Department: Emergency Preparedness	Section: CODES	Subject: Code Grey Infrastructure Loss/Failure_Button-down (External Air Exclusion)
Policy:	Original Date: 2016-11-30	Supersedes:
Last Reviewed: 2026-05-14	Next Review Date: 2027-05-14	Approver: Angie Brunetti (Emergency Preparedness Committee)

POLICY STATEMENT

Code Grey is the term used to initiate emergency processes within the Espanola Regional Hospital and Health Centre (ERHHC) involving loss or failure of infrastructure, or external air exclusion (Button-down). The Code Grey policy is a risk management strategy used to ensure ERHHC employees are able to react appropriately in order to ensure the safety and protection of staff, patients, residents and visitors. The plan is reviewed, tested and evaluated by the Emergency Preparedness Committee (EPC) annually. If a coordinated emergency response by several agencies is required, the Town of Espanola Emergency Plan will be consulted.

Code Grey may be activated for 3 reasons:

1. **External Air Exclusion (Button-down) -** To control contaminated air from entering the building, as a result of an external chemical spill leaking noxious agents into the air or fire. If such an incident does occur, Incident Command (IC) will activate the ***External Air Exclusion Procedure***.
2. **Loss of Infrastructure Loss** – Loss of essential services such as hydro, heating, cooling, ventilation, medical gas, water or natural gas supply. Should this occur, Incident Command will initiate the ***Infrastructure Loss Procedure***. Depending on the situation, Code Grey may result in Code Green (evacuation).
3. **Loss of IT Infrastructure** - Disruption or loss of essential IT Infrastructure services such as loss of Meditech, Telephones, Network/Internet. Should this occur, Incident Command will initiate the ***Loss of IT Infrastructure Procedure.***

DEFINITIONS

ERHHC: Includes the hospital, Espanola Nursing Home, Espanola & Area Family Health Team, Queensway Place Assisted Living, Non-Profit Housing (Seniors Apartments), Maintenance garage.

Incident Commander (IC): The most responsible person at the time of an emergency. This person will depend on the time of day and may change as the situation progresses. The ED Ward Clerk may initiate the process during daytime hours, until relieved by the ED Nurse, or the most responsible person (e.g. Senior Manager or Fire Department Personnel).

Horizontal or Compartmental Evacuation: involves the patient/resident being removed from their department to the nearest safe area, based on the facility fire zone map.

Hot Debrief: An informal departmental review of the incident with staff directly after the incident has been resolved and all functions have returned to normal capacity. This allows managers to assess the impact to their respective teams.

Total Evacuation: involves exiting the building to outside or an alternate location and would only be carried out in an extreme emergency, at the discretion of the Fire Department and/or Senior Administration. In this case, external agencies such as the Red Cross may be contacted for incident management and resource acquisition.

Incident Manager: For the purposes of a Code Grey situation, the Incident Manager will be the most responsible person from the department of the affected system. The Incident Manager is responsible for activation and deactivation of the Code, as well as ongoing communication with affected departments.

AUTHORITY TO DECLARE, NOTIFICATION AND ACTIVATION LEVELS

All staff members should report an unplanned service disruption or infrastructure failure immediately to either their Department Manager or Charge Nurse (depending on the time of day). Depending on the nature of the issue, either IT/Maintenance will be contacted and will assume the role of **Incident Manager.** The Incident Manager will be responsible for assembly of the **Incident Management Team** members as required, and appropriate communication will be disseminated to managers, staff, and the public. Refer to Appendix A for direction on Code Grey activation.

CODE GREY ACTIVATION LEVELS

There are several different levels of Code Grey activation based on the current knowledge of the hazard and potential impact. These levels are not sequential, and Level 3 may be activated as the initial Code if there is an immediate impact on a service or hospital infrastructure.

The situation will be assessed with the Departmental Manager/Most Responsible person to determine if Code Grey is required based on the estimated **restoration time**, **business impact** and **number of users affected**. This will help to guide the decision to initiate the appropriate activation level.

