#

# **Bruce County Long Term Care Homes Emergency Plan**

***Please note that some information in the Emergency plan is confidential and may contain personal information therefore has been redacted. If you require further information, please contact the administrator.***



**INCIDENT MANAGEMENT TEAM**





**EMERGENCY SUPPLIES**

Reference the list below as a guide for stocking emergency supply kit(s).

Emergency supplies are to be kept in an accessible, secure location(s) that all team members are aware of and can easily access.

* Process that includes resident pictures and transfer sheets
* Paper and pencil/pens
* Orange vests
* Clipboards
* Emergency plan (current)
* Building floor plans (current)
* Suture Kit
* First Aid Kit
* Flashlights and extra batteries (ensure enough to supply a flashlight to each team member on each shift)
* Headlamps
* Lanterns
* Whistle to signal for help
* Wipes, garbage bags, and plastic ties for personal sanitation
* Wrench or pliers to turn off utilities

Additional items to consider:

* Local maps
* Matches in a waterproof container
* Feminine supplies



**BUILDING MAP/PROFILE TEMPLATE**

The building profile identifies the physical location and construction of the building, layout of operations, and key utilities and services that support the building.

Each home has a completed building profile that is stored together with floor plans and reviewed/updated annually or more frequently as needed.



**EMERGENCY FAN OUT**

This information contains personal contact information for staff and is not available in this version of the emergency plan.



|  |  |  |  |
| --- | --- | --- | --- |
| **TITLE:** | **Emergency Contacts for External & Mutual Aid**  | **POLICY #:****PAGE:** | **XVIII-B-10.30****1 of 1** |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of Long Term Care and Senior Services |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | All Locations |
| PAST REVISIONS: | Sep/07, Mar/11, Jan/13, Apr/13, Feb/22 |  |  |

**POLICY:**

A current emergency contact list (external) will be maintained at the reception desk/main office and with the Code Green Evacuation Plan. Information will include but not be limited to entities that may be involved in or that may provide emergency services in the area where the building is located, including, without being limited to, community agencies, health service providers, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity.

**PROCEDURE:**

The Administrator or designate will:

1. Place a current emergency contact list for external community and stakeholder contacts, including their roles and responsibilities in emergency response, at the reception desk/main office and with the Code Green Evacuation Plan at the location.
2. Place and maintain a current email distribution list for external community and stakeholder contacts on the email system.

The Emergency Contact list should include, but is not limited to:

* Agencies & Services
* Contractors
* Transportation Services
* Transfer Sites
* LTC/RET Management (other local LTC & RET residences)
* Community Partners (HCCSS/HA, Hospitals)
* Media
* MLTC/RHRA/HA (as applicable)
* Security Services

The Incident Manager or delegate will:

1. Appoint a team member to begin making all necessary phone calls in the event of an emergency.

**Reference:**

*Connecting Care Act, 2019 (ON LTC)*



**EMERGENCY COMMUNICATION**

A communication team will be set up to ensure frequent and ongoing communication with residents, families, team members, volunteers, and Resident & Family Council (if any) with the goal of keeping all parties apprised of the status of the emergency. The Administrator or designate will ensure ongoing communication using various methods at the beginning of the emergency, when there is a significant change throughout the course of the emergency, and when the emergency is over.

**PHONE COMMUNICATION: INCOMING CALLS**

The location will assign a team member to receive incoming calls, prepared to respond with/to:

* Status updates on emergency/location/residents
* Help/resources or staff coming from other facilities
* Team members calling to find out work schedule
* Medical information (as appropriate)
* Redirect media to Administrator

A voicemail messaging recording may be used to share a status update and redirect callers as appropriate. Alternative numbers for back-up are the Administrator cell phone number (519-901-2127).

**PHONE COMMUNICATION: RESIDENTS & FAMILY**

The location will prepare a telephone tree and have assigned team members call family members to assure them of their family member’s safety and advise them of the location’s plan for the crisis.

When placing calls, the assigned team members will:

* Advise if unable to contact via telephone where family members may call and/or visit website to obtain further information
* Advise family members that the team will be focused on providing resident care and protection
* Confirm the primary family contact, their phone number and email address where they may receive updates
* Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
* Track calls made and any follow up required on the Family Emergency Contact Record Template (XVIII-B-10.00(a)).

**WRITTEN COMMUNICATION: RESIDENTS & FAMILY**

The organization’s Communications team will compile a “key point bulletin” for the location to provide a communication to residents and family members consisting of these basic elements:

* Type of emergency
* Estimated time and severity of impact
* Expected disruptions to services and routines
* Actions take to mitigate risk
* Estimated time frame for the next status update
* What residents and family members can do to help

Location newsletters may be used to share information during and after an emergency event.

**IN PERSON COMMUNICATION: RESIDENTS & FAMILY**

Based on the nature of the emergency, team members will keep residents informed via various strategies such as daily updates, one to one conversations, printed text of automated call scripts, updates to all residents in the dining room with opportunity for Q&A, Residents’ Council meetings, etc.

Family and Resident Town Halls may be organized by the Administrator to provide situational updates, include subject matter experts, answer questions, and address concerns. The frequency of written updates and Town Halls will be determined by the Administrator.

**COMMUNICATION: TEAM MEMBERS, VOLUNTEERS, STUDENTS & SUPPORT SERVICES OFFICE**

See Fan Out Policies/Templates.

Use StaffStat and/or Surge Learning as available for communications to team members.

Team member newsletters may be used to share information during or after an emergency event.

**COMMUNICATION: COUNTY OFFICE**

As part of the incident management process, the Administrator and Director, Long-Term Care and Seniors Services will determine the need and frequency of Incident Management Team calls with County Office team members as appropriate to provide ongoing support, resources, and guidance throughout the emergency.

**COMMUNICATION: ALTERNATE METHODS**

In an emergency, normal means of communication may become unreliable or nonexistent. Methods of communication in a disaster may include:

* Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures)
* Telephones (both cellular and landline if operating)
* Two-way radio (always keep in a charger because you may be without power at any point)
* Fax machine (if phones are operable)
* Internet (emails/websites) or local area networks (if computer systems are operative)
* Technology applications – StaffStat, Surge

**COMMUNICATION: RESIDENT DOCUMENTATION & TRANSFER OF ACCOUNTABILITY**

During an emergency, if there is a failure with the electronic documentation system that is used to document resident information and communicate key resident health status changes, alternative methods can be used such as:

* The use a verbal shift exchange and the use of paper shift report tools
* Recording the shift report
* Assigning a point person to call for resident clinical updates from the hospital at min. every 3 days
* (LTC) Refer to Downtime Procedures in the Resident Care Manual: VII-J-10.20 Electronic Documentation System Downtime & attachments

**COMMUNICATION: PROVINCIAL REGULATORY AUTHORITIES & COMMUNITY PARTNERS**

The Administrator will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the Administrator or designate. The frequency, participant list etc., will be determined in collaboration with the community partner.

The Administrator or Incident Manager or designate will:

1. Ensure ongoing communication using the methods noted above to residents, substitute decision makers (if any), team members, volunteers, students, caregivers, and the Residents’ and Family Councils (if any), including:
	1. At the beginning of the emergency;
	2. When there is a significant status change throughout the course of the emergency; and
	3. When the emergency is over.



**CODE RED: FIRE**

**FIRST PERSON ON SCENE WILL:**

1. Assume the role of Incident Manager
2. Assess.
3. Begin Code Procedure (below).
4. Call for assistance.

**PROCEDURE:**

1. Go to Annunciator Panel at front entrance to determine fire location.
2. Announce Code Red, identifying the room number and/or area of Fire location.
3. Call 911 – give name, location address, and summary of situation.
4. Ensure elevators are clear and no entrapment exists.
5. Take up to 4 team members with keys to fire zone.
6. Locate room of fire origin. Enter – *only if door handle is not hot and there is no smoke.*
7. Remove occupant (if safe to enter) and close door to contain fire.
8. Update 911 on status.
9. Instruct team members to evacuate zone, beginning with rooms closest to the fire.
10. Deploy additional team members to evacuate adjacent and above zones, moving residents continually further away from the fire.
11. Ensure no team members put themselves at risk.
12. Keep Administrator notified.
13. Complete IMS Form 1001.

**NOTE:** Transfer of Command to the leadership team (Administrator) may occur only after the individual has arrived at the location and a full debrief has occurred and notes recorded on the IMS 1001 have been handed over.

**If situation remains unresolved following these steps, see “ALL CODES” (XVIII-D-10.90).**



**CODE GREEN: EMERGENCY EVACUATION**

**POLICY:**

The location will activate the Code Green Evacuation Plan upon direction from Emergency Services or the Incident Manager.

**PROCEDURE:**

The Administrator will:

1. Ensure evacuation supplies are inspected regularly for functionality, expired dates, and restocking as needed (NOTE: Part of JHSC Inspection).
2. Ensure emergency/evacuation supplies are kept in an accessible, secure location(s) that all team members are aware of and can easily access.

The Incident Manager will:

1. Activate the Evacuation Plan as required to respond to the emergency situation.
2. In the event that the location is in an outbreak, further collaborate with Public Health/Infection Control Lead/Administrator/Director to determine the most appropriate relocation area, whether internally or externally.
3. Announce Code Green, including identification of the area affected.
4. Complete the Incident Manager Evacuation Checklist during the evacuation process.

All Team Members will:

1. Upon hearing Code Green announced, follow procedures related to the type of evacuation.
2. Take direction from the Incident Manager.

