
- xxxix O. Reg. 246. s.268(6).
- xxxix O. Reg.246/22. s.268.(9).
- xl O. Reg. 246. s.115 (1)1.
- xli O. Reg.246/22. s.268.(13) (b).
- xlii O. Reg.246/22. s.268.(13)(a).
- xliii O. Reg.246/22. s.268.(13) (c).
- xliv O. Reg.246/22. s.268.(9).
- xlv O. Reg.246/22. s.268.(8)(b).
- xlvi O. Reg.246/22. s.268.(10) (d).
- xlvii O. Reg.246/22. s.268.(13).
- xlviii O. Reg.246/22. s.268.(14) (a)(b).
- xlvi FLTCA. s. 82(2)8; and s.82(4).
- ¹ FLTCA s.82(6).
- li FLTCA. s, 82(3).
- lii O. Reg.246/22. s.260.
- liii O. Reg.246/22. s.260.(1).
- liiv O. Reg.246/22. s.268.(14) (a)(b).
- lv O. Reg.246/22. s.260.(3).
- lvi O. Reg.246/22. s.260.(3)(b).
- lvii O. Reg.246/22. s.268.(10)(b).
- lviii O. Reg. 246/22 s.268(9).
- lix O. Reg.246/22. s.268.(9).
- lx O. Reg. 246/22. 168.(2) 6. ii.
- lxi O. Reg.246/22. s.268.(8).
- lxii O. Reg.246/22 s.268 (8).
- lxiii O. Reg.246/22 s.268 (13).
- lxiv O. Reg.246/22. s.268.(3).