		Number of users affected		
Business impact		**High Severity** Whole hospital is affected	**Medium Severity** Departments or large groups of users are affected	**Low Severity** One user or a small group of users is affected
	High Impact Major business processes are stopped	**Emergency**	**Critical**	**Major**
	Medium Impact Business processes are degraded but there is a reasonable workaround	**Critical**	**Major**	**Normal**
	Low Impact More of an irritation than a stoppage	**Major**	**Normal**	**Low**

"Code Grey Alert for (specify type)" This announcement identifies the potential/increased risk for a disruption to a service or infrastructure based on a warning from external partners (e.g.: Button Down due to a nearby structural fire) or when a major infrastructure project is being undertaken which runs the risk of causing a disruption (e.g. Oxygen storage replacement). Staff should review the appropriate downtime procedures and ensure redundancies and mitigation strategies are in place (e.g. Critical equipment plugged into red emergency power outlets).

"Code Grey Standby for (specify type)" This announcement identifies that a utility or service is disrupted/compromised and requires additional investigation to determine whether it is a minor event and can be fixed quickly or warrants a full Code Grey activation. Staff are to prepare downtime procedures for when In-Effect is announced. Standby should be called as soon as possible upon notification of a disruption.

"Code Grey in Effect for (specify type)" This announcement identifies that there is a loss or failure of a utility or service that impacts the facility. Staff in impacted areas are to activate and monitor operations of their contingency plans and report any issues to the Department or Incident Manager.

"Code Grey (specify type) All Clear" This announcement identifies that the facility-utility has been restored to normal operation. Staff are to follow any specific recovery procedures for impacted equipment as needed.

Incident Managers are authorized to activate a *Code Grey Stand-by* as soon as a disruption is confirmed. This will serve to notify staff that there is a disruption and can initiate downtime activities as needed while the scope and scale of the disruption is investigated.

The notified leadership will assess the situation and determine based on the information available (areas impacted, any additional systems impacted, estimated impact on care and services, and potential downtime length) whether to call a *Code Grey In Effect*. Activation of a *Code Grey In Effect* will initiate a command centre activation to support the response. "In-Effect" will be announced with consideration of the following:

- Are staff expected to execute downtime or alternate procedures?
- Is the quality of care or continuity of operations threatened or altered?
- Is there an increased risk to staff, patient or resident safety?

The level of Code Grey activation will be communicated to IC (Charge Nurse or ED Ward Clerk) and will be announced overhead as required. Once resolved, the Incident Manager will inform IC announce "All-Clear".

ACTIVATION AND NOTIFICATION

Code Grey may be announced overhead and/or email dependent on the circumstances of the event. Based on the cascading nature of utility and service disruptions, it is critical that both Maintenance and IT inform each other of any incident and maintain active communication throughout response and recovery.

SUMMARY OF CONTINGENCY PLANS

Code Grey contingency planning is designed to ensure the continuity of quality care for patients and residents with limited or no access to a utility or service, and to minimize the overall impact on hospital operations. Plans may rely on backup systems or alternate processes to ensure ongoing service is possible. Code Grey response will be situationally dependent and will vary with each scenario.

Contingency plans vary depending on the piece(s) of infrastructure that are impacted by a disruption or failure. The time frame for a response and recovery to a Code Grey may range from less than an hour to multiple weeks, depending on the scale and scope of the disruption. Similarly, the impact may range from a single unit/area to the whole campus. Back-up plans consider the sustainability of contingency actions and identify when it is no longer safe to continue operations and when horizontal or total evacuation is required.

All areas should have hard-copies of departmental contingency/down-time plans in the event they cannot access them electronically. These documents are to be stored in a central area that is accessible to all departmental staff.

It is important to note that the loss of any piece of infrastructure may result in a cascading failure of other systems (ex. Electrical power and network services, or water supply and HVAC). The use of multiple contingency plans may be needed for a particular response at any one time based on the services that are impacted. Service disruption or loss may affect a specific department or the entire facility and potential impact ranges from mild to catastrophic.

The list below identifies disruption to specific services, the first point of contact(s), and reference to supporting documentation.