**Reference:**

Contracted Pharmacy Provider Disaster Management Procedures

**ON** **LTC:** MLTC Emergency Evacuation Policy (July 15, 2021): [https://urldefense.com/v3/\_\_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency\*20Evacuation\*20Policy\*20(EN).pdf\_\_;JSUl!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq\_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC\_TBpCEv1n\_DSyRU$](https://urldefense.com/v3/__https%3A//www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%2A20Evacuation%2A20Policy%2A20%28EN%29.pdf__;JSUl!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1n_DSyRU$)

**ON** **LTC:** MLTC Emergency Placement Process (July 15, 2021): [https://urldefense.com/v3/\_\_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation\*20Placement\*20Process\*20(EN).pdf\_\_;JSUl!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq\_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC\_TBpCEv1gqC976k$](https://urldefense.com/v3/__https%3A//www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%2A20Placement%2A20Process%2A20%28EN%29.pdf__;JSUl!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1gqC976k$)

**ON** **LTC:** MLTC Emergency Placement Form (July 15, 2021): [https://urldefense.com/v3/\_\_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency\*20Placement\*20Form\*20(Appendix\*20B).docx\_\_;JSUlJQ!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq\_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC\_TBpCEv1rxfIv-k$](https://urldefense.com/v3/__https%3A//www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%2A20Placement%2A20Form%2A20%28Appendix%2A20B%29.docx__;JSUlJQ!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1rxfIv-k$)

**ON** **LTC:** MLTC Overview of Temporary Emergency License and Beds in Abeyance (July 15, 2021): [https://urldefense.com/v3/\_\_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview\*20of\*20Temporary\*20Emergency\*20(TE)\*20Licence\*20and\*20Beds\*20in\*20Abeyance\*20(BIAs)\*20(EN).pdf\_\_;JSUlJSUlJSUlJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq\_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC\_TBpCEv1TCg6uOM$](https://urldefense.com/v3/__https%3A//www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%2A20of%2A20Temporary%2A20Emergency%2A20%28TE%29%2A20Licence%2A20and%2A20Beds%2A20in%2A20Abeyance%2A20%28BIAs%29%2A20%28EN%29.pdf__;JSUlJSUlJSUlJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1TCg6uOM$)



**CODE WHITE: PHYSICAL THREAT/VIOLENT OUTBURST**

**POLICY:**

The location is committed to providing an atmosphere free of physical threat for all residents, team members, visitors, and volunteers.

In the event of an attempt of or actual exercise of physical force by a person that has the potential to cause injury (including threatening statements or behaviour indicating reasonable cause to believe risk of injury), a Code White will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location’s Code WhiteEmergency Plan.

In the event a Code White is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area.

**PROCEDURE:**

If confronted by a violent or aggressive person, team member, volunteer, or visitor:

* If safe to do so, try to diffuse the situation with the aggressive person(s).
* Seek immediate assistance (this may involve activating call bell or fire alarm).
* Announce or have someone else announce “Code White and location” if the situation escalates into a dangerous situation.
* If safe to do so, isolate the person(s) away from residents and team members and ask person to leave the premises.
* If necessary, call 911. Be prepared to provide location address, name, contact information, and any other relevant information.
* Notify appropriate supervisor / Manager on Call / Administrator /Director, who will investigate and document the incident and file appropriate reports to provincial regulatory authority, support services, etc.
* Regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved.

The Incident Manager will:

1. Oversee Code White response - organize, direct, and determine plan of action.
2. Assign roles and responsibilities to responders.
3. Brief external responders (i.e. police) upon arrival.
4. Document incident per organizational policy.

As part of the recovery process, the Administrator or designate will:

1. Consider the physical and mental health needs of all team members and residents.
2. Ensure supports are provided, using existing and additional identified programs as needed i.e. EAP, individual and group counseling, etc.
3. Consult with the Joint Health & Safety Committee/Occupational Health Committee on Code White policy/procedure training.
4. Collaborate with support services office (Director, Health & Safety Manager, HRBP, etc.) as needed to create and implement a Health & Safety Plan for affected team members.

All Team Members will:

1. Speak with their supervisor regarding any specific concerns, needs, or considerations.

The Joint Health & Safety Committee/Occupational Health Committee will:

1. Review Code White policy/procedure annually (at minimum).
2. Monitor policy/procedure implementation between reviews.
3. Review Incident Reports and statistical data.
4. Make recommendations to employer to eliminate and control risk of violence to team members.
5. Monitor and ensure recommendations for prevention strategies are followed up.
6. Consider Code White data when conducting workplace inspections.
7. Participate in investigations of Code White incidents.



**CODE YELLOW: MISSING RESIDENT**

## **CODE YELLOW RESPONSE**

In the event that a resident cannot be located within 5 minutes of the absence being reported, Code Yellow will be called to alert team members and prompt an appropriate response, including an organized and comprehensive centralized search procedure.

All Team Members will:

1. Notify the nurse/manager in charge on home area/floor immediately when a team member is unable to locate a resident.

The Nurse/Manager in charge on the Home Area/Floor will:

1. Alert building Charge Nurse/Manager.
2. Direct team members to thoroughly search their home area/floor, check the sign out book, and check for resident with Recreation/Resident Engagement team and uninsured service providers.

The Administrator or designate will:

1. Assume the role of Incident Manager.
2. Announce “CODE YELLOW, missing resident” using all announcement systems as applicable (overhead PA, portable telephone, land telephone speaker, walkie-talkie); identify that resident by name.

The Incident Manager will:

1. Ensure completion of the Missing Resident Search Checklist as information is made available from team members conducting the search.
2. Coordinate the search for the missing resident as follows:
* Gather all information re missing resident i.e. care plan kardex, colour photo, full description of clothing worn, where and time resident last seen, resident profile information, previous incidents and where resident was found, etc.
* Relocate to 1st Floor Information Station/front reception desk and await reports or phone calls regarding the resident
* Gather search kit, which includes: floor plans, maps (topical maps/satellite images of building and surrounding area recommended), flashlights, interior/exterior hazard list
* Advise searchers to call out to missing person by name loudly and frequently throughout search
1. Assign a search area (floor plan/map) to team members (work in pairs if possible); team members will check off completed rooms and areas on floor plan/map. When completed, map to be given to Incident Manager.
2. Document the initiation and progression of the search procedures.

If the resident is not found after the initial search, the Incident Manager will:

1. Call 911 for police assistance.
	* Ask police to contact Search & Rescue organizations after the first hour of searching if the resident remains missing and there is a high level of risk
2. Notify the Administrator/DON/Manager on call and the family of the missing resident.

If the resident is found, the Incident Manager will:

1. Make an announcement that the resident has been found and the CODE YELLOW is cancelled; thank team members for their response, and advise them that they may return to normal duties.
2. Notify the police, family, Administrator/DON/Manager on call.
3. Have the resident’s condition assessed, complete incident report, provide resident with reassurance, complete Missing Resident Search checklist, and sign off as Search Coordinator.

All Team Members will:

1. Search for the resident and take direction from the Incident Manager.

The Administrator will:

1. Inform the Vice President Regional Operations or designate of the missing resident search and recovery status throughout the search.
2. Complete a report/contact regulatory authority per provincial regulatory reporting requirements.



**CODE YELLOW – MISSING RESIDENT SEARCH CHECKLIST**

RESIDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ROOM/SUITE #: \_\_\_\_\_\_\_

PHYSICIAN’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. TIME LAST SEEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. AREA LAST SEEN/DIRECTION RESIDENT WAS GOING (IF KNOWN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. PHYSICAL DESCRIPTION Age: \_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_

Hair: \_\_\_\_\_\_\_\_\_\_\_\_ Eyes: \_\_\_\_\_\_\_\_\_\_\_ Glasses (please circle) YES NO

Special Identifying Features: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Clothing Last Worn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. COLOUR PHOTOGRAPH AVAILABLE (please circle): YES NO
2. LEVEL OF RISK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. SIGNIFICANT MEDICAL INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. POSSIBLE FAVOURITE PLACES/HANG OUTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. AREAS TO BE SEARCHED – USING DETAILED INTERIOR FLOOR PLAN & EXTERIOR MAP of the grounds to search all areas identified in chart. Attach completed floor plan log to checklist. **Reminder:** call out resident by name loudly and frequently during search.

**SEARCH CHART:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Search Completed** | **Area** | **Search Completed** |
| Bathroom/Shower room |  | Elevators |  |
| Lounge |  | Lounges |  |
| Closets |  | Storage/Service |  |
| Resident rooms/suites / beds |  | Stairwells |  |
| Under furniture i.e. beds, sofa |  | Hidden Areas |  |
| Main Kitchen |  | Underground Parking |  |
| Dining room & servery |  | Parking Lot & Vehicles |  |
| Balcony |  | Grounds |  |
| Laundry |  | Bushes |  |
| Staff Lounge |  | Sheds |  |
| Washrooms – resident/public |  | Roads |  |

RESIDENT FOUND – Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_

SEARCH COMPLETED – RESIDENT NOT FOUND & CONFIRMED MISSING Time: \_\_\_\_\_\_\_\_\_\_\_

1. NOTIFICATION

|  |  |  |
| --- | --- | --- |
| **PERSON** | **TIME** | **NOTIFIED BY** |
| Family |  |  |
| GM/ED |  |  |
| Police |  |  |
| Search & Rescue |  |  |
| Physician |  |  |
| Support Services Office |  |  |
| Regulatory authority as per provincial reporting requirements |  |  |
| Transportation services – bus, wheel trans, taxi |  |  |

1. POLICE NOTIFICATION Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Badge # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NEXT OF KIN Called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ASSESSMENT OF RESIDENT’S CONDITION WHEN FOUND

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. PHYSCIAN’S ORDERS RECEIVED

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NOTIFICATION RESIDENT FOUND

|  |  |  |
| --- | --- | --- |
| **PERSON** | **TIME** | **NOTIFIED BY** |
| Family |  |  |
| GM/ED |  |  |
| Police |  |  |
| Search & Rescue |  |  |
| Physician |  |  |
| Support Services Office |  |  |
| Regulatory authority as per provincial reporting requirements |  |  |
| Transportation services – bus, wheel trans, taxi |  |  |

1. SAFETY PRECAUTIONS TO PREVENT REOCCURRENCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. INCIDENT REPORT DOCUMENTED (please circle) YES NO
2. CHARTING COMPLETED (please circle) YES NO

Name of Search Coordinator (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Search Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_



**CODE BLUE: MEDICAL EMERGENCY**

## **CODE BLUE RESPONSE**

In the event of a life threatening medical emergency affecting any individual(s) onsite i.e. cardiac arrest, respiratory issue, choking, etc., Code Blue will be called to alert team members and prompt an appropriate response in accordance with the location’s Code Blue Emergency Plan.

