

Best Practice Guideline

Management and Containment of Sentinel Events in Acute, Ambulatory, Community, Assisted Living (AL) and Long-Term Care (LTC)

A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at www.ipac.vch.ca.

Site Applicability

VCH Acute Healthcare settings

VCH Owned and Operated Ambulatory and Community Healthcare Settings

VCH Owned and Operated, Contracted and Private AL and LTC Settings

Scope

This document applies to Acute, Ambulatory, Community, Assisted Living, and Long-Term Care settings and is intended to support clinical, operational, facilities, environmental, and leadership teams in responding to sentinel events that may pose risks to patients, staff, visitors, and infrastructure.

Purpose

To outline a coordinated, multi-disciplinary approach to the management of sentinel events within Vancouver Coastal Health (VCH), including floods and fires, and to clearly define the roles and responsibilities of key stakeholders, including Infection Prevention and Control (IPAC).

Background

A sentinel event is defined as an unexpected and serious failure of the built environment, utility systems, or critical infrastructure within a healthcare setting that poses an immediate and significant risk of harm to patients, staff, or visitors, signaling a critical breakdown in systems requiring urgent investigation and corrective action. Infrastructure-related failures may include water, ventilation, filtration, air-handling, wastewater, or sewage systems. These system failures may enable pathogen proliferation or dissemination; compromise environmental controls relied upon to prevent transmission or disrupt the conditions under which routine practices or additional precautions are effective. Prompt response to events such as these require a coordinated, multi-disciplinary approach to manage the event, assess, and minimize damage to physical infrastructure and minimize risk to patients, staff, and visitors at the time of the event as well as through the construction and renovation period. This document focuses on the role and scope of the Infection Control Practitioner (ICP) in responding to these events that may occur across VCH in Acute, Ambulatory, Community, Assisted Living and LTC settings.

Guideline

Multi-Disciplinary Team (MDT)

Any sentinel event will require an MDT to contain, manage and correct damage that has occurred; however, the size and breadth of the event in addition to the specific areas that have been affected, will dictate who needs to be involved and how in-depth their role will be in remediation. It is not the role of the ICP to assemble the MDT, but rather to be an active participant in each phase of the process. The ICP can play an integral role in identifying members of the MDT that may have been overlooked and require inclusion in the remediation process. Appendix B provides a detailed table which highlights multi-disciplinary team members by care area.

Roles and Responsibilities in Sentinel Event Management:

Facilities/Maintenance/Property Management:

- Lead early containment and stabilization of infrastructure failures
- Identify and control the source flooding, fire damage, or system failure
- Assess structural damage and coordinate remediation or restoration of services
- Advise the MDT regarding timelines for drying, repair, or construction

Environmental Services (EVS):

- Implement cleaning and disinfection as directed by operational leadership
- Adjust routine and enhanced cleaning practices based on IPAC guidance
- Support terminal cleaning prior to re-opening affected areas

Clinical Teams/Program Leadership:

- Ensure patient, resident, client, staff, and visitor safety
- Remove patients/residents/clients and equipment from affected areas as required
- Suspend clinical activities in impacted spaces until deemed safe
- Notify appropriate stakeholders (e.g. facilities, EVS, Administrator On-Call, IPAC)
- Participate in planning and communication related to service impacts
- A clinical team checklist is provided in Appendix C

Administrator On-Call/Site Leadership:

- Provide overall operational leadership during the event
- Activate organizational emergency processes (e.g. Code Grey, Emergency Operations Centre [EOC]) when required, including engagement with regional or provincial emergency support (e.g. Health Emergency Management BC) as appropriate
- Ensure appropriate MDT engagement and communication

Public Health:

- Provides guidance and oversight for sentinel events occurring in licensed Long-Term Care, Assisted Living, and community health settings

