



Policy & Procedure Manual

XVIII EMERGENCY MANAGEMENT

EMERGENCY MANAGEMENT MANUAL – XVIII

Policy Number	Policies	Last Revision	Site Specific
	Policy Manual Annual Review & Signoff Form		
	Public Health Prevention and Management of COVID-19 Guide	07/22	
A	GENERAL		
10.00	Emergency Management Plan	12/24	
10.00(a)	Emergency Plan Consultation Record Template	12/24	
10.00(b)	Emergency Plan Consultation w/Resident & Family Council PPT Template Grey County	12/24	Grey County
10.00(c)	Emergency Management Plan TEMPLATE- SAMPLE	12/24	
10.20	Incident Management Team – Emergency Response	09/24	
10.20(a)	Incident Management Team Roles	09/24	
10.20(b)	Incident Management Team Agenda Template	09/24	
10.20(c)	Incident management Team Action Plan Template	09/24	
10.20(e)	Incident Management Team Org Chart – Support Services	09/24	
10.40	Emergency Equipment	01/24	
10.40(a)	Emergency Supplies	01/24	
10.50	Building Map/Profile	12/24	
10.50(a)	Building Map/Profile Template	12/24	X
10.60	Hazard Identification & Risk Assessment	03/24	
10.60(a)	Hazard Identification & Risk Assessment Form	03/24	
10.70	Agreements With Community Partners Grey County	03/24	Grey County
10.80	Emergency Recovery	12/24	
10.80(a)	Recovery Plan Template	12/24	
10.80(b)	Code Red Debrief Checklist-Action Plan	12/24	
10.80(c)	Code Green Debrief Checklist-Action Plan	12/24	
10.80(d)	Code White Debrief Checklist-Action Plan	12/24	
10.80(e)	Code Yellow Debrief Checklist-Action Plan	12/24	
10.80(f)	Code Blue Debrief Checklist-Action Plan	12/24	
10.80(g)	Code Orange Debrief Checklist-Action Plan	12/24	
10.80(h)	Code Black Debrief Checklist-Action Plan	12/24	
10.80(i)	Code Grey Debrief Checklist-Action Plan	12/24	
10.80(j)	Code Brown Debrief Checklist-Action Plan	12/24	
10.80(k)	Code Silver Debrief Checklist-Action Plan	12/24	
10.80(l)	Building Lockdown Debrief Checklist-Action Plan	12/24	
10.80(m)	Boil Water Advisory Debrief Checklist-Action Plan	12/24	
B	COMMUNICATION		
10.00	Emergency Communication	02/24	
10.00(a)	Resident/Family Emergency Contact Record Template	02/24	X
10.00(b)	Communication Backup Alternative Devices	02/24	

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Policy Number	Policies	Last Revision	Site Specific
10.10	Team Member Fan Out- Grey County	02/24	Grey County
10.10(a)	Team Member Fan Out Template	02/24	X
10.10(b)	Team Member Call-Back Record	02/24	
10.20	Emergency Fan Out to Support Services	02/24	
10.20(a)	Support Services Emergency Fan Out List	02/24	
10.30	Emergency Contacts for External & Mutual Aid	02/24	
10.30(a)	Emergency Numbers – External/Mutual Aid	02/24	
C	ORIENTATION & EDUCATION/TRAINING		
10.00	Emergency Codes Tests-Drills-Exercises	02/24	
10.00(a)	Emergency Preparedness Test-Drill Evaluation Form	02/24	
10.10	Emergency Codes – Orientation for Team Members & Students	02/24	
10.10(a)	Emergency Codes Orientation Checklist – Supervisory Team	02/24	
10.10(b)	Emergency Codes Orientation Checklist – Non-Supervisory Team	02/24	
D	CODE RED – FIRE		
10.00	Code Red – Fire Plan	01/24	
10.00(a)	Code Red – Code Red Fire Plan Rockwood Terrace	02/22	RT
10.00(b)	Code Red – Code Red Fire Plan Grey Gables	02/24	GG
10.00(c)	Code Red – Code Red Fire Plan Lee Manor	02/22	LM
10.10	Code Red – Fire Drills	02/24	
10.10(a)	Code Red – Fire System Check Form	02/24	
10.10(b)	Grey Gables Fire Drill Checklist	07/24	GG
E	CODE GREEN – EMERGENCY EVACUATION		
10.00	Code Green – Evacuation	07/22	
10.00(a)	Deciding Whether to Evacuate or Shelter in Place	07/22	
10.00(b)	Code Green – Incident Manager Evacuation Checklist	04/22	
10.00(c)	Code Green – Evacuation Plan Template (LTC)	07/22	X
10.00(e)	Evacuation Supplies Grey County	07/22	Grey County
10.00(f)	Resident Identification System	02/22	
10.00(g)	Evacuation Resident Log	02/22	
10.00(h)	Relocation Sites Evacuation Agreements Chart – Template	02/22	
10.20	Code Green – Mock Evacuation	09/24	
10.20(a)	Code Green – Mock Evacuation Facilitator Guide – Code Green Evacuation Drill	09/24	
10.20(b)	Code Green – Mock Evacuation Observer Report & Recommendation Report	09/24	

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Policy Number	Policies	Last Revision	Site Specific
10.20(c)	Code Green – Mock Evacuation Drill – Team Member Communication Template	09/24	
10.20(c)	Code Green – Mock Evacuation Drill – Resident-Family Communication Template	09/24	
10.30	Code Green – Return to Evacuated Site	09/24	
10.30(a)	Preparing for Return to Evacuated Site Checklist	09/24	
10.30(b)	Repatriation Day Resident Schedule - Template	09/24	
10.30(c)	Repatriation Resident Checklist	09/24	
10.30(d)	Repatriation Equipment Transport Template	09/24	
F	CODE WHITE – PHYSICAL THREAT/VIOLENT OUTBURST		
10.00	Code White – Threat, Violence, Violent Outburst	12/24	X
10.00(a)	Flow Chart – Code White Emergency Response	12/24	
10.00(b)	Code White – Guidelines for Communicating with Police	12/24	
10.00(c)	Code White – Guidelines Responding to Disruptive Behaviour	12/24	
10.00(d)	Code White – Guidelines Managing Resident-to-Resident Assault	12/24	
10.00(e)	Code White – Guidelines Threatening Communication	12/24	
10.00(f)	Code White – Scenarios – Examples of Response	12/24	
G	CODE YELLOW – MISSING RESIDENT		
10.00	Code Yellow – Missing Resident	02/24	
10.00(a)	Code Yellow – Missing Resident Search Checklist	02/24	
H	CODE BLUE – MEDICAL EMERGENCY		
10.00	Code Blue – Medical Emergency	4/24	X
10.00(a)	Code Blue – Management of a Choking Resident	5/24	
10.00(b)	Code Blue – Protected Code Blue	4/24	
I	CODE ORANGE – EXTERNAL EMERGENCY INCLUSIVE OF: <ul style="list-style-type: none"> • Community Disaster • Natural Disaster • Extreme Weather Event • External Flood 		
10.00	Code Orange – External Emergency Grey County	09/24	Grey County
10.00(a)	Damage Assessment Checklist	09/24	
10.10	Code Orange – Emergency Reception Plan	09/24	X
10.10(a)	Code Orange – Surge Capacity Reception Site Plan Template (SAMPLE)	09/24	
10.10(b)	Code Orange – Receiving Site Information Request Guidelines	09/24	

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Policy Number	Policies	Last Revision	Site Specific
10.10(c)	Code Orange – Checklist – Receiving Site Preparation	09/24	
10.10(d)	Code Orange – Emergency Reception Registration log (SAMPLE)	09/24	
10.10(e)	Code Orange – Emergency Reception – Considerations for Staffing	09/24	
10.10(f)	Code Orange – Emergency Reception Support – Psychosocial Considerations	09/24	
J	CODE BLACK – BOMB THREAT/SUSPICIOUS PACKAGE		
10.00	Code Black – Bomb Threat	01/24	X
10.00	Code Black – Bomb Threat Rockwood Terrace	02/22	RT
10.00(a)	Code Black – Bomb Threat (Telephone Checklist)	01/24	
10.00(b)	Code Black – Bomb Threat (Written Threat/Suspicious Package)	01/24	
K	CODE GREY – INFRASTRUCTURE LOSS/FAILURE INCLUSIVE OF: <ul style="list-style-type: none"> • Loss of one or more essential services • Internal Flood 		
10.00	Code Grey – Infrastructure Loss/Failure Grey County	08/24	Grey County
10.00(a)	Code Grey – Emergency Power Supply Inventory	08/24	X
10.00(b)	Code Grey – Fire Watch Sign	08/24	
10.00(c)	Code Grey – Fire Watch Checklist	08/24	
L	CODE BROWN – INTERNAL EMERGENCY (CHEMICAL SPILL / GAS LEAK / HAZARD)		
10.00	Code Brown – Internal Emergency (Spill / Leak / Hazard)	03/24	
10.00(a)	Code Brown – Spill Kit Instructions	02/24	
M	CODE SILVER – ACTIVE SHOOTER / ARMED INTRUSION / HOSTAGE SITUATION		
10.00	Code Silver – Active Shooter / Armed Intrusion / Hostage Situation	02/24	
N	BUILDING LOCKDOWN		
10.00	Building Lockdown	01/24	
O	BOIL WATER ADVISORY		
10.00	Boil Water Advisory	02/24	
10.00(a)	Personal Hygiene During Boil Water Advisory	02/24	
10.00(b)	Cleaning & Sanitizing Practices During Boil Water Advisory	02/24	
10.00(c)	Preparing Food During Boil Water Advisory	02/24	

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Policy Number	Policies	Last Revision	Site Specific
10.00(d)	Boil Water Advisory Sign	02/24	
10.00(e)	Boil Water Advisory Handwashing Sign	02/24	
P	OUTBREAKS OF A COMMUNICABLE DISEASE, OUTBREAKS OF A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMICS, PANDEMICS		
10.00	Outbreaks, Epidemics & Pandemics	09/24	
10.00(a)	Sample Agenda – Outbreak Preparedness Drill (Leader Copy)	09/24	
10.00(b)	Sample Agenda – Outbreak Preparedness Drill	09/24	
10.00(c)	Outbreak/Epidemic/Pandemic Supplies	09/24	
10.10	Pandemic Plan	09/24	
10.10(a)	Pandemic Plan Template	09/24	
Q	STAFFING CONTINGENCY PLANNING		
10.00	Staff Shortages – Contingency Planning	09/24	
10.00(a)	Staffing Contingency Plan Template	09/24	
10.00(b)	Staffing Shortage – Immediate Activities	09/24	
10.00(c)	Priority Tasks – Clinical/Wellness	09/24	
10.00(d)	Priority Tasks – Dietary/Culinary	09/24	
10.00(e)	Priority Tasks – Recreation/Resident Engagement	09/24	
10.00(f)	Priority Tasks – Housekeeping	09/24	
10.00(g)	Cheat Sheet – Setup Support	09/24	
10.00(h)	Staffing Contingency Assignment (Sample)	09/24	
10.00(i)	Resident Reference Sheet	09/24	
R	PROVISION OF FOOD & FLUID IN AN EMERGENCY		
10.00	Emergency Menus & Response (LTC)	03/24	
10.00(a)	Emergency Menu – No Utilities (LTC)	03/24	
10.00(b)	Emergency Menu – Therapeutics (LTC)	03/24	
10.00(c)	Emergency Menu – Snacks (LTC)	03/24	
10.00(d)	Provision of Food & Fluid Continuity Plan Template (LTC)	03/24	

TITLE:	Emergency Management Plan	POLICY #:	XVIII-A-10.00
		PAGE:	1 of 4
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	March 2016	SCOPE:	All Homes
PAST REVISIONS:	Aug/17, Feb/22, Apr/22, Jul/22, Sept/22		
CURRENT REVISION:	December 2024		

POLICY:

All locations will have a current Emergency Management Plan in place that will promote processes related to the prevention of risk and ensure that people and property are safeguarded in the event of an emergency.

In developing and updating the location's Emergency Plan, the location will:

- Consult with entities that may be involved in or provide emergency services in the area where the building is located including, without being limited to, community agencies, health service providers, partner facilities, and resources that will be involved in responding to the emergency, and keep a record of the consultation;
- Ensure hazards and risks that may give rise to an emergency impacting the location are identified and assessed, whether the hazards and risks arise within the location or in the surrounding vicinity or community; and
- Consult with the Residents' Council and Family Council, if any.

An emergency will be defined as a situation or impending situation presenting an imminent threat of danger of major proportions that could result in serious harm to persons and/or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident, or an act, whether intentional or otherwise. Response to such a situation requires immediate action to ensure the safety and wellbeing of those involved.

A recognized system of codes identified by colour or procedure will be used to ensure common understanding of the emergency. No codes or colours will be added or deleted by a care community/retirement residence.

Each location's Emergency Management Plan will provide directions to all team members using the Incident Management Team (IMT) framework to ensure leadership and command of any and all emergencies or potential emergencies within the care community/retirement residence.

The Director of Long Term Care is responsible for the official declaration of an emergency at the home in consultation with the Executive Director and/or designate and other Support Services leaders as applicable.

CODE/PROCEDURE DEFINITIONS:

Code/Emergency	Description	Practice Months
Red	Fire	Every Month, Every Shift
Black	Bomb Threat	January
White	Threat/Violence/Violent Outburst	February
Fan Out List	Team Member Fan Out	March
Green	Evacuation	May-Oct.

Blue	Medical Emergency	April
Orange	External Emergency & Emergency Reception (Community/Regional Disaster)	May
Yellow	Missing Person	June
Grey	Infrastructure Loss/Failure	July
Brown	Internal Emergency (Leak/Spill/Hazard)	August
Silver	Active Shooter/Armed Intrusion/Hostage Situation	September
Boil Water Advisory	Drinking water supply contaminated	October
Building Lockdown	Implemented to secure/protect when unauthorized person enters /threatening communication, etc.	November
Outbreak / Epidemic / Pandemic Preparedness	Outbreaks of communicable disease, of public health significance, epidemics & pandemics	August/September

PROCEDURE:

The location will carry out Emergency Management responsibilities through focus on four interrelated activities: mitigation, preparedness, response, and recovery.

- **Mitigation:** Reduction of exposure to, or probability of loss from emergency events.
- **Preparedness:** Establishment of authorities and responsibilities for emergency actions along with resource designation to support them. Includes education and practice of drills and exercises.
- **Response:** Time sensitive actions taken in the event of an emergency to reduce negative impact to residents and team members. Response to emergencies will first focus on Life Safety, and will utilize the principles of Incident Management and follow Code Procedures as outlined in this manual.
- **Recovery:** The effort to restore infrastructure and resident life to normal.

The Director of LTC or designate will:

- 1) On an annual basis, review evidence of complete Emergency Management Plan for each home they support
- 2) Monitor through regular Operations reports that Emergency response procedures are practiced in accordance with relevant legislation and organizational policies and procedures.

The Executive Director or designate will:

- 1) Develop and maintain a location-specific Emergency Management Plan that ensures mitigation, preparedness (including practice strategies and education), response, and recovery for all defined emergencies.

- 2) Ensure the Emergency Management Plan is kept in a location accessible to all team members.
- 3) Ensure all team members are aware of the location of the Emergency Management Plan and how to navigate the plan in the event of an emergency.
- 4) Ensure the Emergency Management Plan is kept up to date as updates/changes are issued from the organization, which will include:
 - a. Annual (at minimum) evaluation and update to location-specific Emergency Plan (as required)
 - b. Annual (or more frequently as needed) updating of all emergency contact information, including but not limited to community agencies, partner facilities, and resources that will be involved in responding to an emergency; and
 - c. Evaluation and update (as required) of the location's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.
- 5) Document any evaluation of and update to the Emergency Management Plan.
- 6) Conduct specific education and practice sessions for managers and nurses with building charge responsibilities.
- 7) Coordinate with Director of LTC any budgetary considerations to ensure the necessary execution of the Emergency Management Plan.
- 8) Ensure practice and documentation of code practice and orientation/training activities as per policy.
- 9) Communicate results to leadership teams/appropriate committees and implement improvements to process as needed.
- 10) Review the Individual Accommodation Process (III-J-10.10), the Individual Accommodation Plan (III-J-10.10(a)), and the Individualized Workplace Emergency Response Plan (III-J-10.00(b)) to consider the accessibility needs of team members with disabilities, where applicable, in accordance with the *Accessibility for Ontarians with Disabilities Act*.
- 11) **LTC-ON:** Complete and submit Emergency Plan Attestation annually as required (form/process pending further direction from Ministry).

Reference:

Annual Program & Ctte. Evaluations and requirements (LTC)

Attachments: XVIII-A-10.00(a) Emergency Plan Consultation Record

XVIII-A-10.00(b) Emergency Plan Consultation Record Template
XVIII-A-10.00(c) Emergency Plan Template

EMERGENCY PLAN CONSULTATION RECORD

Date:

Reason: ☐ **Emergency Plan Activated** ☐ **Annual Review/Evaluation** ☐ **Changes/Updates**

Participants (list names):

Residents' Council	
Family Council	
Medical Director	
IPAC Lead	
Public Health	
Community Partners	
Other	

Consultation Discussion

Topic	Feedback/Input
Emergency Plan Activated: Review any actual/activated emergencies (review the event, outcomes, and discuss).	
Identify what worked well with the emergency plan.	
Note planned improvements/changes	

Annual Review/Evaluation of Plan: summarize plan, any updates/changes in the year, and program evaluation outcomes.

Do you have confidence in the Emergency Plan as presented and/or do you have any questions?	
Are there any recommendations you have to enhance the Emergency Plan?	

Changes/Updates: Describe the new policy or changes to the plan.

Do you have questions or feedback related to the change/update?	
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Action Plan

Issue	Action	Responsible Person	Timeline



Emergency Plan Consultation – Residents’ & Family Council

December 2024



Policies and Procedures

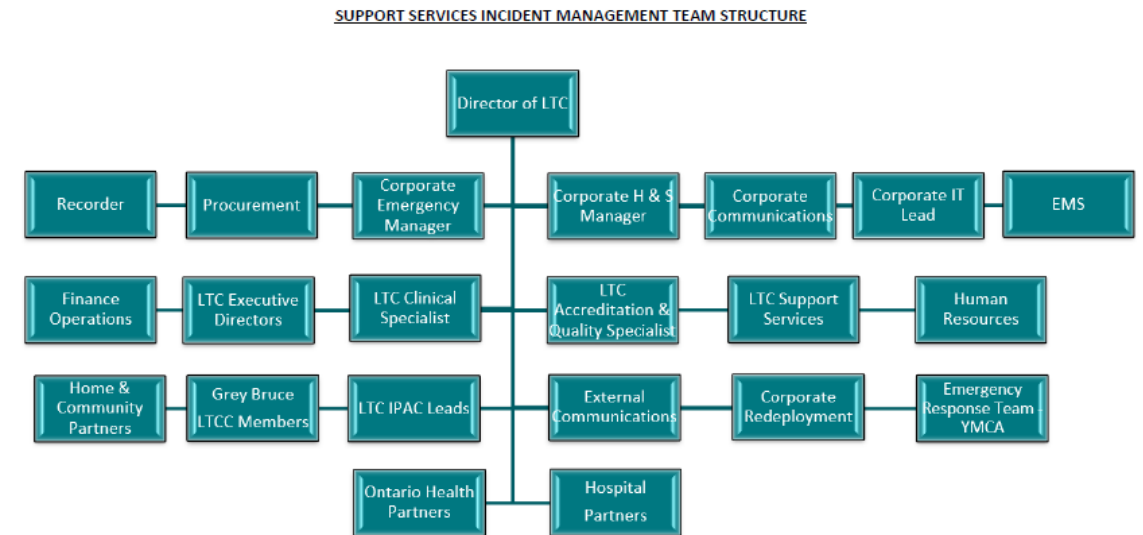
Grey County's Emergency Management Manual now contains additional sections that meet the FLCTA:

- Enhancement areas include:
 - Communications, Additional Emergency Codes, Enhanced Evacuation Plans, Boil Water Advisory, Outbreaks of Communicable Disease, Outbreaks of a Disease of Public Health Significance, Epidemics, pandemics, Staffing Contingency Planning, Provision of Food & Fluid in an Emergency

Emergency Procedures

General Overview

- Code **RED** – Fire
- Code **BLACK** – Bomb Threat
- Code **WHITE** – Physical Threat/Violence
- Code **GREEN** – Evacuation
- Code **BLUE** – Medical Emergency
- Code **ORANGE** – External Emergency
- Code **YELLOW** – Missing Person
- Code **GREY** – Infrastructure Loss / Failure
- Code **BROWN** – Spill/Leak/Hazard
- Code **SILVER** – Active Shooter
- Boil Water Advisory
- Building Lockdown
- Outbreak/Epidemic/Pandemic



Emergency Procedures

Staff Orientation & Education, Code Tests/Drills, Actual Events

All staff are educated on their role in an emergency, on orientation, and annually or more frequently as required

Emergency Response Practice includes activation of Communication Plan & Agreements with Community Partners

Each Emergency Code/Procedure is tested annually or more frequently as required

Actual Emergency Events always followed by debrief, action planning for improvements as needed



Discussion

Care Community
Emergency Plan



Grey
County

Colour It Your Way



CommunityEmergency Plan Sample

Instructions: Please update the Emergency Plan Template as applicable for your community/retirement residence to support immediate response required in the event of an emergency.

- √ Insert information where indicated.
- √ Review each template/procedure; make any location specific adjustments needed.
- √ DELETE any information that does not pertain to your community/retirement residence i.e. if your building does not have an elevator, remove any information specific to elevator emergency.
- √ REPLACE information as it is updated to ensure Emergency Plan is kept current.
- √ Reference full Emergency Management Manual on PolicyStat for additional policies/resources as needed i.e. Recovery Plan/Debriefing Templates, team member training/education requirements, Incident Management Team Agenda and Action Plan Templates, etc.

NOTE: Once your Emergency Plan Template is final/location-specific, maintain a printed copy accessible to all team members at all times. You may wish to organize in a binder with tabs to facilitate quick access to specific codes/procedures.

As updates come out to specific procedures through the policy update process, you can use them to inform updates to this plan. You do not need to maintain a printed copy of all Emergency Management Manual policies & procedures, but only of your location-specific Emergency Plan.

INCIDENT MANAGEMENT TEAM

INSERT: Location-Specific Incident Management Team Structure (Complete Template XVIII-A-10.20(e)).

EMERGENCY SUPPLIES

INSERT: Location-Specific Emergency Supplies (Complete Template XVIII-A-10.40(a)).

HAZARD IDENTIFICATION & RISK ASSESSMENT (HIRA)

INSERT: Location-Specific Hazard Identification & Risk Assessment Form (Complete Template XVIII-A-10.60(a)).

BUILDING MAP/PROFILE

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

EMERGENCY FAN OUT

INSERT: 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)).

EMERGENCY CONTACTS: EXTERNAL & MUTUAL AID

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

EMERGENCY COMMUNICATION

*****Update as applicable to your location; reference XVIII-B-10.00 & attachments*****

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 assure them of their family member's safety and advise them of the location's plan for the crisis (automated direct messaging system will be used where available). The organization's Call Centre may be utilized as required.

When placing calls, the assigned team members will:

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

WRITTEN COMMUNICATION: RESIDENTS & FAMILY

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

- Type of emergency
- Estimated time and severity of impact
- Expected disruptions to services and routines
- Actions 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 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 in collaboration with the Support Services Office Team.

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

See Fan Out Policies/Templates.

Use WorkVivo as available for communications to team members.

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

COMMUNICATION: SUPPORT SERVICES 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. 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

INSERT: Location-Specific Fire Plan.

CODE GREEN: EMERGENCY EVACUATION

INSERT:

- Copy of XVIII-E-10.00(a) Deciding Whether to Evacuate or Shelter in Place
- Copy of XVIII-E-10.00(b) Code Green Incident Manager Evacuation Checklist
- Location-Specific Evacuation Plan (Complete Template XVIII-E-10.00(c)/(d) as applicable for your location)
- Copy of XVIII-E-10.00(e) Evacuation Supplies (updated as required for your location/event)
- Copy of XVIII-E-10.00(f) Resident Identification System
- Copy of XVIII-E-10.00(g) Evacuation Resident Log
- Location-Specific Relocation Sites Evacuation Agreements Chart (Complete Template XVIII-E-10.00(h)

CODE GREEN: RETURN TO EVACUATED SITE (REPATRIATION PLAN)

Following an evacuation event and prior to return 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 (fire department, police, provincial regulatory body as applicable).
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/Manager of Wellness / 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.

INSERT:

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

CODE WHITE: PHYSICAL THREAT/VIOLENT OUTBURST

*****Update as applicable to your location; reference XVIII-F-10.00 & attachments*****

CODE WHITE RESPONSE

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

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

The community/residence 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.

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 community/residence Emergency Recovery Plan.
2. Investigate and document the incident, file appropriate reports to provincial regulatory authority, support services office, etc., and take action for next steps noted in debrief as required.
3. Ensure police services were contacted as required.

4. Ensure any updates to Care/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.

INSERT:

- Copy of XVIII-F-10.00(a) Flowchart: Code White Emergency Response
- Copy of XVIII-F-10.00(b) Code White Guidelines: Communicating with Police
- Copy of XVIII-F-10.00(c) Code White Guidelines: Responding to Disruptive Behaviour
- Copy of XVIII-F-10.00(d) Code White Guidelines: Managing Resident-to-Resident Assault
- Copy of XVIII-F-10.00(e) Code White Guidelines: Threatening Communication
- Copy of XVIII-F-10.00(f) Code White Scenarios: Examples of Response
- Copy of XVIII-F-10.00(g) De-Escalation Tips (Crisis Prevention Institute)

CODE YELLOW: MISSING RESIDENT

*****Update as applicable to your location; reference XVIII-G-10.00 & attachments*****

CODE YELLOW RESPONSE

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

All Team Members will:

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

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

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

The Executive Director/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/Manager of Wellness, 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/Manager of Wellness.
- 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.

INSERT:

- Copy of XVIII-G-10.00(a) Code Yellow: Missing Resident Search Checklist

CODE BLUE: MEDICAL EMERGENCY

*****Update as applicable to your location; reference XVIII-H-10.00 & attachments*****

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.

INSERT:

- Copy of XVIII-H-10.00(a) Code Blue: Management of a Choking Resident
- Copy of XVIII-H-10.00(b) Protected Code Blue

CODE ORANGE: EXTERNAL EMERGENCY

*****Update as applicable to your location; reference XVIII-I-10.00 & attachments*****

CODE ORANGE RESPONSE-EXTERNAL EMERGENCY

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

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

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

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

1. Inform the Incident Manager immediately.

The Incident Manager or designate will:

1. Announce Code Orange-External Air Exclusion.
2. Tune into local radio/television/internet for information and direction from provincial or community authorities.
3. Alert team members that an evacuation may be necessary.
4. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place".
5. Seal building so contaminants cannot enter by:
 - Ensuring that all windows and doors are closed;
 - Sealing gaps under doorways, windows, and other building openings (indicate where supplies will be kept);
 - Ensure that all heating, air conditioning, and ventilation systems remain off;
 - Where in place, remove portable air conditioning exhaust hoses from window and ensure windows closed/sealed; and
 - Limit access to the building.
6. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
7. Initiate Code Green evacuation procedure as required.
8. Announce Code Orange-All Clear when situation is resolved.

All Team Members will:

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

SEVERE AIR QUALITY ISSUES

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

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

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

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Monitor updates for air quality levels and wildfire locations in the region daily during Special Air Quality/Smog & Air Health Advisory events. Take into consideration current/future air quality and smoke direction for your location (as applicable).
 - Air Quality
 - 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.
6. Ensure that people with chronic health conditions e.g. asthma have any prescribed medications readily available.
7. Facilitate communications to team members, such as huddles on each shift, to educate team members about assessment and care of residents who may be impacted by air pollution.
8. Ensure any strenuous and/or outdoor activities are postponed.
9. Ensure residents stay hydrated and are kept cool.
10. Ensure team members know to seek medical attention immediately in the event of anyone experiencing severe symptoms such as shortness of breath, severe cough, dizziness, chest pain, and/or heart palpitations.
11. In extreme situations, convene a Hot Issue Alert call to discuss the need to rent air scrubbers to filter the affects of smoke/pollution and improve air quality in your building.

- NOTE: Air scrubber rentals must be approved by Vice President Regional Operations (VPRO)/Regional Director of Operations (RDO) prior to booking.
- Reach out to Procurement and/or Building Services Partner for vendor contact info. and any assistance required.

12. Announce Code Orange-All Clear when situation is resolved.

SEVERE WEATHER/WILDFIRE

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

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

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Tune into their local radio station/television station/internet for updates on severe weather/wildfire warnings.
2. Announce Code Orange and advise team members, residents, and visitors of severe weather/wildfire warning.
3. Direct team members to move residents away from windows and close blinds and curtains as time allows, preventing window glass from shattering onto them or debris from entering through windows, etc.
4. Direct team members to have emergency supplies readily accessible.
5. Direct Maintenance team to verify that the generator (as applicable) is adequately fueled and in good working order.
6. Direct Maintenance team to arrange for additional fuel onsite as required.
7. Initiate Code Green evacuation procedure as required.
8. As needed when event is resolved, assess any damage that may have affected the building/grounds using the Damage Assessment Checklist as a guide; take action to remedy as required.
9. Announce Code Orange-All Clear when situation is resolved.

EARTHQUAKE

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

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

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

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

When the shaking stops:

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

The Incident Manager will:

1. Announce Code Orange-Earthquake.
2. Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
3. Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.

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

FLOOD (EXTERNAL I.E. DUE TO WEATHER)

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

The Incident Manager will:

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

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

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

REGIONAL/COMMUNITY DISASTER/UTILITY FAILURE

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

1. Inform the Incident Manager immediately.

The Incident Manager will:

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

All Team Members will:

1. Take direction from the Incident Manager.

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.

INSERT:

- Copy of 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.

INSERT:

- Location specific Surge Capacity Reception Site Plan (Use XVIII-I-10.10(a) Template (Sample))
- Copy of XVIII-I-10.10(b) Receiving Site Information Request Guideline
- Copy of XVIII-I-10.10(c) Checklist - Receiving Site Preparation
- Copy of XVIII-I-10.10(d) Emergency Reception Registration Log (Sample)

- Copy of XVIII-I-10.10(e) Emergency Reception - Considerations for Staffing
- Copy of XVIII-I-10.10(f) Emergency Reception Support - Psychosocial Considerations

CODE BLACK: BOMB THREAT

*****Update as applicable to your location; reference XVIII-J-10.00 & attachments*****

POLICY:

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.

PROCEDURE:

For further information, please contact the Executive Director.

CODE GREY: INFRASTRUCTURE LOSS/FAILURE

*****Update as applicable to your location; reference XVIII-K-10.00 & attachments*****

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 and the elevator service company immediately and determine their estimated response time.
 - Elevator Service Company Name: [REDACTED]
 - Elevator Service Company Contact Information: [REDACTED]
 - Where to find Elevator Service Company Contract: [REDACTED]
- 3) Attempt to determine where the elevator is stopped.
- 4) Designate a team member to be stationed outside of the elevator door on the floor where it has stopped to reassure the occupant(s) that help is on the way.
- 5) Reinforce to occupants to not force the doors open and remain calm.
- 6) Prevent anyone from overriding the system. Overriding the system may put occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.
- 7) Call 911 if the occupant(s) is in distress.
- 8) Follow the directions of the elevator service technician or emergency services when they arrive on scene.
- 9) Take the elevator out of service until the necessary repairs are made.
 - How to take elevator out of service i.e. location of switch: [REDACTED]
 - Insert plan for out of service elevator/transportation of residents as applicable to the building: [REDACTED]

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

All Team Members will:

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

The Nurse will (where applicable):

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

All Team Members will:

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

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

- 1) Activate the Emergency Generator immediately and monitor it to see that it is working correctly.
 - Instructions for activation of Emergency Generator: [REDACTED]
- 2) Ensure that all lights and Generator powered equipment is working.
- 3) Where applicable, direct team members to use the "RED PLUG" Generator outlets (in resident areas, these are marked with RED DOT).
- 4) Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.

- Supplies located at: [REDACTED]
- 5) Check fuel supply and activate procedure for delivery of additional fuel as needed.
- 6) Procedure for delivery of additional fuel: [REDACTED]

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: [REDACTED]
- 3) Monitor and assess the effect on resident and team member safety.
- 4) Initiate Code Green Evacuation plan if necessary.

RESIDENT ELECTRONIC DOCUMENTATION SYSTEM

For loss of the resident electronic documentation system, refer to VII-J-10.20 Electronic Documentation System Downtime & attachments (LTC)/XV-B-30.20 Electronic Documentation System & EMAR Backup – Downtime Management (RET).

