

MANUAL: Emergency	APPROVED BY: Administrator	Emergency Plan: Code Grey	PLAN #: EMERG - I - 06c
Orig: Apr 30/10	Code Grey / Loss of Essential Services LOSS OF COMMUNICATION		Page 1 of 21

Revised: Aug/18; Mar/17; Sep/23; Sep/24; Mar/26
Reviewed: Sept/22, Oct/25

INTRODUCTION

- Loss of communication at **Bob Rumball Home for the Deaf (BRHD)**, particularly loss of communication that may pose a hazard or risk to residents and staff and give rise to an emergency is treated as a “Code Grey” emergency — and needs to be managed as quickly as possible to avoid actual risk to residents and others.
- Loss of communication may be caused by an electrical failure or mechanical breakdown, e.g., loss of internet or loss of the residents’ communication system.

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

- Outline measures for dealing with, responding to and preparing for the loss of communication at BRHD.^{i ii iii}
- Protect the safety and well-being of residents, staff and others, as much as possible, during the loss of communication.
- Ensure that the “Code Grey Plan – **Loss of communication**” is communicated,^{iv} tested, evaluated, updated and reviewed with the staff of the Home, as required.

The Code Grey plan includes:

- Lead for co-ordinating the “Loss of Communication” activities, e.g., review and testing of the Plan, as required
- Consultation^v
- Record Retention
- Hazards and Risks^{vi} that may result from loss of communication
- Emergency supplies and equipment
- **Activation of the Plan ~ Roles and Responsibilities**^{vii} in the event of Loss of Communication
- Post Emergency Activities
- Training / Retraining
- Related Plan / Policy
- Appendices

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

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

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- 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 Communication”** 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 Communication** 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 providers, 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 well as the communication entities, as per their 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 Communication:

- **BRHD’s Sr. Director IT**/designate, and staff, including managers and registered nursing staff, and the **Residents’ Council (RC)** and the Family Council (FC), if any; ^{xi} **and**
- The relevant external entities, as appropriate. ^{xii}
 - **Midmark RTLS / Alert System** ^{xiii}, *formerly known as Versus System*
 - **Support Email:** RTLSSupport@midmark.com
 - The “**Emergency 24 hr line**” is 1-844-978-7767
 - **Rogers: for WIFI / internet**
 - Technical Support 1-888-Rogers-1;
 - **Rogers: for Wireless-cell phones**
 - Customer Service 1-855-381-7834
 - **Telizon Service company for land-line phones**
 - 1-877-835-4966
 - *And other relevant services as needed and listed in the “Emergency Telephone Numbers” at the front of the Emergency Manual.*

Any **changes to the Code Grey “Plan”** for Loss of Communication, will be identified and **the following notified of the changes:**

- The staff, volunteers and students, as applicable
- The RC and FC if any, by providing an update at their respective meetings
- The entities, e.g., by providing a copy of the updated emergency plan for their review and feedback, or contacting/meeting with them directly.^{xiv}

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

HAZARDS AND RISKS ^{xvii}

- Loss of communication may pose a hazard or risk to residents and staff, and give rise to an emergency^{xviii} Examples of loss of communication include, but are not limited to the loss of:
 - residents' communication and response system
 - internet, WIFI service,
 - phones (digital and/or land line)

Note: *Identifying the loss of communication as an emergency is dependent on the type of communication lost, the scope of the loss (e.g., isolated or widespread), and the length of time that the communication is lost. BRHD will implement immediate alternative measures to mitigate any emergency.*

- The loss of a communication system, may result in
 - Significant health and safety risks for residents, staff and others in the Home;
 - Loss of electronic information and documentation;
 - Business disruption, including loss of productivity and efficiency for staff, and equipment connections at the Home; and
 - Network security breaches and data loss.

EMERGENCY SUPPLIES and EQUIPMENT ^{xix}

- **Emergency Manual:**
 - A copy of the Code Grey ~ Loss of Communication Plan 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.^{xx} The emergency manuals also include Emergency Contact numbers, which are kept current annually, when each emergency plan reviewed ^{xxi}
- **A back-up generator** (diesel operated), located in the mechanical room.

