## Contingency Plans for loss of Utilities

### **Emergency Plans for Loss of Power**

1. PLANNING CHECKLIST

* Establish and exercise the Incident Command System (ICS) for [site name] if using ICS
* Ensure Emergency Response Plan - Evacuation is in place for your facility
* Identify clients at increased risk during power disruptions i.e. those requiring oxygen, electrical suction, mechanical ventilation etc.
* Ensure a relocation plan is in place which facilitates the movement of clients to an alternate location with interim provisions for care.
* Consult the responsible person/service while utilizing the *Contingency Planning Template*
* Maintain up-to-date staff fan-out lists, which includes support, facility/maintenance and clinical staff contacts
* Ensure all contact lists are up to date i.e. Energy services provider, property manager etc.
* Ensure the Site-Specific Manager On-Call number is available (zone specific process)
* Conduct regular exercises that highlight Loss of Power and Code Green-Evacuation situations
* If equipped, ensure the back-up generator is able to provide support to core building systems such as heating/cooling, air handling
* Test the back-up generator on a regular basis (as per the manufacturer spec)
* Ensure an adequate generator fuel supply is in place should the power be interrupted for an extended period.

2. IDENTIFICATION: One or more of the following situations may indicate a loss of power:

* Loss of Power to the community
* Scheduled shutdown at the facility
* Emergency outage due to storms, equipment or wiring malfunction / human error

3. CONFIRMATION

* Staff member who identifies a concern with the power supply should immediately notify his/her Supervisor/Manager.
* Supervisor/Manager should confirm Loss of Power then notify Site Specific Leadership immediately and be prepared to deliver a status report on all areas impacted within the facility

4. NOTIFICATION/ACTIVATION

* Establish an Incident Commander
* Activate the Site Command Post for prolonged power outages, greater than one hour.

Notification Considerations:

* Record Power Outage Details

Date:

Time:

Duration:

Areas/systems affected:

Other:

* Immediate
* Arrange overhead page (or somehow notify others if there is no ability to overhead page):
* “The site is or has experienced a power outage and we
are currently working on resolving the problems. Staff should contact their immediate Supervisor/Manager if they require further assistance or have an unresolved issue in their area
* Notify energy service provider i.e Enmax
Notify local emergency services of the power outage (police, fire & EMS) Notify Facilities & Maintenance and Property Manager if applicable
* Subsequent
* Ensure all staff members are briefed including; clinical, support and supervisor/manager, on/off site physicians, contractors and consider notifying off-shift personnel as well
* Ensure all clients have been made aware of situation
Ensure family members/guardians are made aware of the situation (when appropriate)
* Arrange overhead page-status updates or notify others if there is no ability to overhead page as required:
* Establish a communication link with the Manager-On Call (reference zone specific process)
* Provide ongoing updates at regular intervals or as directed to relevant stakeholders Fill out the Site-Specific Reportable Incident Form if criteria met

5. SITE ADMINISTRATOR/INCIDENTCOMMAND CHECKLIST

* Ongoing consultation with Facilities and Maintenance
* Switch to manual/automatic emergency power generator is activated (provided the site has back up power system).
* Ensure critical electrical equipment (cardiac monitors, oxygen compressors, portable suctions, etc.) are plugged into emergency power outlets (if present at your site).
* Ensure clients / visitors are notified of the power outage and are escorted to a safe area, as required
* Consider loss of power impact on the following:
* Fire monitoring/alarm/suppression systems with circulation pumps and implement *Fire Watch Protocol* as required
Access controlled units i.e. locked dementia ward
Heating / Ventilation / Air Conditioning handling systems
* Food preparation (menu to include food items that do not require cooking or warming)
Items stored in refrigerated / cold rooms. DO NOT open fridges or freezers unless there is an urgent need to do so or there is a need to relocate the supplies.
Water system circulation pumps (See Loss of Water plan)
IT systems
Assess elevator functions and ensure no one is trapped.
* Turn off lights / computer equipment to prevent a surge when power returns
* Access resources as necessary (flashlights, portable radios manually operated clinical equipment, etc)
* Determine the ability of the site to continue provision of services (short term and long term if necessary)
* Ensure all clients/patients, staff, visitors and contractors have been accounted for
* For Zone-wide total loss of power, establish the Site Command Post to coordinate command and control of the incident with the AHS Manager On-Call
* Note: In most Continuing Care sites these duties will be handled by one or two persons.
* The extent of the power interruption and the anticipated length of the event may
require consideration of a partial unit/department/wing evacuation, or up to the complete evacuation of the site (Emergency Response Plan – Evacuation – (Insert Code Green if your site uses this format)

