Code Grey

Unit/Department Plan

 [Insert Unit/Department Name]

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| **What is a Code Grey?**A Code Grey is activated when there is a system failure that has caused, or has the potential to cause, significant site wide impacts and requires a coordinated response.**Purpose/Objective**The purpose of this plan is to outline the impacts, contingency plans and supplies and equipment that are required by your unit/department to respond to a system failure. This Plan serves as a supplement to the general Code Grey protocols and is designed to be a practical, in-the-moment reference during a system failure event. **Components*** Unit/Department Information
* Electrical Power Supply Failure
* Network/Clinical System Failure
* Water/Steam/Sewer System Failure
* Telecommunications Failure
* Heating, Ventilation and Air Conditioning (HVAC) Failure
* Finalize Plan
* Plan Maintenance
 |
| **Date of Plan:** | [Date of Plan completion] |
| **Document prepared by:** | [Unit/Department Manager] |

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| **Unit/Department Information** |
| **Unit/Department Name:** |  |
| **Type of Services:** |  |
| [ ]  **[**Resident/Client Care] Area[ ]  **[**Non-Resident/Client Care] Area |
| **Number of Beds:**  | **Floor** |  |  | [xx] Beds |
| **Location:**  |  |
| **Hours of Operation:** |  |
| **Unit Contact Number:** | **Main reception:** **After hours:** |

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| **Electrical Power Supply Failure** |

**Description of hazard:** The electrical power supply has been interrupted causing a complete or partial power failure to the home.

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| **Contingency Plan** |

The following contingencies have been identified to manage the impacts and ensure [client/resident] care and safety:

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| **Generator Activated/Vital Power Available** |
| **Equipment and systems that may be unavailable** | **Operational and clinical impacts** | **Contingency plan** |
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| **Generator Malfunction/No Vital Power** |
| **Equipment and systems that may be unavailable** | **Operational and clinical impacts** | **Contingency plan** |
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| **Equipment & Supplies** |

The following equipment & supplies are needed to implement the contingencies outlined above:

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| --- | --- | --- | --- |
| **Item** | **Quantity** | **Item in kit** | **If not in kit, describe location** |
|  |  | [ ]  |  |
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|  **Network/Clinical System Failure** |

**Description of Hazard:** The partial or complete loss of component(s) of a network/clinical system. These components may include access to servers, mobile or desktop hardware or software applications, or wi-fi.

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| **Contingency Plan** |

The following contingencies have been identified to mitigate or manage the impacts to clinical operations and resident care/safety.

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| **Equipment and systems that may be unavailable** | **Operational and clinical impacts** | **Contingency plan** |
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| **Equipment & Supplies** |

The following equipment & supplies are needed to implement the contingencies outlined above:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Item in kit** | **If not in kit, describe location** |
|  |  | [ ]  |  |
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| **Water/Steam/Sewer System Failure** |

**Description of Hazard:** The complete or partial loss of water supply or sewer system.

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| **Contingency Plan** |

The following contingencies have been identified to mitigate or manage the impacts to clinical operations and resident care/safety.

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| **Equipment and systems that may be unavailable** | **Operational and clinical impacts** | **Contingency plan** |
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| **Equipment & Supplies** |

The following equipment & supplies are needed to implement the contingencies outlined above:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Item in kit** | **If not in kit, describe location** |
|  |  | [ ]  |  |
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| **Telecommunications Failure**  |

**Description of Hazard:** The complete or partial loss of cellular, telephone (land line), and Personal Paging Services.

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| **Contingency Plan** |

The following contingencies have been identified to mitigate or manage the impacts to clinical operations and resident care/safety.

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| **Equipment and systems that may be unavailable** | **Operational and clinical impacts** | **Contingency plan** |
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| **Equipment & Supplies** |

The following equipment & supplies are needed to implement the contingencies outlined above:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Item in kit** | **If not in kit, describe location** |
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| **Internal Flood** |

**Description of Hazard:** Internal or localized flooding within a building or area which may be the result of heavy rains, pipe bursts, or sewer backup.

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| **Contingency Plan** |

The following contingencies have been identified to mitigate or manage the impacts to clinical operations and resident care/safety.

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| **Equipment and systems that may be unavailable** | **Operational and clinical impacts** | **Contingency plan** |
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| **Equipment & Supplies** |

The following equipment & supplies are needed to implement the contingencies outlined above:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Item in kit** | **If not in kit, describe location** |
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| **Heating, Ventilation and Air-Conditioning (HVAC) Failure** |

**Description of Hazard:** The complete or partial loss of heating and/or cooling systems.

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| **Contingency Plan** |

The following contingencies have been identified to mitigate or manage the impacts to clinical operations and resident care/safety.

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| **Equipment and systems that may be unavailable** | **Operational and clinical impacts** | **Contingency plan** |
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| **Equipment & Supplies** |

The following equipment & supplies are needed to implement the contingencies outlined above:

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Item in kit** | **If not in kit, describe location** |
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| **Finalize Plan** |

Once the Code Grey Unit/Department Plan is finalized, complete the following activities to ensure staff awareness and accessibility during evacuation/relocation:

[ ]  Print and insert the completed plan into the Emergency Response and Code Manual(s)

[ ]  Assemble a Code Grey Kit (based on items listed in the Equipment and Supplies section).

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| **Code Grey Kit** |
| Suggested contents include:* + Flashlights, headlamps, glowsticks
	+ Site contact lists
	+ Staff instructions
	+ Pens and/or pencils
	+ Signage
	+ Bags to hold valuables and medical charts
	+ Copy of Code Grey Unit/Department Plan
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| **Plan Maintenance** |

This plan should be reviewed annually and/or updated every three years if no changes are needed annually

[ ]  Review and update the plan on an annual basis (12 months) from the publish date.