Notes:

- *The back-up generator will activate in 3 seconds in the event of a power outage. It maintains all essential electrical equipment and can operate indefinitely **in the event of a power failure.*** ^{xxii}
Sarjeants 24/7 Public Fueling Stations (705) 728-2460, should be contacted to top up the diesel fuel after 12 hours of continuous running and every 12 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. Batteries are checked regularly, and replaced as necessary.*
- *All chargers for communication systems may be plugged into red receptacles at the nursing care centres.*

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- *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.*
- **Staff personal digital phones** (with ability to receive and send calls, messages and emails), which may be serviced through a different provider, if Rogers' service is compromised.
- **Land lines**
- Manager's **laptops** to record information and save data, even if WIFI not working.
- A **data network security system** to prevent breaches and save data.
- **Walkie-talkie sets** (2) available in the MNES' office as identified in Fan-out list.
- **Batteries and spare badges used for resident communication system**

ACTIVATION OF THE PLAN ^{xxiii} *

ROLES AND RESPONSIBILITIES ^{xxiv}

Person identifying the Loss of Communication (e.g., loss of the residents' communication and response system; systemic loss of WIFI service, digital phone communication, or phone land lines)

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

Fire Incident Warden (FIW)

The MNES if **on-site** at BRHD, is the FIW in charge of responding to a systemic loss of communication at the Home.

- If the **MNES** is not on-site, the **staff member in charge of the Home**, i.e., Administrator, manager or senior RN in the building is the FIW.

Note: The *Director of Nursing and Personal Care (DONPC)* may be used as an in-house resource for some IT issues. Issues requiring the expertise of the Sr. Director of IT, will be forwarded for resolution, as appropriate.

The FIW will give direction as identified:

- **Determine the type and extent of the loss of communication** (WIFI, digital phones, land lines) in the Home, and the potential risk to residents and staff.

Note:

- If the loss of communication service is related to a **power failure**, please refer to:
"Code Grey – Loss of Hydro or Gas (EMERG-I-06a)"

- **FIW/designate to notify the Administrator** if on site, **or a manager** (or on-call manager as appropriate) **if the Administrator is not on site.** Explain the emergency and ask the manager to notify the Administrator about the emergency, if the Administrator is not on site.

Note: *Emergency contact numbers for Telizon & Rogers (wireless phone and internet), Midmark and Sr. Director IT, are on the Emergency Telephone Fan out list, located at the front of the Emergency Manual if required.*

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*In addition, all phone numbers for **BRHD i-phones are on Fan-Out List** and will be identified as such, in the event they are required because land-line phones are down.*