6. RECOVERYCHECKLIST

* Once full or partial service is restored and under the direction of the Site Administrator/Incident Command, the Switchboard (or inform others) will make the appropriate overhead announcement:
* “Attention please: The power supply has been (fully/partially) restored, please report any concerns/issues to your immediate Supervisor/Manager
* If necessary, liaise with the local Fire Department and Monitoring Company to have the sprinkler system/fire panel checked
* Liase with energy services provider on return to normal site functions
Facilities and Maintenance will help coordinate the return of the facility to normal operations
* Site Administrator/Director will conduct a debriefing of the incident. All comments regarding this incident follow-up should be forwarded to the appropriate facility personnel

**Contingency Planning Template**

|  |  |
| --- | --- |
| **Site:** | **Date Completed:** |
| **Name of Person(s) completing:** |
| **EQUIPMENT** | **IS THERE BACK UP EQUIPMENT OR A PLAN IN CASE OF POWER DISRUPTION?** | **REPLACEMENT OR MAINTENANCE REQUIRED?** |
| Lighting (regular/emergency) |  |  |
| Critical medical equipment ie oxygen generators |  |  |
| Sewage / toilets |  |  |
| Suction |  |  |
| Medical air |  |  |
| Air conditioning  |  |  |
| Boilers |  |  |
| Sprinkler systems |  |  |
| Food services equipment |  |  |
| IT equipment (back-up power / batteries) |  |  |
| Other |  |  |

**"FIRE WATCH PROGRAM"**

Refer to current Fire Marshal Manual

Fire Watch is the action of an on-site person(s) whose sole responsibility is to watch for the occurrence of a fire.

**Requirements**

* fire protection system failure (alarms, sprinklers, etc.)
* excessive number of accidental activations or nuisance alarms caused by mechanical failure, malfunction, improper installation, etc.

**Site Director/Administrator/Incident Command Responsibilities**

* •  access list of areas with no sprinklers
* •  develop list of areas to be under Fire Watch
* •  establish, instruct, assign and maintain Fire Watch personnel
* •  notify alarm company (if applicable) and Fire Department
* •  ensure logs are maintained (refer to "Fire Log" attached to document). Reproduce as many copies as is needed

**Fire Watch**

* Patrol assigned area/facility every 15 minutes in the following situations:
	+ facility has people sleeping
	+ facility is an institutional occupancy
	+ facility is an occupied assembly occupancy

Facilities that do not meet the requirements for a 15-minute patrol should be patrolled every 30 minutes.

* Maintain record of watch (refer to attached "Fire Log Sheet") - complete the following information:
	+ name of facility
	+ location of facility
	+ area assigned
	+ frequency of patrols
	+ time of each patrol
	+ name of person conducting each patrol
	+ record all communications sent or received
* Submit "Fire Log Sheet(s)" to Site Director/Administrator / Incident Command when Fire Watch is cancelled

**Cancellation of Fire Watch**

In consultation with Site Director/Administrator/Site Command Post, Fire Department and others as deemed necessary, will cancel the Fire Watch.