FIRE PROTECTION SYSTEM FAILURE

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

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

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
 - Fire Protection Service Supplier: [REDACTED]
 - Fire Protection Service Supplier Contact Info.: [REDACTED]
 - Location of Fire Protection Service Supplier Contract: [REDACTED]
 - Fire Department Contact Info.: [REDACTED]

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: [REDACTED]
 - HVAC heating system contractor service provider Contact Info.: [REDACTED]
 - Location of HVAC heating system contractor service provider Contract: [REDACTED]
- 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: [REDACTED]
 - HVAC cooling system contractor service provider Contact Info.: [REDACTED]
 - Location of HVAC cooling system contractor service provider Contract: [REDACTED]

- 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
 - 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: [REDACTED]
 - System contractor service provider Contact Info.: [REDACTED]
 - Location of system contractor service provider Contract: [REDACTED]
- 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: [REDACTED]
 - Electricity shut off location: [REDACTED]
- 3) Notify support services office.
- 4) Contact a plumber.
 - Plumber: [REDACTED]
 - Plumber Contact Info.: [REDACTED]
- 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.
 - Instructions to reset mag locks: [REDACTED]
 - Location of station: [REDACTED]
- 4) Assign team members to monitor exit doors until the problem is resolved.
- 5) Notify Director of Environmental Services 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: [REDACTED]
 - Mag lock/security system supplier Contact Info.: [REDACTED]
 - Location of Mag lock/security system supplier Contract: [REDACTED]

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/MOW, 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/MOW, DES, or designate.
- 3) Use landline phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Assign a messenger if safe to leave to alert Support Services Office of failure;
- 5) Determine alternative communication methods.
- 6) Notify residents and post signage.

INSERT:

- 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

*****Update as applicable to your location; reference XVIII-L-10.00 & attachments*****

CODE BROWN RESPONSE

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

DEFINITIONS:

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

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

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

CARBON MONOXIDE

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

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

Symptoms of Carbon Monoxide (CO) Exposure:

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

Any person who suspects exposure to Carbon Monoxide will:

- 1) Call the fire department using 911 immediately.

- 2) Inform the Incident Manager immediately.

The Incident Manager will:

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

All Team Members will:

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

NATURAL GAS LEAK

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

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

The Incident Manager will:

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

All Team Members will:

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

BIOLOGICAL/CHEMICAL THREAT

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

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

The Incident Manager will:

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

All Team Members will:

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

LIQUID/BODILY FLUIDS/CHEMICAL/GAS SPILL

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Keep team members, residents, volunteers, and visitors clear of the area.
- 2) Contact the Director of Environmental Services or designate to investigate and together determine the appropriate actions.
- 3) If no leak or spill, complete Incident Report.
- 4) If leak/spill found:
 - Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
 - Determine the nature, extent, and cause of the spill/leak;
 - Instruct maintenance team to use the Spill Kit stored in the Receiving area (suggested location) or in the room (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 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/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/Manager of Wellness 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/Manager of Wellness with completion of Incident Report/any other required documentation/ notification.

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

INSERT:

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

CODE SILVER: ACTIVE SHOOTER/ARMED INTRUSION/HOSTAGE SITUATION

*****Update as applicable to your location; reference XVIII-M-10.00*****

POLICY:

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

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

PROCEDURE:

For further information, please contact the Executive Director.

BUILDING LOCKDOWN

*****Update as applicable to your location; reference XVIII-N-10.00*****

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

PROCEDURE:

For further information, please contact the Executive Director.

BOIL WATER ADVISORY

*****Update as applicable to your location; reference XVIII-O-10.00 & attachments*****

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

BOIL WATER ADVISORY IMPLEMENTATION

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

Do not use tap water to:

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

PROCEDURE:

The 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 advisory.
- 3) Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking.

The Infection Prevention & Control Lead or designate will:

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

The Director of Environmental Services or designate will:

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

The Environmental Services Team will:

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

The Director of Dietary Services/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 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.

INSERT:

- 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

*****Update as applicable to your location; reference XVIII-P-10.00, XVIII-P-10.10 & attachments*****

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 IX-F-10.50 Cohorting Staff & Residents & IX-F-10.50(a) Cohorting Guidelines During an Outbreak / XXII-F-10.50 Cohort Staffing (as applicable)

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

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

INSERT:

- 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

*****Update as applicable to your location; reference XVIII-Q-10.00 & attachments*****

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

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

PROCEDURE:

The General Manager/Executive Director or designate will:

- 1) Develop/review contingency plan to:
 - Identify minimum staffing needs for each home area/neighbourhood/floor
 - Prioritize critical and essential services based on resident population needs
 - Identify backup for each shift and role and ensure training provided
- 2) Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
 - Identify team members who could potentially take on a leadership role.
 - This may also require discussions on available staffing support with HR, Support Services, Partners, and other institutions.
- 3) Ensure staffing contingency planning in place for lower staffing levels in the event of an evacuation as part of Code Green Evacuation Plan i.e. Incident Management Team assignments and role training inclusive of night/weekend/holiday teams.
- 4) Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN, RPN, 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 latest orders (e.g. no team members work in more than one location)
 - Improve team member engagement and morale
- 10) Work with department leads to identify backup schedulers (as required/where centralized scheduling not in place).

- 11) Redeploy team members who work in non-essential/suspended services (e.g. community programs for PPE sourcing).
- 12) Align with union reps on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
- 13) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
- 14) Identify all available options to meet staffing needs, including:
 - Health Workforce Matching Portal
 - Volunteers
 - Agency contracts
 - Health Unit support
 - Local healthcare facilities (e.g. hospital)
 - Emergency services (e.g. army)
 - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
 - Cross-training/universal roles (e.g. housekeeping and tray delivery)
 - Look at team member history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling
- 15) Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
- 16) Consider adding dedicated Team Member Experience Coordinator role onsite to handle all training, onboarding admin work, benefits, time tracking, etc.
- 17) Consider adding scheduling staff to support outbreak needs.
- 18) Discuss with Support Services and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
- 19) Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
- 20) If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
- 21) Implement Return to Work protocols. See IV-F-10.00 Early & Safe Return to Work Program (and attachments).

The Team Member Experience Coordinator or designate will:

- 1) Collect information from team members, contractors, and volunteers about:
 - Availability
 - Skills (including cross training)
 - Likely or actual exposure to disease at home (as applicable)
 - Health conditions that may affect their availability to provide services
- 2) Implement initiatives to increase team member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
 - Recognize team members' hard work often
 - Check in with team members
 - Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
 - Ensure team members are aware of EAP and other resources available for their wellness
 - Mitigate team member fears by communicating protection measures taken/to follow

- 3) Discuss with team members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
- 4) Track additional employment locations of team members and monitor those locations for outbreaks (as applicable).

The Human Resources Business Partner will:

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

INSERT:

- Location-Specific Staffing Contingency 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-Dietary/Culinary (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 (LTC)

*****Update as applicable to your location; reference XVIII-R-10.00 & attachments*****

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

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

Emergency Plan that Includes:

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

Suggested Three-Day Emergency Menu Supplies:

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

Special Products:

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

Items Required for Emergency Plan Include:

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

Other Items to Consider:

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

Loss of Water:

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

Loss of Power:

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

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

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

Relocation of Residents (Evacuation):

- ☐ Menus (printed and/or electronic)
- ☐ Resident lists with food preferences, nutritional risk, and needs
- ☐ Team member contact lists and schedules

- ☐ Transport 3 days' emergency food supply and emergency supplies
- ☐ If unable to transport, borrow emergency food supply and emergency supplies from sister site to evacuation site
- ☐ Ascertain ordering in food and fluids from restaurants, community services, etc.
- ☐ Assign staffing accordingly
- ☐ Director of Dietary Services/designate to re-evaluate daily, identify risks, and report to Executive Director/Incident Manager or designate
- ☐ Director of Dietary Services/designate to communicate with Executive Director/Incident Manager daily the food service plan

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

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

INSERT:

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

EMERGENCY RECOVERY

*****Update as applicable to your location; reference XVIII-A-10.80 & attachments*****

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 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.

INSERT:

- Location Specific 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)

TITLE:	Incident Management Team – Emergency Response	POLICY #:	XVIII-A-10.20
		PAGE:	
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	March 2016	SCOPE:	All Locations
PAST REVISIONS:	May 2017, February 2022		
CURRENT REVISION:	September 2024		

POLICY:

The organization will follow the Incident Management Team (IMT) structure approach in responding to an emergency situation. The Director of Long-Term Care & Senior Services is responsible for the official declaration of an emergency at the home in consultation with the Executive Director /Incident Manager and other Support Services Office leaders as applicable.

Response to emergencies will first focus on life safety; when life safety has been addressed, the Incident Management Team will be implemented to organize the scene and ensure necessary actions for emergency response in accordance with the location's Emergency Management Plan and procedures.

Team members will be assigned to Incident Management Team positions prior to the occurrence of an emergency situation. At the time of an emergency, the Incident Manager will, in the absence of pre-designated team members, assign available team members to Incident Management Team positions to handle the immediate emergency. Depending on time, incident, and staffing in place, the Incident Manager may be any leader or other team member 'in charge' at the time of the emergency and first on the scene; this responsibility may then be transferred as applicable.

PROCEDURE:

Support Services Office will:

- 1) Coordinate and assign Incident Management Team roles at support services office to provide direction and support to locations as required in the event of an emergency.

The Executive Director or designate will:

- 1) Establish a home Incident Management Team (IMT) inclusive of backups for each position and document on XVIII-A-10.20(d) Community IMT Organizational Chart; maintain and update as part of the location's Emergency Management Plan.
- 2) Liaise with provincial regulatory authorities and Support Services Office as required during all emergency phases.
- 3) Ensure all team members attend mandatory emergency preparedness in-services and training drills as scheduled.
- 4) Ensure all team members are familiar with their role and responsibilities should an emergency occur.

In an emergency situation, the Incident Manager or designate will:

- 1) Activate the Incident Management Team and assign positions to available team members.

- 2) Maintain overall responsibility and oversight throughout emergency response.
- 3) Call 911 as required to seek external Emergency Services/Emergency Responder assistance.
- 4) Update external Emergency Services on the situation upon their arrival and take direction from them as applicable.
- 5) Liaise with provincial regulatory authorities and Support Services as required during all Emergency Phases and request assistance as needed.
- 6) Seek assistance of community partners/mutual aid providers as needed.
- 7) Chair Incident Management Team meetings (to be held daily at minimum during emergency response phase/more frequently as required at the call of the Chair).
- 8) Ensure minutes/documentation from IMT meetings are shared to relevant stakeholders and filed electronically with file naming convention inclusive of committee name, year, month, and day.
- 9) Provide regular status updates and direction to team members, residents, family members, and volunteers.
- 10) Transition responsibility of Incident Manager role to backup/designated Incident Manager as required during the course of emergency response.

Attachments:

VIII-A-10.20(a) Incident Management Team Roles
XVIII-A-10.20(b) Incident Management Team Agenda Template
XVIII-A-10.20(c) Incident Management Team Action Plan Template
XVIII-A-10.20(d) Community Incident Management Team Organizational Chart
XVIII-A-10.20(d) Incident Management Team Structure – Grey Gables
XVIII-A-10.20(d) Incident Management Team Structure – Lee Manor
XVIII-A-10.20(d) Incident Management Team Structure – Rockwood Terrace
XVIII-A-10.20(e) Incident Management Team Structure - Support Services
(Sample)

INCIDENT MANAGEMENT TEAM ROLES

An Incident Management Team enables command, control, and organization of emergency response effective for responding to all types of emergency incidents, whether large or small, and may expand or contract as needed depending on the scope of the incident.

The Incident Management Team structure will be made up of five basic 'Lead' roles (Incident Manager, Operations Lead, Planning Lead, Logistics Lead, and Finance/Administration Lead). Depending on incident scope, individuals may take on more than one role, or the five basic elements may expand significantly to each having their own organizational structure, with all ultimately reporting back to and taking direction from the Incident Manager.

General responsibilities for each of the main lead roles/areas of the Incident Management Team include but are not limited to:

- **Incident Manager:** Sometimes referred to as Incident Commander; maintains overall responsibility and oversight throughout the emergency response. While this will typically be an Executive Director/Manager in charge, any team member may be called upon to assume the Incident Manager role depending on the timing and scope of emergency (i.e. during minimal staffing periods/on night shift).
- **Operations Lead:** Sometimes referred to as Operations Chief; directs and coordinates operational response in emergency management. Those reporting into and taking direction from the Operations Lead are the 'doers' or those taking direct action such as transporting individuals for evacuation, conducting triage, etc.
- **Planning Lead:** Sometimes referred to as Planning Chief; directs and coordinates reporting, documentation, tracking, etc. These are the 'thinkers', keeping track of resource and situation status, taking notes, preparing action plans and reports, saving files for future reference, preparing recovery/demobilization planning, etc.
- **Logistics Lead:** Sometimes referred to as Logistics Chief; provides services and supports to incident/incident responders. These are the 'getters'; ensuring food, transportation, medical care, supplies, etc. for those in Operations and as needed for overall emergency response.
- **Finance/Administration Lead:** Sometimes referred to as Finance Chief; monitors incident costs, maintains financial records, administers procurement contracts, ensures time recording. These are the 'payers' - keeping track of spending, ensuring hours are accounted for and that invoices and people are paid. Also supports funding reconciliation post-emergency (as applicable).

Other typical Incident Management Team Lead roles may include Information Lead (central point for information dissemination), Safety Lead (ensures team member/emergency responder safety measures communicated and followed), Liaison Lead (go-between for various organizations where multi-agency response), Communications Lead, and more.

The key to an effective Incident Management Team (IMT) is identifying in advance of an emergency incident who will take on which roles, how that might change depending on the scope and complexity of the incident, and who will provide backup, with advance training and communication to ensure all potential IMT members understand their role and responsibilities in the event of an emergency.

INCIDENT MANAGEMENT TEAM AGENDA TEMPLATE

Incident Management Meeting INSERT LOCATION NAME	Date:	Location:	
	Time:	Facilitator/Recorder (Planning Lead):	
Attendees:			
Guests:			
Regrets:			
	Action/Decision	Status	Target Date
STANDING ITEMS			
Incident Manager Update (Reference XVIII-A-10.20(b) IMT Action Plan Template for current Operational Period)			
Communications Lead Update <ul style="list-style-type: none"> • Confirmation of communication issued • Confirmation of communicated to be developed and approved and distributed • Review of complaints and follow up • Planned communication for residents, families, team members 			
Logistics Lead Update <ul style="list-style-type: none"> • 			
Staffing – Scheduler <ul style="list-style-type: none"> • # vacant roles • # needed shifts x next 72 hours • Status of any required orientation/training 			
HR Update <ul style="list-style-type: none"> • Status of recruitment • Status of work refusals 			
Operations Update			
Clinical Care/Wellness Updates – DOC/ADOC <ul style="list-style-type: none"> • Review of issues with clinical care / wellness services 			
Operations Updates – ED			
Resident Experience – RFSM			
Next meeting is:			

INCIDENT ACTION PLAN TEMPLATE

The Incident Manager may use this template to guide Incident Management Team response in the event of an emergency. It is recommended to document one plan template per 12- or 24-hour period.

Reference completed templates post-emergency to inform completion of XVIII-C-10.00(a) Emergency Preparedness Test/Drill Evaluation Form, Emergency Plan Consultation with Stakeholders as required (see XVIII-A-10.00), and Emergency Recovery Debrief & Action Planning (see XVIII-A-10.80).

Incident Name:	Operational	Date From:		Date To:	
	Period:	Time From:		Time To:	
Current Situation, Background, Assessment, Recommendations (SBAR): <i>Include specific information on the nature of the incident and known consequences at time of report. This may include information on scope, injuries/casualties, hazards, current response activities, outstanding issues, identified needs, etc.</i>					
Situation					
Background					
Assessment					
Recommendations					
Actions Taken so Far:					
Objectives for this Operational Period: <i>Enter clear, concise statements of the objectives for managing incident response. Ideally, list in priority order. Objectives may include response for this operational period and generally for the duration of the incident.</i>					
Strategies & Tactics to Achieve Objectives: <i>Enter clear, concise statements of the strategies and tactics to achieve objectives. Tactics explain how strategies should be carried out i.e. how resources will be deployed to achieve strategies.</i>					

Weather Forecast for Operational Period:

Enter weather forecast for the specified operational period as applicable to incident. Include additional environmental factors as applicable i.e. air quality, anticipated wildfire spread/fire map update, road closures affecting TM return to work/evacuation route, anticipated earthquake aftershock, etc. Where weather/environment is not an applicable factor, mark N/A.

General Safety Message:

Enter information regarding known safety hazards and specific precautions to be observed during this operational period.

Key Stakeholder Communication Points:

Enter clear, concise messages to be communicated to stakeholders for the specified operational period i.e. Support Services Office, residents, families, team members, community partners, etc.

Future Outlook

Note potential future developments based on current information.

Upcoming Touchpoints (i.e. IMT Meeting, Hot Issue Call, etc.)**Incident Management Team Assignments**

Incident Manager:

Safety Lead:

Operations Lead:

Planning Lead:

Logistics Lead:

Finance/Administration Lead:

Incident Action Plan Template Prepared by:

Name:

Signature:

Reference: Adapted from Consolidated Incident Action Plan (IMS 1001), 2012.

TITLE:	Incident Management Team Structure – Location	POLICY #:	XVIII-A-10.30
		PAGE:	
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	April 2020	SCOPE:	All Locations
PAST REVISIONS:	May 2020, February 2022		
CURRENT REVISION:	April 2022		

POLICY:

There will be an established Incident Management Team at the care community/retirement residence that follows the Incident Management approach in response to any emergency. The Director of Long Term Care is responsible for the official declaration of an Emergency at the location in consultation with the Executive Director or designate, and other applicable Support Services leaders.

RESPONSIBILITIES:

The Executive Director will:

- 1) Establish an internal Incident Management Team, including backups for every position where possible.
- 2) Ensure rollout of Emergency Plan resources and procedures as applicable.
- 3) Liaise with provincial regulatory authorities and Support Services as required during all Emergency Phases.

MEMBERSHIP:

Refer to XVIII-A-10.30(a), (b) Location IMT Structure.

FREQUENCY OF MEETINGS:

Daily during Emergency at a minimum or at the call of the Chair.

MINUTES:

Minutes of all meetings to be posted and stored in an accessible area for all team members to read and filed electronically by the committee, year, month, and day.

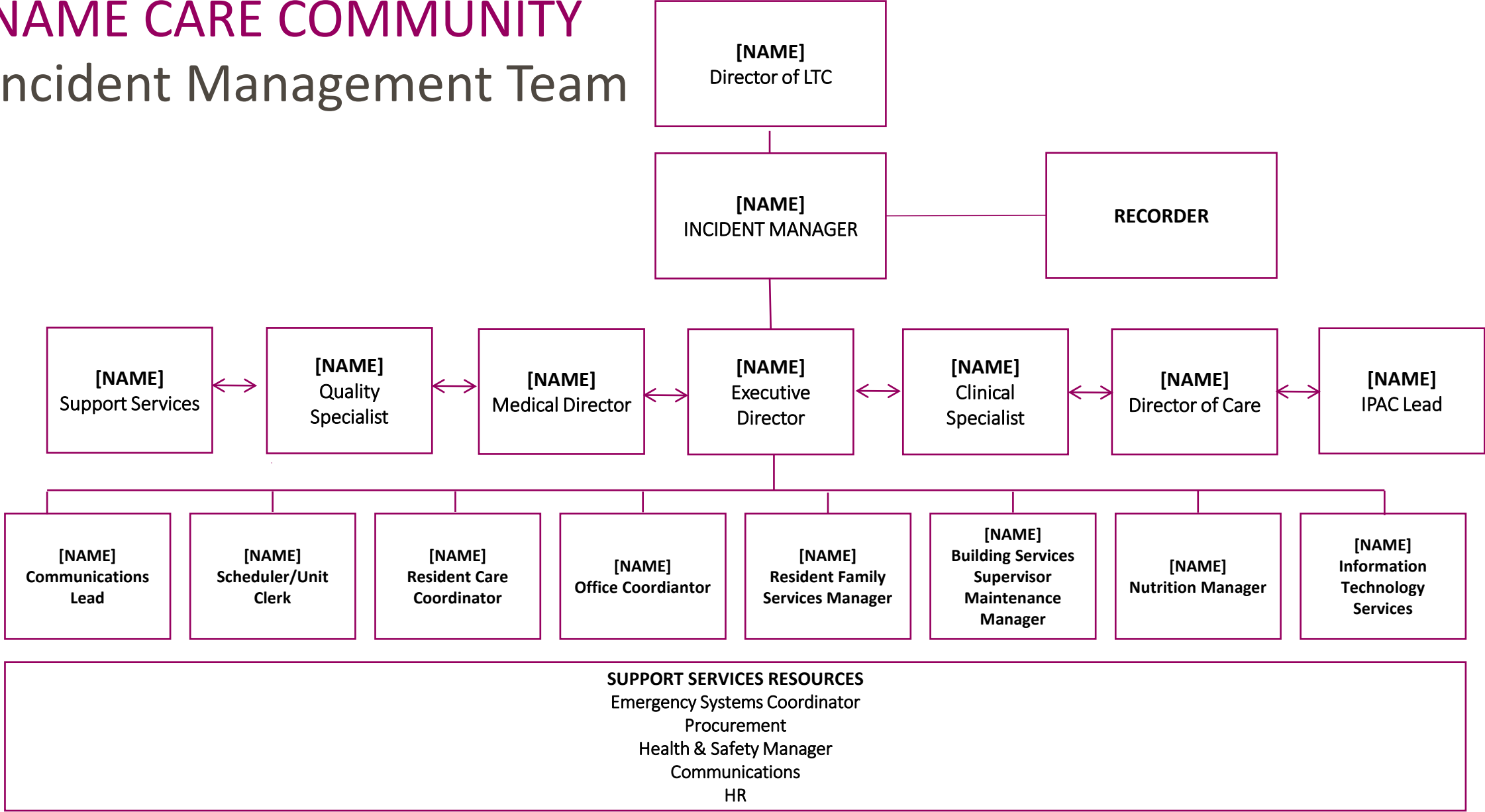
AGENDA:

All before or during the assigned meeting date.

Attachments: XVIII-A-10.30(a) Care Community Incident Management Team Structure (LTC)
XVIII-A-10.30(c) Incident Management Team – Agenda Template

NAME CARE COMMUNITY

Incident Management Team



INCIDENT MANAGEMENT TEAM AGENDA TEMPLATE

Incident Management Meeting INSERT LOCATION NAME	Date:	Location:		
	Time:	Facilitator/Recorder:		
Attendees:				
Guests:				
Regrets:				
		Action/Decision	Status	Target Date
STANDING ITEMS				
Incident Management Team Update				
Communications Lead designate Update <ul style="list-style-type: none"> • Confirmation of communication issued • Confirmation of communicated to be developed and approved and distributed • Review of complaints and follow up • Planned communication for residents, families, team members 				
Logistics Lead designate Update <ul style="list-style-type: none"> • 				
Staffing – Scheduler <ul style="list-style-type: none"> • # vacant roles • # needed shifts x next 72 hours • Status of any required orientation/training 				
HR Update <ul style="list-style-type: none"> • Status of recruitment • Status of work refusals 				
Clinical Update				
Clinical Care/Wellness Updates – DOC <ul style="list-style-type: none"> • Review of issues with clinical care / wellness services 				
Operations Updates – ED				
Resident Experience – RFSM				
Next meeting is:				

TITLE:	Emergency Equipment	POLICY #:	XVIII-A-10.40
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	November 2013	SCOPE:	All Locations
PAST REVISIONS:	February 2022, July 2022		
CURRENT REVISION:	January 2024		

POLICY:

To ensure adequate emergency equipment is available, accessible, and properly maintained, the Building Services Supervisor/Maintenance Manager, under the direction of the Executive Director, will develop and maintain a listing of all emergency equipment available for use in the location.

RESPONSIBILITIES:

The Executive Director or designate will:

- 1) Ensure all individuals who utilize emergency equipment are afforded proper training.
- 2) Ensure individuals responsible for inspecting emergency equipment are properly trained in how to inspect the equipment.

The Building Services Supervisor/Maintenance Manager or designate will:

- 1) Conduct emergency equipment inspections as required or contract external resources or agencies to inspect or otherwise approve listed equipment as per regulation or code.
- 2) Log all completed inspections.
- 3) Properly maintain, test, and verify all emergency equipment.

PROCEDURE:

- 1) All locations will maintain a listing, including location as applicable, of emergency equipment. The listing will include at a minimum:
 - Fire Extinguishers/Hoses
 - Fire Suppression System(s)
 - Emergency Power provided by Generator (e.g. outlets, lighting, equipment) and extension cords to maintain care (e.g. oxygen, air mattresses)
 - Eye Wash Stations
 - Personal Protective Equipment (PPE)
 - Emergency Supplies
 - Spill Response Kits
 - Carbon Monoxide Detectors
 - Any other emergency equipment that is appropriate to the workplace
- 2) Emergency equipment and supplies will be inspected and maintained as required to ensure compliance with the applicable provincial Fire Code, Building Code, and any other municipal or relevant legislation.

TITLE: Emergency Equipment	POLICY #: XVIII-A-10.40	Page 2 of 2
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- 3) All completed inspections on emergency equipment will be properly documented.
- 4) On an annual basis, each location will conduct a written review of emergency equipment to ensure the following:
 - A correct selection of equipment has been made
 - An adequate amount of equipment is available
 - The equipment is properly located for the need
- 5) Replacement and calibration of emergency equipment will be done in accordance with the provincial Fire Code, Building Code, any other relevant legislation, and the manufacturer's requirements.
- 6) Only trained and authorized personnel will utilize emergency equipment.

Attachments: XVIII-A-10.40(a) Emergency Supplies

EMERGENCY SUPPLIES

Reference the list below as a guide for stocking your location's emergency supply kit(s). Add/delete items as they pertain specifically to your location. Ensure items are inspected regularly for functionality, expired dates, restocking as needed.

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

<input type="checkbox"/>	Process 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
<input type="checkbox"/>	Lanterns
<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"/>	
<input type="checkbox"/>	

Additional items to consider:

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

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

TITLE: Building Map/Profile		POLICY #: XVIII-A-10.50
		PAGE: 1 of 1
MANUAL	Emergency Management	APPROV. AUTH: Director of LTC
ORIGINAL ISSUE:	May 2016	SCOPE: All Homes
PAST REVISIONS:	Feb/22, Jan/24	
CURRENT REVISION:	December 2024	

POLICY:

A location-specific Building Map/Profile will be developed for the home and reviewed annually.

PROCEDURE:

The Executive Director or designate will:

- 1) Create a Building Map/Profile using the Building Map/Profile Template and store together with copy of Building Floor Plans with location's Emergency Management Plan. Profile will include:
 - Hazards
 - Risks
 - Shut-offs
 - Internal shelter in place locations
 - Floor plan with all pertinent information and locations marked
 - All other information useful in emergencies
- 2) Refer to the Building Map/Profile during testing of Code/Emergency Procedures and use in refining as required
- 3) Use Building Map/Profile for orientation of new team members to the building and building systems that may be referenced during an emergency.
- 4) Review and update Building Map/Profile annually or more frequently as needed.

Attachments: XVIII-A-10.50(a) Building Map/Profile Template

BUILDING MAP/PROFILE TEMPLATE

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.

Insert pictures where indicated/as applicable. Mark N/A where Not Applicable.

LOCATION

Street Address	
General Directions	

CONSTRUCTION




Number of Floors	
Date of Initial Construction	
Building Materials of Initial Construction	
List of addition(s) to facility	
Building material(s) used for addition(s)	

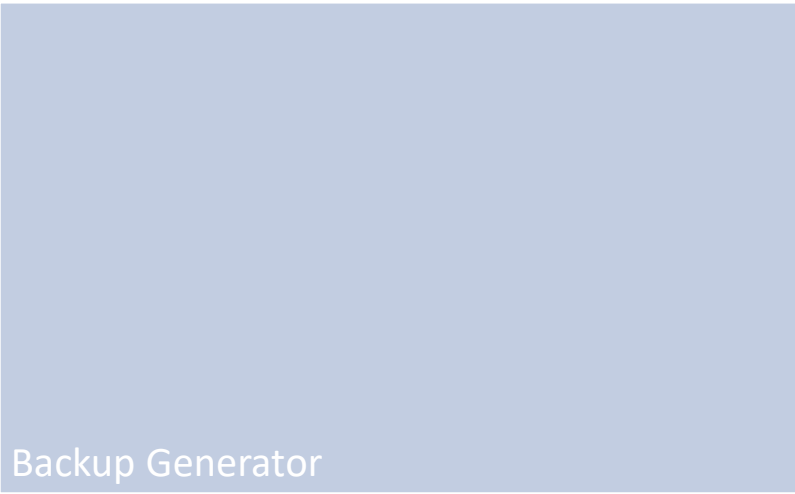
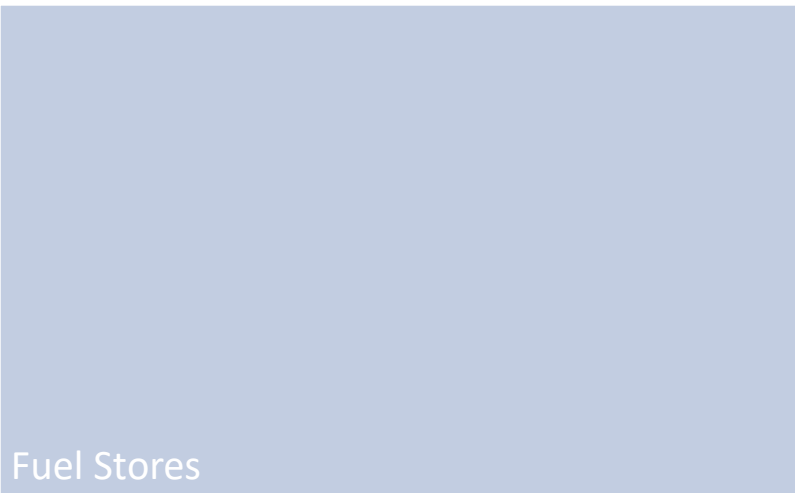
RESIDENTS

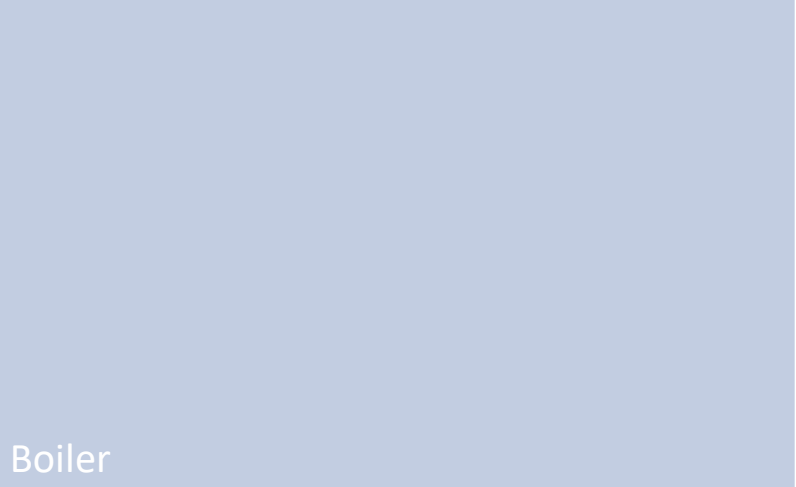
Services	Level of Care/Services Provided	Number of Beds/Suites
Floor 1		
Floor 2		
Floor 3		
Floor 4		
Floor 5		

UTILITIES

Utility	Description
<p>Natural Gas</p>  <p>Natural Gas Valve</p>	<p>Valve location(s): Uses: Provider/Location Lead:</p>
<p>Propane</p>  <p>Propane</p>	<p>Location(s): Uses: Provider/Location Lead:</p>
<p>Electrical</p>  <p>Electrical Disconnect Location</p>	<p>Capacity: Location of Disconnect: Provider/Location Lead:</p>

Utility	Description
<p>Hot Water</p>  <p>Hot Water Valve</p>	<p>Source: Shut-Off Valves (see valve shut off chart): Provider/Location Lead:</p>
<p>Cold Water</p>  <p>Cold Water Valve</p>	<p>Source: Shut-Off Valves (see valve shut off chart): Provider/Location Lead:</p>
<p>Alternative Water Source</p>  <p>Alternative Water Source</p>	<p>Source: Access: Provider/Location Lead:</p>

Utility	Description
Medical Gases	Type(s)/Volume(s): Location(s): Uses: Provider/Location Lead:
Backup Generator(s)  Backup Generator	Type(s): Location(s): Area(s) Powered: Equipment connected to generator:
Fuel Stores  Fuel Stores	Type(s)/Volume(s): Location(s): Provider/Location Lead:

Utility	Description
<p>Boiler</p>  <p>Boiler</p>	<p>Type:</p> <p>Location:</p> <p>Provider/Location Lead:</p>
<p>Air Conditioning Unit</p>	<p>Type:</p> <p>Location:</p> <p>Provider/Location Lead:</p> <p>Location of cooling zones (where applicable):</p>
<p>Mechanical Room(s)</p>	<p>Location(s):</p>
<p>Elevator(s)</p>	<p>Location(s):</p> <p>Type / Capacity:</p> <p>Provider/Location Lead:</p>

SERVICES

Service	Description
IT Systems	Internet: Resident Records Database: Provider/Location Lead:
Phone System	Location: Type: Provider/Location Lead:
Shipping/Receiving	Location: Description: Provider/Location Lead:
Food Services	Locations of... Dining Area: Kitchen: Food Storage: Refrigeration: Provider/Location Lead:
Laundry	Location: Equipment: Provider/Location Lead:
Laboratory	Location: Provider Limitations: Provider/Location Lead:
Pharmacy	Location: Provider Limitations: Provider/Location Lead:
Sterile Processing	Location: Provider Limitations: Provider/Location Lead:
Housekeeping – Chemical Storage	Location(s): Details Provider/Location Lead:
Resident Transportation	Onsite: External Resources: Alternative Service Provider:

EMERGENCY SUPPLIES

Floor	Room and/or Location	Description
1		
2		
3		
4		
5		

TITLE:	Hazard Identification & Risk Assessment	POLICY #:	XVIII-A-10.60
		PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	May 2016	SCOPE:	All Locations
PAST REVISIONS:			
CURRENT REVISION:	February 2022		

POLICY:

Each location will conduct a Hazard Identification & Risk Assessment (HIRA) to identify and prioritize potential external and internal risks (non-occupational) to the location, residents, and team members; and will keep this assessment current and up to date.