Service/Infrastructure	Point(s) of Contact upon discovery of disruption	Supporting Documentation (in addition to Departmental Downtime procedures)
Electrical Power	Facilities	• QA-04 Testing of Fridge-Freezer Alarms-Back up Power • Loss Of Electricity 8697 • 8339 General Supply List - Emergency Meal Plan
Water Supply	Facilities/Occ Health*	• Boil Water Advisory* • Code Aqua- Flood* • Emergency Water Shutdown 8693 • Loss of Water 8699 • 8339 General Supply List - Emergency Meal Plan
Network/Telephone/Software/Electronics Systems	IT	• EMR Downtime (Meditech Still Working) LIS-23a • Downtime Procedures LIS-23 • Downtime - Registration • Downtime Procedures - DI 8642 • EMAR Downtime Procedures • Downtime Medication Dispensing and Delivery Inpatient 10499

GENERAL PRINCIPLES AND RESPONSIBLITIES

Service downtime may be due to a planned shutdown, initiated by the Maintenance Department or external service related to work being done in the building or surrounding area. In this situation, the Maintenance Manager will coordinate pre-meetings to ensure departmental preparation. Alternatively, the disruption may be the result of an emergency situation such as a ruptured water line, or systemwide IT downtime. In both cases, the appropriate Manager or Lead will communicate with IC to initiate Code Grey as required.

Maintenance Management monitors the operation of ventilation systems & essential facility services 24/7 using automated systems and a central alarm panel. Physical plant interruptions may occur due to loss of utilities and can vary with each occurrence. They may include elevator service, boilers, air conditioning, fume hoods etc. Maintenance Management is responsible for identifying physical plant interruptions. Affected areas are to monitor the utility loss impact for their area, implement appropriate alternate or contingency plans and report any issues or problems that require assistance to their Department Manager or the Incident Manager.

Department Managers should refer to Code Grey Downtime Department Huddle Checklist (**Appendix I-Coed Grey Downtime Sample Checklist)** to ensure team communication and ongoing updates/feedback.

Daytime: Call 3122, or page Maintenance overhead
Afterhours: IC/Charge Nurse pages Maintenance On-Call

Information Technology (IT) monitors and maintains the operations of ERHHC computer network applications and telecommunications systems (telephone and overhead paging system). Helpdesk responds to staff notifications of a disruption to a network service and will investigate to determine whether it is an isolated disruption or a broader system impact.

Daytime: Call 3125, or page IT overhead
Afterhours: IC/Charge Nurse pages IT On-Call

RESPONSE PROCEDURES

LOSS OF ELECTRICAL POWER: Refer to Appendix B- Loss of Electrical Power

To mitigate the impact of prolonged outages, “Load Shedding” strategies may be employed to extend the provision of critical care services by prioritizing a cascading list of services to be gradually taken offline. The overall aim is to gradually fail and avoid a rapid catastrophic failure.
Due to the importance of having a constant power supply to support all hospital programs and services, response procedures may be required to be used concurrently depending on any cascading failures/impacts a particular disruption may cause.

Electrical Power systems

1. Main: Main feeder line
2. Alternate: Diesel generator supplies emergency (red) outlets
3. Emergency: Flashlights, battery powered devices, extension cords

On backup power	Not on backup power
• Red outlets	• Panic alarm

• Doors	• Heating, cooling, ventilation
• Red phone (7777) and Fire Alarm system	• Regular outlets

LOSS OF WATER: Refer to Appendix C- Loss of Water

Boiled Water Advisory is included here as well, but notification will come from communicated Public Health Sudbury and Districts and will be announced overhead as soon as possible. Although this type of notification would not result in complete water loss, it does result in loss of consumable water, and therefore contingencies need to be in place. Refer to ERHHC policy ***Boiled Water Advisory***.

Water sources:

1. Main: Queensway water line
2. Alternate: McKinnon water line
3. Emergency: Bottled water, portable toilets

HEATING, VENTILATION AND COOLING: Refer to Appendix D- Loss of Heating, Ventilation, Cooling

Heating, Cooling, Ventilation systems

1. Main: Heating and Cooling for most of the Hospital is provided by large ventilation units that obtain heating from the boilers in the winter and chillers in the summer.
2. Alternate: In the case of loss of power the boilers will provide heating via the air handling units for the areas it covers in the Hospital, however during the summer months there would be not cooling. Both in the summer and winter in the case of a power loss the HVAC units will not be operable until normal power is restored. This would impact the Kitchen, Emergency Department, Acute, LTC North and South as well as the NPH Complex.
3. Contingency: Provide fans in the summer and portable heaters to plug into red outlets as they would be functional; would not be able to power up portable A/C.