**FIRE WATCH LOG SHEET**

Facility:

Location:

Area Assigned: Frequency of Patrol: 15 / 30 min (circle)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Watch Person** | **Notes** |
|  |  |  |  |

### **Emergency Plans for Loss of Water**

1.0 PLANNING CHECKLIST

* Incident Command System structure is established and exercised for you facility Ensure Code Green-Evacuation Emergency Response Code is in place for your facility
* Ensure relocation plan is place that can move person to alternate location with interim provisions for care (water, food, beds, pharmacy etc.)
* Consult Facilities and Maintenance while utilizing the Impact Assessment- Contingency Planning Template (Appendix 1)
* Identify, and make a list of, water hauling companies in your area. (Appendix 2) Ensure there is drinking water on site for a 72-hour period with a stock of bottled water calculating 2 bottles/8hours for each staff and client
* Ensure signage is pre-built and ready to be posted should Loss of Water situation occur (Appendix 3)
* Ensure there is sufficient water supply to maintain safe hygiene procedures, should water be unavailable at your site for extended periods
* Maintain an up to date staff fan out lists that includes support, facility/maintenance and clinical staff
* Ensure Site-Specific Manager On-Call number is available (zone specific process)
* Conduct regular exercises that outline Loss of Water and Code Green-Evacuation situations

2.0 IDENTIFICATION

One or more of the following situations may indicate a loss of water/water pressure and/or an unsafe water supply:

* Noted loss of water pressure in taps, toilets, etc.
* Notice of unsafe water advisory from Environmental Public Health
* Discoloration, unusual taste or odour

3.0 CONFIRMATION

Staff who identify a concern with the water supply should notify their direct Supervisor/Manager. The Supervisor/Manager should notify the Site Director/Administrator along with Facilities & Maintenance.

4.0 NOTIFICATION/ACTIVATION

In the event the water supply/water pressure is not, or cannot be immediately restored and/or the water supply is deemed unsafe:

Site Director/Administrator or Incident Commander will:

o Establish Incident Command System structure as soon as possible

* + Direct Site Manager/Supervisor
	+ Ensure Switchboard is notified
	+ Contact Site-Specific Manager on Call (ensure you are aware of the process in each of the five AHS Zones)
	+ Ensure staff both clinical and support are notified
	+ Ensure clients/patients are notified when appropriate
	+ Ensure family/guardians are notified when appropriate
	+ Fill out Site-Specific Reportable Incident Form
	+ Notify your Occupational Health and Safety and Infection Prevention and Control staff
	+ Utilize *Activation Checklist* for roles and responsibilities of persons and service
	1. ACTIVATION CHECKLIST

**Notification Considerations:**

* Site Director/Administrator –Activate Site Command Post as required
* Notify Facilities & Maintenance and Property Manager (if applicable)
* Arrange overhead page or notify others if there is no ability to overhead page:
	+ “Attention please, the facility is under a water advisory. Please implement your water contingency plan.”
* Post signage where applicable
* Ensure all staff are briefed including clinical, support and supervisor/manager, on/off site physicians, contractor and consider notifying off-shift personnel as well
* Ensure clients and family members/guardians (if applicable) are made aware of the situation
* Establish communication link with Site-Specific Manager-On Call (zone specific process)
* Provide ongoing updates at regular intervals or as directed to relevant stakeholders
* Monitor all broadcast media for accurate information

**Staffing Considerations:**

* Assess the need for suspension or modification of some of your services and prioritize those essential to delivering care to clients/patients
* Consider need for additional staff through staff fan out list and call for assistance as needed

**Water Supplies:**

* Arrange for delivery of potable water from the “Water Hauler‟ list

**Note: Potable water is water that is safe for drinking and cooking. Non-potable water is water that is unsafe or unpalatable to drink because it contains pollutants, contaminants, minerals or infective agents.**

* Assess the need for drinking water for your Staff and arrange for 2 bottles for each staff member per each 8-hour shift
* Conduct inventory of current bottled drinking water/juices, etc. and estimate how long these supplies will last (implement rationing if situation dictates)
* Conduct inventory of current water supply for hand washing
* Consider ways to reduce water consumption e.g. prioritization of services such as determining which toilets and sinks will remain open and which will be closed
* Identify which toilets and sinks will remain open and which may be closed and post signage where applicable (Appendix 3)