Loss of Residents' Communication and Response System

The FIW will:	Comments/ assigned person(s) by the FIW
<ul style="list-style-type: none"> . Direct the Nurse in charge of Unit to determine the extent of the loss of communication, e.g., badge issue or a system issue. . If a badge concern, nursing staff to fix if able, e.g., replace battery, and/or badge to ensure resident is able to communicate with staff. . If a system issue, determine extent of concern. . Notify the MNES, DONPC or designate (e.g., Nursing Administrative Assistant) if on site, for immediate assistance and support with technical repairs. 	Nurse in charge of Unit
<ul style="list-style-type: none"> . Contact the manager on call and report concern, if MNES and DONPC / designate are unavailable or are unable to resolve the issue. . Request the manager on call to immediately call or email/text the following for assistance with determining cause & resolving problem: <ul style="list-style-type: none"> . Midmark -Emergency 24 hr line: is 1-844-978-7767, and . Fred Cheng, Sr. Director of IT: fcheng@bobrumball.org and IT-Support@bobrumball.org Emergency Manual Fan-Out List has Fred's text #. 	<ul style="list-style-type: none"> . Manager on call . Midmark; and . Fred Cheng, Sr. Director of IT (<i>notification by text or email only</i>)
<p>Instruct the Nurse in charge of Unit to:</p> <ol style="list-style-type: none"> a) Assign a nursing staff member (PSW) to commence the 30-minute resident checks for all affected residents for each designated time/ Ensure that there is an assigned staff member to check on all affected residents at all designated times during the shift. Note: <i>If staffing is limited, consider grouping residents in a large common area to monitor status of residents.</i> b) Inform all affected residents and staff of loss of resident communication and response system, i.e., that the call bell/badge system is not operating. Reassure residents that staff will conduct rounds every 30 minutes, or more often, if necessary, to ensure residents are safe. c) Consider signage to notify staff and residents of situation 	Nurse in charge of Unit
<ul style="list-style-type: none"> . Direct the nurse in charge of Unit to update both Midmark and Sr. Director IT of problem; and to ask them for an update of estimated time of repairs. 	Nurse in charge of Unit
<ul style="list-style-type: none"> . Direct the nurse in charge of the Unit or designate, to notify MLTC immediately of CIS Emergency (Loss of Residents' Communication and Response System) by submitting a CIS report if during business hours, or by calling the after-hours number if outside business hours and ensure that it is followed up with a written CIS report within one business day. 	Nurse in charge of Unit / designate
<ul style="list-style-type: none"> . Ask the manager/Administrator to send email notification to family members to inform them of the issue with the loss of communication with the residents' communication and response system, and identify the estimated time of when the system will be repaired; and provide a follow-up email when the system is back in operation. 	Manager / Administrator

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. Ask the Nurse in Charge of the Unit to ensure residents are kept informed of when the system is expected to be repaired and when it is actually repaired and the system is back to normal.	Nurse in charge of Unit
Direct nurse in charge of unit to collect resident check lists at the end of each shift; ensure completion; and forward completed checklists to the Administrator.	Nurse in charge of Unit

Loss of WIFI / Internet

The FIW will:	Comments/ assigned person(s) by the FIW
. If there are isolated concerns, notify the DONPC/designate to contact internal technical support for repairs. . If unable to immediately correct problem, contact Fred Cheng, Sr. Director of IT for assistance with determining cause & resolution of problem.: fcheng@bobrumball.org and IT-Support@bobrumball.org Emergency Manual Fan-Out List has Fred's text #.	
. For a complete loss of internet service to BRHD: Notify DONPC • Reset the routers. There are internet routers in the maintenance mechanical room and in the mechanical room on each of the resident wings, i.e., D1, D2, D3, and D4.	
. If the routers do not reset the internet , notify Rogers Technical Support 1-888-Rogers-1, report concern; determine length of service disruption. ^{xxv} Request emergency service repairs.	
. Notify Sr. Director of IT (Fred) by text / email fcheng@bobrumball.org / IT-Support@bobrumball.org of outage. . Ask Fred to check the BRHD internet system to determine cause. If an internal system, Fred will be able to assist with repairs to the WIFI service.	
. Inform staff of loss of internet / WIFI (affects PCC, e-MARS, POC, and email messages, and any other major equipment requiring internet, as applicable, e.g., HVAC system). . As appropriate, make an announcement : Pick up the phone (land line). Push the button that is marked "Page" and clearly state: " Code Grey – Loss of Communication " and the location to meet , (e.g., Boardroom / Care Centre 2 ^{xxvi}). Repeat the message three times to ensure that it is clearly heard.	
. If an announcement was made to meet, FIW to go to location to discuss.	
Give direction re how to effectively function without internet. . Use hard copy resident care plans, as required. . All staff would need to maintain a record of activities on paper, e.g., printed e-MARS, assessments, etc. Note: For hard copies of e-MARs: Download e-MARs from the desktop.	