Boiler Systems and Chillers:
Equipment utilized to provide heating and cooling over the larger part of the complex utilizing large air handling units in the penthouse.

HVAC (Heating Ventilation Air Conditioning) Units:
Located on the roof over the department to which they provide heating, ventilation and air conditioning. These are standalone units that do not tie into the main ventilation systems and in the case of loss of electricity, would not be functional.

LOSS OF NATURAL GAS: Refer to Appendix E- Loss of Natural Gas

Signs of a gas leak:

Sight – Damaged connections to natural gas appliances or vegetation that is dead or dying for no reason.
Sound - Hissing or whistling.
Smell - A distinctive rotten egg or Sulphur-like odor.

MEDICAL GAS/VACUUM

There are a variety of medical gas systems used within ERHHC including oxygen, air and vacuum. These systems have redundancies in place with both localized and central alarm systems to indicate an issue requiring immediate attention. Each system is inspected semi-annually and annually by the supporting contractor. Staff within the department are aware of the status indicator's location and will notify their Maintenance/Charge immediately if there is an issue.

As medical gas and suction is used by a small section of the facility, this would be managed locally and not announced overhead. Portable units would be utilized.

LOSS OF IT SERVICES: Refer to Appendix F- Loss of IT Services

Interruption of IT systems may be planned or unplanned and may involve one or more program/modules or the entire information system. Code Grey would not be initiated for planned downtime, but IT should be immediately notified regarding an unplanned disruption in network or telephone services. All areas should have stock of the most current hard copy versions of downtime forms, order sheets, and other necessary documentation at all times.

Downtime may result in some or all systems being unavailable, and may affect email or telephone, impacting the ability to communicate the disruption.

EXTERNAL AIR EXCLUSION/BUTTON-DOWN: Refer to Appendix G- External Air Exclusion/Button-down

An Air Exclusion notification may come from outside sources such as the Municipality, Espanola Fire Department, OPP etc. The person receiving this communication will relay it to Incident Command and Senior Leadership immediately.

Alternatively, when outside air is felt to be a danger to the people at the site, those concerned will notify Incident Command, who will consult with Senior Leadership regarding the need to announce.

The building will be sealed as quickly as possible by closing all windows and doors and shutting down air exchange systems and exhaust fans. In extreme situations, entry and exit of persons may be restricted to limit exposure to contaminated air. If horizontal or total evacuation is required, refer to Code Green Evacuation policy

CODE GREY DEBRIEF MEETING/RECOVERY PLAN- Refer to Appendix H

During Code Grey, Departmental Managers will check in regularly with their respective teams, providing support and regular updates (using Appendix I). For all subgroups included in this policy, a formal meeting will take place within 72 hours to review the system response, departmental staff feedback and recommendations for improvement planning. The meeting will be organized by the Manager of either Maintenance or IT, in collaboration with the Emergency Preparedness Lead, Incident Manager, and/or IC. An after-action plan will be documented to allow for timely follow up on corrective actions.

EDUCATION AND TRAINING

- Upon hire, all staff are required to complete an online Emergency Preparedness policy review which is tracked electronically.
- As part of onboarding, all new staff are required to attend an in-person general orientation. During this session, new staff review the elements of the Emergency Preparedness program including general response, code of the month, the Emergency Preparedness information board, structure of mock codes etc.
- During departmental orientation, mentors review department specific expectations during emergency code response.
- Code of the Month: Each month, an email is sent to all staff reviewing the code that will be focused on throughout the month, the attached policy, quick reference document, and information about the upcoming drill.
- Practice drills: Drills are scheduled on a monthly basis in various departments, allowing a variety of staff to participate. Mandated emergency response drills are completed in the Long-Term Care Home, as required.
- The Emergency Preparedness information board is located in the service hallway and is updated on a monthly basis to reflect the code of month.