**Fire Watch:**

* Assign personnel to “Fire Watch” provide handout of role/responsibilities -Refer to Fire Watch Assignment Sheet and Roles and Responsibilities (Appendix 4)

**Facilities and Maintenance Considerations:**

* Assess all equipment that is steam-fed or requires a water feed

**Hand Hygiene Considerations:**

* Coordinate access of supplies/materials to ensure appropriate hand hygiene: Hand wash stations (Appendix 5)
* Disposable gloves
Provide antiseptic hand rub

**Food Services Considerations:**

* Assess ability to provide the next meal, identify any required menu changes
* Estimate the number of meals that can be served utilizing your existing food stores and implement rationing if situation dictates, or look at alternate food delivery services
* Assess requirements to continue disinfection/cleaning of food preparation services

**Supply Considerations:**

* Coordinate access of supplies/materials to ensure appropriate hand hygiene i.e. disposable bathing products, antiseptic hand rub and disposable gloves
* Assess the need to accommodate an increased volume of disposable waste

**Housekeeping Considerations:**

* Identify and prioritize areas that will require the continuance of essential cleaning standards
* Take inventory of the amount of disposable cloth disinfectants in stock
* Availability of existing premixed quantities of disinfectant
* Use of disinfection bleach solutions
* Assess what additional supplies should be ordered to maintain essential cleaning standards

**Infection Control Considerations:**

* Assess IPC requirements for staff caring for:
	+ Residents/clients with general/regular IPC requirements
	+ Residents/clients with diarrhea
	+ Residents/clients at high risk(i.e. immune-compromised)
* Assess ability to keep surfaces disinfected
* Review: *Guidelines for Health Care Facilities During Boil Water Advisory*

6.0 RECOVERY CHECKLIST

Once full or partial service is restored and under the direction of the Site Director/Administrator/Incident Commander, the Switchboard (or inform others) will make the appropriate overhead announcement:

“Attention please: The water supply has been restored. However, assume the water is not safe to drink until otherwise notified.”

* Flush all water lines
* If necessary, liaise with the Fire Service to have the sprinkler system checked
* If necessary, liaise with an Environmental Public Health Officer to have the water supply tested.
	+ Facilities and Maintenance will help coordinate the return of the facility to normal operations. Depending upon how long the water has been out, the water may run dirty for a period of time
	+ Water will start to flow to all open sinks, some toilets may remain open until Facilities and Maintenance can repair them
	+ Post signs on any washrooms that are not to be used (Appendix 3)
	+ Site Director/Administrator will conduct a debriefing of the incident. All comments regarding this incident follow-up should be forwarded to the appropriate facility personnel.

**Contingency Planning Template**

|  |  |
| --- | --- |
| **Site:** | **Date Completed:** |
| **Name of Person(s) completing:** | **Time:** |
| **Service / Function impaired** | **Replacement required** | **Resources Required** |
| Drinking Water |  |  |
| Non- potable (bathing, cleaning) |  |  |
| Sewage / toilets |  |  |
| Suction |  |  |
| Medical air |  |  |
| Air conditioning  |  |  |
| Boilers |  |  |
| Sprinkler systems |  |  |
| Food services equipment |  |  |
| Flash sterilizers |  |  |
| Other |  |  |

 **Water Haulers (Potable Water)**

Insert full list of potable water haulers in your area/zone

|  |  |
| --- | --- |
| **Water Hauler Name** | **Contact Information** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

PLEASE NOTE

This washroom is out of service.

Please proceed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WARNING

This water is considered unfit for drinking or domestic use.



**"FIRE WATCH PROGRAM"**

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**Requirements**

* fire protection system failure (alarms, sprinklers, etc.)
* excessive number of accidental activations or nuisance alarms caused by mechanical failure, malfunction, improper installation, etc.