Upon discovering a medical emergency, Team Members will:

1. Shout to nearby team members “Code Blue” and as applicable pull call bell and phone Nurse/First Aider.

The Nurse/Manager in charge/First Aider will:

1. Respond to site.
2. Direct a team member to call 911 for an ambulance and notify POA/Responsible Party/Next of Kin.
3. Direct appropriate resuscitation procedures until arrival of paramedics.
	* In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles.
	* Conduct a Point of Care Risk Assessment (PCRA) to determine whether a Protected Code Blue emergency response is required.
	* For residents, confirm DNR order/status to find out if resident requires CPR or not.
4. Continue resuscitation procedures or comfort measures as applicable until arrival of 911.

The Nurse or designate will:

1. Complete transfer forms (as applicable) and give ambulance attendants (paramedics).
2. Notify POA / family member of transfer to hospital.
3. Ensure all resuscitation equipment is replenished and cleaned following the emergency.

All Team Members will:

1. Keep nearby residents and visitors away from the scene and help maintain calm.

NOTE: Choking incidents will be treated as a medical emergency and the use of Code Blue emergency procedures will apply.

1. Ensure team members received training on Code Blue procedures including how to respond to choking incidents.



**MANAGEMENT OF A CHOKING RESIDENT**

Choking incidents will be treated as a medical emergency and a Code Blue emergency response will be initiated.

Choking is defined in the following ways according to the 2017 Canadian Red Cross Comprehensive Guide for First Aid and CPR:

*Choking occurs when the airway becomes partially or completely blocked by a foreign object (e.g. a piece of food), by swelling in the mouth or throat, or by fluids, such as vomit or blood. If the airway is blocked by the person’s tongue or by swelling, this is called an anatomical obstruction. If it is blocked by a physical object, this is called a mechanical obstruction. Complete choking happens when the airway is completely blocked. When a person is experiencing complete choking, they are unable to breathe and are in a life-threatening situation. Immediate first aid (and possibly medical intervention) is required to remove whatever is blocking the airway.*

The Nurse or designate will:

1. Assess the situation to determine if the resident is able to breathe. Look for signs that the resident is suffering from total airway obstruction. These signs include: the resident being unable to make any sounds above a wheeze; the face turning blue; and hands clutching the throat in the universal symbol for choking.
2. If the resident is unable to speak, cough, or breathe, or is making high-pitched noise, then immediately begin care for choking.
3. A trained nurse/healthcare provider will perform abdominal thrusts to clear airway.
* If the resident becomes unconscious, then call 911.
* If CPR is required as per resident’s goals of care, then ensure that the resident is lying on a hard surface to enable ease when doing CPR.
* Continue providing emergency care until EMS arrives on scene.
1. Notify POA/SDM, most responsible physician/Nurse Practitioner, and Director of Nursing/ Director of LTC of the incident and actions taken.

**Post Choking Incident:**

1. Following a choking event, the Nurse or designate will:
* If the resident expels the object, continue to monitor resident’s vital signs every shift x48hrs after the choking episode, watching the resident for symptoms of aspiration pneumonia. Conduct a chest assessment every shift with vital signs checks x48hrs.
* Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, or discomfort.
* Contact the Registered Dietitian via phone/virtual for consultation post incident and send a PCC referral for re-assessment
* If required, change diet texture or fluid consistency until the RD has reassessed.
* Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist.
* Review and update the resident’s plan of care/service plan (as applicable) to ensure risks and individualized care/service needs are identified.
1. Document incident in the risk management tab of the resident electronic health record.

The PSW/CSA/HCA will:

1. Immediately report any signs of chewing or swallowing difficulties during snack, meal times, and when consuming any other food or fluids to the nurse.
2. Ensure that resident is in upright position or position as indicated in care plan during meal time.

The Director of Nursing / Director of LTC or designate will:

1. Complete a critical incident report as per provincial health authority requirements for transfers to hospital.
2. Obtain proof of current CPR certification from nursing staff upon hire and recertification as per provincial requirements thereafter.
3. Ensure team members received training on Code Blue procedures including how to respond to choking incidents.

**References:**

St. Johns Ambulance Safety Tips and Resources First Aid (2021). Retrieved April 6th 2021 from: <https://www.sja.ca/English/Pages/default.aspx>

Canadian Nurses Association Online Course: Emergency Procedures: Choking, Hemorrhage and Seizures (2019). Retrieved April 6th 2021 from: <https://www.cnaonlinecourse.com/free-cna-course/emergency-health-procedures>

Canadian Red Cross Comprehensive Guide for First Aid and CPR (2017). Retrieved May 24th 2022 from: <https://www.redcross.ca/crc/documents/comprehensive_guide_for_firstaidcpr_en.pdf>



**CODE ORANGE: EXTERNAL EMERGENCY**

## **CODE ORANGE RESPONSE**

In the event of an external disaster, community utility failure, air exclusion event, severe weather events including weather watches and warnings, severe air quality issues, wildfire danger, or if the location is requested to be a site to shelter an external group, a Code Orange will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location’s Code Orange Emergency Plan.

**EXTERNAL AIR EXCLUSION (CHEMICAL, BIOLOGICAL, RADIOLOGICAL, ETC.)**

Any person who becomes aware of external air exclusion (chemical, biological, radiological, etc.) will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Tune into local radio/television/internet for information and direction from provincial or community authorities.
2. Alert team members that an evacuation may be necessary.
3. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to “shelter in place”.
4. Seal building so contaminants cannot enter by:
* Ensuring that all windows and doors are closed
* Sealing gaps under doorways, windows, and other building openings (indicate where supplies will be kept)
* Ensure that all heating, air conditioning, and ventilation systems remain off
* Limit access to the building
1. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
2. Initiate Code Green evacuation procedure as required.

All Team Members will:

1. Close windows, doors and other openings to the exterior.
2. Turn off air conditioning, vents, fans, and heating equipment.
3. Take direction from the Incident Manager.

**SEVERE AIR QUALITY ISSUES**

Severe air quality issues occur when the Air Quality Health Index reaches a high risk category. Speacial Air Quality Statements or Smog and Air Health Advisories may be issued by Environment and Climate Change Canada and/or provincial regulatory authorities in the event the Air Quality Health Index reaching a high risk category.

Seniors are at higher risk of experiencing symptoms when the Air Quality Health Index reaches the high risk category because of weakening of the heart, lungs and immune system and increased likelihood of health problems such as heart and lung disease. Symptoms may include: sore throat, eye irritation, runny nose, mild cough, phlegm production, wheezy breathing and headaches. More severe symptoms include: shortness of breath, severe cough, dizziness, chest pain and heart palpitations. Anyone experiencing severe symptoms requires medical attention.

Any person who becomes aware of a Special Air Quality Statement or Smog and Air Health Advisory will:

* 1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Monitor updates for air quality levels and wildfire locations in the region daily. Take into consideration current/future air quality and smoke direction for your location (as applicable).
	1. Air Quality

<https://www.airqualityontario.com/aghi/index.php>

* 1. Fore Smoke Forecast

<https://firesmoke.ca/>

1. Ensure all windows and exterior doors remain closed at all times; making sure indoor temperatures can be maintained below 26 degrees Celsius indoors to prevent heat-related illness.
2. Shut off all Air Handling Units (MAUs) temporarily as they bring outdoor air into the building.
3. Check building regularly in case of conditions that may require In-Suite PTAC Units, Roof Top Units, Portable AC Units and fans to be turned off.
4. Ensure that people with chronic health conditions e.g. asthma have any prescribed medications readily available.
5. Facilitate communications to team members, such as huddles on each shift, to educate team members about assessment and care of residents who may be impacted by air pollution.
6. Ensure any strenuous and/or outdoor activities are postponed.
7. Ensure residents stay hydrated and are kept cool.
8. Ensure team members know to seek medical attention immediately in the event of anyone experiencing severe symptoms such as shortness of breath, severe cough, dizziness, chest pain and/or heart palpitations.
9. In extreme situations, convene a Hot Issue Alert call to discuss the need to rent air scrubbers to filter the affects of smoke/pollution and improve air quality in your building.

**SEVERE WEATHER/WILDFIRE**

Thunderstorms, hail, tornadoes, blizzards, ice storms, high winds, heavy rain, wildfire, etc. Any of these may result in conditions that require evacuation of the building.

Any person who receives communication that severe weather is being forecasted/wildfires are drawing near will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Tune into their local radio station/television station/internet for updates on severe weather/wildfire warnings.
2. Advise team members, residents, and visitors of severe weather/wildfire warning.
3. Direct team members to move residents away from windows and close blinds and curtains as time allows, preventing window glass from shattering onto them or debris from entering through windows, etc.
4. Direct team members to have emergency supplies readily accessible.
5. Direct Maintenance team to verify that the generator (as applicable) is adequately fueled and in good working order.
6. Direct Maintenance team to arrange for additional fuel onsite as required.
7. Initiate Code Green evacuation procedure as required.

**EARTHQUAKE**

During an earthquake, the majority of injuries are caused by non-structural items falling and becoming projectiles. In most situations you will reduce your chance of injury if you: DROP, COVER, and HOLD ON.

* DROP down to your hands and knees (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
* COVER your head and neck (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that will not fall on you) and cover your head and neck with your arms and hands.
* HOLD ON to your shelter (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around. Be aware of falling debris after the shaking stops.