REFERENCES

Brockville General Hospital *Code Grey- Loss of Network Infrastructure* 2025.

Brockville General Hospital *Code Grey- Loss of Critical Building Infrastructure* 2025.

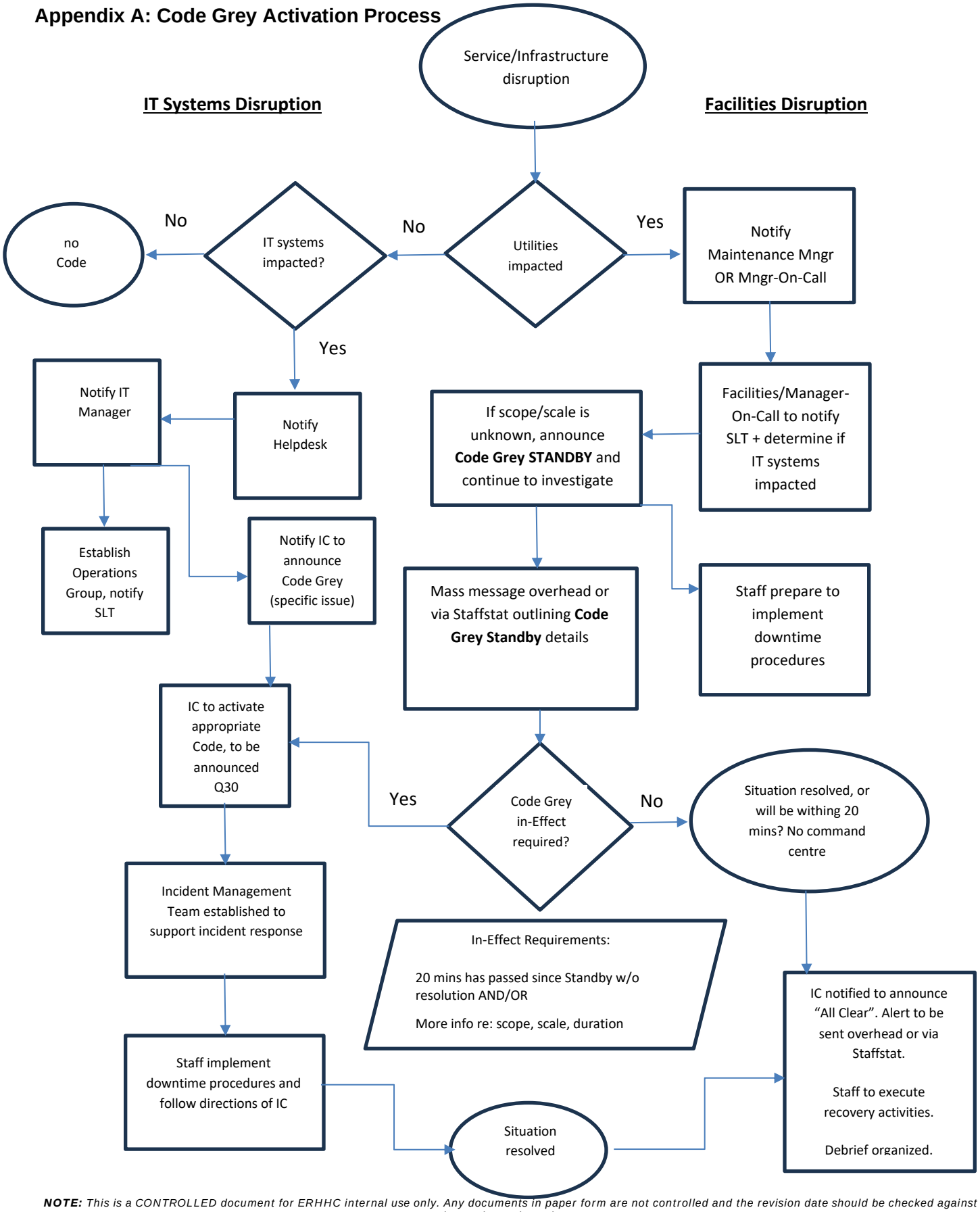
Hamilton Health Sciences *Code Grey- Infrastructure/Service Loss, Button Down (External Air Exclusion) & Smell of Noxious Fumes Alert* (Emergency and Disaster Management). 2023.