**Site Director/Administrator/Incident Command Responsibilities**

* •  access list of areas with no sprinklers
* •  develop list of areas to be under Fire Watch
* •  establish, instruct, assign and maintain Fire Watch personnel
* •  notify alarm company (if applicable) and Fire Department
* •  ensure logs are maintained (refer to "Fire Log" attached to document). Reproduce as many copies as is needed

**Fire Watch**

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	+ facility has people sleeping
	+ facility is an institutional occupancy
	+ facility is an occupied assembly occupancy

Facilities that do not meet the requirements for a 15-minute patrol should be patrolled every 30 minutes.

* Maintain record of watch (refer to attached "Fire Log Sheet") - complete the following information:
	+ name of facility
	+ location of facility
	+ area assigned
	+ frequency of patrols
	+ time of each patrol
	+ name of person conducting each patrol
	+ record all communications sent or received
* Submit "Fire Log Sheet(s)" to Site Administrator / Incident Command when Fire Watch is cancelled

**Cancellation of Fire Watch**

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**FIRE WATCH LOG SHEET**

Facility:

Location:

Area Assigned: Frequency of Patrol: 15 / 30 min (circle)

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Time** | **Watch Person** | **Notes** |
|  |  |  |  |

**HAND HYGIENE DURING A WATER INTERRUPTION OR BOIL WATER ADVISORY**

Temporary Hand Wash Basins

Temporary hand basins are permitted in limited circumstances such as when water supply has been disconnected or interrupted in a health care facility.

Provided is a description of how to set up a temporary hand wash basin:
1. A potable water source (at room temperature) which allows both hands to be washed at the same time in a stream of water. A minimum of five (5) gallons (22 L) is required. (Coffee urns or camp jugs with spigots are good examples).

2. An enclosed collection system to catch the wastewater from the hand washing procedure. The waste collection system must be equal or greater in capacity than the water source and must be located so that the wastewater does not splash up and contaminate the hands being washed. This can be achieved by inserting a large funnel into an empty five (5) gallon pail, e.g. a large automotive funnel will fit entirely over the top of an open five (5) gallon pail. A smaller funnel can be inserted into a hole in the lid of the pail. The funnel should be large enough to trap all the wastewater.

3. Single use towels and liquid soap in a pump action and non-refillable container.
Hand wash basins must be operational before any food is handled. Hands must be washed in a stream of running water and not in water that is resting in a hand wash basin or a catch basin. Wastewater from hand washing shall be disposed of in a toilet or other receptacle connected to a sanitary sewer.

Guidelines for Health Care Facilities During
Boil Water Advisory

**Disinfection Guidelines**
GUIDELINES FOR HEALTH CARE FACILITIES DURING BOIL WATER ADVISORY

Adapted from the Environmental Public Health Manual for Safe Drinking Water, 3rd edition, Technical Advisory Committee for Safe Drinking Water, Alberta Health and Wellness, 2007.

The following is provided to Health Care facilities as information in the event a Boil Water Advisory has been issued to your facility or community.

**What are boil water advisories and boil water orders?**

Boil water advisories and boil water orders are public announcements advising the public that they should boil their tap water for drinking and for other uses noted below. They are preventative measures issued to protect public health from waterborne infectious agents that could be or are known to be present in drinking water. Boil water advisories are issued by AHS often in conjunction with a water utility.

To prevent the spread of the disease, care partners must:

1. Boil for 1 full minute, all water used for drinking, making juice and other beverages, infant formula, making ice, and for washing ready-to-eat fruits and vegetables. This also includes water used for brushing teeth.

* Throw away any ice and beverages that may have already been prepared with the affected water supply.
* Water can be boiled the night before and cooled overnight at room temperature or in the refrigerator.
* Bottled water from an approved source is also acceptable.
* Tea, coffee and other beverages that are prepared with hot water heated to 65°C for 10 minutes are acceptable (a typical domestic coffee maker is safe to use).
* Disconnect all drinking fountains, pop dispensers with post-mix service and ice making machines using regular tap water from the affected water supply.

2. Observe good personal hygiene.

* Use warm running water and soap to wash hands before food preparation, after the washroom, and before and after every diaper change.
* It is important to dry hands thoroughly - use single use paper towels or hand blowers. o Disinfect hands, for example using an alcohol-based hand sanitizer with at least 60% alcohol after hands are properly washed and dried.