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<p>Print MARs using the main computer. Ask DONPC or Administrator for further instructions, if required.</p> <p>If POC system is not functioning: Use the blank POC sheets located at each CC.</p>	
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Loss of wireless cell phone communication (to BRHD i-phones)

The FIW will:	Comments/ assigned person(s) by the FIW
. Using a land-line phone, call Rogers Customer Service 1-855-381-7834, report concern; determine length of service disruption and request emergency repairs. ^{xxvii}	Rogers technical support is also available at 1-888-rogers-1 or 1-888-764-3771.
. Notify Sr. Director of IT (Fred) by text / email fcheng@bobrumball.org and IT-Support@bobrumball.org Emergency Manual Fan-Out List has Fred's text #. Ask Fred to check the BRHD internet system to determine cause. If an internal system, Fred will be able to assist with repairs to the WIFI service.	
. Inform staff (by text or email) of loss of cell phone communication. Give instruction to use land line phones only until wireless cell phone communication is restored. If no announcement made, assign a staff member to inform staff with BRHD phones of service outage, e.g., <i>managers, reception, supervisors, RNs & RPNs</i> .	

Loss of business land line phone communication

The FIW will:	Comments/ assigned person(s) by the FIW
. Call Telizon Service @ 1-877-835-4966 , report concern; determine length of service disruption. ^{xxviii}	
. Directly inform staff of lack of service on land line phones. . Direct managers to send email/text message to their staff with BRHD i-phones re outage. . Remind staff that for urgent communication including 911 emergencies staff should use the BRHD i-phones (<i>managers and program staff</i>), or personal digital phones.	Note: Land-line phones require electricity & are connected to back-up generator.
. Depending on time of day, consider placing sticky notes on the land-line phones "Out of Order, Use cell phone."	Land-line phones location: reception, CC1 and CC2, all manager offices, dietary, programs, laundry and boardroom.
. If the fire system is linked to the land line phones call the Fire Department to inform them that the land line system is down; and any 911 emergency calls for fire will be made by wireless phones.	
. Post notice in front vestibule area that land line phones are out of service.	

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Loss of Land-line phones (Telizon) and Wireless phones (Rogers)

The FIW will:	Comments/ assigned person(s) by the FIW
Notify Telizon (1-877-835-4966) and Rogers (1-855-381-7834) of loss of service, request emergency repairs by an alternate notification method, i.e.: <ul style="list-style-type: none"> • Ask staff if they have a cell phone, not serviced by Rogers or Telizon. If their phone has service, request that their phone(s) be used by the FIW for emergency purposes only. • If there is no phone/cell phone service, use internet service, if available. https://www.rogers.com/support/outage 	

Loss of land-line phones (Telizon), Wireless phones (Rogers) and Internet (Rogers)

The FIW will:	Comments/ assigned person(s) by the FIW
Assign one person to drive to an alternate business location, until notification can be provided to Rogers (1-855-381-7834) and Telizon (1-877-835-4966). <ul style="list-style-type: none"> • Inform them that the BRHD communication system is non-functioning and repairs are required as soon as possible to facilitate assistance in the event of an emergency. • As a last resort call the emergency service (911) and advise them of the lack of phones and internet at the BRHD and the potential risk to the residents if emergency calls are needed and unable to be made. Request assistance in expediting the emergency service repairs. 	

MNES, and/or DONPC / designate

- Provide technical assistance / direction, including contacting the Sr. Director Information Technology (IT) for further assistance, as required by the FIW.

All other staff

- If the Code Grey- Loss of Communication is announced
 - At least one nursing staff member must stay on each Care Centre in the event a resident requires something
 - All other staff should go to the identified emergency location as announced, and take direction from the FIW.
 - Provide any assistance as directed by 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.

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POST EMERGENCY ACTIVITIES

FIW/designate will:

- After the communication network/system is restored, declare the emergency over.
- If a Code Grey was announced, ensure that “**Code Grey – Loss of Communication, All Clear**” is announced three times clearly, to communicate that the emergency is declared over.^{xxix xxx} 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.
- Notify the Sr. Director IT if not on site when the applicable communication system is restored.
- Sent message / text or email to staff with BRHD i-phones to alert them that the communication service is restored.
- Remove any signage that was posted explaining the emergency.