Hamilton Health Sciences *Code Grey-Network Incident Response Guide*. Emergency and Disaster Management. 2023.

ERHHC. (2025). Incident Management System and Emergency Operations Centre

NorthShore Health Network, *Code Grey- External Air Exclusion,* Retrieved May 2022

Appendix A: Code Grey Activation Process



Appendix B: Loss of Electrical Power

Responsible Staff	Required Actions
Incident Commander	☐ If deemed appropriate (e.g., disruption in service affecting multiple areas) a Code Grey will be announced over the paging system ***"Code Grey, Loss of Power (specific location or whole facility). Refer to downtime procedures and listen for further announcements" x3***
	☐ Delegate switchboard to repeat announcement Q30 for first 4 hours, and then hourly until 9pm or until situation is resolved.
Charge Person/ Manager	☐ Coordinate dissemination of resources, including extension cords, battery powered lanterns flashlights and batteries as needed (from Maintenance or Materials Management)
	☐ Review and prepare for Code Green in the event an evacuation is needed due to prolonged outage
General	☐ When a disruption in power is noticed, notify department Manager or Charge Nurse (depending on time of day) to escalate the issue to Maintenance or IT
	☐ Upon hearing the Code Grey Power Loss announcement, all departments will refer to downtime procedures for service interruption and documentation
	☐ Utilize emergency resources: flashlights, battery powered lanterns, extension cords/power bars, desk bells for patients/residents, power safe phones, portable suction etc.
	☐ Check and ensure essential equipment is plugged into emergency red outlets (vaccine fridges, freezers, portable suction, ADU, patient lifts, glucometers, IV pumps, essential computers etc.)
	☐ Conserve power by shutting off/unplugging non-essential machines (e.g. ice machines, cleaning equipment etc. Ensure fridge/freezers stay closed as much as possible.
	☐ Review and prepare to discontinue non-essential/non-critical care or other services depending on estimated length of outage and access to emergency power
	☐ Cancel and/or reschedule appointments/procedures based on service availability and reduce non-essential/critical services in area
	☐ Monitor unsecured exits
	☐ Ensure communication with patients, residents, families, as per departmental process
	☐ All departments should assess staffing needs and adjust accordingly (Utilize Staffstat for mass messaging)
Maintenance	☐ Assess impact of hydro loss in area/facility
	☐ Keep command centre/on-call manager updated on restoration efforts
	☐ Coordinate with providers to restore power
	☐ Monitor generators to ensure operation and fuel supply maintained
	☐ Initiate remediation work to re-establish power
Diagnostic Imaging	☐ Use of the portable Xray unit only
	☐ For any studies needing to be sent out urgently, they may need to be sent manually by taxi on CD or USB stick. See specific DI downtime procedures
Dietary	☐ Utilize disposable items should be used as much as possible; dishwasher not on backup power
	☐ Prepare for cold menu (gas stove will remain functional)
Communications	☐ Determine necessary communication to public via television, social media, radio etc. based on the expected duration and extent of the outage