3. Infection control

* Use boiled or disinfected water to wash broken skin, rashes, and wounds and for other similar patient care activities.
* Commercially bottled water is not sterile. Consider using sterile-bottled, boiled or otherwise disinfected drinking water for severely immuno-compromised patients.
* Monitor patients closely for symptoms of gastrointestinal infection (two or more diarrhea episodes per day, stomach cramps, nausea, vomiting or a slight fever).

**Should care partners be working when symptomatic?**

* Care partners who are symptomatic for gastrointestinal infection MUST NOT be involved with food preparation or any direct patient care.
* Patients and care partners should contact their physician to submit a stool sample for proper diagnosis and treatment.
* Notify the <Health Agency>, or the Infection Control staff in your institutions, that a patient or staff member may have a gastrointestinal infection.
* Infected care partners will be excluded from attending the facilities until he or she has submitted two consecutive stool samples that are negative for gastrointestinal infection organisms.

**What to do after the boil water advisory is lifted?**

* Flush all water-using fixtures, drain and flush any cisterns.
* Run cold water faucets and drinking fountains for at least 1 minute before using the water.
* Run water softeners through a regeneration cycle.
* Drain and refill hot water heaters set below 45°C (normal setting is 60°C).

Replace ice in refrigerators or drain and flush all ice-making machines.
Detailed Instructions for Flushing and Disinfecting Commercial Ice Machines: (Contact the ice machine manufacturer or owner‟s manual for detailed instructions on flushing and disinfecting your particular machine.)

Health related questions and concerned callers may be directed to Health Link 811

For more information on boil water advisory precautions for hospitals and long-term care facilities, please contact your local public health inspector.

### **Emergency Plans for Loss of Telephone**

1. INTRODUCTION

**Site Telephone Network System**

Given the variance in Continuing Care sites with respect to physical size, client numbers, staffing, and technology available/used all confirmation of Telephone Network System configuration should be done with your Service provider. This document will provide common and non-typical descriptors and processes for managing Loss of Telephone situations.

2. PLANNING CHECKLIST

* Incident Command System structure is established and exercised in your facility Identify all communication devices currently used/available within the facility
* Consider alternate internal and external communication mediums i.e. cellular phone and portable radios
* Ensure staffs are aware of the Loss of Telephone Service Plan and the Internal Communication Strategies (Appendix 1)
* Ensure Staff Contact/ Fan-Out List is complete and up to date

3. IDENTIFICATION

To determine the nature of the telephone loss (Total or Partial) the area experiencing telephone issues should perform the following checks:

* Try another telephone in the area
* Try an internal call 5 digit dialing (if applicable)
* Try a direct call out to any number, ### - ### - ####
* Some sites may require a 9 (or other number) prior to dialing out, this may include 911 as well i.e. 9-911
* Check cell phone service

The Unit / Department will report the telephone outage to respective Supervisor/Manager depending site size, configuration etc.

4. CONFIRMATION

Supervisor/Manager will notify Switchboard (if site has this service) or inform others of the reported outage and will overhead page or inform others directly if site does not have a switchboard.

“Attention please, the Site is experiencing telephone service issues. All Units / Departments to report telephone issues to Supervisor/Manager and stand by for further direction”

5. NOTIFICATION/ACTIVATION

In the event the telephone service cannot be immediately restored the Supervisor/Manager will notify the Site Administrator:

Notification Considerations:

**Primary**

* Site Director/Administrator – Activate Site Command Post as required
* Notify IT group/support i.e. Help Desk (if site has this service)
* Notify phone service provider if able to do so
* Notify local emergency services of the phone outage (ensure police, fire & EMS have been made aware
* Ensure overhead page or notify others if there is no ability to overhead page is completed
* Notify Facilities & Maintenance and Property Manager