In the event of an earthquake, all Team Members will:

1. Protect self – drop, cover, and hold on.
2. Not attempt to assist others until the shaking stops.
3. Stay covered until the shaking stops.
4. Stay away from windows, bookcases, and other hazards.
5. If inside, stay inside. Do not attempt to exit.
6. Crawl under a strong table, counter, or desk if possible and hold onto the legs.
7. Do not stand in a doorway.
8. If outside, stay outside.
	* Move away from the building and power lines
	* Avoid overhanging structures
	* Remain in location until the shaking stops

When the shaking stops:

1. Put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.
2. Alert residents, team members, and visitors to expect aftershocks.
3. Alert residents, team members, and visitors of fallen power lines and other hazards.
4. Attempt to continue operations onsite. Continue to provide essential care and service as much possible.
5. Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
6. Check the operating status of all telephones, and replace receivers on the bases.
7. Check for injuries: assess if anyone is injured and provide medical assistance where required, or call other team members for assistance.
8. Check for people who may be trapped: inspect residents’ rooms, nursing/wellness stations, and other locations in your area. Leave doors to rooms open.
9. Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
10. Do not evacuate until advised by the Incident Manager. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways, or navigate disabled stairways.
11. Do not consume or distribute food or water unless you are certain it is free from contamination.
12. Do not flush toilets – conserve water.
13. Assess the damage to your designated area/unit, and inform the Incident Manager. Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and protect medications and required supplies. Post signs indicating dangerous areas, and notify the Incident Manager of unsafe situations.
14. Report to the Incident Manager.

The Incident Manager will:

1. Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
2. Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.
3. Instruct residents, team members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
4. Ensure all residents, team members, volunteers, and visitors present at the time of the earthquake are accounted for. If anyone is missing, either conduct an immediate search or await instruction from emergency services, depending on the condition of the building.
5. Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.
6. Arrange for first aid to be administered as necessary. Seriously injured individuals should not be moved unless they are in immediate danger of further injury.
7. Take direction from Emergency Services personnel.
8. Arrange for the building to be inspected before residents and team members are re-admitted.

**FLOOD (EXTERNAL I.E. DUE TO WEATHER)**

In the event of an external flood that may affect the building:

The Incident Manager will:

1. Tune into local radio/television/internet for information and direction from provincial or community authorities.
2. Alert team members that an evacuation may be necessary.
3. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to “shelter in place”.
4. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
5. Initiate Code Green evacuation procedures as required.

In the event there is time and it is safe to do so, the Environmental Services Manager or designate will:

1. Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.
2. Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
3. Close emergency valves to sewer drains.
4. Check sump pumps to ensure they are operable.
5. Ensure backup power supplies (i.e. generators) are functional.
6. In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and team members are re-admitted.

**COMMUNITY DISASTER/UTILITY FAILURE**

Any person who becomes aware of a community-wide disaster and/or utility failure will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Tune into local radio/television/internet for information and direction from provincial or community authorities.
2. Alert team members that an evacuation may be necessary.
3. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to “shelter in place”.
4. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
5. Initiate Code Green evacuation procedure as required.

All Team Members will:

1. Take direction from the Incident Manager.



**CODE BLACK: BOMB THREAT**

**CODE BLACK RESPONSE**

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in nature, a Code Black will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location’s Code Black Emergency Plan.

The Administrator or designate will:

1. Make available the bomb threat information in all areas in which an incoming call can be received.

The individual receiving the threat via mail will:

1. Remain calm.
2. Note the delivery method and location of the threatening piece of mail.
3. Inform the Incident Manager immediately.

The Incident Manager will:

1. Immediately contact the police at 911, all other managers, team members, and support services office.
2. Determine whether to initiate Code Green evacuation procedures.
3. Follow police direction.

**TELEPHONE THREAT**

The individual receiving the threat by telephone will:

1. Be calm and courteous.
2. Not interrupt the caller.
3. Keep the caller on the line as long as possible.
4. Obtain as much information as possible by completing the Bomb Threat Telephone Checklist.
5. Call 911/contact police.
6. Notify Incident Manager.

The Incident Manager will:

1. Alert the administrator, all other managers, team members and Director.
2. Determine whether to initiate Code Green evacuation procedures.
3. Take direction from Emergency Services personnel.

All Team Members will:

1. Notify the Incident Manager if a suspicious object is found.
2. Not touch the object.
3. Take direction from the Incident Manager.

**SUSPICIOUS PACKAGE/DEVICE**

Any person who becomes aware of a suspicious package or device will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Instruct team members to clear the area where the package was discovered.
2. Notify team members and provide the following information:
* Object location
* Object description
* Any other useful information
1. Call 911.
2. Instruct team members who have been in close proximity to or in contact with a package/device which is suspected to have been contaminated with chemical or biological agent to:
* Wash their hands with water
* Remove contaminated clothing and place in a sealed container (i.e. plastic bag) to be forwarded to emergency responders once on site. Shower (with soap and warm water) as soon as possible
* List all people who may have been in contact with or in close proximity to the suspicious package/device and provide this list to appropriate authorities once they arrive onsite
* Seek medical attention as soon as possible

Team Members will:

1. Not touch, shake, or bump the package.
2. Not open, smell, examine, touch, or taste.
3. Take direction from Incident Manager.

**In the event of an explosion, the Incident Manager will:**

1. Ensure treatment of any residents, team members, visitors, or volunteers injured as a result of the emergency.
2. Photograph all damage as a result of the incident.
3. Preserve evidence in order to assist the police in their investigation.
4. Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.
5. Designate a team member to notify next of kin of any resident or team member who suffered trauma in the event.
6. Notify Director and others as appropriate (i.e. provincial regulatory authority).

The Administrator will:

1. Conduct a general meeting within a week of the incident to debrief team members, residents, visitors, and volunteers on the outcomes and recommendations following the emergency.
2. Implement the recommendations resulting from the debriefing sessions as well as from Emergency Services who responded to the emergency.



**CODE GREY: INFRASTRUCTURE LOSS/FAILURE**

**CODE GREY RESPONSE**

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., the Incident Manager or designate will call Code Grey to alert team members, residents, and visitors, and prompt an appropriate response in accordance with the location’s Code Grey Emergency Plan.

Repair service contracts (where applicable) will include priority response time.

**ELEVATOR ENTRAPMENT/FAILURE**

Any person who discovers that someone is trapped in an elevator/elevator failure will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Call Code Grey.
2. Contact the Environmental Services Manager and the elevator service company immediately and determine their estimated response time.
3. Contact the Elevator Service Company Name and contact information is listed “Code Grey locations and contacts lists”.
4. Attempt to determine where the elevator is stopped.
5. Designate a team member to be stationed outside of the elevator door on the floor where it has stopped to reassure the occupant(s) that help is on the way.
6. Reinforce to occupants to not force the doors open and remain calm.
7. Prevent anyone from overriding the system. Overriding the system may put occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.
8. Call 911 if the occupant(s) is in distress.
9. Follow the directions of the elevator service technician or emergency services when they arrive on scene.
10. Take the elevator out of service until the necessary repairs are made.
	* How to take elevator out of service i.e. location of switch: is located on attachment to policy.

**ROOF COLLAPSE**

Any person who suspects that there has been a roof collapse will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Instruct building maintenance personnel to immediately assess the situation i.e. snow or ice on roof needing to be removed immediately, etc.
2. Direct team members to relocate residents, visitors, and themselves from the affected area(s) of the building following the fire emergency procedures.
3. Call 911 from a phone located well away from the area affected.
4. Take direction from Emergency Services personnel.

All Team Members will:

1. Take direction from the Incident Manager.

**ELECTRICAL POWER FAILURE**

Any person who becomes aware of a major electrical power failure will:

1. Notify the Incident Manager immediately.

The Incident Manager will:

1. Notify the local hydro service provider at listed on the attachment to policy, the power failure and ask for expected duration of the outage.
2. Direct team members to monitor all doors and high risk residents for elopement.

The Nurse will (where applicable):

1. Identify needs of residents for power (G-Tube, IV, Oxygen, Air Mattresses, etc.).

All Team Members will:

1. Carry a flashlight.
2. Provide residents with night light/lantern as needed.
3. Take direction from the Incident Manager.

In locations with Emergency Generator backup, the Maintenance Team will:

1. Activate the Emergency Generator immediately and monitor it to see that it is working correctly.
	* Instructions for activation of Emergency Generator: Listed on the attachment to policy.
2. Ensure that all lights and Generator powered equipment is working.
3. Where applicable, direct team members to use the “RED PLUG” Generator outlets (in resident areas, these are marked with RED DOT).
4. Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.
	* Locate supplies on “Code Grey locations and contacts list”.
5. Check fuel supply and activate procedure for delivery of additional fuel as needed.
6. Procedure for delivery of additional fuel listed on the attachment to policy.

In locations with no emergency generator backup, the Incident Manager will:

1. Notify and update Director of Long-Term Care and Senior Services of the outage/expected duration.
2. Direct distribution of emergency box supplies (battery flashlights, blankets).
	* Supplies located at: listed on the attachment to policy.
3. Monitor and assess the effect on resident and team member safety.
4. Initiate Code Green Evacuation plan if necessary.

**RESIDENT ELECTRONIC DOCUMENTATION SYSTEM**

For loss of the resident electronic documentation system, refer to VII-J-10.20 Electronic Documentation System Downtime & attachments (LTC).

**FIRE PROTECTION SYSTEM FAILURE**

Any person who suspects that the Fire Protection System is not working will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Notify all team members that a fire watch has been initiated.
	1. Process to notify all team members identified on the “Code Grey locations and contacts list”.
2. Give verbal instruction to team members and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected, call 911 directly.
3. Assign team member(s) to monitor/complete Fire Watch Checklist for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.
4. Assign one team member to post Fire Watch signs at all entrance doors, information centres, main kitchen, laundry, and in elevators.
5. Notify Environmental Services Manager or Administrator.

All Team Members will:

1. Complete monitoring and Fire Watch Checklist as assigned.
2. Take direction from the Incident Manager.

The Environmental Services Manager or Administrator will:

1. Obtain immediate assistance (service) from Fire Protection service supplier (Code Grey locations and contacts list) and contact Fire Department.

**TOTAL LOSS OF HEATING SYSTEM**

Any person who becomes aware of a major or total failure of the building’s heating system will notify the Administrator and/or Incident Manager immediately.

