

Bradford Valley
Community Emergency Plan

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COMMUNITY BUILDING MAP/PROFILE

The following profile identifies the physical location and construction of the building, layout of operations, and key utilities and services that support the building. Mark N/A where Not Applicable.

LOCATION

Street Address: 2656 Sixth Line Bradford Ontario L3Z 2A1

General Directions: Closest intersection is Holland Street and Simcoe Road. Turn south on Simcoe Road, turn right on the 6th Line. First driveway on the right.

CONSTRUCTION

Number of Floors: 3

Date of Initial Construction: 2003

Building Materials of Initial Construction: Brick

List of addition(s) to facility: Addition in 2009, 86 Beds added.

Building Material(s) used for addition(s): Brick

RESIDENTS

Floor 1

Level of Care/Services Provided: Long Term Care

Number of Beds/Suites: 62

Floor 2

Level of Care/Services Provided: Long Term Care

Number of Beds/Suites: 92

Floor 3

Level of Care/Services Provided: Long Term Care

Number of Beds/Suites: 92

UTILITIES

Natural Gas

Valve Location: West Side of Main Entrance

Uses: Dryers in the laundry, cooking equipment in the main kitchen, hot water boilers and heating boilers, 9 MAU, 6 RTU and one AHU

Provider/Location Lead: Enbridge 1-866-763-5427

Electrical

Capacity: 800 Amp Service

Location of Disconnect: Main Electrical Room, first floor in the staff hallway

Provider/Location Lead: Alectra

Hot Water

Source: Town Water

Shut-Off Valves: Labelled as Main Shut off- sprinkler room, staff hallway

Provider/Location Lead: Town of Bradford West Gwillimbury

Cold Water

Source: Town Water

Shut-Off Valves: Labelled as Main Shut off- sprinkler room, staff hallway

Provider/Location Lead: Town of Bradford West Gwillimbury

Medical Gases

Type(s)/Volume(s): Oxygen

Location(s): Storage Room Main floor by Cafe

Uses: Oxygen for Residents

Provider/Location Lead: Medigas

Backup Generator(s)

Type(s)/Volume(s): T & T Power Group

Location(s): South side of the building off central receiving/parking area

Area(s) Powered: Walk in fridge and freezer, all hallway outlets, 1 in 4 lights, 3 elevators, call bells, phone system, vaccine fridge, 1 outlet in every nursing station, 1 photocopier

Equipment connected to generator(s): Electrical Outlets and lighting

Fuel Stores

Type(s)/Volume(s): Diesel

Location(s): Tank under generator

Provider/Location Lead: Brays Fuel

Boiler

Type: 3 gas water boilers

Location: Penthouse

Provider/Location Lead: Naylor

Air Conditioning Unit(s)

Type(s): 9 RTU units, 6 MAU units, 1 AHU unit, 195 PTA systems, one in each resident room.

Location(s): Rooftop and all resident rooms

Provider/Location Lead: Naylor

Location of Cooling Zones (where applicable): All common areas, dining rooms, and lounges

Mechanical Room(s)

Location(s): Staff hallway, secondary mechanical room in the basement at the end of the hall across from laundry, also in the penthouse

Elevator(s)

Location(s): 2 on the East side and 1 on the West

Type(s)/Capacity: 28 Persons/2040 KG

Provider/Location Lead: TK elevator

SERVICES

IT Systems

Internet: Rogers
Resident Records Database: Point Click Care
Provider/Location Lead: Cyral Ludgate

Phone System

Location: Main distribution on main floor with smaller unit on Harvest
Type: Land Lines
Provider/Location Lead: Bell

Shipping/Receiving

Location: South East central part of building
Description: Locked door leading to the receiving area
Provider/Location Lead: Cyral Ludgate

Food Services

Location of Dining Area: 8 Dining rooms, one per home area
Location of Kitchen: Main floor directly in front of main entrance
Location of Food Storage: Main floor kitchen
Location of Refrigeration: Main floor kitchen
Provider/Location Lead: Sysco

Laundry

Location: West basement
Equipment: 4 commercial washers and 1 domestic washer, 4 commercial and 1 domestic dryer
Provider/Location Lead: Cyral Ludgate/Harco

Laboratory

Location: Dynacare
Provider Limitations: N/A
Provider/Location Lead: Robert Elphinstone and Waleed Shukur

Pharmacy

Location: Care Rx
Provider Limitations: N/A
Provider/Location Lead: Mike Medhat Awed

Housekeeping – Chemical Storage

Location(s): Storage room off main entrance and janitor rooms on all home areas. Overflow area in the basement
Provider/Location Lead: Ecolab

Resident Transportation

Onsite: N/A
External Resource(s): Town Taxi, Sharp Bus Lines, Dignity Transport

EMERGENCY SUPPLIES

Floor 1

Room and/or Location: Medication room located behind the nursing station

Description: Flashlights, blankets, bandages

Floor 2

Room and/or Location: Medication room located behind the nursing station

Description: Flashlights, blankets, bandages

Floor 3

Room and/or Location: Medication room located behind the nursing station

Description: Flashlights, blankets, bandages

EMERGENCY CONTACT NUMBERS – EXTERNAL/MUTUAL AID

When contacting an emergency service, dial 9-1-1 and ask for the appropriate service. Give the building name, address, your name, and state the nature of the emergency.

After placing the initial call, if additional information becomes available, contact the emergency service and provide the new information.

CONTACT

Executive Director: [Cathy Van Beek](#)

Emergency Number: 905-252-6996

Non-Emergency Number: 905-952-2260

Associate Executive Director: [Kathy Wheeler](#)

Emergency Number: 437-288-9217

Non-Emergency Number: 905-952-3349

Director of Care: [Leanne Blair](#)

Emergency Number: 905-251-4938

Non-Emergency Number: 905-952-2273

Infection Prevention & Control Lead: [Heather Fraser](#)

Non-Emergency Number: 905-952-3350

Vice President Regional Operations/Regional Director of Operations: [Sanja Freeborn](#)

Emergency Number: 647-302-7753

Non-Emergency Number: 905-477-4006

AGENCIES & SERVICES

Fire

Emergency Number: 9-1-1

Non-Emergency Number: 905-775-7311

Police Services

Emergency Number: 9-1-1

Non-Emergency Number: 905-775-3311

Ambulance

9-1-1

Insurance

Provider Name: HUBB International

Emergency Number: 416-597-0008

Non-Emergency Number: 416-597-0008

Poison Information Centre

Emergency Number: 1-800-268-9017
Non-Emergency Number: 1-800-268-9017

Public Health Unit

Emergency Number: 1-888-225-7851
Non-Emergency Number: 1-877-721-7520

Public Utilities – Water

Emergency Number: 905 775 3311.
Non-Emergency Number: 905-775-5369

Public Utilities – Hydro

Emergency Number: 1-888-664-9376
Non-Emergency Number: 1-888-664-9376

Public Utilities – Gas

Emergency Number: 1-866-288-3105
Non-Emergency Number: 1-866-288-3105

Pharmacy

Provider Name: Care Rx
Emergency Number: 647-999-9643
Non-Emergency Number: 905-784-4500

Human Resources/Staffing Agency(s)

Provider Name: Support Services Office
Non-Emergency Number: 905-477-4006

CONTRACTORS

Gas

Provider Name: Enbridge
Emergency Number: 1-877-362-7434

Elevator

Provider Name: TK Elevator
Emergency Number: 1-800-233-5757

Security/Fire Alarm Monitoring & Maintenance

Provider Name: Troy Fire FMC
Emergency Number: FMC- 1-800-563-3840
Non-Emergency Number: Troy 705-725-0379

Plumbing

Provider Name: Naylor
Emergency Number: 905-338-8000
Non-Emergency Number: 905-338-8000

HVAC

Provider Name: Naylor
Emergency Number: 905-338-8000
Non-Emergency Number: 905-338-8000

Electrician

Provider Name: Allen Electrical
Emergency Number: 905-775-0473
Non-Emergency Number: 905-775-0473

Refrigeration

Provider Name: Advanced
Emergency Number: 1-647-720-0339
Non-Emergency Number: 1-647-720-1729

Secondary Refrigeration

Provider Name: OFS
Emergency Number: 1-800-461-1729
Non-Emergency Number: 1-800-461-1729

MUTUAL AID PROVIDERS

Alternate Care Site

Provider Name: Simcoe Manor
Emergency Number: 905-729-2267
Non-Emergency Number: 905-729-2267

Alternate Care Site

Provider Name: Cedarvale Lodge
Emergency Number: 905-476-2656
Non-Emergency Number: 905-476-2656

Alternate Care Site

Provider Name: Newmarket Health Centre
Emergency Number: 905-895-3628
Non-Emergency Number: 905-895-3628

Reception Site

Provider Name: Danube Seniors Centre
Emergency Number: 905-775-0612
Non-Emergency Number: 905-775-0612

Transportation Services

Provider Name: Town Taxi
Emergency Number: 905-775-5656
Non-Emergency Number: 905-775-5656

Transportation Services

Provider Name: Switzer Carty Transportation

Emergency Number: 905-775-7770

Non-Emergency Number: 905-775-7770

Security

Provider Name: OHM Security

Phone number: 905-812-9636

Camera Surveillance throughout the care community. Front doors are on timers and FOBs on all home areas

Food Services (local)

Provider Name: Sysco

Emergency Number: 1-855-450-3069

Non-Emergency Number: 1-855-450-3069

Medical Supplies

Provider Name: Medline

Emergency Number: 1-800-268-2848

Non-Emergency Number: 1-855-450-3069

Personal Protective Equipment

Provider Name: Procurement – Support Service Office

Emergency Number: 1-866-959-4848

Non-Emergency Number: 1-866-959-4848

Home & Community Care Support Services

Provider Name: Central LHIN

Emergency Number: 905-895-1240

Non-Emergency Number: 905-895-1240

Hospital

Provider Name: Southlake Regional Health Centre

Emergency Number: 905-895-4521

Non-Emergency Number: 905-895-4521

Hospital

Provider Name: Royal Victoria Hospital

Emergency Number: 705-726-9095

Non-Emergency Number: 705-726-9095

Ministry of Long-Term Care

Provider Name: MLTC

Emergency Number: 1-800-268-6060

Non-Emergency Number: 1-800-268-1153

EMERGENCY FAN OUT LIST – TEAM MEMBERS

Note: The community's Team Member Fan Out will be activated by the Incident Manager or designate as required to contact team members and volunteers (as applicable) in an organized fashion in the event of an emergency.

This community maintains a current Team Member Fan Out and Volunteer Contact List as part of the location's Emergency Plan; it is not posted here as it contains personal information. Please contact the community for further questions.

EMERGENCY FAN OUT LIST – SUPPORT SERVICES

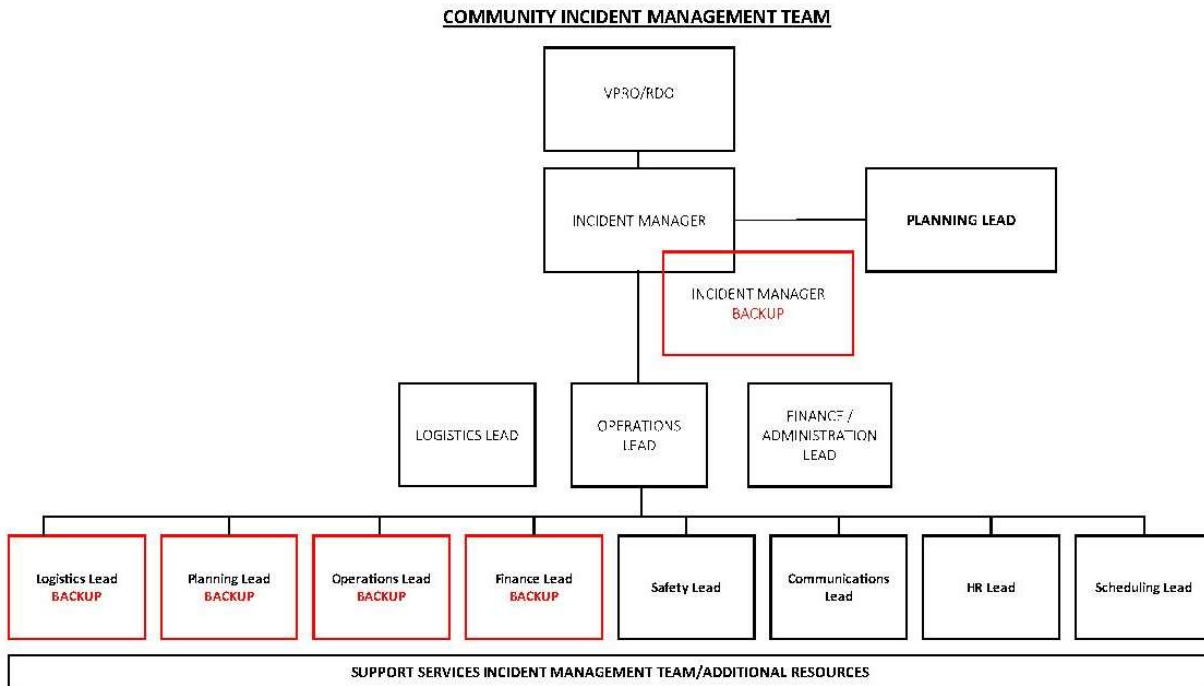
Note: The organization maintains a current Support Services (or corporate office) Fan Out List that is communicated to all locations via the Emergency Management Manual and is activated as required in the event of an emergency.

The information is not posted here as it contains personal information. Please contact the community for further questions.

STAFF (TEAM MEMBER) ROLES & RESPONSIBILITIES / EXTERNAL SUPPORT ROLES & RESPONSIBILITIES

Incident Management Team

The community maintains an established Incident Management Team (IMT) that follows the Incident Management approach in response to an emergency.



Emergency Plan Activation

Activation of the emergency plan may be based upon the situation. For example, the person who sees a fire will pull the fire alarm, thus activating the Code Red response and emergency plan.

Lines of Authority

Lines of Authority will begin with the most senior person/manager at the site leading the emergency response, then to the Executive Director or designate. For example: In a Code Red, the Fire Department, once onsite, will take the lead until an all clear is called and the line of authority is handed back to the site. When an emergency service response (police, paramedics) or third party is onsite (gas, electrician), they will lead until they have transferred authority back to the site.

The Incident Manager will be the immediate authority based upon the IMT structure when no emergency service or third party is involved.

During an outbreak, the Infection Prevention & Control (IPAC) Lead/designate will be the immediate authority ensuring all Public Health measures are implemented.

Team member roles are further defined within each Emergency Code/Procedure response as related to the specific emergency incident.

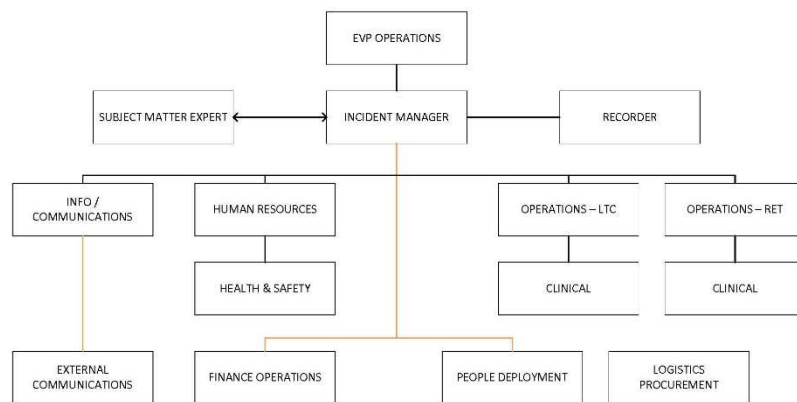
Communication, Business Continuity & Recovery

The communication plan, business continuity plan, and recovery plan will be initiated by the Executive Director/Incident Manager as part of an emergency response. These plans are presented separately in the document and are a standard action requirement in the emergency response.

External Support Roles & Responsibilities

The organization also maintains an organizational Incident Management team to be activated as required in support to the community in the event of an emergency.

SUPPORT SERVICES INCIDENT MANAGEMENT TEAM STRUCTURE



The community has established and current agreements with external entities/community partners that may be involved in or provide emergency services in the area where the community is located, including, without being limited to, relevant community agencies, health service providers, partner facilities, and resources that will be involved in responding to an emergency. Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors are negotiated and formalized into written agreements and are tested and renewed annually.

These agreements include, but are not limited to:

- Provision of accommodation/temporary shelter in the event of an emergency evacuation
- Provision of Transportation in the event of an emergency evacuation
- Provision of Resources (food & water)
- Provision of Supplies (non-food i.e. cots, blankets, etc.)
- Provision of Services (oxygen, medical, etc.)
- Generator

COMMUNICATION PLAN

A communication team will be set up as required in the event of an emergency to ensure frequent and ongoing communication with residents, families, team members, volunteers, and Residents' & Family Council (if any) with the goal of keeping all parties apprised of the status of the emergency. The Executive Director/Incident Manager 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 community 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 Executive Director and/or organizational representative

A voicemail messaging recording may be used to share a status update and redirect callers as appropriate.

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 (automated direct messaging system will be used where available). The organization's Call Centre may be utilized as required.

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 taken 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 Executive Director 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 Executive Director in collaboration with the Support Services Office Team.

COMMUNICATION: TEAM MEMBERS, VOLUNTEERS & STUDENTS

See Fan Out Policies/Templates.

Use organizational staff communication app as available for communications to team members.

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

COMMUNICATION: SUPPORT SERVICES (CORPORATE) OFFICE

The Hot Issue Alert process will be initiated by the Vice President Regional Operations/Regional Director of Operations (VPRO/RDO) as appropriate to alert the Support Services Office team of the emergency and strategize immediate support as necessary.

As part of the incident management process, the Executive Director and VPRO/RDO will determine the need and frequency of Incident Management Team calls with Support Services 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

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
- Refer to Electronic Documentation System Downtime Procedures

COMMUNICATION: PROVINCIAL REGULATORY AUTHORITIES & COMMUNITY PARTNERS

The Executive Director 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 Executive Director/designate. The frequency, participant list, etc., will be determined in collaboration with the community partner.

The Executive Director/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:
 - a. At the beginning of the emergency;
 - b. When there is a significant status change throughout the course of the emergency; and
 - c. When the emergency is over.

CODE RED: FIRE

The community has an approved Fire Safety Plan that has been developed in accordance with local and provincial regulations and approved by the Fire Department.

EMERGENCY PROCEDURES FOR VISITORS/VOLUNTEERS/OUTSIDE SERVICES

Upon discovery of a fire:

REACT

- Remove any person in immediate danger if it is safe to do so
- Ensure the door is closed behind you to confine the fire and smoke
- Activate the fire alarm system as soon as possible; use the pull station
- Call out for team member assistance
- Tell team members of emergency details

Immediately upon hearing the fire alarm:

- Remain with and reassure the resident.
- Close windows and door to room.
- Prepare for the possibility of leaving the room/community by putting the resident's shoes/slippers on and a coat/sweater if available.
- Wait for further instructions.
- If you have not yet entered the building when the alarm sounds, remain outside.

If evacuation is necessary

- Remain with and reassure the resident.
- Get a blanket to keep resident warm.
- Exit building following instructions from team members.
- Reassure the resident.

INSTRUCTIONS FOR RESIDENTS IN CASE OF FIRE ALARM AND IN CASE OF FIRE

In case of fire:

REACT

- Remove yourself from the fire area. Do not conceal or attempt to extinguish the fire.
- Ensure you close the door behind you to contain the fire. Do not re-enter the room where the fire is located.
- Activate the Fire alarm at the closest pull station.
- Call out for team member assistance.
- Tell team members where the fire is located and proceed to a safe area as directed by team members.

CONFINING, CONTROLLING & EXTINGUISHING THE FIRE

Firefighting is primarily the responsibility of the Fire Services. The production of toxic fumes in buildings makes firefighting potentially dangerous, particularly if a large amount of smoke is being generated. Only after ensuring everyone has evacuated the area, the alarm has been raised, and the Fire Services

have been notified, should an experienced person (familiar with fire extinguisher operation) attempt to extinguish a small fire. This is a voluntary act. Never attempt to fight a fire alone.

If the fire cannot be easily extinguished with the use of a portable fire extinguisher, leave the area and confine the fire by closing the door. Leave the building and await the arrival of Fire Services.

The key steps in operating portable fire extinguishers are as follows:

- Release locking pin from handle, and break seal;
- Approach fire from the side (never from directly above);
- Direct extinguishing agent at base of the fire (not at flames);
- Ensure fire is not between you and the exit.

TEAM MEMBER RESPONSIBILITIES

In the event of a fire, team members will activate the fire alarm system and take action/implement Evacuation Procedures per the community's Fire Plan.

CODE GREEN: EMERGENCY EVACUATION

COMMUNITY EVACUATION PLAN

PURPOSE:

To provide a written plan for actions to be taken and proper procedures to be followed in an emergency necessitating evacuation of the building and address the following variables:

- location (partial/entire community, citywide, province wide)
- duration (hours, days weeks)
- severity (number & type of service affected) of disaster

These factors will determine how quickly the community must be evacuated and to what location residents must be relocated.

The objective of the plan is to ensure the safety and welfare of residents, team members, and visitors. Where evacuation is required, the objective is to remove all or part of the resident population as quickly and safely as possible from an area in the community or completely away from the building. Life safety is the main goal; the building and records are secondary.

Code Green Stat (crisis evacuation): announcement indicates an immediate evacuation is necessary e.g. internal explosion, major gas leak, rapidly spreading fire.

Code Green: announcement indicates less urgent evacuation e.g. extreme weather, loss of essential service such as water, hydro. A little more time can be taken to evacuate residents. There is lead time before the threat becomes imminent.

TYPES OF EVACUATION:

- 1) Partial: necessary where smoke or fire damage can be contained or weather conditions have cause partial damage to the building.
- 2) Total: necessary where smoke, fire damage cannot be contained or an explosion or external disaster requires that residents be moved to another location.

At the discretion of the Incident Manager, or at the request of the Fire Department at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the community is to be totally evacuated.

EVACUATION PROGRESSION:

- Site: evacuation from the room of origin of an emergency (e.g. during a fire)
- Horizontal: evacuation beyond corridor fire doors and/or to an adjacent service wing
- Vertical: evacuation to a lower floor
- Premises: evacuation of the entire community

LINES OF AUTHORITY DURING EVACUATION PROCEDURES

Internal Authority

- 1) Incident Manager has complete authority: may be relieved by Executive Director/designate upon their arrival to the community.
- 2) Nurse in charge of the resident home area/neighbourhood.

External Support Services Authority

Fire Department, responsible for:

- fire fighting
- search and rescue
- complete authority with the building and fire grounds

Ambulance Officer, responsible for:

- triage
- primary medical aid
- communications with health agencies & other ambulance services
- transportation

Police Department, responsible for:

- traffic control
- building and property security
- communication between incident and police station

The Incident Manager works closely with all external support services to know the circumstances of the total situation.

NOTE:

- 1) All instructions of the Fire Department must be followed upon their arrival.
- 2) Once outside, the Ambulance Officer will assess the type of suitable transportation for each resident and oversees transportation.

Offsite Evacuation location: Residents will be evacuated to designated receiving site.

STAGES OF EVACUATION

Stage #1

- remove residents from room of origin (close door and tag procedure)
- take resident to holding area beyond fire doors

Stage #2

- remove residents from rooms beside and across the hall from room of origin
- take resident to holding area beyond fire doors

Stage #3

- remove all residents from the immediate fire/danger area; search and evacuate all rooms following fire plan procedure (e.g. close door and tag procedure)
- take resident to holding area beyond Fire doors

Stage #4

- a team member (assigned by Manager/Nurse in charge) will identify resident and place an identification label/lanyard/wristband on resident before they are evacuated
- ensure each resident is adequately clothed

Stage #5

- external evacuation ordered: move residents from building to parking lot

Stage #6

- transport residents not requiring medical care (as determined by Ambulance Officer) to pre-designated relocation site(s)

ORDER OF EVACUATION

- 1) Ambulatory Residents: many residents can be removed with assistance by one or two team members.
Cautions:
 - confused & ambulatory – may get in the way or wander back into the danger area
 - slow ambulatory – may hinder others; may need to remove in wheelchair
- 2) Wheelchair Residents: easier to remove than bedridden; may require one team member to assist.
- 3) Bedridden Residents: use demonstrated lifts and carries, may require two team members.
- 4) Uncooperative Residents: remain until last; otherwise valuable time lost and may sacrifice others. Ensure their door is closed and identify resident name & location to nurse/manager in charge and Fire Department.

CONTINUITY OF RESIDENT CARE

In order to ensure care needs of residents are met throughout an emergency evacuation and relocation, the following procedures will be in place.

- 1) **Resident Identification:** an identification label will be placed on each resident. The identification information must include: name, level of transfer/mobility, allergies, and DNR designation).
- 2) **Evacuation Log:** to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified.
- 3) **Resident Chart:** MAR books and any hard copy chart records will be removed from the site by designated nurse and taken to the relocation site.
- 4) Most of the actual chart can be retrieved on electronic health record out of the community. This can be completed offsite.
- 5) **Medications:** The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. The pharmacy will provide all medications at the relocation site as needed.
- 6) **Physician on call:** The doctor on call will decide:
 - whether a site physician should be called
 - whether a coroner should be onsite

TRIAGE: DESIGNATED TREATMENT ZONES**First Priority (RED)**

- Immediate medical attention required
- Individual is critical and their condition is deteriorating
- Transportation to hospital via ambulance is required
- Supervised by designated Nurse
- Identifying sticker/note placed on individual's evacuation label and individual taken to designated area
- Evacuation log completed

Second Priority (YELLOW)

- Prompt medical attention required
- Individual is in serious but stable condition
- Individual can sustain a wait of approximately 30 min. to 2 hours without hospital intervention provided stabilization occurs onsite
- Supervised by designated Nurse
- Identifying sticker/note placed on individual's evacuation label and individual taken to designated area
- Evacuation log completed

Third Priority (GREEN)

- Individual transportation to hospital can be delayed
- Individual is ambulatory (walking wounded)
- Supervised by designated Nurse
- Identifying sticker/note placed on individual's evacuation label and individual taken to designated area
- Evacuation log completed

Fourth Priority (WHITE)

- Individual not injured, only require transportation to designated safe area
- Supervised by designated Individual
- Identifying sticker/note placed on individual's evacuation label and individual taken to designated area
- Evacuation log completed

Fifth Priority (BLACK)

- Individual with no vital signs and has been pronounced deceased
- No team member required to supervise, individual covered with blanket
- Evacuation log completed

Triage Procedures (duties of Triage Nurse)

- 1) The assessment for triage tagging is performed by the Nurse assigned as Triage Nurse.
- 2) To clearly identify them, the Triage Nurse will wear the designated uniform.
- 3) The Triage Nurse will direct team members to set up the 5 designated areas.

- 4) Each resident is assessed and assigned to a coloured zone according to their injuries. Identifying sticker/note placed on individual's evacuation label and individual taken to that area for treatment.
- 5) The Triage Nurse does NOT provide treatment except in the following circumstances:
 - individual is bleeding profusely and will surely die unless immediate treatment is given.
 - individual's airway is severely compromised.

DUTIES OF THE INCIDENT MANAGER

In a fire or other emergency situation, the designated individual takes on the role of Incident Manager (IM). The IM has the authority to put the evacuation plan into effect.

- 1) Assess the magnitude and type of threat.
- 2) Don appropriate vest/label so you are easily identified.
- 3) Ensure notification of ED/designate regarding decision to put evacuation plan into effect.
- 4) Assign a Nurse for Triage Nurse (TN).
- 5) Assign a Nurse for each triage zone (3 red, yellow, green).
- 6) Assign a team member to triage the white zone for uninjured residents.
- 7) Assign team members to accompany residents to the relocation areas.
- 8) Assign a team member as Logistics lead who will be responsible for staffing assignments: ensuring team members are at relocation sites; initiating call-in procedure, etc.
- 9) Assign a team member as Runner – to be a communication link for updates. In the event of a total communication shutdown, the pre-designated external communication centre will be activated and the runner will provide ongoing relaying of messages.
- 10) Assign a team member to be Liaison lead – (coordinate activities and communication with external emergency personnel (fire, ambulance, hospital, etc.).
- 11) Assign a team member in each RHA/neighbourhood to account for all residents in their RHA/neighbourhood.
- 12) Assign a team member as Communications lead (contact/ update family members, respond to media inquiries, etc.).
- 13) Assign team members to monitor exit doors to prevent re-entry of residents or unauthorized personnel and to ensure the doors do not close and lock authorized personnel out.
- 14) Assign team members to monitor external traffic flow to ensure unimpeded access for emergency vehicles and access to building for emergency personnel (fire, ambulance, etc.).
- 15) Ensure all areas are secure and all duties are complete.
- 16) Proceed to triage area to assist with treatment of injured residents as directed.
- 17) In conjunction with the DOC/designate, ensure MAR books are removed and transported to the receiving site(s).
- 18) Complete Incident Manager Evacuation Checklist.

DUTIES OF THE NURSE

- 1) Upon receiving verification of evacuation, begin to instruct team members in the procedure. If immediate need is NOT in your community area, assign team members to go to the affected area as directed by the Incident Manager.
- 2) Remove residents from immediate danger (room of origin) to a safe zone.
- 3) Remove all other residents from affected fire/danger zone to a safe zone beyond the fire door.
- 4) Ensure team members use evacuation tags/designated mark on doors to indicate room is vacant and checked.

- 5) Complete head count of residents to ensure no residents have been missed.
- 6) If fire or emergency is in your community area, obtain resident emergency tags/labels/lanyards/wristbands from Emergency supplies and assign a team member to identify and tag each resident.
- 7) Assist team members in your community area with safe evacuation of residents (transfers) as directed by IM.
- 8) Remove MAR book from your community area to the designated triage area.
- 9) If your community area is NOT being evacuated, assign team members to monitor residents, secure your community area, and go to triage area as assigned by IM.

DUTIES OF THE PSW

- 1) Clear corridors while reporting to your community area Resident Care Centre.
- 2) Verify announcement to evacuate.
- 3) If immediate need is NOT in your community area, secure and monitor residents or go to affected area to assist the evacuation as assigned by your community area nurse.
- 4) If evacuation IS in your community area, check and mark evacuated rooms with emergency tags. Ensure ALL rooms (locked and unlocked) are checked and empty. Move residents to a safe zone as directed by the IM.
- 5) Complete a head count of residents to ensure no residents have been missed; confirm using current resident list.
- 6) Report any resistive resident or resident needing assistance to your community area nurse.
- 7) Once all residents have been moved to a safe area, take direction from IM: may include monitoring residents, assisting to load residents on buses, etc.

DUTIES OF THE OFFICE/RECEPTION TEAM AND MANAGERS

- 1) Communications lead – Assigned by the Incident Manager from office team or manager group to lead all communications to outside and coming into the community.
- 2) All managers and office team report to the front desk (reception) and await directions/ assignments of IM.

DUTIES OF THE COMMUNICATIONS LEAD

- 1) Confirm that Fire Department received alarm via monitoring company as per fire plan.
 - Notify the following external contacts that the Evacuation Plan is in effect:
 - All necessary emergency services (fire, police, ambulance, local hospital)
 - Medical Advisor
 - MLTC/Ontario Health atHome (as required)
 - Support Services Office
 - Pharmacy
 - Evacuation sites
 - Residents' families
- 2) Assign reception team to screen incoming phone calls, transfer media and resident's family member calls directly to themselves.

DUTIES OF THE LOGISTICS LEAD

- 1) Assign team members to initiate team member fan out call-in list and volunteer call-in list.
- 2) As required, assign team members to gather supplies:
 - for first aid
 - blankets, pillows, etc. to assist in transport of residents and at relocation site
 - food and water
- 3) As directed by Incident Manager or Emergency Services, initiate call to transportation service providers for buses, etc.

DUTIES OF THE MAINTENANCE TEAM

- 1) Assist the Incident Manager as required.
- 2) Ensure all entrances are clear of vehicles to allow for emergency services personnel/vehicles.
- 3) Assist TN to set up triage area, set out cones, identifying each coloured zone: RED, closest to entrance for ambulances to attend, YELLOW and GREEN, in parking lot, WHITE, at front of the building to wait for buses, cars to arrive, BLACK furthest away.
- 4) Be available to assist fire and all emergency services providers.
- 5) Ensure information on equipment, systems (HVAC, fire sprinklers, etc.), security doors, access to locked areas, supplies are available.
- 6) Assist with evacuation of residents and with loading wheelchairs and equipment, etc. into transport vehicles.
- 7) Communicate all pertinent information to the IM during the evacuation process.
- 8) Assist ED/IM/DOC with final check of the building if applicable:
 - ensure all electrical equipment is turned off and unplugged
 - lower heat if applicable
 - maintain and monitor generator if in use
 - check building regularly when vacant
- 9) Travel to relocation site(s) and assist as needed.
- 10) Keep a record of equipment, supplies, etc. that were removed from the building.

DUTIES OF THE DIETARY TEAM

- 1) If you are in the servery, ensure all appliances are off and unplugged and secure the area.
- 2) Upon receiving notification of the emergency and the location, if it is on your community area, report to the Nurse in charge on your community area. Assist as directed by the Nurse in charge.
- 3) If you are in the kitchen, turn off all equipment and ensure all hallways are clear; secure the area.
- 4) If emergency is NOT in your community area or the kitchen report to designated location.
- 5) As assigned, by Incident Manager or the Nurse in charge in your community area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
- 6) Travel to relocation site(s) and assist as needed.

DUTIES OF THE HOUSEKEEPING/LAUNDRY TEAM

- 1) Secure your department by shutting down all equipment; close windows and doors.
- 2) Ensure all rooms both locked and unlocked are clear and vacant.

- 3) If you are in affected area, place red emergency tags on doors to identify that area is not to be reentered.
- 4) Housekeeping team, report to community area Nurse in charge; follow their direction.
- 5) Laundry team, report to assigned community area.
- 6) As assigned by Incident Manager or Nurse in charge in your community area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
- 7) Travel to relocation site(s) and assist as needed.

DUTIES OF THE RECREATION TEAM

- 1) If you are with a group of residents in the danger zone, begin moving residents to the closest safe zone as directed by the Incident Manager.
- 2) If you need assistance to move residents, ask Incident Manager to assign team members to assist you.
- 3) If more than one Recreation team member is involved in resident activity, one person will remain with residents while other team members report to Resident Care Centre in their RHA/neighbourhood and take direction from Nurse in charge.
- 4) If volunteers are in the building assisting with program activities, they will assist Recreation team as directed by the Incident Manager.
- 5) The Incident Manager will ensure Recreation team and volunteers are made aware of the evacuation procedure being followed and assist with moving residents.
- 6) As assigned by Incident Manager or Nurse in charge in your community area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
- 7) If evacuation of the building has been declared, once residents have been triaged, program team go to WHITE zone and assist loading residents into transport vehicles.
- 8) Travel to relocation site(s) and assist as needed.

EVACUATION SUPPLIES

- Ramp to load residents onto transportation vehicles
- Water supply for team members and residents (4 litres per person for each day)
- Thickener for water (as required)
- Non-perishable food items for team members and residents (including snacks); ensure inclusive of textures appropriate for all residents
- Disposable plates, utensils, cups, straws
- Current Contact List(s)
- Pens
- Labels
- Flashlights
- Rain ponchos
- Blankets
- Personal Protective Equipment (12-24-hour supply as needed from current stock)
 - Surgical masks
 - N95 Respirators
 - Gloves (all sizes)
 - Gowns – reusable and disposable (all sizes)
 - Face shields – reusable and disposable

- Goggles – reusable and disposable
- Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues, denture holders/cleaners)
- Denture holders/cleaners
- Incontinence products
- Personal wipes
- Toilet paper
- Towels
- Plastic Ziplock Bags
- Garbage Bags
- Sterilizing cleaner (Clorox wipes)
- Alcohol based hand sanitizer or moist towelettes
- Spill Kit
- Emesis Basins
- First Aid Supplies/Kit
- Resident Identification Lanyards (Pre-Made)
- Communications Devices: Cell phones, 2-way radios, pagers, satellite phone, laptop (bring all you have)
- Medication Administration Records (MAR) – entire chart if possible
- Legal forms such as Treatment Authorization Forms, Do Not Resuscitate Orders, and Advance Directives
- Emergency drug kit (if applicable)
- Non-prescription medications (if applicable)
- Prescription medications and dosages
- Glucagon Kit
- Resident “Go Bags”

RESIDENT IDENTIFICATION (FULL EVACUATION)

The community will ensure residents are appropriately identified prior to evacuation using procedure for Resident Identification Systems.

EVACUATION RESIDENT LOG

Use Evacuation Resident Log to document Resident Name, Condition, Transfer Location, Time of Transfer, Notification of Family/POA/SDM, and Transportation Provider.

RELOCATION SITES EVACUATION AGREEMENTS CHART

Reference Relocation Sites Evacuation Agreements Chart for relocation site contact and reception information (Name, Address, # Beds available, Contact and Contact info., # Residents able to receive, Meal Provision, Estimated Accommodation Time, Staffing Resources, etc.).

CODE WHITE: PHYSICAL THREAT/VIOLENT OUTBURST

CODE WHITE RESPONSE

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 White Emergency Plan.

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

The community is committed to supporting team members and other affected individuals as required following a Code White through such measures as debriefing, education, mental health & wellness supports, etc. See procedure for Emergency Recovery.

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

- If safe to do so, try to de-escalate the situation with the aggressive person(s). Consider:
 - Remain calm, empathetic, and non-judgmental
 - Respect personal space; if possible stand 1.5 to 3 feet away from a person who is escalating
 - Be mindful of maintaining non-threatening gestures, facial expressions, movement, tone of voice, and other nonverbal expressions
 - Provide clear, simple, and enforceable directions
 - Allow time for the individual to process any request or direction you may have provided
- Where available, call on team members with expertise in supporting personal expressions (responsive behaviours) to provide immediate assistance.
- If safe to do so, isolate the person(s) away from residents and team members or ask person to leave the premises.
- If the situation escalates into a dangerous situation (i.e. person is verbally and/or physically violent or threatening violence toward themselves or others and is not responding to de-escalation techniques; urgent assistance is required):
 - Announce or have someone else announce "Code White and location".
 - If required, seek immediate assistance through means such as activating call bell or fire alarm.
 - If the person(s) has a weapon (any object that could be used in a threatening or harmful manner towards another person or oneself), remove self and others, if possible, from immediate danger. If possible and safe to do so, the armed person should be contained within locked doors, or others in the immediate area should be directed to a locked area inaccessible to the armed person. NOTE: See also emergency procedures for Code Silver and Building Lockdown.
- Call 911 when:
 - There is a real or perceived threat of immediate risk/danger to health, life, or property requiring police intervention to resolve;
 - Team members responding determine the situation is beyond their abilities;
 - An individual is brandishing or claiming to possess a weapon/firearm or is actively using/shooting a weapon/firearm;

- An individual is taken hostage;
- Be prepared to provide location address, name, contact information, and any other relevant information (see XVIII-F-10.00(b) Code White Guidelines: Communicating with Police).
- Notify Supervisor/Manager on Call/Executive Director, who will investigate and document the incident and file appropriate reports to provincial regulatory authority, support services office, 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 – assess the situation, organize, direct, and determine plan of action. This may include but is not limited to:
 - Call on team members with expertise in supporting personal expressions (responsive behaviours) where available; alternatively and where safe, call on supports from a team member or other individual with whom the aggressive/violent person has an established rapport
 - Determine the number of team members required to support the situation
 - Assign specific duties to team members supporting response measures i.e.
 - Supporting de-escalation measures (where safe to do so)
 - Clearing the area of potentially dangerous objects
 - Ensuring other residents, team members, visitors are sensitively redirected from the immediate area
 - Guide emergency responders to the scene
 - Request medication, personal protective equipment, any other materials that may be required to be brought to the scene
2. Act as point person to communicate with emergency responders (i.e. police) upon arrival.
 - NOTE: Suspected criminal activity (which may include assault, threats, destruction of property, etc.) must be reported to the police even if the perpetrator has calmed or the situation has been brought under control; team members must not attempt to interpret whether a crime was committed or if a person's aggression was related to a disease process. When reporting an incident that is not an emergency, the Incident Manager or designate will contact the non-emergency line for local police; see Code White: Guidelines for Communicating with Police.
3. Document incident per organizational policy.

As part of the recovery process, the Executive Director or designate will:

1. Ensure debrief is conducted as immediately as possible following the incident. NOTE: See Emergency Recovery procedure for debriefing template and reference community/residence Emergency Recovery Plan.
2. Investigate and document the incident, file appropriate reports to provincial regulatory authority, support services office, etc., and take action for next steps noted in debrief as required.
3. Ensure police services were contacted as required.
4. Ensure any updates to Care Plan made as required for behavioural support inclusive of any assessments that may be required i.e. psychogeriatric assessment.

5. Collaborate with support services office (Vice President Regional Operations/Regional Director of Operations, Health & Safety Manager, Human Resources Business Partner, etc.) as needed to create and implement a Health & Safety Plan for affected team members.
6. Consider the physical and mental health needs of all affected individuals and ensure supports are provided as required using existing and additional identified programs as needed i.e. Employee & Family Assistance Program, individual and group counseling, etc.
7. Consult with the Joint Health & Safety Committee on Code White policy/procedure training.

All Team Members will:

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

The Joint Health & Safety 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.

See also: Guidelines for Communicating with Police; Guidelines for Responding to Disruptive Behaviour; Guidelines for Managing Resident-to-Resident Assault; Guidelines for Threatening Communication

CODE YELLOW: MISSING RESIDENT

CODE YELLOW RESPONSE

If a resident cannot be located within 5 minutes of their absence being reported, Code Yellow will be called to alert team members and prompt an appropriate response in accordance with the location's Code Yellow Emergency Plan, 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 Executive Director 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 (XVIII-G-10.00(a) 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
- 3) 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.
- 4) 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 Executive Director, Director of Care, 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, ED, and DOC.
- 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 Executive Director will:

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

CODE BLUE: MEDICAL EMERGENCY

CODE BLUE RESPONSE

In the event of a life-threatening medical emergency affecting any individual(s) on the premises 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 of emergency.
- 2) Direct a team member to call 911 for an ambulance and notify Power of Attorney (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.

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 can 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 emergency response services arrive on scene.
- 4) Notify Power of Attorney/Substitute Decision Maker, most responsible physician/nurse practitioner, and Director of Care 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 to ensure risks and individualized care/service needs are identified.
- 2) Document incident in the risk management tab of the resident electronic health record.

The PSW will:

- 1) Immediately report any signs of chewing or swallowing difficulties during snack, mealtimes, and when consuming any other food or fluids to the nurse.
- 2) Ensure the resident is in an upright position or position as indicated in their care plan during mealtime.

The Director of Care / Director/Manager of Wellness 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 receive training on Code Blue procedures including how to respond to choking incidents.

PROTECTED CODE BLUE

A Protected Code Blue (PCB) is an emergency response to a life-threatening illness in an individual with a suspected or confirmed novel respiratory or communicable illness. "Protected" refers to the Personal Protective Equipment (PPE) that is donned for response to a cardiac arrest/medical emergency with consideration for precautions from potential exposure to such an illness.

The decision to initiate a PCB is based on suspected or confirmed presence of a novel respiratory or communicable illness. If a reliable history of this cannot be obtained, PCB should be initiated.

The Nurse or designate initiating CPR for a Protected Code Blue will:

- 1) Conduct a Point of Care Risk Assessment (PCRA) to determine whether a Protected Code Blue emergency response is required.
- 2) Immediately clear all non-essential persons away from room/area.
- 3) Don required PPE prior to initiating procedure:
 - For chest compressions only: mask, eye protection, gown, gloves, and covering over victim's mouth and nose i.e. surgical mask, towel, piece of linen or clothing
- 4) Begin chest compression only CPR:
 - Push hard and fast in the centre of the chest continuously at a rate of 100-120 beats per minute
 - Don't stop until emergency responders arrive; an additional compressor can take over or alternate as needed

CODE ORANGE: EXTERNAL EMERGENCY (COMMUNITY DISASTER, NATURAL DISASTER, EXTREME WEATHER EVENT, EXTERNAL FLOOD)

CODE ORANGE RESPONSE-EXTERNAL EMERGENCY

In the event of an external disaster, community utility failure, air exclusion event, severe weather event (including weather watches and warnings), severe air quality issues, wildfire danger, and/or if the location is requested to provide emergency shelter an external group (emergency reception), 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.)

External air exclusion is the procedure for restricting the entry of outside air into the building(s) when hazardous gases/fumes such as significant air pollution, external chemical cloud, considerable wildfire smoke, etc. are present in outside air.

Any person who becomes aware of the need for external air exclusion (due chemical / biological / radiological hazard, etc.) will:

1. Inform the Incident Manager immediately.

The Incident Manager or designate will:

1. Announce Code Orange-External Air Exclusion.
2. Tune into local radio/television/internet for information and direction from provincial or community authorities.
3. Alert team members that an evacuation may be necessary.
4. 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".
5. 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;
 - Where in place, remove portable air conditioning exhaust hoses from window and ensure windows closed/sealed; and
 - Limit access to the building.
6. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
7. Initiate Code Green evacuation procedure as required.
8. Announce Code Orange-All Clear when situation is resolved.

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. Special 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 reaches 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 during Special Air Quality/Smog & Air Health Advisory events. Take into consideration current/future air quality and smoke direction for your location (as applicable).
 - Air Quality: <http://www.airqualityontario.com/aqhi/index.php>
 - Fire Smoke Forecast: <https://firesmoke.ca/>
2. Announce Code Orange-Severe Air Quality Issues.
3. 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.
4. Shut off all Air Handling Units (MAUs) temporarily as they bring outdoor air into the building.
5. 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.
6. Ensure that people with chronic health conditions e.g. asthma have any prescribed medications readily available.
7. 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.
8. Ensure any strenuous and/or outdoor activities are postponed.
9. Ensure residents stay hydrated and are kept cool.
10. 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.
11. In extreme situations, convene a Hot Issue Alert call to discuss the need to rent air scrubbers to filter the effects of smoke/pollution and improve air quality in your building.
 - NOTE: Air scrubber rentals must be approved by Vice President Regional Operations (VPRO)/Regional Director of Operations (RDO) prior to booking.
 - Reach out to Procurement and/or Building Services Partner for vendor contact info. and any assistance required.
12. Announce Code Orange-All Clear when situation is resolved.

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) Announce Code Orange and 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.
- 8) As needed when event is resolved, assess any damage that may have affected the building/grounds using the Damage Assessment Checklist as a guide; take action to remedy as required.
- 9) Announce Code Orange-All Clear when situation is resolved.

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; replace receivers on bases as required.
- 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 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) Announce Code Orange-Earthquake.
- 2) Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
- 3) Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.
- 4) Instruct residents, team members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
- 5) 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.
- 6) Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.

- 7) 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.
- 8) Take direction from Emergency Services personnel.
- 9) Arrange for the building and grounds to be inspected; depending on scope of incident this may be required before residents and team members can be 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) Announce Code Orange.
- 3) Alert team members that an evacuation may be necessary.
- 4) 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".
- 5) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- 6) Initiate Code Green evacuation procedures as required.

In the event there is time and it is safe to do so, the Director of Environmental Services 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.

REGIONAL/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 regional authorities.
- 2) Announce Code Orange.
- 3) Alert team members that an evacuation may be necessary.
- 4) 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".
- 5) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.

- 6) Initiate Code Green evacuation procedure as required.

All Team Members will:

- 1) Take direction from the Incident Manager.

CODE ORANGE RESPONSE – EMERGENCY RECEPTION PLAN (REGIONAL/COMMUNITY DISASTER)

The location will provide support and act as an Emergency Reception site for other healthcare institutions/residences in crisis and in the event of certain regional/community disasters. In exceptional circumstances the location may also provide emergency reception to local community members (the public).

The Team Member who receives a request to use the location as an Emergency Reception site will:

1. If receiving the request by phone, use XVIII-I-10.10(b) Receiving Site Information Request Guideline to request information from the evacuating site.
2. Notify the Incident Manager immediately.

The Incident Manager will:

1. Assess the type of persons the location is able to receive and inform the evacuating site if the location can accept them (if they are not already a prearranged "reception partner").
2. Notify Vice President Regional Operations (VPRO)/Regional Director of Operations (RDO), Executive Vice President Operations, and others as appropriate i.e. provincial regulatory authority, health authority.
3. Announce Code Orange-Emergency Reception and inform team members of the upcoming reception.
4. Review and complete XVIII-I-10.10(c) Checklist - Receiving Site Preparation.
5. Determine the number of team members to be called back should additional team members be required to support the emergency situation and collaborate with leaders to ensure adequate staffing levels available.
6. Be point of contact to receive most up-to-date information from sending site.
7. Appoint team member(s)/volunteer(s) to meet the evacuated residents (and/or public) in the main lobby upon their arrival.
8. Delegate team members to designated areas of the building where residents/public will be accommodated. The following areas must be established:
 - Assessment Area
 - Holding Area
9. Appoint team member(s) to identify each resident or other individual by placing a temporary identification bracelet on their wrist (if they do not have one already) and completing the Emergency Reception Registration Log.
10. Appoint team members/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
11. Direct team members to provide beverages/light snack to evacuated residents/public as needed.
12. Direct Dietary team to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the location.

13. Direct care and support teams as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).
14. Track or delegate tracking of any additional expenses incurred as a result of providing emergency reception; report in collaboration with VPRO/RDO.
15. On receiving "All Clear" and in anticipation of repatriation:
 - Ensure residents are wearing appropriate identification i.e. wristbands
 - Ensure all equipment/other personal belongings are labelled and ready to transport
 - Ensure medication orders in place minimum of 72 hours (as applicable)
 - Collaborate with sending site(s) and provincial authorities as require to plan for timing and logistics of repatriation
16. On initiating repatriation activities:
 - Ensure original documentation accompanying evacuees returns with them to their original site(s)
 - Ensure all equipment and personal belongings that accompanied evacuees returns with them to their originating site(s)
 - Prepare for Emergency Recovery/Debriefing activities (see XVIII-A-10.80 Emergency Recovery)

All Team Members will:

1. Take direction from the Incident Manager.

The Executive Director/General Manager or designate will:

1. Complete Surge Capacity Reception Site Plan template and maintain as part of location's Emergency Management Plan.

See also: Onsite Surge Capacity Reception Site Plan; Receiving Site Information Request Guideline; Checklist – Receiving Site Preparation; Emergency Reception Registration Log; Emergency Reception Considerations for Staffing; Emergency Reception Support – Psychosocial Considerations.

CODE BLACK: BOMB THREAT/SUSPICIOUS PACKAGE

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 Executive Director 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) Announce Code Black.
- 2) Immediately contact the police at 911.
- 3) Alert all other managers, team members, and Support Services Office.
- 4) Determine whether to initiate Code Green evacuation procedures.
- 5) Take direction from Emergency Services personnel.

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) Announce Code Black.
- 2) Contact the police at 911.
- 3) Alert Executive Director, all other managers, team members, and VPRO/RDO.
- 4) Determine whether to initiate Code Green evacuation procedures.
- 5) 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. Announce Code Black.
2. Instruct team members to clear the area where the package was discovered.
3. Notify team members and provide the following information:
 - Object location
 - Object description
 - Any other useful information
4. Call 911.
5. 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 onsite. 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 the package.
- 3) Take direction from Incident Manager.

IN THE EVENT OF AN EXPLOSION

The Incident Manager will:

- 1) Announce Code Black.
- 2) Ensure treatment of any residents, team members, visitors, or volunteers injured as a result of the emergency.
- 3) Photograph all damage as a result of the incident.
- 4) Preserve evidence in order to assist the police in their investigation.
- 5) Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.

- 6) Designate a team member to notify next of kin of any resident or team member who suffered injury or trauma in the event.
- 7) Notify VPRO/RDO and others as appropriate (i.e. provincial regulatory authority).

The Executive Director 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) Consider implementation of recommendations resulting from debriefing sessions as well as from Emergency Services.

See also: Code Black – Bomb Threat Telephone Checklist; Code Black – Bomb Threat Written Threat/Suspicious Package Checklist.

CODE GREY: INFRASTRUCTURE LOSS/FAILURE (LOSS OF ONE OR MORE ESSENTIAL SERVICES / INTERNAL FLOOD)

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., Code Grey will be called 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 or designate immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Contact the Director of Environmental Services and the elevator service company immediately and determine their estimated response time.
- 3) Attempt to determine where the elevator is stopped.
- 4) 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.
- 5) Reinforce to occupants to not force the doors open and remain calm.
- 6) 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.
- 7) Call 911 if the occupant(s) is in distress.
- 8) Follow the directions of the elevator service technician or emergency services when they arrive on scene.
- 9) Take the elevator out of service until the necessary repairs are made.

ROOF COLLAPSE

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

- 1) Inform the Incident Manager or designate immediately.

The Incident Manager will:

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

All Team Members will 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 or designate immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify the local hydro service provider of the power failure and ask for expected duration of the outage.
- 3) Direct team members to monitor all doors and high-risk residents for elopement.
- 4) Reference and follow additional procedure within Code Grey emergency response as applicable for areas affected by electrical power failure i.e. TOTAL LOSS OF COOLING SYSTEM, RESIDENT ELECTRONIC DOCUMENTATION SYSTEM, etc.

The Nurse will:

- 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.
- 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.
- 5) Check fuel supply and activate procedure for delivery of additional fuel as needed.

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

- 1) Notify and update support services office and Vice President Regional Operations (VPRO)/Regional Director of Operations (RDO)/Executive Vice President (EVP) of the outage/expected duration.
- 2) Direct distribution of emergency box supplies (battery flashlights, blankets).
- 3) Monitor and assess the effect on resident and team member safety.
- 4) Initiate Code Green Evacuation plan if necessary.

RESIDENT ELECTRONIC DOCUMENTATION SYSTEM FAILURE

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

FIRE PROTECTION SYSTEM FAILURE

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

- 1) Inform the Incident Manager or designate immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify all team members that a fire watch has been initiated.
- 3) 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 you must call 911 directly.
- 4) 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.
- 5) Assign one team member to post Fire Watch signs at all entrance doors, information centres, main kitchen, laundry, and in elevators.
- 6) Notify Director of Environmental Services and Executive Director.

All Team Members will:

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

The Director of Environmental Services or Executive Director will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier 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 ED and/or Incident Manager immediately.

The Executive Director or designate will:

- 1) Announce Code Grey.
- 2) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
- 3) Request an estimated time to correct the problem following initial investigation by heating contractor.
- 4) Review Evacuation plan and prepare to institute if estimated time for repair is greater than 12 hours.
- 5) Notify support services office.
- 6) Review and implement policy on required interventions during Extreme Cold Conditions.

- 7) 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.
- 8) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 9) Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
- 10) 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 ED and/or Incident Manager immediately.

The Executive Director or designate will:

- 1) Announce Code Grey.
- 2) Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
- 3) Request an estimated time to correct following the initial investigation by heating contractor.
- 4) Notify the manager/nurse in charge or designate.
- 5) Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
- 6) Initiate Hot Issue Alert. Follow VII-G-10.30(m) Hot Weather Communication & Hot Issue Template
- 7) Review and ensure compliance with Prevention & Management of Heat Related Illnesses policy/procedure and additional related policies and procedures as applicable i.e. Extreme Heat Menu Changes, Heat Stress Management, etc.
- 8) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 26°C in any occupied area until cooling system is fully restored.
 - In the event of a total loss of cooling system between May-September, implement Heat Contingency Protocols in compliance with VII-G-10.30 Prevention & Management of Heat Related Illnesses. Temperatures must be maintained as required.
 - In consultation with VPRO/RDO and Building Services, secure temporary cooling solutions if required to meet temperature requirements or alternatively initiate Code Green Evacuation procedures.
- 9) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 10) Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
- 11) 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 Executive Director and/or Incident Manager immediately.

The Executive Director or designate will:

- 1) Announce Code Grey.
- 2) Notify the local system contractor service provider 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 ED and/or Incident Manager immediately.

The Incident Manager or designate will:

- 1) Announce Code Grey.
- 2) Direct Maintenance to turn off water supply at main valve and shut off electricity to affected parts of the building.
- 3) Notify support services office.
- 4) Contact a plumber.
- 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) Call Code Grey.
- 2) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
- 3) Assign team members to monitor exit doors until the problem is resolved.
- 4) Notify Director of Environmental Services and ED.
- 5) 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 Director of Environmental Services or Executive Director will:

- 1) Obtain immediate assistance (service response) from mag lock (security system) supplier.

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) Announce Code Grey.
- 2) Notify ED, DOC, DES, 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 Centre to the failure and alternate contact numbers.
- 5) Notify residents and post signage.

Any person who becomes aware of a cellular service system failure will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify ED, DOC, DES, or designate.
- 3) Use landline phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Assign a messenger if safe to leave to alert Support Services Office of failure;
- 5) Determine alternative communication methods.
- 6) 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) Announce Code Brown.
- 2) Contact the Director of Environmental Services to identify proper shutdown of gas to equipment.
- 3) Shut down gas to equipment if Maintenance not available. Location of main shutoff valves identified in XVIII-A-10.50(a) Building Map/Profile.
- 4) Assign team members to provide medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- 5) 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) Announce Code Brown.
- 2) Instruct Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
- 3) Shut off the valves if Maintenance not available. Location of shutoff valves identified in XVIII-A-10. 50(a) Building Map/Profile.
- 4) Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
- 5) Notify the gas company from a phone located well away from the source of the leak.
- 6) 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) Announce Code Brown.
- 2) Direct team members to evacuate as many residents from the contaminated area as possible if it can be done without become a victim.
- 3) Direct team members to evacuate everyone in the building outside if it is safe to do so.
- 4) Organize a calm evacuation as per Code Green evacuation process.
- 5) Check that building is secure.
- 6) 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.
- 7) Direct team members to seal off the contaminated area: seal gaps under doorways, windows, and other building openings.
- 8) Direct maintenance team to turn off heating, air conditioning, and ventilation systems.
- 9) 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/BODILY FLUIDS/CHEMICAL/GAS SPILL

Any person who discovers a liquid/bodily fluids/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 Director of Environmental Services 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;
 - Instruct maintenance team to use the Spill Kit to contain the leak.
- 5) If required, advise the Executive Director/General Manager that a Code Brown should be called. This may involve evacuation of the affected area.
- 6) If required, call 911 to get Emergency Services assistance.
- 7) Take direction from emergency services personnel.
- 8) When the situation is under control, advise reception/concierge to announce "Code Brown – All Clear".
- 9) Complete Incident Report (with assistance from maintenance team involved).

- 10) Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

The Director of Environmental Services 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 DES/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
- Disposable Mop, Scoop, and Scraper
- A Spill Pillow capable of absorbing very large volumes of liquid (if not practical to fit inside Spill Kit, this may be located separately and retrieved when required)
- Absorbent spill pads for small volumes of liquid
- Large Plastic Waste Disposal Bags
- Concentrated Alkaline Detergent Solution
- Bottled Water, of correct volume for diluting detergent
- Accell wipes for cleaning up dry powder
- Nitrile Gloves
- Clearly labelled Hazardous Waste Container

HAZARDOUS MEDICATION SPILL

Any person who discovers a Hazardous Medication spill or leak will:

1. Inform the Incident Manager immediately.
2. Keep team members, residents, volunteers, and visitors clear of the area.

The Incident Manager will:

1. Contact the Director of Care or designate immediately to investigate and together determine the appropriate actions.
2. If required, advise the Executive Director that a Code Brown should be called. This may involve evacuation of the affected area.
3. When the situation is under control, advise reception to announce "Code Brown - All Clear".
4. Assist Director of Care with completion of Incident Report/any other required documentation/notification.

The Director of Care or designate will:

1. Use Medication Room Spill Kit to contain the spill.
2. If required, call 911 for Emergency Services assistance.
3. Take direction from Emergency Services personnel.
4. Complete all required documentation and notifications including Incident Report, occupational health and safety reporting, etc. per organizational and provincial requirements.
5. Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the Spill Kit pail.

Note: Refer to IV-O-10.00 Workplace Hazardous Management Information System (WHMIS) / VIII-E-10.80 Hazardous Medications as needed.

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 Incident Manager and/or Director of Care 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: Small Medication Room Spill Kit contents include:

- Laminated, written instructions
- Warning signs to alert team members to the hazard and to isolate the spill area
- Information on reporting the spill and potential worker exposure
- Personal Protective Equipment (PPE):
 - Chemotherapy-tested gown
 - Two pairs of chemotherapy-tested gloves
 - Disposable eye goggles or face shield

- Shoe covers
- N95 or better Respirator Mask
- Accel wipes for cleaning up dry powder
- Absorbent spill pad for small volumes of liquid
- Clearly labelled Hazardous Waste container

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 procedure 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/Executive Director 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/Executive Director 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) Announce Code Silver.
- 3) Initiate Building Lockdown procedure.
- 4) Warn others in the immediate area of danger and prevent anyone from entering the area.
- 5) 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.).
- 6) Ensure that any victims receive medical treatment if it can be provided without putting anyone else in danger.
- 7) Take direction from Emergency Services personnel 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 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 defuse 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
- 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 everyone in the building when an unauthorized or suspicious person enters the location and may be implemented in the event of a threatening communication or other threat in the local geographical area. 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 lockdown 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 an intruder or other threat 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/threat. If an intruder has entered the building, secure team members and residents in a safe room or area of the building (see also: Code Silver).

BUILDING LOCKDOWN – SHELTER IN PLACE

This type of lockdown may be initiated when an environmental threat such as an air contaminant is present outside and it is not possible or advisable to evacuate the building. In such case it may involve keeping the air contaminants outside the building and keeping persons from unnecessarily putting themselves in medical danger (see also: Code Orange).

In the case of external health hazard or other external environmental threat, where it is not possible or advisable to evacuate the building: The Incident Manager or designate will announce “Building Lockdown – Shelter in Place” to all team members as soon as possible:

- 1) The Incident Manager or designate will announce "Building Lockdown – Shelter in Place" to all team members.
- 2) In the event of external air contaminants, 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 (if applicable to the type of emergency).
 - 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.

BUILDING LOCKDOWN – HOLD AND 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.
- 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 must 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 (see also: Code Silver).

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.

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 (see: XVIII-A-10.80 Emergency Recovery).

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

The Executive Director 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 all entrances 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.
- 3) Post signage at all eye wash stations advising team members that a boil water advisory is in effect and that the water is not safe to use for eye washing. Alternatively, single use eye wash saline bottles can be used. See XVIII-O-10.00(d) Boil Water Advisory Signage.

The Director of Environmental Services 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) Provide single use eye wash saline bottles at all eye wash stations.
- 3) 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:
 - a. Bring water to a rolling boil for at least one minute.
 - b. Use an electric kettle if possible.
 - c. Only boil as much water as you can safely lift without spilling.
 - d. If boiling water on the stove, place the pot on the back burner.
 - e. 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 Care 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).
 - a. 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 Director of Environmental Services 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 45°C/110°F.

The Executive Director 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:

- 1) 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.

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 all 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 70°C/160°F. 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.

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 by referring to the organization's Infection Prevention & Control and Pandemic policies & procedures.

The local Public Health Unit (PHU) would activate and deactivate an outbreak within the location. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate.

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 unless otherwise directed.

PROCEDURE:

The Executive Director or designate will:

- Refer to the IPAC Lead and PHU for activation of the outbreak response
- Report and provide status updates to residents, families, staff, and Support Office
- Initiate and lead Outbreak Management Team (OMT) response as required
- Manage staffing and management team resources accordingly
- Coordinate the management of exposed and symptomatic team members as per policy and procedure
- Ensure outbreak/pandemic response initiated and executed as per policy and procedure
- Ascertain community connections and partnerships as part of plan execution and coordinated response
- Govern business continuity, daily evaluation of risk and response actions, initiation of staffing contingency plans
- Ensure implementation of any provincial or organizational directives as required

The Infection Prevention & Control Lead or designate will:

- Assemble the Outbreak Management Team response as per policy
- Track, report, and manage case counts in collaboration with PHU
- Ensure IPAC auditing throughout outbreak/pandemic as required
- Provide pertinent IPAC training and direction to residents, families, and staff
- Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.
- Oversee and execute cohorting plans for staff and residents referencing IX-F-10.50 Cohorting Staff & Residents & IX-F-10.50(a) Cohorting Guidelines During an Outbreak / XXII-F-10.50 Cohort Staffing (as applicable)

The Director of Care/Director/Manager of Wellness or designate will:

- Coordinate resident care and services for symptomatic and asymptomatic residents
- Ensure Medical Director is updated and involved
- Support staffing contingency plans and altered care and services plans as required

BUSINESS CONTINUITY PLAN

STAFFING

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 General Manager 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) Ensure staffing contingency planning in place for lower staffing levels in the event of an evacuation as part of Code Green Evacuation Plan i.e. Incident Management Team assignments and role training inclusive of night/weekend/holiday teams.
- 4) 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, PSW, CSA.
- 5) 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.
- 6) Review staffing schedules, availability of alternate staff, and emergency contact numbers for team members.
- 7) Provide guidelines for team member cohorting and train department leads.
- 8) Limit PT and casual resources to one home area/floor as much as possible.
- 9) 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
- 10) Work with department leads to identify backup schedulers (as required/where centralized scheduling not in place).

- 11) Redeploy team members who work in non-essential/suspended services (e.g. community programs for PPE sourcing).
- 12) 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.
- 13) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
- 14) 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
- 15) Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
- 16) Consider adding dedicated Team Member Experience Coordinator role onsite to handle all training, onboarding admin work, benefits, time tracking, etc.
- 17) Consider adding scheduling staff to support outbreak needs.
- 18) Discuss with Support Services and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
- 19) Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
- 20) If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
- 21) Implement Return to Work protocols. See IV-F-10.00 Early & Safe Return to Work Program (and attachments).

The Team Member Experience Coordinator 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 Human Resources 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.

FOOD & FLUID PROVISION

During an emergency/crisis event, foodservices and dining may be impacted, requiring the community to consider the minimum preparedness needed to maintain essential services. This plan addresses 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 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 Executive Director 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 community (i.e. gluten free, vegetarian, 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 team members 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 team members

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 community that maintains temperatures from preparation to service
- Implement disposable dishes and utensils
- Collaborate with Executive Director/Incident Manager for ongoing planning
- Communication of food and dining plans when initiated, upon changes, etc. to residents, families, and team members

Relocation of Residents (Evacuation):

- Menus (printed and/or electronic)
- Resident lists with food preferences, nutritional risk, and needs
- Team member 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
- Director of Dietary Services/designate to re-evaluate daily, identify risks, and report to Executive Director/Incident Manager or designate
- Director of Dietary Services/designate to communicate with Executive Director/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 team members

EMERGENCY RECOVERY

Recovery strategies will be put in place to ensure a smooth return to normal operations post-Emergency. The Vice President Regional Operations/Regional Director of Operations (VPRO/RDO) is responsible for the official declaration of an Emergency ending at the location in consultation with the Executive Director/designate and other applicable Support Services Office leaders.

The Executive Director or designate will:

1. Ensure an Emergency Recovery plan is in place as part of overall emergency response, including contact information (as required) for:
 - Insurance
 - Local contractors and disaster cleanup specialists who can be available on short notice
2. Ensure any expense tracking and investigation/evidence gathering that may be required for insurance and/or other investigation purposes is implemented as soon as practicable (after life safety has been ensured) both during and post-incident. NOTE: Required incident reporting must be completed as soon as possible post-incident along with any photos, video preservation, witness accounts, etc. while details are fresh.
3. Ensure the plan includes a detailed communication strategy post-emergency to follow up with and debrief residents, substitute-decision makers (where they exist), team members, volunteers, and students.
4. Ensure the plan outlines how the location will support residents, team members, and others who may have been impacted by the emergency and are experiencing distress.
5. Consider recovery in all aspects of emergency planning, education, training, and exercises.
6. Consider recovery when developing standard operating procedures and integrate into the location's Incident Management framework, including strategies for both physical plant and counseling assistance for team members/residents as required.
7. Involve the Joint Health & Safety Committee in development of recovery strategies.
8. Evaluate and update (as required) the location's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.

See also: Location-specific Recovery Plan & Debrief Checklist & Action Plan Templates for each Emergency Procedure; Infection Prevention & Control Manual for Outbreak Debrief Resources.