PROCEDURE:

The Executive Director, Building Services Supervisor/Maintenance Manager or designate will:

- 1) Complete the Hazard Identification & Risk Assessment Form for the location.
- 2) Store completed Hazard Identification & Risk Assessment Tool with the location's Emergency Management Plan.
- 3) Use the HIRA to assess which hazards pose the greatest risk in terms of how likely they are to occur and how great their impact will be, categorizing and rating known hazards and risks that may lead to an emergency occurrence.
- 4) Review their Municipality's Emergency Plan for Community or Geographic hazards and risks as identified in that document.
- 5) Consult the HIRA when developing location-specific code response procedures and when prioritizing code exercises and training.
- 6) Review and update the Hazard Identification & Risk Assessment Form annually or more frequently as required.

Attachments: XVIII-A-10.60(a) Hazard Identification & Risk Assessment Form

HAZARD IDENTIFICATION & RISK ASSESSMENT FORM

Rate the hazards listed below from 0 (not applicable) to 5 (highest probability).
Reference local Municipal Emergency Plan/Hazard Identification & Risk Assessment to help determine probability.

Code	Hazard	Rating (0-5)	Notes
Red (Fire)	Fire		
	Other:		
	Other:		
Green (Emergency Evacuation)	Partial Evacuation		
	Full Evacuation		
	Other:		
	Other:		
White (Physical Threat / Violence)	Violent Situation – Visitor		
	Violent Situation – Team Member		
	Violent Situation – Resident		
	Civil Disturbance		
	Labour Disruption		
	Other:		
	Other:		
Yellow (Missing Resident)	Missing Resident		
	Other:		
	Other:		
Blue (Medical)	Medical Emergency – Resident		
	Medical Emergency – Team Member		
	Medical Emergency – Visitor		
	Other:		
	Other:		
	Other:		
Orange (External Emergency)	Emergency Refuge for Community		
	Severe Weather		
	Ice Storm		
	Earthquake		
	Hurricane		
	Tornado		
	Heat Wave		
	Cold Wave		
	Flood		
	Snowstorm/Blizzard		
	Wildfires		
	Contaminated Drinking Water		
	Air Exclusion		

Code	Hazard	Rating (0-5)	Notes
	Nuclear Incident		
	Hazardous Materials Incident		
	Other:		
	Other:		
	Other:		
Black (Bomb Threat)	Bomb Threat		
	Suspicious Package		
	Other:		
	Other:		
Grey (Infrastructure Loss / Failure)	Fire Alarm System Failure		
	Loss of Utilities (not community-wide)		
	Elevator Malfunction		
	Magnetic Locks Failure		
	Structural Failure		
	Critical Infrastructure Failure		
	Explosion		
	Energy Emergency (Supply)		
	Flood (internal i.e. burst pipe)		
	Cyber Attack		
	Other:		
	Other:		
Brown (Internal Emergency)	Sewage Backup		
	Chemical Spill		
	Gas Leak		
	Other:		
	Other:		
	Other:		
Silver (Active Shooter / Armed Intrusion / Hostage)	Active Shooter		
	Armed Intrusion		
	Hostage Situation		
	Other:		
	Other:		
	Other:		
Building Lockdown	Partial Lockdown		
	Full Lockdown		
	Shelter in Place		
	Other:		
	Other:		
	Other:		
Boil Water Advisory	Boil Water Advisory		
	Other:		
	Other:		

Code	Hazard	Rating (0-5)	Notes
Outbreak / Epidemic / Pandemic	Outbreaks of a Communicable Disease		
	Outbreaks of a Disease of Public Health Significance		
	Epidemic		
	Pandemic		
	Other:		
	Other:		
	Other:		

After completing this risk assessment, ensure measures are in place to respond to those risks identified as most likely to occur. 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/care community.

TITLE:	Agreements with Community Partners-Grey County	POLICY #:	XVIII-A-10.70
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	May 2016	SCOPE:	All Locations
PAST REVISIONS:	February 2022, April 2022, July 2022		
CURRENT REVISION:	March 2024		

POLICY:

The location will establish and keep current all arrangements with entities that may be involved in or provide emergency services in the area where the home is located, including, without being limited to, relevant community agencies, health service providers, partner facilities, and resources that will be involved in responding to an emergency.

Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors will be established and formalized into written letter of understandings/agreements to be tested and renewed as required.

PROCEDURE:

The Executive Director or designate will:

- 1) Establish or ensure identified locations for the provision of accommodation/temporary shelter in the event of an emergency evacuation.
- 2) Establish or ensure letter of understandings/agreements plan in place for the provision of the following in the event of an emergency:
 - Transportation
 - Resources (food & water)
 - Supplies (non-food i.e. cots, blankets, etc.)
 - Services (oxygen, medical, etc.)
 - Generator (if applicable)
 - Any other needs as applicable to location
- 3) Keep record of any formal letter of understandings/agreements in place with the location's Emergency Management Plan/Letter of Understandings/agreement binder.
- 4) Test agreements/plan for community partner support as part of regular Code Tests/Drills per established schedule. Ex. Contact transportation company during Code Green Evacuation drill and confirm ability to provide transportation to all who require within acceptable timeframes.
- 5) Store contact information for Accommodation/Temporary Shelter Providers with Code Green Evacuation Plan (XVIII-E-10.00(h) Relocation Sites Evacuation Agreements Chart-Template).
- 6) Store contact information for Transportation Providers with Code Green Evacuation Plan.
- 7) Store contact information for Resources, Supplies, and Service Providers with Code Green Evacuation Plan.
 - #5, 6, 7 are all located in the toolbox resource folder of the Emergency Management Manual on Alfresco.

Reference:

ON: *Fixing Long Term Care Act, 2021*

Attachments: N/A

TITLE:	Emergency Recovery	POLICY #:	XVIII-A-10.80
		PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	May 2016	SCOPE:	All Locations
PAST REVISIONS:	Feb, Apr, Jul/22		
CURRENT REVISION:	December 2023		

POLICY:

Recovery strategies will be put in place at each location to ensure a smooth return to normal operations post-Emergency. The Director of Long-Term Care is responsible for the official declaration of an Emergency ending at the location in consultation with the Executive Director and/or designate, and other applicable Support Services leaders.

PROCEDURE:

The Executive Director or designate will:

- 1) Ensure recovery plan is in place as part of overall emergency response, including contact information (as required) for:
 - Insurance
 - Local contractors and disaster cleanup specialists available on short notice
- 2) 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.
- 3) 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.
- 4) Consider recovery in all aspects of planning, education, training, and exercises.
- 5) Consider recovery when developing standard operating procedures and integrate into the location's Incident Management framework, including strategies for both physical plant and counselling assistance for team members/residents as required.
- 6) Involve the Joint Health & Safety Committee in development of recovery strategies.
- 7) 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.

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

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

RECOVERY PLAN TEMPLATE

Emergency Type:	
Date Emergency Initiated:	
Date Emergency Concluded:	

As the location returns to normal operations post-emergency response, the Executive Director/General Manager or designate will ensure the following:

	Task	Notes
<input type="checkbox"/>	Insurance arrangements completed as necessary (inclusive of expense tracking, reporting, investigation, evidence as required)	(include name, number)
<input type="checkbox"/>	Third Party Contractor involvement completed as necessary	(include name, number)
<input type="checkbox"/>	Pre-Emergency Staffing Levels resumed (as applicable)	
<input type="checkbox"/>	If returning post-evacuation, Repatriation plans complete & implemented as required (see XVIII-E-10.30)	
<input type="checkbox"/>	Damage Assessment Checklist completed for building/grounds as required and any actions taken as needed to remediate	
<input type="checkbox"/>	Any paused or altered programs or processes restarted	
<input type="checkbox"/>	Managers using Risk Management Schedules to ensure all activities current and in place	
<input type="checkbox"/>	Debrief of emergency completed within 30 days using the appropriate Debrief Template	
<input type="checkbox"/>	Communication with residents & families via Residents' Council (if any), Family Council (if any), and/or other means i.e. memo/letter including update on Recovery Stage/Plan, outcomes, action items	
<input type="checkbox"/>	Arrange counseling/supports for residents, team members, others who may have been impacted by the emergency and experiencing distress (collaborate with Human Resources)	
<input type="checkbox"/>	Collaboration with Joint Health & Safety Ctte./Occupational Health Ctte. to execute Recovery Plan as appropriate	
<input type="checkbox"/>	Update team members on Recovery Plan status, action items	
<input type="checkbox"/>	Consult w/residents, families, team members, and respective external stakeholders to evaluate the Emergency Plan	

<input type="checkbox"/>	Make any changes to the Emergency Plan as necessary; communicate and educate changes accordingly	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	

CODE RED: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code RED is monitored. This checklist is also part of the mandatory debriefing after a Code RED Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE RED	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Was Code RED and location called 3 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Upon hearing the alarm, did team members search for the location of the fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately to the area as per the Code Red procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code RED? - Kitchen and Laundry team turned off equipment - Elevator called to main floor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to the location of the fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents/visitors removed from the immediate area through fire doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was the situation assessed for contributing factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation? What contributing factors were identified?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the alarm company call to verify?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was 'all clear' was called as per the Fire Dept.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No

supports as required for affected team members, residents, visitors, families?	
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently/lessons learned	
Description of Scenario	
Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Knowledge of Emergency:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved Emergency Equipment:	<input type="checkbox"/> Other
Plan of Action (indicate Action, Responsible Party & Timeline)	

 Name of Debrief Facilitator

 Signature of Debrief Facilitator

 Date

 Name of Executive Director/General Manager

 Signature of ED/GM

 Date

Debrief Participants

- ☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE GREEN: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code GREEN is monitored. This checklist is also part of the mandatory debriefing after a Code GREEN Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE GREEN	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
Identify Type of Evacuation	<input type="checkbox"/> Shelter in Place <input type="checkbox"/> Partial Evacuation <input type="checkbox"/> Total Evacuation
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Was Code GREEN announced?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Was Shelter in Place considered	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Was Code Green Incident Manager Evacuation Checklist completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who? Identify any deficits/improvements needed to checklist:
<input type="checkbox"/> Was community-specific Code Green Evacuation Plan in place and current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately as per the Code Green procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were all residents and team members accounted for in Evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents evacuated in order identified in Code Green Evacuation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were triage zones and procedures in place as defined in Code Green Evacuation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Did all team members understand their role during the Code Green? - Review Community Code Green Evacuation Plan – required tasks and roles identified accurately? Any changes needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> Was there a primary and secondary evacuation site identified and ready to accept evacuees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Transportation Agreements in place, current, and accessed for evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<input type="checkbox"/> Were Evacuation Supplies available (sufficient supplies, easily accessible, nothing expired or non-functional, regularly inspected)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Food & Fluid supplies available (sufficient, easily accessible, nothing expired, regularly inspected)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Medical records transferred/secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was pharmacy contacted; were medications transferred/secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was life-sustaining equipment able to be transferred with residents as required or alternatively provided at evacuation site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Resident Identification System in place and sufficiently executed for evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Evacuation Resident Log used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the Team Member Fan Out contact process implemented (list current, process followed, execution successful)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were mutual aid providers called for emergency assistance? i.e. Health Authority, Evacuation Location, Transportation Company, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Identify:
<input type="checkbox"/> Was physician on call available to support decision-making as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was communication to families, external stakeholders facilitated in a timely and appropriate manner and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Communication Backup/Alternative Devices needed and were they available and sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was plan for Return to Evacuated site in place and sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was there any damage to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was Damage Assessment Checklist completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports as required for affected team members, residents, visitors, families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
Description of Scenario	
Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Agreements w/Community Partners:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies/Equipment:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved HIRA & Preparation:	<input type="checkbox"/> Other
Plan of Action (indicate Action, Responsible Party & Timeline)	

 Name of Debrief Facilitator

 Signature of Debrief Facilitator

 Date

 Name of Executive Director/General Manager

 Signature of ED/GM

 Date

Debrief Participants

- ☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE WHITE: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code White is monitored. This checklist is also part of the mandatory debriefing after a Code White Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE WHITE	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time code called: Time code ended: Time first Code White responder arrived on scene:
<input type="checkbox"/> Where did the situation occur?	Specific location:
<input type="checkbox"/> What was the violent/aggressive behaviour(s)?	<input type="checkbox"/> Verbal (threats or harassment) <input type="checkbox"/> Physical <input type="checkbox"/> Self-harm <input type="checkbox"/> Exit seeking <input type="checkbox"/> Property destruction <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Violent/aggressive individual(s) (category)	<input type="checkbox"/> Visitor <input type="checkbox"/> Resident <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify): Name(s):
<input type="checkbox"/> Roles directly involved in situation (category)	<input type="checkbox"/> Visitor <input type="checkbox"/> Resident <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify): Name(s):
<input type="checkbox"/> Was anybody injured?	<input type="checkbox"/> Visitor <input type="checkbox"/> Resident <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify): Name(s):
<input type="checkbox"/> What was the first sign of escalation?	Describe:
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Was Code White called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did the person calling Code White note the area (floor number) and location (room number) of the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, will police be contacted and informed of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did emergency responders (i.e. police) attend the scene and what was the outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No If they did not attend the scene, why? If they did attend, what was the outcome? Police officer names:

<input type="checkbox"/> Did team member(s) respond immediately to the area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) of team members:
<input type="checkbox"/> Did all team members understand their role during the Code White?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents/visitors removed from the immediate area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Were attempts made to defuse the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What techniques/principles were attempted to defuse the situation?	<input type="checkbox"/> Verbal de-escalation <input type="checkbox"/> Environmental restraints (i.e. seclusion) <input type="checkbox"/> Chemical restraints (i.e. medication) <input type="checkbox"/> Physical restraints <input type="checkbox"/> Hands on <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Were team members able to defuse the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team members return to the violent/aggressive individual(s) to ensure they and their immediate environment was safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was the situation assessed for contributing factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation? What contributing factors were identified? Was there anything that could have prevented the incident?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> If the aggressor was a resident, was a team member safety plan (i.e. behavioural assessment, flag, etc.) in place for the aggressor prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe the safety strategies in place:
<input type="checkbox"/> If the aggressor was a resident, were they prescribed PRN medication for agitation prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date and time last administered:

<input type="checkbox"/> Were any team members asked to provide a police report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Were team members supported by leadership in any interactions with law enforcement / requirement to provide a report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Describe:
<input type="checkbox"/> Was a progress note documented (as applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was physician/nurse practitioner notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Physician/NP Name:
<input type="checkbox"/> Was ED/GM/DOC/DOW/MOW notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was SDM/POA notified (as applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were supports or resources requested by team members in follow up to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports or other resources offered for affected team members, residents, visitors, families?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> If the aggressor was a resident, what new or revised team member safety strategies will be implemented as part of the care plan?	Describe: (Note: strategies must be recorded in the care plan and communicated to team members who may interact with the individual)
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
Description of Scenario	
Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Knowledge of Emergency:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved Emergency Equipment:	<input type="checkbox"/> Other (specify):

Plan of Action (indicate Action, Responsible Party & Timeline

_____	_____	_____
Name of Debrief Facilitator	Signature of Debrief Facilitator	Date
_____	_____	_____
Name of Executive Director/General Manager	Signature of ED/GM	Date

Debrief Participants

- ☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE YELLOW: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Yellow is monitored. This checklist is also part of the mandatory debriefing after a Code Yellow Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE YELLOW	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> Who was directly involved in the situation?	
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Did the team member notify the nurse/manager in charge of the missing person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the nurse/manager in charge/designate check:	<input type="checkbox"/> The Sign Out Book <input type="checkbox"/> The Health Record <input type="checkbox"/> Wandering Checklist (if applicable) <input type="checkbox"/> With Recreation/Resident Engagement team <input type="checkbox"/> Current Programs <input type="checkbox"/> Other possible therapies <input type="checkbox"/> Was the home area/neighbourhood/floor team notified of suspicion of missing resident?
<input type="checkbox"/> Was the missing person's home area / neighbourhood / floor thoroughly checked	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Was Code Yellow called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did the person calling out Code Yellow note missing person's name, room number, and physical description?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note the area and location:
<input type="checkbox"/> Did team member(s) respond immediately to the area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Yellow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge initiate the Missing Persons Search Checklist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was the missing person search extended to the entire building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members participate in the missing person search?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Prior to extending the search, did the Nurse/Manager in charge contact the missing person's POA/SDM?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Did team members extend the search to external perimeter of building and property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Prior to further extending the search, was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was a second search initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was ED/GM/DOC/DOW/MOW notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was SDM/POA notified (as applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
Description of Scenario	
Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Knowledge of Emergency:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved Emergency Equipment:	<input type="checkbox"/> Other
Plan of Action (indicate Action, Responsible Party & Timeline)	

Name of Debrief Facilitator

Signature of Debrief Facilitator

Date

Name of Executive Director/General Manager

Signature of ED/GM

Date

Debrief Participants

☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE BLUE: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Blue is monitored. This checklist is also part of the mandatory debriefing after a Code Blue Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE BLUE	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation (medical emergency) occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> What was the situation?	
<input type="checkbox"/> Who experienced the medical emergency?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other:
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other:
Overview/Observation of Team Member Response to the Scenario	
Upon discovering the Emergency:	
<input type="checkbox"/> Did the team member who discovered the emergency call for help/assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did they use the nearest call bell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did they alert nearby team members by shouting Code Blue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the team member who discovered the emergency stay with the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If the team member was unable to get an immediate response by shouting, was paging system used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Code Blue called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did the person calling Code Blue note the area (floor number) and location (room number) of the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Upon receiving page for Code Blue:	
<input type="checkbox"/> Did team member(s) respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Blue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents/visitors removed from the immediate area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Emergency Equipment brought to the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No What equipment? By who?
<input type="checkbox"/> Was 911 called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?

<input type="checkbox"/> Who directed ambulance personnel?	
<input type="checkbox"/> Note who responded	<input type="checkbox"/> Emergency Services: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> Did team members follow policy & procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
Description of Scenario	
Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Knowledge of Emergency:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved Emergency Equipment:	<input type="checkbox"/> Other
Plan of Action (indicate Action, Responsible Party & Timeline)	

Name of Debrief Facilitator

Signature of Debrief Facilitator

Date

Name of Executive Director/General Manager

Signature of ED/GM

Date

Debrief Participants

- ☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE ORANGE: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Orange is monitored. This checklist is also part of the mandatory debriefing after a Code Orange Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE ORANGE	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation (external disaster) occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> What was the situation?	<input type="checkbox"/> Air Exclusion <input type="checkbox"/> Severe Weather <input type="checkbox"/> Severe Air Quality Issues <input type="checkbox"/> Wildfire <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Community Disaster/Utility Failure <input type="checkbox"/> Wildfire <input type="checkbox"/> Other:
<input type="checkbox"/> Was an evacuation initiated?	<input type="checkbox"/> Yes – Partial Evacuation <input type="checkbox"/> Yes – Full Evacuation <input type="checkbox"/> No
<input type="checkbox"/> Was a Shelter in Place response initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the location act as a relocation/evacuation site for others in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many people? How many days?
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other:
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Was Code Orange called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did the person calling Code Orange note that the Code Orange was confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately to Code Orange?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Orange?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were existing residents/visitors informed of incoming residents/evacuees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Where were incoming residents/evacuees located upon arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

<input type="checkbox"/> Were additional provisions put in place to support care and needs of incoming residents/evacuees in accordance with the location's Code Orange Emergency Reception Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Describe:
<input type="checkbox"/> Was the fan out list used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did additional team members come in to support the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Note who responded	<input type="checkbox"/> External: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Regional: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports as required for affected team members, residents, visitors, families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there any damage to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was Damage Assessment Checklist completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
Description of Scenario	

Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Agreements w/Community Partners:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies/Equipment:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved HIRA & Preparation:	<input type="checkbox"/> Other
Plan of Action (indicate Action, Responsible Party & Timeline)	

 Name of Debrief Facilitator

 Signature of Debrief Facilitator

 Date

 Name of Executive Director/General Manager

 Signature of ED/GM

 Date

Debrief Participants

- ☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE BLACK: DEBRIEF CHECKLIST & ACTION PLAN

For further information, please contact the Executive Director.

CODE GREY: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Grey is monitored. This checklist is also part of the mandatory debriefing after a Code Grey Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE GREY	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor
<input type="checkbox"/> What was the critical system/infrastructure loss?	
<input type="checkbox"/> If the event involved a major or total failure of the building's cooling system, were Heat Contingency Protocols implemented as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Was CODE GREY called out?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did team member(s) respond immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Grey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Note who responded	<input type="checkbox"/> External: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Regional: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> Did additional team members come in to support the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were backup plans initiated effectively? i.e. alternative communication devices, electronic documentation system downtime, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:
<input type="checkbox"/> Were Emergency Contracts executed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an evacuation initiated?	<input type="checkbox"/> Yes – Partial Evacuation <input type="checkbox"/> Yes – Full Evacuation <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement:

	<input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently/lessons learned	
Description of Scenario	
Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Knowledge of Emergency:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved Emergency Equipment:	<input type="checkbox"/> Other
Plan of Action (indicate Action, Responsible Party & Timeline)	

Name of Debrief Facilitator

Signature of Debrief Facilitator

Date

Name of Executive Director/General Manager

Signature of ED/GM

Date

Debrief Participants

- ☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE BROWN: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Brown is monitored. This checklist is also part of the mandatory debriefing after a Code Brown Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE BROWN	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> What was the situation?	<input type="checkbox"/> Chemical Spill <input type="checkbox"/> Gas Leak <input type="checkbox"/> Hazard <input type="checkbox"/> Hazardous Medication Spill <input type="checkbox"/> Other:
<input type="checkbox"/> What were the causative factors of the situation?	
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Did team members safely evacuate everyone from the immediate area of the spill/leak/hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Who was evacuated?	
<input type="checkbox"/> How many individuals were evacuated?	
<input type="checkbox"/> Did team members prevent the spread of spill/leak/hazard/fumes?	<input type="checkbox"/> Yes <input type="checkbox"/> No How?
<input type="checkbox"/> Was Code Brown called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did the person calling Code Brown note the area (floor number) and location (room number), and chemical/hazard of the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note area/location:
<input type="checkbox"/> Did team member(s) respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Brown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team members leave all electrical equipment, appliances, and switches alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team members locate information regarding the chemical spilled/gas leaked from SDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> How was the spill managed?	

<input type="checkbox"/> Was fully stocked spill kit available/used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If a Hazardous Medication Spill, was Small Medication Room Spill Kit available and used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Note who responded	<input type="checkbox"/> External: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Regional: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> Were contributing factors identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Joint Health & Safety Cttee./Occupational Health Cttee. Rep. notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were any external stakeholders notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> If a Hazardous Medication Spill, was all documentation and reporting completed per organizational and provincial requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was a plan/interventions put into place to mitigate risk of another spill/leak/hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note plan:
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
Debriefing	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
Description of Scenario	
Identified Areas for Improvement (Check all that apply and explain below)	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Knowledge of Emergency:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved Emergency Equipment:	<input type="checkbox"/> Other

Plan of Action (indicate Action, Responsible Party & Timeline

_____	_____	_____
Name of Debrief Facilitator	Signature of Debrief Facilitator	Date
_____	_____	_____
Name of Executive Director/General Manager	Signature of ED/GM	Date

Debrief Participants

- ☐ Residents' Council ☐ Family Council ☐ Volunteers ☐ External Stakeholder(s)
☐ Team Member(s) ☐ JHSC/OHC Rep ☐ Other

[illegible]

CODE SILVER: DEBRIEF CHECKLIST & ACTION PLAN

For further information, please contact the Executive Director.

BUILDING LOCKDOWN: DEBRIEF CHECKLIST & ACTION PLAN

For further information, please contact the Executive Director.

TITLE: Emergency Communication		POLICY #: XVIII-B-10.00
		PAGE: 1 of 3
MANUAL	Emergency Management	APPROV. AUTH: Clinical & Quality
ORIGINAL ISSUE:	May 2016	SCOPE: All Locations
PAST REVISIONS:	Feb, Apr, Jul/22	
CURRENT REVISION:	February 2024	

POLICY:

All locations will have a communication procedure in place for use during an emergency, including backup/secondary communication methods.

The location's Emergency to ensure access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times, including in the event of a power outage.

PROCEDURE:

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 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/or organizational representative

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

PHONE COMMUNICATION: RESIDENTS & FAMILY

The location will prepare a telephone tree and have assigned team members call family members to assure them of their family member's safety and advise them of the location's plan for the crisis (Cliniconex automated direct messaging system will be used where available). The organization's Call Centre may be utilized as required.

When placing calls, the assigned team members will:

- Advise if unable to contact via telephone where family members may call and/or visit website to obtain further information
- Advise family members that the team will be focused on providing resident care and protection
- Confirm the primary family contact, their phone number and email address where they may receive updates
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.

TITLE: Emergency Communication	POLICY #: XVIII-B-10.00	Page 2 of 3
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- Track calls made and any follow up required on the Family Emergency Contact Record Template (XVIII-B-10.00(a)).

WRITTEN COMMUNICATION: RESIDENTS & FAMILY

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

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

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

IN PERSON COMMUNICATION: RESIDENTS & FAMILY

Based on the nature of the emergency, team members will keep residents informed via various 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 to provide situational updates, include subject matter experts, answer questions, and address concerns. The frequency of written updates and Town Halls will be determined by the Executive Director in collaboration with the Support Services Team.

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

See Fan Out Procedure/Templates.

Use PPC Home Page, Staff Stat, Surge Learning 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 Director of LTC as appropriate to alert the Support Services team of the emergency and strategize immediate support as necessary.

As part of the incident management process, the Executive Director and Director of LTC 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:

TITLE: Emergency Communication	POLICY #: XVIII-B-10.00	Page 3 of 3
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- 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 – Cliniconex, Staff Stat, Surge

COMMUNICATION: RESIDENT DOCUMENTATION & TRANSFER OF ACCOUNTABILITY

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

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

COMMUNICATION: PROVINCIAL REGULATORY AUTHORITIES & COMMUNITY PARTNERS

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

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

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

Attachments: XVIII-B-10.00(a) Family Emergency Contact Record Template
XVIII-B-10.00(b) Communication Backup & Alternative Devices

COMMUNICATION BACKUP & ALTERNATIVE DEVICES

(Adjust as needed to make specific to your location/remove any info. not applicable)

PHONE SYSTEM

Phone systems are locally installed within the building and supported through yearly maintenance, support contracts, and organizational IT. The phone system is attached to the PSTN and is contracted with local partners.

The system is attached to an uninterrupted power unit (UPS) to support continuity of service through any brief power interruption (3-5 minutes) and through an outage until generators come online. The UPS is plugged directly into 24-hour building power that is connected to the building's generator.

The location has portable phones that connect back to the local phone system. The base stations are wired to data racks throughout the building, which are powered by UPS's and attached to 24-hour power outlets.

The portable handsets communicate over the 900 MHz band delivered by the Avaya Dect systems. This 900 MHz frequency is only used by the portable phone system and has no interference with other Wi-Fi communications within the building.

Portable handsets are powered by lithium ion batteries that are charged by docking stations throughout the building. A fully charged battery can last up to 12 hours of talk time and has 150 hours of standby time. There are a number of replacement batteries at the location in the event a battery fails.

CELLULAR PHONES

Every manager at the location has been issued a cellular phone by the organization. Each phone has a 2GB shared data plan and access to LTE/3G and 5G networks as well as local Wi-Fi capabilities. Each phone comes with a charger. These are used primarily as a source of communicating to outside of the building and can be used in the event of a local phone system failure.

WALKIE TALKIES/TWO-WAY RADIOS

If location has walkie talkies/two-way radios, please update this section with the brand, number of devices, who has access to them, and how they are kept charged/at ready as a backup communication system.

MESSENGERS

In the event of disruption to both phone systems and cellular phone usage (i.e. cell towers non-functional), the location will designate Messengers to travel to a location where phones/cell phones are useable (when it is safe to do so) to initiate a Hot Issue Alert to facilitate communication supports to the affected location.

TITLE:	Team Member Fan Out	POLICY #:	XVIII-B-10.10
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/11, May/16, Feb/22		
CURRENT REVISION:	February 2024		

POLICY:

The location's Team Member Fan Out will be activated as required to contact team members and volunteers (as applicable) in an organized fashion in the event of an emergency.

A current Team Member Fan Out List and Volunteer Contact List will be maintained in a location accessible to all leaders for immediate access in the event of an emergency.

PROCEDURE:

- 1) The Team Member Fan Out list will be organized based on job classification and distance from the location; team members living closest to the location will be called first.
- 2) Test Procedure:
 - The Executive Director and/or designate will test the Emergency Call Back System annually at minimum; all team members are expected to participate.
 - All managers and team members who are responsible to call back team members (phone fan out) will keep a current phone list at work and at their home.

Activation of procedure:

The Charge Nurse and/or designate will:

- 1) Will contact the Executive Director or Director of Care to determine the need for emergency fan out and implement as required per the scope of the emergency.

The Executive Director or designate will:

- 1) Contact the Director of LTC and provide details of emergency
- 2) Assign the team members responsible for activating the phone fan out list

Team Members responsible for phone fan out will:

- 1) Call team members according to site specific fan out procedures.
- 2) Leave voicemail (where no immediate answer) and ask team members not to call back but to report to work if available.
- 3) Provide the following information to team members who are to return to duty:
 - Status and nature of emergency event
 - Who to report to
 - Assignment upon return
 - Any special instructions (i.e., bring an extra change of clothes)

TITLE: Team Member Call Back System	POLICY #: XVIII-B-10.10	Page 2 of 2
--------------------------------------------	--------------------------------	--------------------

- 4) Document all calls on Team Member Call-Back Record Sheet.

The Charge Nurse and/or designate will:

- 1) Establish a “check in station” for each team member to report to upon arrival.
- 2) Delegate job responsibilities to each team member returning to work.
- 3) Delegate a team member to make any necessary calls to volunteers in the event of an emergency.
- 4) Be prepared to locate additional qualified temporary personnel as required to fill gaps in team member coverage (consider sourcing from sister communities, temporary staffing agency).

Attachments: XXVII-B-10.10(a) Team Member Fan Out Template
 XXVII-B-10.10(b) Team Member Call-Back Record Sheet

Cell#

911 - FIRST CALL

[illegible]

phone #
cell #
↓
assigned on call
cell #

Manager in Charge of the Building

CREW App Message (as applicable)

name	name	name	name	name	name
Dietary Manager/Associate Dietary Manager	Office Coordinator	Building Services Supervisor/Maintenance Manager	PSW Coordinator	Resident and Family Services Manager	Director or Care/Associate Director of Care
phone #	phone #	Manager phone #	phone #	phone #	phone #

[illegible]

TEAM MEMBER CALL-BACK RECORD

[illegible]

TITLE:	Emergency Fan Out to Support Services	POLICY #:	XVIII-B-10.20
		PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	October 2008	SCOPE:	All Locations
PAST REVISIONS:	March 2011, May 2016, February 2022		
CURRENT REVISION:	February 2024		

POLICY:

A current support services office emergency fan out contact list will be communicated to all locations via the Emergency Management Manual.