Appendix C: Loss of Water

Responsible Staff	Required Actions
Incident Commander	☐ If deemed appropriate (e.g., disruption in service affecting multiple areas) a Code Grey will be announced over the paging system ***"Code Grey, Loss of Power (specific location or whole facility). Refer to downtime procedures and listen for further announcements" x3*** ☐ Total water loss: Announce ***"Due to Code Grey, all staff remain on fire watch and dial 7777 immediately to report smoke or fire"*** ☐ Boiled Water Advisory: "Your attention please, your attention please. [Boil Water Advisory in effect, please follow departmental procedures]"x3
	☐ Delegate switchboard to repeat announcement Q30 for first 4 hours, and then hourly until 9pm or until situation is resolved.
Charge Person/ Manager	☐ Maintenance Manager or designate will be the liaison between the municipality to obtain and communicate accurate information to Incident Command/Management Team
	☐ Coordinate dissemination of resources including (sanitary wipes, bottled water, hand sanitizer, portable eye wash etc.) from Maintenance or Materials Management
	☐ Review and prepare for Code Green procedures in the event an evacuation is needed due to prolonged loss.
	☐ Coordinate posting of signage where appropriate
General	☐ When a change in water supply is noticed (decreased pressure, colour, smell, taste) notify department Manager or Charge Nurse (depending on time of day) to escalate the issue to Maintenance
	☐ Upon hearing the Code Grey Power Loss announcement, all departments will refer to downtime procedures for water service interruption including discontinued use of water, bottled water for drinking/cooking, sterile water for wound cleaning, use of disposable items, hand sanitizer, commodes, sanitary wipes etc.
	☐ Remain on Fire Watch and report immediately to Incident Command
	☐ Ensure communication with patients, residents, families, as per departmental process
	☐ Assess staffing needs and adjust accordingly (Utilize Staffstat for mass messaging)
Maintenance	☐ Assess impact of water loss in area/facility
	☐ Keep command centre/on-call manager updated on restoration efforts and timelines
	☐ Coordinate with providers to restore power
	☐ Initiate remediation work to restore water, if possible
	☐ Organize portable toilets
Communications	☐ Determine necessary communication to public via television, social media, radio etc. based on the expected duration and extent of the disruption

Appendix D: Loss of Heat, Ventilation, Cooling

Responsible Staff	Required Actions
Incident Commander	▯ If deemed appropriate (e.g., disruption in service affecting multiple areas) a Code Grey will be announced over the paging system ***"Code Grey, Loss of ____ (specific service, location). Refer to downtime procedures and listen for further announcements." x3***
	▯ Delegate switchboard to repeat announcement Q30 for first 4 hours, and then hourly until 9pm or until situation is resolved.
Charge Person/ Manager	▯ Coordinate dissemination of resources as needed (from Maintenance or Materials Management) e.g. portable heaters, fans etc.
	▯ Review and prepare for Code Green in the event an evacuation is needed due to prolonged disruption
	▯ Maintenance Manager will ensure ongoing communication with Charge Person/On-Call Manager
	▯ Maintenance Manager or designate will be the liaison between the affected company/municipality to obtain and communicate accurate information.
General	▯ When a disruption in heat, cooling or ventilation is noticed, notify department Manager or Charge Nurse (depending on time of day) to escalate the issue to Maintenance or IT
	▯ Continue to monitor the status of the department, and provide update Manager or Charge person

Appendix E: Loss of Natural Gas

Responsible Staff	Required Actions
Incident Commander	▯ If deemed appropriate (e.g., disruption in service affecting multiple areas) a Code Grey will be announced over the paging system ***"Code Grey, Gas Leak (area). Evacuate the area immediately" x3***
	▯ Delegate switchboard to repeat announcement Q30 for first 4 hours, and then hourly until 9pm or until situation is resolved.
Charge Person/ Manager	▯ Review and prepare for Code Green in the event an evacuation is needed due to prolonged disruption
	▯ Maintenance Manager will ensure ongoing communication with Charge Person/On-Call Manager
General	▯ When signs of a gas leak are noticed, notify IC immediately at 7777 to contact maintenance to turn off gas
	▯ Remove patients from the affected area immediately
	▯ Do not use electronics, lighters or matches, or start a vehicle in the area of the leak. Turn off appliances.
Maintenance	▯ When notified, turn gas off and ensure other hazards are removed from the area.
	▯ Work with external agency to resolve issue (as required)

Appendix F: Loss of IT Services

Responsible Staff	Required Actions
Incident Commander	▯ If deemed appropriate (e.g., disruption in service affecting multiple areas) a Code Grey will be announced over the paging system ***"Code Grey, Specific issue (e.g. Network Down OR Phone System down etc.) All departments please refer to down time procedures."***
	▯ Delegate switchboard to repeat announcement Q30 for first 4 hours, and then hourly until 9pm or until situation is resolved.
IT	▯ Once notified, most responsible person will contact IT Manager to determine the need for Code Grey
	▯ Manager establishes IT Operations Team, if necessary; work to resolve issue internally or with appropriate vendor(s)
	▯ Manager provides ongoing communication to Manager On-Call, SLT etc.
	▯ Member of IT team available throughout disruption to assist critical areas
	▯ Coordinate meeting with SLT and/or Management Team to provide additional info, updates
Management Team	▯ Attend meetings and communicate updates to respective teams
	▯ Ensure departmental downtime procedures are utilized
General	▯ Utilize power safe phones, cell phones if necessary
	▯ Refer to departmental downtime procedures for specific disruption
Communications	▯ Determine necessary communication to public via television, social media, radio etc. based on the expected duration and extent of the outage