**Secondary**

* Post signage where applicable
* Retrieve alternate/emergency communication devices i.e. cell phone & portable radios
* Ensure all staff is briefed including clinical, support and supervisor/manager, on/off site physicians, contractors; consider notifying off-shift personnel as well
* Ensure clients and family members/guardians (if applicable) are made aware of the situation
* Establish communication link with Site-Specific Manager-On Call (reference zone specific process)
* Provide ongoing updates at regular intervals or as directed to relevant stakeholders fill out Site-Specific Reportable Incident Form if deemed appropriate
* Notify your Occupational Health and Safety personnel

6. SITE ADMINISTRATOR/INCIDENT COMMAND CHECKLIST

Site Administrator/Incident Command will activate the Site Loss of Telephone plan after assessing the impact to the Site.

Note: Depending on the nature of the loss (Total or Partial) different internal communication strategies can be utilized (See Internal Communication Strategies- Appendix 1).

* + Determine clinical impact to the site operations
	+ Consult with appropriate Department/Unit Managers to further determine impact of outage as required
	+ Notify phone service provider (insert contact number)
	+ Provide impact of loss to the site
	+ Determine duration of the outage
	+ Consult on action plan to re-establish service
	+ Notify Switchboard, Security (if on site), and your communications personnel on status of the incident and impact
	+ Determine the appropriate Internal Communication Strategies to utilize (See Internal Communication Strategies-Appendix 1)
	+ Instruct designate to deploy cell or radios phones to the affected areas if available
	+ Activate the Site Command Post for prolonged telephone outages, greater than one hour. Consider the need for:
	+ Operations (ensure site operations maintained or re-established as quickly as possible)
	+ Communications (Public and Internal Communications) o Liaison/Security (Site Security and Fire/Police Liaison) o Safety (Staff debrief/defusing)
	+ Planning (Personnel support, Documentation)
	+ Logistics (Material support)
	+ Finance (Expense tracking, procurement related to the loss of utility)
	**Note:** In most Continuing Care sites these duties will be handled by one or two persons.
* For Zone-wide total loss of telephone service, establish the Site Command Post to coordinate command and control of the incident with the AHS Manager On-Call who would then liaise with AHS-Zone Emergency Operations Centre (once established):
* Make the following announcement, utilizing the overhead paging system or inform others:

“Attention please, the Site is experiencing telephone service issues. All Units / Departments to report telephone issues to Site Director/Administrator; we are currently activating the Loss of Telephone Plan”.

7. CHECKLIST UNIT/DEPARTMENT

* Assess impact of telephone outage on your Unit/Department. Consider the following :

o Time of day
o Number of staff available
o Prioritization of services, i.e. patient transfers, booking tests

* Report any significant impact to Site Administrator/Incident Command Post
* Listen for overhead page announcement of activation of the Loss of Telephone Plan and Internal Communications to be used.
* If cell phones/portable radios are to be used for the Internal Communication Strategy:
	+ Obtain a cell phone or radio from Site Administrator/ Incident Command Post
	+ If you have more than one cellular telephone for your Unit/Department, designate incoming and outgoing lines
* Assign a Unit / Department Staff member to monitor and relay the following to the Incident Command Post/Site Administrator:
	+ Code Blue / Code Red or other Emergency Response Codes Escalate clinical concerns to Site Administrator/Incident Command Post

8. CODE BLUE OR PANIC/DURESS CONSIDERATIONS

Identify the most appropriate method for calling in case of emergency or requiring immediate assistance in your location:

* Call bell button by bed of patient
* Inform others i.e. Yelling for HELP
* Site cell phone to call Switchboard or others
* Portable radio to call Switchboard or others
* Personal Panic/Duress Alarm
* Personal cell phone to call Switchboard or others

**Internal Communications Strategies**
The following alternative internal communication strategies may be used:

1. Email system (if operational)
2. Unit Runner to act as a messenger/courier
3. Two-way portable radios (if available)
4. Intercom systems (if operational)
5. Site cell phones (if available)
6. Consider using personal cell phones if required.
7. Site should consider having hard copy contact/fan-out lists as phone outage may be associated with Loss of Power.