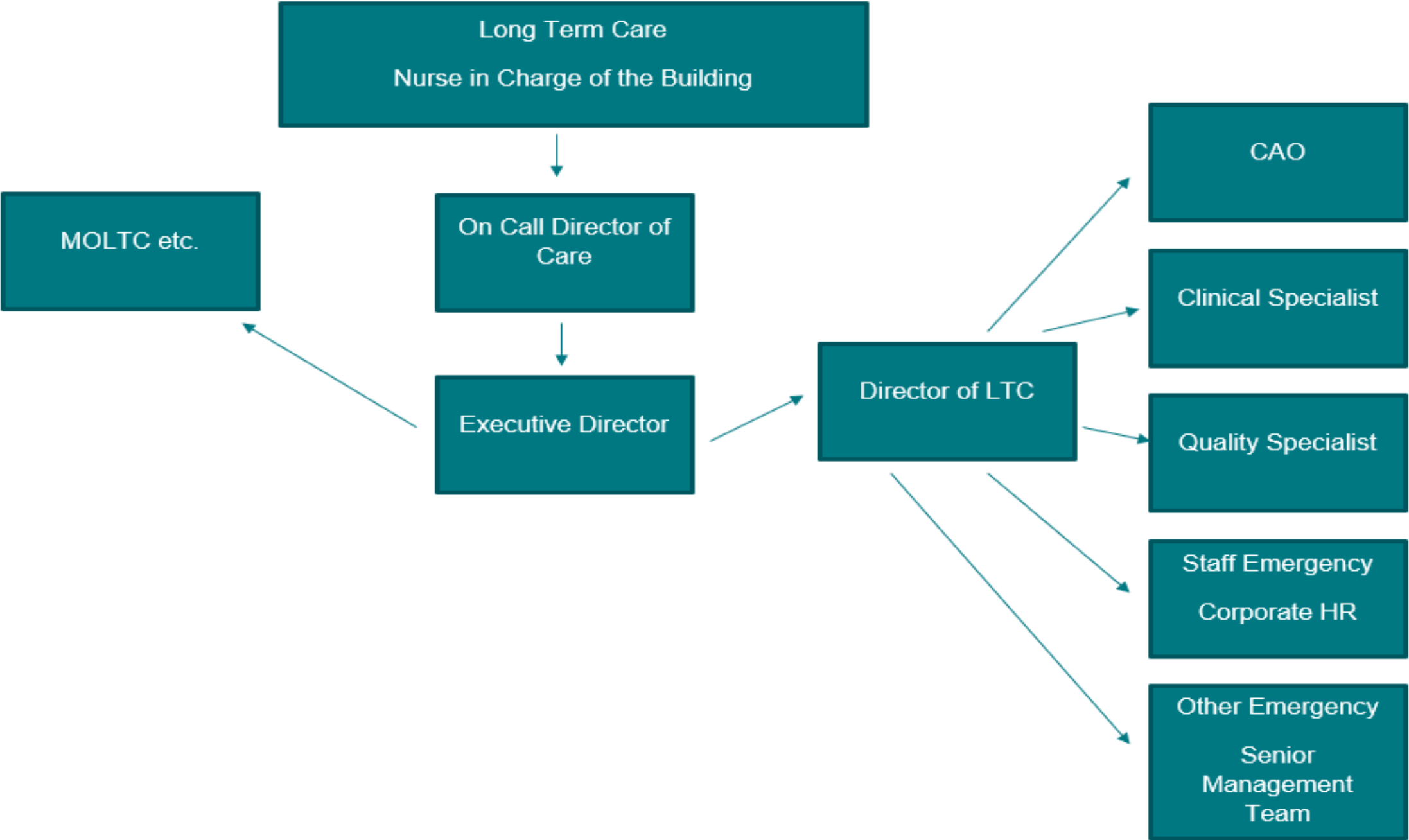
PROCEDURE:

The Executive Director or designate will:

- 1) Place the current Support Services Emergency Fan Out List in all printed Emergency Management Manuals within the location.
- 2) Review location and procedure during emergency code/procedure tests/drills.
- 3) Direct a team member to make all necessary phone calls required to speak live to a contact as identified on the Support Services Emergency Fan Out List.

Attachments: XXVII-B-10.20(a) Support Services Emergency Fan Out List

SUPPORT SERVICES EMERGENCY FAN OUT LIST



TITLE:	Emergency Contacts for External & Mutual Aid	POLICY #:	XVIII-B-10.30
		PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/11, Jan/13, Apr/13, Feb, Apr/22		
CURRENT REVISION:	February 2024		

POLICY:

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

PROCEDURE:

The Executive Director or designate will:

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

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

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

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

Reference:

Connecting Care Act, 2019 (ON LTC)

Attachments: XVIII-B-10.30(a) Emergency Contact Numbers – External/Mutual Aid

EMERGENCY CONTACT NUMBERS – EXTERNAL/MUTUAL AID

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

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

Contact	Emergency Number	Non-Emergency Number
Executive Director		
Director of Care/Associate Director of Care		
Director of Long Term Care		
<i>Agencies & Services</i>		
Fire	9-1-1	
Police Service	9-1-1	
Ambulance	9-1-1	
Insurance (Insert name of Provider)		
Poison Information Centre		
Public Health		
Public Utilities		
Water		
Hydro		
Gas		
Pharmacy		
Human Resources/Staffing Agencies		
<i>Contractors</i>		
Gas		
Elevator		
Security/Fire Alarm Monitoring & Maintenance		
Plumbing		
HVAC		
Electrician		
Refrigeration		
<i>Mutual Aid Providers</i>		
Alternate Care Sites		
Reception Sites		
Evacuation Sites		
Transportation Services		

Contact	Emergency Number	Non-Emergency Number
Security (local)		
Food Services (local)		
Medical Supplies		
Personal Protective Equipment		
HCCSS/HA		

TITLE:	Emergency Code Tests-Drills-Exercises	POLICY #:	XVIII-C-10.00
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	February 2012	SCOPE:	All Locations
PAST REVISIONS:	May 2016, Feb/Apr 2022		
CURRENT REVISION:	February 2024		

POLICY:

An integrated program of orientation, ongoing training, exercises, and drills will be maintained to ensure the location's Emergency Management Manual, Code/Emergency Procedures, and team member/student knowledge is current and appropriate.

DEFINITIONS:

Drill: A coordinated, supervised activity used to test code procedures.

Full Scale Exercise: A multi-agency exercise involving an incident in real time at an actual location with actors/simulated victims, first responders, and/or emergency officials. As close to the real thing as possible.

Tabletop Exercise: Key participants discussing simulated scenarios in an informal setting. Can include discussion on roles and responsibilities, policies and procedures, assessment of plans, etc.

PROCEDURE:

The Executive Director, Building Services Manager/Maintenance Manager and/or designate will:

- 1) Conduct drills and exercises for all codes per provincial regulatory requirements, including as required:
 - Full Scale Exercise for all Code Procedures
 - Tabletop Exercise for all Code Procedures on shifts where Full Scale Exercise was not completed i.e. Night Shift
 - Monthly Drill (Code Red) completed on each shift to be carried out in accordance with provincial Fire Codes
- 2) Include participation of EMS, Police, Fire dept., Utility Providers, Municipal Emergency Management, and other outside agencies in Full Scale Exercises.
- 3) Ensure safety in all exercises/drills, considering the following:
 - Provide advance notice so exercise drill is not confused with a real event
 - Begin/end each telephone call/message with: "This is an exercise/drill"
 - Clearly print "This is an exercise/drill" on all documents produced/distributed as related to the exercise/drill
 - Ensure physical safety of all participants
- 4) Exercise all mutual aid/partnership/community agreements identified in the location's Emergency Management Plan to ensure their ongoing validity.
- 5) Consult with entities that may be involved in or provide emergency services in the area where the building is located as part of code/emergency procedure tests/drills, including but not limited to community agencies, health service providers, partner facilities, and resources that will be involved in responding to the emergency.

- 6) Ensure Infection Prevention & Control Lead is involved in evaluation, testing, and review of emergency practices related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- 7) Document and evaluate each exercise/drill to determine changes needed in the procedure and identify additional training needs using the Emergency Preparedness Test-Drill Evaluation Form.
- 8) Ensure records of all training, drill, and exercise activities are kept in team member files and documented/tracked as required.
- 9) Maintain records of Fire Drills with other documents required by the Fire Code in a separate binder identified as "Records of Fire Code Compliance" for review by the local Fire Official.
- 10) Maintain all other records of exercises to test colour codes in a binder identified as "Colour Code/Emergency Procedure Exercise Records" to be kept specifically for Code Tests and Audits.
- 11) Complete an Emergency Preparedness Test-Drill Evaluation Form for each colour code/emergency procedure exercise and file in Colour Codes/Emergency Procedures Records Binder. Ensure Attendance Sign-In Sheet completed as part of form.

Schedule for testing:

It is strongly recommended that locations follow the schedule below for Code/Emergency Procedure tests to align with regional peer supports, recognizing that operational needs and actual events documented as code procedures may require adjustments to the schedule.

Code/Emergency	Description	Practice Months
Red	Fire	Every Month, Every Shift
Black	Bomb Threat	January
White	Physical Threat / Violence	February
Fan Out List	Team Member Fan Out	March
Green	Evacuation	May-Oct.
Blue	Medical	April
Orange	External	May
Yellow	Missing Person	June
Grey	Infrastructure Loss / Failure	July
Brown	Internal Emergency (Leak/Spill/Hazard)	August
Silver	Active Shooter/Armed Intrusion/Hostage Situation	September
Boil Water Advisory	Drinking water supply contaminated	October
Building Lockdown	Implemented to secure/protect when unauthorized person enters location/threatening communication, etc.	November
Outbreak / Epidemic / Pandemic Preparedness	Outbreaks of communicable disease, of public health significance, epidemics & pandemics	August/September

Attachments: XVIII-C-10.00(a) Emergency Preparedness Test-Drill Evaluation Form

EMERGENCY PREPAREDNESS TEST-DRILL EVALUATION FORM

Name of Care Community/Retirement Residence:			
Emergency Procedure/Code tested:			
Date/Time:		Start:	Stop:
Description of Drill/Exercise/Scenario being tested (<i>example: Annual full scale exercise for Code Black Bomb Threat/suspicious package; drill to include test of building lockdown procedure, fan out list. Taking place on day shift; tabletop follow ups w/evening and night shifts.</i>):			
Participants			
Name or Position	Role	Name or Position	Role
Fan Out List used: <input type="checkbox"/> Yes <input type="checkbox"/> No			
(External) Community Resources – Partners Used or Contacted in Exercise of Plan			
Partner/Agency Name	Role	Feedback Provided	Declined to Provide Feedback
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

What areas of the Emergency Preparedness Plan implementation worked well?

What areas of the Emergency Preparedness Plan require Improvement? (complete Action Plan)

Debrief	Completed By:	Date	Time
<input type="checkbox"/> Posted for team member review	<input type="checkbox"/> Discussion at team member meeting		Other:
Action Plan		Resp. Party	Completion & Date

Emergency Procedure/Code Tested: Date:	
Team Members (Names) Participating	Signatures

TITLE:	Emergency Codes – Orientation for Team Members & Students	POLICY #:	XVIII-C-10.10
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	December 2012	SCOPE:	All Locations
PAST REVISIONS:	Sep/13, May/16, Feb, Apr/22		
CURRENT REVISION:	February 2024		

POLICY:

An integrated program of orientation, ongoing training, exercises, and drills will be maintained to ensure the Emergency Management Manual/Plan, Emergency/Code Procedures, and team member knowledge is current and appropriate.

All team members and students will receive specific orientation and ongoing education as required on all Emergency Code/Procedure roles and responsibilities.

PROCEDURE:

The Executive Director or designate will:

- 1) Ensure all team members and students receive an orientation to the Emergency Management Manual/Plan as per onboarding process of the location so that they are prepared to respond to an emergency in accordance with their role.
- 2) Ensure all team members and students (as applicable) are re-trained on their potential roles and responsibilities in the event of an emergency on an annual basis.
- 3) Ensure all supervisory team members receive specific orientation and training on all Emergency Code/Procedure roles and responsibilities specific to the supervisory role.
- 4) Ensure that all non-supervisory team members and students receive specific orientation and training on all Emergency Code/Procedure roles and responsibilities specific to their role.
- 5) Place a copy of completed Emergency Code/Procedure Orientation Checklists in personnel file.

NOTE: For Volunteer Emergency Education & Training Requirements, please see X-J-10.80 Volunteer Files & X-J-10.90 Emergency Preparedness for Volunteers (LTC only).

TITLE: Emergency Equipment	POLICY #: XVIII-A-10.60	Page 2 of 2
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Attachments: XXVII-C-10.10(a) Emergency Code Orientation Checklist – Supervisory Team
XXVII-C-10.10(b) Emergency Code Orientation Checklist – Non-Supervisory Team

EMERGENCY CODES

ORIENTATION CHECKLIST – SUPERVISORY TEAM

Residence/Community: _____ Position: _____

Team Member Name: _____

Date of Hire: _____ Orientation Date: _____

All Supervisory Team Members must have an understanding of the following areas regarding Emergency Response:

ORIENTATION	TRAINER'S INITIALS	COMMENTS
Review responsibility of: <ul style="list-style-type: none"> Designate in charge of emergency Charge person on home areas/neighbourhoods 		
Location Emergency Plan <ul style="list-style-type: none"> Read and review Location Emergency Plan Location of Emergency Plan in building 		
Emergency Codes/Policies and Procedures <ul style="list-style-type: none"> Red (Fire) Yellow (Missing Person) Green (Evacuation) Blue (Medical Emergency) White (Physical Threat/Violence) Orange (External Emergency) Black (Bomb Threat) Brown (Internal Emergency (Spill/Leak/Hazard) Grey (Infrastructure Loss/Failure) Silver (Active Shooter/Armed Intrusion/Hostage Situation) Boil Water Advisory Building Lockdown Outbreaks, Epidemics, Pandemics Staffing Contingency 		
Review XVIII-A-10.60(a) Hazard Identification & Risk Assessment Form (location-specific)		
Review XVIII-A-10.50(a) Building Map Profile (location-specific)		
Review XVIII-K-10.00(a) Emergency Power Supply Inventory (location-specific)		
Communication: <ul style="list-style-type: none"> Announcing code (code + location 3x) Practice using communication tool (i.e. ascom, 2-way radios, PA system, etc.) Critical updates to Incident Manager/Fire Warden (occupied rooms) Incident Manager/Fire Warden critical communication with emergency personnel (fire department, police department) Fan Out List (who is on it, why, how initiated?) Announcing all clear 		

ORIENTATION	TRAINER'S INITIALS	COMMENTS
Location of evacuation bag and contents <ul style="list-style-type: none"> • Procedure for triage set up/evacuation tags 		
How to locate and read Annunciator Panels located at Information Stations (where applicable)		
How to read Fire Panel i.e. alarms/trouble lights		
During an alarm what happens to the following building functions/systems: <ul style="list-style-type: none"> • Fire doors close • Fire door ratings • Make Up Air units shut down • Elevators – what happens in your location? • Stairwell doors release • Pressurized stairwells (if applicable) • Location of water shut off valves for emergency shut off/Sprinkler Shut off valves • Positioning of tags on resident doors (where applicable) 		
Explain stages of fire alarm <ul style="list-style-type: none"> • First stage • Second stage • How do you turn alarm into 2nd stage if needed? 		
Pull Stations <ul style="list-style-type: none"> • Locations of pull stations • How to pull a station • How to reset an activated pull station 		
Keys for fire systems – where are they kept <ul style="list-style-type: none"> • What do they open, etc. • 2nd stage key/how to use (as applicable) 		
How to reset systems after Alarm is over <ul style="list-style-type: none"> • Pull station • Main Fire Panel • Mag Locks • Elevators • Calls to monitoring company 		
Emergency Safety Systems <ul style="list-style-type: none"> • Lock Out/Tag Out – Location • Spill kits – Location of kits • Evacuation door tags 		
SDS binders <ul style="list-style-type: none"> • Location of binders 		
First Aid Stations <ul style="list-style-type: none"> • Who can give first aid treatment • Where is your first aid box located 		

Team Member's Comments: _____

Team Member Name (Print)

Team Member Signature

Executive Director/General Manager Name (Print)

Executive Director/General Manager Signature

____/____/____
M D Y

EMERGENCY CODE

ORIENTATION CHECKLIST – NON-SUPERVISORY TEAM

Residence/Community: _____ Position: _____

Team Member/Student Name: _____

Date of Hire: _____ Orientation Date: _____

All Team Members must have an understanding of the following areas regarding Emergency Response:

ORIENTATION	TRAINER'S INITIALS	COMMENTS
Responsibility of: <ul style="list-style-type: none"> • Designate in-charge of emergency • Charge person on resident home areas / neighbourhoods 		
Location Emergency Plan <ul style="list-style-type: none"> • Read and review Location Emergency Plan • Location of Emergency Plan in building 		
Emergency Codes & Situations – Roles <ul style="list-style-type: none"> • Red (Fire) • Yellow (Missing Person) • Green (Evacuation) • Blue (Medical Emergency) • White (Physical Threat/Violence) • Orange (External Emergency) • Black (Bomb Threat) • Brown (Internal Emergency/Spill/Leak/Flood) • Grey (Infrastructure Loss/Failure) • Silver (Active Shooter/Armed Intrusion/Hostage Situation) • Boil Water Advisory • Building Lockdown • Outbreaks, Epidemics, Pandemics 		
Review XVIII-A-10.60(a) Hazard Identification & Risk Assessment Form (location-specific)		
Review XVIII-A-10.50(a) Building Map Profile (location-specific)		
Review XVIII-K-10.00(a) Emergency Power Supply Inventory (location-specific)		
Communication: <ul style="list-style-type: none"> • Announcing code (code + location 3x) • Practice using communication tool (ascom, PA System, 2-way radios, etc.) • Critical updates to Incident designate/Fire Warden • Critical communication with Incident designate(Occupied rooms) to assist emergency personnel (fire department, police department) • Fan out List (who is on it, why, how initiated?) 		

ORIENTATION	TRAINER'S INITIALS	COMMENTS
<ul style="list-style-type: none"> Announcing all clear 		
Location of evacuation supplies		
How to read Annunciator Panels located at Information Stations (if applicable)		
How to read and identify alarms / trouble lights on Fire Panel		
What happens to the following building functions/systems when alarm is triggered: <ul style="list-style-type: none"> Fire doors close Elevators – what happens in your location? Stairwell doors release Exit doors release Mag locks release 		
Explain stages of fire alarm <ul style="list-style-type: none"> First stage Second stage 		
Pull Stations <ul style="list-style-type: none"> Locations of pull stations How to pull a station 		
Emergency Safety Systems and locations <ul style="list-style-type: none"> Lock Out/Tag Out: Spill kits Evacuation door tags – Instruct on how to use tags 		
First Aid Stations <ul style="list-style-type: none"> Who can give first aid treatment Where is your first aid box located 		
SDS binders <ul style="list-style-type: none"> Location of binders 		

TEAM MEMBER'S COMMENTS:

 Team Member Name (Print)

 Team Member Signature

 Manager Name (Print)

 Manager Name (Signature)

 M D Y

TITLE:	Code Red – Fire Plan -Grey County	POLICY #:	XVIII-D-10.00
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/11, Dec/12, Jan/13, May/16, Feb/22, Apr/22		
CURRENT REVISION:	January 2024		

POLICY:

An approved Fire Safety Plan will be developed and maintained current in accordance with local and provincial regulations and will be approved by the Fire Department. LTCHs are required by both the Ontario Fire Code under the FPPA and O. Reg. 246/22 under FLTCA to have emergency plans related to fires. Per O. Reg. 246/22 ss. 268(11), If there is a conflict or inconsistency between a provision of the fire code under the Fire Protection and Prevention Act, 1997, and a provision of an emergency plan, the fire code prevails.

PROCEDURE:

The Executive Director, Building Services Supervisor/Maintenance Manager or designate will:

- 1) Ensure a Fire Plan is developed and approved by the local Fire Department using locally mandated template.
- 1) Notify the Fire Department when changes are necessary to an approved Fire Safety Plan, including but not limited to:
 - a. Change in location name/ownership
 - b. New fire safety equipment
 - c. Renovations to building structure or fire safety equipment
 - d. Staffing level & personnel changes as related to minimum staffing levels listed in Fire Safety Plan
 - e. Any occurrence that compromises the integrity of the fire safety systems and thus the fire response procedures
- 2) Review the Fire Plan response instructions at minimum annually with managers, team members, and residents.
- 3) Routinely practice response instructions to ensure team members remain aware of their responsibilities during a fire alarm scenario.

The Fire Plan Safety Plan must include, but is not limited to:

- The Emergency Procedures to be used in case of fire, including:
 - Sounding the alarm
 - Notifying the Fire Department
 - Instructing occupants on procedures to be followed when the fire alarm sounds
 - Evacuating occupants, including special provisions for persons requiring assistance
 - The procedures for the use of elevators
 - Confining, controlling, and extinguishing the fire

TITLE: Code Red – Fire Plan	POLICY #: XVIII-D-10.00	Page 2 of 2
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- The appointment and organization of designated supervisory team members to carry out fire safety duties
- The training of supervisory team members and instruction of other occupants in their responsibilities for fire safety
- Documents, including diagrams, showing the type, location, and operation of the building's fire emergency systems
- The holding of fire drills
- The control of fire hazards in the building
- The maintenance of building facilities provided for the safety of occupants
- The provision of alternative measures for the safety of occupants during any shutdown of fire protection equipment and systems or parts thereof.

Attachments: XVIII-D-10.00(a) Fire Plan – Rockwood Terrace
XVIII-D-10.00(b) Fire Plan – Grey Gables
XVIII-D-10.00(c) Fire Plan – Lee Manor

FIRE SAFETY PLAN



A copy of the reviewed and signed Fire Safety Plan for Grey Gables, Lee Manor and Rockwood Terrace is posted internally at each home.

If you would like more information, please contact the Executive Director

TITLE:	Code Red – Fire Drills	POLICY #:	XVIII-D-10.10
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/08, Aug/08, Sep/10, Sep/13, May/16, Feb/22		
CURRENT REVISION:	January 2024		

POLICY:

Fire drills will be conducted on a monthly basis on all three shifts following the procedure outlined in the location's Fire Plan.

PROCEDURE:

The Building Services Supervisor/Maintenance Manager and/or designate will:

- 1) Schedule Fire Drills to be conducted monthly on all three shifts: audible fire drills on day and evening shifts; silent drills on nights except one audible fire drill on the night shift semiannually. Times of drills must vary so that at least one evening drill per quarter is conducted after dinner hour when lower staffing levels are scheduled. Where possible, it is encouraged to have night team scheduled on days to take part in drills.
- 2) Schedule drills throughout the month (i.e. one per week), so residents do not have bells ringing once per shift within 2-3 days at the end of month.
- 3) Organize pre-drill practices such as: posting notices including date and time of drill, informing team members and residents, conducting a pre-drill huddle with Incident Managers, inviting fire department to observe one drill annually.
- 4) Schedule at a minimum one drill per year and/or in-service for the purpose of training and informing residents of Code Red practices.
- 5) Conduct an evacuation exercise during each drill from the affected fire zone to a safe fire zone. Depending on the fire zone layout of the building, this will require horizontal or vertical evacuation. Drills to be rotated through zones so residents are evacuated on a rotating basis.
- 6) Time drills and record drill times as per "Staffing Levels for the Emergency Evacuation of Residents in Care Occupancies" (ON).
- 7) Use Communication Devices (2-way radios, ASCOM phones) to communicate between the Building Services Supervisor/Maintenance Manager and/or designate, charge nurse, charge team, and department managers.
- 8) Schedule Code Red training for all team members, managers, and nurses in charge; include unique features of the location/review of Building Map/Profile.
- 9) Designate managers (drill managers) at least once annually who will be responsible for leading the required fire drills on designated shifts.

TITLE: Code Red – Fire Drills	POLICY #: XVIII-D-10.10	Page 2 of 2
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- 10) Direct all onsite managers to actively participate in drills by stationing themselves in various locations of the location and observing team members.
- 11) Monitor correct completion of forms:
 - Emergency Preparedness Test-Drill Evaluation Form (ensure attendance documented on form)
 - Fire System Check (one for the building) to be completed
- 12) Conduct a wrap up meeting with frontline team members on each home area floor to review strengths and gaps identified during the drill.
- 13) Review and sign completed reports.
- 14) Review drills with leadership team; implement necessary recommendations and arrange for any emergency equipment repairs required.
- 15) File all original copies of fire drill reports in a secure location. Retain copies for 2 years.
- 16) Review attendance to ensure all team members have attended at least one drill / fire event annually.

Attachments: XVIII-D-10.10(a) Code Red – Fire System Check Form

CODE RED – FIRE SYSTEM CHECK

Date: _____

Time: _____

Location of alarm _____

Time Monitoring Company called: _____

Time Fire Department called: _____

Describe the fire drill scenario / actual fire event:

Fire System / Process check	YES	NO
Did appropriate team member take on fire system supervisory role? (Charge Nurse, Building Services Supervisor/Maintenance Manager and/or designate) Name of individual:		
Did the person in charge clearly: a) direct someone to announce Code Red 3 times b) direct someone to call 911		
Were all hallways clear of obstructions in service/receiving area?		
Was Fire Box checked to ensure appropriate contents were still available? (as applicable)		
Was all hazardous equipment shut down? (dryers, ovens)		
Did all auxiliary systems respond appropriately?		
Did the fire alarm panel display the correct initiating device and fire zone?		
Did the second stage of the alarm activate (if applicable)?		
Was the fire alarm activation device reset?		
Did the representative reset the Fire Panel?		
Did the fire panel rest properly? Should read "System Normal"		
Did all annunciators and audible bells operate correctly?		
Did elevators recall to ground floor? (as applicable)		
Did all Supply Air fans shut down as required?		
The monitoring company received the signal and are they now seeing that panel is clear?		
Did fire zone separation doors close and latch?		

Operator number at monitoring company _____

Summary Report and Action Plan to be completed within 15 days: (list actions required from Test Drill Evaluation Form and Fire System Report)

Fire Drill Manager Signature

Executive Director Signature

TITLE:	Code Green – Evacuation	POLICY #:	XVIII-E-10.00
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/11, May/16, Feb/22, Apr/22		
CURRENT REVISION:	July 2022		

POLICY:

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

PROCEDURE:

The Executive Director will:

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

The Executive Director/Building Services Supervisor/Maintenance Manager or designate will:

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

All Team Members will:

- 1) Upon hearing Code Green announced, follow procedures related to the type of evacuation.
- 2) Take direction from the Executive Director/Building Services Supervisor/Maintenance Manager or designate.

Reference:

Contracted Pharmacy Provider Disaster Management Procedures
Infection Prevention & Control Manual

ON LTC: MLTC Emergency Evacuation Policy (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Evacuation*20Policy*20\(EN\).pdf_ ;JSUI!!NzF2aeWtLfMAxVs!XjPOSiDCKriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1n_DSyRU\\$](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Evacuation*20Policy*20(EN).pdf_ ;JSUI!!NzF2aeWtLfMAxVs!XjPOSiDCKriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1n_DSyRU$)

ON LTC: MLTC Emergency Placement Process (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation*20Placement*20Process*20\(EN\).pdf_ ;JSUI!!NzF2aeWtLfMAxVs!XjPOSiDCKriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1gqC976k\\$](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation*20Placement*20Process*20(EN).pdf_ ;JSUI!!NzF2aeWtLfMAxVs!XjPOSiDCKriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1gqC976k$)

TITLE: Code Green – Evacuation	POLICY #: XVIII-E-10.00	Page 2 of 2
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ON LTC: MLTC Emergency Placement Form (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Placement*20Form*20\(Appendix*20B\).docx_!JSUIJQ!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1rxflv-k\\$](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Placement*20Form*20(Appendix*20B).docx_!JSUIJQ!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1rxflv-k$)

ON LTC: MLTC Overview of Temporary Emergency License and Beds in Abeyance (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview*20of*20Temporary*20Emergency*20\(TE\)*20Licence*20and*20Beds*20in*20Abeyance*20\(BIAs\)*20\(EN\).pdf_!JSUIJSUIJSUIJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1TCg6uOM\\$](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview*20of*20Temporary*20Emergency*20(TE)*20Licence*20and*20Beds*20in*20Abeyance*20(BIAs)*20(EN).pdf_!JSUIJSUIJSUIJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1TCg6uOM$)

Attachments: XVIII-E-10.00(a) Deciding Whether to Evacuate or Shelter in Place
XVIII-E-10.00(b) Code Green – Incident Manager Evacuation Checklist
XVIII-E-10.00(c) Code Green Evacuation Plan Template (LTC)
XVIII-E-10.00(e) Evacuation Supplies
XVIII-E-10.00(f) Resident Identification System
XVIII-E-10.00(g) Evacuation Resident Log
XVIII-E-10.00(h) Relocation Sites Evacuation Agreements Chart – Template

DECIDING WHETHER TO EVACUATE OR SHELTER IN PLACE

Who Will Ultimately Make the Decision

Decision will be made by a decision making team consisting of Incident Manager, Executive Director, Support Services, and Emergency Services.

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 need to occur.

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, specifically trees, but also rivers, currents, etc. are likely to impact the location.

Emergency Power Capacity

Determine if emergency power is sufficient to support critical functions, lights, air temperature in at least 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 that transportation commitments can be met at a specified future 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 areas prior to evacuating to next site (i.e. tornado, earthquake). The availability of relocation destinations should 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/resident/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 Executive Director/Building Services Supervisor/Maintenance Manager or designate 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) are 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 are: estimated arrival time of weather event; time required to mobilize and transport residents.

When the location is in a suspected/confirmed outbreak: considerations around isolation and cohorting measures in place must be taken into account 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 (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 based on the type of outbreak.

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 widespread

- The resources available within the community

The Executive Director/Building Services Supervisor/Maintenance Manager or designate 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 – INCIDENT MANAGER EVACUATION CHECKLIST

After resident, team member, and visitor life safety is assured, and after the decision has been made to evacuate, use the following as a guide. All steps should be documented.

EVENT DESCRIPTION	DATE & TIME OF EVENT
Designated individual assumes role of Incident Manager	
Alarm activated (if there is a fire)	
Call 911	
Announcement over entire building (inform all residents, team members, and visitors of the evacuation)	
Residents removed from immediate danger zone	
Contact Support Services for support required	
Team member designated to meet Fire department/Emergency Responders	
Room search/doors tagged initiated by designates in charge	
All available team members sent to assist/remove residents from danger zone	
Elevators shut down/recall to ground floor as applicable or directed by officials	
All residents accounted for from all areas	
All team members accounted for	
All fire doors closed	
Use Resident Identification System to confirm	
Contact and confirm availability of transportation as per policy	
Contact and confirm availability of relocation centre(s)	
Identify receiving/loading areas	
Team members assigned to supervise residents in holding area/prevent re-entry; reassure residents and ensure their needs are met	
Team members assigned to gather supplies/resources/food as needed	
Ready residents for journey (informing, attaching ID, packing, etc.)	
Systematic loading of residents onto transportation vehicles and accounting for all residents (census)	
Notify emergency contacts as needed	
Arrival of Fire Department	
Arrival of ambulance	
Arrival of police	
Communicate with residents/families re evacuation	
Medical records transferred/secured – (EHR, EMAR)	
Contact Pharmacy	
Medications transferred/secured	
Types and quantities of food/water for the journey	
Contact Procurement for provisions to be brought or ordered and delivered to relocation centre	
Code cleared	
Notes:	

Incident Manager Name: _____ Incident Manager Signature: _____

CODE GREEN – LTC EVACUATION PLAN TEMPLATE

NOTE: Care community to update template/make location specific and review/update as required

PURPOSE:

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

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

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

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

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

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

TYPES OF EVACUATION:

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

At the discretion of the Executive Director/Building Service Supervisor/Maintenance Manager or designate, or at the request of the Fire Department at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the community is to be totally evacuated.

EVACUATION PROGRESSION:

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

LINES OF AUTHORITY DURING EVACUATION PROCEDURES

Internal Authority

- 1) The Incident Manager/Executive Director/Building Service Supervisor/Maintenance Manager _____ (enter site specific title) has complete authority: may be relieved by leadership member /designate upon their arrival to the community.
- 2) Nurse in charge of the resident home area.

External Support Services Authority

Fire Department, responsible for:

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

Ambulance Officer, responsible for:

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

Police Department, responsible for:

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

The Incident Manager/Executive Director/Building Service Supervisor/Maintenance Manager works closely with all external support services to know the circumstances of the total situation.

NOTE:

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

Offsite Evacuation location: Residents will be evacuated to _____ (list community's established receiving site(s) including contact information such as telephone number).

STAGES OF EVACUATION

Stage #1

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

Stage #2

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

Stage #3

- remove all residents from the immediate fire/danger area; search and evacuate all rooms following fire plan procedure (e.g. close door and tag procedure)

- take resident to holding area beyond Fire doors

Stage #4

- a team member (assigned by Manager/Nurse in charge) will identify resident and place an identification label/lanyard/wristband on resident before they are evacuated
(_____ enter site specific procedure, including location where resident list and labels/lanyards/wristbands are kept)
- ensure each resident is adequately clothed

Stage #5

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

Stage #6

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

ORDER OF EVACUATION

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

CONTINUITY OF RESIDENT CARE

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

- 1) **Resident Identification:** an identification label (bracelet/lanyard/card _____ enter site specific procedure) will be placed on each resident. The identification information must include: name, level of transfer/mobility, allergies, and DNR/MOST designation).
- 2) **Evacuation Log:** to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified.
- 3) **Resident Chart:** MAR books and any hard copy chart records must be removed from the site. (_____ enter site specific procedure – this is usually the responsibility of the Nurse in charge of the RHA). The MAR book must be taken to the relocation site.
- 4) Most of the actual chart can be retrieved on electronic health record out of the community. This can be completed offsite.
- 5) **Medications:** The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. (_____ enter site specific

procedure, contact info). The pharmacy will provide all medications at the relocation site as needed.

- 6) **Other life sustaining equipment (oxygen, g-tube feeds):** may require evacuation with the resident or triage at treatment zone based on care needs.
- 7) **Food & Fluid** (as per the Provision of Food & Fluid Continuity Plan)
- 8) **Physician on call:** The doctor on call will decide:
 - whether a site physician should be called
 - whether a coroner should be onsite

TRIAGE: DESIGNATED TREATMENT ZONES

First Priority (RED)

- Immediate medical attention required
- Individual is critical and their condition is deteriorating
- Transportation to hospital via ambulance is required
- Supervised by Nurse wearing Red Cap/Vest/Label (____ enter site specific procedure)
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area (____ enter site specific procedure)
- Evacuation log completed

Second Priority (YELLOW)

- Prompt medical attention required
- Individual is in serious but stable condition
- Individual can sustain a wait of approximately 30 min. to 2 hours without hospital intervention provided stabilization occurs onsite
- Supervised by Nurse wearing Yellow Cap/Vest/Label (____ enter site specific procedure)
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area (____ enter site specific procedure)
- Evacuation log completed

Third Priority (GREEN)

- Individual transportation to hospital can be delayed
- Individual is ambulatory (walking wounded)
- Supervised by Nurse wearing Green Cap/Vest/Label (____ enter site specific procedure)
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area (____ enter site specific procedure)
- Evacuation log completed

Fourth Priority (WHITE)

- Individual not injured, only require transportation to designated safe area
- Supervised by Non-Nurse wearing White Cap/Vest/Label (____ enter site specific procedure)
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area (____ enter site specific procedure)
- Evacuation log completed

Fifth Priority (BLACK)

- Individual with no vital signs and has been pronounced deceased by RN
- No staff required to supervise, individual covered with blanket (____ site specific procedure)

- Evacuation log completed

Triage Procedures (duties of Triage Nurse)

- 1) The assessment for triage tagging is performed by the Nurse assigned as Triage Nurse (_____ enter site specific procedure).
- 2) To clearly identify them, the Triage Nurse will wear the designated cap and vest (_____ enter site specific procedure).
- 3) The Triage Nurse will direct team members to set up the 5 designated areas.
- 4) Each resident is assessed and assigned to a coloured zone according to their injuries. A coloured sticker is placed on the individual's emergency label/lanyard/wristband (_____ enter site specific procedure) and taken to that area for treatment.
- 5) The Triage Nurse does NOT provide treatment except in the following circumstances:
 - individual is bleeding profusely and will surely die unless immediate treatment is given.
 - individual's airway is severely compromised.