The Administrator or designate will:

1. Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
2. Notify the local HVAC heating system contractor service provider (Code Grey locations and contacts list) of the failure and ask for expedited service call to correct.
3. Review Evacuation plan and prepare to institute if estimated time for repair is greater than 12 hours.
4. Notify support services office.
5. Review and implement policy on required interventions during Extreme Cold Conditions.
6. Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure temperature does not drop below 20°C in any occupied area until heating system is fully restored.
7. Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
8. Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
9. Implement evacuation plan if building temperatures fall below 15°C.

**TOTAL LOSS OF COOLING SYSTEM**

Any person who becomes aware of a major or total failure of the building’s cooling system will notify the Administrator and/or Incident Manager immediately.

The Administrator or designate will:

1. Notify the local HVAC system contractor service provider (Code Grey locations and contacts list) of the failure and ask for expedited service call to correct.
2. Notify the manager/nurse in charge or designate.
3. Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
4. Notify support services office.
5. Review and implement Management of Risk Associated with Extreme Heat policy.
6. Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 39°C in any occupied area until cooling system is fully restored.
7. Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
8. Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
9. Direct team members to move residents to inner core of building away from exterior walls.

**LOSS OF POTABLE WATER**

Any person who becomes aware of a major or total failure of the building’s water system will notify the Administrator and/or Incident Manager immediately.

The Administrator or designate will:

1. Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
2. Notify the local system contractor service provider (Code Grey locations and contacts list) of the failure and ask for expedited service call to correct.
3. Request an estimated time to correct following the initial investigation.
4. Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
5. Notify support services office.
6. Direct Maintenance to search for leaks / shut off water i.e. at localized appliance.
7. Implement emergency water rations for residents as required (i.e. boil water advisory).

**INTERNAL FLOOD (I.E. BURST PIPES)**

Any person who becomes aware of an internal flood will notify the Administrator and/or Incident Manager immediately.

The Incident Manager or designate will:

1. Call Code Grey.
2. Direct Maintenance to turn off water supply at main valve (Code Grey locations and contacts lists) and shut off electricity to affected parts of the building.
3. Notify Director of Long-Term and Senior Services.
4. Contact a plumber (Code Grey locations and contacts list).
5. Direct Maintenance to turn on faucets and flush toilets to drain pipes and relieve pressure.
6. Implement emergency water rations for residents as required (i.e. boil water advisory).
7. Manage any relocation of residents as required whose rooms may have been affected.
8. Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
9. Contact regional Building Services support for remedy of any water damage/services required to be engaged with external provider.
10. Determine whether to initiate partial or full Code Green evacuation.

Team Members will:

1. Begin water cleanup as directed.
2. Set up fans, dehumidifiers, etc. as directed.
3. Clean any areas or items damaged by water.

**MAG LOCKS FAILURE**

Any person who suspects that the Mag Locks are not working will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
2. Check to ensure that doors are unlocked and if so, try to reset mag locks at station. Maintenance will reset mag locks.
3. Assign team members to monitor exit doors until the problem is resolved.
4. Assign team members to complete a resident room check using fire plan checklist and to do ongoing walk about every fifteen minutes until system is reactivated.

All Team Members will:

1. Complete room check and monitor exits as assigned.
2. Take direction from the Incident Manager.

The Environmental Services Manager or Administrator will:

1. Obtain immediate assistance (service response) from mag lock (security system) supplier (Code Grey locations and contacts list).

**TELEPHONE SYSTEM FAILURE**

Any person who becomes aware of a landline telephone system failure will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Call Code Grey.
2. Notify Administrator or designate.
3. Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
4. Use cell phone to alert Call Center to the failure and alternate contact numbers.
5. Assign a messenger if safe to leave to alert Director of Long-Term Care and Senior Services of failure.
6. Determine alternative communication methods.
7. Notify residents and post signage.



**CODE BROWN: INTERNAL EMERGENCY (SPILL/GAS LEAK/HAZARD)**

**CODE BROWN RESPONSE**

In the event of a minor hazardous material spill, a major hazardous material spill or hazmat incident, a carbon monoxide or natural gas leak, or a biological/chemical threat, a Code Brown will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location’s Code Brown Emergency Plan.

**DEFINITIONS:**

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction.

A major hazardous material spill or hazmat incident can be defined as:

* a known substance that cannot be contained or cleaned up
* a substance of significant quantity that poses an immediate risk to team members and residents
* the material is unknown
* a chemical reaction is present
* incident could escalate and increase level of risk

**CARBON MONOXIDE**

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide detected in the air in the building:

* Stale, stuffy air
* Occupants have symptoms of CO exposure (see below)
* The pilot light on gas-fired equipment keeps going out
* A sharp odour of the smell of natural gas occurs when equipment turns on
* The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue (note: some natural gas fireplaces are designed to have yellow flames)
* Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent
* Excessive moisture on walls or windows in areas where natural gas equipment is on
* CO detectors alarm

Symptoms of Carbon Monoxide (CO) Exposure:

* Headaches
* Nausea
* Dizziness
* Drowsiness or fatigue
* Burning eyes
* Confusion
* Loss of coordination

Any person who suspects exposure to Carbon Monoxide will:

1. Call the fire department using 911 immediately.
2. Inform the Incident Manager immediately.

The Incident Manager will:

1. Contact the Environmental Services Manager to identify proper shutdown of gas to equipment.
2. Shut down gas to equipment if Maintenance not available. Location of main shutoff valves identified in XVIII-A-10.50(a) Building Map/Profile.
3. Assign team members to provide for medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
4. Take direction from fire department

All Team Members will:

1. Open windows to ventilate the area.
2. Relocate residents, team members, visitors, and volunteers from the affected area immediately.
3. Take direction from the Incident Manager.

**NATURAL GAS LEAK**

Any person who suspects exposure to a natural gas leak will:

1. Call 911 from a phone located well away from the source of the leak.
2. Inform the Incident Manager immediately.

The Incident Manager will:

1. Instruct Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
2. Shut off the valves if Maintenance not available. Location of shutoff valves identified in XVIII-A-10. 50(a) Building Map/Profile.
3. Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
4. Notify the gas company from a phone located well away from the source of the leak.
5. Take direction from Emergency Services personnel.

All Team Members will:

1. Not smoke or use electrical devices including cell phones.
2. Not turn the power on and off.
3. Advise visitors/volunteers to not smoke or use electrical devices including cell phones.
4. Take direction from the Incident Manager.

**BIOLOGICAL/CHEMICAL THREAT**

Any person who becomes aware of a chemical, biological, or radiological accident will:

1. Immediately ensure all persons are relocated to an area away from the release.
2. Call 911.
3. Inform the Incident Manager immediately.

The Incident Manager will:

1. Direct team members to evacuate as many residents from the contaminated area as possible if it can be done without become a victim.
2. Direct team members to evacuate everyone in the building outside if it is safe to do so.
3. Organize a calm evacuation as per Code Green evacuation process.
4. Check that building is secure.
5. If an evacuation outside of the building is not possible, move everyone in the building upwards to an interior room on a higher floor (many agents are heavier than air) or to an adjacent fire compartment if movement to a higher floor is not practical.
6. Direct team members to seal off the contaminated area: seal gaps under doorways, windows, and other building openings.
7. Direct maintenance team to turn off heating, air conditioning, and ventilation systems.
8. Take direction from Emergency Services personnel.

All Team Members will:

1. Take direction from the Incident Manager.
2. If splashed with a chemical agent, immediately wash if off using ONLY water.

**LIQUID/CHEMICAL/GAS SPILL**

Any person who discovers a liquid/chemical/gas spill or leak will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Keep team members, residents, volunteers, and visitors clear of the area.
2. Contact the Environmental Services Manager or designate to investigate and together determine the appropriate actions.
3. If no leak or spill, complete Incident Report.
4. If leak/spill found:
* Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
* Determine the nature, extent, and cause of the spill/leak;
1. Instruct maintenance team to use the Spill Kit in order to contain the leak.
2. If required, advise the Administrator that a Code Brown should be called. This may involve evacuation of the affected area.
3. If required, call 911 to get Emergency Services assistance.
4. Take direction from emergency services personnel.
5. When the situation is under control, advise reception/concierge to announce “Code Brown – All Clear”.
6. Complete Incident Report (with assistance from maintenance team involved).
7. Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

The Environmental Services Manager or designate will:

1. Attend on scene of spill/leak as directed by the Incident Manager.
2. Complete directions as per step 2 of Incident Manager’s procedures.
3. If required, assist reception/concierge to announce code and then “All Clear” signal.
4. Assist emergency services as required.
5. Assist Incident Manager in completion of Incident Report.

The Reception team will:

1. Announce “Code Brown” and “All Clear” as directed by Incident Manager.
2. Take directions from the Incident Manager.

Team Members in the affected area will:

1. Keep team members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the IM or designate.
2. Take directions from the Incident Manager.

All Team Members will:

1. Take directions from the Incident Manager.
2. Keep out of the area.
3. Reassure residents, visitors, and volunteers as appropriate.

NOTE: Spill Kit contents include:

* Instructions
* 10x15x19” Sorbent Pads
* 10x3”x4’ Sorbent Socks
* 1x Pair Nitrile Gloves
* 26.5x31” 3mil Disposal Bag
* 5 Gal. UN screw top pail



**CODE SILVER: ACTIVE SHOOTER/ARMED INTRUSION/HOSTAGE SITUATION**

## **CODE SILVER RESPONSE**

In the event of an intrusion by an armed person, an active shooter, or a hostage taking incident, Code Silver procedures will be enacted to prompt an appropriate response in accordance with the location’s Code Silver Emergency Plan.

Note: Code Silver will not result in other team members coming to assist, as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called. When a Code Silver is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area, following the procedures set out below.

Any person who becomes aware of an intrusion by an armed person, an active shooter, or a hostage taking incident will:

1. Call 911 as soon as possible. Be prepared to provide location address, name, contact information, and any other relevant information.
2. Announce/communicate Code Silver and location.
3. Notify the Incident Manager/Administrator or Nurse/Manager in charge of the building as soon as possible.