- Provide guidance and oversight where there is potential for broader public health impact beyond a single care unit or facility
- Supports risk assessment related to communicable disease transmission, outbreaks associated with infrastructure compromise (e.g. flooding, water system disruption) and environmental exposures that may impact residents, clients or staff
- Advising on regulatory and reporting requirements, including where notification to Public Health is required under applicable legislation
- Participates in multi-disciplinary discussions where resident/client relocation is being considered
- Participates in discussion where prolonged service disruption occurs
- Collaborating with IPAC, Environmental Health Officers, and operational leaders to support a coordinated response and recovery plan

Environmental Health Officer:

- Assessing and providing direction on flooding impacting food service areas or potable water systems, sewage, or wastewater exposure
- Assessing and providing direction on environmental contamination that may affect safe occupancy
- Leads decision-making related to kitchen, food preparation, and food services areas, including approval for closure and re-opening
- Leads decision-making related to potable water safety and restrictions
- Determines required environmental cleaning, disinfection, or remediation actions from an environmental health perspective
- Conducts inspections and issues order or approvals, as required under applicable public health legislation
- Collaborates with FMO, EVS, IPAC and site leadership to support safe restoration of affected areas

Infection Prevention and Control:

- Assess infection transmission risk related to the event
- Provide guidance on:
 - Environmental cleaning and disinfection
 - Equipment and supply disposition
 - Patient placement and cohorting considerations
 - Readiness of spaces to return to service
- Participate in MDT and EOC discussions as required
- Support post-event follow-up, documentation, and learning

Protection Services (Security):

- Support site safety and access control during sentinel events
- Assist with securing affected areas, restricting entry, and supporting evacuations as directed
- Support staff safety and coordination with Emergency Services when required
- Ad-hoc participation in MDT or EOC processes when events involve security or safety risks

IPAC Availability and Response Model

The following section outlines IPAC considerations and contributions within the broader multidisciplinary response to flood events.

IPAC provides consultation and guidance to support the safe management of sentinel events that may present an infection risk. Sentinel events do not always require the immediate physical presence of an ICP.

- Depending on the location of the sentinel event, initial containment and stabilization activities (e.g. water shut-off, debris removal, environmental containment) are led by Facilities Maintenance and Operations (FMO), local maintenance teams, remediation companies and environmental services teams.
- IPAC will determine whether on-site attendance is required based on assessment of infection risk, event complexity, and the need for direct environmental evaluation; consultation may occur remotely where on-site presence is not indicated.
- When events occur after hours or on weekends, IPAC support is typically provided by telephone consultation, with in-person site assessment and follow-up conducted on the next business day, where indicated.

Flood Management

General Principles:

1. Resources available to the ICP to help guide response:
 - i. CSA Z317.13-22 Infection Control During Construction, Renovation, and Maintenance of Health Care Facilities – Section 9 Remedial Measures, pg. 159-163
 - ii. ICP Flood Checklist (Appendix D)
2. The ICP will tour the affected area if working on site with:
 - i. **Acute Care:** FMO, Unit/Program Manager and/or Patient Care Coordinator (PCC), EVS team leader, Administrator On-Call.
 - ii. **Ambulatory & Community:** Local maintenance teams, program manager and/or leadership team member, VCH real estate team property & asset manager, Food Services Manager, Environmental Services Manager, Environmental Health Officer.
 - iii. **LTC:** FMO and/or local maintenance teams, Director of Care (DOC), site manager, EVS supervisor, Food Services Manager (if applicable), Environmental Health Officer.
3. The ICP is responsible to:
 - i. Complete the flood checklist and document findings.
 - ii. Review supplies and equipment that are damaged and determine if items need to be discarded or can be dried, cleaned and disinfected for re-use.
 - iii. When flooding has occurred in a kitchen, the ICP should ensure the Environmental Health Officer (EHO) is aware and available to assess extent of damage. All decisions and recommendations related to kitchen spaces are the responsibility of the EHO.
 - iv. Take photographs of the damaged site or area.