DUTIES OF THE INCIDENT MANAGER

In a fire or other emergency situation, the _____ (insert site specific position e.g. Manager in Charge) is the Incident Manager (IM). The IM has the authority to put the evacuation plan into effect.

- 1) Assess the magnitude and type of threat.
- 2) Don appropriate vest/label so you are easily identified (_____ enter site specific procedure with location of where vest/label is kept).
- 3) Ensure notification of ED/designate regarding decision to put evacuation plan into effect.
- 4) Assign a Nurse for Triage Nurse (TN). See duties of TN (_____ enter site specific procedure e.g. nurse from a specific RHA.)
- 5) Assign a Nurse for each triage zone (3 red, yellow, green). (_____ enter site specific procedure e.g. nurses from specific RHAs).
- 6) Assign a team member to triage the white zone for uninjured residents.
- 7) Assign team members to accompany residents to the relocation areas. (_____ enter site specific procedure).
- 8) Assign a team member as Logistics lead who will be responsible for staffing assignments: ensuring team members are at relocation sites; initiating call-in procedure, etc. (see duties of Logistics lead). (_____ enter site specific procedure).
- 9) Assign a team member as Runner – to be a communication link for updates. In the event of a total communication shutdown, the pre-designated external communication centre will be activated and the runner will provide ongoing relaying of messages. (_____ enter site specific procedure).
- 10) Assign a team member to be Liaison lead – (coordinate activities and communication with external emergency personnel (fire, ambulance, hospital, etc.). (see duties of Liaison lead). (_____ enter site specific procedure).

- 11) Assign a team member in each RHA to account for all residents in their RHA. (_____ enter site specific procedure).
- 12) Assign a team member as Communications lead (see duty outline – contact/ update family members, respond to media inquiries. (____ enter site specific procedure).
- 13) Assign team members to monitor exit doors to prevent re-entry of residents or unauthorized personnel and to ensure the doors do not close and lock authorized personnel out (____ enter site specific procedure).
- 14) Assign team members to monitor external traffic flow to ensure unimpeded access for emergency vehicles and access to building for emergency personnel (fire, ambulance, etc.) (_____ enter site specific procedure).
- 15) Ensure all areas are secure and all duties are complete.
- 16) Proceed to triage area to assist with treatment of injured residents as directed (____ enter site specific procedure).
- 17) In conjunction with the DOC/designate, ensure MAR books are removed and transported to the receiving site(s). (_____ enter site specific procedure).
- 18) Complete Incident Manager Evacuation Checklist.

DUTIES OF THE RPN/LPN

- 1) Upon receiving verification of evacuation, begin to instruct team members in the procedure. If immediate need is NOT in your community area, assign team members to go to the affected area as directed by the Incident Manager. (_____ enter site specific procedure).
- 2) Remove residents from immediate danger (room of origin) to a safe zone.
- 3) Remove all other residents from affected fire/danger zone to a safe zone beyond the fire door.
- 4) Ensure team members use red evacuation tags on doors to indicate room is vacant and checked. (_____ enter site specific procedure).
- 5) Complete head count of residents to ensure no residents have been missed.
- 6) If fire or emergency is in your community area, obtain resident emergency tags/labels/lanyards/wristbands from Emergency Box and assign a team member to identify and tag each resident. (_____ enter site specific procedure).
- 7) Assist team members in your community area with safe evacuation of residents (transfers) as directed by IM. (_____ enter site specific procedure).
- 8) Remove MAR book from your community area to the designated triage area. (_____ enter site specific procedure).
- 9) If your community area is NOT being evacuated, assign team members to monitor residents, secure your community area, and go to triage area as assigned by IM. (_____ enter site specific procedure).

DUTIES OF THE PSW/HCA/CSA

- 1) Clear corridors while reporting to your community area Resident Care Centre.
- 2) Verify announcement to evacuate. (_____ enter site specific procedure)
- 3) If immediate need is NOT in your community area, secure and monitor residents or go to affected area to assist the evacuation as assigned by your community area RPN/LPN. (_____ enter site specific procedure).

- 4) If evacuation IS in your community area, check and mark evacuated rooms with red emergency tags. Ensure ALL rooms (locked and unlocked) are checked and empty. (_____ enter site specific procedure). Move residents to a safe zone as directed by the IM.
- 5) Complete a head count of residents to ensure no residents have been missed; confirm using current resident list. (_____ enter site specific procedure).
- 6) Report any resistive resident or resident needing assistance to your community area RPN/LPN. (_____ enter site specific procedure).
- 7) Once all residents have been moved to a safe area, take direction from IM: may include monitoring residents, assisting to load residents on buses, etc. (_____ enter site specific procedure).

DUTIES OF THE OFFICE/RECEPTION TEAM AND MANAGERS

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

DUTIES OF THE COMMUNICATIONS LEAD

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

DUTIES OF THE LOGISTICS LEAD

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

DUTIES OF THE MAINTENANCE TEAM

- 1) Assist the Incident Manager as required.

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

DUTIES OF THE DIETARY TEAM

- 1) If you are in the servery, ensure all appliances are off and unplugged and secure the area.
- 2) Upon receiving notification of the emergency and the location, if it is on your community area, report to the Nurse in charge on your community area. Assist as directed by the Nurse in charge. (_____ enter site specific procedures).
- 3) If you are in the kitchen, turn off all equipment and ensure all hallways are clear; secure the area.
- 4) If emergency is NOT in your community area or the kitchen report to _____ (location – enter site specific).
- 5) Execute the Plan for provision of Food & Fluid/Emergency Menus as directed by the Director of Dietary Services, Incident Manager or designate.
- 6) As assigned, by Incident Manager or the Nurse in charge in your community area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties (_____ enter site specific procedure).
- 7) Travel to relocation site(s) and assist as needed.

DUTIES OF THE HOUSEKEEPING/LAUNDRY TEAM

- 1) Secure your department by shutting down all equipment; close windows and doors.
- 2) Ensure all rooms both locked and unlocked are clear and vacant.
- 3) If you are in affected area, place red emergency tags on doors to identify that area is not to be reentered. (_____ enter site specific procedure).
- 4) Housekeeping team, report to community area Nurse in charge; follow their direction.
- 5) Laundry team, report to assigned community area (_____ enter site specific procedure).

- 6) As assigned by Incident Manager or Nurse in charge in your community area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties (_____ enter site specific procedure).
- 7) Travel to relocation site(s) and assist as needed.

DUTIES OF THE RECREATION TEAM

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

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 JHSC 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
<input type="checkbox"/>	Ramp to load residents on transportation vehicles	
<input type="checkbox"/>	Medication Administration Records (MAR) – entire chart if possible	
<input type="checkbox"/>	Special legal forms, such as signed Treatment Authorization Forms, Do Not Resuscitate Orders, and Advance Directives	
<input type="checkbox"/>	Clothing with each resident's name on their bag if time/situation allows	
<input type="checkbox"/>	Water supply for trip – team members and residents (4 litres per resident for each day)	
<input type="checkbox"/>	Emergency drug kit (if applicable) (to be transported with a registrant via transportation arranged by home)	
<input type="checkbox"/>	Non-prescription medications (if applicable) (to be transported with a registrant via transportation arranged by home)	
<input type="checkbox"/>	Prescription medications and dosages (to be transported with a registrant via transportation arranged by home)	
<input type="checkbox"/>	Communications devices: cell phones (to communicate among vehicles), 2-way radios, pagers, satellite phone, laptop for instant messaging (bring all you have)	
<input type="checkbox"/>	Blankets	
<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Non-perishable food items for team members and residents	
<input type="checkbox"/>	Disposable plates, utensils, cups, straws	
<input type="checkbox"/>	Rain ponchos	
<input type="checkbox"/>	Incontinence products	
<input type="checkbox"/>	Personal wipes	
<input type="checkbox"/>	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues)	
<input type="checkbox"/>	Denture holders/cleaners	
<input type="checkbox"/>	Toilet paper	

<input type="checkbox"/>	Towels	
<input type="checkbox"/>	Plastic zip-lock bags (to keep items dry)	
<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"/>	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"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

RESIDENT IDENTIFICATION SYSTEM (FULL EVACUATION)

Step 1

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

- Resident Name
- Name of Location
- Room/suite number

Step 2

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

Step 3

Prepare transfer sheets for each resident with the following information:

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

OR

- Use electronic documentation system at Relocation Site

Step 4

Enclose each transfer sheet in protection as needed and attach to resident.

Step 5

- Once identification and transfer information is attached to resident, load resident on appropriate bus/vehicle for their relocation
- Assign team members to accompany residents to Relocation Site
- Ensure Evacuation Resident Log in duplicate – one copy to Incident Manager; one copy with each vehicle

EVACUATION RESIDENT LOG

[illegible]

Completed by:

Team Member Name (print)

Team Member Signature

Date _____

1

SAMPLE

RELOCATION SITES EVACUATION AGREEMENTS CHART - TEMPLATE

[illegible]

TITLE: Code Green – Mock Evacuation		POLICY #: XVIII-E-10.20
		PAGE: 1 of 2
MANUAL	Emergency Management	APPROV. AUTH: Director of LTC
ORIGINAL ISSUE:	September 2006	SCOPE: All Locations
PAST REVISIONS:	Sep/07, Mar/11, Jan/13, Feb/22	
CURRENT REVISION:	September 2024	

POLICY:

The location will complete a full-scale Mock Evacuation annually and may complete tabletop/partial evacuation drills more frequently as required.

PROCEDURE:

The Executive Director and/or Building Services Supervisor/Maintenance Manager will:

- 1) Establish a date and time for the mock evacuation, allowing approximately two months for planning and training for the event.
- 2) Establish in detail the type and scope of the mock emergency scenario with the assistance of the Joint Health & Safety Committee.
- 3) Identify team leaders to assist with the development of key areas for the evacuation: Communications, Triage, Parking Lot Control, Security & Resident Movement, Resident/Family Liaison, Training, Infection Prevention & Control.
- 4) Follow the Mock Evacuation Facilitator Guide to cover all areas required prior to running the exercise.
- 5) Hold regular meetings and practice sessions for team members, visitors, and volunteers leading up to the Mock Evacuation to outline their roles and responsibilities during the drill.
- 6) Incorporate tabletop/alternative practice for evacuation during minimum staffing levels i.e. night shift; review staffing contingency planning, backup Incident Management Team roles and responsibilities, and contact plan for getting expedited assistance as required.
- 7) Invite participation from the local fire department, police department, and emergency medical services (ambulance). These community professionals will add authenticity to the event and act as official observers on the day of the event.
- 8) Call on community partners identified to provide transportation, accommodation/temporary shelter, resources, etc. to test that they can provide agreed upon services/resources without advance notice and within acceptable timeframes.
- 9) Assign observers to complete Mock Evacuation Observer & Recommendations Report.

TITLE: Code Green – Mock Evacuation	POLICY #: XVIII-E-10.20	Page 2 of 2
--------------------------------------------	--------------------------------	--------------------

10) Plan a debriefing session for all team members and participants to evaluate the strengths and weaknesses of the drill/exercise and make recommendations to improve the evacuation process.

11) Document drill/exercise using XVIII-C-10.00(a) Emergency Preparedness Test/Drill Evaluation Form and implement Quality Improvement actions as needed.

Attachments: XVIII-E-10.20(a) Facilitator Guide – Code Green Mock Evacuation Drill
 XVIII-E-10.20(b) Code Green – Mock Evacuation Observer & Recommendations Report
 XVIII-E-10.20(c) Code Green Evacuation Drill – Team Member Communication Template
 XVIII-E-10.20(d) Code Green Evacuation Drill – Resident/Family Communication Template



CODE GREEN

Mock Evacuation

FACILITATOR GUIDE

Preparing for and leading your location's Code Green Mock Evacuation Drill

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Outcomes of a Successful Exercise:

- ✓ Leaders who understand their role in incident management during a disaster and team members who are confident in understanding their roles and responsibilities in an emergency evacuation
- ✓ Identification of any gaps or problems with existing plan/policies/needs for other resources that may be required
- ✓ Opportunity to test relationships with community partners/service providers to ensure needs can be met in the event of an emergency
- ✓ Opportunity to modify and improve existing plans based on lessons learned during the drill

Recommended Communication Venues:

- | | |
|-----------------------------------------|------------------------------------|
| ✓ General team meeting | ✓ Sign for lobby |
| ✓ Team huddles | ✓ Residents' Council |
| ✓ Memo to all team members | ✓ Family Council |
| ✓ Team member communication app message | ✓ Letter to all residents/families |
| ✓ Nursing agencies | ✓ Billing information |
| | ✓ Letters (community partners) |

Note: While this Facilitator's Guide has been developed to support a Full-Scale Mock Evacuation, it can be adapted as necessary to conduct a partial evacuation drill or tabletop exercise.

Advance Preparation for Practice Day

<input type="checkbox"/>	Communicate to residents, families, and team members the date and time of the drill and what they can expect. Invite questions and provide lots of reminders.
<input type="checkbox"/>	Determine staffing needs (Note: Additional resources may require Director of Long-Term Care & Senior Services approval so plan in advance).
<input type="checkbox"/>	Educate team members on their specific roles in advance (explain what we will be doing, why, and what specifically they will need to do).
<input type="checkbox"/>	Educate residents (where capable) on their specific roles in advance (explain what we will be doing, why, and what specifically they will need to do).
<input type="checkbox"/>	Invite community partners to join for all or part of the day as observers and/or participants; consider emergency responders, health authority representatives, physicians, nurse practitioners, partner communities i.e. evacuation location site leads, support services office regional partners, etc. – building these relationships can be key to successful emergency response!
<input type="checkbox"/>	Identify/assign Observers and ensure they understand their responsibility.
<input type="checkbox"/>	Leaders to read and be familiar with all resources (i.e. location's Code Green plan, reciprocal agreements, etc.).
<input type="checkbox"/>	Plan for 'evacuation site' holding areas – any signage, cleared spaces, people to direct evacuees and team members, 'assign' transportation/evacuation location, etc.
<input type="checkbox"/>	Complete pg. 1 of XVIII-C-10.00(a) Emergency Preparedness Test/Drill Evaluation Form (this will be the formal documentation of your drill and the place for your Action Plan)
<input type="checkbox"/>	Gather supplies needed i.e. mock supplies (ex. Label boxes or print pages as 'meds', 'go bags', 'bus supplies', etc.), emergency boxes, resident identification, emergency face sheets for evacuees, paper, pens, etc.
<input type="checkbox"/>	Complete any printing required for the day in advance.
<input type="checkbox"/>	Schedule follow up debrief within one week of event to include all leaders.

Leadership Team Preparation for Drill Day

The agenda/timing below is suggested and can be adjusted based on the needs of your team; covering these areas as a leadership team in advance of the Code Green Drill Day physical practice exercise will help ensure a successful event and support best preparation efforts for a potential evacuation.

Time	What to Say	What to Do
0800 - 0815	<p>Welcome everyone.</p> <p>The goals of the Mock Evacuation are to prepare for an evacuation of this community/residence, ensure everyone – leaders and team members – feel confident in understanding their roles and responsibilities in the event of an evacuation, and to review and improve our emergency response plan.</p> <p>We have invited our regional Partners as ‘observers’ to the practice day to help evaluate the strengths and weaknesses of this exercise and assist in action planning after the drill.</p> <p>Housekeeping & Basic Assumption:</p> <ul style="list-style-type: none"> • Review Agenda • Request to minimize distractions outside this session; commitment to focus on this exercise • Encourage participants to treat the scenario and described events as real • If an actual emergency occurs during the drill, the drill will be suspended – real life takes precedence • Once the scenario is presented, I will ask specific questions and direct you to take certain actions • This is a safe and judgement-free zone. All ideas and questions are welcome. This exercise will be most successful when you think about the problems I will be posing and engage in thinking and talking through the actions and solutions you would take. • Our basic assumption throughout this exercise is that everyone participating is 	<p>Hand out copies of materials or be prepared to share onscreen (consider whether leaders might review on their own screens; if so, provide in advance so all have easy access):</p> <ul style="list-style-type: none"> • Code Green Evacuation Policy (XVIII-E-10.00), Community-Specific Code Green Evacuation Plan & Attachments: <ul style="list-style-type: none"> ○ Code Green Incident Manager Evacuation Checklist ○ Evacuation Supplies list ○ Resident Identification System ○ Evacuation Resident Log ○ Relocation Sites Evacuation Agreements Chart • Any other location-specific Code Green templates/resources • Health Authority Checklists/Templates • Hot Issue Alert SBAR Template (II-G-10.40(a))

Time	What to Say	What to Do
	<p>intelligent, capable, cares about doing their best, and wants to improve.</p> <p>This is how the drill will work: We will collaborate as a leadership team to walk through the initial scenario and practice initial responses in advance of our scheduled Mock Evacuation Day. I will give you Part 1 of our scenario and pose specific questions for discussion or direct you to materials for review. We will discuss and problem solve together, using our resources as our guide to the greatest extent possible.</p> <p>On May (insert date of practice), we will bring the rest of the team in to physically test moving residents out of their home area to designated spaces to “load them onto the bus” to help our teams understand the expectations related to their role in an evacuation and assist them with building muscle memory of the activities that will need to take place in an actual evacuation.</p> <ul style="list-style-type: none"> • Our Regional Partners will be available as observers to support evaluation of the activities and identify areas of success and for improvement. • They will assist with inspection of evacuation supplies as part of the observation. • While this is underway, designated leaders will ‘test’ community partner agreements by contacting them to understand their capacity to provide required services i.e. call evacuation relocation sites, etc. <p>After residents have been settled back into their home area, we will ask the team to provide any initial feedback/observation of the experience to support action planning. A full debrief will take place within one week of the practice day with incorporation of the Observers’ reports and team member feedback; resident and family feedback on the experience will also be welcomed.</p>	

Time	What to Say	What to Do
0815-0845	<p>Review of Materials: Let's begin by reviewing our current resources</p> <ul style="list-style-type: none"> • Community/Residence Code Green Evacuation Plan • Hot Issue Alert Process & SBAR (II-G-10.40) • Community Fan Out List <ul style="list-style-type: none"> ○ Ask: Is the Fan Out List up to date? ○ Does everyone understand how the Fan Out process works? ○ Any tips for suggested improvements? 	<p>Share and walk through resources (onscreen or printed):</p> <ul style="list-style-type: none"> • Code Green Evacuation Policy, Community-Specific Code Green Evacuation Plan & Attachments: <ul style="list-style-type: none"> ○ Code Green Incident Manager Evacuation Checklist ○ Evacuation Supplies list ○ Resident Identification System ○ Evacuation Resident Log ○ Relocation Sites Evacuation Agreements Chart • Any other location-specific Code Green templates • Health Authority Checklists/Templates • Hot Issue Alert SBAR Template • Community Fan Out List • Emergency Communication policy/procedure & attachments (XVIII-B-10.00) <p>Note any suggestions for improvements to Fan Out Process/Updates that may be needed.</p> <p>Note: It is strongly recommended that you test your Fan Out as a separate exercise soon if a test has not been done recently.</p>
0845-0930	<p>Assign Incident Management Team (IMT) Roles to Leaders & Identify Backups</p> <ul style="list-style-type: none"> • Review the different IMT Roles & Expectations for each role in the event of an evacuation • Have each participant give thought to where they would fit within the structure; discuss as a group and assign/confirm roles • Each location's structure might have additional or combined roles depending on the size of the team. • The structure is subject to change based on this so please feel free to create new "boxes" in your IMT organizational chart (i.e. physician, allied professionals, etc.). • Consider the contingency plans that will be needed for each role/responsibility. 	<p>Hand out and/or share onscreen:</p> <ul style="list-style-type: none"> • Incident Management Team Org Chart • Update the structure as needed to suit the roles people would play in an evacuation situation (i.e. Incident Manager, Operations Lead, Planning Lead, Logistics Lead, Finance/Administration Lead, Communications, Safety, etc.) <p>Discuss as a leadership team and document final structure with backups; ensure everyone feels comfortable with what is expected for their role or identify where additional training may be needed.</p>

Time	What to Say	What to Do
	<ul style="list-style-type: none"> ○ If one team member or multiple team members are not able to work, how does that change the structure? ○ If the evacuation event happens at night with minimum staffing, how will that change the structure? ○ Do you have adequate cross training? ● The actions required for cross training and contingency plans should be added to your Action Plan post-drill. 	
0930-1030	<p>Let's Begin the Scenario: (Note – this is a sample scenario – you are encouraged to write your own based on hazard identification & risk analysis of emergencies most likely to affect your location/cause need for evacuation)</p> <p>It's Wednesday, August 14 – only 9:00AM and the day is already hot. There is a wildfire burning several miles away, but so far, you've not been concerned with any threat to you or your residents. At 9:05AM, the phone rings. The Office Coordinator answers and receives the following recorded message:</p> <p><i>"This is an emergency notification from the provincial warning system. All residences and businesses receiving this call should prepare to evacuate within 3 hours due to the threat of wildfire. No evacuation is needed at this time, but you should prepare to evacuate within three hours. This is an alert – not an evacuation order."</i></p> <p>The message repeats. The Office Coordinator copies it down and hands it to the Executive Director.</p> <p>Read the scenario to participants and guide them to start working as a group using your Evacuation Plan and other resources reviewed as a guide to the discussion.</p>	<p>Guide the discussion while also participating; support keeping on track and on time.</p> <p>Use your Code Green and other Emergency procedure resources to find the answers to the questions posed.</p> <p>As you pose questions to participants, allow for open discussion. Encourage participants to focus on tangible, specific answers. Permit approximately 5 minutes for each question (some will take less, some will take more).</p> <p>If discussion is limited, consider these tactics:</p> <ul style="list-style-type: none"> ● Direct encouragement of more reticent participants ● Attempt to draw out more specific answers to questions ● Model respect for all opinions <p>Observer(s) to capture notes/action items along with any recommendations based on what they observe</p>

Time	What to Say	What to Do
	<p>Questions to guide discussion:</p> <ul style="list-style-type: none"> • Who is responsible for leading the preparation for evacuation? • Where will residents go? What assessment process is in place to determine if the most complex residents will need to go to hospitals? • What will you send with your residents (discuss both What and How Much) • What team members (if any) will accompany which residents? • What supplies will be sent with team members as they evacuate? • How will residents be identified as they leave the community? • How will you track which residents have left, where they went, and when they arrived? • If you must evacuate, which regulatory authorities will you notify? Where is their contact information/who will you contact? • How will you notify/contact residents? • How will you notify/contact families? • What actions would need to occur to secure the community? • You've been given 3 hours to prepare for possible evacuation. What other activities should be performed now? 	
1030-1045	Break	
1045-1130	<p>Transportation Preparation</p> <ul style="list-style-type: none"> • Review current templates/plans related to transportation • What kinds of transportation are needed to evacuate your current residents? How many vehicles and what kind? (HINT: What resources are in place to understand this?) • What arrangements exist for transportation? How will transportation be arranged? 	<p>Confirm leadership team comfort with the transportation plan and any next steps that may need to be taken i.e. community/residence bus maintenance, clarification of transportation companies, bus loading strategy, etc.</p>

Practice Day – It's Mock Evacuation Time!

It is required for your actual practice day that you move at minimum 50% of the residents from their home area to the designated 'holding area'; from there you will 'load them onto the bus' (return them to their home area) after confirming all steps/supplies as required for evacuation.

Note – you do not necessarily need to move residents outside the building, nor actually put them onto transportation; the important action here is to give team members the 'muscle memory' of physically facilitating residents to be removed from their current location to the established 'evacuation location' and see them 'leave' (returned to their home area) with all identification, supplies, etc. needed.

Your mock evacuation practice must include residents from every home area and from a variety of abilities and transportation needs (full case mix).

Suggested timing for the day as follows; you may adjust to suit the needs of your team and location.

0830-9030	<p>Leadership team prep</p> <ul style="list-style-type: none"> • Discuss plan/schedule for the day • Determine and communicate to teams which residents are to be 'evacuated' • Complete any setup needed i.e. signage, 'mock' supplies/'mock' go bags/etc. • Remind residents and team members of what to expect for the day
0930-1130	<p>Share Scenario Part 2 to team: (Reminder – scenario is sample only; feel free to create your own)</p> <p>Earlier this morning we received a message to be prepared to evacuate within 3 hours. There have been new developments. Minutes ago, a local law enforcement officer arrived at the front door of the community/residence and ordered the evacuation of the community/residence. The evacuation is to be completed within two hours. This is an evacuation order for immediate evacuation due to wildfire. The officer indicated we would receive a recorded phone call containing more information on how to contact the regional Emergency Operations Centre, but for now, the region is ordering immediate evacuation with approximately two hours to complete the evacuation.</p> <p>Start evacuating residents (see full sequence of events below):</p> <ul style="list-style-type: none"> • Decant from home area • Bring to designated holding area • Do all checks required • Return to home area • Proceed to next home area <p>Consider:</p> <ul style="list-style-type: none"> • Testing alternative menu/whether residents should be supported with meal/snack during 'evacuation' to give the team practice • Remind teams that in the event of an actual emergency during the drill, the drill should be paused for emergency response
1300-1500	<p>Continue evacuation until 50% minimum of residents have been evacuated and returned.</p> <ul style="list-style-type: none"> • Evacuation drill must include residents from all home areas/floors

	<ul style="list-style-type: none"> Evacuation drill must include residents with a variety of abilities/transportation needs (include full case mix)
1500-1530	<p>This is the end of the drill.</p> <ul style="list-style-type: none"> Thank everyone for participation. Invite participants to take a deep breath and relax. Acknowledge that drills like this can be both exciting and stressful. <p>Check in with your teams:</p> <ul style="list-style-type: none"> How are people feeling? What did you learn during the drill? What worked well in your evacuation response? <p>Ask team members to complete optional evaluation of the experience to support action planning; share a printed survey or survey link and QR Code (this can also be done after each home area is complete/returned to facilitate team member participation in providing feedback).</p>
	<p>While practice is underway, designated IMT Lead(s) to test Community Partner Supports/Reciprocal Agreements.</p> <ul style="list-style-type: none"> Contact Evacuation Relocation Site(s) (nearby). Using script provided, determine whether they can take residents without notice. Note receiving site response, if any issues that need to be considered for improvement i.e. the person who answers doesn't know how to direct you, or they say they would not in fact be able to accept residents, etc. Thank the location and let them know how much you appreciate their time – build the relationship! Contact Evacuation Relocation Site(s) (outside immediate geographical area). Using script provided, determine whether they can take residents without notice. Note receiving site response, if any issues that need to be considered for improvement i.e. the person who answers doesn't know how to direct you, or they say they would not in fact be able to accept residents, etc. Thank the location and let them know how much you appreciate their time – build the relationship! Contact other partners where reciprocal agreements are in place such as Transportation Company(ies); adapt script, determine whether our needs could be met without notice

See below for full sequence of events during mock evacuation day; discuss with your team members at huddles/team meetings in advance of the day to help them know what to expect.

Drill Day-Sequence of Events for Mock Evacuation

Please note, as this is a mock drill, some of the steps below will be ‘going through the motions’ rather than actual events, for example, the Executive Director/Incident Manager would initiate the drill in Step 1 under Initiating the Evacuation, but may ‘pretend’ involvement of the Director of Long-Term Care & Senior Services, Health Authority, and/or Fire Department. Where items such as emergency supplies are referenced, these can be represented by props such as empty boxes, index cards with ‘Go Bag’ written on them, etc.

Steps that can be ‘acted’/talked through or simulated with props are highlighted in red below.

Throughout all interactions, the Incident Manager will oversee Evacuation Operations and facilitate communications between all assigned leads.

Initiating the Evacuation

1. This phase is initiated by the Incident Manager in **coordination with and direction from the Director of Long-Term Care & Senior Services with direction from either Health Authority or Municipal Fire Department.**
2. Delegate one team member to do an “all page” and announce “We are conducting a drill: Code Green, Evacuate Building. Please note, this is only a practice drill; in the event of a real emergency, you will be notified”. Use a runner if no paging available.
3. **Initiate Fan Out and request team members to report to relocation site to prepare for arrival of residents. Designate a team member as Relocation Site Leader.**
4. Establish Decanting/Holding Areas – think security and safety of wandering residents and the need to keep order at the door “when loading buses”.
5. **Arrange for resident transportation to relocation sites. Be prepared to clearly indicate your transportation needs to the provider (i.e. I need to move 12 residents to (Name Location); 8 of them use wheelchairs and 4 can sit independently. 2 team members will travel with them.) You may be calling on/accessing:**
 - Organization-owned buses
 - Reciprocal Partner buses
 - Municipal/Provincial Transit Buses
 - Accessible Transportation Provider Buses
 - Ambulatory Hospital Transport
 - Emergency Services (Ambulances)
 - Taxis

(Note: In an actual evacuation, consider for staffing levels that team members traveling with residents may need to return to evacuation site to assist more residents).

6. Confirm with Logistics Coordinator where buses for resident transport will be loaded (separate entrance for beds and equipment if possible or equipment transport waits – residents first, equipment second).
7. Establish Transportation Lists/Types (bus identification system i.e. numbers or colours).
8. **Designated Supply Coordinator to:**

- Delegate team members to coordinate the packaging of medication treatments for each Resident in labelled Ziploc bags. Coordinate gathering incontinent supplies, personalized go bags, emergency water bottles, and food to travel with residents on buses.
 - Beds unplugged and lowered. Sheets, pillows, blankets, placed in a clear-labelled bag ready to transport with bed. To be labelled with resident name and room #.
 - Beds and any resident mobility equipment to be identified and labelled in advance.
 - Medication Carts to be labelled and identified by neighborhood/home area with spare key taped to the outside.
 - Secure paper charts if possible and include for transportation.
9. Decant residents from top to bottom, one home area at a time, into designated holding area.
 - Order of Evacuation:
 - People in immediate danger
 - Ambulatory persons
 - Non-ambulatory persons
 - Resistive residents
 - Place name tags on resident prior to leaving their home area; leave space on name tag for which bus resident is to be transported on as well as identify any personal mobility equipment (Note: in an actual evacuation, mobility equipment may be transported behind in alternate vehicle depending on space)
 10. Establish areas for residents requiring transportation by ambulance/stretcher to hold while awaiting transport to reduce time, movement, and staffing support needs (i.e. move residents in beds to one main holding area).
 11. Group residents by their designated bus for move to assembly area for “bus loading” (Note: in an actual evacuation, you may want to load two buses at a time where staffing and parking lot layout allows to increase efficiency).
 12. Assembly area. **This is generally the Main Entrance or designated muster station** – all residents (including **belongings, go bags, medications, equipment**, and staff leaving building) must be accounted for on XVIII-E-10.00(g) Evacuation Resident Log.
 13. The team member who was delegated the duty of **EVACUATION BOX ATTENDANT** should be recording the names of residents and directing visitors, etc. to the assembly area. Evacuation Box will contain:
 - Location’s Emergency Fan Out List
 - Resident Roster with family contacts
 - Move-In records including resident pictures
 - Resident Line Listing with Ambulation Status (IHAR List) (as applicable)
 - Resident ID Cards
 - Agreements with Partner Sites including contact numbers
 14. Once all has been accounted for, “load residents onto the bus” by returning them to their home area/floor. Ensure they are settled, answer any questions they might have, thank them for participating in the drill.

(Note: in an actual evacuation as part of consideration for staffing levels: when leaving the community/residence, you may need to send buses in convoy so they are able to stop and support resident needs with a hop on hop off approach.)