The FIW /manager 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 evaluation meeting:
 - On site manager, representatives from the staff, students, volunteers, and any external entities involved in the emergency., e.g., Midmark, Rogers, Telizon, and/or Sr. Director IT, as applicable and available.^{xxxi}
- Chair the meeting. The purpose of the post emergency meeting is to **complete the “Code Grey ~ Loss of Communication Test Report and Evaluation”** (*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 Communication, as applicable, and that a Critical Incident System (CIS) **report is completed and submitted**, as soon as possible, if not done already.^{xxxii}
- **ONCE LOSS OF COMMUNICATION IS DECLARED – Immediately notify MLTC.**
- 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*.^{xxxiii}
- Forward the completed “**Code Grey- Loss of Communication Test Report and Evaluation**” (*Appendix B*) to the Administrator if not conducting the meeting.

The Administrator will:

- Ensure the “**Code Grey – Loss of Communication 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

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tested (planned or unplanned), and any approved recommendations for improvement to be implemented.^{xxxiv} 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.^{xxxv} 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., Sr. Director IT, Midmark, Rogers, Telizon, and/or emergency personnel, etc.) were involved in an emergency response, ensure the entities, and the RC, and FC, if any, are provided an opportunity to offer feedback,^{xxxvi} if their representative was unable to attend the post emergency evaluation discussion.
- Review the Code Grey **Plan** (EMERG-I-06c), and add any recommendations for change to the Plan, to the written recommendations for improvement as outlined in the “**Code Grey – Loss of Communication 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 Communication 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.^{xxxvii}
Note: If any changes were made to improve the plan, maintain a written record of the changes made.^{xxxviii}
- **Complete Appendix C** ~ “Checklist for Code Grey ~ Loss of Communication” at the end of **each calendar year**.

Administrator/designate will:

- Address the **recovery** from the Emergency:^{xxxix}
 - 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.*)

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TRAINING – Emergency Plan ^{xi}

- BRHD **staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter.^{xli}
- The training will be based on that staff member’s responsibilities, prior to that person performing his/her responsibilities.^{xlii}

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.*^{xliii}

RETRAINING ^{xliv}

- All staff will receive annual retraining / reassessment on the Emergency Plan through Surge Learning and related Qs and As.^{xlv xlvi} 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..^{xlvii}
- 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.^{xlviii}

RELATED PLAN

- *Code Grey – Loss of Hydro or Gas (EMERG-I-06a)*

APPENDICES

- **Appendix A – Sample ~ Resident 30 Minute Checklist**
- **Appendix B - Code Grey ~ Loss of Communication Test Report and Evaluation**
- **Appendix C - Checklist for Code Grey ~ Loss of Communication**

** Please make 1 copy of “Activation of the Plan”, pages 5-9 inclusive for the Command Centre Bag, Code Grey – Loss of Communication (EMERG-I-06c) folder.*

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Appendix A: Resident 30 Minute Checklists (Day, Evening and Night Shifts)

UNIT: D__		RESIDENT 30 MINUTE CHECKS																	
DATE:		(MMM/DD/YYYY)																	
TIME: 6:30-14:30																			
Rm #	Res Initials	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00	12:30	13:00	13:30	14:00	14:30	
01																			
03																			
05																			
07																			
11A																			
11B																			
14																			
16																			
18																			
20																			
22																			
24																			
29																			
31																			
33																			
36																			
Staff Initials																			
Staff Name		(Print First & Last)										Comment:							
Staff Name		(Print First & Last)										Comment:							
Staff Name		(Print First & Last)										Comment:							

Instructions:

RN/RPN in charge of shift must ensure that a nursing staff is assigned to conduct the resident checks for each designated time. If more than one staff member is conducting rounds during the shift, each nursing staff member may use their own checklist; or share the same checklist.

Ensure the appropriate shift checklist is used e.g., **Day (6:30 – 14:30)**, Evening (14:30-22:30), or Night (22:30-6:30).

Complete the **Unit #**, e.g., **D1, D2, D3, or D4**; the **DATE**; and the **Resident's Initials** next to their room number.