## **Team members who are in the immediate area of Assailant**

Do NOT attempt to engage the assailant. This includes verbal and physical attempts do deescalate the situation.

1. Remain calm and evacuate:
	* Do not confront a person with a weapon
	* Do not attempt to remove wounded persons from the scene
	* If possible, assist others to leave the area and redirect those trying to enter
	* Evacuate if able and safe to proceed
		+ Only evacuate if you are close to an exit and can get there safely, without attracting attention
		+ Have an escape route and plan in mind
		+ While evacuating, keep hands visible at all times (not to be mistaken for the shooter)
		+ Leave any belongings behind
2. If unable to evacuate, hide:
	* Use rooms with doors that lock
	* Barricade the door with heavy furniture
	* Silence your cell phone and turn off any sources of noise (e.g. radios, televisions, etc.)
	* Hide behind large objects (e.g. cabinets, desks, walls, etc.)
	* Remain quiet and low to the ground
3. Survive:
	* Fight only as a last resort and only if your life is in imminent danger
	* Attempt to disrupt and/or incapacitate the assailant by: Acting as aggressively as possible against them, throw items and improvising weapons, yelling, commit to your actions
	* If others are available, work together to distract and attack the assailant as fiercely as possible
4. Call Incident Manager/Administrator or Nurse/Manager in charge of the building as soon as possible:
	* Tell them to initiate Code Silver
	* Give as much information as possible, including:
		+ Location of the assailant(s) (current, last known, and/or direction headed)
		+ Type of weapon(s)
		+ Description of the assailant(s)
		+ Any comments or demands made by the assailant
		+ Information on victims and/or hostages
		+ Any other information you feel may be relevant
	* Remain on the line, and follow instructions of the Manager (stay as quiet as possible)

## **Team members who are in the areas near the Code Silver location**

1. If you can leave safely, evacuate:
	* Remain calm and follow Police/Security direction, if available
	* Quickly leave the area, evacuating as many residents and other people as possible
	* Redirect any people entering the area to evacuate to a safe location
	* Move to a safe, pre-determined meeting point (if possible)
	* Supervisors: once at meeting point, perform a head count to determine if your team is accounted for
2. If you cannot leave safely, hide:
	* Protect yourself and individuals in your area by quickly and quietly:
		+ Closing doors, locking and barricading yourself and others inside (where possible)
		+ Positioning people out of sight and behind large items that offer protection. (e.g. behind desks, cabinets, and away from windows)
		+ Silencing personal alarms, mobile phones and other electronic devices (e.g. TVs, Radios, etc.)
		+ Turning off monitors and screens (where possible) to reduce backlighting
		+ Instructing others, who are capable of assisting, to do the same with other resident rooms (i.e. visitors may assist with the resident they are visiting)
	* If able and safe to do so, call 911 to report where occupants are hiding
	* Do not use the telephone unless directly related to the Code Silver. Medical Emergency Codes will not be called for victims of the assailant until the incident site is secured by Police
	* Hide in place until “Code Silver, All Clear” is announced
	* If the assailant enters your work area, contact 911 if it is safe to do so

## **Team members who are in other locations within the building**

1. Do not attempt to return to your department.
2. Follow the instructions of the Charge Person/Supervisor in your current location.
3. Lock down all external doors and doors between areas.
4. Stay where you are, protecting yourself and assisting others in your area, if possible.
5. Divide into small mixed groups of team members, residents, and visitors. Hide in resident rooms, meeting rooms, bathrooms, offices, etc.; wherever is available and safe to do so.
6. Advise residents, visitors, and others to hide; ask them to remain calm, quiet, and to avoid using their phones, any other electronic device, or posting to social media
7. Move away from exposed windows, walls, and doors. Cover interior windows if able. Lay on floor, under/behind furniture. If possible, hide against the wall that is on the same side as the door into the room. The room must appear empty.
8. Minimize movement within the area to essential, safety-related matters.
9. Silence personal alarms, mobile phones, and other electronic devices.
10. Do not use the telephone unless directly related to the Code Silver incident.
11. Supervisors: Once lockdown of the area is complete, and only if safe to do, perform a headcount.
12. Police must approve all movement throughout the building, until the Code Silver has been cleared. This includes responding to other codes and resident care needs.

The Incident Manager will:

1. Call 911 immediately and inform them of the details.
2. Initiate Building Lockdown procedure.
3. Warn others in the immediate area of danger and prevent anyone from entering the area.
4. Delegate a person, if safe to do so, to meet the police at the front door and provide information required (i.e. location, weapon, hostage, etc.).
5. Ensure that any victims receive medical treatment if it can be provided without putting anyone else in danger.
6. Take direction from police upon their arrival.

## **Upon arrival of police**

Law enforcement personnel are the primary responders and will assume control in any Code Silver response.

Do not interfere with the Police Officers by delaying or impeding their movements: The Police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

**Police Officers will be responding with the intent to use a required level of force to diffuse the situation.** **Ensure you do not present yourself as a threat to them:**

* Drop any items in your hands (e.g. bags, jackets, etc.)
* Immediately raise hands and keep them visible at all times
* Remain calm and follow Officers’ instructions; avoid screaming and/or yelling
* Avoid making quick movements toward Officers
* Do not attempt to grab hold of an Officer
* Do not stop to ask Officers for help or direction when evacuating: Proceed in the direction from which Officers are entering the area or take direction from Incident Manager

Police Officers may:

* Be wearing normal uniforms or tactical gear, helmets, etc.
* Be armed with rifles, shotguns and/or handguns
* Use chemical irritants or incapacitating devices (e.g. pepper spray, stun grenades, tasers, etc.) to control the situation
* Shout commands and may push individuals to the ground for their safety

Rescue teams comprised of additional Officers and emergency medical personnel may follow the initial Officers when it is safe to do so. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the area.

Once you have reached a safe location, you will likely be held in that area by Police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until Police have instructed you to do so.

## **Recovery**

Police will advise the Incident Manager (or designate) when it is safe to end the Code Silver.

* Once the Police have said it is safe to do so, announce *“Code Silver, All Clear”*
* Team members should return to their work area for debriefing. Team members from the affected area should go to a designated meeting point.
* The location should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use.
* As soon as possible, the Incident Management Team should conduct a debriefing, including participation of any responding law enforcement and internal security personnel.
* As part of the recovery process, the location will consider the physical and mental health needs of all team members, residents, visitors, and families. Support will be provided, utilizing existing and additional identified programs (e.g. Employee & Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
* Team members should speak with their supervisor regarding any specific concerns, needs, or considerations.



**BUILDING LOCKDOWN**

Lockdown procedures are implemented to secure and protect team members and residents when an unauthorized or suspicious person enters the location and may be implemented in the event of a threatening communication. Lockdown procedures are similar to shelter-in-place procedures in that they are to be used when it may be more dangerous to evacuate than to stay inside. The intent is to reduce the number of casualties, and is initiated when evacuation is not feasible.

**IMPLEMENTING LOCKDOWN**

When implementing lockdown procedures, ensure communication with team members as calmly as possible, call 911 as soon as it is safe to do so, and follow the direction of the police. By controlling access to, and movement and noise within the building, emergency personnel are better able to manage and respond to the threat.

If the intruder is outside the building, secure all windows and doors and gather all team members and residents inside the building, outside of the line of view of intruder. If the intruder has entered the building, secure team members and residents in a safe room or area of the building.

**Shelter in Place**

This type of lockdown is normally referred to when an environmental threat is present outside and it is not possible or advisable to evacuate the building. This type of action is normally in response to an air contaminant and involves keeping the air contaminates outside the building and keeping persons from unnecessarily putting themselves in medical danger.

In the case of external health hazard, where it is not possible or advisable to evacuate the building:

1. The Incident Manager or designate will announce “Building Lockdown – Shelter in Place” to all team members as soon as possible.
2. The Incident Manager or designate will advise all team members, residents, and visitors in the building to move upwards to an interior room on a higher floor since many agents are heavier than air.
3. All team members will close windows and doors.
4. The Incident Manager or designate will:
	* Ensure exterior doors are locked.
	* Turn off heating, air conditioning and ventilation systems.
	* Check the inventory of openings to ensure that no openings have been overlooked.
5. The Incident Manager or designate will monitor radio or television stations for further updates and have occupants remain in the shelter-in-place mode until authorities indicate it is safe to come out.

**Hold & Secure**

This response is used when a serious environmental/physical threat is present outside the building or in the local neighbourhood. A Hold & Secure involves enacting preventive measures to prevent individuals from leaving the building and entering into an area of danger, or to prevent the threat from entering the building.

Examples of incidents:

* a violent crime nearby
* an active shooter in the area

**What to do – *if it’s safe to:***

1. Announce “Building Lockdown – Hold and Secure” to all team members as soon as possible.
2. Listen to instructions from emergency responders or building managers.
3. Proceed inside the building (if not already inside).
4. Close and secure exterior doors.
5. Close windows and blinds.
6. Turn off lights.
7. Keep away from exterior doors and windows.
8. Encourage people to remain inside the building until the threat has passed.

**Lockdown**

This response is used when the threat is already in the building and measures need to be

enacted to prevent the threat from accessing areas where potential victims are or may be, or

to protect individuals from entering areas where the threat may be present.

Examples of incidents:

* a person with a weapon inside the building
* an active attacker inside the building

**What to do – *if it’s safe to:***

1. Announce “Building Lockdown” to all team members as soon as possible.
2. Listen to instructions from emergency responders or building managers.
3. Move to a safe area.
4. Close and secure doors and windows.
5. Barricade doors with furniture or wedges if unable to secure them.
6. Turn off lights.
7. Keep away from doors and windows.
8. Silence cell phones.
9. Remain silent.
10. Lie on the floor if gunshots are heard.
11. Call 911 if it is safe to do so and if you have information such as location of attacker.
12. Speak as calmly and quietly as possible. Provide quiet activities to help keep residents focused and quiet.
13. **Do not** open the door for anyone unless you have a plan in place to protect yourself and others from the potential threat. If you open the door, you may be placing others in danger. Police will announce their entry. If still uncertain, and if safe to do so, you can confirm police presence by calling 911.
14. Remain in the lockdown response until police release you with a key.