- v. Exchange contact information with members of the MDT.
4. In Acute Care settings, the water source may be determined by other multi-disciplinary team members such as FMO. In Ambulatory, Community and LTC settings, local maintenance crews or remediation companies will determine the water source. Appendix A outlines water sources and recommended remediation activities.
5. When determining the source of the water leak, the ICP may need to consult:
 - Acute Care:** FMO
 - Ambulatory & Community:** Local maintenance teams, building management/leasing partners, landlord.
 - LTC:** FMO for owned and operated homes; Local maintenance teams in contracted and private homes.
6. Extent of damage and whether remediation needs to occur immediately or if materials are likely to dry within 48 hours will be determined by:
 - i. **Acute Care, Ambulatory, Owned/Operated LTC:** FMO/Remediation company will determine the extent of damage.
 - Full remediation will begin on infrastructure that is deemed not to dry within 48-hours.
 - FMO will re-assess materials by 48-hours to ensure infrastructure is dry or requires remediation to begin.
 - ii. **Contracted and Private AL and LTC:** Local maintenance and/or restoration companies are responsible to assess extent of damage.
 - Full remediation will begin on infrastructure that is deemed not to dry within 48-hours.
 - Re-assess materials at 48-hours to ensure infrastructure is dry or requires remediation to begin.
7. If the sentinel event has resulted in widespread system failure (e.g. severely affect patient/client/resident care) the following responses will be activated:
 - i. **Acute care, Ambulatory, Owned/Operated LTC:** Administrative manager in consultation with FMO calls a Code Grey System failure which will activate the EOC process.
 - ii. **Contracted and Private AL and LTC:** Director of Care will be responsible to set a meeting with appropriate multi-disciplinary team members to discuss and plan site remediation.
 - iii. **Community:** If available, follow site specific emergency response plans, located here: <https://one.vch.ca/dept-project/health-emergency-management/emergency-plans-procedures> . The ICP may also contact the property management team at:
Email: vchrealestate@vch.ca
Phone Number: 604-317-1737 (Emergency and 24/7 Support Line – Please do not text)
8. The ICP will attend the EOC or local meeting (in person or virtually) to participate in the remediation process as part of the multidisciplinary team. This may include an ICP providing temporary coverage for a program or unit. Ongoing meeting participation may transition back to the primary ICP who provides regular coverage for the affected program/unit.
 - i. Ensure further meeting invites have been forwarded to the appropriate ICP group.

Fire Management

1. All staff working within Vancouver Coastal Health should be familiar with existing [Code Red procedures](#) where they work.
2. Involvement in remediation of spaces where fire has occurred would begin once emergency services personal have dealt with the immediate risk and deemed it safe for the area to be assessed for remediation purposes.
3. PPE (i.e. hard hat, reflective vest, steel toe boots) may be required if touring an affected area with identified hazards (e.g. broken glass, uneven ground).
4. ICP will tour the affected area with appropriate team members as outlined in Appendix B.
5. ICP will attend any MDT or EOC meetings related to the incident.

Follow Up:

1. Participate in the event debrief.

References

1. Canadian Standards Association. (2022). *Infection control during construction, renovation and maintenance of health care facilities (CSA Standard No. Z317.13:22)*. CSA Group.
2. Centers for Disease Control and Prevention. (2025). *Guidance for reopening healthcare facilities after Water and wind damage*. U.S. Department of Health and Human Services.
<https://www.cdc.gov/infection-control/hcp/reopen-health-facilities/water-wind-damage.html>

Appendix A – Types of Flood Water and Recommended Remediation

Category	Examples	Action
Clean Water:	Broken pipes, tub overflows, sink overflows, some appliance malfunctions, falling rainwater, broken toilet tanks; fire extinguisher water	Allow materials to dry completely before use. Remove all porous materials (e.g., drywall, cloth furnishings, carpets) that have been wet for more than 48 hours.
Gray Water: Some degree of contamination present	Overflow from a dishwasher, washing machine or a clean toilet bowl	Allow materials to dry completely before use. Remove all porous materials (e.g., drywall, cloth furnishings, carpets) that have been wet for more than 48 hours.
Black Water: Heavily and grossly unsanitary	Water containing raw sewage – includes overflow from a toilet bowl containing feces, broken sewer line, back up sewage, all forms of ground surface water rising from rivers or streams	Remove and discard wet carpet, drywall, furniture and other porous materials

