



Long-Term Care and Services for Seniors

Code Brown (Chemical Spill)



**Regional Municipality of Durham
Social Services Department
Long Term Care (LTC) and Services for Seniors**

Title: Code Brown – Chemical Spill	
Section/Manual: Emergency Manual	
Reviewed: Oct/25	
Revised: Sep/22, Oct/23, Oct/24, Mar/26	
Peer Group Approval: Emergency Code Committee	Date: October 25, 2025
Also reviewed by: (other peer group)	
Senior Leadership Approval: <i>Laura MacDermaid</i>	Date: March 6th, 2026

1. Policy

- 1.1 The Long-Term Care and Services for Seniors (LTC and SS) Division has an emergency plan which will be implemented in the event of a chemical spill. The safety of Residents, Staff, Students, Volunteers, and Visitors is of primary concern during an emergency.
- 1.2 This emergency plan will be evaluated and updated:
 - A. At least annually and
 - B. Within 30 days of the emergency being declared over.
- 1.3 This emergency plan is exercised at least once every three years.
- 1.4 All staff are trained annually on this emergency plan.
- 1.5 The Safety Data Sheet (SDS) for any product used in the Home shall be readily available at all times for review by employees through the SDS Risk Assist software. SDS Risk Assist can be accessed through the LTC Hub icon on all desktops, the Insider Main page under “My Favourite Links”, or through any of the following methods outlined in Appendix 3 – SDS Risk Assist Access Poster.

2. Purpose

- 2.1 To ensure a safe, timely, and appropriate response in the event of a hazardous materials spill at the Home.

3. Communication

- 3.1 Emergency plans will be posted on the Long-Term Care and Services for Seniors website and physical copies are available upon request. There will be regular consultation with Resident and

Family Councils as well as our internal and external stakeholders when reviewing and evaluating emergency plans.

- 3.2 Homes will consult with internal and external stakeholders on a regular basis regarding emergency plan components. There will be an internal and external stakeholder list which is located in the first section of the emergency manual.
- 3.3 RAVE Alert system of communication will be used if family/substitute decision makers (SDMs)/staff need to be informed on any aspect of an incident.

4. Definitions

4.1 Command Centre

- A. The command centre is the reception area in each Home.
- B. A backup command centre is to be used if the spill location is around the command centre. This location would be determined by the Emergency Coordinator (EC) and Emergency Assistant (EA).

4.2 Cytotoxic Hazardous Agent

- A. A drug that has a potentially deleterious effect on living cells (genotoxic, oncogenic, mutagenic, teratogenic, or in any way hazardous to cells). Please refer to the pharmacy service provider policy MEDI-CL-ONT-047 Handling and Administration of Hazardous Agents.

4.3 Designated Code Response Staff

- A. Specific staff that have been pre-determined at the Home's emergency committee that will respond to the scene when a code has been called (i.e., designated personal support workers [PSWs] from each resident home area [RHA], members of leadership etc.) in addition to the Emergency Coordinator (EC) and Emergency Assistant (EA).

4.4 Large Chemical Spill

- A. A spill that is of a large (or undetermined) quantity (usually exceeds 4 L), cannot be handled in a safe, competent manner by staff, or if the nature of the substance cannot be determined.

Caution: These definitions are to be used as guidelines. Some chemicals may be extremely toxic. Always refer to the SDS for more information.

4.5 Small Chemical Spill

- A. A spill that is of a limited quantity (approximately less than 4 L), does not spread fast, and doesn't present any immediate or significant threat to Residents/Staff/Volunteers/Visitors, the workplace, or the environment.

5. Procedure

- 5.1 Several locations in the Home have inventories of hazardous chemicals including medication rooms, maintenance shops, mechanical rooms, and chemical storage rooms.
- 5.2 Upon Discovering a Chemical Spill:
- A. Notify the Emergency Coordinator (EC):

Fairview Lodge	RN on Cullen Garden/Ashburn Way
Hillsdale Estates	RN on Honey Harbour/Strawberry Fields

Hillsdale Terraces	RN on Vineyard View
Lakeview Manor	RN on Beaver River

B. Notify the Environmental Services (ES) Supervisor or the lead hand:

Hillsdale Estates	
Hillsdale Terraces	
Fairview Lodge	
Lakeview Manor	

C. ES Supervisor or designate will ensure that the ES Manager is notified.

D. The EC will follow the following acronym “SPILL” while determining if the situation warrants a Code Brown:

S	Safely evacuate everyone from the immediate area and secure the area.
P	Prevent the spread of vapours by closing doors.
I	Initiate appropriate spill procedures as outlined in Safety Data Sheets (SDS) if substance is known. SDSs are available through the Risk Assist software that can be accessed through the LTC Hub icon on all desktops, on the Insider Main page under “My Favourite Links”, or through any of the methods outlined in Appendix 3. If the substance is unknown, isolate the area.
L	Leave all electrical equipment alone. Do not turn on or off.
L	Leave large spills and toxic or undetermined substances for the Fire Department.

E. Secure the area against unauthorized entry with the use of yellow caution tape.

5.3 For cytotoxic drug spill, follow the procedures outlined in pharmacy service provider MediSystems Policies & Procedure Manual, refer to section 23.38. Notify the Resident Care Coordinator (RCC), Director of Care (DOC), or manager-on-call if after hours.

5.4 Situation Does not Warrant a Code Brown

A. Code Brown does not need to be called if all the following conditions are met:

- (1) The responsible party is at the scene; and
- (2) The material spilled is known and the SDS is available; and
- (3) The material spilled is not highly toxic; and
- (4) The quantity spilled is small (less than approximately 4 L); and
- (5) There is no fire hazard present; and
- (6) The spill is completely contained inside a building; and the material has little or no potential to reach the environment (e.g., via a drain); and
- (7) The spill is not in a common area (e.g., a hallway) or other area accessible to Residents/Staff/Volunteers/Visitors; and
- (8) Medical attention is not required; and
- (9) Staff have the appropriate spill supplies including all personal protective equipment (PPE) as required in the SDS; and
- (10) Advanced PPE (i.e., more than gloves and a half-face respirator) is not needed to respond to the spill; and

(11) On-site personnel are WHMIS trained, equipped, and able to clean up spill.

B. If a Code Brown is not required, designate at least two trained staff to initiate clean up. Do not pour into sinks, drains, or other environmental releases. Follow the SDS information. See 5.6 Chemical Spill Clean Up

5.5 Situation Warrants a Code Brown

A. Code Brown should be called when hazardous chemicals have been spilled and:

- (1) The responsible party is unknown, or the material spilled is unknown; or
- (2) The material spilled is highly toxic or the SDS is unavailable; or
- (3) A large (or undetermined) quantity was spilled; or
- (4) A significant fire hazard may be present; or
- (5) Someone has been exposed to/made contact with the material; or
- (6) The spill occurred outside; or
- (7) The material has the potential to reach the environment (e.g., via a drain); or
- (8) The spill is in or affects a common area (e.g., hallway) or other area accessible to Residents/Staff/Volunteers/Visitors or,
- (9) Advanced PPE (more than gloves and a half-face respirator) is required to respond to the spill; or
- (10) Someone requires first aid; or
- (11) On-site personnel are not trained or not equipped to clean up spill; or
- (12) A staff is unsure whether the spill should be considered a Code Brown or not.

B. It is important that staff are aware of the characteristics of the chemicals used in their work area to determine if even a small spill of a hazardous material warrants the activation of a Code Brown.

5.6 Initiating a Code Brown

A. The Emergency Coordinator (EC)/ Emergency Assistant (EA) will:

(1) Page or designate someone to page “Code Brown” three times (x3) on the phone/paging system using the following extensions:

Fairview Lodge	Ext
Hillsdale Estates	Use overhead page at reception or at the Fire Panel on the main floor. If not possible, use the desk phone ext.(wait for the tone, will reach 50 desk phones).
Hillsdale Terraces	Ext wait for tone, push 00 and then make announcement
Lakeview Manor	#, then 00 wait for 2 beeps and make announcement

B. If during regular business hours, the ES Manager and or/Supervisor(s) will report to the command centre with the EC/EA and Designated Code Response Staff.

- (1) Call 911 and wait for Fire Department prior to clean up.
- (2) Liaise with the Fire Department to assess the situation.
- (3) Determine if larger evacuation is required (Code Green).
- (4) If the Fire Department instructs that it is safe to proceed, instruct the trained staff to clean up the spill. See 5.6 Chemical Spill Clean Up.
- (5) When the situation is under control, announce or designate someone to announce “Code Brown All Clear” three times (x3).

C. Ensure that the Code Brown checklist is completed (see Appendix 1).

5.7 Chemical Spill Clean Up (Excluding Cytotoxic Drug Spills)

A. If cleaning up a chemical spill because it did not meet the definition for a Code Brown, or the Fire Department has instructed it is safe to clean up:

- (1) Identify the chemical you are dealing with.
- (2) Consult the SDS for proper clean up procedures and required PPE.
- (3) Apply PPE as outlined in the SDS.