Appendix G: External Air Exclusion/Button-down

Responsible Staff	Required Actions
Incident Commander	Once it has been determined that a Code Grey needs to be initiated, announce 3 times over the paging system, ***"Code Grey- Air Exclusion. Close all WINDOWS AND DOORS IMMEDIATELY." (x3)***
	If the source of the hazard is on the property, call 911 for assistance
	Delegate switchboard to repeat announcement Q30 for first 4 hours, and then hourly until 9pm or until situation is resolved.
Charge Person/Manager	Act as liaison between the OPP/Espanola Fire Department to ensure accurate information is obtained and communicated to IC, SLT.
	Communicate the status of the Code Grey to Senior Leadership and the Management Team via meetings and emails.
	Ensure signage is affixed to doors
General	All departmental staff will immediately close all windows and entrance/exit doors, including garage doors, and post signage on external doors (No Entry/Exit').
	During daytime hours, maintenance staff will close all fire doors. After hours, departmental staff will complete this task.
	Staff may be required to monitor doors to ensure only doors with vestibules are used
	Refrain from any work that may produce contaminants (e.g. painting)
Maintenance	Shutdown ventilation system
	Lock exterior doors through Salto system (if required)
Laboratory Services	Fume hoods should be turned off, and the face should be covered and sealed (particularly if there are reagents left within the fume hood)
Communications	Determine necessary communication to public via television, social media, radio etc.

Appendix H: RECOVERY PROCESS ONCE SERVICE HAS BEEN RESTORED

Responsible Staff	Required Actions
Incident Commander	☐ When notified, announce **"Code Grey, IT (specific system), all clear."**x3
Charge Person/Manager	☐ Inform IC to announce "All Clear"
	☐ Coordinate a debrief meeting with affected departmental managers
	☐ Ensure a Code Response Report is submitted in Surge Learning
	☐ Ensure supplies are collected for storage, signage is removed, etc.
General	☐ Resume normal operations following any departmental process for resumption of services post-downtime.
IT/Maintenance Teams	☐ Ensure most critical departments/ services are prioritized and will be brought online/resumed accordingly
	☐ Provide ongoing support to departments during service resumption
Managers	☐ Complete a "hot debrief" with individual teams to review and evaluate impact (Info to be brought to formal debrief meeting)
	☐ Oversee the resumption of normal operations in your area.
Communications	☐ Determine communication to public via television, social media, radio etc.

Appendix I: Code Grey Downtime Sample Checklist

Code Grey Downtime – Department Huddle Checklist

Department: _____ Huddle Lead: _____

Date: _____ Time: _____

1. Downtime Awareness & Processes

- Staff notified of Code Grey downtime
- Required downtime processes reviewed with team
- Downtime tools/forms available and accessible
- Staff actively following downtime procedures
- Any gaps or issues identified?

2. Patient Volume & Flow

- Current patient volume assessed
- Impact on admissions, transfers, or discharges reviewed

3. Services & Prioritization

- Non-essential services postponed where appropriate
- Stakeholders notified of any service delays

4. Staffing Assessment

- Current staffing levels reviewed
- Staff workload manageable
- Upstaffing required?

  ☐ Yes ☐ No
- Redeployment or role adjustments needed

5. Safety Risk Assessment

- Patient/ Staff safety risks identified and addressed

6. Communication & Updates

- Key updates shared with staff
- Clear direction on who to contact with issues
- Plan for ongoing updates communicated

7. Hot Debrief (End or Post-Downtime)

- What went well?
  - _____
- What challenges were encountered?
  - _____
- Any risks or near misses identified?
  - _____
- Changes or improvements needed for next time?