*Table obtained from Provincial Infectious Disease Advisory Committee (PIDAC), [Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition, 2018, pg. 66](#)

Appendix B – Multi-Disciplinary Team (MDT)

Acute Care MDT	
Acute Care Contact: Administrator On-Call Vancouver: VCAOC@vch.ca or 604-369-7656 Richmond: Switchboard @ 604-278-9711 North Shore/Coastal Community: Ask for Community Admin On-Call @ 604-988-3131	
Lead: Weekdays - Program/Unit Manager; Weekends/STATs - Administrator on Call (AoC) or designate MDT Members: FMO, ICP, IPAC Physician/Medical Microbiologist, Project Manager, Operations, Environmental Services, Restoration Company, General Contractor, Communications	
Ambulatory and Community MDT	
Ambulatory and Community Contacts: Contact the Property Management team at vchrealestate@vch.ca or 604-317-1737	
Lead: Program/Unit Manager or designate MDT Members: Real Estate Team, Project Manager, ICP, IPAC Physician/Medical Microbiologist, Landlord/Lease holder, Environmental Health Officer, Local Maintenance Team, Environmental Services	
Long-Term Care MDT	
Long-Term Care Contacts: Administrator On-Call Vancouver: VCAOC@vch.ca or 604-369-7656 Richmond: Switchboard @ 604-278-9711 North Shore/Coastal Community: Ask for Community Admin On-Call @ 604-988-3131	
Owned and Operated Homes	Contracted and Private Homes
Lead: Manager or designate MDT Members: Resident Care Coordinator, Operations Lead, ICP, IPAC Physician/Medical Microbiology, FMO, Environmental Services, Environmental Health Officer, Restoration Company, General Contractor, Project Manager, Communications	Lead: Director of Care or designate MDT Members: Resident Care Coordinator, Manager, ICP; IPAC Physician/Medical Microbiology; Local Maintenance Team; Environmental Services, Environmental Health Officer, Restoration Company, General Contractor, Executive Leadership

Appendix C – Sentinel Event Checklist for Clinical Teams

Sentinel Event Checklist for Clinical Teams
<p>This checklist is intended to guide clinical and program teams in the initial response to sentinel events (e.g. floods, fires, infrastructure failures) that may impact patient/resident/client safety, service delivery, or the care environment. Early actions focus on safety, containment, and notification while multidisciplinary supports are mobilized.</p>
<p>Step 1: Ensure Immediate Safety:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Assess immediate risks to patients/residents/clients, staff, and visitors <input type="checkbox"/> Remove patient/residents/clients and staff from affected areas if required <input type="checkbox"/> Follow site emergency procedures as applicable (e.g. Code Red, Code Grey) <input type="checkbox"/> Do not enter damaged areas until deemed safe by FMO or Emergency Services
<p>Step 2: Notify Key Stakeholders:</p> <ul style="list-style-type: none"> <input type="checkbox"/> FMO/Local Maintenance Teams/Property or Building Management <input type="checkbox"/> Environmental Services (EVS) <input type="checkbox"/> Program/Unit Leadership <input type="checkbox"/> Site Leadership or Administrator On-Call <p>Do not delay notification while awaiting further assessment</p>
<p>Step 3: Contain and Secure the Area:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Restrict access to affected areas (e.g. barriers, signage) <input type="checkbox"/> Suspend clinical activities in affected spaces <input type="checkbox"/> Remove mobile equipment and supplies from the area if safe to do so <input type="checkbox"/> Prevent unauthorized access or re-entry
<p>Step 4: Protect Patients, Residents, and Care Delivery:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hold admissions, transfers, or procedures in affected areas <input type="checkbox"/> Arrange alternate care locations as needed <input type="checkbox"/> Communicate service impacts to relevant teams and leadership
<p>Step 5: Contact Infection Prevention and Control (IPAC):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify IPAC as soon as possible to support infection risk assessment <ul style="list-style-type: none"> • During business hours: Contact the assigned Infection Control Practitioner • Weekends and STATs: Contact IPAC on-call for telephone consultation by contacting the main switchboard <input type="checkbox"/> Provide the following information: <ul style="list-style-type: none"> • Type of event (e.g. flood, fire, sewage exposure) • Location(s) affected • Patient/resident/client care areas involved • Current containment measures in place <p>Note: IPAC provides consultation and guidance; physical attendance will be at the discretion of the Infection Control Practitioner. If notification occurs on weekends or STAT holidays, on-site attendance will likely occur the following business day.</p>
<p>Step 6: Do Not Proceed without Guidance:</p>