B. Contain spill as per procedure in the SDS using regularly checked spill containment kits. Location of spill kits are:

Fairview Lodge	Hillsdale Estates	Hillsdale Terraces	Lakeview Manor
Penthouse	Fire Room	Mechanical Room - 3 rd floor	Laundry room
Ground level mechanical room	General Receiving	Laundry room -basement	Basement Hall
Loading dock	Mechanical Shop	Receiving dock- main floor	Penthouse
Storage hall of ground floor	Main housekeeping- Ground Floor	Generator and Chiller rooms - basement	
laundry	Laundry	Compactor room – main floor	
Utility corridors behind each RHA kitchenette	Penthouse	Emergency kits- Auditorium	
	Honey Harbour		
	Basement		
	Disaster Box		

C. Dispose the chemical as per the SDS procedures.

5.8 Cytotoxic Drug Spills

A. Please refer to the pharmacy service provider MediSystems Policies & Procedures Manual (MEDI-CL-016 JA01).

B. Spill kits are available in all medication rooms.

5.9 Reporting Requirements

A. The EC will:

- (1) Complete a Universal Incident form in collaboration with others as required. See OPER-06-02-01 Security.
- (2) Notify the Administrator, Assistant Administrator, and Director of Care of incident via email.
- (3) If the incident resulted in harm to a Resident, an evacuation of Residents, or resulted in loss of essential service greater than six hours:
 - (a) Report to the Ministry of Long-Term Care (MLTC) via the critical incident reporting system (See ADM-01-07-16 Mandatory and Critical Incident Reporting).
 - (b) Report to the Director of LTC and SS.
 - (c) Contact Emergency Social Services (ESS) at ess@durham.ca if the Home is compromised. ESS will contact Divisional Emergency Management if applicable.
- (4) Work with the Fire Department to ensure the Ministry of Environment, Conservation and Parks is contacted if required.

B. The Manager/Supervisor will:

- (1) Follow the Corporate Occupational Incident Reporting program if applicable if staff injury occurred.
- (2) Report to the Ministry of Labour, Immigration, Training and Skills Development (MLTSD) and the Joint Health and Safety (JHSC) Co-chairs if the chemical spill results in a death or critical injury of a worker/non-worker. See ADM-01-07-13 Critical Incident Reporting – Ministry of Labour.

6. Debrief and Summary (Appendix 2)

6.1 All Departments will be Responsible for:

- (1) Maintaining a record of supplies and equipment used, where it was sent, and ensuring its return when the emergency is over.
- (2) Participating in the debriefing and summary report to evaluate the emergency and provide any recommendations within 30 days of the emergency being declared over.
- (3) Assist in creating revisions and implementation of adjustments to the emergency plan.
- (4) In-service any modifications with staff in their respective departments.

7. Training Requirements

7.1 General Orientation – New Staff

A. Education and training on the Emergency Plans are provided through the Divisional Orientation and at Departmental Orientation.

7.2 Annual and Ongoing – All Staff

B. Education is provided on all emergency codes on an annual basis through e-learning platform.

8. References

8.1 Fixing Long Term Care Act Reg 246/22 s 268

8.2 Ministry of the Environment, Conservation, and Parks - <http://www.ene.gov.on.ca/spills.htm>

8.3 MEDI-CL-016_JA01 Safe Handling of Hazardous Medications – Medication Administration

8.4 University of Toronto Chemical Spills Standard Operating Procedure

9. Attachments/Appendices

9.1 Appendix 1 - Code Brown Emergency Checklist

9.2 Appendix 2 - Code Debrief and Summary Report

9.3 Appendix 3 – SDS Risk Assist Access Poster

9.4 Appendix 4 – Safe Handling of Hazardous Medications – Medication Administration

Appendix 1- Code Brown Emergency Checklist

Date:		
Emergency Coordinator:		
Reporting staff:		
Actions Taken When Spill is found		
Person who located spill		
Location of spill		
Identified spill		
	Yes	No
EC notified?		
ES notified?		
Code Brown called?		
Emergency Services required?		
If yes, what type:		
Any exposure during spill?		
Was SPILL acronym followed?		
Was Joint Health and Safety Committee notified?		
Scene Evaluation		
Was Safety Data Sheet verified?		
Was person wearing PPE (if applicable)?		
Drains covered (if applicable)?		
If spill went down drain were external services notified?		
Was spill kit used?		
Contaminated substance bagged and properly labelled?		
Was Code Green required?		
If so, provide details:		
Were there any injuries to report?		
If so, provide more detail:		
Was an Occupational incident report completed (if applicable)?		
Was the Universal Incident report completed?		
Method used to clean spill?		
Code Brown all clear completed?		
Notifications		
Administrator/DOC/designate?		
Director of LTC and SS (if applicable)?		
Joint Health and Safety Committee?		
MLTSD (if applicable)?		
MLTC via CIS system (if applicable)?		
Ministry of Environment (if applicable)?		

Appendix 2- Code Debrief and Summary Report

Date: _____ Time: _____ Code Name: _____

Location: _____

Code Drill: Yes No **Actual Incident:** Yes No **911 Called:** Yes No

Description of incident (Who, What, Where, When, Why, How)

Staff response to incident:

Any concerns with staff/resident or other?

Ethical concerns or considerations?

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Additional Questions	Yes/No	Comments
Have Staff/Residents/Families been updated regarding the outcome? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Were external partners informed of the outcome? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Has there been a formal report completed and sent to the Director? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was the Code Process Followed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Were there any injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was a Critical Incident Report submitted? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was the Resident's family/SDM notified? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was the Physician notified? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If there was a staff injury, was an Occupational Incident report filed and Ministry of Labour, Immigration, Training and Skills Development (MLTSD) contacted? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Was a Universal Incident Report filled out? (If applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Were any supplies used during the emergency (Food Services, Environmental Services, Recreation, Nursing, Administration)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any loss of equipment in any department?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any repairs required for any department?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
External Partnership Response Time? (If applicable).		

Processes that went well:

Gaps identified?

Suggestions for improvement

Any suggested revisions to the Code?

Emergency Coordinator: _____

Emergency Assistant: _____

Manager (if applicable): _____

Date: _____

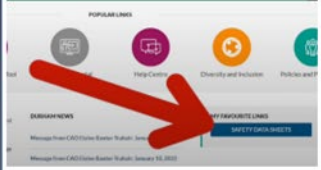



Appendix 3 – SDS Risk Assist Access Poster



Safety Data Sheets (SDSs) available electronically!



The employer by law is required to have all Safety Data Sheets (SDS) available for the chemicals you use at work. These SDSs provide information on how to protect yourself using personal protective equipment, storage, first aid, special use instructions, etc. **You can access the Region's SDSs using any of the following:**

Insider main page under "My Favourite Links"	Regional cell phone or Ipad - scan QR code	Use the App downloaded to all Regional cell phones	Personal mobile - scan QR code and use login and password
<p>No login or password required, single sign on enabled. If it does not work use the generic login and password in the right column.</p>			<p>Login: DurhamSDS Password: DurhamSDS</p>
	 <p>SDS RiskAssist SSO Access</p>	 <p>WHMIS: SDS</p>	 <p>SDS RiskAssist Group Login</p>

Questions or concerns? Please email: HealthSafetyWellness@durham.ca

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Appendix 4 – Safe Handling of Hazardous Medications – Medication Administration

Safe Handling of Hazardous Medications – Medication Administration

	Level 1 – Cytotoxic Hazardous Medications			Level 2 – Non-cytotoxic Hazardous Medications			Level 3 – Reproductive Risk
Precautions	Injectable	Solid oral dosage form	Compromised dosage form	Injectable	Solid oral dosage form	Compromised dosage form	
Administration and Medication Waste Management							
Administration Precautions	Required Double chemo/nitrile gloves (from prepared syringe) Chemo/nitrile gloves (from manufacturer syringe) Chemo gown <u>Recommended</u> Face shield	Required Chemo/nitrile gloves DO NOT CRUSH contact pharmacy for recommendations if resident unable to swallow solid oral form	Required Double chemo/nitrile gloves Recommended Chemo gown Face shield DO NOT CRUSH	Exam gloves	Exam gloves DO NOT CRUSH contact pharmacy for recommendations if resident unable to swallow solid oral form	Exam gloves DO NOT CRUSH	No special packaging or labelling requirements. Discuss risk with occupational health nurse or designate
Medication Waste Management	Required Double chemo/nitrile gloves Chemo gown	Required Double chemo/nitrile gloves	Required Double chemo/nitrile gloves	Exam gloves	Exam gloves	Exam gloves	
	<u>Recommended</u> Face shield		<u>Recommended</u> Chemo gown Face shield				
Human Waste Management							
	Required Double chemo/nitrile gloves Recommended Chemo gown Face shield	Required Double chemo/nitrile gloves Recommended Chemo gown Face shield	Required Double chemo/nitrile gloves Recommended Chemo gown Face shield	Routine Practices	Routine Practices	Routine Practices	
Spill Management							
	Refer to Safe Handling of Hazardous Medications Policy			Required Chemo gloves Recommended Chemo gown Face Shield	Required Chemo gloves Recommended Chemo gown Face Shield	Required Chemo gloves Recommended Chemo gown Face Shield	