Equipment & Supply Transport

While the above activities are underway, designated Logistics Coordinator undertakes the following:

1. **Working with Procurement, secure Courier Services for Equipment & Supply Transport.**
2. Establish a **LOADING AREA** – this is a safe area outside the building to prepare for resident transport to RELOCATION SITE (delegate one team member to be the **LOADING AREA LEADER**)
3. The **LOADING AREA LEADER** will decide the order in which residents will be loaded and transferred (or returned to their home area as part of mock evacuation).
4. Delegate team members to remain with residents in assembly area.
5. Establish an **Equipment & Supply LOADING AREA** – this is an area a safe distance away from the building to prepare for equipment/supply transport to **RELOCATION SITE** (delegate one team member to be the **Equipment/Supply LEADER**)
6. Delegate one team member as **TRAFFIC CONTROL**. This person ensures no unauthorized person is allowed into the building and that the entrance is clear for emergency vehicles.
7. **Establish safe travel routes to and from relocation sites.**
8. **Monitor and report on Road Closures, Fire Updates, Weather Updates**

Equipment & Supply List

- Home area team assembles supplies with direction from the **SUPPLIES & EQUIPMENT COORDINATOR**
- Medications/Treatments for each resident using a Ziplock bag to package with label
- Go Bags – glasses, hearing aids, change of clothes, essential personal belongings, etc.
- Gather IT Inventory Items i.e. tablets, iPads, laptops, extra cell phones, chargers
- First Aid Kit – transport
- Emergency Water Bottle & Food Supply – for lengthy travel
- Resident List with ambulation status & Family Contact Information
- Incontinence Supplies
- Flashlights – transport
- Safety Vest – team members
- Cell phone – team members
- Fan Out List
- Beds, Broda Chairs, Wheelchairs, Walkers, Med Carts, Sit-Stand Lifts, Other Related Equipment
- Resident Photos & ID Cards

Building Shutdown

The designated lead (likely Building Services Supervisor/Maintenance Manager) will:

1. Monitor Air Quality – ensure all windows, patio/balcony doors, exterior entrance/exit doors are closed.
2. Shut down HVAC equipment.
3. Delegate (4) team members to work in pairs to do a check to ensure residents who have not left their room are accounted for and to report this information to Incident Manager.
4. Conduct final all clear of each room – ensure window is closed, turn off any electronics, unplug any PTAC or Portable AC unit, close entrance door.
5. Coordinate additional housekeeping supplies, incontinence supplies for transport to the receiving site(s).

6. Shut off main gas valve to building and inform Building Services Partner and Incident Manager.
7. Coordinate door access code change and inform Incident Manager.
8. Do complete final sweep of the entire building (with delegated team members), including grounds, looking for missed residents, team members, volunteers, visitors. Report to Building Services Partner and Incident Manager **“Facility Clear”**.
9. Secure and lock all points of entry and report to Building Services Partner when completed.
10. Report back to Incident Manager.
11. Phone Municipal Fire Department and give the Facility Clear Update.
12. Report to Relocation Site.

'Testing' Community Partner/Reciprocal Agreements

Recommended Process

Contact Evacuation Relocation Site(s) nearby. Using the script provided below, determine whether they would be able to accept residents assuming a real evacuation situation happening now. Note receiving site's response, if any issues that need to be considered for improvement i.e. the person who answers doesn't know how to direct you, or they say they would not in fact be able to accept residents, etc. Thank the location and let them know how much you appreciate their time – build the relationship!

Contact Evacuation Relocation Site(s) outside the immediate geographical area (consider a massive local emergency that is also affecting your nearby relocation site; you may need to evacuate out of the immediate area). Using the script provided below, determine whether they would be able to accept residents assuming a real evacuation situation happening now. Note receiving site's response, if any issues that need to be considered for improvement i.e. the person who answers doesn't know how to direct you, or they say they would not in fact be able to accept residents, etc. Thank the location and let them know how much you appreciate their time – build the relationship!

Consider contacting other partners where reciprocal agreements are in place such as Transportation Company(ies); adapt script below and determine whether our needs could be met without notice (example – what if you called for a bus and found out it was in the shop?).

Take any opportunities to build relationships – the more people have spoken with you/your team and vice versa, the more helpful you are likely to be to one another in the event of an actual emergency!

Phone Script

Hello this is [LTC Home]. We are conducting an evacuation drill of our long-term care residence today, and as part of this exercise I am calling to practise our established agreements to utilize your home as a relocation site. [You may wish to request that your call be directed to a manager or person in charge of emergency response; you will then need to re-introduce the reason for your call before proceeding].

For the purposes of today's drill, we are simulating a scenario where a wildfire [or other emergency requiring evacuation] has arisen in our area and we are preparing to evacuate. As part of our emergency plan, we will be sending you [established number of residents].

Are you prepared to receive these residents? (note response)

Additionally, within what time frame would you be able to receive them? (note response)

Furthermore, would you be able to deploy any resources to support the evacuation, such as community buses or staffing supports? (note response)

Thank you so much for your time today – we sincerely appreciate your assistance with our drill! I have one additional request; if you could find the time to review this scenario with your team to ensure they would be ready to enact your emergency plan and receive our residents in the event of an emergency requiring an evacuation that would be amazing. **Thank you** for your support in ensuring success of our evacuation drill and the safety of our residents – we sincerely appreciate this relationship!

[If leaving a voicemail]:

Hello this is (name) calling from [LTC Home]. We are conducting an evacuation drill of our long-term care residence today, and as part of this exercise I am calling to practise our established agreements to utilize your home as a relocation site.

For the purposes of today's drill, we are simulating a scenario where a wildfire [or other emergency requiring evacuation] has arisen in our area and we are preparing to evacuate. As part of our emergency plan, we will be sending you [established number of residents].

We would like to understand: Are you prepared to receive these residents? Within what time frame would you be able to receive them? And finally, would you able to deploy any resources to support the evacuation, such as community buses or staffing supports?

Please confirm receipt of this message and your readiness by returning my call at your earliest convenience to (say name, contact number). Please also review this scenario with your team to ensure they are ready to enact your emergency plans and receive our residents in the event of an emergency requiring evacuation.

Thank you for your support in ensuring success of our evacuation drill and the safety of our residents – we sincerely appreciate this relationship!

Team Member Feedback

Soliciting team member feedback immediately following the drill will help inform your action planning to celebrate success and update your location's evacuation plan. It can also help alert you to the confidence level of your team and where additional coaching may be required.

Use the sample questions below to print and distribute a paper survey or create a survey online using a platform like MS Forms or Survey Monkey – you can share the QR code/link using the poster template on the following page.

Sample Survey Questions: Code Green Evacuation Drill Team Member Evaluation

1. I feel I have a better understanding of what it would take to evacuate our LTC Home because I participated in this drill.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

2. I would recommend using a format like this again for a future emergency preparedness drill.

☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

3. What changes would you make to this drill?

4. What lessons did you learn?

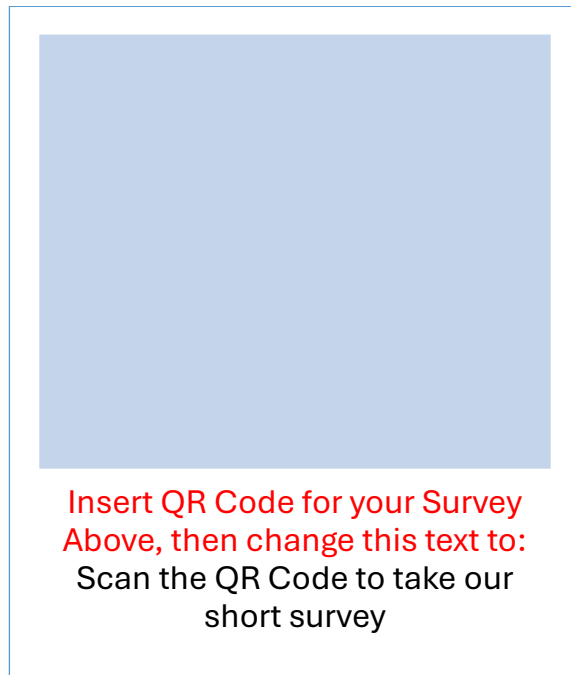
5. How can we help you feel better prepared for an evacuation event?

6. Is there anything else you would like to share or suggest?

Share your feedback

Mock Code Green Evacuation Drill

We want to hear from you about your experience during our mock Code Green Evacuation Drill. What worked well, and what can we do better to help you feel confident in preparing for a possible evacuation situation?



All responses are anonymous.

**Thank you so much for your time and your feedback – we
can't wait to hear from you!**

Next Steps:**Collect & Consolidate Observer Reports, Evaluation Feedback, and Resident Feedback**

- This information will inform your action plan.
- No task is too small to account for. Examples of action items for your plans could be procurement of items based on the location's environment and logistics, cross training of key roles and responsibilities, making sure you have the right contact information for residents, etc.
- Be intentional about seeking feedback from residents who participated – did they find the drill helpful, were there areas that could be clarified, do they have suggestions on how we can improve? You may want to collect feedback through informal discussions or even a formal debrief with a group of participants and/or Residents' Council.
- This is also where you can discuss the development of a group of passionate and dedicated frontline team members in the community/residence to join your SERT (Specialized Emergency Response Team). This core group of team members, made up of people from every department, can be developed in your location to be Subject Matter Experts in Emergency Response. They would attend additional education in Emergency Response and Evacuation procedure and be leaders amongst their peers. They would assist with auditing preparation efforts and in the event of an evacuation, they will be a core group you can count on to be 'first responders' in the event of an evacuation.

Action Plan

- After the drill is complete, compile the action items from your Observation Report & Feedback summary into your Emergency Preparedness Test/Drill Evaluation Form (XVIII-C-10.00(a)).
- Include timelines for completion, with weekly check-ins post-drill to ensure keeping up the momentum and accountability.
- It is important that the action plan is community specific, taking into consideration gaps found during the drill and other learnings; use the information to update your Code Green response plan and educate your team.

Communicate

- Communicate appreciation and outcomes/lessons learned to the team, as well as any action items they may be called on to participate in
- Update residents and families with the outcome of the drill and ask if they have any feedback, questions, or concerns
- Share successes, lessons learned, and highlights with peers across the organization through venues such as Leadership Webinars – let's all learn from one another through this experience!

MOST IMPORTANTLY, HAVE FUN!!!! AS THE LEADER OF THE DRILL YOU WILL LEARN TOGETHER WITH YOUR TEAM. YOU DON'T HAVE TO HAVE ALL THE ANSWERS, THAT IS WHAT THE POST-DRILL ACTION PLAN IS FOR. 😊

CODE GREEN – MOCK EVACUATION OBSERVER & RECOMMENDATIONS REPORT

Thank you for joining our Mock Evacuation as an Observer – we value your input and support in evaluating the strengths and weaknesses of this exercise and your assistance in action-planning post-drill. You may be requested to complete all or parts of the following form; select 'NA' and enter 'Not Observed' in the comments section where you did not have the opportunity to observe a specific activity or area.

During your observation, consider: Are correct procedures being followed? Are residents safe? Are team members using proper and safe transfer techniques? Are all areas checked/cleared? Are team members following the direction of the Incident Manager?

Observer Name: _____ **Date:** _____

Residence/Community: _____ **Time of Drill:** _____

Area Observed (i.e. Home Area Name/Floor): _____

Add an 'X' or ✓ as applicable (Y = Yes / N = No / U = Unclear / NA = Not Applicable)

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
Preparation						
Who is responsible for leading the preparation for Evacuation?	Was a responsible individual (Incident Manager) identified?					
	Were backup individuals identified?					
	Was the location's Incident Management Team organizational chart used to identify responsible positions?					
	Were community partners invited to participate in the drill i.e. local emergency service responders, physician/NP, health authority representative(s), SSO team members, transportation company, evacuation relocation site leader, etc.? List specific invitees in comments.					
	Was Residents' and/or Family Council notified					

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
	and provided with opportunity for input / feedback?					
	Was the JHSC consulted in advance of the drill?					
Provision for Evacuation	Was the Incident Manager evacuation checklist used in the drill?					
	Was the location's Emergency Management Plan (EMP) used as a source of guidance before and during the drill?					
What aspects of the EMP were useful?						
What aspects of the EMP were not useful?						
Transportation						
What kinds of transportation are needed to evacuate current residents? How many vehicles and what kind?	Did the discussion of transportation needs include an assessment of residents' needs and current census? Was there an understanding that the types of residents currently living in this location have specific needs for different kinds of transportation resources?					
	Were specific kinds of transportation resources i.e. taxi, bus, ambulance, etc. identified?					
	Did the discussion rely on an existing transportation plan?					

Drill Area	Evaluation Elements	Y	N	U	NA	Comments	
What arrangements exist for transportation? How will transportation be arranged?	Was there discussion of either resources (bus) owned by the location or an existing transportation contract or agreement?						
	Did the discussion identify a workable solution for securing adequate transportation?						
What transportation solution(s) was identified?							
What problems or deficiencies with transportation arrangements were identified, if any?							
Where will your residents go?	Was a destination identified and ready to accept evacuees?						
	Did the identification of a destination (or destinations) rely on existing agreements or memoranda of understanding?						
	Does the destination(s) identified provide the same level of care as your location?						
	Were there backup/secondary evacuation sites identified and ready to accept evacuees?						
What will you send with your residents (what and how much?)	Check all items identified as needing to be sent with residents: <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Medication <input type="checkbox"/> Medical Records <input type="checkbox"/> Oxygen (if indicated)						

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
	<input type="checkbox"/> Personal belongings <input type="checkbox"/> Other (list in comments) How much of the following supplies would be sent? (Circle Hours or Days as applicable) Food: ____ Hours/Days Water: ____ Hours/Days Meds: ____ Hours/Days O ₂ : ____ Hours/Days					
	Was there discussion of contacting pharmacy / transferring & securing medications?					
	Was there discussion of how medical records would be sent?					
	Was there discussion of how resident equipment would be transported i.e. med carts, beds, lifts, wheelchairs, walkers, etc.?					
Supplies						
Does the location maintain a stock of evacuation supplies? Does the plan account for what goes with residents and what follows separately? Does the community have a process in place for resident 'go bags'?	Is there a designated team member or team members responsible (prior to evacuation) for ensuring the location has adequate supplies for evacuating?					
	Review XVIII-E-10.00(e) and most recent JHSC Inspection – have Evacuation Supplies been inspected?					
	Are evacuation supplies well stocked, functional, and within expiry timelines?					
	Are evacuation supplies in an accessible, secure location that all team members are aware of and can easily access?					
TM Assignments & Tracking						

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
Which team members, if any, will accompany which residents?	Were team members identified to accompany residents?					
	Was there discussion of matching residents' needs with specific team members in transport?					
	Was there discussion of needing specific staffing at receiving site?					
	Was there discussion / planning on whether team members would be required to return to evacuating site to escort additional residents?					
	Was there discussion on team member transportation and tracking?					
Resident tracking: How will residents be identified as they leave? How will you track which residents have left, where they went, and when they arrived?	Was the Resident Identification System and Evacuation Resident Log used (part of Code Green response plan)					
	Were residents evacuated in order identified in Code Green Evacuation Plan?					
	How were residents' rooms identified as 'clear' i.e. doors marked with chalk, doors closed?					
	Did the process include how residents would be identified (i.e. wrist band, name tag) as they left the location?					
	Was there a means of tracking which residents went to which destination?					
	Was there a means of determining if and when residents had arrived at their destination?					

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
General provisions for transportation	Were all residents and team members accounted for in Evacuation?					
What other needs, lessons, suggestions, or other constructive comments were identified regarding the provisions for evacuation?						
Communication						
What equipment/provisions were identified for communication?	<input type="checkbox"/> Team member(s) designated as Communication Lead <input type="checkbox"/> Ways of contacting TMs prior to evacuation <input type="checkbox"/> Backup in event TMs not able to get to work i.e. d/t road closure <input type="checkbox"/> Communication equipment for use <i>before</i> evacuation <input type="checkbox"/> Communication equipment for use <i>during</i> evacuation <input type="checkbox"/> Communication methods for use <i>after</i> evacuation <input type="checkbox"/> Alternative methods of communication identified and available i.e. in event of power / internet outage <input type="checkbox"/> Team member Fan Out List <input type="checkbox"/> Family Contact Info. <input type="checkbox"/> Current roster of Residents					
Was the team member Fan Out activated?	Was the team member Fan Out available and current?					
	Was the team member Fan Out practices or is there evidence of recent practice prior to Evacuation drill?					
	Was the Team Member Call Back Record used?					
What provisions for notification to/communication with residents and families were used?	Did residents receive direct communication either in person, by phone, and/or with written communication?					
	Did families receive direct communication					

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
	by phone and/or with written communication?					
	Was the Family Emergency Contact Record template used?					
	Was a process identified for incoming phone communication?					
Were regulatory authorities / community partners notified?	Were specific agencies/entities identified for notification?					
	Which entities were identified? <input type="checkbox"/> Provincial licensing authority <input type="checkbox"/> Support Services Office <input type="checkbox"/> External partners i.e. Pharmacy, etc. <input type="checkbox"/> Other: (list in comments)					
	Were phone numbers for these entities readily available and easily located (i.e. Support Services Fan Out List, Contact for External/Mutual Aid)					
	Were Reciprocal Agreements 'tested' using scripts provided? Were any partners unable to meet expected obligations?					
What other needs, lessons, suggestions, or other constructive comments were identified regarding communication?						
Securing the Building						
What actions are needed to secure the building?	Was there a designated Lead(s) for ensuring building secure?					
	Were specific actions identified to secure the building?					
	Did these actions include closing doors, windows, offices, medical cabinets, etc.?					

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
	Did these actions include securing and turning off utilities?					
	Did these actions include turning the heating/ventilating/air conditioning system off and closing outside vents to decrease smoke?					
What other needs, lessons, suggestions, or other constructive comments were identified regarding securing the building?						
Power Outage						
Was the possibility of a power outage during evacuation considered?	Were backup power systems tested for copying/printing documents (i.e. PCC Downtime procedure)					
	Were communications tested using a non-wireless/non-cordless landline phone?					
	Were adequate preparations needed to manage technologically dependent residents identified?					
	Were heat sensitive food and medications identified?					
	Were emergency plans for power outages consulted?					
	If so, were they useful?					
General/Final Observations						
Participant Feedback	Were team members given the opportunity to provide their feedback on the drill experience?					
	Were residents given the opportunity to provide their feedback on the drill experience?					

Drill Area	Evaluation Elements	Y	N	U	NA	Comments
	Is participant feedback incorporated into action planning/updates to EMP?					
What general comments, additional needs, lessons, suggestions, or other constructive comments were identified during the drill?						
What other observations or topics should receive consideration for future planning?						

OBSERVER RECOMMENDATIONS:

If you have specific recommendations related to your observations from today's drill, please add them below; your observations and recommendations will be used to inform our location's action planning for future exercises and any updates that may be required to our Emergency Management Plan (EMP).

Drill Area	Opportunity(ies) for Improvement	Recommendation(s)	Priority
<i>Sample: Transportation</i>	<i>Only one transportation option identified</i>	<i>Consider incorporating backup transportation options into EMP</i>	<i>Medium</i>

THANK YOU for your participation in our drill! Your observations and recommendations are helping to create a safer community for everyone who lives and works here.

Observer Signature: _____ Date: _____

CODE GREEN EVACUATION DRILL-TEAM MEMBER COMMUNICATION TEMPLATE

(customize and add to LTC Home letterhead)

Date: [Inset Date]

Dear Team Members of [Name] LTC Home,

At [LTC Home Name], ensuring the safety and wellbeing of residents and team members is our top priority. As part of our ongoing commitment to emergency preparedness, we are excited to announce that we will be conducting a Code Green Evacuation Drill on [Date].

This drill will provide us with an opportunity to practise and assess our emergency response procedures in a simulation scenario, ensuring we are well prepared to respond effectively to any potential evacuation situation.

During the drill, we will be using a systematic approach to prioritize resident safety and wellbeing. This will include activities such as:

- Exercising and confirming agreements with our community partners
- Practising the safe removal of residents from their home areas to alternative areas within the community/residence
- Simulating the loading of buses for off-site relocation
- Simulating resident tracking systems and identifying transportation needs

To ensure the success of the drill and strengthen our readiness to respond in the event of an actual emergency, we may need to make adjustments to the regular schedule of the day. This may include changes to meal service times, bathing schedules, and recreation/resident engagement activities. We ask for your flexibility and understanding during this time. *Please note: if an actual emergency occurs during the drill, the drill will be suspended.*

We also want to emphasize that your input is invaluable to us. If you foresee any issues related to resident care/services that cannot be rescheduled or adjusted to meet the needs of residents during this drill, we encourage you to come forward and communicate with your leader. Your insights and feedback are essential in helping us identify and address any potential challenges.

We are excited to learn from this exercise and further enhance our emergency preparedness efforts. Thank you for your dedication, cooperation, and commitment to the safety and wellbeing of our residents. Together, we can ensure we are fully prepared to respond to any emergency situation that may arise.

If you have any concerns regarding the evacuation drill or our emergency preparedness procedures, please do not hesitate to reach out. Thank you for your continued support and teamwork.

Sincerely,

[Name of Executive Director]
Executive Director
[LTC Home Name]

CODE GREEN EVACUATION DRILL
RESIDENT/FAMILY COMMUNICATION TEMPLATE

(customize and add to LTC Home letterhead)

Date: [Inset Date]

Dear Residents, Families, and Friends of [LTC Home Name],

At [LTC Home Name], ensuring the safety and wellbeing of residents and team members is our top priority. As part of our ongoing commitment to emergency preparedness, we are dedicated to ensuring we are fully prepared to respond effectively to any internal or external emergency that may arise.

To this end, we will be conducting an Evacuation Drill on [Date]. This drill will provide us with an opportunity to practise and assess our emergency response procedures in a simulation scenario, ensuring both residents and team members are well-prepared for any potential evacuation situation.

During the drill, we will be using a systematic approach to prioritize resident safety and wellbeing. This will include activities such as:

- Exercising and confirming agreements with our community partners
- Practising the safe removal of residents from their home areas to alternative areas within the community/residence
- Simulating the loading of buses for off-site relocation
- Simulating resident tracking systems and identifying transportation needs

To ensure team members can fully participate and strengthen their readiness to respond in the event of an actual emergency, we may need to alter the regular schedule of the day. This may include changes to meal service times, bathing schedules, and recreation/resident engagement activities. *Please note: if an actual emergency occurs during the drill, the drill will be suspended.*

We sincerely appreciate your understanding and cooperation during this time. Your support is invaluable in helping us ensure we are fully prepared to protect the safety and wellbeing of all who live, work, and visit here in the event of an emergency.

If you have any questions or concerns regarding the evacuation drill or our emergency preparedness procedures, please do not hesitate to contact me. Thank you for your continued trust and partnership as we work together to maintain a safe and secure environment for all.

Sincerely,

[Name of Executive Director/General Manager]
Executive Director/General Manager
[LTC Home Name]
[Contact Phone]

TITLE:	Code Green – Return to Evacuated Site	POLICY #:	XVIII-E-10.30
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/11, Apr/13, Feb/22		
CURRENT REVISION:	September 2024		

POLICY:

Following an evacuation event and prior to return 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.

PROCEDURE:

The Executive Director, Building Services Supervisor/Maintenance Manager, and/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 (fire department, police, provincial regulatory body as applicable).
- 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; Support Services, 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, and 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:

TITLE: Code Green – Return to Evacuated Site	POLICY #: XVIII-E-10.30	Page 2 of 2
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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 or designate 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 Nutrition Manager or Assistant Nutrition Manager 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.

Attachments: 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

PREPARING FOR RETURN TO EVACUATED SITE CHECKLIST							
Use the checklist below as a guide to assess readiness and plan for return to evacuated site/repatriation activities following an evacuation.							
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 or grounds, etc.). Note any follow up actions that may be required with target date for actions to be completed.							
Task	Assigned to:	Date	Status	Follow Up Action Required	Target Date	Status	Comments
Pre-Planning							
Meeting with team (including transport, logistics) to confirm plan	Site Lead						
Complete Risk vs. Benefit Analysis (as required by provincial health authority)	Health Authority						
Complete Risk Matrix (as required by provincial health authority)	Health Authority						
Other:							
Other:							
Other:							
Communication							
Confirm Repatriation Approval from provincial health authority (as required)	Re-Entry & Recovery Team						
Communicate plan with Patient/Resident Transfer Office (as applicable) / forward to all site leads where residents located							
Resident Communication (once prepared, ready, and approved for repatriation)							
Family Communication (once prepared, ready, and approved for repatriation)							
Other:							
Other:							
Other:							
Facility Operations / Plant / Infrastructure / Equipment (see also XVIII-I-10.00(a) Damage Assessment Checklist)							
Inspect building and grounds as required using XVIII-I-10.00(a) Damage Assessment Checklist							
Turn on electrical power to non-essential equipment							
Start supply and exhaust fans							
Start boilers							
Start hot water tanks							
Check emergency generator status (auto mode)							
Start chillers and auxiliary equipment							
Confirm security cameras are on							
Confirm security card access returned to schedule							
Start elevators							
Check status/temperature of refrigerators and walk-in coolers							
Confirm fire alarm system is fully functional							
Confirm fire sprinkler system pressures and dry system air compressor fully functional							
Change community/residence voicemail (if required)							
Test water quality, heat hot water tanks, and flush all water lines							
Monitor air quality; change filters as required							
Confirm building management system is fully functional							
Confirm bio fridge temperatures and calibration							
Equipment relocation planned (as required)							
O2 (Tanks, Regulators, Delivery)							
Confirm status of all medical gases							
Equipment calibration							
Waste management/sewer fully functional							
Exterior and grounds cleaning							
Elevators checked and approved							
Vernacare (or other) checked							
Other:							
Other:							
Other:							
Kitchen/Food Service Areas							
Review risks and status of water supply; ensure water system has not been damaged or contaminated. If area is affected, clean tap screens and flush water lines by running taps for a minimum of 5 minutes.							
Inspect food and beverage items; sort salvageable from non-salvageable foods as quickly as possible and assess and discard damaged and unsafe food products. Food can be damaged from being exposed to unsafe temperatures, smoke, ash, soot, water, fire retardant chemicals, and/or loss of power.							
Discard any food/items in kitchens exposed to ash, soot, water, and/or smoke, no matter where they were stored, including: - Foods showing signs of smoke damage and foods having an "off" odour or taste, including ALL opened food packages - Foods packaged in permeable packaging, including paper, foil, cardboard, plastic wrap, or cellophane - Bottles/jars of food with screw top lids or crown/crimp caps and Tupperware-type containers - Single service items/utensils, including individually plastic wrapped - Ice (in both serving bins and ice machines) - Dented or bulging cans - When in doubt, throw it out							
Clean and sanitize closed, undamaged canned foods/drinks exposed only to smoke by immersing for 2 minutes in a mild bleach solution created by mixing 5 ml (tsp) bleach for every litre (4 cups) water.							
Where damage has affected kitchen/food service areas, minimize traffic coming in and out of walk-in coolers and freezers until the floors have been cleaned. During clean up, use a vacuum that has a "HEPA" air filter and change the HEPA filter often.							
Check with manufacturer's requirements prior to cleaning some pieces of equipment, such as pop/slushy machines, coolers, and ice machines, as these may have special cleaning requirements.							
Run an empty dishwasher through the wash-rinse-sanitize cycle three times to flush the water lines and clean and sanitize the interior of the dishwasher prior to use.							

Discard all absorbent materials (e.g. carpet, drywall, etc.) that have been water or fire damaged (due to the potential for mould growth).							
Steam clean carpets, drapes, curtains, and/or furniture that has not been smoke or water damaged. Change the water frequently.							
If keeping fridge/freezer, remove or discard all items, then: 1. Unplug fridge/freezer 2. Rinse or blow out dust residue on coils and compressors 3. Clean and sanitize inside 4. Leave doors open to dry 5. Once appliance(s) is dry, reconnect power 6. Wait until inside temperature of fridge has reached 4 degrees C and freezer is 18 degrees C before restocking with food.							
Verify that all equipment used for food preparation (incl. cooking, cooling, and reheating) can operate according to manufacturer's specifications/instructions							
Discard all damaged kitchen equipment, utensils, linens, and single-service items							
Document all activities undertaken to bring establishment back into operation, including equipment servicing records.							
Other:							
Other:							
Other:							
Operations - Conduct Final Checks							
Housekeeping (Terminal Clean)							
Dietary - Assess nutrition/hydration needs; order deliveries as required - In the event of Boil Water Advisory, follow Public Health direction and/or XVIII-O-10.00 Boil Water Advisory							
Infection Prevention & Control							
IMIT - Digital Systems up and running							
Supplies/Supply Chain							
Lab							
Biomed							
Pharmacy							
Environment/Public Health (water and air testing) / Licensing							
Human Resources							
Workplace Health & Safety (conduct Health & Safety Inspection and ensure site safe for team member return)							
Staff Scheduling							
Resident/Patient Transport Office							
Allied Health							
Private Service Providers (nail care, foot care, etc.)							
Physician/Nurse Practitioner/MRP Access							
Equipment return coordination (i.e. ensure clear entrance access, schedule to avoid conflict)							
Resident return coordination							
Other:							
Other:							
Other:							
Repatriation Process							
Send Repatriation Plans (as required) to provincial health authority for final approval							
Submit Receiving Site list							
Transportation Planning (Equipment, Residents, Team Members)							
Move equipment from (LOCATION NAME)							
Move borrowed equipment from (LOCATION NAME)							
Identify team member(s) to inspect equipment received back							
Open (# OF) vacant beds/suites							
Initiate resident transfer as per Patient Transport Office plan							
Repatriate (# OF) residents							
Identify team member(s) to verify armband and resident identifiers upon arrival							
Pharmacy Notification							
Physician/Nurse Practitioner/MRP Notification							
Other:							
Other:							
Other:							
Communication							
Plan "Welcome Home" celebration for residents, families, and team members							
Post-repatriation support							
Other:							
Other:							
Other:							
After Action Planning							
See XVIII-A-10.80 Emergency Recovery and attachments; take action as required (i.e. Consult w/Councils, Debrief, etc.)							
Review After Action Plan templates and document issues/learnings							
Submit After Action documentation (as required) to provincial health authority							
Other:							
Other:							
Other:							

REPATRIATION DAY (RESIDENT) SCHEDULE - TEMPLATE					
Use this checklist/schedule as a guideline for Repatriation Day activities for resident return to evacuated site. Add/remove Activities; adjust Timeline/Responsible as applicable for the situation.					
Residents Returning to: _____ From: _____ Date: _____					
Steps	Timeline	Activity	Responsible	Status	Notes
1	6:00:00 AM	Prepare residents ready for return to evacuated site (provide assistance as needed with/ensure each resident is: out of bed, dressed, used washroom, medications given, hydration, nutrition)	Clinical/Wellness Team (Nurses/PSWs/CSAs)		
2	6:30:00 AM	Start Breakfast Service	Dietary Team		
3	7:00:00 AM	Label beds for transport	Rehab Team		
4	7:30:00 AM	Pack resident personal items in mesh bags (clothing, personal effects, slings, etc.)	Clinical/Wellness Team		
5	8:50:00 AM	Ensure residents are wearing their name tag/identification	Clinical/Wellness Team		
6	9:00:00 AM	Begin moving resident beds and medication carts/medical equipment to the community/residence	Environmental Team & others as needed		
7	9:00:00 AM	Team members assigned to travel with residents	Incident Manager		
8	9:00:00 AM	Ensure supplies (i.e. water, pudding, med cups, spoons)/medications/charts onboard transport	Clinical/Wellness Team		
9	9:00:00 AM	Transport residents to the community/residence (reference Transport Log) and send any updates to Incident Manager as required	Transport & Clinical / Wellness Team		
10	10:00:00 AM	Receive residents back into care (use spreadsheet to track resident return upon arrival)	Incident Manager		
11	12:00:00 PM	Complete clinical/wellness assessments on all repatriated residents and Progress Note	Clinical/Wellness Team		
12	12:30:00 PM	Final review of Evacuation Site for any items missed (i.e. medications, charts, beds, resident personal items, slings, equipment)	Environmental Team & others as needed		
13	1:00:00 PM	Other:			
14	2:00:00 PM	Other:			
15	3:00:00 PM	Other:			
16					
17					
18					
19					
20					
21					
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25					

TITLE:	Code White – (Threat, Violence, Violent Outburst)	POLICY #:	XVIII-F-10.00
		PAGE:	1 of 4
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	September 2006	SCOPE:	All Homes
PAST REVISIONS:	Sep/07, Jun/10, May/16, Feb, Jul/22, Dec/23		
CURRENT REVISION:	February 2024		

POLICY:

The home is committed to providing an atmosphere free of violence (including threats) for all residents, team members, visitors, and volunteers in a manner that is dignified, respectful, and focused on person-centered care/services, while ensuring a safe environment for all.

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. When a Code White is called, team members from all departments, if safe to do so, will respond to the location and receive direction from the incident manager.

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 home 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.

PROCEDURE:

If confronted by a violent or aggressive resident, 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-judgemental
 - 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.

TITLE: Code White – Physical Threat / Violence	POLICY #: XVIII-F-10.00	Page 2 of 4
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- 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

TITLE: Code White – Physical Threat / Violence	POLICY #: XVIII-F-10.00	Page 3 of 4
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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.

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

- 1) Ensure debrief is conducted as immediately as possible following the incident. NOTE: See XVIII-A-10.80 Emergency Recovery for debriefing template and reference community/residence Emergency Recovery Plan.
- 2) Investigate and document the incident, file appropriate reports to provincial regulatory authority, support services office, etc., and take action for next steps noted in debrief as required.
- 3) Ensure police services were contacted as required.
- 4) Ensure any updates to Care/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 will:

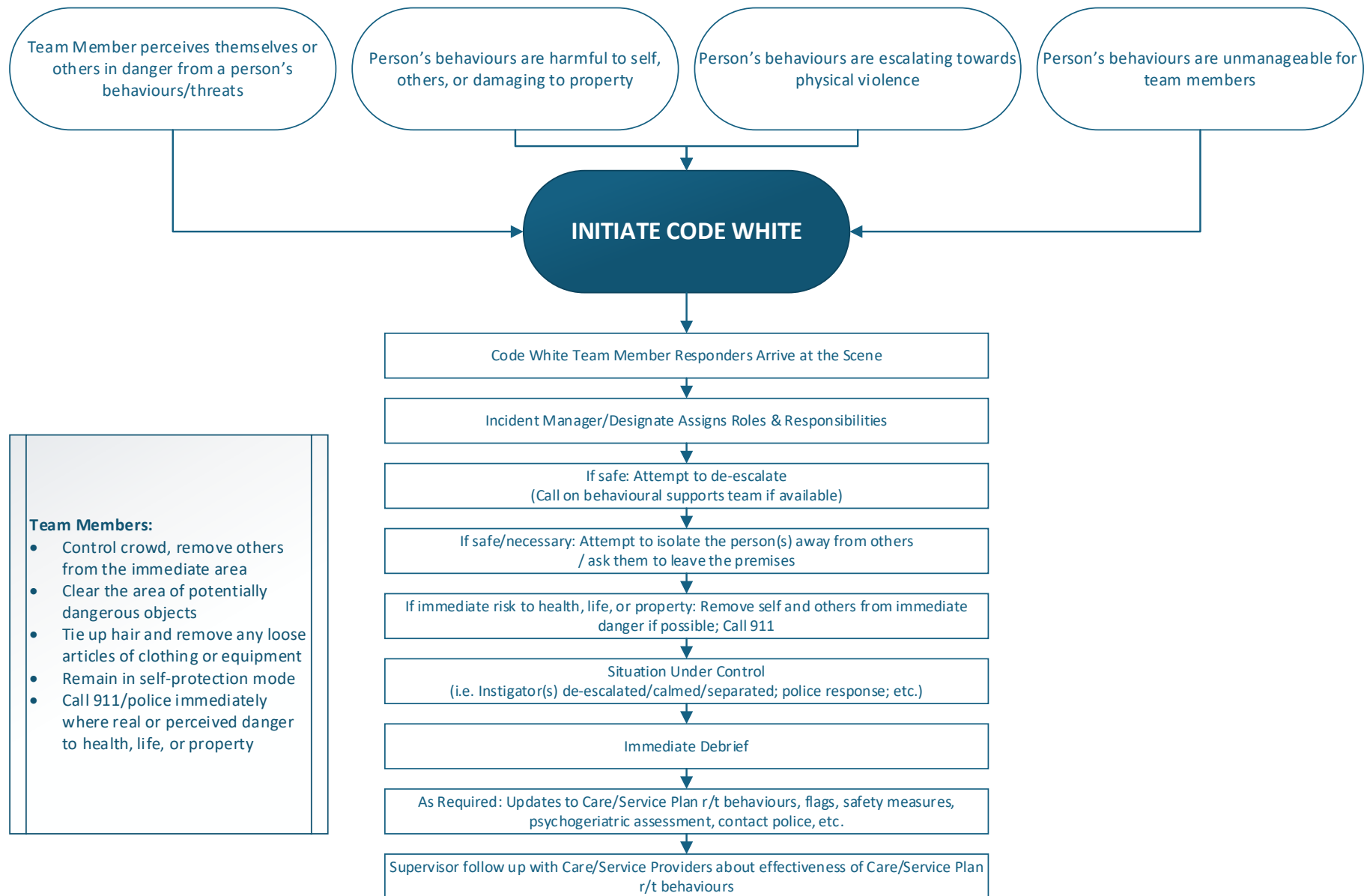
1. Review Code White policy/procedure annually (at minimum).
2. Monitor policy/procedure implementation between reviews.
3. Review Incident Reports and statistical data.
4. Make recommendations to employer to eliminate and control risk of violence to team members.
5. Monitor and ensure recommendations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

TITLE: Code White – Physical Threat / Violence	POLICY #: XVIII-F-10.00	Page 4 of 4
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Attachments:

- XVIII-F-10.00(a) Flowchart: Code White Emergency Response
- XVIII-F-10.00(b) Code White Guidelines: Communicating with Police
- XVIII-F-10.00(c) Code White Guidelines: Responding to Disruptive Behaviour
- XVIII-F-10.00(d) Code White Guidelines: Managing Resident-to-Resident Assault
- XVIII-F-10.00(e) Code White Guidelines: Threatening Communication
- XVIII-F-10.00(f) Code White Scenarios: Examples of Response
- XVIII-F-10.00(g) De-Escalation Tips (Crisis Prevention Institute)

FLOW CHART: CODE WHITE EMERGENCY RESPONSE



This tool visualized the process of emergency response to workplace violence (Code White) and can be placed in locations visible to team members such as nursing/wellness stations and break rooms. The tool is not intended as a training program by itself but a visual quick reminder for Code White emergency response procedure; refer to the community/residence Emergency Plan for additional details related to Code White response.

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. We 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/ Manager, Support Services Office Human Resources Business Partner, or union representative (as applicable) for assistance
- 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 [COMMUNITY/RESIDENCE NAME], a 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 residents or the operations of the community/residence.

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 community/residence:

“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 community/residence
- Refusal to comply with community/residence 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 an individual trauma, harm, injury, and/or illness.

The community/residence 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 community/residents, 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 will 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 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 community/residence
- 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):

- Community/Residence 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-10.80 Abuse & Neglect of a Resident – Zero Tolerance: Prevention & Response (RET)
- 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)
- 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 community/residence 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 taken away from Resident A to prevent further 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.

TITLE: Code Yellow – Missing Resident		POLICY #: XVIII-G-10.00
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MANUAL	Emergency Management	APPROV. AUTH: Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE: All Locations
PAST REVISIONS:	Sep/07, Mar/11, May/16, Feb, Jul/22	
CURRENT REVISION:	February 2024	

POLICY:

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

PROCEDURE:

All Team Members will:

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

The Unit Nurse on the Home Area / Floor will:

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

The Charge Nurse 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 Charge Nurse or designate will:

- 1) Ensure completion of the Missing Resident Search Checklist as information is made available from team members conducting the search.
- 2) Coordinate the search for the missing resident as follows:
 - Gather all information re missing resident i.e. care plan kardex, colour photo, full description of clothing worn, where and time resident last seen, resident profile information, previous incidents and where resident was found, etc.
 - Relocate to 1st Floor Information Station/front reception desk and await reports or phone calls regarding the resident

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- 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 ED, DOC, and the family of the missing resident.

If the resident is found, the Incident Manager will:

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

All Team Members will:

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

The ED will:

- 1) Inform the Director of LTC or designate of the missing resident search and recovery status throughout the search.
- 2) Complete a report/contact regulatory authority per provincial regulatory reporting requirements.

Attachments: XVIII-G-10.00(a) Code Yellow – Missing Resident Search Checklist

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 – USING DETAILED INTERIOR FLOOR PLAN & EXTERIOR MAP of the grounds to search all areas identified in chart. Attach completed floor plan log to checklist.

Reminder: call out resident by name loudly and frequently during search.**SEARCH CHART:**

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

RESIDENT FOUND – Location _____ Time: _____

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

9) NOTIFICATION

PERSON	TIME	NOTIFIED BY
Family		
ED		
Police		
Search & Rescue		
Physician		
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		
ED		
Police		
Search & Rescue		
Physician		
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: _____

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MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
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PAST REVISIONS:	Sept/07, Mar/11, May/16, Apr/21, Feb/22, Dec/23		
CURRENT REVISION:	April 2024		

POLICY:

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.

PROCEDURE:

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.

The Nurse will:

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

The Nurse or designate will:

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

All Team Members will:

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

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

TITLE: Code Blue— Medical Emergency	POLICY #: XVIII-H-10.00	Page 2 of 2
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Attachments: XVIII-H-10.00(a) Code Blue – Management of a Choking Resident
XVIII-H-10.00(b) Protected Code Blue

MANAGEMENT OF A CHOKING RESIDENT

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

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

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

The Nurse or designate will:

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

Post Choking Incident:

- 1) Following a choking event, the Nurse or designate will:
 - If the resident expels the object, continue to monitor resident's vital signs every shift x48hrs after the choking episode, watching the resident for symptoms of aspiration pneumonia. Conduct a chest assessment every shift with vital signs checks x48hrs.
 - Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, or discomfort.
 - Contact the Registered Dietitian via PCC referral for re-assessment post incident.
 - If required, change diet texture or fluid consistency until the RD has reassessed.
 - Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist.

- Review and update the resident's plan of care/service plan (as applicable) to ensure risks and individualized care/service needs are identified.

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 that resident is in upright position or position as indicated in care plan during mealtime.

The Director of Care / Associate Director of Care 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 (or ensure they obtain with next CPR course offered at the home) and recertification as per provincial requirements thereafter.
- 3) Ensure team members received training on Code Blue procedures including how to respond to choking incidents.

References:

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

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

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

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. The “protected” refers to the Personal Protective Equipment (PPE) that is donned for response to a cardiac arrest/medical emergency with consideration for precautions from potential exposure to such an illness.

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

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

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

References:

McIsaac, 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>

TITLE:	Code Orange – External Emergency – Grey County	POLICY #:	XVIII-I-10.00
		PAGE:	1 of 7
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/11, May/16, Feb, Apr/22, Jun/23		
CURRENT REVISION:	September 2024		

POLICY:

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

PROCEDURE:

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 Charge Nurse or designate immediately.

The Charge Nurse 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) Contact Executive Director, Building Services Supervisor/Maintenance Manager or designate.
- 5) 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".
- 6) 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
- 7) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.

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- 8) Initiate Code Green evacuation procedure as required.
- 9) 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 reaching a high-risk category.

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

Advisory will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Monitor updates for air quality levels and wildfire locations in the region daily 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
 - ON: <http://www.airqualityontario.com/aqhi/index.php>
 - Fire Smoke Forecast
 - <https://firesmoke.ca/>
2. Announce Code Orange-Severe Air Quality Issues.
3. Ensure all windows and exterior doors remain closed at all times; making sure indoor temperatures can be maintained below 26 degrees Celsius indoors to prevent heat-related illness.
4. Shut off all Air Handling Units (MAUs) temporarily as they bring outdoor air into the building.
5. Check building regularly in case of conditions that may require In-Suite PTAC Units, Roof Top Units, Portable AC Units, and Fans to be turned off.
6. Ensure that people with chronic health conditions e.g. asthma have any prescribed medications readily available.

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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 affects of smoke/pollution and improve air quality in your building.
 - NOTE: Air scrubber rentals must be approved by the Director of Long-Term Care 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 Charge Nurse or designate immediately.

The Charge Nurse 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

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

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

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

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

When the shaking stops:

- 1) Put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.
- 2) Alert residents, team members, and visitors to expect aftershocks.
- 3) Alert residents, team members, and visitors of fallen power lines and other hazards.
- 4) Attempt to continue operations onsite. Continue to provide essential care and service as much possible.
- 5) Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
- 6) Check the operating status of all telephones, and replace receivers on the bases.
- 7) Check for injuries: assess if anyone is injured and provide medical assistance where required, or call other team members for assistance.
- 8) Check for people who may be trapped: inspect residents' rooms, nursing/wellness stations, and other locations in your area. Leave doors to rooms open.
- 9) Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.

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- 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 Executive Director, Building Services Manager/Maintenance Manager or designate. 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 Executive Director, Building Services Manager/Maintenance Manager or designate.

The Executive Director, Building Services Manager/Maintenance 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 Charge Nurse 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”.

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- 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 Building Services Supervisor/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 Charge Nurse or designate immediately.

The Charge Nurse 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.
- 7) Contact the Building Services supervisor/Maintenance Manager or designate

All Team Members will:

- 1) Take direction from the Charge Nurse, Building Services Manager/Maintenance Manager or designate

EMERGENCY RECEPTION

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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.

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

DAMAGE ASSESSMENT CHECKLIST							
Use the checklist below as a guide to assess damage to the building in the event of a Code Orange/External Emergency, Fire, or other Emergency affecting or causing damage to the building or grounds. Add/remove tasks as applicable to the situation. Note actions that may be required to remediate any damage identified with target date for actions to be completed.							
Task	Assigned to:	Date	Status	Follow Up Action Required	Target Date	Status	Comments
Inspect building exterior structural integrity for: Areas of Collapse / Deformities / Shifting / Distortion							
Inspect Building Site for: Debris / Landslides / Bank Failure / Surface Fissures / Flooding							
Inspect Entry & Exit Routes for Passability							
Inspect Interior Structure Integrity for: Fallen Light Fixtures / Broken Windows / Fallen Cupboards/Furniture / Hazardous Spills / Pest Infestation							
Check Emergency Generator Status / Ensure System Integrity and Functionality							
Check Elevators: Doors / Pulley Chains / Functionality							
Inspect Electrical System; check for any evidence of: System Integrity Shorting / Fire / Fallen Power Lines							
Test Water Quality; Inspect System Integrity and Ensure Availability; Flush Water Lines as needed							
Inspect HVAC Systems; Ensure System Integrity & Functionality							
Inspect Waste Management/Sewage System: Ensure System Integrity & Functionality							
Check Telephone System: Ensure System Integrity & Functionality							
Check Call Bell System: Ensure System Integrity & Functionality							
Check Internet: Ensure System Integrity & Functionality							
Check Natural Gas System: Ensure System Integrity & Functionality							
Check Security Card/Entry System: Ensure System Integrity & Functionality							
Check Security Cameras: Ensure System Integrity & Functionality							
Confirm Fire Alarm Systems Fully Functional							
Confirm Fire Sprinkler System Pressures & Dry System Air Compressor Fully Functional							
Document all activities undertaken to bring establishment back into operation, including equipment servicing records.							
Other:							
Other:							
Other:							
Kitchen/Food Service Areas							
Review risks and status of water supply; ensure water system has not been damaged or contaminated. If area is affected, clean tap screens and flush water lines by running taps for a minimum of 5 minutes.							
Inspect food and beverage items; sort salvageable from non-salvageable foods as quickly as possible and assess and discard damaged and unsafe food products. Food can be damaged from being exposed to unsafe temperatures, smoke, ash, soot, water, fire retardant chemicals, and/or loss of power.							
Discard any food/items exposed to ash, soot, water, and/or smoke, no matter where they were stored, including: - Foods showing signs of smoke damage and foods having an "off" odour or taste, including ALL opened food packages - Foods packaged in permeable packaging, including paper, foil, cardboard, plastic wrap, or cellophane - Bottles/jars of food with screw top lids or crown/crimp caps and Tupperware-type containers - Single service items/utensils, including individually plastic wrapped - Ice (in both serving bins and ice machines) - Dented or bulging cans - When in doubt, throw it out.							
Clean and sanitize closed, undamaged canned foods/drinks exposed only to smoke by immersing for 2 minutes in a mild bleach solution created by mixing 5 ml (tsp) bleach for every litre (4 cups) water.							
Where damage has affected kitchen/food service areas, minimize traffic coming in and out of walk-in coolers and freezers until the floors have been cleaned. During clean up, use a vacuum that has a "HEPA" air filter and change the HEPA filter often.							
Check with manufacturer's requirements prior to cleaning some pieces of equipment, such as pop/slushy machines, coolers, and ice machines, as these may have special cleaning requirements.							
Run an empty dishwasher through the wash-rinse-sanitize cycle three times, to flush the water lines and clean and sanitize the interior of the dishwasher prior to use.							
Discard all absorbent materials (e.g. carpet, drywall, etc.) that have been water or fire damaged (due to the potential for mould growth).							
Steam clean carpets, drapes, curtains, and/or furniture that has not been smoke or water damaged. Change the water frequently.							
If keeping fridge/freezer, remove or discard all items, then: 1. Unplug fridge/freezer 2. Rinse or blow out dust residue on coils and compressors 3. Clean and sanitize inside 4. Leave doors open to dry 5. Once appliance(s) is dry, reconnect power 6. Wait until inside temperature of fridge has reached 4 degrees C and freezer is 18 degrees C before restocking with food							
Verify that all equipment used for food preparation (incl. cooking, cooling, and reheating) can operate according to manufacturer's specifications/instructions							
Discard all damaged kitchen equipment, utensils, linens, and single-service items							
Document all activities undertaken to bring establishment back into operation, including equipment servicing records.							
Other:							
Other:							
Other:							

TITLE:	Code Orange – Emergency Reception Plan (Regional/Community Disaster)	POLICY #:	XVIII-I-10.10
		PAGE:	1 of 2
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Mar/11, Jan/13, Feb/22		
CURRENT REVISION:	September 2024		

POLICY:

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).

PROCEDURE:

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 Executive Director or designate 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 the Director of Long-Term Care 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.

TITLE: Code Orange – Emergency Reception Plan (Regional/Community Disaster)	POLICY #: XVIII-I-10.10	Page 2 of 2
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- 11) Direct team members to provide beverages/light snack to evacuated residents/public as needed.
- 12) Direct Dietary team to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the location.
- 13) Direct care and support teams as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).
- 14) Track or delegate tracking of any additional expenses incurred as a result of providing emergency reception, report in collaboration with the Director of Long-Term Care & Senior Services.
- 15) On receiving "All Clear" and in anticipation of repatriation:
 - a. Ensure residents are wearing appropriate identification i.e. wristbands
 - b. Ensure all equipment/other personal belongings are labelled and ready to transport
 - c. Ensure medication orders in place minimum of 72 hours (as applicable)
 - d. Collaborate with sending site(s) and provincial authorities as require planning for timing and logistics of repatriation
- 16) On initiating repatriation activities:
 - a. Ensure original documentation accompanying evacuees returns with them to their original site(s)
 - b. Ensure all equipment and personal belongings that accompanied evacuees returns with them to their originating site(s)
 - c. Prepare for Emergency Recovery/Debriefing activities (see XVIII-A-10.80 Emergency Recovery)

All Team Members will:

- 1) Take direction from the Executive Director of designate

The Executive Director or designate will:

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

Attachments:

- XVIII-I-10.10(a) Surge Capacity Reception Site Plan 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

SURGE CAPACITY-RECEPTION SITE PLAN TEMPLATE (SAMPLE)

[INSERT NAME of HOME] could take up to [INSERT #] people with equipment (beds, etc.) in common areas; could take up to [INSERT #] individuals requiring full support (total dependent) and/or with responsive behaviours.

Update the sample chart below to align with your building's capacity/structure.

Floor/Area	# People	Notes
First Floor: Double Rooms	2	<ul style="list-style-type: none"> Not secure Could add 1 bed into each double room (2 total)
First Floor: Dining Room	7	<ul style="list-style-type: none"> Not secure Privacy screens required
First Floor: Hallway	2-3	<ul style="list-style-type: none"> Not secure Privacy screens required
First Floor: Lounge	3	<ul style="list-style-type: none"> Not secure
Second Floor: Dining Room	22	<ul style="list-style-type: none"> Secure floor Privacy screens required
Second Floor: Small Recreation Room	5	Secure floor
Second Floor: Small Loung PT Area	4	Secure floor
Second Floor: Small Lounge	4	Secure floor
Third Floor: Dining Room	3-4	<ul style="list-style-type: none"> Behavioural Support Area Quiet space available
Fourth Floor: Dining Room	3-4	<ul style="list-style-type: none"> Behavioural Support Area Quiet space available
Dining Room	8	<ul style="list-style-type: none"> Not secure; area requires independent or assisted living individuals Will need beds, privacy screens, linen supplies, pendants
Wellness Area	3	<ul style="list-style-type: none"> Not secure; area requires independent or assisted living individuals Will need beds, privacy screens, linen supplies, pendants
Leisure Room	4	<ul style="list-style-type: none"> Not secure; area requires independent or assisted living individuals Will need beds, privacy screens, linen supplies, pendants
1-Bedroom Suites (Only if available/empty at time of emergency)	3-4	<ul style="list-style-type: none"> Not secure; area requires independent or assisted living individuals
2-Bedroom Suites (Only if available/empty at time of emergency)	4-5	<ul style="list-style-type: none"> Not secure; area requires independent or assisted living individuals
Other:		
Other:		

RECEIVING SITE INFORMATION REQUEST GUIDELINE

In the event of receiving a request for emergency reception at your location, use the guideline below to request information from the evacuating site to support reception planning.

Location Name: _____ Date: _____

Individual Recording (Print Name & Title): _____

<input type="checkbox"/>	Name of Location/Provider requesting Reception	
<input type="checkbox"/>	Number of Evacuees to receive	
<input type="checkbox"/>	Expected time of arrival	
<input type="checkbox"/>	Names of staff accompanying Evacuees	•
<input type="checkbox"/>	Number of staff accompanying Evacuees (by discipline)	<ul style="list-style-type: none"> • Nurses: • PSWs/CSAs: • Dietary: • Recreation: • Other (specify):
<input type="checkbox"/>	Scheduling of staff accompanying (responsibility & contact)	
<input type="checkbox"/>	Leadership oversight	
<input type="checkbox"/>	Supplies	<ul style="list-style-type: none"> • Beds: • Food/Water: • Medications: • Medical Supplies: • Incontinence Supplies: • Linens: • PPE: • Other (specify):
<input type="checkbox"/>	Continuity of Care	<ul style="list-style-type: none"> • Case Mix: • Care Needs: • Special Considerations (i.e. Elopement, Responsive Behaviours, IPAC, Bariatric, Mobility, Special Equipment such as O2, tube feeds, etc.): • Identifiers: • Charts: • Communications: • Contacts: • Pharmacy:
<input type="checkbox"/>	Clinical Documentation Type	
<input type="checkbox"/>	Physician/Nurse Practitioner Oversight & Care	
<input type="checkbox"/>	Communication with Sending Provider	

<input type="checkbox"/>	Length of expected time for Evacuees to remain in your location (and do they plan to move residents elsewhere as a next step)	
<input type="checkbox"/>	Extra Expense Tracking <ul style="list-style-type: none"> • Supplies • Private Pay Loss Revenue • Additional Staff Needed 	
<input type="checkbox"/>	Next Update Expected	
<input type="checkbox"/>	Primary Contact related to Evacuation	
<input type="checkbox"/>	Request addition of Director of LTC and Incident Manager to all follow up communications	

CHECKLIST-RECEIVING SITE PREPARATION

Community/Residence: _____ Date: _____

Name of Individual Completing: _____ Title: _____

This checklist is to be completed by the Reception Site in preparation for accepting incoming evacuated residents/public. Please retain a copy of the checklist for documentation and reference in post-incident debrief. Adapt checklist to add/remove any areas as applicable for your location or mark N/A where items not applicable.

Action Required		Responsible Individual	Completed by: (Name/Time)
Preparing Team Members, Documentation, Supplies prior to Evacuee Arrival			
<input type="checkbox"/>	Confirm vehicle departure location(s), drop-off location, and planned arrival time.		
<input type="checkbox"/>	Confirm receipt of Sending Site List with information of all individuals who are coming to receiving site.		
<input type="checkbox"/>	Verify resident room assignment at receiving site.		
<input type="checkbox"/>	Review clinical information in the Sending Site list and consider what the care needs of each incoming person may be.		
<input type="checkbox"/>	Coordinate with IPAC/relevant provincial authority as required for rapid testing, PCR testing, or other processes and practices that will be needed for receiving site to prepare for individuals arriving with infection control concerns.		
<input type="checkbox"/>	Confirm if medical chart, MAR, and other documentation is arriving physically with residents or being sent electronically.		
<input type="checkbox"/>	Confirm physician(s) of sending site has communicated key information about transferred residents to accepting physician(s).		
<input type="checkbox"/>	Pre-prepare meals according to resident dietary needs if food services are unavailable at the time of arrival.		
<input type="checkbox"/>	Have extra meals available for bus/vehicle drivers, non-medical escorts, and team members accompanying evacuees.		
<input type="checkbox"/>	Arrange for additional nursing and allied staff to be onsite when residents arrive i.e. recreation team, physical therapists, social workers, occupational therapists, clerk or administrative assistant.		
<input type="checkbox"/>	Begin planning for the increased staffing levels that will be required to care for residents for the coming days/week(s).		
<input type="checkbox"/>	Clarify how many and which staff/medical escorts will be arriving with residents and ensure staffing systems		

Action Required		Responsible Individual	Completed by: (Name/Time)
	between sending and receiving organizations have connected to appropriately book shifts and ensure payment.		
<input type="checkbox"/>	Ensure increased PPE/other key clinical supplies available as required.		
<input type="checkbox"/>	Ensure additional resident supplies ordered i.e. gowns, toiletries, incontinence supplies, linens, etc. as required; collaborate with Procurement for assistance as needed.		
<input type="checkbox"/>	Ensure beds/rooms/areas are prepared for evacuee arrival.		
<input type="checkbox"/>	Request family members of current residents to hold off on visiting if possible for first 24 hours to enable team members to settle evacuees.		
<input type="checkbox"/>	Have a team member pre-brief/huddle to identify anything that may be missing.		
Documents for Review			
<input type="checkbox"/>	List of residents who will be evacuated i.e. Sending Site List.	Sending Site	
<input type="checkbox"/>	Names of medical escorts and non-medical escorts accompanying residents i.e. Mobilized Team Tracker.	Sending Site	
<input type="checkbox"/>	List of luggage, personal items, equipment accompanying residents.	Sending Site	
Immediate Response Upon Arrival (0-12 Hours)			
<input type="checkbox"/>	Review and check Sending Site List upon evacuee arrival (Use Emergency Reception Registration Log).		
<input type="checkbox"/>	Assist arriving evacuees to their room/area.		
<input type="checkbox"/>	Assist arriving evacuees with personal needs i.e. food, water, washroom.		
<input type="checkbox"/>	Confirm the correct paperwork (e.g. medical chart, MAR, other documentation) for each resident is available (as required).		
<input type="checkbox"/>	Confirm receipt of 72-hour supply of medications for each resident (if applicable).		
<input type="checkbox"/>	Connect with pharmacy to arrange any missed/lost medications (as required).		
<input type="checkbox"/>	Review resident medical needs; conduct head-to-toe assessment and check for scheduled treatments, medications, essential medical devices (as required).		
<input type="checkbox"/>	Confirm receipt of all evacuee luggage.		
<input type="checkbox"/>	Confirm evacuees have appropriate mobility aids available.		
<input type="checkbox"/>	Contact resident's next of kin and provide receiving site's contact information (if required)		

Action Required		Responsible Individual	Completed by: (Name/Time)
<input type="checkbox"/>	Conduct debrief and (if applicable) handover with team members arriving from sending site/accompanying residents.		
<input type="checkbox"/>	Provide orientation to team members from sending site who will be staying to work in receiving site. Include education on safety, clinical documentation system, equipment, and emergency procedures.		
Ongoing/Extended Response (Greater than 12 hours)			
<input type="checkbox"/>	Ensure adequate staffing scheduled and available for ongoing resident care/services.		
<input type="checkbox"/>	Routinely review resident needs and address any concerns as they arise.		

EMERGENCY RECEPTION-CONSIDERATIONS FOR STAFFING

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 evacuees, and the timing and urgency of relocation. The following is a summary of key staffing considerations for providing emergency reception/reception preparedness.

- Have a designated Receiving Coordinator with enough supporting administrative and clinical/wellness staff to assist them in the reception of residents.
- A reception team will be required for each vehicle that is arriving. Where possible, this team should have a high ratio of clinical/wellness and allied team members to incoming residents (suggested 1:2) to help offload and settle evacuees. Occupational therapists and physiotherapists will be especially helpful during the unloading portion of transport.
- Consider the need for additional team members to assist with offloading and transporting equipment and other personal belongings.
- Additional registration team may be needed to register incoming residents into receiving site's system.
- Increased dietary support will be required leading up to reception to have hydration, meals and snacks ready for incoming evacuees.
- Do not account for staff that may be arriving from the sending site in the reception planning; these staff may be too tired to assist with the reception activities after providing a hand-off report and may only be considered supernumerary.
- 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 health authority's human resources department as required.
- Due to unforeseen circumstances, evacuees may arrive late in the day or evening hours. Due to the length of the reception process, team members should 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 external resources (e.g. travel agency nurses, student nurses, St. John Ambulance volunteers, Red Cross volunteers, etc.) to assist with the reception process if unable to meet staffing demands with the usual pool of employees.

* Adapted from Staffing Considerations: Inter- and Intra- Health Authority Relocation – Health Emergency Management British Columbia (HEMBC)

EMERGENCY RECEPTION-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 for consideration by both sending and receiving sites.

- Most 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 patient/client/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 that 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 team members, 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 living in the community and 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

- [Find mental health support | ontario.ca](#)
- [greybruce.cmha.ca](#)
- [Mental Health & Wellness](#)
- [Community Resource List.pdf](#)

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](#) 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

* Adapted from Psychosocial Considerations: Inter- and Intra- Health Authority Relocation – Health Emergency Management British Columbia (HEMBC)

TITLE:	Code Black – Bomb Threat / Suspicious Package/Device	POLICY #:	XVIII-J-10.00
		PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sept/07, Mar/08, Mar/11, May/16, Feb/22		
CURRENT REVISION:	January 202		

POLICY:

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.

PROCEDURE:

For further information, please contact the Executive Director.

Attachments: *For further information, please contact the Executive Director.*

TITLE:	Code Grey – Infrastructure Loss / Failure – Grey County	POLICY #:	XVIII-K-10.00
		PAGE:	1 of 8
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sept/07, Mar/11, May/16, Feb/22, Apr/22, Jul/22, Jan/24		
CURRENT REVISION:	August 2024		

POLICY:

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.

PROCEDURE:

ELEVATOR ENTRAPMENT/FAILURE

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

- 1) Inform the Charge Nurse or designate immediately.

The Charge Nurse will:

- 1) Announce Code Grey.
- 2) Contact the Building Services Supervisor/Maintenance Manager or designate and the elevator service company immediately and determine their estimated response time.
 - Elevator Service Company Name: [REDACTED]
 - Elevator Service Company Contact Information: [REDACTED]
 - Where to find Elevator Service Company Contract: [REDACTED]
- 3) Assign signage to elevator doors that state "out of service".
- 4) Attempt to determine where the elevator is stopped.
- 5) Designate a team member to be stationed outside of the elevator door on the floor where it has stopped to reassure the occupant(s) that help is on the way.
- 6) Reinforce to occupants to not force the doors open and remain calm.
- 7) Prevent anyone from overriding the system. Overriding the system may put occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.
- 8) Call 911 if the occupant(s) is in distress.
- 9) Follow the directions of the elevator service technician or emergency services when they arrive on scene.
- 10) Take the elevator out of service until the necessary repairs are made.
 - How to take elevator out of service i.e. location of switch: [REDACTED]
 - Insert plan for out of service elevator/transportation of residents as applicable to the building: [REDACTED]

TITLE: Code Grey – Infrastructure Loss/Failure	POLICY #: XVIII-K-10.00	Page 2 of 8
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ROOF COLLAPSE

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

- 1) Inform the Incident Manager and or Executive Director / Building Services Supervisor/Maintenance Manager or designate immediately.

The Incident Manager/ Executive Director / Building Services Supervisor/Maintenance Manager or designate will:

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

All Team Members will:

- 1) Take direction from the Incident Manager or designate.

ELECTRICAL POWER FAILURE

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

- 1) Notify the Incident Manager/and or Executive Director/ Building Services Supervisor/Maintenance Manager or designate immediately.

The Incident Manager or designate will:

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

The Nurse will (where applicable):

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

All Team Members will:

- 1) Carry a flashlight.

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- 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: [REDACTED]
- 2) Ensure that all lights and Generator powered equipment is working.
- 3) Where applicable, direct team members to use the “RED PLUG” Generator outlets (in resident areas, these are marked with RED DOT).
- 4) Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.
 - Supplies located at: [REDACTED]
- 5) Check fuel supply and activate procedure for delivery of additional fuel as needed.
- 6) Procedure for delivery of additional fuel: [REDACTED]

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

- 1) Notify and update support services office and Director of LTC of the outage/expected duration.
- 2) Direct distribution of emergency box supplies (battery flashlights, blankets).
 - Supplies located at: [REDACTED]
- 3) Monitor and assess the effect on resident and team member safety.
- 4) Initiate Code Green Evacuation plan if necessary.

RESIDENT ELECTRONIC DOCUMENTATION SYSTEM

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

FIRE PROTECTION SYSTEM FAILURE

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

- 1) Inform the Incident Manager/ and or Executive Director/ Building Services Supervisor/Maintenance Manager or designate immediately.

The Incident Manager or designate will:

- 1) Announce Code Grey
- 2) Notify all team members that a fire watch has been initiated.
 - Process to notify all team members: [REDACTED]
- 3) Give verbal instruction to team members and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected, call 911 directly.

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- 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.

All Team Members will:

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

The Building Services Supervisor/Maintenance Manager or Executive Director will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
 - Fire Protection Service Supplier: [REDACTED]
 - Fire Protection Service Supplier Contact Info.: [REDACTED]
 - Location of Fire Protection Service Supplier Contract: [REDACTED]
 - Fire Department Contact Info.: [REDACTED]

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 and/or Incident Manager immediately.

The Executive Director or designate will:

- 1) Announce Code Grey
- 2) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
- 3) 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: [REDACTED]
 - HVAC heating system contractor service provider Contact Info.: [REDACTED]
 - Location of HVAC heating system contractor service provider Contract: [REDACTED]
- 4) Review Evacuation plan and prepare to initiate Code Green evacuation 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.

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- 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 and/or Incident Manager immediately.

The Executive Director or designate will:

- 1) Announce Code Grey
- 2) Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
 - HVAC cooling system contractor service provider: [REDACTED]
 - HVAC cooling system contractor service provider Contact Info.: [REDACTED]
 - Location of HVAC cooling system contractor service provider Contract: [REDACTED]
- 3) Notify the manager/nurse in charge or designate.
- 4) Review Evacuation plan and prepare to initiate Code Green Evacuation if time to correct is greater than 12 hours.
- 5) Initiate Hot Issue Alert.
 - LTC: Follow VII-G-10.30(m) Hot Weather Communication & Hot Issue Template
- 6) Review and ensure compliance with Prevention & Management of Heat Related Illnesses policy/procedure and additional related policies and procedures as applicable i.e. Extreme Heat Menu Changes, Heat Stress Management, etc.
- 7) 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 Director of LTC and Building Services, secure temporary cooling solutions if required to meet temperature requirements or alternatively initiate Code Green Evacuation procedures.
- 8) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 9) Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
- 10) Direct team members to move residents to inner core of building away from exterior walls.