For **each designated time**, staff are to check each resident to ensure they are safe. Once the resident is checked, under the correct time, **add** √ (checkmark) in the box beside the resident's name. Staff must document their initials in the **"Staff Initials"** box at the bottom of the appropriate time slot.

Staff who conducted resident checks, for one or more designated times, must print their first and last name in the **"Staff Name"** section.

If a resident is in the **Hospital**, mark **"H"** in each applicable box rather than a √ (checkmark).

If resident is **Absent** for a leave or an outing, mark **"A"** in each applicable box rather than a √ (checkmark).

If **no resident is assigned to the bed**, mark an **"X"** in each applicable box rather than a √ (checkmark).

The nurse in charge of the Unit must collect the resident checklists at the end of each shift and **ensure checklists are completed as required. Forward completed checklists to the DONPC.**

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UNIT: D __		RESIDENT 30 MINUTE CHECKS																	
DATE:																	(MMM/DD/YYYY)		
TIME: 14:30 - 22:30																			
Rm #	Res Initials	14:30	15:00	15:30	16:00	16:30	17:00	17:30	18:00	18:30	19:00	19:30	20:00	20:30	21:00	21:30	22:00	22:30	
01																			
03																			
05																			
07																			
11A																			
11B																			
14																			
16																			
18																			
20																			
22																			
24																			
29																			
31																			
33																			
36																			
Staff Initials																			
Staff Name										(Print First & Last)	Comment:								
Staff Name										(Print First & Last)	Comment:								
Staff Name										(Print First & Last)	Comment:								

Instructions:

RN/RPN in charge of shift must ensure that a nursing staff is assigned to conduct the resident checks for each designated time. If more than one staff member is conducting rounds during the shift, each nursing staff member may use their own checklist; or share the same checklist.

Ensure the appropriate shift checklist is used e.g., Day (6:30 – 14:30), **Evening (14:30-22:30)**, or Night (22:30-6:30).

Complete the **Unit #**, e.g., **D1, D2, D3, or D4**; the **DATE**; and the **Resident's Initials** next to their room number.

For **each designated time**, staff are to check each resident to ensure they are safe. Once the resident is checked, under the correct time, **add** √ (checkmark) in the box beside the resident's name. Staff must document their initials in the **"Staff Initials"** box at the bottom of the appropriate time slot.

Staff who conducted resident checks, for one or more designated times, must print their first and last name in the **"Staff Name"** section.

If a resident is in the **Hospital**, mark **"H"** in each applicable box rather than a √ (checkmark).

If resident is **Absent** for a leave or an outing, mark **"A"** in each applicable box rather than a √ (checkmark).

If **no resident is assigned to the bed**, mark an **"X"** in each applicable box rather than a √ (checkmark).

The nurse in charge of the Unit must collect the resident checklists at the end of each shift and **ensure checklists are completed as required. Forward completed checklists to the DONPC.**

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UNIT: D __		RESIDENT 30 MINUTE CHECKS																
DATE:		(MMM / DD / YYYY)																
TIME: 22:30 - 6:30																		
Rm #	Res Initials	22:30	23:00	23:30	24:00	0:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30
01																		
03																		
05																		
07																		
11A																		
11B																		
14																		
16																		
18																		
20																		
22																		
24																		
29																		
31																		
33																		
36																		
Staff Initials																		
Staff Name										(Print First & Last)	Comment:							
Staff Name										(Print First & Last)	Comment:							
Staff Name										(Print First & Last)	Comment:							

Instructions:

RN/RPN in charge of shift must ensure that a nursing staff is assigned to conduct the resident checks for each designated time. If more than one staff member is conducting rounds during the shift, each nursing staff member may use their own checklist; or share the same checklist.

Ensure the appropriate shift checklist is used e.g., Day (6:30 – 14:30), Evening (14:30-22:30), or **Night (22:30-6:30)**.

Complete the **Unit #**, e.g., **D1, D2, D3, or D4**; the **DATE**; and the **Resident's Initials** next to their room number.

