

## DEEP RIVER AND DISTRICT HEALTH

**Policy:** Incident Management System (IMS) Policy

**Original Date:**  
2017-07-25

**Policy Manual:**  
Emergency Preparedness

**Approved by:**

- Board of Directors                       Chief Executive Officer                       Chief Financial Officer  
 Chief Nursing Executive

### Policy

The Incident Management System (IMS) is a method of command and control that includes guidelines and directives to ensure that material and human resources can be efficiently and effectively deployed in an emergency situation while protecting life, property, the environment while managing an internal emergency, maintaining service and supporting community partners. The IMS allows for rapid decision making, while using available resources in the most effective and efficient manner when responding to an emergency.

Each program/service is responsible for maintaining program/service specific business continuity (See Business Continuity Policy on the document management system). Staff must be able to respond appropriately, and be aware of the expectations of other team members. In the larger concept, all staff must be aware of the corporate policies, as outlined in the Emergency Preparedness Manual, which in turn support the program/service specific plans.

This plan encompasses Deep River and District Health (DRDH), comprised of the Deep River and District Hospital, the Four Seasons Lodge, and North Renfrew Family Health Team.

### Procedure

The Emergency Operations Centre (EOC) which is comprised of the Incident Management Team (See Emergency Operations Centre policy on the document management system), may be activated to support the purpose as outlined above and/or with the loss of one or more of the organizations infrastructure.

#### Internal Incidents

- Loss of one or more organizational infrastructure
- A significant physical threat to the facility
- More resources required than available through normal supply mechanisms
- A significant number of program/services subjected to extreme demands
- The facility requires evacuation

#### External Incidents

- The geographic area surrounding the facility has received significant damage
- A significant environmental threat to the facility or the community
- More than one health care facility in the region is significantly impacted by an incident

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- Another health care facility in the region is the site of the disaster

## **Emergency Codes**

The organization has endorsed and adopted the universal codes as developed by the Ontario Hospital Association. The codes and their rationale are summarized below.

### **Emergency Colour Code List**

#### **Code Black - Bomb Threat / Suspicious Object:**

The code designed to address a bomb threat or discovery of and or search for a suspicious object.

#### **Code Blue - Cardiac Arrest / Medical Emergency:**

The code designed to respond to a medical emergency, when a person requires resuscitation or in need of immediate medical attention, most often as the result of cardiac or respiratory arrest.

#### **Code Brown – Internal Hazardous Spill:**

The code designed to alert staff to an accidental internal release of a hazardous or potentially hazardous material. A hazardous spill includes discovery of spills, contamination, leak and/or suspicious/unusual smell of an unknown substance, liquid, powder, gas or vapor.

#### **Code Green – Evacuation Plan:**

The code designed to initiate an orderly response when it is recommended to evacuate from a hazardous zone to a safe zone located within specific areas of the building. The direction of evacuation may be limited to a horizontal evacuation.

#### **Code Green STAT - Evacuation (Crisis):**

The code designed to initiate a complete and orderly evacuation of an area, usually on a large-scale, possibly for a prolonged period of time.

#### **Code Grey - Infrastructure Failure:**

The code designed to alert the organization to an infrastructure loss or failure of substantial significance (i.e., flood, emergency generator failure).

#### **Code Orange – External Disaster:**

The code designed to activate a response to an external disaster whereby the influx of patients demands additional resources to manage the event.

#### **Code Purple - Hostage Taking:**

The code designed to elicit a response to a hostage-taking.

#### **Code Red – Fire Safety Plan**

The code designed to activate a planned response to a fire on the organization's premise.

#### **Code Silver – Person with a Weapon**

The code designed to alert staff of the existence of a person with a weapon on the premises.

#### **Code White – Violent Situation**

The code designed to initiate a cautious and proscribed response to a patient; visitor or staff member who is displaying undue anxiety, yelling or otherwise represents a threat of aggression or violence to themselves or others.

### Code Yellow/Amber - Missing Person:

The code designed to initiate a comprehensive expedient search by designated staff to locate a missing patient (unauthorized absence from the Long-Term Care / hospital) before that patient's safety and well-being is compromised.

### Activation of Codes

Generally, the Incident Commander will activate Codes (with the exception of Code Blue and White).

- The Incident Commander role shall be assumed by the Charge Nurse until the arrival of Admin-on-call. Admin-on-call shall remain Incident Commander unless:
  - The Incident Commander role is delegated by the Admin-on-Call depending on the nature of the event.
  - The EOC is activated and the Incident Commander role is assumed by the CEO (or delegate)
- The Admin-on-Call shall report to the site of all Emergency Codes (excluding Code Blue and White) during business hours and after hours they shall consult with the Charge Nurse to determine if they need to present to the organization.

It is important to note that any staff member, who feels that the situation dictates, may initiate a Code at his/her own discretion, i.e. fire, evacuation (to ensure responsiveness to events). The Incident Commander is then contacted and assumes responsibility for the event once alerted.

Following initial activation, further staff support may be required. If this is necessary, the members of the EOC will assess the need to implement the Fan Out list or specific supports that for program specific processes. Preplanning for staff call back is required so as not to deplete the resources if event lasts for an extended period of time.

### Termination of Codes

The Incident Commander, in consultation with members of the EOC (if activated), will consider the status of events and provide notification of termination of codes. The Incident Commander will notify switchboard (or delegate) to announce "Code [colour] all clear" x 3.

### Emergency Preparedness Committee

The overall development and ongoing revisions of the Emergency Preparedness Manual and Business Continuity Plan are the responsibility of the Emergency Preparedness Committee.

### **Note:**

Not all emergencies will require the activation of the EOC. The Incident Commander will work with staff, the Emergency Operations Centre and outside agencies and organizations to support resource needs as required.

### Emergency Operations Centre (EOC)

See Emergency Operations Centre Policy

### Incident Management Team (IMT)

See Emergency Operations Centre Policy

### Staff Responsibilities:

All staff have a role to play in emergency preparedness and response. As a First Responder or to support emergency situations, all individuals may be required to respond to any emergency code. All staff must review the policies on a regular basis and be prepared to respond efficiently and effectively.

**Materials and Supplies**

**Distribution of Emergency Code Policies**

Policies are maintained in the document management system under the Emergency Preparedness folder.

**Definitions**

The Emergency Management Act defines an emergency as:

- "A situation or an impending situation caused by the forces of nature, an accident, intentional act or otherwise that constitutes a danger of major proportions to life or property".

Organizational infrastructure: Resources that when not available, compromise patient/residents or employees and are important to ongoing operations. Included is loss of electrical power, generators, communication, information systems, supply chain, water, municipal sewage, natural gas, heating ventilation conditioning system and/or increased need for human resources (i.e. during a pandemic).

Reference Documents	<ul style="list-style-type: none"><li>• OHA Emergency Management Toolkit, 2009</li></ul>
Acknowledgements	<ul style="list-style-type: none"><li>•</li></ul>
Review Process	<ul style="list-style-type: none"><li>• Emergency Preparedness Committee – October 17, 2023</li></ul>
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Version approved for printing signed by Chief Executive Officer.

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Signature

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Date of printed approval