If a fire alarm should sound during a lockdown, you may need to re-assess your situation. Do not automatically evacuate unless you smell smoke. If you determine it is too dangerous to remain in lockdown, be aware of your surroundings when evacuating. Have a plan in place and if the threat presents itself, be prepared to defend yourself.

**Recovery**

Police will advise the Incident Manager or designate when it is safe to end the Lockdown. Announce “Lockdown All Clear” when matter is resolved.

* All team members should return to their work area for debriefing.
* Team members from the affected area should go to a designated meeting point.
* The location will consider how to address any operations that may not be immediately available post-incident (i.e. if the affected area is secured for investigation; if damage to equipment/building inhibits their use)
* As soon as possible, the Incident Management Team, including Support Services representatives, will conduct a debriefing, including participation of any responding law enforcement, and ensuring appropriate Employee & Family assistance resources are provided.



**BOIL WATER ADVISORY**

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make residents, team members, and visitors sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

**BOIL WATER ADVISORY IMPLEMENTATION**

In the event of a boil water advisory, the location will use boiled water, bottled water, or water from another safe public supply not affected by the advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub. The location will contact the Public Health Unit that issued the boil water advisory for more information as needed.

Do not use tap water to:

* Drink
* Prepare foods
* Make juice
* Make ice
* Wash fruits or vegetables
* Brush teeth
* Give to pets or animals in pet therapy programs

**PROCEDURE:**

The Administrator or designate will:

1. Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
2. Advise Support Services via the Hot Issue Alert Process and implement the location’s Incident Management Team for the duration of the advisory.
3. Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking.

The Infection Prevention & Control Lead or designate will:

1. Post signage at entrance to the location and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink. See XVIII-O-10.00(d) Boil Water Advisory Signage.
2. Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. See XVIII-O-10.00(e) Boil Water Advisory Handwashing Signage.

The Environmental Services Manager or designate will:

1. Disconnect all drinking water fountains, soda dispensers with post-mix service, and ice making machines from the affected water supply.

The Environmental Services Team will:

1. Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
2. Reference XXVII-O-10.00(b) Cleaning & Sanitizing Practices During a Boil Water Advisory.

The Director of Dietary Services or designate will:

1. Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.
2. Direct team to prepare boiled water as needed:
	1. Bring water to a rolling boil for at least one minute.
	2. Use an electric kettle if possible.
	3. Only boil as much water as you can safely lift without spilling.
	4. If boiling water on the stove, place the pot on the back burner.
	5. Take all precautions as needed to avoid burns.
3. If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.
4. Reference XXVII-O-10.00(c) Preparing Food During a Boil Water Advisory.

The Recreation and Leisure team will:

1. Use boiled water that has been cooled to room temperature, or use sterile water, to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile).
2. Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents.
3. Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.
4. Reference XXVII-O-10.00(a) Personal Hygiene During a Boil Water Advisory.

**NOTE:** Water filtration devices cannot be relied on to make tap water safe to drink or cook with. Do not use water unless it has been boiled first.

**When the Boil Water Advisory has ended:**

The Environmental Services Team will:

1. Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time).
	1. In multi-storey buildings, begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed.
2. Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer’s recommendations.

The Environmental Services Manager or designate will:

1. Flush, drain, clean, and disinfect cisterns that contained the affected water source.
2. Run water softeners through a regeneration cycle according to the manufacturer’s recommendations.
3. Replace the filters on any water filtration devices, and flush the fixture according to manufacturer’s directions.
4. Drain and refill hot water heaters that have been set below 45oC/110oF.

The Administrator or designate will:

1. Communicate to all team members, residents, and visitors that the Boil Water Advisory has ended.
2. Conduct a debrief with the team to review procedures and make any adjustments to site specific practices/Emergency Management Plan as needed.

The Infection Prevention & Control Lead or designate will:

* Remove signage.



**PERSONAL HYGIENE DURING A BOIL WATER ADVISORY**

**Can tap water be used to wash hands?**

Yes, tap water can be used for handwashing, but an alcohol-based hand sanitizer must be applied to hands afterwards.

* Wash hands with warm tap water and soap; lather for at least 20 seconds.
* Rinse hands well under running water and dry them with a paper towel.
* When hands are dry, apply an alcohol-based hand sanitizer containing at least 70% alcohol.

**Can tap water be used for showering or bathing?**

Yes. Residents may take showers or baths with tap water, but must be careful to avoid the face, and avoid swallowing any of the water.

* The use of hand-held showerheads is recommended to assist with this concern.
* Open wounds, cuts, blisters, or recent surgical wounds must be covered with a waterproof covering prior to showering or bathing, and care must be taken not to contaminate these areas during bathing, showering, or towel-bathing.
* Pre-boiled water, sterile water, or water from a safe alternative source may also be used if towel-bathing is required.
* Residents with weakened immune systems may require special consideration; discuss with physician/NP.

**Can tap water be used for brushing teeth?**

No. During a boil water advisory, tap water is NOT safe for brushing teeth.

* Only pre-boiled water that is cooled, bottled water, or water from another safe source may be used for brushing teeth.

**Reference:**

Best Practices for Hand Hygiene in All Health Care Settings: <https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc_lang=en>



**CLEANING & SANITIZING PRACTICES DURING A BOIL WATER ADVISORY**

**Can tap water be used for cleaning and disinfecting contact and non-contact surfaces?**

Yes. Contact surfaces such as door knobs, handles, railings, vanities, etc. and non-contact surfaces such as walls, floors, and ceilings can be cleaned and disinfected using normal routine practices.

**Can tap water be used for washing laundry?**

During a boil water advisory, tap water may be used for general laundry procedures.

* Wet laundry must be dried in a mechanical drying machine on a normal setting or hotter.
* Consult with Infection Prevention & Control Lead or designate to verify correct procedures for sterile linen processing.

**Can medical equipment that is directly connected to the water supply be used?**

Generally, no. Any instruments or machines that use water to sterilize and disinfect equipment would typically be affected by a boil water advisory.

* Consult with Infection Prevention & Control Lead or designate before use of any specialized medical equipment directly connected to the water supply.
* Contact Public Health for specific questions related to water quality.



**PREPARING FOOD DURING A BOIL WATER ADVISORY**

**Immediate Steps to Take When a Boil Water Advisory is Issued:**

* DO NOT use the water for drinking, making juices or ice, washing fruits or vegetables, or preparing ready-to eat foods.
* Turn off drinking water fountains.
* Discard ice and beverages that may have been prepared with the affected water supply.
* Discontinue making ice; use ice from a commercial ice supplier made with safe water.
* Disconnect ice cream machines, dipper wells, and any other food preparation equipment connected to the water supply.
* Post signs at al faucets, including kitchen area and washrooms, as a reminder of the boil water advisory and not to drink the water.
* To make the water safe, bring to a rapid rolling boil for at least one minute.
	+ Boil only as much water in the pot that one can comfortably lift without spilling.
	+ Ensure water is cooled appropriately before using or direct handling to prevent scalds.

**What sources of water are approved to be used during a boil water advisory?**

* Water that has been boiled for one full minute (water can be boiled the night before, cooled overnight, and stored in a covered disinfected container). Always ensure water is cooled appropriately before use or direct handling to prevent scalds.
* Commercially bottled water (consult with IPAC Lead or designate to confirm brand used has not been affected by the Boil Water Advisory)
* Hauled water from an alternate approved supply not affected by the Boil Water Advisory

**Can the cold beverage dispensing machine be used?**

No. Beverage machines connected to the cold water supply used to dispense cold drinks (carbonated beverages, iced cappuccino, etc.) must not be used during the boil water advisory.

**Can tap water be used in commercial coffee brewers and hot tea towers during a boil water advisory?**

Yes. Ensure the coffee maker/hot tea tower produces water at 70oC/160oF. This temperature is sufficient to inactivate disease-causing microorganisms. It is recommended that the coffee pot be held for at least five minutes on the burner prior to consumption.

* Verify temperature using a probe thermometer

**Can tap water be used to prepare food products that use water as an ingredient without cooking?**

No. Use boiled, bottled, or an alternate safe water source in the preparation of food products such as powdered drinks, puddings, jellies, sauces, etc.

**Can tap water be used to prepare food that will be boiled?**

Yes. Tap water can be used to prepare foods that will be boiled as long as the water is brought to a rolling boil for one minute.

**Can tap water be used to wash dishes by hand?**

Yes. Follow 3-compartment sink dishwashing procedure, and ensure dishes have enough time for complete air drying to take place.

**Can the commercial dishwasher be used to clean and disinfect dishes?**

Yes. Follow normal dishwashing procedures, and ensure dishes have enough time for complete air drying to take place.

**Can glass washer with cold water rinse be used?**

No. Glass washers with a cold water rinse must not be used during the boil water advisory.

* Use a hot water sanitizing cycle to wash and sanitize glasses.
* For further information, discuss with Public Health.
* Single-use glasses/cups may also be used.

**Can domestic style dishwashers be used in the building?**

Yes, domestic style dishwashers may be used, provided the machine has a hot temperature setting or sanitizer cycle.

* If the dishwasher does not have a hot temperature setting, stop the dishwasher at the start of the rinse cycle, add 4 teaspoons (20 mL) of liquid household chlorine bleach containing 5.25% sodium hypochlorite, then re-start dishwasher.
* Let dishes dry completely, using a heated cycle dry on the dishwasher.

**Can tap water be used for cleaning and disinfecting counter tops, cutting boards, and other kitchen surfaces?**

* Wash kitchen surfaces with soap, then rinse and sanitize with bleach solution.
* To prepare the bleach solution (sanitizer strength of 200mg/L chlorine solution), add one teaspoon of liquid household bleach (5.25% sodium hypochlorite) to one litre of room temperature water that has either been previously boiled, is from a safe bottled water source, or has been hauled from a safe public supply.
* Spray or pour solution onto food contact surfaces and let sit for a minimum of 2 minutes.
* Make a new bleach solution every day (bleach breaks down quickly once it is mixed with water).
* Note: vinegar is not an acceptable disinfectant.