- Do not resume patient care in affected areas
- Do not discard or re-use potentially affected equipment or supplies
- Do not remove porous materials or environmental finishes
- Do not reopen food services or kitchen areas

Note: Do not proceed without guidance until reviewed and approved through the multidisciplinary response involving Facilities, EVS, IPAC, and (where applicable) Environmental Health.

Step 7: Document and Communicate:

- Document key actions taken and notifications made
- Retain photos or observations if available
- Participate in follow-up meetings or debriefs as requested

Appendix D – IPAC Flood Management Checklist

Flood Management Checklist

ICP:	
Notified by:	
Date & Time:	
Location(s) affected:	
Water source:	
Origin (flood start location, date & time):	

	Yes	No	N/A	Comments
1. Type of water damage?				
<p style="text-align: center;">Clean</p> <p style="text-align: center;"><i>Potable sources (e.g. water supply line, sink overflow, toilet tank/bowl that do not contain contaminants, rainwater)</i></p>				
<p style="text-align: center;">Grey</p> <p style="text-align: center;"><i>Water carries microorganisms but considered low risk (e.g. toilet overflow contaminated with urine, water from washing machine or dishwasher, sump pits, or wells)</i></p>				
<p style="text-align: center;">Black</p> <p style="text-align: center;"><i>High risk (e.g. sewage, broken water traps, flooding from outdoor sources)</i></p>				
2. Has FMO been notified?				FMO contact:
3. Has administration been notified?				Admin contact:
4. Has housekeeping been notified?				Housekeeping contact:

5. Patients and mobile equipment removed from affected areas?				
6. Furnishings & fixed equipment protected?				
7. Site secured (hoarding/barriers, HVAC, signage)?				
8. Remediation efforts started? <i>FMO to investigate extent of moisture to inform remediation (behind walls, above ceilings, etc.)</i>				
Water removal <i>(wet vacuum, mopping, absorbent materials, etc.)</i>				
Dehumidifiers in-place drying				
Cleaning & disinfection of environment and equipment				
Drying/removal of porous material <i>(carpet, drywall, ceiling tiles*)</i>				
Exposed supplies discarded				
Paper documents affected				
Other				
9. Does flood warrant EOC?				
10. Are follow up meetings scheduled?				
11. Assigned to ICP for follow up?				Lead ICP:

*because mould can rapidly appear on cellulose and fibre-based materials, such materials shall be replaced if they have been wet more than 48 hours or have had multiple exposures to moisture (CSA Z317.13-12, 9.5.2)

First Released:	May 6, 2026		
Last Revised:	N/A		
Last Reviewed:	N/A		
Review Due By (Q 3 Y):			
Approved By:	Allyson Hankins; Munira Murji; Jenna Horner; Edwin Tunod; Dr. Uma Chandran	Date: May 6, 2026	
Revision History			
Revision #:	Description of Changes:	Revised By:	Effective Date: