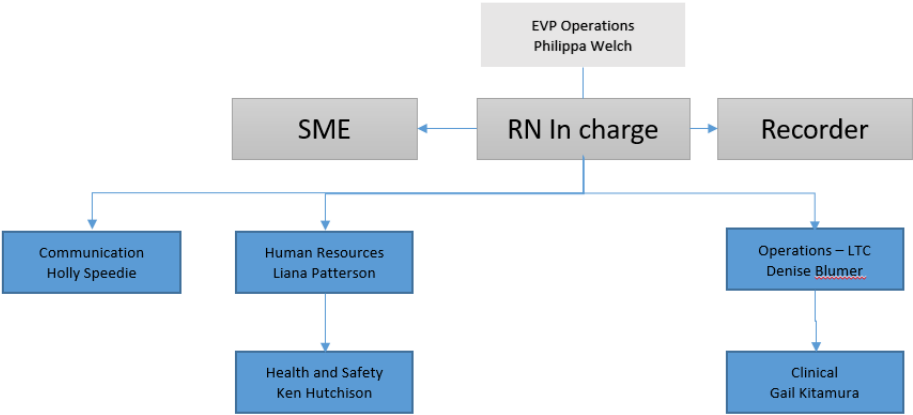


Victoria Manor Community Emergency Plan

INCIDENT MANAGEMENT TEAM

SUPPORT SERVICES INCIDENT MANAGEMENT TEAM STRUCTURE



EMERGENCY SUPPLIES

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

Location: Incident Command Centre (Main reception copier room)

PPE pandemic supplies

Location: Stored in Basement N013 – Key located with RN in Charge

Description: Secure and Inventoried

<input type="checkbox"/>	Process (i.e. lanyards, printed cards, labels maintained current and easily accessible) that includes resident pictures and transfer sheets
<input type="checkbox"/>	Paper & Pencils/Pens
<input type="checkbox"/>	Orange Vests
<input type="checkbox"/>	Clipboards
<input type="checkbox"/>	Location Emergency Plan (current)
<input type="checkbox"/>	Building Floor Plans (current)
<input type="checkbox"/>	Suture Kit
<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	Flashlights and extra batteries (ensure enough to supply a flashlight to each team member on each shift)
<input type="checkbox"/>	Headlamps and extra batteries (ensure enough to supply as many team members as possible to free hands for tasks)
<input type="checkbox"/>	Lanterns/Light Sources for resident rooms, common spaces in the event of power outage
<input type="checkbox"/>	Whistles (to attract attention/signal for help)
<input type="checkbox"/>	Personal sanitation supplies i.e. wipes, hand sanitizer, garbage bags, plastic ties
<input type="checkbox"/>	Wrench or Pliers (to turn off utilities)
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional items to consider:

- Local maps
- Matches in a waterproof container
- Menstrual products
- Battery or crank run radio
- Pet supplies (if location owns pets)

Note: Review Emergency Menus & Response procedures for supply list to ensure provision of food & fluid in the event of an emergency.

HAZARD IDENTIFICATION & RISK ASSESSMENT (HIRA)

When creating an emergency response plan, it is necessary to do a risk and hazards assessment. A Hazards Identification & Risk Assessment (HIRA) identifies the risk exposure rating (vulnerability) by comparing the likelihood (probability/possibility) to severity (consequence). In completing the HIRA for your location, consider the following questions:

- What can go wrong?
- What event might occur and how severe might the event be?
- How likely are undesirable consequences, or the probabilities or frequency of consequences?

To complete the HIRA for your location:

1. Rate the likelihood of hazards below based on **Probability** between 0 (not at all likely) to 5 (highest probability).
2. Rate the potential **Consequence** (or impacts) of hazards below between Negligible, Minor, Moderate, Major, and Extreme.
3. Rate the **Level of Risk** (in consideration of Probability and potential Consequence) for each identified hazard with a rating of Very Low, Low, Moderate, High, or Very High.

Reference your local Municipal Emergency Plan/Hazard Identification & Risk Assessment to help identify and determine probability of hazards in your area.

Code	Hazard	Probability (0-5)	Potential Consequence	Level of Risk	Notes
Red (Fire)	Fire	1	Major	Low	Infrastructure Brick and Sprinklers
Red (Fire) Green (Emergency Evacuation)	Other:				
	Other:				
	Partial Evacuation	2	Moderate	Low	Fire doors, Fire shutter, exhaust system
Green (Emergency Evacuation) White (Physical Threat / Violence)	Full Evacuation	1	Major	Low	Fire doors, Fire shutter, exhaust system
	Other:				
	Other:				
	Violent Situation – Visitor	2	Extreme	Low	Low visitation rate
White (Physical Threat / Violence)	Violent Situation – Team Member	2	Major	Low	No visible issues
	Violent Situation – Resident	3	Major	Moderate	Dementia residents
	Civil Disturbance	1	Major	Low	Region – low population
	Labour Disruption	1	Major	Low	Union env – essential services

Code	Hazard	Probability (0-5)	Potential Consequence	Level of Risk	Notes
Yellow (Missing Resident)	Other:				
	Other:				
	Missing Resident	2	Major	Low	Wander guard – camera – receptionist - maglocks
Yellow (Missing Resident)	Other:				
	Other:				
	Medical Emergency – Resident	3	Major	Moderate	Age of residents
Blue (Medical) Orange (External Emergency)	Medical Emergency – Team Member	1	Major	Low	Age of staff
	Medical Emergency – Visitor	1	Major	Low	Age of visitors
	Other:				
	Other:				
	Other:				
	Emergency Refuge for Community	2	Major	Low	Other infrastructure available
Orange (External Emergency) Black (Bomb Threat)	Severe Weather	2	Major	Moderate	Location
	Ice Storm	2	Major	Moderate	Location
	Earthquake	1	Extreme	Low	Location
	Hurricane	1	Extreme	Low	Location
	Tornado	1	Extreme	Low	Location
	Heat Wave	1	Moderate	Moderate	Summer – with water near by
	Cold Wave	3	Moderate	Moderate	Location
	Flood	2	Moderate	Moderate	Water near by
	Snowstorm/Blizzard	3	Moderate	Moderate	Location
	Wildfires	2	Moderate	Low	Low brush
	Contaminated Drinking Water	2	Moderate	Low	City infrastructure
	Air Exclusion	2	Moderate	Low	Location – low air pollution sources
	Nuclear Incident	1	Extreme	Low	Darlington – over 60 KM

Code	Hazard	Probability (0-5)	Potential Consequence	Level of Risk	Notes
	Hazardous Materials Incident	1	Extreme	Low	Not on major highway route
	Other:				
	Other:				
	Other:				
	Bomb Threat	1	Extreme	Low	Low conflict region
Black (Bomb Threat) Grey (Infrastructure Loss / Failure)	Suspicious Package	1	Moderate	Low	Low conflict region
	Other:				
	Other:				
	Fire Alarm System Failure	2	Major	Low	Tested quarterly
Grey (Infrastructure Loss / Failure) Brown (Internal Emergency)	Loss of Utilities (not community-wide)	2	Major	Low	Generator backup
	Elevator Malfunction	3	Major	Moderate	Age of unit
	Magnetic Locks Failure	3	Major	Moderate	Age of units
	Structural Failure	2	Major	Low	Brick concrete
	Critical Infrastructure Failure	2	Major	Low	City supplied resources
	Explosion	1	Extreme	Low	No explosive material – low manufacturing near by
	Energy Emergency (Supply)	1	Extreme	Low	Redundant infrastructure
	Flood (internal i.e. burst pipe)	2	Major	Low	Shutoff valves
	Cyber Attack	1	Major	Low	City managed infrastructure
	Other:				
	Other:				
	Sewage Backup	2	Major	Low	Back flow valve
Brown (Internal Emergency) Silver (Active Shooter /	Chemical Spill	1	Major	Low	Not on major road
	Gas Leak	2	Major	Low	Shutoff valves
	Bodily Fluids	3	Minor	Moderate	Long term care
	Other:				
	Other:				

Code	Hazard	Probability (0-5)	Potential Consequence	Level of Risk	Notes
Armed Intrusion / Hostage)	Active Shooter	1	Extreme	Low	Hunters – But low conflict area
Silver (Active Shooter / Armed Intrusion / Hostage) Building Lockdown	Armed Intrusion	1	Extreme	Low	Hunters – But low conflict area
	Hostage Situation	1	Extreme	Low	Low conflict
	Other:				
	Other:				
	Other:				
	Partial Lockdown	3	Moderate	Low	Internal resident conflict
Building Lockdown Boil Water Advisory	Full Lockdown	2	Major	Low	Fire doors – less requirement for full evacuation
	Shelter in Place	2	Major	Low	Weather – shooter lower
	Other:				
	Other:				
	Other:				
	Boil Water Advisory	2	Major	Low	City infrastructure
Boil Water Advisory Outbreak / Epidemic / Pandemic	Other:				
	Other:				
	Outbreaks of a Communicable Disease				
Outbreak / Epidemic / Pandemic	Outbreaks of a Disease of Public Health Significance	3	Moderate	Moderate	Public have access to building
	Epidemic	2	Major	Low	Health Canada process
	Pandemic	1	Major	Low	Health Canada process
	Other:				
	Other:				
	Other:				

After completing this risk assessment, ensure measures are in place to respond to those Hazards identified as the highest levels of risk. Example: a train derailment may lead to evacuation; freezing rain may lead to “sheltering in place”. The expectation is that training, practice, and resources are customized to react to the risks that are most likely to affect your residence/community.

BUILDING MAP/PROFILE

Location-Specific Building Map Profile (Complete Template XVIII-A-10.50(a)).

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

Completed building profile to be stored together with floor plans and reviewed/updated annually or more frequently as needed.

Floor Plans can be located on a USB stick attached to the Emergency Plan Binder

LOCATION

Street Address	220 Angeline Street South Lindsay ON, K9V 0J8
General Directions	South West of Lindsay

CONSTRUCTION

Number of Floors	3 (2 floors and 1 Basement)
Date of Initial Construction	1989
Building Materials of Initial Construction	Brick, concrete, steel
List of addition(s) to facility	Garage and Shed
Building material(s) used for addition(s)	Siding Wood

RESIDENTS

Services	Level of Care/Services Provided	Number of Beds/Suites
Basement	Service Level	
Floor 1	Two Home Areas	84/50
Floor 2	Two Home Areas	84/50

BUILDING UTILITIES

Natural Gas

Valve Location: North side of building

Uses: Building heating, kitchen, and laundry

Provider/Location Lead: Enbridge

Electrical

Capacity: 3000 A 600 V

Location of Disconnect: Basement Electrical Room back of Maintenance Shop Room N020

Provider/Location Lead: Hydro One

Hot Water

Source: Domestic Hot Water Storage Tank

Shut-Off Valves: Basement Boiler Room – Back of Laundry

Provider/Location Lead: City of Kawartha Lakes

Cold Water

Source: 8" intake pipe

Shut-Off Valves: Basement - Sprinkler Room

Provider/Location Lead: City of Kawartha Lakes

Alternative Water Source

Source: Water Depot

Access: 429 Kent St

Provider/Location Lead: Jeremy Plaunt (705- 878-0707)

Medical Gases

Type(s)/Volume(s): portable cylinder

Location(s): resident home area as required

Uses: resident personal use

Provider/Location Lead: Homestead Oxygen

Backup Generator(s)

Type(s)/Volume(s): Caterpillar

Location(s): Outside green metal building to north side of building

Area(s) Powered: All

Equipment connected to generator(s): All

Provider Toromont Mark Power 416-667-5511.

Fuel Stores

Type(s)/Volume(s): #1 Diesel, 4280 litres

Location(s): inside generator green building

Provider/Location Lead: Ultramar Account # 7826801 Phone 705-324-2771 / 1-800-267-3501 24/7 service

Boiler

Type: RBI Water Heater model HW950

Location: Basement back of laundry room N008

Provider/Location Lead: Mitchell Mechanical Brett Mitchell 705-927-2593

Air Conditioning Unit(s)

Type(s): 5, 10, 15 ton Lennox and Trane

Location(s): Roof Top

Provider/Location Lead: Mitchell Mechanical Brett Mitchell 705-927-2593

Location of Cooling Zones (where applicable): Dining Rooms/Center Core/Auditorium

MAU Fresh Air exchanger Unit(s)

Type EngAir

Location(s): Roof Top

Provider/Location Lead: Mitchell Mechanical Brett Mitchell 705-927-2593

Location of Cooling Zones (where applicable): Dining Rooms/Center Core/Auditorium

Mechanical Room(s)



Location(s): Basement



Elevator(s)



Location(s): 3


Type(s)/Capacity: Otis Hydraulic



Provider/Location Lead: TyssenKrupp 1-416-291-2000

Utility	Description
<p>Natural Gas</p>  <p>Natural Gas Valve</p>	<p>Valve location(s):</p> <p>Outdoor along the driveway to the back parking lot (against the LEA Supervisor Office)</p> <p>Uses:</p> <p>Gas Line – heating cooking</p> <p>Provider/Location Lead: Enbridge Gas</p>
<p>Electrical</p> 	<p>Location(s):</p> <p>Maintenance Office N018/ Electrical Room N020</p> <p>Uses:</p> <p>Main Powers</p> <p>Provider/Location Lead:</p> <p>Hydro One Electric Electric</p>


Utility	Description
<p>Kitchen Hotwater</p> 	<p>Provider/Location Lead:</p> <p>Laundry N008</p> <p>Local Location of Disconnect:</p> <p>Laundry N008</p> <p>Main Location of Disconnect:</p> <p>Sprinkler room N014</p> <p>Capacity:</p> <p>3 tanks</p>
<p>Resident Hot Water</p> 	<p>Provider/Location Lead:</p> <p>Laundry room N008</p> <p>Local Shut-Off Valves:</p> <p>See valve shut off chart</p> <p>Main Local Shut-Off Valves</p> <p>Basement Sprinkler room N014</p>


Utility	Description
<p>Cold Water</p>  <p>Cold Water Valve</p>	<p>Provider/Location Lead:</p> <p>Basement Sprinkler room N014</p> <p>Shut-Off Valves</p> <p>See valve shut off chart:</p> <p>Main Shut-Off Valves</p> <p>Basement Sprinkler room N014</p>
<p>Alternative Water Source</p>  <p>Alternative Water Source</p>	<p>Source:</p> <p>Offsite</p> <p>Access:</p> <p>Remote</p> <p>Provider/Location Lead:</p> <p>Water depot</p>

Utility	Description
<p data-bbox="203 258 378 285">Medical Gases</p> 	<p data-bbox="1224 258 1445 321">Provider/Location Lead:</p> <p data-bbox="1224 352 1412 443">Homestead/ Volunteer Nook</p> <p data-bbox="1224 474 1312 564">Uses: Oxygen</p>


Utility	Description
<p>Backup Generator(s)</p> 	<p>Location Lead:</p> <p>Outside building by Fire door</p> <p>Use:</p> <p>Generator: Powers all equipment</p> <p>Provider</p> <p>Toromont</p>
<p>Kitchen and laundry Boiler</p> 	<p>Type(s)/Volume(s):</p> <p>AO Smith</p> <p>2x 119 US Gal 1 - Boiler</p> <p>Location(s):</p> <p>Laundry room (N008)</p> <p>Provider Lead:</p> <p>Mitchell Mechanical</p>


Utility		Description						
<div>Resident Boiler</div> <div></div>		<div>Type:</div> <div>Boiler</div> <div>Location:</div> <div>Laundry Room (NOO8)</div> <div>Provider Lead:</div> <div>Mitchell Mechanical</div>						
<div>Fresh Air Exchange Unit</div> <div></div>		<div>Location(s):</div> <div>Rooftop</div> <div>Type: ENG Air (2 units)</div> <div>Location: Roof top</div> <div>Provider/Location Lead: Mitchell Mechanical</div> <div>Location: Kitchen Fresh air exchange zones (where applicable):</div> <table><tr><td>MUA-Kitchen</td><td>H/C</td><td>Kitchen Makeup Air 6000CFM</td></tr><tr><td>Smoking Room</td><td>H/C</td><td>Separate Makeup unit</td></tr></table>	MUA-Kitchen	H/C	Kitchen Makeup Air 6000CFM	Smoking Room	H/C	Separate Makeup unit
MUA-Kitchen	H/C	Kitchen Makeup Air 6000CFM						
Smoking Room	H/C	Separate Makeup unit						

Utility			Description
HVAC Unit			Location(s): Rooftop Type: Lennox and Trane (18 units) Location: Roof top Provider/Location Lead: Mitchell Mechanical Location of cooling zones (where applicable):
			
HVAC-A2	H/C	N235,N234,N233,N226,N227,N228,N232,N231,N223,N222	
HVAC-B	H/C	N129,N130	
HVAC-C	H/C	N114,N122,N121mN120,N115,N117,N118mN125mN134	
HVAC-D	H/C	N213,N214,N215,N221,N225	
HVAC-E	H/C	All Basement Except Main Kitchen and Laundry	
HVAC-F	H/C	Laundry	
HVAC-G	H/C	Attrium	
HVAC-H	H/C	First Floor Dinning Room	
HVAC-I	H/C	Second Floor Dinning Room	
HVAC-J	H/C	Elford House South Wing	
HVAC-K	H/C	McMillian South Wing	
HVAC-L	H/C	Elford West Wing	
HVAC-M	H/C	McMillianWest Wing	
HVAC-N	H/C	Vaga South Wing	
HVAC-O	H/C	Victoria South Wing	
HVAC-P	H/C	Vaga East Wing	
HVAC-Q	H/C	Victoria East Wing	

Utility			Description
			<p>Location(s):</p> <p>Rooftop</p> <p>Type: Exhaust Fans Kitchen Exhaust motor (15 units)</p> <p>Location: Roof top</p> <p>Provider/Location Lead: Mitchell Mechanical</p> <p>Location of Kitchen Exhaust</p>
EF1	EF	Vaga South Wing	
EF2	EF	Victoria South Wing	
EF3/4	EF	East Wing Vaga & Victoria	
EF5	EF	Elford House South Wing	
EF6	EF	McMillian South Wing	
EF7	EF	Elford West Wing	
EF8	EF	McMillianWest Wing	
EF9	EF	North End General Exhaust	
EF10	EF	Northern General Exhaust	
EF12	EF	Kitchen Hood Exhaust Fan	
EF15	EF	General Exhaust	
EF16	EF	Dish Washer Exhaust Fan	
EF17	EF	Attrium Smoke Extraction Fan	
RAF1	EF	In Ceiling space Above Activities Office	
RAF2	EF	In Ceiling Space Above Physio Office	

Utility	Description
<p data-bbox="203 258 548 285">ATP Transfer Switch Room(s)</p> 	<p data-bbox="1224 258 1365 285">Location(s):</p> <p data-bbox="1224 317 1458 422">Basement Electrical Transfer Switch room N019</p> <p data-bbox="1224 453 1305 480">Device</p> <p data-bbox="1224 512 1289 539">ASCO</p> <p data-bbox="1224 571 1398 598">Provider Lead:</p> <p data-bbox="1224 630 1344 657">Toromont</p>

Utility	Description
<p data-bbox="203 258 459 289">Passenger Elevator(s)</p> 	<p data-bbox="1224 258 1365 289">Location(s):</p> <p data-bbox="1224 317 1414 384">Basement N038 Elevator Mech</p> <p data-bbox="1224 415 1419 447">Type / Capacity:</p> <p data-bbox="1224 474 1442 541">Otis Hydraulic/1381KG</p> <p data-bbox="1224 573 1398 604">Provider Lead:</p> <p data-bbox="1224 632 1365 663">TK Elevators</p>

Utility	Description
<p data-bbox="203 258 423 289">Service Elevator(s)</p>  A photograph of a blue hydraulic elevator machine room unit. The unit is a large, rectangular metal cabinet with several horizontal ventilation slots on the front. It has several safety labels, including a prominent orange one with a hand icon and the word 'DANGER'. A black office chair is partially visible on the left side of the unit. The unit is situated in a utility room with a concrete floor and a white wall in the background.	<p data-bbox="1224 258 1365 289">Location(s):</p> <p data-bbox="1224 317 1409 348">Basement N005</p> <p data-bbox="1224 380 1419 411">Type / Capacity:</p> <p data-bbox="1224 438 1442 506">Otis Hydraulic/1814KG</p> <p data-bbox="1224 537 1398 569">Provider Lead:</p> <p data-bbox="1224 596 1365 627">TK Elevators</p>

EMERGENCY SYSTEMS GUIDE

Location-Specific Emergency Systems Guide (Complete Template XVIII-A-10.50(b)).

The purpose of this guide is to provide instructions to any team member regardless of previous knowledge/expertise on activating the fire alarm and resetting the following emergency systems at this location:

- Pull stations
- Fire panel
- Mag locks
- Elevators


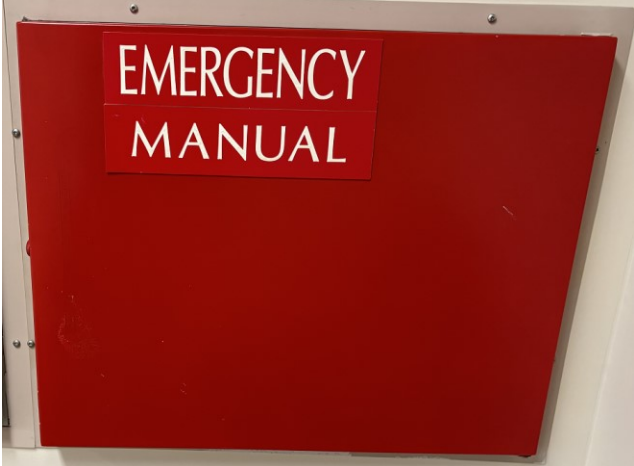

In addition, this guide provides instructions on shutting off gas, electricity, and water in emergency situations.

The below table is populated with information as a SAMPLE. Please update it with instructions and pictures applicable to your building. HINT: You can right-click on a picture and select 'Change Picture' to insert your own location-specific photo.

Delete or mark N/A where any area is not applicable; add information as needed to communicate the specifics of your location.

Completed Emergency Systems Guide to be stored together with floor plans and Building Map/Profile as part of the location's Emergency Management Plan and reviewed/updated annually or more frequently as needed.

Activating the Fire Alarm & Resetting Emergency Systems

Emergency Keys (Location)	<ul style="list-style-type: none"> On Call Nurse has all keys and pass card to the building DOC and ADOCs have full access to the building All Managers have full access to the building (except med rooms) All registered staff also have access to 90% of the building Fire Dept. has a key box (see picture) that has full access to the building (except med rooms) 	
Fire Plan (Location & Contents)	<ul style="list-style-type: none"> The Main Fire Panel is located by Fire Door (by generator) The Fire Plan box is located by the Main fire Panel. The Fire Plan box is unlocked since it is a secured area. The Fire Plan Box contains Fire Safety Plan The Fire Plan is accessible for emergency responders in case of an emergency. 	
Pull Stations (Activating Fire Alarm)	<ul style="list-style-type: none"> Pull Stations are located at designated places throughout the building and by exits. In case of fire, activate the fire alarm. <ul style="list-style-type: none"> First, take the clear plastic protective cover off by simultaneously lifting and pushing up the cover from the bottom. <i>Note: A chirping alarm will sound.</i> Second, pull down the white handle firmly to trigger the fire alarm. The alarm will sound throughout the building. 	

Activating the Fire Alarm & Resetting Emergency Systems

Fire Panel (Resetting)

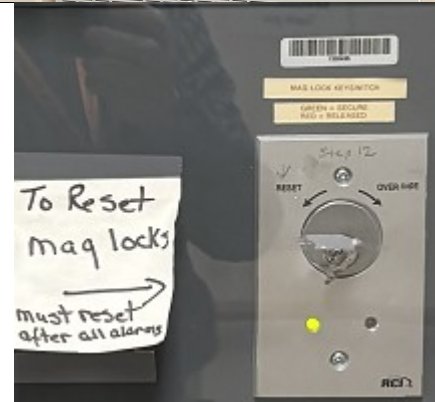
- There are five fire panels in the building.
 - The 4 four smaller one monitoring panel, is located by the Nursing Station on each home area.
 - This is where the initial location of alarm/fire can be identified.
 - The main fire panel is located on ground floor by the North Fire doors (by generator)
- To reset the fire alarm, go to the Main Fire Panel.
 - First, press the “Alarm Silence” button to silence the alarm
 - Second, press the “Reset” button hold for 10 seconds to reset the alarm.
- Within 10 seconds, the fire annunciator panel LED display will show “System Normal”.

**Fire Annunciator Panel
Main Fire Panel**



Mag Locks (Resetting)

- The mag lock reset control box is located at the bottom right side of the 2nd fire panel by the North side of building near the generator.
 - First, turn the key 90 degrees to the left (Override)
 - Second, the key 180 degrees to the right in one motion (Reset), and then release.
- The mag locks enabled.



Activating the Fire Alarm & Resetting Emergency Systems

Elevators (Resetting)

The Elevators must be called to the ground floor in case of fire.

- Call both Elevator #1 and Elevator #2 to the ground floor.
- Take the elevator key (maintenance office) and inside each elevator turn the key towards the right side facing to 'ind. Svc.' from 'group'.
- This will ensure the elevator stays open on the ground floor.



MAIN SHUT OFFS

The table below outlines step-by-step instructions for shutting off the main gas, electricity, and water systems.

Main Shut Offs (Gas, Electricity, Water)

Main Gas Shut Off

LOCATION

The main gas shut off valve is located outside at the North West corner of the building (near the Chapel window).

Note: A wrench is located in the Generator Seacan.

SHUT OFF

In the event of an emergency and as directed by the Incident Manager and/or emergency responders, the main gas can be shut off by:

- Turning the valve to the right with a wrench until it is tightly closed and will not turn anymore.



Main Shut Offs (Gas, Electricity, Water)

Main Electricity Shut Off

LOCATION

The main electricity shut down switch is located inside the Maintenance Office (N018) and in the sub room Electrical Room (N020)

SHUT OFF

In case of an emergency, and/or as directed by the Incident Manager and/or emergency responders, the switch can be shut off by:

- Pull Lever to OFF hours (Vertical)

To Reset:

- Push lever from OFF to ON



Main Water Shut Off

LOCATION

The main water / sprinkler control system is located inside the Sprinkler Room (Basement N014)

SHUT OFF

When instructed or directed by the Incident Manager and/or emergency responders, the main sprinkler system valve can be shut off by:

- Turning the 2 valves clockwise until they are



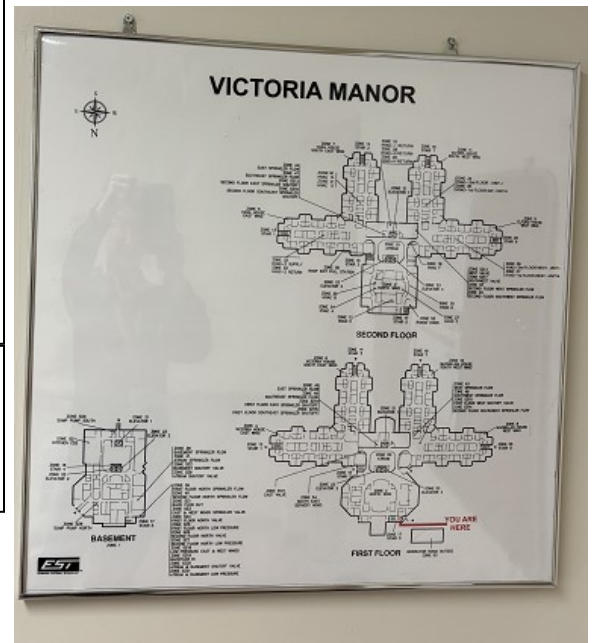
Note:

Main Shut Offs (Gas, Electricity, Water)

LOCATION

The building floor plans can be found near the main Fire Panel on the ground floor. In addition, partial floor plans are available near the elevator providing quick reference points for navigating the building. It is important for everyone to be familiar with these locations to enhance safety and preparedness.

Note:



EMERGENCY FAN OUT

Location-Specific Team Member Fan Out List, Team Member Call Back Record & Support Services Emergency Fan Out List (Complete Template XVIII-B-10.10(a), Blank Template XVIII-B-10.10(b), and copy of XVIII-B-10.20(a)).

This home maintains a current Team Member Fan Out and Volunteer Contact List as part of the location's Emergency Plan; however, it is not in the binder as it contains personal information. The information is contained to an Encrypted USB that resides with the Emergency Response binders located with MOC and In Charge Nurse office.

Please note that you can find contact information for the Executive Director, Director of Care, and Infection Prevention & Control Lead on our website.

EMERGENCY CONTACTS: EXTERNAL & MUTUAL AID

Location-Specific Emergency Numbers (External & Mutual Aid) (Complete Template XVIII-B-10.30(a)).

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.

AGENCIES & SERVICES

Fire

Emergency Number: 9-1-1

Non-Emergency Number: 705-324-2191

Police Services

Emergency Number: 9-1-1

Non-Emergency Number: 705-324-5252 City of Kawartha Lakes Police Services

705-324-6741 City of Kawartha Lakes OPP

Ambulance

9-1-1

Insurance

Provider Name: The Boiler Inspection & Insurance Company of Canada

Emergency Number: Paul Wilson 705-341-4510

Non-Emergency Number: Paul Wilson 705-887-0957 & Jolene Ramsay City of Kawartha Lakes Insurance and Risk Management Officer 705-324-9411 ext. 1380

Poison Information Centre

Emergency Number: 1-800-268-9017

Public Health Unit

Emergency Number: 1-888-255-7839

Non-Emergency Number: 1-866-888-4577

Public Utilities – Water

Emergency Number: 1-877-885-7337

Non-Emergency Number: 705-324-9411 ext. 1120

Public Utilities – Hydro

Emergency Number: 1-800-434-1235

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

Public Utilities – Gas

Emergency Number: Enbridge 1-866-763-5427

Non-Emergency Number: 877-362-7434

Pharmacy

Provider Name: CareRX

Emergency Number: CareRX 705-760-2615 & Loblaw's Superstore 705-878-8351

Non-Emergency Number: CareRX 705-749-5888

Human Resources/Staffing Agency(s)

Provider Name: City of Kawartha Lakes

Emergency Number: 877-885-7337

Non-Emergency Number: 705-324-9411

CONTRACTORS

Gas

Provider Name: Enbridge

Emergency Number: 1-866-763-5427

Non-Emergency Number: 877-362-7434

Elevator

Provider Name: Tyson Krupp (TKE)

Escalation Number: 416-458-7423 Mark MacAuley

Emergency Number: 1-800-233-5757 / 416-291-2000

Security/Fire Alarm Monitoring

Provider Name: Alarm Systems

Emergency Number: 613-968-5233

Non-Emergency Number: 1-800-361-6052

Fire Alarm/ Sprinklers systems

Provider Name: Tory Life and Fire systems

Emergency Number: 1 (877) 441-8769

Non-Emergency Number: (905) 725-5553

Plumbing

Provider Name: Eastman Plumbing

Emergency Number: 705-324-4061

HVAC

Provider Name: Mitchell Mechanical

Emergency Number: 705-927-2593

Non-Emergency Number: 705-341-3684

Electrician

Provider Name: Electric Electric

Emergency Number: 705-878-3003 Rob Salty

Non-Emergency Number: 705-878-5878

Refrigeration

Provider Name: Mitchell Mechanical
Emergency Number: 705-927-2593
Non-Emergency Number: 705-341-3684

Call Bell System

Provider Name: Unity Communication
Emergency Number: 1-800-295-9565
Non-Emergency Number: 1-800-295-9565

Portable phones

Provider Name: Unity Communication
Emergency Number: 1-800-295-9565
Non-Emergency Number: 1-800-295-9565

Kitchen equipment

Provider Name: Advanced
Emergency Number: 416-269-2424
Non-Emergency Number: 647-720-0339

Fire System

Provider Name: Troy Life and fire
Emergency Number: 1 (877) 441-8769
Non-Emergency Number: 1 (877) 441-8769

Locksmith

Provider Name: Coley Security Solutions
Emergency Number: 705—289-4690

Transformer

Provider Name: Transform Engineering Services
Emergency Number: Howard Dunn 647-885-8614

Generator

Provider Name: Toromont
Emergency Number: Mark Power 416-667-5511.

Ultramar

Provider Name: Diesel
Ultramar Account # 7826801
Emergency Number: 705-324-2771 / 1-800-267-3501 24/7

McLeod Ecowater

Provider Name: Water Softener/Water coolers
Contact Number: 705-243-5882

MUTUAL AID PROVIDERS

Alternate Care Site

Provider Name: Lindsay Fair Grounds – Lindsay Agricultural Society - Harry Stoddart

Emergency Number: 705-879-0848

Non-Emergency Number: 705-324-5551

Alternate Care Site

Provider Name: Frost Manor

Emergency Number: 705-324-8333

Alternate Care Site

Provider Name: Days Inn & Suites

Emergency Number: 705-324-5230

Reception Site

Provider Name: Extendicare 125 Colborne St East

Contact: 705-878-5392

Evacuation Site

Provider Name: Lindsay Fair Grounds – Lindsay Agricultural Society - Harry Stoddart

Emergency Number: 705-879-0848

Non-Emergency Number: 705-324-5551

Evacuation Site

Provider Name: Lindsay AETC (College)

Emergency Number: 705-324-5230

Evacuation Site

Provider Name: Days Inn & Suites

Emergency Number: 705-324-5230

Transportation Services

Provider Name: Kawartha Lakes Bus Lines

Emergency Number: 705-328-4596 Helen Hawking

Non-Emergency Number: 705-324-8882 ext. 201

Transportation Services

Provider Name: Kawartha Lakes Bus Lines

Emergency Number: 705-879-6045 Robert Horvat

Non-Emergency Number: 705-324-9411 ext. 1102

Food Services (local)

Provider Name: Sysco

Emergency Number: Melana 705-761-7586

Non-Emergency Number: 855-222-0616 customer Service customer # 49183000

Medical Supplies

Provider Name: Medline

Emergency Number: Jason Owens 905-301-8120

Non-Emergency Number: 1-800-268-2848 ext 1192

Personal Protective Equipment

Provider Name: Medline

Emergency Number: Jason Owens 905-301-8120

Non-Emergency Number: 1-800-268-2848 ext 1192

Home & Community Care Support Services

Provider Name: Community Care

Contact: 705-324-7323

Hospital

Provider Name: Ross Memorial Hospital

Contact: 705-324-6111

Hospital

Provider Name: Peterborough Regional

Contact: 705-743-2121

Ontario Health Region

Provider Name: Home and Community Care Support Services

Emergency Number: 1-888-235-7222

Non-Emergency Number: Krista Hewitt 705-324-9165

Ministry of Long-Term Care

Provider Name: Service Ontario Ministry of Health

Emergency Number: reporting 1-888-999-6973

EMERGENCY COMMUNICATION

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

- Status updates on emergency/location/residents
- Help/resources and/or staff coming from other facilities
- Team members calling to find out work schedule
- Medical information (as appropriate)
- Redirect media to Executive Director/General Manager 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 provide an update on their loved one's status 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 accessed for support 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 take to mitigate risk
- Estimated time frame for the next status update
- What residents and family members can do to help

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

IN PERSON COMMUNICATION: RESIDENTS & FAMILY

Based on the nature of the emergency, team members will keep residents informed via various venues such as daily update huddles, 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/General Manager or designate 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/General Manager or designate in collaboration with the Support Services Office Team.

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

See Fan Out Policies/Templates.

Use team member communications app (where available) for communications to team members.

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

COMMUNICATION: SUPPORT SERVICES 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/General Manager 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 i.e. Evoke, Rent Café, WorkVivo

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

The Executive Director/General Manager/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 home 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:

- Assist any person in immediate danger to move to a safe area and remain there
- Close all doors behind you to confine the fire and smoke
- Await further instruction from staff
- If Instructed – assist with evacuation

Upon hearing the fire alarm:

- Remain with resident that you are visiting
- Close doors to the area you are in to help keep smoke and fire out.
- Follow alarm instructions for residents
- Wait for further instructions from staff.

If evacuation is necessary

- If Instructed – assist with evacuation

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

In case of fire:

- Leave fire immediately.
- Close all doors behind you to confine smoke and fire.
- Sound alarm and/or alert staff.
- Await instructions for evacuation

Upon hearing the fire alarm:

- If you are in your room, remain there
- If you are in a hallway near your room, go to your room and remain there
- If you are in a community room and it is safe to do so, remain there or move to a safe area
- Close doors to the area you are in to help keep smoke and fire out
- Await further instruction for evacuation

TEAM MEMBER RESPONSIBILITIES

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

CODE GREEN: EMERGENCY EVACUATION

DECIDING WHETHER TO EVACUATE OR SHELTER IN PLACE

Who Will Make the Decision

The decision to evacuate or shelter in place will be made by a team consisting of Incident Manager, Executive Director/General Manager, Support Services Office Leadership, and Emergency Services. Provincial/regulatory authority orders will be considered as the prevailing authority.

Internal Factors

Resident acuity – do some residents, regardless of decision to shelter in place or evacuate, need to be transferred to acute care due to complex needs? A partial evacuation of these residents may be needed.

Physical Structure

Can the location's physical structure withstand impending or current events? The ability to withstand wind, debris impact, flooding, freezing, and remain a safe and viable shelter will impact the decision. Evacuation is necessary if it is determined the structure is unsafe or will become unsafe to provide protection.

Lay Down Factor

Determine if hazards immediately around the location i.e. trees, rivers, flooding, etc. are likely to impact the location.

Emergency Power Capacity

Determine if emergency power is sufficient to support critical functions, lights, and air temperature in at least one safe zone where residents can be congregated. The anticipated longevity will influence the evacuation decision.

Security

Security must be sufficient to protect residents, team members, and property.

Transportation

If a planned evacuation is possible, confirm transportation commitments can be met at a specified time or date. Also keep in mind weather and road conditions.

Destination

Considerations must be made regarding whether an exterior emergency could have also affected relocation sites prior to evacuating (i.e. tornado, earthquake). The availability of relocation destinations must be confirmed in advance of planning to evacuate and may have bearing on the decision. If suitable relocation destinations are not an option, Shelter in Place may be the most logical choice.

Team Members

Team member availability may affect the decision whether to evacuate or shelter in place. Team members should be contacted to determine availability for shelter in place and also to determine whether they can move with residents to a relocation destination.

Supplies

A decision to shelter in place requires the location to be self-sufficient, including whether deliveries of essentials is likely. Adequate quantities of:

- Alternate energy sources
- Potable water (6 litres/person/day)
- Medications
- Hygiene supplies

If sufficient quantities are not available or accessible, evacuation may be necessary. It is also important to determine that a destination has adequate supplies.

Hazard Assessment

The Incident Manager should determine the immediacy of the threat to residents and team members and the likely scope of the emergency. The Hazard Identification & Risk Assessment will weigh the relative risks of sheltering in place vs. evacuating.

The Nature of the Emergency will affect the Decision

- 1) Time – Immediate threat vs. impending threat
- 2) Scope – Location-specific vs. community-wide

Immediate emergency events (i.e. fire, gas leak, structural collapse) allow for very little planning and response is often reactive and based on training. The resident population may evacuate initially from one part of the building to another, or from the building to an outdoor staging area. Immediate emergencies may necessitate: moving temporarily to a different part of the building or moving to a temporary triage centre or community resource until permanent arrangements are made.

Impending disasters (tornado, winter storm) may be tracked prior to impact and allow for decisions to be made involving local emergency operations while weighing the options.

There may also be time to consider when a decision must be made to safely evacuate, and to make all the facts available to make the decision. Considerations include: estimated arrival time of weather event; time required to mobilize and transport residents.

When the location is in a suspected/confirmed outbreak: Isolation and cohorting measures in place must be considered when relocating residents to different areas of the building or externally to mitigate further risk of disease transmission while managing the emergency event. In collaboration with Public Health/Infection Prevention & Control Lead, a separate location may need to be assigned to triage residents based on whether they are symptomatic/asymptomatic and positive for an infection along with human resources to manage the situation.

Assess the need for additional personal protective equipment and infection prevention and control measures (i.e. screening, isolation measures, hand hygiene stations, access to separate toilet facilities) required at the holding/relocation site based on the type of outbreak. Refer to the Infection Prevention & Control Manual for specific precautions.

Decisions to Shelter in Place or Evacuate Should also consider:

- The estimated time before return to location if evacuation is chosen

- Whether the emergency event is within the building only or external/widespread
- The resources available within the community

The Incident Manager should be prepared to address all points above when providing input to the Decision Making Team in deciding whether to shelter in place or evacuate.

CODE GREEN EVACUATION PLAN TEMPLATE

TEAM MEMBER ROLES, RESPONSIBILITIES, JOB ACTIONS

This plan provides for actions to be taken in an emergency necessitating evacuation of the building. Life safety is the primary goal; everything else is 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. There is lead time before the threat becomes imminent.

TYPES OF EVACUATION:

Partial: Necessary where smoke or fire damage can be contained, or weather conditions have caused partial damage to the building.

Total: Necessary where smoke, fire damage cannot be contained, or an explosion or external disaster requires that all residents be moved to another location.

At the discretion of the Incident Manager, or at the request of emergency services/provincial regulatory authority at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the location is to be totally evacuated.

LINES OF AUTHORITY DURING EVACUATION PROCEDURES

Internal Authority

The designated Incident Manager has complete authority; may be relieved by Executive Director/General Manager/other designate upon their arrival to the location. See location's Incident Management Team organization chart for designated leads, backups.

External Authority

The Incident Manager will coordinate and work closely with the Support Services Office Incident Management Team, emergency services, and provincial regulatory authorities as required and based on the circumstances of the evacuation situation.

OFFSITE EVACUATION LOCATION

See Code Green-Relocation Sites Evacuation Agreements Chart for the list of locations pre-established for evacuation, including backup locations in the event of a community-wide local disaster affecting nearby designated relocation sites.

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 building

STAGES OF EVACUATION-FIRE

STAGE ONE	
<input type="checkbox"/>	Remove resident(s) from room of origin (close door and follow location's fire plan procedure to indicate room has been checked and evacuated i.e. tags)
<input type="checkbox"/>	Take resident(s) to holding area beyond fire doors
STAGE TWO	
<input type="checkbox"/>	Remove residents from rooms beside and across the hall from room or origin
<input type="checkbox"/>	Take residents to holding areas beyond fire doors
STAGE THREE	
<input type="checkbox"/>	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)
<input type="checkbox"/>	Take residents to holding area beyond fire doors
STAGE FOUR	
<input type="checkbox"/>	Designated team member(s) will identify residents and place identification label/lanyard/wristband on each resident before they are evacuated _____ (enter location-specific procedure, including location where resident list, Tickets to Ride, and labels/lanyards/wristbands are kept)
<input type="checkbox"/>	Ensure each resident is adequately clothed
STAGE FIVE	
<input type="checkbox"/>	Move residents from building to parking lot/identified loading area
STAGE SIX	
<input type="checkbox"/>	Transport residents not requiring immediate medical care (as determined by emergency services) to pre-designated relocation sites.

ORDER OF EVACUATION

Note: This order is recommended in the event of a Code Green where time is available for a methodical evacuation. In the event of a Code Green Stat, life safety must take priority, and the Incident Manager will determine the most appropriate order of evacuation based on immediate need.

First: Ambulatory residents requiring minimal assistance. Considerations: Be cautious and aware of individuals who are confused/may get in the way or wander back into danger. Individuals who move slowly may need to be removed in a wheelchair.

Second: Residents using wheelchairs but otherwise requiring minimal assistance i.e. one team member.

Third: Residents who must be transported in bed/stretchers; requiring one or two-person assist for lifts.

Final: Uncooperative residents.

Ensure all doors are closed/tagged per Fire Plan procedure, all residents accounted for, and residents identified to Incident Manager/designate and Transport Leads.

CONTINUITY OF RESIDENT CARE/SERVICES

The location will ensure the following to support the care/service needs of residents throughout an emergency evacuation and relocation.

- **Resident Identification.** See Code Green Evacuation Resident Log Template (Sending Site List), Code Green Evacuation Ticket to Ride Template, and Code Green Resident Identification System Requirements.
- **Evacuation Log.** See Code Green Evacuation Resident Log Template (Sending Site List), Code Green Incident Manager Evacuation Checklist, Code Green Mobilized Team Member Tracking Template, other documentation as applicable.
- **Resident Records.** Designated team members remove MAR Books and any hard copy chart records from site (as time permits; life safety is primary responsibility).
- **Medications.** Contact Pharmacy to initiate emergency services; send required medications with residents on transport. _____ (Enter site specific procedure, contact information for pharmacy, maintaining security of narcotics and other medications)
- **Life Sustaining Equipment.** Consider oxygen, g-tube feeds, etc. that may require evacuation with resident or immediate triage at receiving site, hospital transfer based on care needs.
- **Food & Fluid.** Sufficient supply for residents and team members during transportation and on immediate arrival at reception site.
- **Physician/Nurse Practitioner On Call.** Contact as applicable for location.

JOB ACTION/DUTIES: INCIDENT MANAGER

The designated Incident Manager has complete authority to direct an evacuation incident; they may be relieved by Executive Director/General Manager/other designate upon their arrival to the location.

****See Code Green Incident Manager Evacuation Checklist.**

The Incident Manager has the authority to put the evacuation plan into effect.

- Assess the magnitude and type of threat.
- Ensure notification of Executive Director/General Manager/designate regarding decision to put evacuation plan into effect.
- Assign Incident Management Lead roles (see location's Incident Management Team organizational chart).
- Assign any additional roles as required based on incident scope i.e. Team Members to support building shutdown, culinary prep, supply gathering, labelling, account for residents, support residents who require consolation, behavioural needs, monitor exit doors to prevent re-entry, monitor external traffic flow, etc.
- Ensure all areas are secure and all duties are complete.
- Complete Incident Manager Evacuation Checklist.

JOB ACTION/DUTIES: NURSE

- Upon receiving verification of evacuation, begin instructing team members in required duties. If immediate evacuation is not in your home area/neighbourhood/floor, assign team members to assist in affected area(s) as directed by the Incident Manager.
- Remove residents from any immediate danger to designated safe zone.
- Remove all other residents to designated safe zone.
- Ensure Fire Plan procedure is followed to indicate all rooms checked and vacant.
- Complete head count of residents to ensure all accounted for.
- Assist with resident identification (updating, attaching to residents) as assigned by Incident Manager.
- Assign team members to evacuate residents in order as directed by Incident Manager.
- Remove MAR book to designated holding area.
- If your home area/neighbourhood/floor is not being evacuated (i.e. partial evacuation only), assign team members to monitor residents, secure your area, and assist at evacuation area as directed by Incident Manager.

**JOB ACTION/DUTIES: HEALTH CARE AIDE/PERSONAL SUPPORT WORKER/GUEST
ATTENDANT/UNREGULATED CARE PROVIDER**

- Clear corridors while reporting to your Nursing/Wellness station.
- Verify announcement to evacuate.
- If immediate need is not in your area, secure and monitor residents or go to affected area to assist with evacuation as assigned by nurse, manager, or Incident Manager.
- If evacuation is in your immediate area, evacuate residents to safe zone as directed by nurse, manager, or Incident Manager. Assist with tagging rooms as checked, vacant per location procedure.
- Report any resistive resident or resident requiring immediate assistance to the nurse/manager in charge.
- Once all residents have been moved to a safe area, take further direction from the nurse, manager, or Incident Manager. You may assist with monitoring and supporting residents, loading residents onto buses, packing/labeling items for transport, etc.

**JOB ACTION/DUTIES: OFFICE/RECEPTION TEAM & MANAGERS, COMMUNICATION LEAD,
LOGISTICS LEAD**

- Communications Lead will be assigned by Incident Manager to lead all communications sent and received related to the emergency incident.
- All managers and office team will report to the front desk (reception/concierge) and await direction and assignments from Incident Manager.

COMMUNICATIONS LEAD-IMMEDIATE DUTIES

- Confirm emergency services have received alarm as required.
- Notify external contacts that the Evacuation Plan has been initiated at the direction of the Incident Manager, including but not limited to:
 - All necessary emergency responders (fire, police, ambulance, local hospital)
 - Medical Director (as applicable)
 - Provincial/regional health and/or regulatory authority (as required)
 - Support Services Office
 - Pharmacy
 - Evacuation Reception sites
 - Residents
 - Families
- Assign team members to screen incoming calls, transfer media inquiries and residents' family as applicable. Reference Emergency Communication Procedure in location's Emergency Management Plan.

LOGISTICS LEAD-IMMEDIATE DUTIES

- Assign team members to initiate team member Fan Out and (as applicable) Volunteer Call-In List
- Assign team members to gather supplies as required i.e. First Aid, Evacuation Supplies, Bus/Transportation Supplies, Blankets/Pillows, Food/Water, etc.
- As directed by Incident Manager, Emergency Services, or provincial regulatory authority, initiate call to transportation service providers.

JOB ACTION/DUTIES: ENVIRONMENTAL SERVICES

MAINTENANCE-IMMEDIATE DUTIES

- Assist the Incident Manager as required.
- Ensure all entrances are clear of vehicles to allow for emergency services personnel/vehicle access and evacuation transportation vehicle access
- Be available to assist emergency responders as required
- Initiate Evacuation Building Shutdown Procedures (see template provided)
- Assist with evacuation of residents and with loading wheelchairs, equipment, etc. onto transport vehicles
- Communicate all pertinent information to the Incident Manager throughout the evacuation process
- Assist with final check of the building:
 - 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 (as directed by Incident Manager)
- Travel to relocation site(s) and assist as needed
- Keep a record of equipment, supplies, etc. removed from the building

HOUSEKEEPING & LAUNDRY TEAM-IMMEDIATE DUTIES

- Secure your department by shutting down all equipment; close windows and doors
- Assist with ensuring all rooms are clear and vacant
- Report to nurse/manager in charge of your area and follow their direction
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

JOB ACTION/DUTIES: CULINARY/DIETARY TEAM

- Executive Chef/Director of Dietary Services or designate to initiate Code Green-Evacuation Culinary Operations Checklist
- If you are in the servery, ensure all appliances are off and unplugged and secure the area
- Report to the nurse/manager in charge of your area and assist as directed
- If you are in the kitchen, turn off equipment, ensure nearby hallways are clear, and secure the area
- If the emergency is not in your area or in the kitchen, report to nurse/manager in charge or Incident Manager
- Execute the location's Emergency Plan for provision of food, fluid, emergency menus as directed by your manager, Incident Manager, or designate
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

JOB ACTION/DUTIES: RESIDENT ENGAGEMENT/RESIDENT EXPERIENCE TEAM

- If you are in an area of immediate danger, assist with moving residents to the closest safe zone as directed by the Incident Manager/designate
- Report to manager/nurse in charge and take direction to assist with evacuation activities
- Direct any volunteers who may be in the building to assist with evacuation efforts as directed by Incident Manager; ensure volunteers are provided with clear instructions and support as needed
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

CODE GREEN – INCIDENT MANAGER EVACUATION CHECKLIST

After resident, team member, and visitor life safety is assured and when there is an Evacuation Alert and/or the decision has been made to evacuate, use the following as a guide. Refer to full Evacuation Plan for additional details and actions. All steps to be documented. Where any event is not applicable, note N/A in DATE & TIME OF EVENT column.

EVENT DESCRIPTION (AS TIME PERMITS-LIFE SAFETY IS ALWAYS PARAMOUNT)		DATE & TIME OF EVENT
Evacuation Alert Issued		
<input type="checkbox"/>	Designated individual assumes role of Incident Manager	
<input type="checkbox"/>	Ensure Code Green Evacuation Resident Log Template (Sending Site List) is completed / up to date	
<input type="checkbox"/>	Complete/Update "Ticket to Ride" for each resident	
<input type="checkbox"/>	Complete/Update Identification (wristband, lanyard, etc.) for each resident	
<input type="checkbox"/>	Designate/Confirm Key Incident Management Team Roles (Reference Incident Management Team Organizational Chart)	
<input type="checkbox"/>	Initiate Fan Out/Hot Issue Alert to update key stakeholders and supports	
<input type="checkbox"/>	Identify and plan for any IPAC Considerations i.e. precautions in place, PPE required, etc.	
<input type="checkbox"/>	Initiate Resident/Family Communication	
<input type="checkbox"/>	Inspect and prepare Evacuation Supplies, resident "Go Bags"	
<input type="checkbox"/>	Map out Evacuation Route and Alternative Routes	
Evacuation Order Issued/Decision to Evacuate is Confirmed		
<input type="checkbox"/>	Alarm activated (if there is a fire)	
<input type="checkbox"/>	Call 911	
<input type="checkbox"/>	Initiate resident/team member notification i.e. announcement over entire building (inform all residents, team members, and visitors of the evacuation)	
<input type="checkbox"/>	Residents removed from immediate danger zone	
<input type="checkbox"/>	Activate location's Incident Management Team	
<input type="checkbox"/>	Contact Support Services for support required	
<input type="checkbox"/>	Team member designated to meet Fire department/Emergency Responders	
<input type="checkbox"/>	Room search/doors tagged initiated by designates in charge	
<input type="checkbox"/>	All available team members sent to assist/remove residents from danger zone	
<input type="checkbox"/>	Elevators shut down/recall to ground floor as applicable or directed by officials	
<input type="checkbox"/>	Initiate/Designate Building Shutdown Procedures	
<input type="checkbox"/>	Initiate/Designate Culinary Operations Checklist	
<input type="checkbox"/>	All residents accounted for from all areas	
<input type="checkbox"/>	All team members accounted for from all areas	
<input type="checkbox"/>	All fire doors closed	
<input type="checkbox"/>	Use Resident Identification System to confirm all residents requiring evacuation are identified	
<input type="checkbox"/>	Contact and confirm availability of transportation	
<input type="checkbox"/>	Contact and confirm availability of relocation centre(s)	
<input type="checkbox"/>	Identify appropriate receiving site for each resident	

EVENT DESCRIPTION (AS TIME PERMITS-LIFE SAFETY IS ALWAYS PARAMOUNT)		DATE & TIME OF EVENT
<input type="checkbox"/>	Identify and label equipment for transport as required including IT Equipment	
<input type="checkbox"/>	Identify transportation requirements for each resident, including identification of accompanying team members; ensure sufficient staffing or require vehicles to travel together (i.e. if only one nurse for 2 vehicles they must stay within site and stop together)	
<input type="checkbox"/>	Initiate Mobilized Team Member Tracking Template & Information Form	
<input type="checkbox"/>	Identify receiving/loading areas	
<input type="checkbox"/>	Team members assigned to supervise residents in holding area/prevent re-entry; reassure residents and ensure their needs are met	
<input type="checkbox"/>	Team members assigned to gather supplies/resources/food as needed	
<input type="checkbox"/>	Team members assigned to gather charts, medications, supplies, resident personal items, etc. (pack 'go bags' or pillowcases)	
<input type="checkbox"/>	Team members assigned to load/transport any equipment traveling separately i.e. beds, mobility aids, IT equipment, etc.	
<input type="checkbox"/>	Ready residents for journey (informing, attaching ID, preparing Ticket to Ride, labelling equipment, packing, etc.)	
<input type="checkbox"/>	Systematic loading of residents onto transportation vehicles and accounting for all residents (census)	
<input type="checkbox"/>	Notify emergency contacts as needed	
<input type="checkbox"/>	Arrival of Fire Department	
<input type="checkbox"/>	Arrival of ambulance	
<input type="checkbox"/>	Arrival of police	
<input type="checkbox"/>	Communicate with residents/families re evacuation	
<input type="checkbox"/>	Medical records transferred/secured – (EHR, EMAR)	
<input type="checkbox"/>	Contact Pharmacy	
<input type="checkbox"/>	Medications transferred/secured; order placed for next 72 hours w/pharmacy	
<input type="checkbox"/>	Confirm types and quantities of food/water/emergency supplies for the journey	
<input type="checkbox"/>	Contact Procurement for provisions to be brought or ordered and delivered to relocation centre	
<input type="checkbox"/>	Conduct final sweep of building to ensure all residents evacuated and accounted for	
<input type="checkbox"/>	Remain as contact for Receiving Site(s)	
Repatriation		
<input type="checkbox"/>	Code cleared	
<input type="checkbox"/>	Initiate Repatriation Planning	
<input type="checkbox"/>	Conduct Emergency Recovery, Debrief, Action Planning for Lessons Learned	
<input type="checkbox"/>	Consults with stakeholders as required per policy	
<input type="checkbox"/>	Notes:	

Incident Manager Name: _____ Incident Manager Signature: _____

CODE GREEN: EVACUATION COMMUNICATION TEMPLATES

The following templates for Team Member, Resident, and Family communication related to evacuation activities can be referenced and adjusted as needed to the specific location and emergency situation. Reach out to Support Services Office for assistance with crafting and distributing communications as needed.

See also:

- XVIII-B-10.00 Emergency Communication
- XVIII-B-10.10 Team Member Fan Out

TEAM MEMBER COMMUNICATION TEMPLATES

Fan Out Script: Code Green

Hello **team member name**,

I am calling to inform you that **location name** has been ordered to evacuate due to **state reason**. Please report to the community/residence as soon as possible to assist in the evacuation and relocation efforts.

Can you confirm that you are able to attend the community/residence and if so, how long approximately until we can anticipate your arrival?

Enter answer and any comments on XVIII-B-10.10(b) Team Member Call-Back Record Sheet

If you are unable to attend the community/residence, are there any barriers that we can help you with for you to assist with the evacuation or relocation efforts?

Enter answer and any comments on XVIII-B-10.10(b) Team Member Call-Back Record Sheet

Once you arrive, please report to the Incident Manager onsite for further instructions. Thank you for your support.

Team Member Communication/Letter Templates: Code Green

Add to community/residence letterhead and adjust language to relevant location and emergency prior to distribution. Coordinate with Support Services Office as needed for formatting and distribution.

Sample Letter #1:

[Date]

Dear Team Members of [location name],

We hope you are keeping safe as wildfire activity develops. Today, we are writing to let you know about the proactive steps we're taking to prepare for the possibility of fires impacting our community/residence.

We are working closely with our local health authorities and reviewing our emergency procedures related to evacuation, air exclusion, and emergency reception. Some of the steps we are taking to ensure our readiness include:

- Completing full Code Green (Evacuation) Drill
- Updating any necessary contact information including Team Member Fan Out List
- Reviewing all supplies required for potential evacuation
- Confirming offsite evacuation agreements with mutual aid partners are in place
- Validating arrangements for medications in the event of relocation
- Ensuring transportation plans are in place
- Air scrubbers are being deployed to ensure the air quality within the building remains safe

In addition to these preparations, our leadership team attended information sessions this week with Interior Health on air quality and wildfire management.

We want to ensure that your contact details with us are up to date. If your contact information has recently changed, please speak with [name] and they will ensure this update is entered into our system. It is critical that we have your most up to date contact information in case we need to initiate our emergency Fan Out List for a Code Green.

In the event we need to evacuate [location name], we have existing agreements with other long-term care communities/retirement residences throughout the [name region] to accept our residents. We also have agreements with other communities/residences/agencies to use their bus and other forms of transportation.

If we must initiate a large-scale evacuation of [location name], we will be looking for team members to temporarily relocate to the receiving community. This will need to be a team effort to ensure residents are safe and there is continuity of care/services during the relocation period. We will support you to ensure you are safe as well during your relocation. If for some reason you are unable to or unsure about relocation, please speak with me so I can support you.

Our residents' and team members' safety is our main priority and these important steps are being taken to ensure all of the necessary pieces are in place should we need to evacuate. If you have questions, please feel free to reach out to myself or one of our other leadership team members.

For more information about current wildfire activity, please visit the provincial government's website: <https://www2.gov.bc.ca/gov/content/safety/wildfire-status/wildfire-situation>

We hope that you and your family are staying safe and are prepared for evacuation. If you would like more information on emergency preparedness for you and your family, please visit <https://www2.gov.bc.ca/gov/content/safety/emergency-management/preparedbc/make-your-plan>

Sincerely,

[Name], Executive Director/General Manager
[Email]
[Phone Number]

Sample Letter #2:

[Date]

Dear Team Members of [location name],

As you are aware, wildfires continue to spread across the province and a provincial state of emergency is now in effect. Thousands of people are under evacuation orders as out-of-control wildfires burn in many parts of the province, including some of our very own team members and friends from [location name] in [city/province name]. We have taken many proactive steps to prepare for the possibility of fires impacting our community/residence and our neighbouring communities, which we could be called upon to help. We have agreements in place with other long-term care communities/retirement residences throughout the [name region] to accept their residents in the event of emergency evacuation.

If a neighbouring community, such as [location name], needs to be evacuated, we have been identified as a potential receiving site and could be called upon to support the relocation of their residents. We have plans in place to outline where residents from [location name] would be temporarily relocated to ensure the least amount of disruption to our location. Any residents who must relocate would arrive with their necessary equipment, medications, etc.

Together with welcoming residents who have been evacuated, we will also have team members joining from the evacuating site to work in our community supporting evacuated residents. We ask that you welcome any temporarily displaced team members with kindness through this stressful situation. Please keep in mind that many of these team members are, and may continue to be, displaced from their own personal homes. Where at all feasible, please consider your ability to accommodate displaced team members from other sites in your own home and community.

We continue to work closely with our health authorities and are constantly reviewing our emergency response procedures. The safety of our residents and team members is our main priority and important steps are being taken to ensure all the necessary pieces are in place any neighbouring communities need to evacuate to our location.

If you are feeling stressed or overwhelmed by this situation or require any health or wellbeing support, you can access your Employee & Family Assistance Program (EFAP) 24/7 through Telus Health: Toll-free:1-844-880-9142 or by visiting one.telushealth.com. EFAP is here to help beyond this stressful situation, and can assist you achieve wellbeing, obtain legal advice, improve nutrition, receive financial guidance, and more.

If you have any questions about how our team could be impacted, please reach out to your Executive Director/General Manager. For more information about current wildfire activity, please visit the provincial government's website: <https://www2.gov.bc.ca/gov/content/safety/wildfire-status/wildfire-situation>

Sincerely,

[Name], Executive Director/General Manager

[Email]

[Phone Number]

Sample Letter #3:

[Date]

Dear Team Members of [location name],

We hope you are keeping safe as wildfire activity develops. I cannot thank you all enough for your care and efforts to continue to provide quality care and services to our residents during this challenging time. It is wonderful to work with such a dedicated team.

Today we want to provide some resources to you to support in this difficult situation. Please reach out and let us know how we can support you, if needed.

Sienna offers a comprehensive Employee & Family Assistance program (**EFAP**) via Telus Health. This confidential free service is available 24/7 to support our team members and their families. Services include but are not limited to counselling, managing stress, wellness, anxiety/depression, and so much more. I encourage you to reach out if you need support. Visit <https://siennaliving.sharepoint.com/PublishingImages/EFAP%20FLYER/EFAP%20Flyer.jpg> for more information including how to access.

For information on provincial evacuee supports, please visit: <https://ess.gov.bc.ca/>

For more information about current wildfire activity, please visit the provincial government's website: <https://www2.gov.bc.ca/gov/content/safety/wildfire-status/wildfire-situation>

We hope that you and your family are staying safe and are prepared for evacuation. If you would like more information on emergency preparedness for you and your family, please visit <https://www2.gov.bc.ca/gov/content/safety/emergency-management/preparedbc/make-your-plan>

Wildfires impact our physical and mental health and that that of our families and loved ones. For support and information on managing wildfires and your health, please visit <https://www.healthlinkbc.ca/health-feature/wildfires> or <https://www.interiorhealth.ca/YourEnvironment/Emergency/Wildfires/Pages/default.aspx>

Sincerely,

[Name], Executive Director/General Manager

[Email]

[Phone Number]

RESIDENT & FAMILY COMMUNICATION TEMPLATES

Automated Messaging Family Notification Workflow:

Objective: To effectively inform families in a timely manor, in the event of an external emergency that may result in either the evacuation of a community/residence or the receiving of evacuees from another community/residence and coordinate with the Call Centre or other identified supports to assist with efficient communication through automated messaging (where available).

1. Receive Alert Notification

- Executive Director/General Manager/Designate receives notification of Alert – Code Green Evacuation/Code Orange Reception Site
- Executive Director/General Manager/Designate assesses the urgency and severity of the situation

2. Notification to Call Centre

- Contact the Call Centre to notify of alert and provide them with details of:
 - i. Community/Residence Name
 - ii. Primary Contact number to be used for communication
 - iii. Type/Level of emergency – Alert/Order and Orange/Green

3. Call Centre Enacts Notification Process

- Auto Dialer Call made to all resident telephone contacts utilizing established script for appropriate level and type of emergency

4. Escalation of Alert to Order

- Repeat Steps 1 through 3

Next Steps (Code Green Evacuation):

Within 24 hours of evacuation completion

- Once evacuation of residents is complete, Executive Director/General Manager/Designate to provide Call Centre with Resident Relocation Site Information List
- Call Centre to call resident's identified Emergency Contact to verify location of resident utilizing pre-established script and document using XVIII-B-10.00(a) Family Emergency Contact Record Template
- Individual resident specific questions will be redirected to the community/residence using an established escalation method

Auto Caller Script-Evacuation Alert

Hello, this is [Location Name]. We are calling to inform you that our community/residence is currently on an evacuation alert due to [describe situation]. As part of our emergency procedures, we are preparing to enact our Code Green Evacuation Plan.

We want to assure you that the safety and wellbeing of our residents is our top priority. We are working with local emergency operations and monitoring the situation closely.

During this busy time, with kindly request that, if possible, you refrain from visiting the community/residence to ensure the safety of both residents and visitors. However, if you do decide to visit, please remember to sign in and out using the visitor kiosk or logbook as it will be imperative for us to know who is in the building should we need to evacuate.

Please await further updates as the situation evolves. Our team is actively monitoring developments and will provide you with additional information as it becomes available.

If you have immediate concerns or questions, please contact us at [designated phone number]. Thank you for your understanding and cooperation during this time.

Auto Caller Script-Evacuation Order

Hello, this is [Location Name]. We are calling to inform you that the previous Evacuation Alert has now escalated to an Evacuation Order. In accordance with our established emergency response plan, we will be enacting our evacuation procedure.

Please be advised that we will be moving residents to our location's designated relocation site as part of our evacuation procedures. There may be extenuating circumstances in which we will use more than one relocation site or alternate communities. Within 24 hours of the evacuation, we will provide further updates, including information on the relocation sites used and the location of your loved. Please know that the safety and wellbeing of our residents remains our top priority.

During this time, access to the community/residence will be restricted to team members, emergency services, and pre-identified volunteers. Please do not visit the community/residence unless you have been previously identified as a volunteer for this emergency response situation.

If you have any inquiries or concerns, please contact our central Call Centre at [phone number].

Thank you for your understanding and cooperation during this time. Rest assured; we are taking all necessary steps to ensure the safety and wellbeing of our residents.

Resident & Family Letter Templates

Sample Letter #1:

[Date]

Dear Residents, Families, and Friends of [location name],

We hope you are all keeping safe as wildfire activity develops. Today, we are writing to let you know about the proactive steps we're taking to prepare for the possibility of fires impacting our community/residence.

We are working closely with our local health authorities and reviewing our emergency procedures related to evacuation, air exclusion, and emergency reception. Some of the steps we are taking to ensure our readiness include:

- Completing Code Green (Evacuation) Drills
- Updating any necessary contact information
- Reviewing all supplies required for potential evacuation
- Confirming offsite evacuation agreements with mutual aid partners
- Validating arrangements for medications in the event of relocation
- Ensuring transportation plans are in place

- Air scrubbers are being deployed to ensure the air quality within the building remains safe

In addition to these preparations, our teams attended information sessions this week with Interior Health on air quality and wildfire management.

We want to ensure that your contact details with us are up to date. If your contact information has recently changed, please email [name] at [email] and they will ensure this update is entered into our system.

In the event we need to evacuate [location name], we have existing agreements with other long-term care communities/retirement residences throughout the [name region] to accept our residents. We also ask you to consider your capacity to have your loved one stay in your home if we are asked to evacuate. We are happy to support and collaborate with you to ensure you have the supplies needed and an understanding of your loved one's current plan of care in the event you decide to move them into your home for the period of the evacuation. If this would be a possibility for you or if you require more information to support your consideration, please reach out to [name], [title] at [email].

Our residents' and team members' safety is our main priority, and these important steps are being taken to ensure all of the necessary pieces are in place should we need to evacuate. If you have questions, please feel free to reach out to myself or one of our other leadership team members.

For more information about current wildfire activity, please visit the provincial government's website: <https://www2.gov.bc.ca/gov/content/safety/wildfire-status/wildfire-situation>

Sincerely,

[Name], Executive Director/General Manager
[Email]
[Phone Number]

Sample Letter #2:

[Date]

Dear Residents, Families, and Friends of [location name],

As you are aware, wildfires continue to spread across the province and a provincial state of emergency is now in effect. Thousands of people are under evacuation orders as out-of-control wildfires burn in many parts of the province. We have taken many proactive steps to prepare for the possibility of fires impacting our community/residence as well as our neighbouring long-term care communities/retirement residences, which we could be called upon to help.

We have agreements in place with neighbouring communities to welcome their residents in the event they must evacuate. Families are also asked to consider capacity to have their loved one stay in their home due to an evacuation. Similarly, if we were asked to evacuate, we may call upon local communities or retirement residences to support our residents, or we would be happy to support and collaborate with you to ensure you have the means necessary to care for your loved one if they temporarily moved home with you.

To assist in our efforts to keep you informed, if your contact information has recently changed, please email [name] at [email] and they will ensure this update is entered into our system.

We continue to work closely with our health authorities and regularly review our emergency response procedures. Some of the steps we are taking to ensure our readiness include:

- Completing Code Green (Evacuation) Drills
- Updating any necessary contact information
- Reviewing all supplies required for evacuation
- Confirming offsite evacuation agreements with mutual aid partners
- Validating arrangements for medications in the event of relocation
- Ensuring transportation plans are in place
- Air scrubbers are being deployed to ensure the air quality within the building remains safe

The safety of our residents and team members is our main priority and these important steps are being taken to ensure all the necessary pieces are in place, should we or any neighbouring communities need to evacuate.

If you have questions about your loved one's residence, please contact me. For more information about current wildfire activity, please visit the provincial government's website:

<https://www2.gov.bc.ca/gov/content/safety/wildfire-status/wildfire-situation>

Sincerely,

[Name], Executive Director/General Manager

[Email]

[Phone Number]

RESIDENT IDENTIFICATION SYSTEM (FULL EVACUATION)



Note: It is STRONGLY recommended that the location establishes and maintains a system for setting up resident identification (lanyards/wristbands/labels, Ticket to Ride, Sending Site List) for evacuation on move-in and keeps the information regularly updated.

Step 1

Prepare lanyards/wristbands/labels with the following information for each resident:

- Resident Name
- Name of Location
- Room/suite number
- Space to enter name of Evacuation Site/Relocation Destination

Step 2

Place lanyards/wristbands/labels on each resident as appropriate.

Step 3

Prepare “Ticket to Ride” (see available template) for each resident with the following information (at minimum):

- Resident Name
- Name of Location
- Resident Date of Birth
- Resident Health Card Number
- Resident Photograph
- Serious Health Conditions
- Allergies
- Medications
- Name and Contact Information for Next of Kin/Power of Attorney

Step 4

Enclose each Ticket to Ride in protection as needed and send with designated transport lead.

Step 5

- Once designated transport lead has received resident’s Ticket to Ride, load resident on appropriate bus/vehicle for their relocation
- Ensure Ticket to Ride in triplicate – one copy to Incident Manager; one copy with each vehicle transport lead; one copy provided to receiving site

EVACUATION/REPATRIATION TICKET TO RIDE

This checklist is to be completed by the sending site and shared with the receiving site to ensure safe preparation of each resident for evacuation or repatriation. Please **create three (3) copies**: one stays with the sending site, one goes with the resident (with transport lead), and one is to be given to receiving site.

As applicable, attach transfer sheet and resident photo generated from electronic health record.

SENDING SITE: _____

Administrative Information					
Resident Name			Personal Health Number/Health Service Number		
Name of Emergency Contact or Next of Kin			Phone # Emergency Contact/Next of Kin		
Prepared by			Date Prepared		
Relocation Information	<input type="checkbox"/> Evacuation <input type="checkbox"/> Repatriation		Date of Relocation		
Sending/Primary Physician/NP (Name & Phone)			Physician/NP Orders (Attached/in Chart)		
Receiving Site			Alternate Destination <small>If other than receiving site</small>		
Arrival to Receiving Site (Date & Time)			Received by (Name & Designation)		
Emergency Contact or Next of Kin	Notified of Departure	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Time		
	Notified of Arrival	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date & Time		
Handover Information (Medical / Behavioural / Clinical)					
Acuity	Is resident clinically stable for transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Medical Diagnosis	<input type="checkbox"/> None	<input type="checkbox"/> HTN <input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures <input type="checkbox"/> Mental Health:	<input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Other (Specify):	
Cognitive Impairments	<input type="checkbox"/> None	Yes, specify:			
Safety Considerations	<input type="checkbox"/> None	<input type="checkbox"/> Aggression risk	<input type="checkbox"/> Fall risk	<input type="checkbox"/> Wandering (elopement)	
Allergies	<input type="checkbox"/> None	Medications		Food	
	List on Allergy Alert wristband if available				

Activities of Daily Living	I = Independent A = Needs some assistance D = Dependent			Bathing		Toileting	
				Dressing		Eating	
Continence	Bladder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bowel	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Impairments	<input type="checkbox"/> None	<input type="checkbox"/> Hard of Hearing	<input type="checkbox"/> Deaf	<input type="checkbox"/> Blind	<input type="checkbox"/> Visually Impaired		
Pre-Trip Considerations	<input type="checkbox"/> None	<input type="checkbox"/> Gravol	<input type="checkbox"/> Ativan	<input type="checkbox"/> Other PRN Meds:			
Language	Spoken language interpreter required?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language?			
Cultural Considerations	Identifies as Indigenous? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Cultural Considerations				
IPAC	<input type="checkbox"/> Droplet <input type="checkbox"/> Contact <input type="checkbox"/> Airborne Details:						
Other Special Considerations							
Transfer Considerations (to be completed when preparing for relocation)							
Medical Directives	<input type="checkbox"/> Medical directives (e.g. code status) signed and with resident						
Medical / Non-Medical Escort Needs	Is medical or non-medical supervision required for transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, indicate type and number required: <input type="checkbox"/> HCA/PSW: ____ <input type="checkbox"/> RN: ____ <input type="checkbox"/> LPN/RPN: ____ <input type="checkbox"/> Other: _____						
Spouse/Partner or other Companions	Is there anyone who will accompany the resident from the same location? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, select and specify below: <input type="checkbox"/> Spouse/Partner, name: _____ <input type="checkbox"/> Companion, name: _____ <input type="checkbox"/> Support/Companion animal, type: _____						
Mobility Assessment	<input type="checkbox"/> Ambulatory – not dependent on any mobility aids <input type="checkbox"/> Ambulatory with assistance – dependent on a mobility aid and/or transfer assistance Mobility aid: <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter Transfer assistance: <input type="checkbox"/> 1-person assist <input type="checkbox"/> 2-person assist <input type="checkbox"/> Lift, type: _____ <input type="checkbox"/> Wheelchair (dependent on wheelchair) <input type="checkbox"/> powered <input type="checkbox"/> unpowered <input type="checkbox"/> Stretcher						
Mobility Devices	List the mobility device(s) that will accompany resident to receiving facility:						

Medication	<input type="checkbox"/> Medication Administration Record (MAR) <input type="checkbox"/> Send medications for at least 72 hours Send any and all medications available for resident for transition period <input type="checkbox"/> Special medications e.g. IV therapy, chemotherapy, diabetic medications, etc. <input type="checkbox"/> Controlled substances (e.g. opioids) in transit recorded and monitored <hr/> <input type="checkbox"/> Controlled substances in transit (e.g. opioids) Amount/dose sent: _____ Transported by name: _____ Signature: _____ <hr/> <input type="checkbox"/> Controlled substances received (e.g. opioids) Amount/dose sent: _____ Transported by name: _____ Signature: _____ <hr/>	
Special Transport Considerations	<input type="checkbox"/> Ventilator <input type="checkbox"/> Suction <input type="checkbox"/> CPAP <input type="checkbox"/> Dialysis supplies, date of next treatment: _____ <input type="checkbox"/> Oxygen required, L/min: _____ <input type="checkbox"/> IV pumps, fluids, supplies <input type="checkbox"/> Ostomy supplies <input type="checkbox"/> Specialty mattress <input type="checkbox"/> Other: _____	
Personal Items	<input type="checkbox"/> Luggage (1 piece) <input type="checkbox"/> Hearing Aids <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Dentures <input type="checkbox"/> Other: <p style="text-align: center;">* Belongings must remain with resident at all times *</p> <p style="text-align: center;">Note: If no luggage is available, place all personal items into one labelled pillowcase</p>	
Sustenance Provisions	<input type="checkbox"/> Bagged lunch/snacks <input type="checkbox"/> Bottled Water/Juice <input type="checkbox"/> Therapeutic Diet Requirements: _____	
Identification & Labeling of Property	<input type="checkbox"/> Resident has a wristband or other identifier that indicates: <ul style="list-style-type: none"> • Name • Date of Birth • Sending Site • Receiving Site 	<input type="checkbox"/> Resident's property has been labelled with the following info.: <ul style="list-style-type: none"> • Name • Date of Birth • Sending Site • Receiving Site • Item ____ of total # ____
Other Specific Considerations		

Adapted from: IIHAR Checklist Preparation for Relocation – Inter- and Intra-Health Authority Relocation. Health Emergency Management British Columbia (HEMBC).

EVACUATION-MOBILIZED TEAM MEMBER INFORMATION FORM

The purpose of this document is to ensure team members who are travelling with residents during an evacuation/repatriation have all the relevant information they need for when they arrive at the receiving location. This form can be completed with the team member and sending team leader and given to the team member who is travelling.

Administrative Information			
Team Member Name & Role/Designation:		Contact Info.:	
Direct Manager:		Contact Info.:	
Emergency Contact:		Contact Info.:	
Key Contact Information			
Sending Team Leader:		Contact Info.:	
Transit Team Leader:		Contact Info.:	
Receiving Team Leader:		Contact Info.:	
Facility Information <input type="checkbox"/> Evacuation <input type="checkbox"/> Repatriation			
Sending Site:			
Receiving Site:			
Alternate Destination (if other than Receiving Site):			
Accommodation Information <input type="checkbox"/> Hotel <input type="checkbox"/> Family <input type="checkbox"/> Other			
Hotel Name			
Address			
Phone Number			
Check In Date		Check Out Date	
Transportation Information			
Staying for: <input type="checkbox"/> 48 hours <input type="checkbox"/> 72 hours <input type="checkbox"/> Until Repatriation <input type="checkbox"/> Other: _____			
How are they getting to the receiving site?	<input type="checkbox"/> With residents <input type="checkbox"/> Different way (specify mode of transportation): _____ Date: _____		
How are they returning home?	<input type="checkbox"/> With residents <input type="checkbox"/> Different way (specify mode of transportation): _____ Date: _____		
Notes/Comments			
Individual Accommodation Requirements / Other Needs:			
Please note:			

Adapted from: Mobilized Staff Form – Inter- and Intra-Health Authority Relocation. Health Emergency Management British Columbia (HEMBC).

EVACUATION SUPPLIES

Evacuation supplies can be kept in a large mobile bin or duffle bag, preferably on wheels. Reference the list below as a guide for stocking your location's Evacuation Supply Kit(s).

Ensure items are inspected regularly for functionality, expired dates, restocking as needed (note: part of Joint Health & Safety Committee/Occupational Health Committee Inspection).

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

Add or delete items as they pertain specifically to your location or event.

X	ITEM	INDIVIDUAL RESPONSIBLE
EVACUATION SUPPLY KIT-HAVE READY AT ALL TIMES		
<input type="checkbox"/>	Ramp to load residents onto transportation vehicles	
<input type="checkbox"/>	Water supply for team members and residents (6 litres per person for each day)	
<input type="checkbox"/>	Thickener for water (as required)	
<input type="checkbox"/>	Non-perishable food items for team members and residents (including snacks); ensure inclusive of textures appropriate for all residents	
<input type="checkbox"/>	Disposable plates, utensils, cups, straws	
<input type="checkbox"/>	Current Contact List(s)	
<input type="checkbox"/>	Pens	
<input type="checkbox"/>	Labels	
<input type="checkbox"/>	Flashlights	
<input type="checkbox"/>	Headlamps	
<input type="checkbox"/>	Rain ponchos	
<input type="checkbox"/>	Blankets	
<input type="checkbox"/>	Personal Protective Equipment (12-24-hour supply as needed from current stock) <ul style="list-style-type: none"> • Surgical masks • N95 Respirators • Gloves (all sizes) • Gowns – reusable and disposable (all sizes) • Face shields – reusable and disposable • Goggles – reusable and disposable 	
<input type="checkbox"/>	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues, denture holders/cleaners)	
<input type="checkbox"/>	Denture holders/cleaners	
<input type="checkbox"/>	Incontinence products	
<input type="checkbox"/>	Personal wipes	
<input type="checkbox"/>	Toilet paper	
<input type="checkbox"/>	Towels	

X	ITEM	INDIVIDUAL RESPONSIBLE
<input type="checkbox"/>	Plastic Ziplock Bags	
<input type="checkbox"/>	Garbage Bags	
<input type="checkbox"/>	Sterilizing cleaner (Clorox wipes)	
<input type="checkbox"/>	Alcohol based hand sanitizer or moist towelettes	
<input type="checkbox"/>	Spill Kit	
<input type="checkbox"/>	Emesis Basins	
<input type="checkbox"/>	First Aid Supplies/Kit	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
BUS/VEHICLE-GATHER AS REQUIRED AT TIME OF EVACUATION		
<input type="checkbox"/>	Resident Identification Lanyards (Pre-Made)	
<input type="checkbox"/>	Communications Devices: Cell phones, 2-way radios, pagers, satellite phone, laptop (bring all you have)	
<input type="checkbox"/>	Medication Administration Records (MAR) – entire chart if possible	
<input type="checkbox"/>	Legal forms such as Treatment Authorization Forms, Do Not Resuscitate Orders, and Advance Directives	
<input type="checkbox"/>	Emergency drug kit (if applicable)	
<input type="checkbox"/>	Non-prescription medications (if applicable)	
<input type="checkbox"/>	Prescription medications and dosages	
<input type="checkbox"/>	Glucagon Kit	
<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
RESIDENT “GO BAGS”		
<input type="checkbox"/>	Name Tag/Label	<p>Recommended to ask families to support with preparation of Go Bags. Where not able / available, the community/residence can prepare.</p> <p>Consider adding ‘Ticket to Ride’ to each Go Bag that can be completed in an evacuation.</p>
<input type="checkbox"/>	Clothing for 2-3 days	
<input type="checkbox"/>	Incontinence Products (as required) for 3 days	
<input type="checkbox"/>	Toothbrush & Toothpaste	
<input type="checkbox"/>	Denture Cup & Denture Cleaner (as applicable)	
<input type="checkbox"/>	Hairbrush or Comb	
<input type="checkbox"/>	Hearing Aid Batteries (as applicable)	
<input type="checkbox"/>	Wipes	
<input type="checkbox"/>	Sling (as applicable)	
<input type="checkbox"/>	Ziplock bag for medications	
<input type="checkbox"/>	Adaptive/Restorative Aids (as applicable)	
<input type="checkbox"/>	Sensory Supports i.e. fidget items, activities (as needed)	
<input type="checkbox"/>	Personal “Comfort” Item i.e. photograph, memento	
<input type="checkbox"/>	“Ticket to Ride” Checklist	

EVACUATION CHECKLIST: DURING TRANSPORT

This document is to facilitate continuity of care/services and safety for residents during transit in the event of an evacuation or repatriation. The checklist is to be completed by the Transit Team Leader/designate during transportation and shared with the Receiving Team Leader/designate upon arrival.

Administrative Information			
Sending Team Leader:		Contact Info.:	
Transit Team Leader:		Contact Info.:	
Receiving Team Leader:		Contact Info.:	

Checklist: During Transport		Indicate When Completed (Date/Time) or N/A	Completed by (Initials)
Essential Personal Care/Services			
Food & Water	Ensure routine access to hydration and snacks. Suggestion: Offer water every hour; offer food every 2-4 hours.		
Toileting	Ensure routine access to bathroom facilities. Suggestion: Consider planning to stop every 2 hours or when possible.		
Repositioning (As required)	Reposition every 2 hours to prevent skin breakdown. Suggestion: Consider ambulation break or using pressure-relieving equipment.		
Mental Health Support	Provide reassurance regularly and as needed.		
Assessments & Medication			
Assessment	Monitor for changes in resident condition, including routine vital sign checks.		
Scheduled Medications	Administer routinely scheduled medications during transit.		
PRNs	Assess hourly for pain, nausea, behavioural changes, and any other types of discomfort. Administer available PRN medication to ensure comfort.		
Oxygen	Check oxygen canisters every hour to ensure sufficient amount. If less than a quarter tank remaining, replace to a new canister.		
Documentation	Ensure all medications administered are clearly documented in resident's chart.		
Communication			
Routine	Give transportation update to receiving team including estimated time of arrival. Suggestion: Identify designated check-in points/times with known cell phone coverage.		

Urgent	Notify receiving and sending teams if any challenges arise during transportation (i.e. significant delays, changes in resident condition).		
External Partners	Call 911 if any emergencies or events arise and impede the evacuation/transport (i.e. motor vehicle collision, washout, etc.).		

Adapted from: IIHAR Checklist During Transport – Inter- and Intra-Health Authority Relocation. Health Emergency Management British Columbia (HEMBC).

EVACUATION CHECKLIST: LOADING & UNLOADING

This checklist is to track who and what is loaded/unloaded on each vehicle for transport. The transport leader on each vehicle will initial when the resident and their critical belongings are loaded on the vehicle and then again will initial when they are unloaded at the receiving site.

SENDING SITE: _____

From:		To:	
Mode:		Vendor:	
Transport Leader Name:		Transport Leader Contact Info.:	
Sending Site Incident Manager Name:		Sending Site Incident Manager Contact Info.	

[illegible]

Adapted from: IIHAR Checklist Loading/Unloading – Inter- and Intra-Health Authority Relocation. Health Emergency Management British Columbia (HEMBC).

EVACUATION-CULINARY OPERATIONS CHECKLIST

The Director of Dietary Services/Executive Chef or designate will be accountable for the following in an evacuation as required based on the scope of the situation:

ORDERING & SUPPLIES	
<input type="checkbox"/>	Products on Hand: <ul style="list-style-type: none"> Maintain 3-day emergency food supply of meal and snack items (see XVIII-R-10.00 Emergency Menus & Response (LTC)) including texture modified items (i.e. cookies, granola/cereal bars, pureed fruit, puddings, bottled water, pre-thickened fluids, and supplements). Disposable cups (plastic and Styrofoam), cutlery (teaspoons, knives, fork), napkins, plates, bowls – 3-day supply minimum.
<input type="checkbox"/>	Organize “To Go Boxes” for each Home Area/Neighbourhood which include: <ul style="list-style-type: none"> Printed/Current Mealsuite People Service Reports for meals (alphabetically) Printed/Current Resident Allergy List Copy of any Individualized Menus Copy of Diet Extensions for emergency snack menu from Mealsuite Restorative meal assistance aides i.e. lipped plates, noney cups, handled cups, lidded cups, built-up cutlery, etc. Snack food items – cookies, granola/cereal bars, pureed fruit, puddings, bottled water, pre-thickened fluids, supplements. Refer to emergency snack menu Tube feeding formula as applicable Disposable cups, cutlery (teaspoons, knives, forks), napkins, plates, bowls
<input type="checkbox"/>	Upon Evacuation: <ul style="list-style-type: none"> Gather needed equipment i.e. Robot-Coupe/blender, thickener, trays, Cambro, clothing protectors Shut down kitchen – turn off equipment, return items to fridge/freezer Cancel any standing orders i.e. Sysco, Agropur, Canada Bread/Chemical
MENU & PEOPLE MANAGEMENT	
<input type="checkbox"/>	Menu: <ul style="list-style-type: none"> Print the following resources: <ul style="list-style-type: none"> Stickers for labeled nourishments or tray service (as required) Copy of Emergency Menu for review
<input type="checkbox"/>	Staffing: <ul style="list-style-type: none"> Initiate emergency staffing schedule Ensure temporary job routines in place as needed Review list of team members who are cross-trained: <ul style="list-style-type: none"> Assistance to residents with eating at meals Meal preparation and serving
<input type="checkbox"/>	Management Time Off Relief: Create resource for covering manager to assist receiving community manager with daily operations
COMMUNICATION	
<input type="checkbox"/>	Take the time to speak with your team members one on one; some may become emotional when they hear the news. Be sure to remind team members of EAP and other supports and have contact details handy.
<input type="checkbox"/>	Arrange to connect with receiving site Dietary/Culinary Manager: <ul style="list-style-type: none"> Review menu requirements for first meal at receiving site If receiving site is not a Sienna community/residence, review contents of “To Go Boxes” to determine any additional materials that may be required Review (supplies including disposables, thickener, foods and fluids, equipment)

	<ul style="list-style-type: none"> • Review Dietary Census • Review 3-day emergency menu • Ask: Do you need Cambro hot boxes? Trays? Anything else?
<input type="checkbox"/>	Registered Dietitians (Sending Site & Receiving Site) to connect: <ul style="list-style-type: none"> • Discuss any risks/follow-up support needed • Provide Receiving RD Contact Information for follow up if necessary • Consider streamlining any interventions i.e. labeled snacks changed to Resource 2.0 at medication pass
<input type="checkbox"/>	Reach out to Support Services Office Culinary Operations and Nutrition Care Partner(s) for support.
TRAINING & DRILLS	
<input type="checkbox"/>	Regularly train team members on evacuation procedures
<input type="checkbox"/>	Conduct Evacuation Drills including Culinary Operations Checklist practice to ensure readiness

EVACUATION-BUILDING SHUTDOWN PROCEDURES

Having a well-structured shutdown procedure ensures the safety of residents and team members and protects the building from potential damage during an evacuation. Regular updates and training are crucial for maintaining a successful emergency response.

The Director of Environmental Services or designate will be accountable for the following in an evacuation as required based on the scope of the situation:

PRE-EVACUATION PREPARATIONS	
<input type="checkbox"/>	Ensure communication devices are available (radios, phones)
<input type="checkbox"/>	Create a 'Shutdown Team': <ul style="list-style-type: none"> • Assign job duties • Train team members on specific duties and emergency procedures
<input type="checkbox"/>	Develop a Shutdown Checklist <ul style="list-style-type: none"> • Include detailed steps for each system (electric, gas, water, HVAC, security, etc.) • Ensure Checklist is accessible and regularly updated (reference Building Map/Profile)
DURING EVACUATION	
<input type="checkbox"/>	Gas Supply: <ul style="list-style-type: none"> • Turn off the main gas valve to prevent leaks or explosions
<input type="checkbox"/>	Heating, Ventilation, and Air Conditioning (HVAC): <ul style="list-style-type: none"> • Shut down HVAC systems to prevent the spread of smoke or hazardous fumes • Close all windows to prevent smoke, ash, or hazardous fumes from entering the building • Deploy Air Scrubbers throughout the building (as required/available)
<input type="checkbox"/>	Security Systems: <ul style="list-style-type: none"> • Lock doors and secure windows • Ensure surveillance systems are operational if power allows • Change building access codes and provide new codes to Incident Manager and Building Services Partner/Regional Building Manager
<input type="checkbox"/>	Fire Safety Systems <ul style="list-style-type: none"> • Ensure fire alarms and sprinklers remain operational unless otherwise instructed by emergency services
<input type="checkbox"/>	Emergency Generators <ul style="list-style-type: none"> • Ensure backup power systems are functional and fueled (where in place)
<input type="checkbox"/>	Water Systems (**ONLY if directed to do so by Building Services Partner/Regional Building Manager or designate**): <ul style="list-style-type: none"> • Close main water valves • Drain pipes (if necessary to prevent flooding or freezing in winter months)
<input type="checkbox"/>	Electrical Systems (**ONLY if directed to do so by Building Services Partner/Regional Building Manager or designate**): <ul style="list-style-type: none"> • Switch off non-essential electrical equipment and lighting • Ensure elevators are grounded at the nearest floor and out of service
POST-EVACUATION	
<input type="checkbox"/>	Confirm Evacuation: <ul style="list-style-type: none"> • Conduct full search of entire building and sweep of grounds to ensure all occupants are safely evacuated
<input type="checkbox"/>	Report to Authorities: <ul style="list-style-type: none"> • Inform Incident Manager and Building Services Partner/Regional Building Manager that the building has been evacuated and shut down • Provide any necessary details about the building's status

<input type="checkbox"/>	Final Check (Building Services Partner/Regional Building Manager or designate) <ul style="list-style-type: none"> • Perform final walkthrough to ensure all systems shut down properly • Address any hazards that could cause damage during the shutdown period
<input type="checkbox"/>	Document <ul style="list-style-type: none"> • Record all steps taken during the shutdown • Note any issues encountered for debrief and action planning
RE-ENTRY	
<input type="checkbox"/>	Inspection: <ul style="list-style-type: none"> • Inspect the building and grounds for structural damage and safety hazards (reference XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist and XVIII-I-10.00(a) Damage Assessment Checklist) • Ensure the stability of all systems before reactivation
<input type="checkbox"/>	System Restart <ul style="list-style-type: none"> • Reactivate gas and HVAC systems in a controlled manner • Gradually restore critical systems if they were required to be shut down, starting with water
<input type="checkbox"/>	Communication: <ul style="list-style-type: none"> • Inform Incident Manager when it is safe to re-enter the building • Provide instructions as required on re-activation of equipment and systems
TRAINING & DRILLS	
<input type="checkbox"/>	Regularly train team members on shutdown procedures
<input type="checkbox"/>	Conduct Evacuation Drills including Building Shutdown practice to ensure readiness

EVACUATION STAFFING CONSIDERATIONS

As part of establishing and maintaining the location's Incident Management Team (IMT) and Staffing Contingency Plans, the Executive Director/General Manager will ensure backups for IMT roles and Contingency Planning in place for lower staffing levels in the event of an evacuation i.e. IMT assignments and role training inclusive of night/weekend/holiday teams.

Reference XVIII-A-10.20 Incident Management Team & XVIII-Q-10.00 Staff Shortages & Contingency Planning as well as the relevant sections of the community/residence-specific Emergency Plan.

Staffing requirements will differ during the various phases of evacuation and repatriation. These requirements are determined by context, including the pre-existing staffing models of sending and receiving sites, the volume and acuity of residents, and the timing and urgency of relocation. The following is a summary of key staffing considerations for evacuation.

Evacuation Preparedness

- Each community/residence will have a designated Incident Manager and Incident Management Team to coordinate Evacuation and emergency response.
- Each team member must be trained in their role in an Evacuation.
- Team members will be designated to gather Evacuation Supplies, prepare residents for transport, and pack their belongings and equipment.
- Call on additional resources as required and available to support Evacuation via Team Member Fan Out, Hot Issue Alert, nearby long-term care/retirement communities, etc. As possible:
 - Increase or designate administrative staff to support completion of sending site information, communication, gathering documentation, labelling, etc.
 - Call on pharmacy to support medication preparation/availability as required in advance of evacuation and at receiving site.
 - Increase or designate clinical team (where available) to gather medications, charts, conduct assessments, help designate transportation needs, etc.
 - Increase or designate Culinary Services to prepare meals/snacks as required, ensure food and water supplies (in textures appropriate for all residents), etc.
 - Increase allied staff i.e. social work, recreation, behaviour management, physiotherapy, occupational therapy, etc. leading up to evacuation to support with resident movement and experience.
- Arrange transportation, accommodations for team members travelling with residents.
- Consider calling on additional resources to provide support i.e. agency, student nurses, Volunteers, health authority, etc. if unable to meet demands with current pool of available team members.

Transportation

- Increased clinical and allied staffing may be required for loading residents and their belongings into a vehicle (e.g. bus, wheelchair accessible vehicle, taxis, etc.). Consider the volume, acuity, and mobility of residents along with the amount of equipment to determine number of staff.
- If available, increased physiotherapy and occupational therapy staff are especially helpful during the loading of residents.

- Consider calling on additional resources to provide support i.e. agency, student nurses, Volunteers, health authority, etc. to assist with loading/unloading if unable to meet demands with current pool of available team members.
- Each vehicle transporting residents will require a transport team, which includes a designated leader and (where applicable) clinical/wellness staff.

Reception Preparedness

- While making arrangements with receiving sites, consider:
 - Each receiving site should have a designated Receiving Coordinator with enough supporting administrative and clinical staff to assist them in the reception of residents.
 - A reception team will be needed for each vehicle arriving to help offload and settle evacuees. Occupational therapists and physiotherapists can be especially helpful during the unloading portion of transport.
 - Consider need for additional staff to assist with offloading and transporting equipment and other personal belongings.
 - Additional staff may be needed to register incoming residents into receiving site's system (if applicable).
 - Increased Culinary support will be required leading up to reception to have hydration, meals, and snacks ready for incoming residents and staff.
- Do not immediately account for staff that may be arriving from the sending site in immediate reception planning; these may be too tired to assist with reception activities after providing a resident hand-off report and should be considered surplus.
- Be prepared to offer psychosocial support to evacuated residents and staff in the days and weeks following their arrival. Keep in close contact with resident family members or next of kin and the sending site's human resources department.
- Evacuees may arrive late in the day or evening hours. Due to the length of the reception process, staff need to be aware that they may need to stay late or work longer to complete the offloading and settling of evacuated residents and sending site staff. Refrain from scheduling staff to work on both the day of reception and the day following the reception to allow for a rest period.
- Consider calling on additional resources to provide support i.e. agency, student nurses, Volunteers, health authority, etc. if unable to meet demands with current pool of available team members.

Staffing Fatigue

It is vital to consider the stress and significant pressure an evacuation situation may put on team members, particularly one that is ongoing for several days or weeks. Fatigue can have negative consequences for decision-making abilities and overall performance, with risk of danger for residents and team members and increasing likelihood of lasting trauma effects.

Leaders are accountable to consider the risk of fatigue both to themselves and their teams, regularly checking in to measure and monitor and ensure signing off/calling on backup relief as required.

Consider:

- Use the individual fatigue likelihood assessment below to monitor fatigue levels/fitness for work; if more in-depth assessment is required, use III-E-10.40(a) Fitness for Work Checklist as a guideline (not with purpose of disciplinary action)

- Limit shifts in duration and ensure ability to sign off when required
- Permit napping while on duty where possible and necessary
- Provide guidance on fatigue management and permission for team members to request signing off

Individual Fatigue Likelihood Assessment:

1	Sleep in prior 24 hours					
	Sleep	≤ 2 hours	3 hours	4 hours	5+ hours	
	Points	12	8	4	0	
2	Sleep in prior 48 hours					
	Sleep	≤ 8 hours	9 hours	10 hours	11 hours	12+ hours
	Points	8	6	4	2	0
3	Hours of wake since last sleep Add one point per hour awake greater than sleep in Step 2.					
4	Add all points together to determine your score.					

Scores:

- 1-4: Self-Monitor for fatigue and otherwise maintain current job/task routine
- 5-8: Supervisor should monitor; alert them to advise
- 9+: Take a break. Don't commence next shift until fit for work

Reference:

Staffing Considerations – Inter- and Intra-Health Authority Relocation. Health Emergency Management BC (HEMBC).

Energy Safety Canada Individual Fatigue Likelihood Assessment

EVACUATION PSYCHOSOCIAL CONSIDERATIONS

Evacuation events are unpredictable and separation from home and community can cause great emotional distress. In addition to meeting physical needs, it is important to provide psychosocial support to individuals who have been impacted by evacuation.

The following is a summary of key psychosocial considerations following an evacuation event.

- The majority of people will manage reasonably well and will neither require nor seek mental health support following a disaster and evacuation.
- Those most likely to experience coping and mental health difficulties are persons who have pre-existing mental health difficulties or are experiencing high levels of stress at the time of the evacuation.
- Elderly persons suffering from cognitive impairments may experience increased confusion and intensification of symptoms.
- Individuals with previous evacuation experiences may have a heightened response to being evacuated again. In particular, Indigenous persons who have experienced trauma resulting from forced evacuations must receive culturally-safe and trauma-informed care.
- While team members may experience significant stress because of increased workloads and extended hours, the resultant stress-related responses can be expected to be transitory and mild to moderate, provided there is a return to regular work hours within a reasonable time.
- Family members of residents may also experience mild and transitory stress symptoms and it is important for them to be provided with up-to-date information about the evacuation and wellbeing of loved ones.
- Team member wellbeing can be enhanced by ensuring they are informed and prepared for the evacuation, feel they have the knowledge and equipment to care for residents, are acknowledged and supported, and are able to have time off to avoid accumulative stress and fatigue.
- Because the families of team members may also be required to evacuate, ensuring team members have time off to connect with their own families is important for practical reasons such as preparing to evacuate and/or arranging alternative accommodations as well as to address any concerns and worries that they might have for loved ones that might arise because of the situation.
- For residents, it is suggested that their emotional and psychosocial wellbeing is monitored regularly. Receiving reassurance and maintaining a sense of safety will be important to maintain their overall wellbeing. This can largely be provided by healthcare staff, with social workers or similar professions being called upon should an individual experience anxiety or other stress-related reactions.
- Persons with serious mental health difficulties (some of whom may have been hospitalized for mental health reasons) should continue to receive support from qualified mental health services providers. Follow-up support should also be arranged with practitioners who provide case management or other mental health support for persons who might be at risk of rapid deterioration.
- In addition to managing the workload of team members, efforts should be taken to ensure managers provide regular check-ins, remind team members of the importance of self-care for themselves and their families, and provide information on EAP and other supports. Some team members may also find the opportunity to debrief following the deployment helpful.

Resources

Provincial/Territorial

- <List resources relevant to your jurisdiction>

Federal

- [Anxiety Canada](#): This website contains information about dealing with anxiety and links to free online courses and apps with coping resources for anxiety such as the [MindShift App](#).
- [Care for Caregivers](#): Care to Speak is a peer support service that provides free, unbiased and confidential peer mental health support to anyone working in the Healthcare or Social Services sector via phone or chat. Call 1-866-802-1832.
- [Wellness Together Canada](#): Tools and resources to support Canadians with low mood, worry, substance use, social isolation, and relationship issues.
- [Kids Help Phone Free](#) 24/7 text and phone support for children and youth (bilingual). [1-800-668-6868](tel:18006686868) or <https://kidshelpphone.ca/>
- [Residential School Crisis Line Support](#): A specialized crisis line providing holistic support for former Residential School students and their families. 1-877-477-0775

Reference:

Psychosocial Considerations – Inter- and Intra-Health Authority Relocation. Health Emergency Management BC (HEMBC).

Note where to find the following in your location (In USB Key):

- Code Green Evacuation Resident Log (Sending Site List) (See XVIII-E-10.00(f) for template)
- Code Green Evacuation Ticket to Ride for each resident (See XVIII-E-10.00(g) for template)
- Lanyards/wristbands/labels for Resident Identification
- Code Green Mobilized Team Member Tracking Form (see XVIII-E-10.00(k) for template)

XVIII-E-10.00(f) Code Green Evacuation Resident Log Template (Sending Site List)

https://sienna-enterprise.policystat.com/doc_attachment/view/64052715/

XVIII-E-10.00(h) Code Green Relocation Sites Evacuation Agreements Chart (Template)

https://sienna-enterprise.policystat.com/doc_attachment/view/64052713/

XVIII-E-10.00(i) Code Green Evacuation Transportation Considerations

https://sienna-enterprise.policystat.com/doc_attachment/view/64052712/

XVIII-E-10.00(q) Code Green Evacuation Information Technology (IT) Considerations

https://sienna-enterprise.policystat.com/doc_attachment/view/64052704/

CODE GREEN: RETURN TO EVACUATED SITE (REPATRIATION PLAN)

Following an evacuation event and prior to returning to an evacuated site, the location will develop a Repatriation Plan to ensure the safe and orderly return of residents and team members to the evacuated site. See also XVIII-A-10.80 Emergency Recovery.

The Executive Director/General Manager or designate will:

1. Coordinate completion of XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist to inform plan.
 - Add/remove tasks as applicable to the situation/scope of evacuation. Consider length of time away, any damage that may have been incurred to the building/grounds, etc.
2. Have the building/site inspected for re-entry by appropriate authorities as required (i.e. fire department, police, provincial regulatory authority).
3. Conduct or assign internal inspection/assessment using XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist > Facility Operations/Plant/Infrastructure/Equipment.
4. Check that the building/site is environmentally comfortable, e.g. temperature normal, no fumes/odours present, clean.
5. Notify stakeholders as required (i.e. Support Services Leader, provincial regulatory authority, etc.) and confirm approval as required for plan to return to normal operations.
6. Summarize the total cost of evacuation, including inventory loss (linen, equipment, supplies, etc.) and additional staffing costs (including travel expenses, etc.).
7. Plan a debriefing session for team members, participants, emergency responders, and other stakeholders as applicable to evaluate the strengths and weaknesses of the experience and make recommendations to improve the evacuation process. Use XVIII-A-10.80(c) Code Green Debrief Checklist-Action Plan and other documentation as applicable i.e. XVIII-A-10.20(c) Incident Management Team Action Plan Template to inform recommendations.
8. Ensure Emergency Recovery Plan is developed and implemented per requirements outlined in XVIII-A-10.80 Emergency Recovery.

All Leaders will:

1. Participate in activities outlined in XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist as assigned.
 - Add/remove tasks as applicable for their department and in consideration of the situation/scope of evacuation.
2. Provide regular status updates and take action as required for follow up to support plan.

The Communication Lead or designate will:

1. Assume responsibility or direct team members to notify families of the time and date of return and the specific schedule for return of their family member.

The Director of Care / Director of Wellness / Wellness Manager/Designated Manager will:

1. Notify Medical Director (as applicable) and attending physicians/nurse practitioners of resident's return.

2. Maintain close contact with team members and residents to ensure orderly return to normal operations.
3. Maintain lists of residents and equipment to ensure safe return.
4. Assign team members to check and identify returning residents as they disembark from various means of transportation.
5. Assign receiving nurse to complete thorough clinical assessment of resident upon return (as applicable where clinical care/services are provided at the location).

The Director of Dietary Services/Executive Chef will:

1. Facilitate inspection of Kitchen/Food Service areas in collaboration with Public Health (as required) using XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist > Kitchen/Food Service Areas as a guide.
2. Establish and implement temporary menu until able to resume regular menu services.

All Team Members will:

1. Assist, as directed, in the safe return of residents and equipment, working together to re-establish normal routines as soon as possible.
2. Assist with and/or conduct re-installation of safety equipment and any pre-use inspections for these as applicable i.e. Falls Prevention Systems, lifts, etc.

On USB Key

- XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist
- XVIII-E-10.30(b) Repatriation Day-Resident Schedule Template
- XVIII-E-10.30(c) Repatriation Resident Checklist
- XVIII-E-10.30(d) Repatriation Equipment Transport Template

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 location 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 XVIII-A-10.80 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/General Manager, 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 XVIII-F-10.00(b) Code White: Guidelines for Communicating with Police.
3. Document incident per organizational policy and applicable provincial requirements.

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

1. Ensure debrief is conducted as immediately as possible following the incident. NOTE: See XVIII-A-10.80 Emergency Recovery for debriefing template and reference the location's 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/Service 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/Occupational Health 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/Occupational Health Committee will:

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

CODE WHITE – GUIDELINES FOR COMMUNICATING WITH POLICE

When calling the police to report a Code White, it is essential to provide factual, concise, and objective information without breaching privacy requirements or making subjective assumptions. See below examples of **what to say** and **what to avoid**.

In an emergency situation that poses an immediate risk to health, life, or property requiring police intervention to resolve, call 911. Be prepared to provide location address, name and contact information, and any other relevant information. When reporting an incident that is not an emergency, call the non-emergency line for local police and reference guidelines below.

First – consider:

- We have an obligation to report suspected criminal activity to the police; it is not up to the team member(s) responding to a Code White situation to determine if a potentially criminal act was related to a disease process or committed with intent. The team may secure appropriate assessments for this purpose from qualified clinicians as required, but this will not negate the requirement to report to police.
- Even if the perpetrator has ‘calmed down’ and the situation seems under control, the team must contact the police in the event of potential criminal activity (which may include assault, threats, destruction of property, etc.) per our obligations noted above.
- As part of their investigation, police may seek statements from team members, victim(s), and other witnesses. Team members are strongly encouraged to provide statements without fear of repercussions or ‘causing trouble’. Supporting such investigation helps keep everyone safe and helps keep individuals accountable for behaviour expected in a lawful society and community living environment.
- We recognize that individuals may experience legitimate concerns, fear, distrust, and/or anxiety around interacting with police. In the event a team member is put into a situation they find difficult, they are encouraged to communicate with their leader and ask for help (this may include but not be limited to a leader remaining nearby while a team member makes a statement to police; being available to listen and facilitate support if the team member has specific concerns; ensuring team member awareness of these guidelines including the reminder to simply stick to the facts; facilitating mental health supports in follow up to the interaction, etc.).
 - Team members may also reach out to their Executive Director/General Manager, Support Services Office Human Resources Business Partner, or union representative (as applicable) for assistance
 - They may also contact the organization’s third-party *ConfidenceLine* (24 hours a day, 7 days a week) toll-free at 1-800-661-9675 or online at:
<http://www.sienna.confidenceline.net/>
- If there is uncertainty about what may be shared with police or whether police should be contacted, reach out to your VPRO/RDO or other support services Partner for guidance and resources like Hot Issue support, legal guidance, facilitating psychogeriatric assessments, etc. When in doubt – reach out!

WHAT TO SAY

Identify yourself and your role.

Example: This is [NAME], and I am a [ROLE] at [LOCATION NAME], a continuing care community/long-term care community/retirement residence located at [ADDRESS]. I am reporting an incident that occurred on [DATE/TIME].

Provide a general description of the incident.

This may include information such as description of any injuries; name, age/approximate age, and physical description of aggressor; any weapon(s) involved; the location of the aggressor and whether they are barricaded/isolated or have hostages; all available intervention(s) that have been attempted; number and names of witnesses, etc. as applicable to the situation.

Example: We have an incident involving a physical altercation between a resident and [ANOTHER RESIDENT/A STAFF MEMBER]. The incident involved [DESCRIBE ACTION E.G. HITTING, SHOIVING, ETC.] and one individual required medical attention.

Stick to the facts.

Only describe what has been observed or reported.

Example:

- Resident A hit Resident B with their hand after a verbal disagreement.
 - The injured party sustained a cut on their arm and is being treated by onsite medical staff.
 - This is the third occurrence of Resident A initiating physical violence this month.
-

Outline immediate actions taken.

Example: We have separated the individuals involved, and our staff have provided immediate care to the victim.

Request assistance.

Example: We are requesting your assistance to attend onsite as soon as possible to evaluate the situation and determine what further action is required.

Inquire about legal requirements.

Example: What additional information do you require from us?

WHAT NOT TO SAY

Avoid speculating or providing diagnoses.

Example: Do not say, "I think the resident has mental health issues or is violent by nature." Instead, stick to observable facts, such as, "The resident appeared agitated and aggressive. This is the second time we have contacted police services about this individual this month."

Do not disclose personal health information without consent or appropriate authorization.

Example: Avoid statements like, "Resident A has dementia and is on [specific medication]." Instead, say, "Due to privacy regulations, we are not permitted to provide personal health information without appropriate authorization. Can you please provide us with a detailed email request of additional information you require in connection with your investigation?"
(**Note:** Work with your leader and Legal team to determine next steps upon receipt of request from police for additional information)

Avoid assigning blame or making assumptions.

Example: Do not say, "The staff member provoked the resident." Instead, say, "We are investigating the circumstances surrounding the incident to determine what occurred."

Do not offer opinions or legal interpretations.

Example: Avoid statements like, “This is definitely an assault, and the resident needs to be arrested.” Instead, say, “We are reporting an incident that involved the commission of violence where a person has sustained injury, and we need your guidance on the appropriate next steps.”

Avoid overloading with irrelevant details.

Do not share unrelated background information about the resident(s) or the operations of the location.

GENERAL LEGAL & PRIVACY SAFE STATEMENTS**Consult with Legal Department as required**

Regarding resident information:

“We are unable to share detailed personal health information due to privacy regulations. However, we can provide any required information with the necessary consents or appropriate authorizations.”

Clarifying the role of the location:

“Our primary responsibility is ensuring the safety of residents and staff. We have taken immediate steps to de-escalate the situation and are now seeking your support.”

If pressed for medical history or other private information:

“We must adhere to applicable privacy laws. If additional details are required in connection with your investigation, please provide us with a detailed email request of the information you require.”

To close the conversation:

“Please let us know what additional steps we need to take to assist with your investigation.”

CODE WHITE – GUIDELINES FOR RESPONDING TO DISRUPTIVE BEHAVIOUR

Disruptive behaviour may be defined as conduct that threatens another person's physical or psychological wellbeing, interferes with the provision of care/services to residents or other workplace activities related to the general operation of the community/residence, or poses a risk to property. This may include but not be limited to:

- Abuse (physical, verbal, emotional, financial, or property). **NOTE:** In the event of any suspected or witnessed resident abuse, follow protocols outlined in applicable Abuse & Neglect policy and provincial requirements
- Bringing a weapon onto the property
- Bullying
- Causing or threatening to cause destruction or damage to property
- Cyberbullying and other offensive use of social media
- Derogatory remarks
- Direct or implied threats of violence
- Discrimination
- Harassment
- Intimidation and challenges to fight
- Offensive sexual gestures or behaviours
- Participating in any activity that substantially disrupts the normal operations of the location
- Refusal to comply with the location's policies, such as smoking in non-designated areas
- Stalking
- The possession, use, or distribution of illegal drugs/substances on the premises (including drug dealing)
- Intoxication
- Theft
- Threatening or abusive language involving excessive swearing or offensive remarks
- Threatening phone calls or correspondence
- Violence or any act of physical aggression
- A protest or demonstration on the grounds that causes a significant disturbance

The organization is committed to providing an environment that is safe and respectful for all and will not tolerate any actions that cause or have the potential to cause any individual trauma, harm, injury, and/or illness.

The location will investigate all reports of disruptive behaviour, identify appropriate response, and take necessary action to address it. For visitors, this may include restricting visiting times, restricting access to identified spaces in the location/to specific resident(s), or temporarily barring individuals from entering the property as a measure of last resort. For residents, this may include facilitating behavioural assessments, updating care/service plans, using alerts/flags to indicate risk, and/or contacting police in the event of suspected criminal activity. For team members, this may include disciplinary action up to and including termination of employment.

Each situation involving disruptive behaviour is unique and must be managed by team members using their judgement as well as professional skills, with the assistance of support services office leaders as required.

In any emergency situation where immediate police intervention is necessary to protect the safety of persons or property, initiate Code White Emergency Response procedures and call 911.

Any team member who observes disruptive behaviour must promptly report it to their supervisor or the manager/nurse in charge, including the following information:

- The date, time, and location of the incident;
- The name of the person exhibiting disruptive behaviour (if known);
- A factual and objective description of the behaviour and events actually observed or experienced;
- Information about who was involved and the circumstances that precipitated the situation; and
- Identification of others who might have observed the incident.

The manager/nurse in charge or designate will initiate investigation and incident reporting process as required per applicable policy/procedure. Depending on the situation, this may include:

- Attending at the location of the disruptive behaviour;
- Giving the individual(s) involved an opportunity to explain their actions;
- Requesting that the individual(s) leave the premises (if they are not a resident);
- Initiating Building Lockdown procedures in the event of a significant protest/demonstration/disturbance on the grounds;
- Gathering information from others with knowledge of the incident;
- Reviewing video surveillance footage;
- Notifying police to request assistance in the event of any suspected criminal activity.

The Incident Manager, Executive Director/General Manager, or designate will coordinate and oversee response to the disruptive behaviour as required and in collaboration with their Vice President Regional Operations/Regional Director of Operations. Dependent on the situation, this may include but not be limited to such measures as:

- Initiating the Hot Issue Alert process
- Informing the clinical/wellness team of the disruptive behaviour if the person is a resident and ensuring any necessary assessments and updates to care/service plan that may be required to support behaviour management
- Verbal warning
- Written warning
- Letter of behavioural expectations
- Blocking incoming emails or telephone calls
- Participating in the development of a safety plan (in collaboration with Human Resources) for individuals who have been subject to the disruptive behaviour i.e. security escorts, adjustments to workspace, redirecting calls to voicemail, etc.)
- Requesting that an individual leave and escorting them off the property
- Placing access restrictions on a person's access to the property
- Consulting with or reporting suspicious criminal activity to the police

Reference as applicable

(Note: This is not an all-inclusive list of policies/processes that may be applicable):

- Site-specific Code White Emergency Response Procedures
- IV-B-10.30 Occupational Health & Safety Responsibilities (Visitors)
- IV-E-10.00 Accident/Incident Investigation (Occupational Health & Safety)

- IV-K-10.00 Workplace Violence, Harassment & Bullying
- III-B-10.00 Employee Conduct
- III-B-10.10 Discrimination-Free Workplace
- III-E-10.40 Discipline
- XV-A-10.40 Incident Report Completion (RET)
- XV-A-10.80 Abuse & Neglect of a Resident – Zero Tolerance: Prevention & Response (RET)
- XV-B-20.20 Behaviour Management (RET)
- XVI-A-10.10 Abuse & Neglect of a Resident – Zero Tolerance: Prevention & Response (Continuing Care)
- XVI-D-10.04 Responsive Behaviour Management (Continuing Care)
- XXIX-D-10.20 Duty to Report (Continuing Care)
- XXIII-D-10.00 Resident Incident Reporting (LTC)
- XXIII-D-10.10 Internal Incident Reporting (LTC)
- XXIII-D-10.40 MLTC Critical Incident Reporting (ON) (LTC)
- XXIII-D-10.50 Reportable Incidents (BC) (RET)
- VII-F-10.10 Responsive Behaviours Management (LTC)
- VII-F-10.20 Residents with Behavioural & Psychological Symptoms of Dementia (BPSD)
- VII-G-10.00 Prevention of Abuse & Neglect of a Resident (LTC)

CODE WHITE – GUIDELINES FOR MANAGING RESIDENT-TO-RESIDENT ASSAULT

In the event of an incident of resident-to-resident aggression, team members may take the following immediate steps, adjusting as required to the environment and situation. Ensure reference to applicable Abuse/Neglect procedure, Incident Reporting procedure, Behavioural Supports & Management procedure, other procedures as applicable.

Immediate Response to the Incident	
Ensure Safety:	
<input type="checkbox"/>	Separate the residents: If safe to do so, move both residents to secure areas where they cannot interact.
<input type="checkbox"/>	Remove potential hazards: Clear the immediate area of items that could cause harm (i.e. walking aids, utensils, etc.).
<input type="checkbox"/>	Check for injuries: Assess both residents for visible injuries and provide immediate first aid.
<input type="checkbox"/>	Activate Code White (if necessary).
<input type="checkbox"/>	Activate applicable response protocols for Abuse & Neglect as required.
De-Escalation Tips	
For the Aggressor:	
<input type="checkbox"/>	Use a Calm Voice: Speak firmly but gently to reduce agitation.
<input type="checkbox"/>	Acknowledge Their Feelings: "I can see that you're upset. Let's take a moment to talk about it."
<input type="checkbox"/>	Provide Space: Allow the resident physical space to avoid feeling cornered or threatened.
<input type="checkbox"/>	Redirect Attention: Shift focus to a calming activity or a safe location.
For the Victim:	
<input type="checkbox"/>	Offer Comfort: Provide reassurance, such as saying, "You're safe now; we're here to help."
<input type="checkbox"/>	Stay Present: Remain nearby to offer emotional support.
<input type="checkbox"/>	Address Immediate Needs: Ensure they feel cared for and validated.
Incident Documentation	
<input type="checkbox"/>	Complete an Incident Report: Record the time, location, details of the incident, and immediate actions taken.
<input type="checkbox"/>	Gather Witness Statements: Include accounts from team members or other residents who saw the incident.
<input type="checkbox"/>	Record Medical Assessments: Document injuries and treatments provided.
Notify Key Parties	
<input type="checkbox"/>	Inform the Executive Director/General Manager or designate.
<input type="checkbox"/>	Notify family/legal representative of both residents involved.
Report to Authorities as required:	
<input type="checkbox"/>	Police (in the event of any suspected/witnessed criminal activity; see XVIII-F-10.00(b) Guidelines for Communicating with Police re our obligations).
<input type="checkbox"/>	Provincial regulatory authority i.e. MLTC, RHRA, AL Registrar, Health Authority, etc.
Behavioural Interventions	
For the Aggressor:	
<input type="checkbox"/>	Reference applicable Behaviour Management policies/procedures to facilitated assessments, intervention strategies, etc.
<input type="checkbox"/>	Update Care/Service Plan as required.

<input type="checkbox"/>	Implement team communication/training strategies as required.
<input type="checkbox"/>	Access internal/external behavioural support resources as available.
For the Victim:	
<input type="checkbox"/>	Provide emotional support i.e. access to counseling or support groups, incorporation of soothing activities into Care/Service Plan.
<input type="checkbox"/>	Review environmental triggers: Ensure their surroundings minimize further risks.
Environmental & Procedural Adjustments for Consideration	
<input type="checkbox"/>	Enhance Supervision: Assign team members to monitor shared spaces more closely.
<input type="checkbox"/>	Reorganize the environment i.e. rearrange dining room seating plan to avoid conflicts; adjust meal or activity schedules.
<input type="checkbox"/>	Team education: Conduct training on de-escalation techniques and managing behaviours/personal expressions.
Ongoing Monitoring & Follow Up	
<input type="checkbox"/>	Hold a care/wellness team meeting: Discuss the incident, review triggers, and adjust intervention plans as required.
<input type="checkbox"/>	Regularly evaluate progress i.e. monitor aggressor for improved behaviour or recurring issues; check victim's physical and emotional recovery.
<input type="checkbox"/>	Conduct Incident Analysis: Use the event as a learning opportunity to improve procedures and prevent recurrence.

CODE WHITE: THREATENING COMMUNICATION

Threatening communication is any form of communication that is intended to manipulate, control, hurt, and/or intimidate to cause a change in the target's (victim's) behaviour.

Threatening communication can be sent in a number of ways such as mail, email, social media, telephone, voicemail, etc.

Upon receipt of a threatening communication:

- Treat all threats seriously
- Immediately contact Executive Director/General Manager and/or Manager/Nurse in charge of the building

If the communication is received in **writing**:

- Limit handling of the letter
- Keep the envelope
- Do not time stamp or write on the letter
- Contact Executive Director/General Manager or designate

If the communication is received **over email**, do not forward the email to others.

- Contact Executive Director/General Manager or designate

If the communication or photos is received over **social media**:

- Take screen shots of the threat(s)
- Note the date and time received
- Note any other details about the threat that you can perceive (location, device being used, user handle names, etc.)
- Do not respond to or engage with the user
- Contact Executive Director/General Manager or designate

If the communication is received over the **phone or voicemail**:

- Note the date, time, and phone number
- Write down what was said in detail
- Do not argue with the caller
- Do not transfer the call
- Do not make any further calls from the extension that the call was received on
- Upon completion of the call, immediately move to a different phone and report the details of the incident by calling Executive Director/General Manager or designate

Any threats of self-harm or harm to others or the environment should be reported as soon as possible to your local police service. Use the non-emergency number but use your own discretion (and/or discuss with a supervisor) whether the threat is serious or urgent enough to call 911.

The Executive Director/General Manager will:

- 1) Initiate a Hot Issue Alert.

- 2) Determine in collaboration with Support Services steps to be taken, which may include but are not limited to:
- Contacting the police
 - Implementing/Announcing Code White Emergency Response
 - Providing additional security services (i.e. sentries on guard, escorts to team members between vehicle and building)
 - Communication to all team members regarding situation, special instructions (i.e. delay to shift change; remain in vehicle until escorted into building)
 - Ongoing incident management and recovery planning, including support of team member, resident, and family health and wellness

CODE WHITE SCENARIOS: EXAMPLES OF RESPONSE

The following scenarios are examples only and may be used to support discussions in team huddles, reference for what to do in a similar situation, etc. Each situation involving the potential for Code White Emergency Response is unique and must be managed by team members using their judgement as well as professional skills, with the assistance of emergency responders and support services office leaders as required.

In any emergency situation where immediate police intervention is necessary to protect the safety of persons or property, call 911.

Scenario: Resident's Family Member/Intruder Assaults Another Resident

Example: During a heated argument in a common area, a family member of a resident slaps another resident who they accuse of upsetting their relative.

Details:

- The assaulted resident cries out for help, drawing team member attention.
- The family member continues shouting and threatens further harm.

Response According to Code White:

1. **Immediate Safety:**
 - Team members activate a Code White and separate the family member and the resident.
 - The assaulted resident is moved to a private area for comfort and assessment.
 2. **De-Escalation:**
 - Team member addresses the family member with a calm and firm tone: "Your actions are unacceptable. We need you to remain here while we address this situation."
 - Manager/Nurse in charge takes over to prevent further escalation.
 3. **Authorities:**
 - Police are contacted to report the assault.
 - Provincial regulatory authority is informed due to the violation of resident rights and safety.
 4. **Further Response & Documentation:**
 - Abuse/Neglect protocols are initiated per policy & provincial requirements.
 - All witnesses provide statements, and video footage is reviewed if available (conduct investigation and incident reporting per applicable policy/provincial requirements).
-

Scenario: Resident's Family Member Assaults Team Member

Example: A family member becomes upset over a perceived delay in care and shoves a nurse during a heated conversation.

Details:

- The family member accuses the nurse of neglect and physically shoves them.

- Other team members intervene to de-escalate the situation.

Response According to Code White:

1. Immediate Safety:

- The assaulted nurse retreats to a safe area.
- Other team members activate a Code White and summon assistance.

2. De-Escalation:

- A supervisor addresses the family member, emphasizing, "This behaviour is unacceptable. We need you to leave the area while we ensure everyone's safety."

3. Authorities:

- Police are contacted to report the assault.
- Provincial regulatory authority is notified per workplace violence reporting requirements.

4. Further Response & Documentation:

- The nurse receives medical and/or mental health care if necessary.
- An incident report is filed.
- The location considers restrictions or bans on the family member's visitation rights in collaboration with support services office.
- Reference applicable policies/procedures i.e. Hot Issue Alert, Workplace Violence, Harassment & Bullying, etc.
- LTC: Reference Escalation Workflows and other resources provided in Leader Toolkit for Engaging Families in Distress

Scenario: Resident Assaults Another Resident

Example:

During lunch in the dining room, two residents have a disagreement over seating. Resident A accuses Resident B of taking "their" spot. The argument escalates when Resident A stands up, shouts at Resident B, and then strikes Resident B on the arm with their walking cane.

Response According to Code White Procedures

1. Immediate Safety:

• Team Member Intervention:

- Team members immediately separate Resident A and Resident B, ensuring both are moved to safe areas.
- The cane is temporarily removed from Resident A to prevent further immediate harm.

• Medical Assessment:

- Resident B is assessed for injuries by clinical/wellness team (where no clinical services provided onsite, facilitate transfer offsite for medical assessment as required)
- If injuries are severe, contact emergency services.

2. De-Escalation:

- Team member calmly address Resident A, saying, "We understand you're upset, but we need to keep everyone safe. Let's move to another area and talk this through."
- Another team member stays with Resident B to provide reassurance and support.

3. Environmental Safety:

- Other residents in the dining hall are guided to focus on their meals to minimize distress.
- Any spilled food or items that could cause hazards are quickly cleaned up.
- 4. Reporting to Authorities:**
 - **Police:**
 - Contact police non-emergency line per XVIII-F-10.00(b) Guidelines for Communicating with Police.
 - **Provincial Regulatory Authorities:**
 - The incident is reported to ensure compliance with applicable provincial legislation.
- 5. Further Response & Documentation:**
 - Team members complete a detailed incident report, including:
 - Time and location of the incident.
 - Behaviour leading up to the assault.
 - Immediate actions taken and outcomes for both residents.
 - Statements are gathered from witnesses (residents or team members) who observed the incident.
 - Reference applicable Incident Reporting procedures.
- 6. Follow-Up Actions:**
 - **Resident A:**
 - Their care/service plan is reviewed, and behavioral interventions (e.g. conflict management, psychological support) are added as required.
 - They may temporarily lose access to shared areas until further assessments are conducted.
 - **Resident B:**
 - Their physical and emotional wellbeing is monitored closely.
 - Their family or designated contact is informed about the incident.
 - **Community/Residence Review:**
 - The dining area seating arrangement and monitoring procedures are re-evaluated to prevent future conflicts.

On USB Key

- Copy of XVIII-F-10.00(a) Flowchart: Code White Emergency Response
- Copy of XVIII-F-10.00(g) De-Escalation Tips (Crisis Prevention Institute)

CODE YELLOW: MISSING RESIDENT

CODE YELLOW RESPONSE

In the event 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 the home area/floor immediately when a team member is unable to locate a resident. NOTE: If necessary outside of regular business hours, alert manager on call.

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

- 1) Alert building Charge Nurse/Manager. NOTE: If necessary outside of regular business hours, alert manager on call.
- 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 any external service providers.

The Executive Director/General Manager 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/General Manager, Director of Care/Director of Wellness/Wellness Manager, 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 canceled; thank team members for their response, and advise them that they may return to normal duties.
- 2) Notify the police, family, Executive Director/General Manager, and Director of Care/Director of Wellness/Wellness Manager.
- 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/General Manager 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 YELLOW – MISSING RESIDENT SEARCH CHECKLIST

RESIDENT'S NAME: _____ ROOM/SUITE #: _____

PHYSICIAN'S NAME: _____

1) TIME LAST SEEN: _____ DATE: _____

2) AREA LAST SEEN/DIRECTION RESIDENT WAS GOING (IF KNOWN): _____

3) PHYSICAL DESCRIPTION Age: _____ Height: _____ Weight: _____

Hair: _____ Eyes: _____ Glasses (please circle) YES NO

Special Identifying Features: _____

Clothing Last Worn: _____

4) COLOUR PHOTOGRAPH AVAILABLE (please circle): YES NO

5) LEVEL OF RISK: _____

6) SIGNIFICANT MEDICAL INFORMATION: _____

7) POSSIBLE FAVOURITE PLACES/HANG OUTS: _____

8) AREAS TO BE SEARCHED – USE INTERIOR FLOOR PLAN & EXTERIOR MAP of the grounds to search all areas identified in chart. Attach completed floor plan log to checklist. **Reminder:** call out resident by name loudly and frequently during search.

SEARCH CHART:

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

Washrooms – resident/public		Roads	
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RESIDENT FOUND – Location _____ Time: _____

SEARCH COMPLETED – RESIDENT NOT FOUND & CONFIRMED MISSING Time: _____

9) NOTIFICATION

PERSON	TIME	NOTIFIED BY
Family		
General Manager/Executive Director		
Police		
Search & Rescue		
Physician/Nurse Practitioner		
Support Services Office		
Regulatory authority as per provincial reporting requirements		
Transportation services – bus, wheel trans, taxi		

10) POLICE NOTIFICATION Time: _____

Name of Officer _____ Badge # _____

11) NEXT OF KIN Called _____ Time: _____ Initials: _____

Name: _____ Relationship: _____

Address: _____

Telephone #: _____

12) ASSESSMENT OF RESIDENT'S CONDITION WHEN FOUND

Location: _____ Time: _____

Assessment: _____

13) PHYSICIAN'S ORDERS RECEIVED

14) NOTIFICATION RESIDENT FOUND

PERSON	TIME	NOTIFIED BY
Family		
General Manager/Executive Director		
Police		
Search & Rescue		
Physician/Nurse Practitioner		
Support Services Office		
Regulatory authority as per provincial reporting requirements		
Transportation services – bus, wheel trans, taxi		

15) SAFETY PRECAUTIONS TO PREVENT REOCCURRENCE: _____

16) INCIDENT REPORT DOCUMENTED (please circle) YES NO

17) CHARTING COMPLETED (please circle) YES NO

Name of Search Coordinator (please print): _____

Signature of Search Coordinator: _____ Date: _____

CODE BLUE: MEDICAL EMERGENCY

CODE BLUE RESPONSE

In the event of a life-threatening medical emergency affecting any individual(s) 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.
 - **AB:** For residents – in the event of a witnessed cardiac arrest, check Goals of Care Designations to determine the level of care required to find out if a resident requires CPR or not. Follow the level of care action plan indicated in the resident's health record.
 - **BC:** For residents – in the event of a witnessed cardiac arrest, check MOST status to find out if resident requires CPR or not. CPR is only initiated for a resident with a MOST status of C2 and when the cardiac arrest is witnessed.
 - **ON/SK:** For residents, confirm DNR order/status to find out if resident requires CPR or not.
- 4) Continue resuscitation procedures or comfort measures as applicable until arrival of 911.

The Nurse or designate will:

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

All Team Members will:

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

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

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 individual can breathe. Look for signs that the person is suffering from total airway obstruction. These signs include: the victim 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 individual 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 person becomes unconscious, then call 911.
 - If CPR is required as per a 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/Director of Wellness/Wellness Manager of the incident and actions taken.

Post Choking Incident (Resident):

- 1) Following a choking incident, the Nurse or designate will:
 - If the resident expels the object, continue to monitor resident's vital signs every shift x72 hrs after the choking episode, watching the resident for symptoms of aspiration pneumonia. Conduct a chest assessment every shift with vital signs checks x 72 hrs.
 - Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, or discomfort.
 - **LTC:** Contact the Registered Dietitian (RD) 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/care plan/service plan (as applicable) 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/CSA/HCA 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/service plan during mealtime.

The Director of Care/Director of Wellness/Wellness Manager 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.

References:

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

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

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

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 respiratory or other 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:
 - a. 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:
 - a. Push hard and fast in the centre of the chest continuously at a rate of 100-120 beats per minute
 - b. Don’t stop until emergency responders arrive; an additional compressor can take over or alternate as needed

References:

Mclsaac, S., Wax, R. S., Long, B., Hicks, C., Vaillancourt, C., Ohle, R., & Atkinson, P. (2020). Just the Facts: Protected code blue - Cardiopulmonary resuscitation in the emergency department during the coronavirus disease 2019 pandemic. *CJEM*, 22(4), 431–434. <https://doi.org/10.1017/cem.2020.379>

CODE ORANGE: EXTERNAL EMERGENCY

CODE ORANGE RESPONSE-EXTERNAL EMERGENCY

In the event of an external disaster/mass casualty incident, community-wide 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". See Building Lockdown procedure.
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 or designate 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
 - AB: https://weather.gc.ca/airquality/pages/provincial_summary/ab_e.html
 - BC: <https://www.env.gov.bc.ca/epd/bcairquality/data/aqhi-table.html>
 - ON: <http://www.airqualityontario.com/aqhi/index.php>
 - SK: https://weather.gc.ca/airquality/pages/skaq-002_e.htm
 - 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. In the event that this may be required:
 - Initiate Hot Issue Alert.
 - LTC: Follow VII-G-10.30(m) Hot Weather Communication & Hot Issue Template
 - CONTINUING CARE & RET: Follow II-G-10.40 Hot Issue Alerts
 - Review and ensure compliance with Prevention & Management of Heat Related Illnesses (LTC)/Management of Risks Associated with Extreme Heat (RET) policy/procedure and additional related policies and procedures as applicable i.e. Extreme Heat Menu Changes, Heat Stress Management, etc.
 - 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.
 - LTC: 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.

- LTC: In consultation with VPRO/RDO and Building Services, initiate Code Green Evacuation procedures.
- 6. Ensure 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 or designate 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/wellness stations, and other locations in your area. Leave doors to rooms open.
9. Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
10. Do not evacuate until advised by the Incident Manager. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways, or navigate disabled stairways.

11. Do not consume or distribute food or water unless you are certain it is free from contamination.
12. Do not flush toilets – conserve water.
13. Assess the damage to your designated area/unit, and inform the Incident Manager. Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and protect medications and required supplies. Post signs indicating dangerous areas, and notify the Incident Manager of unsafe situations.
14. Report to the Incident Manager.

The Incident Manager or designate 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 or designate 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/Maintenance Manager or designate will:

1. Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.

2. Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
3. Close emergency valves to sewer drains.
4. Check sump pumps to ensure they are operable.
5. Ensure backup power supplies (i.e. generators) are functional.
6. In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and team members are re-admitted.

REGIONAL/COMMUNITY DISASTER/UTILITY FAILURE

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

1. Inform the Incident Manager immediately.

The Incident Manager or designate 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.

EMERGENCY RECEPTION

In the event of a regional/community disaster, the location may be called upon to provide emergency reception to residents/team members from another senior living location, healthcare provider, and/or the general public. See XVIII-I-10.10 Code Orange - Emergency Reception Plan (Regional/Community Disaster) and location's Emergency Management Plan for procedure.

USB Key

- XVIII-I-10.00(a) Damage Assessment Checklist

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/Culinary 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.

On USB Key

- Location specific Surge Capacity Reception Site Plan (Use XVIII-I-10.10(a) Template (Sample))
- XVIII-I-10.10(b) Receiving Site Information Request Guideline
- XVIII-I-10.10(c) Checklist - Receiving Site Preparation
- XVIII-I-10.10(d) Emergency Reception Registration Log (Sample)
- XVIII-I-10.10(e) Emergency Reception - Considerations for Staffing
- XVIII-I-10.10(f) Emergency Reception Support - Psychosocial Considerations

CODE BLACK: BOMB THREAT

CODE BLACK RESPONSE

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

The Executive Director/General Manager or designate will:

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

The individual receiving the threat via mail will:

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

The Incident Manager will:

- 1) 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/General Manager, 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 MAIL/PACKAGE/DEVICE

Any person who becomes aware of a suspicious package, letter, 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. If a letter or parcel is open and/or a threat is identified:
 - For a Bomb:
 - Evacuate the area immediately
 - Call 911
 - For a Biological or Chemical Agent:
 - Isolate the letter/parcel - do not handle it
 - Evacuate the area immediately
 - Call 911
 - Instruct anyone who was in close proximity to or in contact with the letter/package/device suspected to have been contaminated to:
 - Wash their hands with soap and arm water
 - Remove contaminated clothing and place in a sealed container (i.e. plastic bag) to be provided to emergency responders once onsite.
 - Shower (with soap and warm water) as soon as possible
 - Seek medical attention as soon as possible
 - For a Radiological Agent:
 - Limit exposure to the letter/parcel - do not handle it
 - Evacuate the area immediately
 - Shield yourself from the object
 - Call 911
5. List all people who may have been in contact with or in close proximity to the suspicious letter/package/device and provide this list to appropriate authorities once they arrive onsite.

Team Members will:

- 1) Not touch, shake, or bump the letter/package.
- 2) Not open, smell, examine, touch, or taste the letter/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 anyone 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/General Manager will:

- 8) 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.
- 9) Consider implementation of recommendations resulting from debriefing sessions as well as from Emergency Services.

CODE BLACK – BOMB THREAT (TELEPHONE CHECKLIST)

BOMB THREAT – TELEPHONE CHECKLIST		
Date (mm/dd/yy):	Time Received:	Duration of call (hh:mm):
Record the exact wording of the threat to the best of your recollection:		
Ask the caller:		
What time is the bomb set to explode?		
Where is the bomb?		
What does it look like?		
Why did you place the bomb?		
Where are you calling from?		
What's your name?		
Background Noises		
<input type="checkbox"/> Static <input type="checkbox"/> Clear <input type="checkbox"/> Street noises <input type="checkbox"/> Music <input type="checkbox"/> Office machinery	<input type="checkbox"/> Motors <input type="checkbox"/> Voices <input type="checkbox"/> PA system <input type="checkbox"/> Animal noises <input type="checkbox"/> Factory machinery	<input type="checkbox"/> Local <input type="checkbox"/> Long distance <input type="checkbox"/> House noises <input type="checkbox"/> Other:
Bomb Threat Call Details – Threat Language		
<input type="checkbox"/> Foul <input type="checkbox"/> Recorded <input type="checkbox"/> Irrational	<input type="checkbox"/> Incoherent <input type="checkbox"/> Well Spoken/Educated <input type="checkbox"/> Message read by caller	<input type="checkbox"/> Remarks
Caller's Voice		
<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Nasal <input type="checkbox"/> Deep <input type="checkbox"/> Distinct <input type="checkbox"/> Raspy <input type="checkbox"/> Disguised	<input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Laughter <input type="checkbox"/> Slurred <input type="checkbox"/> Ragged <input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Normal <input type="checkbox"/> Crying <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Other:
Accent		
<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> Other:
Is the caller's voice familiar? (specify)		
Gender		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:
Estimated Age:		
Was the caller familiar with the area? (specify)		

Print Name

Department

Signature

CODE BLACK – BOMB THREAT
(WRITTEN THREAT / SUSPICIOUS PACKAGE CHECKLIST)

BOMB THREAT/PACKAGE DETAILS			
Name(s) of person(s) who handled the note/package:			
How was the threat made?		Time threat was made? (24hrs)	
How was the threat delivered? By Whom?			
If a messenger brought the note/package, describe the messenger:			
Hair:	Height:	Build:	Apparent Gender:
Other distinguishing features:			

Reference: Canada Post Suspicious Mail Alert Poster: https://www.canadapost-postescanada.ca/cpo/mr/assets/pdf/aboutus/suspiciousmailposter_en.pdf

Print Name

Department

Signature

Date (mm/dd/yy)

CODE GREY: INFRASTRUCTURE LOSS/FAILURE

CODE GREY RESPONSE

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., 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 immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Contact the Director of Environmental Services/Maintenance Manager and the elevator service company immediately and determine their estimated response time.
- 3) Elevator Service Company Name: TK Elevators
- 4) Elevator Service Company Contact Information: 1-800-233-5757
- 5) Where to find Elevator Service Company Contract: Kawartha Sharepoint
- 6) Attempt to determine where the elevator is stopped.
- 7) 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 (if designated team member observes that occupant(s) is experiencing distress, call 911 immediately).
- 8) Reinforce to occupants to not force the doors open and remain calm.
- 9) 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.
- 10) Call 911 if the occupant(s) is in distress or if Elevator Service response time is greater than one hour.
- 11) Follow the directions of the elevator service technician and/or emergency services when they arrive on scene.
- 12) Take the elevator out of service until the necessary repairs are made.
 - How to take elevator out of service i.e. location of switch: **Turn Key**
 - Insert plan for out of service elevator/transportation of residents as applicable to the building: Use **Service elevators** _____

ROOF COLLAPSE

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) 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 Plan.
- 4) Call 911 from a phone located well away from the area affected.
- 5) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Take direction from the Incident Manager.

ELECTRICAL POWER FAILURE

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

- 1) Notify the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify the local hydro service provider at **1-800-434-1235** of the power failure and ask for expected duration of the outage.
- 3) Direct team members to monitor all doors and residents at high-risk 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 (where applicable):

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

All Team Members will:

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

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

- 1) Activate the Emergency Generator immediately and monitor it to see that it is working correctly.
 - Instructions for activation of Emergency Generator: **Automated**
- 2) Ensure 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.

- Supplies located at: **Copier Room**
- 5) Check fuel supply and activate procedure for delivery of additional fuel as needed.
- 6) Procedure for delivery of additional fuel: **Ultramar**

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).
 - Supplies located at: **Copier Room**
- 3) Monitor and assess the effect on resident and team member safety.
- 4) Initiate Code Green Evacuation plan if necessary.

RESIDENT ELECTRONIC DOCUMENTATION SYSTEM

For loss of the resident electronic documentation system, refer to applicable Electronic Documentation System Downtime Management policy & procedure.

FIRE PROTECTION SYSTEM FAILURE

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify all team members that a fire watch has been initiated.
 - Process to notify all team members: **Phone - Workvivo**
- 3) Give verbal instruction to team members, residents, and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected, call 911 directly.
- 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/Maintenance Manager or Executive Director/General Manager.

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/Maintenance Manager or Executive Director/General Manager will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
 - a. Fire Protection Service Supplier: **Troy life and Fire**
 - b. Fire Protection Service Supplier Contact Info.: **905-725-5553 ext. 223/231**
 - c. Location of Fire Protection Service Supplier Contract: **Kawartha Sharepoint**
 - d. Fire Department Contact Info.: **705-324-2191** _____

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 Executive Director/General Manager and/or Incident Manager immediately.

The Executive Director/General Manager 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.
 - HVAC heating system contractor service provider: **Mitchell Mechanical**
 - HVAC heating system contractor service provider Contact Info.: **705-927-2593**
 - Location of HVAC heating system contractor service provider Contract: **Kawartha Sharepoint** _____
- 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) Initiate Hot Issue Alert.
- 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 Executive Director/General Manager and/or Incident Manager immediately.

The Executive Director/General Manager 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.
 - HVAC cooling system contractor service provider: **Mitchell Mechanical**
 - HVAC cooling system contractor service provider Contact Info.: **705-927-2593**
 - Location of HVAC cooling system contractor service provider Contract: **Kawartha Sharepoint**

- 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 initiate Code Green Evacuation if time to correct is greater than 12 hours.
- 6) Initiate Hot Issue Alert.
 - LTC: Follow VII-G-10.30(m) Hot Weather Communication & Hot Issue Template
 - CONTINUING CARE/RET: Follow II-G-10.40 Hot Issue Alerts
- 7) Review and ensure compliance with Prevention & Management of Heat Related Illnesses (LTC)/Management of Risks Associated with Extreme Heat (RET) 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.
 - LTC: 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.
 - LTC: 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/General Manager and/or Incident Manager immediately.

The Executive Director/General Manager 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) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
 - System contractor service provider: **Water Depot**
 - System contractor service provider Contact Info.: **(705) 878-0707**
 - Location of system contractor service provider Contract: **No Contract**
- 4) Request an estimated time to correct following the initial investigation.
- 5) Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
- 6) Notify support services office.
- 7) Direct Maintenance to search for leaks / shut off water i.e. at localized appliance.
- 8) 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 Executive Director/General Manager 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.
 - Main valve location: **Outside LEA Supervisor office (outdoors)**
 - Electricity shut off location: **Basement Maintenance N020**
- 3) Notify support services office.
- 4) Contact a plumber.
 - Plumber: **Eastmans Plumbing**
 - Plumber Contact Info.: **705-324-4061**
- 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) Announce Code Grey.
- 2) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
- 3) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
 - a. Instructions to reset mag locks: **By FirePanel**
 - b. Location of station: **Fire Panel**
- 4) Assign team members to monitor exit doors until the problem is resolved.
- 5) Notify Director of Environmental Services/Maintenance Manager and Executive Director/General Manager.
- 6) 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/General Manager will:

- 1) Obtain immediate assistance (service response) from mag lock (security system) supplier.
 - Mag lock/security system supplier: **Tory Life and Fire**
 - Mag lock/security system supplier Contact Info.: **1 (877) 441-8769**
 - Location of Mag lock/security system supplier Contract: **No Contract**

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 Executive Director/General Manager, DOC/DOW/WM, 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 Executive Director/General Manager, DOC/DOW/WM, 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 (see Emergency Communication procedure).
- 6) Notify residents and post signage.

On USB Key

- Location-specific Emergency Power Supply Inventory (Use XVIII-K-10.00(a) to develop)
- Copy of XVIII-K-10.00(b) Code Grey – Fire Watch Sign
- Copy of XVIII-K-10.00(c) Code Grey – Fire Watch Checklist

CODE BROWN: 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 people
- 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/Maintenance Manager 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 and/or XVIII-A-10.50(b) Emergency Systems Guide.
- 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 and/or XVIII-A-10.50(b) Emergency Systems Guide.
- 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 or 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 becoming 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 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/Maintenance Manager or designate to investigate and together determine the appropriate actions.
- 3) If no leak or spill, complete Incident Report.
- 4) If leak/spill found:
 - Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
 - Determine the nature, extent, and cause of the spill/leak;
 - Instruct maintenance team to use the Spill Kit stored in the Receiving area (suggested location) or in the **Chemical Room Basement** (additional location) in order 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/Maintenance Manager or designate will:

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

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

The Director of Care/Director of Wellness/Wellness Manager 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 (LTC) as needed.

The Reception/Concierge 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/Director of Wellness/Wellness Manager 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

USB Key

- Copy of XVIII-L-10.00(a) Code Brown – Spill Kit Instructions

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 is intended to keep people away from harm and will not result in other team members coming to assist. 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/General Manager 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 to 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/General Manager 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 also 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 emergency responders. 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 & 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 people sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

BOIL WATER ADVISORY IMPLEMENTATION

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

Do not use tap water to:

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

PROCEDURE:

The Executive Director/General Manager 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 Office via the Hot Issue Alert Process and implement the location's Incident Management Team for the duration of the boil water advisory.
- 3) Ensure alternate sources of water are provided to residents, team members, and visitors, and pets (as applicable) 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/Maintenance Manager or designate will:

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

The Environmental Services Team will:

- 1) Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
- 2) 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/Executive Chef 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/Wellness 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/Maintenance Manager or designate will:

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

The Executive Director/General Manager or designate will:

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

The Infection Prevention & Control Lead or designate will:

- Remove signage.

On USB Key

- Copy of XXVII-O-10.00(a) Personal Hygiene During a Boil Water Advisory
- Copy of XXVII-O-10.00(b) Cleaning & Sanitizing Practices During a Boil Water Advisory
- Copy of XXVII-O-10.00(c) Preparing Food During a Boil Water Advisory
- Copy of XVIII-O-10.00(d) Boil Water Advisory Signage
- Copy of XVIII-O-10.00(e) Boil Water Advisory Handwashing Signage

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/General Manager 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 respective IPAC policies for Cohorting Staff & Residents & Cohorting Guidelines During an Outbreak

The Director of Care/Director of Wellness/Wellness Manager 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

USB Key

- Location-Specific Outbreak/Epidemic/Pandemic Supplies (Complete Template XVIII-P-10.00(c))
- Location-Specific Pandemic Plan (Complete Template XVIII-P-10.10(a))

Reference: Infection Prevention & Control Manual

BUSINESS CONTINUITY: STAFF SHORTAGES & CONTINGENCY PLANNING

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

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

PROCEDURE:

The General Manager/Executive Director or designate will:

- 1) Develop/review business continuity/staffing 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 business continuity/staffing contingency plan. Prioritize RN, RPN, LPN, PSW/HCA/GA/RCA, and 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 current provincial orders/organizational requirements (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 representatives (where applicable) 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:
 - Look at team member history (e.g. HCAs/PSWs who were housekeepers) and how to leverage cross-skilling
 - Cross-training/universal roles (e.g. housekeeping and tray delivery)
 - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
 - Volunteers
 - Health Workforce Matching Portal
 - Agency contracts
 - Health Unit support
 - Local healthcare facilities (e.g. hospital)
 - Emergency services (e.g. army)
- 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 Office 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.

Reference

AB Continuing Care: Continuing Care Service Providers are obligated to provide care within legislative and contractual requirements, as well as applicable health services and accommodation standards, during times of service disruption. Access and implement Emergency Management Business Continuity Planning Guide for Continuing Care Operators at the Continuing Care Desktop (www.ccdweb.ca) in addition to location-specific Emergency Plan and procedures in place and to support development of location-specific planning.

ON LTC: A staffing emergency as defined in regulation as an unforeseen situation of a serious nature that prevents a registered nurse (RN) from getting to the long-term care home.

USB Key

- Location-Specific Staffing Contingency-Business Continuity Plan (Complete Template XVIII-Q-10.00(a))
- Location-Specific Staffing Shortage-Immediate Activities Checklist (Complete Template XVIII-Q-10.00(b))
- Location-Specific Priority Tasks-Clinical/Wellness (Complete Template XVIII-Q-10.00(c))
- Location-Specific Priority Tasks-Culinary/Dietary (Complete Template XVIII-Q-10.00(d))
- Location-Specific Priority Tasks-Recreation/Resident Engagement (Complete Template XVIII-Q-10.00(e))
- Location-Specific Priority Tasks-Housekeeping (Complete Template XVIII-Q-10.00(f))
- Location-Specific Priority Cheat Sheet for Support Staff Setup (Complete Template XVIII-Q-10.00(g))
- Location-Specific Staffing Contingency Assignments (Complete Template XVIII-Q-10.00(h))
- Location-Specific Resident Reference Sheets (Complete Template XVIII-Q-10.00(i))

BUSINESS CONTINUITY: FOOD & FLUID PROVISION

During an emergency/crisis event, food services and dining may be impacted, requiring the location to consider the minimum preparedness needed to maintain essential services. This plan addresses considerations for operational/departmental specific needs for the provision of food & fluid continuity.

In the preparation for essential food service delivery needed in the event of a reduction in power, water, natural disaster, fire, flood, and/or insufficient resources, the location 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/Executive Chef/designate in collaboration with the Executive Director/General Manager and designated 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 (as applicable for location and resident needs):

- ☐ 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
- ☐ Headlamps
- ☐ 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
- ☐ Keep fridge/freezer doors closed as much as possible
- ☐ Use up stock as soon as possible
- ☐ Consider use of portable coolers, storage of food outside (only if temperature is less than 4°C and regularly monitor)
- ☐ If problem is long-term, connect with another location for storage possibilities
- ☐ Review menus and adjust to prepared menu items as appropriate
- ☐ Implement 3-sink method of washing dishes as required
- ☐ Use disposable dishes and utensils
- ☐ 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; use of propane BBQ, etc.
- ☐ Long-term food service strategy: Identify backup kitchen service to prepare menu/snacks
- ☐ Determine transportation to the location that maintains temperatures from preparation to service

- ☐ Implement disposable dishes and utensils
- ☐ Collaborate with Executive Director/General Manager/Incident Manager and Support Services Office Partner 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/Executive Chef/designate to re-evaluate daily, identify risks, and report to Executive Director/General Manager/Incident Manager or designate
- ☐ Director of Dietary Services/Executive Chef/designate to communicate with Executive Director/General Manager/Incident Manager daily the food service plan

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

- ☐ Implement 3-day emergency menu plan
- ☐ Daily evaluation and planning for ongoing meals/snacks
- ☐ Reporting to Support Services Office
- ☐ Communication to residents, families, and team members

USB Key

- XVIII-R-10.00(a) Emergency Menu-No Utilities (LTC)
- XVIII-R-10.00(b) Emergency Menu-Therapeutics (LTC)
- XVIII-R-10.00(c) Emergency Menu-Snacks (LTC)

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/General Manager/designate and other applicable Support Services Office leaders.

The Executive Director/General Manager 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/Occupational Health Committee in development of emergency 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.

USB Key

- Location Specific Emergency Recovery Plan (Use XVIII-A-10.80(a) as Template)
- Copy of XVIII-A-10.80(b) Code Red Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(c) Code Green Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(d) Code White Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(e) Code Yellow Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(f) Code Blue Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(g) Code Orange Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(h) Code Black Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(i) Code Grey Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(j) Code Brown Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(k) Code Silver Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(l) Building Lockdown Debrief Checklist-Action Plan
- Copy of XVIII-A-10.80(m) Boil Water Advisory Debrief Checklist-Action Plan

(NOTE: see Infection Prevention & Control Manual for Outbreak Debrief Resources)