**Copy of XVIII-O-10.00(d) Boil Water Advisory Signage**

***CAUTION!***

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**Boil Water Advisory is in effect. This water is not safe for drinking.**

**Contact a manager or team member for more information.**

**Copy of XVIII-O-10.00(e) Boil Water Advisory Handwashing Signage**

***BOIL WATER ADVISORY IS IN EFFECT***

**Wash your hands.**

**Apply hand sanitizer AFTER Handwashing.**

**Contact a manager or team member for more information.**



**OUTBREAKS OF A COMMUNICABLE DISEASE, OUTBREAKS OF A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMICS & PANDEMICS**

The location is prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance. It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

**DEFINITIONS:**

**Outbreak:** An outbreak is a sudden rise in the number of cases of a disease and it carries the same definition of epidemic, but is often used for a more limited geographic area.

**Endemic:** the usual incidence of a given disease within a geographical area during a specified time period.

**Epidemic:** an excess over the expected incidence of disease within a given geographical area during a specified time period. If the expected number of cases of a disease in a province is 8 per year, and 16 occur in 1 year, this indicates an epidemic. It should be noted that an epidemic is not defined on the absolute number of cases but on the number of cases in comparison to what is expected.

**Pandemic:** an epidemic spread over a wide geographical area, across countries or continents, usually affecting a large number of people. It differs from an outbreak or epidemic because it:

* affects a wider geographical area, often worldwide.
* is often caused by a new virus or a strain of virus that has not circulated among people for a long time. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.
* causes much higher numbers of deaths than epidemics.
* often creates social disruption, economic loss, and general hardship.

**PROCEDURE:**

The Administrator or designate will:

1. Reference the respective divisional Infection Prevention & Control manual for detailed outbreak preparation and response requirements:
	* IX LTC Infection Prevention & Control
	* XXII RET Infection Prevention & Control
2. Ensure an area(s) of the location is identified to be used for isolating residents as required.
3. Ensure a process is in place to divide both team members and residents into cohorts as required.
4. Ensure staffing contingency plans are in place and kept current.
5. Ensure annual practice/testing of outbreak and pandemic preparedness, inclusive of any arrangements with external entities who may be involved in or provide emergency services in the area where the care community/residence is located (including, without being limited to, health service providers, partner facilities and resources that will be involved in responding to the emergency).

The Infection Prevention & Control Lead or designate will:

1. Participate in developing, updating, evaluating, testing, and reviewing the location's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
2. Involve the Medical Director (as applicable) and Public Health Unit in development and annual review of the location's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
3. Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.



**BUSINESS CONTINUITY: STAFF SHORTAGES & CONTINGENCY PLANNING**

In order to address staffing shortages, in addition to preparing and implementing contingency plans, the location’s leadership team will:

* Work closely with all departments to understand hiring needs and ramp up hiring
* Work with all departments to implement cohorting
* Accelerate onboarding processes while maintaining quality
* Actively manage return to work
* Prevent work refusals through education, training, and enablement of team members

**PROCEDURE:**

The Administrator or designate will:

1. Develop/review contingency plan to:
	* Identify minimum staffing needs for each home area/neighbourhood/floor
	* Prioritize critical and essential services based on resident population needs
	* Identify backup for each shift and role and ensure training provided
2. Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
	* Identify team members who could potentially take on a leadership role.
	* This may also require discussions on available staffing support with HR, Support Services, Partners, and other institutions.
3. Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN, RPN, LPN, PSW/HCA/GA/RCA, and CSA.
4. Monitor government directives that impact team members, compensation, schedules, etc., as well as any other programs that offer team member support (e.g. emergency childcare). Communicate as appropriate.
5. Review staffing schedules, availability of alternate staff, and emergency contact numbers for team members.
6. Provide guidelines for team member cohorting and train department leads.
7. Limit PT and casual resources to one home area/floor as much as possible.
8. Work with Department managers/schedulers to:
	* Increase staffing to support additional requirements/surge capacity
	* Create contingency plans
	* Implement team member cohorting
	* Determine who should work from home
	* Ensure schedule is in compliance with latest orders (e.g. no team members work in more than one location)
	* Improve team member engagement and morale
9. Work with department leads to identify backup schedulers.
10. Redeploy team members who work in non-essential/suspended services (e.g. community programs for PPE sourcing).
11. Align with union reps on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
12. Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
13. Identify all available options to meet staffing needs, including:
	* Health Workforce Matching Portal
	* Volunteers
	* Agency contracts
	* Health Unit support
	* Local healthcare facilities (e.g. hospital)
	* Emergency services (e.g. army)
	* Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
	* Cross-training/universal roles (e.g. housekeeping and tray delivery)
	* Look at team member history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling
14. Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
15. Consider adding dedicated Team Member Experience Coordinator role onsite to handle all training, onboarding admin work, benefits, time tracking, etc.
16. Consider adding scheduling staff to support outbreak needs.
17. Discuss with Director of Long-Term Care and Senior Services and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
18. Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
19. If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.

The Department Managers or designate will:

1. Collect information from team members, contractors, and volunteers about:
	* Availability
	* Skills (including cross training)
	* Likely or actual exposure to disease at home (as applicable)
	* Health conditions that may affect their availability to provide services
2. Implement initiatives to increase team member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
	* Recognize team members’ hard work often
	* Check in with team members
	* Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
	* Ensure team members are aware of EAP and other resources available for their wellness
	* Mitigate team member fears by communicating protection measures taken/to follow
3. Discuss with team members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
4. Track additional employment locations of team members and monitor those locations for outbreaks (as applicable).

The HR Business Partner will:

1. Support the location’s leadership team as required to address staffing shortages and plan for contingencies.
2. Support conversion of as much casual and part-time team members as possible to full-time to facilitate cohorting and increase capacity.



**BUSINESS CONTINUITY: FOOD & FLUID PROVISION (LTC)**

During an emergency/crisis event, foodservices and dining may be impacted, requiring the care community to consider the minimum preparedness needed to maintain essential services. This plan addresses care community considerations for operational/departmental specific needs in concert with the Foodservice & Dining Emergency Response Plan Resource Guide.

In the preparation for essential foodservice delivery needed in the event of a reduction in power, water, natural disaster, fire, flood, and/or insufficient resources, the care community will have considered:

**Emergency Plan that Includes**

* Up to date names, phone numbers, and email addresses for disaster-support organizations and for all team members for fan out lists
* Food and water for three to seven days
* Disposable dishes and utensils for three to seven days
* A Contact Plan defining who will make decisions about food services and dining created by the Director of Dietary services in collaboration with the Administrator and Incident Manager
* An up to date listing of residents’ names, room numbers, nutritional risk and daily food needs
* Staffing plan
* Generator power supply
* Emergency supply list (see below)

**Suggested Three-Day Emergency Menu Supplies**

* Prepared assorted juices (nine meals)
* Bread, crackers, jelly (four meals and snacks)
* Graham crackers, cookies (two meals and snacks)
* Canned fruit/pudding (six meals)
* Canned chicken, tuna, salmon (two meals)
* Canned pork and beans (one meal)
* Canned pickled beets or vegetable salad (two meals)
* Puréed meats, vegetables, fruits (nine meals)
* Canned meals for individual diets at the care community (i.e. gluten free, allergies)

**Special Products**

* Tube-feeding supplies (three to seven days)
* Special supplements i.e. lactose-free, renal, allergy products, thickeners, etc.

**Items Required for Emergency Plan Include**

* A hand grinder for consistency modified food (required if no electricity)
* A manual can opener
* Disposable plates, cups and plastic ware
* Garbage bags
* Scissors

**Other Items to Consider**

* Lanterns
* Flashlights
* Battery-powered radio
* Extra batteries
* Alcohol pads
* Hand sanitizer
* Food-safe disinfecting wipes
* Backup calibrated thermometers
* Matches/lighters
* Lunch bags
* Water containers
* Hand mixer
* Markers
* Tape
* Labels

**Loss of Water**

* Use backup water supply
* Coordinate for water replenishment as required
* Adjust menu to foods and fluids that do not require water for preparation
* Communicate loss of water and possible changes to menu to residents, families, and staff through verbal and written means
* Use disposable dishes and utensils
* Re-evaluate daily and adjust as needed

**Loss of Power**

* Identify generator powered appliances and equipment; adjust as needed
* Review menus and adjust to prepared menu items as appropriate
* Communicate loss of power and impact to residents, families, and staff

**Loss of Kitchen or Reduced Production (Fire, Flood, Staffing Loss or Other)**

* Short term food service strategy: ordering in from local restaurants, community services, etc.
* Long term food service strategy: identify backup kitchen service to prepare menu/snacks
* Determine transportation to the care community that maintains temperatures from preparation to service
* Implement disposable dishes and utensils
* Collaborate with Administrator/Incident Manager for ongoing planning
* Communication of food and dining plans when initiated, upon changes, etc. to residents, families, and staff

**Relocation of Residents (Evacuation)**

* Menus (printed and/or electronic)
* Resident lists with food preferences, nutritional risk and needs
* Staff contact lists and schedules
* Transport 3 days’ emergency food supply and emergency supplies
* If unable to transport, borrow emergency food supply and emergency supplies from sister site to evacuation site
* Ascertain ordering in food and fluids from restaurants, community services, etc.
* Assign staffing accordingly
* Dietary Manager or designate to re-evaluate daily, identify risks, and report to Administrator/Incident Manager or designate;
* Dietary Manager or designate to communicate with Administrator/Incident Manager daily the food service plan

**Shelter in Place (Code Orange, External Disaster Impacting Food Delivery, Operations of Kitchen, etc.)**

* Implement the 3-day emergency menu plan (XVIII-R-10.00 & attachments)
* Daily evaluation and planning for ongoing meals/snacks
* Reporting to Support Services Office
* Communication to residents, families and, staff