For **each designated time**, staff are to check each resident to ensure they are safe. Once the resident is checked, under the correct time, add √ (checkmark) in the box beside the resident's name. Staff must document their initials in the **"Staff Initials"** box at the bottom of the appropriate time slot.

Staff who conducted resident checks, for one or more designated times, must print their first and last name in the **"Staff Name"** section.

If a resident is in the **Hospital**, mark **"H"** in each applicable box rather than a √ (checkmark).

If resident is **Absent** for a leave or an outing, mark **"A"** in each applicable box rather than a √ (checkmark).

If **no resident is assigned to the bed**, mark an **"X"** in each applicable box rather than a √ (checkmark).

The nurse in charge of the Unit must collect the resident checklists at the end of each shift and **ensure checklists are completed as required. Forward completed checklists to the DONPC.**

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Appendix B: Code Grey ~ Loss of Communication Test Report and Evaluation

Identify what system communication services were lost: Internet: (Y/N) _____; Wireless i-Phones: (Y/N) _____; Land-line Phones (Y/N) _____; Other: _____

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 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.^{xlix}

Date of emergency activation: _____ (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 (MNES/designate), 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: representatives from involved managers & staff, resident, family, and involved external entities (e.g., Sr. Director IT, Rogers, Telizon),^l as appropriate.

Attendees:

NAME	Position	NAME	Position

List **external entities**, e.g., Sr. Director IT, Midmark, Rogers, Telizon, etc., **as applicable, that were involved in the emergency but are NOT** in attendance at the evaluation, 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 reported a systemic loss of Communication service? _____

To whom did they report the lost of communication to? _____ (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 _____

If yes, name: _____

. Was the emergency declared over by the FIW? Y/N _____

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Supplies/Equipment Used	Replace or Disinfect & Return	Assigned to:
Emergency Manual Plan (EMERG-I-06c)?		
Command Centre Bag supplies? (templates)		

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 completing the report _____

Print the name of any additional staff member who added information to complete the report:

_____ & their Signature: _____

Ensure this report and supporting documentation are forwarded to Administrator.

The remainder of the evaluation is to be completed by the Administrator / designate

- Review the CIS report related to the emergency, that was submitted to the MLTC.
 - Make any amendments as required.
- 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., Midmark, Rogers, Telizon, Sr. Director IT) who were involved in emergency response provided with an opportunity to offer feedback.ⁱⁱ 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 Communication**), 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 Communication, if any:	Assigned to	Date of Implementation
1.			
2.			
3.			
4.			

Note: Authorized changes for improvement are to be promptly implemented and documented.ⁱⁱⁱ

The following are the Rejected Recommendations

#	Rejected Recommendations, if any:	Reason for Rejecting the Recommendation for Change

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1.		
2.		
3.		

Code Grey Plan (EMERG–I–06c)

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

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

If changes were made to the **Code Grey Plan ~ Loss of Communication**, 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.

After a review of this form, is 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:

Administrator / 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 Communication

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 communication** component was **TESTED** at least **every three years** (Y/N) ____
- The Code Grey “**PLAN**” EMERG-I-06c 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.^{liv}

Note: If the Code Grey Plan has changed, ensure the Emergency Manuals and the website have the most current version of the Plan.
- **The Code Grey – Loss of Communication 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: _____
 - Any 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 were **rejected**, ensure the rejected recommendations were recorded, and the reason why they were rejected. (Refer to Appendix B).

- Ensure the **related documentation** for **all activation(s) & review(s)** of the **Code Grey Plan – Loss of Communication**, 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 B*)
 - The **debriefing** of staff, and volunteers and students, if any; ^{lv}
 - Any **changes made to the Code Grey Plan – Loss of Communication**, (*when reviewed at least annually and 30 days after the emergency is activated*), and
 - **When the emergency plan is changed, consultation with the entities**,^{lvi} e.g., Rogers, Telizon, and the RC and FC, if any, as appropriate; and
 - Any related training/retraining records.

Number of **Code Grey - Loss of Communication** emergencies **activated** or **tested** in the calendar 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 Administrator/designate: _____ Date: _____

Ensure Administrator has a copy of completion form, if completed by a designate.

Endnotes

- ⁱ Fixing Long-Term Care Act (FLTCA). ss.90 (1)(a); ss. 90(2).
- ⁱⁱ O Reg. 246/22 ss.268(4) ix. under the FLTCA.
- ⁱⁱⁱ O Reg. 246/22 ss.268(2).
- ^{iv} O Reg. 246/22 ss.268(5).3.
- ^v O. Reg. 246/22 ss.268 (3).
- ^{vi} O. Reg. 246/22. ss.268 (3)(b).
- ^{vii} O. Reg. 246/22. ss.268 (5).1. and 4.
- ^{viii} O. Reg. 246. ss.268 (10)(a).
- ^{ix} O. Reg. 246. ss.268 (4). ix.
- ^x O. Reg.246/22 ss.268 (8).
- ^{xi} O. Reg. 246/22 ss.268 (3)(c).
- ^{xii} O. Reg. 246/22 ss.268 (3)(a).
- ^{xiii} Automate + Enhance Your Nurse Call System with RTLS | Midmark RTLS
- ^{xiv} O. Reg.246/22. ss.268. (9).
- ^{xv} O. Reg.246/22. s.268.(10)(d).
- ^{xvi} O. Reg.246/22 s.268 (3)(4)4 and 5.
- ^{xvii} O. Reg. 246/22. s.268(3)(b)
- ^{xviii} O. Reg. 246/22. ss.268 (3)(b).
- ^{xix} O. Reg. 246. s.268(4)3.
- ^{xx} O. Reg.246/22 s.268 (7).
- ^{xxi} O. Reg. 246. s.268(12).
- ^{xxii} O. Reg. 246/22. s.22 (3).
- ^{xxiii} O. Reg. 246. s.268(5)1.
- ^{xxiv} O. Reg. 246/22. s.268 (5).4.
- ^{xxv} O. Reg. 246/22 s.268(4)5.
- ^{xxvi} O. Reg.246/22. s.268.(6).
- ^{xxvii} O. Reg. 246/22 s.268(4)5.
- ^{xxviii} O. Reg. 246/22 s.268(4)5.
- ^{xxix} O. Reg.246/22. s.268.(6).
- ^{xxx} O. Reg. 246. s.268(6).
- ^{xxxi} O. Reg.246/22. s.268.(9).
- ^{xxxii} O. Reg. 246. s.115 (1)1.
- ^{xxxiii} O. Reg.246/22. s.268.(13) (b).

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xxxiv O. Reg.246/22. s.268.(13)(a).

xxxv O. Reg.246/22. s.268.(13) (c).

xxxvi O. Reg.246/22. s.268.(9).

xxxvii O. Reg.246/22. s.268.(8)(b).

xxxviii O. Reg.246/22. s.268.(10) (d).

xxxix O. Reg.246/22. s.268.(13).

xl O. Reg.246/22. s.268.(14) (a)(b).

xli FLTCA. s. 82(2)8; and s.82(4).

xlii FLTCA s.82(6).

xliii FLTCA. s, 82(3).

xliv O. Reg.246/22. s.260.

xlv O. Reg.246/22. s.260.(1).

xlvi O. Reg.246/22. s.268.(14) (a)(b).

xlvii O. Reg.246/22. s.260.(3).

xlviii O. Reg.246/22. s.260.(3)(b).

xliv O. Reg.246/22. s.268.(10)(a).

¹ O. Reg. 246/22 s.268(9).

^{li} O. Reg.246/22. s.268.(9).

^{lii} O. Reg. 246/22. 168.(2) 6.ii.

^{liii} O. Reg.246/22. s.268.(8).

^{liv} O. Reg.246/22 s.268 (8).

^{lv} O. Reg.246/22 s.268 (13).

^{lvi} O. Reg.246/22. s.268.(3).