LOSS OF POTABLE WATER

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

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The Executive Director or designate will:

- 1) Announce Code Grey
- 2) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
- 3) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
 - System contractor service provider: [REDACTED]
 - System contractor service provider Contact Info.: [REDACTED]
 - Location of system contractor service provider Contract: [REDACTED]
- 4) Request an estimated time to correct following the initial investigation.
- 5) Review Evacuation plan and prepare to initiate Code Green Evacuation 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 /GM and/or Incident Manager immediately.

The Incident Manager and or Executive Director / Building Services Supervisor/Maintenance 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: [REDACTED]
 - Electricity shut off location: [REDACTED]
- 3) Notify support services office.
- 4) Contact a plumber.
 - Plumber: [REDACTED]
 - Plumber Contact Info.: [REDACTED]
- 5) Direct Maintenance to turn on faucets and flush toilets to drainpipes 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.

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- 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 and or Executive Director / Building Services Supervisor/Maintenance Manager immediately.

The Incident Manager or designate 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.
 - Instructions to reset mag locks: [REDACTED]
 - Location of station: [REDACTED]
- 4) Assign team members to monitor exit doors until the problem is resolved.
- 5) Assign team members to complete a resident room check using fire plan checklist and to do ongoing walk about every fifteen minutes until system is reactivated.

All Team Members will:

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

The Building Service Supervisor/Maintenance Manager or Executive Director will:

- 1) Obtain immediate assistance (service response) from mag lock (security system) supplier.
 - Mag lock/security system supplier: [REDACTED]
 - Mag lock/security system supplier Contact Info.: [REDACTED]
 - Location of Mag lock/security system supplier Contract: [REDACTED]

TELEPHONE SYSTEM FAILURE

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

- 1) Inform the Incident Manager/ Executive Director or designate immediately.

The Incident Manager or designate will:

- 1) Announce Code Grey
- 2) Notify Executive Director, Director of Care, or designate.
- 3) Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Use cell phone to alert Call Center to the failure and alternate contact numbers.
- 5) Notify residents and post signage.

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

- 1) Inform the Incident Manager/Executive Director immediately.

The Incident Manager or designate will:

- 1) Announce Code Grey
- 2) Notify Executive Director, Director of Care, or designate.
- 3) Use landline phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Assign a messenger if safe to leave to alert Support Services Office of failure;
- 5) Determine alternative communication methods.
- 6) Notify residents and post signage.

Attachments: XVIII-K-10.00(a) Emergency Power Supply Inventory
XVIII-K-10.00(b) Code Grey – Fire Watch Sign
XVIII-K-10.00(c) Code Grey – Fire Watch Checklist

EMERGENCY POWER SUPPLY INVENTORY

<u>Item</u>	<u>Normal Power</u> x	<u>Emergency Power</u> √	<u>Location / Comments</u>
			Page 1 of 3
Rooftop A/C Units & MUA Units			
Fire Alarm System			
Fire Sprinkler Pumps (Jockey Pump)			
Fire Alarm Monitoring			
Phone System			
Main Fax Machine			
Info. Centre Fax Machines			
Charges for ASCOM Phones			
Nurse Call System			
Kitchen Equipment			
Kitchen Make-up Air Unit			
Walk-in Fridge / Freezer			
Kitchen Exhaust Fan			
Servery(s)			
Dishwashers			

EMERGENCY POWER SUPPLY INVENTORY

<u>Item</u>	<u>Normal Power</u> x	<u>Emergency Power</u> √	<u>Location / Comments</u>
Resident Room/Suite Receptacles			
Corridor Receptacles			
Domestic Hot Water Boilers			
Heating System Boilers			
Heating System Pumps			
Heating System Control Valves			
Mag-Locks			
Door Hold Open Devices			
Computer Stations			
Info-Centre Stations			
Administration Computers			
Main Server (Computer)			
Internet Equipment (Modem)			
Security System Computer (Win-Pak)			
DHW Safety Shutdown Valve			
Computer & Printer for eMAR Back Up			
Enteral Feeds Pump			

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EMERGENCY POWER SUPPLY INVENTORY

<u>Item</u>	<u>Normal Power x</u>	<u>Emergency Power √</u>	<u>Location / Comments</u>
Elevators			
Resident Lifts (Battery Chargers)			
Portable Lifts - Battery Chargers			
Main Entrance (Power Operated Door)			
Laundry Equipment (Washers/Dryers)			
Lighting Systems other than Emerg Lgts			
Parking Lot Lighting			
Sump Pumps			
Medi-Prep: Vaccine Fridge			
<u>Ancillary Supplies</u>			<u>Location / Comments</u>
Electrical cords			(length and location)
Flashlights			(amount and location; recommended to have enough for each team member/each shift)
Walkie talkies/two-way radios			(type and location)
Batteries (for flashlights and walkie talkies)			(type and location)

Please be advised our Fire Alarm
System is down and a

FIRE WATCH IS IN PLACE

The building is being patrolled by
designated fire watch persons

Call 911 if a fire is observed
and alert staff

CODE GREY - FIRE WATCH CHECKLIST

Date: _____

Area Monitored: _____

Time Fire Watch Started: _____

Time Fire Watch Completed: _____

Name / Title of person Assigned to Fire Watch Duties: _____

All rooms checked		All rooms checked		All rooms checked	
Time	Signature	Time	Signature	Time	Signature
700		1500		2300	
730		1530		2330	
800		1600		2400	
830		1630		2430	
900		1700		100	
930		1730		130	
1000		1800		200	
1030		1830		230	
1100		1900		300	
1130		1930		330	
1200		2000		400	
1230		2030		430	
1300		2100		500	
1330		2130		530	
1400		2200		600	
1430		2230		630	

TITLE:	Code Brown – Internal Emergency (Spill / Leak / Hazard)	POLICY #:	XVIII-L-10.00
		PAGE:	1 of 6
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	September 2006	SCOPE:	All Locations
PAST REVISIONS:	Sep/07, Jun/10, Mar/11, May/16, Feb/22, Feb/24		
CURRENT REVISION:	March 2024		

POLICY:

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 staff and residents
- the material is unknown
- a chemical reaction is present
- incident could escalate and increase level of risk

CARBON MONOXIDE

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

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

Symptoms of Carbon Monoxide (CO) Exposure:

- Headaches
- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion

TITLE: Code Brown – Internal Emergency	POLICY #: XVIII-L-10.00	Page 2 of 6
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- Loss of coordination

PROCEDURE:

Any person who suspects exposure to Carbon Monoxide will:

- 1) Call the fire department using 911 immediately.
- 2) Inform the Executive Director, Building Services Supervisor/Maintenance Manager or designate

Building Services Supervisor/Maintenance Manager or designate

- 1) Identify proper shutdown of gas to equipment.
- 2) Shut down gas to equipment if Maintenance not available. Location of main shutoff valves identified in XVIII-A-10.50(a) Building Map/Profile.
- 3) Alert Charge Nurse or designate to provide medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- 4) Take direction from fire department

All Team Members will:

- 1) Open windows to ventilate the area.
- 2) Relocate residents, team members, visitors, and volunteers from the affected area immediately.
- 3) Take direction from the Executive Director, Building Services Supervisor/Maintenance 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 Executive Director, Building Services Supervisor/Maintenance Manager or designate immediately.

Building Services Supervisor/Maintenance Manager or designate will:

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

All Team Members will:

TITLE: Code Brown – Internal Emergency	POLICY #: XVIII-L-10.00	Page 3 of 6
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- 1) Not smoke or use electrical devices including cell phones.
- 2) Not turn the power on and off.
- 3) Advise visitors/volunteers to not smoke or use electrical devices including cell phones.
- 4) Take direction from the Incident Manager.

BIOLOGICAL/CHEMICAL THREAT

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

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

The Executive Director, Building Services Supervisor/Maintenance Manager or designate will:

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

All Team Members will:

- 1) Take direction from the Executive Director, Building Services Supervisor/Maintenance Manager or designate.
- 2) If splashed with a chemical agent, immediately wash if off using ONLY water.

LIQUID / CHEMICAL / GAS SPILL

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

- 1) Inform the Executive Director, Building Services Supervisor/Maintenance Manager or designate immediately.

The Executive Director, Building Services Supervisor/Maintenance Manager or designate will:

- 1) Keep team members, residents, volunteers, and visitors clear of the area.
- 2) Investigate and determine the appropriate actions.
- 3) If no leak or spill, complete Incident Report.
- 4) If leak/spill found:

TITLE: Code Brown – Internal Emergency	POLICY #: XVIII-L-10.00	Page 4 of 6
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- 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 _____ room (additional location) in order to contain the leak.
- 5) If required, advise 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 Building Services Supervisor/Maintenance Manager or designate will:

- 1) Attend on scene of spill/leak
- 2) If required, assist reception/concierge to announce code and then “All Clear” signal.
- 3) Assist emergency services as required.
- 4) Assist in completion of Incident Report.

The Reception team will:

- 1) Announce “Code Brown” and “All Clear” as directed by the Building Services Supervisor/Maintenance Manager
- 2) Take directions from the Building Services Supervisor/Maintenance 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 Building Services Supervisor/Maintenance Manager and or designate
- 2) Take directions from the Building Services Supervisor/Maintenance Manager

All Team Members will:

- 1) Take directions from the Building Services Supervisor/Maintenance 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)

TITLE: Code Brown – Internal Emergency	POLICY #: XVIII-L-10.00	Page 5 of 6
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- 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/ Infection Prevention & Control Wellness Lead or designate immediately to investigate and together determine the appropriate actions.
2. If required, advise the Executive Director that a Code Brown should be called. This may involve evacuation of the affected area.
3. When the situation is under control, advise reception to announce "Code Brown - All Clear".
4. Assist Director of Care/ Infection Prevention & Control Wellness Lead with completion of Incident Report/any other required documentation/ notification.

The Director of Care/Infection Prevention & Control Wellness Lead 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 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:

TITLE: Code Brown – Internal Emergency	POLICY #: XVIII-L-10.00	Page 6 of 6
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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/ Infection Prevention & Control Wellness Lead 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

Attachments: XVIII-L-10.00(a) Code Brown – Spill Kit Instructions

What to do When a Spill Occurs

Identify spilled product. If you are NOT familiar with the liquid and its chemical properties, vacate the area and contact proper authorities.

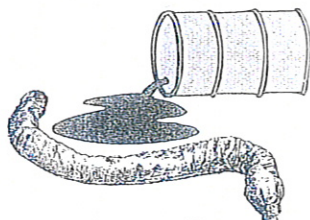


1. Risk Assessment

Evaluate the type of material spilled and identify the source.

2. Protective Clothing

Wear the appropriate protective gear for the situation. If the source or the material are not identifiable assume the worst.



3. Containment

Contain the liquid and seal drains

4. Stop the Source

Close valves, rotate punctured drums and plug leaks where it is possible and safe to do so.



5. Begin Clean Up

Use the absorbent materials to clean up spilled liquids.

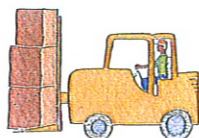
6. Contact Authorities

Report the spill to the proper legal authorities in your community. Be sure to fill out all necessary reports in accordance with local laws.



7. Disposal of Used Material

Absorbent materials take on the characteristics of whatever they absorb. Be sure to dispose of used absorbents and spilled liquids in accordance with local laws



8. Decontaminate

Clean all tools and reusable materials properly before reuse.

9. Restock Materials

Replace absorbent materials and safety equipment used in any clean up operation.



10. Review Contingency Plans and Procedures!

PLEASE NOTE: THIS SPILL KIT IS A STOP-GAP MEASURE FOR MINOR SPILL CLEAN-UP. IF A SERIOUS SPILL OCCURS, CONTACT LOCAL AUTHORITIES FOR DIRECTION AND ASSISTANCE FOR THE PROBLEM.

DUE TO THE POSSIBLE TOXIC AND HAZARDOUS FLUIDS ABSORBED,
ULINE DOES NOT RECOMMEND DISPOSAL PROCEDURES.

TITLE:	Code Silver – Active Shooter / Armed Intrusion / Hostage Situation	POLICY #:	XVIII-M-10.00
		PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	April 2022	SCOPE:	All Locations
PAST REVISIONS:			
CURRENT REVISION:	February 2024		

POLICY:

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

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

PROCEDURE:

For further information, please contact the Executive Director.

Attachments: N/A

TITLE: Building Lockdown		POLICY #: XVIII-N-10.00
		PAGE: 1 of 1
MANUAL	Emergency Management	APPROV. AUTH: Clinical & Quality
ORIGINAL ISSUE:	April 2022	SCOPE: All Locations
PAST REVISIONS:	April 2022	
CURRENT REVISION:	January 2024	

POLICY:

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

PROCEDURE:

For further information, please contact the Executive Director.

Attachments: N/A

TITLE:	Boil Water Advisory	POLICY #:	XVIII-O-10.00
		PAGE:	1 of 4
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	April 2022	SCOPE:	All Locations
PAST REVISIONS:	April 2022		
CURRENT REVISION:	February 2024		

POLICY:

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

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 or designate will:

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

The Infection Prevention & Control Lead or designate will:

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

TITLE: Boil Water Advisory	POLICY #: XVIII-O-10.00	Page 2 of 4
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- 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.
- 4) Conduct enhanced resident infectious disease surveillance observing for signs of illness.

The Building Services Supervisor/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 Maintenance 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 Dietary Manager 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 Nursing 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.

TITLE: Boil Water Advisory	POLICY #: XVIII-O-10.00	Page 3 of 4
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When the Boil Water Advisory has ended:

The Maintenance 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 Building Services Supervisor/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 or designate will:

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

The Infection Prevention & Control Lead or designate will:

- 1) Remove signage.

Reference:

How to Use Water Safely in Your Food Establishment During a Boil Water Advisory:

<https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-water-safely-food-establishment-bwa.pdf>

Boil Water Advisory: <https://www.cdc.gov/healthywater/emergency/drinking/drinking-water-advisories/boil-water-advisory.html>

Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies:

<https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidance-issuing-rescinding-boil-water-advisories-canadian-drinking-water-supplies.html>

TITLE: Boil Water Advisory	POLICY #: XVIII-O-10.00	Page 4 of 4
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Best Practices for Hand Hygiene in All Health Care Settings:

https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc_lang=en

CDC - Water, Sanitation & Hygiene (WASH) - related Emergencies & Outbreaks <https://www.cdc.gov/healthywater/emergency/drinking/drinking-water-advisories/boil-water-advisory.html>

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

PERSONAL HYGIENE DURING A BOIL WATER ADVISORY

Can tap water be used to wash hands?

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

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

Can tap water be used for showering or bathing?

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

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

Can tap water be used for brushing teeth?

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

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

Reference:

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

CLEANING & SANITIZING PRACTICES DURING A BOIL WATER ADVISORY

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

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

Can tap water be used for washing laundry?

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

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

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

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

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

PREPARING FOOD DURING A BOIL WATER ADVISORY

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

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

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

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

Can the cold beverage dispensing machine be used?

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

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

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

- Verify temperature using a probe thermometer

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

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

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

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

Can tap water be used to wash dishes by hand?

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

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

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

Can glass washer with cold water rinse be used?

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

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

Can domestic style dishwashers be used in the building?

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

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

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

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

CAUTION!



Boil Water Advisory is in effect. This water is not safe for drinking. This water is not safe for eye washing. Contact a manager or team member for more information.

BOIL WATER ADVISORY IS IN EFFECT

**Wash your hands.
Apply hand sanitizer AFTER Handwashing.**



Contact a manager or team member for more information.

TITLE: Outbreaks, Epidemics & Pandemics		POLICY #: XVIII-P-10.00
		PAGE: 1 of 2
MANUAL	Emergency Management	APPROV. AUTH: Director of LTC
ORIGINAL ISSUE:	April 2022	SCOPE: All Locations
PAST REVISIONS:	April 2022	
CURRENT REVISION:	September 2024	

POLICY:

The location will be prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

DEFINITIONS:

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

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

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

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

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

PROCEDURE:

The Executive Director, Director of Care, or designate will:

- 1) Reference the respective divisional Infection Prevention & Control manual for detailed outbreak preparation and response requirements.
- 2) Ensure an area(s) of the location is identified to be used for isolating residents as required.
- 3) Ensure a process is in place to divide both team members and residents into cohorts as required.

- 4) Ensure staffing contingency plans are in place and kept current.
- 5) Ensure annual practice/testing of outbreak and pandemic preparedness, inclusive of any arrangements with external entities who may be involved in or provide emergency services in the area where the care community/residence is located (including, without being limited to, health service providers, partner facilities and resources that will be involved in responding to the emergency).

The Infection Prevention & Control & Wellness Manager or designate will:

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

References:

Principles of Epidemiology in Public Health Practice, Third Edition: An Introduction to Applied Epidemiology and Biostatistics:

<https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>

IX LTC Infection Prevention & Control Manual

Attachments: XVIII-P-10.00(a) Sample Agenda – Outbreak Preparedness Drill (Leader Copy)
XVIII-P-10.00(b) Sample Agenda – Outbreak Preparedness Drill
XVIII-P-10.00(c) Outbreak/Epidemic/Pandemic Supplies

SAMPLE AGENDA – OUTBREAK PREPAREDNESS DRILL (LEADER COPY)

0800	Introductions & Review of Agenda
0810	PPE Donning & Doffing Exercise <ul style="list-style-type: none"> • Demonstrate donning and doffing of full PPE for Contact & Droplet precautions. • Initiate a return demonstration by all participants. In advance of the drill, arrange for each team member to have access to gloves, gowns, mask, eye protection & ABHR. • Watch the participants using the lens of the donning and doffing audit, monitoring for compliance and risks during the procedure. This isn't a test! It should be a supportive process. • Debrief afterwards for any learnings from the group. • Display the PPE donning and doffing poster on the screen so the participants are familiar with the approved resource for your region.
0845	Review of Materials (SAMPLE – UPDATE AS APPLICABLE FOR OUTBREAK DRILL): <ul style="list-style-type: none"> • COVID-19 Outbreak Toolkit <ul style="list-style-type: none"> ○ Pre-Outbreak Readiness Assessment ○ Initial Outbreak Management – Action Log ○ Clinical Reports ○ Signage ○ Floor Plans ○ Sample Stations ○ Post-COVID recovery checklist • Our TEAM Pandemic Resources • Infection Prevention & Control Manual (with particular focus on Sections D, E & N) • Business Continuity & Staffing Contingency Plans
0900	Assign Outbreak Management Team Structure to Leaders <ul style="list-style-type: none"> • Have each participant give thought to where they would fit within the structure; discuss as a group and begin to assign roles. • These roles will be reviewed and finalized at the end of the drill, taking into account learnings from participants. • Each location's structure might have additional or combined roles depending on the size of the team. • The structure is subject to change based on this so please feel free to create new "boxes" (i.e. Medical director, allied health professionals, etc.). • Begin to consider the contingency plans that will be needed for each role/responsibility. If one team member or multiple team members are not able to work, how does that change the structure? Do you have adequate cross training? The actions required for cross training and contingency plans will be added to your Action Plan post-drill.
0915	Begin Scenario: <ul style="list-style-type: none"> • Scenario should be specific to the location, taking into account their specific environment, previous outbreak experiences and other risks and nuisances. <p>Example: One COVID-19 positive resident on one neighbourhood, 4th floor; we were notified by Public Health of the positive swab at 11AM on Wednesday, March 15. Resident's symptoms began Monday at 1300; included decreased O₂ SATs, temp. 37.9°, and general malaise.</p>

	<ul style="list-style-type: none"> • Give each participant time to review the Initial Outbreak Management-Action Log in the Outbreak toolkit. They will need to start considering how they will execute what they are responsible for. What do they need to do to prepare? What other team members would they need to engage and leverage to execute each item? What materials and logistics would they require? • Start with mock SBAR Hot Issue Call. This will help create muscle memory if and when the leaders at the location are asked to participate in a hot issue call. It will ideally decrease anxiety around these calls with internal and external stakeholders. • Begin to work through the Action Log checklist as a group, going line by line and using real world examples and experiences of how we operationalize these items during outbreaks. Start with the first scenario and then increase the severity of the scenario as the drill progresses. For example, up the ante; now the location has 45 positive residents, 50% reduction in baseline staffing, and three affected home areas. How does that change priorities? Consider high risks like workforce implications, media, partnerships with hospitals, health authorities, etc. • Review Business Continuity using another scenario 50% of PSWs/HCAs and nurse on the 4th floor not attending at the location due to work refusal or presumptive/confirmed illness. Discuss cohorting, priority tasks, staffing template, etc. • Review policies/procedures for caring for a resident with the applicable illness • Hold a mock Outbreak Management Team meeting using the template for Day 15, adding to the current complex scenario: You're running low on gowns, medium gloves, and Cavi wipes, staffing remains at 50% baseline, media inquiries ++ • Review OMT Call with Public Health, HA/MOH/OHAH/RHRA/other provincial regulatory authority (as applicable) & Hospital Partners
1045	Debrief and review OMT Structure <ul style="list-style-type: none"> • Make changes to the structure that was put in place at the beginning of the drill based on learnings. • What worked and what didn't? • Are the original roles and responsibilities sustainable? • What changes need to be made to the structure to be successful? • Is there anyone missing on the OMT structure? • Finalize the structure.
1100	Complete the Pre-Outbreak Readiness Assessment in the Outbreak Toolkit <ul style="list-style-type: none"> • Complete this as a group, time permitting. If you don't have time to do this in the drill, completion of this will be part of the post-drill Action Plan. • Complete an IPAC Audit, time permitting. If you don't have time to do this in the drill, completion of this will be part of the post-drill Action Plan.
1145	Determine additional resources required <ul style="list-style-type: none"> • Review Action Log Checklist to determine additional human resource and service delivery needs
Conclusion	Poll the leadership team for commitment level: <ul style="list-style-type: none"> • Every position is vital • How can we support the participants and leaders to be successful? • Have the participants considered the level of commitment it would take both professionally and personally? • Do they have contingency plans in place for increased workload and hours? • Are they committed? Are they afraid?

	<p>It is time for the leaders to evaluate the commitment level of their teams:</p> <ul style="list-style-type: none"> • Who can they count on? • Who do they need to meet with in advance to gain commitment? • What ways do they communicate with their teams most effectively? • How can they support their teams to be successful?
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Next Steps:

Parking Lot

- During the drill, keep a parking lot for actions items and next steps. This is what will help formulate your action plan.
- No task is too small to account for. Examples of action items for your plans could be procurement of items based on the location's environment and logistics, cross training of key roles and responsibilities, making sure you have the right contact information for residents, goals of care conversations, etc.
- This is also where you can discuss the development of a group of passionate and dedicated frontline team members as your go to Response Team. This core group of team members, made up of people from every department, can be developed in each location to be Subject Matter Experts (SMEs). They would attend additional education in IPAC and be leaders amongst their peers. They would assist with auditing and in the event of an outbreak, would be the core group you could count on to be deployed to the outbreak area if this was needed.

Action Plan

- After the drill is complete, compile the action items from your parking lot into an Outbreak Preparedness Action Plan (document in XVIII-C-10.00(a) Emergency Preparedness Test/Drill Evaluation Form).
- Timelines should be provided for completion, with weekly check-ins post-drill to ensure keeping up the momentum and accountability.
- It is important that the action plan is location-specific, taking into consideration gaps found during the drill and other learnings. Your Drill leader will help formulate the action plan.

MOST IMPORTANTLY, HAVE FUN!!!! AS THE LEADER OF THE DRILL YOU WILL LEARN TOGETHER WITH THE LOCATION LEADERS. YOU DON'T HAVE TO HAVE ALL THE ANSWERS, THAT IS WHAT THE PARKING LOT AND POST-DRILL ACTION PLAN IS FOR. 😊

SAMPLE AGENDA – OUTBREAK PREPAREDNESS DRILL

0800	Introductions & Review of Agenda
0810	PPE Donning & Doffing Exercise
0845	Review of Materials: <ul style="list-style-type: none"> • LIST MATERIALS TO BE REVIEWED
0900	Assign OMT Structure to home leaders
0915	Begin Scenario: <p>Sample Scenario – adjust as needed: One COVID-19 positive resident on one unit, 4th floor; we were notified by Public Health of the positive swab at 11AM on Wednesday, March 15. Resident’s symptoms began on Monday at 1300; included decreased O₂ SATs, temp. 37.9°, and general malaise.</p> <ul style="list-style-type: none"> • Start with mock Hot Issue call • Begin to work through COVID-19 action log – Day 1 • Work through Day 15 actions and what steps need to be done • Review Business Continuity with 50% of direct care team members and nursing staff on the 4th floor not attending at the care community due to work refusal or presumptive/confirmed COVID-19. Discuss cohorting, priority tasks, staffing template, etc. • Review policies/procedures related to caring for resident specific to illness i.e. Caring for a Resident with Confirmed COVID-19 Checklist • Hold a mock Outbreak Management Team meeting
1045	Debrief and review OMT Structure (make changes as needed)
1100	Complete IPAC Audit (identify tool to be used)

OUTBREAK/EPIDEMIC/PANDEMIC SUPPLIES

Preparing for and responding to an outbreak, epidemic, or pandemic requires critical supplies outlined below. The location should determine its par supply (daily usage) and use a risk factor to calculate minimum quantities to have on hand; consider increased usage when calculating this (e.g. more frequent cleaning).

In addition, supplies for which demand will surge once there are positive cases should be identified and minimum quantities account for this (e.g. disposable cutlery).

Authorities may require reporting of inventory on hand for critical supplies (PPE, ABHR, etc.) – ensure processes are in place.

Sienna Regional Hubs are available to access additional supplies in the event of an outbreak.

Note: Recommended quantities serve as guidance and should be adapted to a location's specific needs and experience.

PPE SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
PPE	Surgical Masks	14-day supply	
	N95 respirators	14-day supply	
	Gloves (all sizes)	14-day supply	
	Gowns – reusable and disposable (all sizes)	14-day supply	
	Face shields – reusable and disposable	14-day supply	
	Goggles – reusable and disposable	14-day supply	

DINING/CULINARY SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
In-room dining supplies	Individual tables / overbed tables	1 per bed	
	Paper / disposable plates, cups and cutlery	7-day supply	
	Trays	Min. 1 per home area	
	Additional carts to allow use of separate equipment for each floor / home area	1 per home area	
	Hot carts	1 per home area	
	Additional food containers	As needed	
Food supplies	Pandemic menu	14-day supply	
	Thickeners	14-day supply	
	Supplements	14-day supply	

NURSING / CARE SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
Supplies and Equipment	Government stock	As directed	
	Thermometers (no contact preferred)	Screener x2 Care team +20%	
	Thermometer tip covers (account for higher usage) (if applicable)	14-day supply	
	Bloodwork equipment	14-day supply	
	Wound care supplies	14-day supply	
	Tube feeding equipment	14-day supply	
	Oxygen tanks (if applicable)	14-day supply	
	Additional equipment (e.g. pressure cuffs, heart monitor, etc.) to allow use of separate equipment for each floor / home area and positive / negative residents	1 per home area + 20% extra	
Pharmacy	Symptom management medication	14-day supply	
	Medication carts	1 per home area + 20% extra	
Emergency Supplies	Swab kits / Testing kits	14-day supply	
	Palliative kits	14-day supply	
	Shrouds	10% of beds	
	Body bags	10% of beds	
In-room Supplies	Bedside commodes (if required to avoid sharing bathrooms or for isolation plans)	10% of shared beds	
	Personal basin for each resident (for bedside bathing)	1 per bed	
	Helical basin for each resident	1 per bed	
	Plastic bins for personal belongings if resident needs to be relocated / distanced or storage of belongings	20% of beds	

ENVIRONMENTAL SUPPLY

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
Cleaning / disinfectant products	High level disinfectant (account for higher consumption)	14-day supply	
	Disinfecting wipes (account for higher consumption)	14-day supply	
	Other cleaning / disinfecting agent used in the home	14-day supply	
Laundry products	Laundry chemicals	14-day supply	
	Laundry hamper liner / plastic bags	14-day supply	

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
	Laundry bags / hampers	1 set per home area	
Hand Hygiene supplies	Hand soap	14-day supply	
	Alcohol based hand rub (ABHR) min 70% alcohol	14-day supply	
	ABHR dispensers (extra may be required to put in all recommended locations)	As needed	
	Paper towels	14-day supply	
	Paper towel dispensers (extra may be required to put in all recommended locations)	As needed	
	Batteries if dispensers are battery powered	14-day supply	
Linen	Extra bed linen	14-day supply	
	Extra towels	14-day supply	
Supplies and Equipment	Positive particle disinfectant sprayers	If needed	
	No touch receptacles for PPE, min. 12L capacity	1 per bed + as needed around home	
	PPE plastic carts	1 per bed + as needed around home	
	Plastic bags – clear, biohazard	14-day supply	
	Walk behind floor scrubber (recommended over mops / vacuums)	1 for home	
	Additional cleaning supplies to account for higher consumption and use of separate equipment for each floor / home area (e.g. cloths, wipes, etc.)	14-day supply	
	Additional carts to allow use of separate equipment for each floor / home area (for cleaning team, nursing/wellness team, laundry team, recreation/resident engagement team, etc.)	1 per home area + 20%	
	Physical barriers (e.g. curtains, Plexiglas, etc.)	All shared beds	

TITLE: Pandemic Plan		POLICY #: XVIII-P-10.10
		PAGE: 1 of 2
MANUAL	Emergency Management	APPROV. AUTH: Director of LTC
ORIGINAL ISSUE:	April 2020	SCOPE: All Locations
PAST REVISIONS:	April 2022	
CURRENT REVISION:	September 2024	

POLICY:

The home will develop a site-specific Pandemic Plan to support leaders to make best possible decisions in the context of a pandemic and to ensure site readiness, including readiness of team members.

Pandemic Plans will be implemented and used in context with and in consideration of other organizational policy & procedure manuals, including Infection Prevention & Control, Emergency Management, and other operational manuals as required.

Locations will also reference tools and direction provided by their respective Health Authority/Public Health Unit as applicable for Outbreak Response/Outbreak End.

Under the direction of the Executive Director, the Pandemic Plan will be implemented and the necessary audits completed to ensure safety and risk mitigation during a pandemic.

The location's Pandemic Plan is to be reviewed annually or more frequently as needed, with updates to site-specific processes as required.

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.

PROCEDURE:

Each location's Pandemic Plan will be reviewed and approved by:

- Director of Long-Term Care
- The location's Joint Health & Safety Committee
- Local Public Health/Health Authority as required

The Pandemic Plan will also be reviewed with the Medical Advisory/Professional Advisory Committees and with Residents' and Family Councils (where they exist), as well as with community agencies, healthcare service providers, partner facilities, and resources that may be involved in pandemic response at the local level.

The Executive Director or designate will:

- 1) Develop and maintain a location-specific Pandemic Plan that ensures mitigation, preparedness, response, and recovery in the event of a pandemic.
 - Involve all members of the location's Incident Management Team in development of the location specific Pandemic Plan.
 - Involve the Infection Prevention & Control Lead in the development of the location specific Pandemic Plan.

- Ensure the Pandemic Plan for the location reflects organizational guidelines and provincial directives along with Public Health and Health Authority guidelines and requirements.
- 2) Ensure the location is represented on any local level in the community for the planning and execution of pandemic guidelines.
 - 3) Implement the Pandemic Plan as needed to direct communication flow, manage resident acuity, and allocate inventory and human resources to deliver resident care/services.
 - 4) Review and update the location's Pandemic Plan annually (or more frequently as required).
 - 5) Conduct specific education and practice sessions for managers and nurses with building charge responsibilities.
 - 6) Coordinate with the Director of Long-Term Care any budgetary considerations to ensure the necessary execution of the Pandemic Plan.
 - 7) Ensure practice and documentation of orientation/training activities related to pandemic preparation and response.
 - 8) Communicate results to leadership teams/appropriate committees and implement improvements to process as needed.

The Infection Prevention & Control Lead or designate will:

- 1) Collaborate with location leaders and Public Health/Health Authority to implement safety measures to mitigate risk to residents, team members, and visitors.

The Director of Long-Term Care or designate will:

- 1) On an annual basis (or more frequently as required), review evidence of complete Pandemic Plan for each home.
- 2) Monitor through regular operations reports that Pandemic Plans are practiced in accordance with relevant legislation and organizational policies and procedures.

Support Services Office will:

- 1) Establish an Incident Management Team to ensure emergency response processes are in place to support business continuity and service delivery needs of residents across the organization.
- 2) Communicate and activate the Incident Management Team in the event of a pandemic.

Attachments: XVIII-P-10.10(a) Pandemic Plan Template

PANDEMIC PLAN TEMPLATE

ACTION	EVIDENCE	STATUS	IF STATUS IN PROGRESS / NOT STARTED, IDENTIFY REASONS / BARRIERS
OVERALL RESPONSE PLANNING			
A pandemic plan is established that is tailored to the needs of the location while following provincial guidelines.		Complete	
Pandemic plan is broadly shared with team members, student placements, volunteers, and visitors as appropriate.		Complete	
Leadership roles have been identified that are specific to a pandemic response plan. Persons involved may include a DOC, Medical Director, Infection Control Practitioner, Public Health liaison, Occupational Health & Safety experts, and any other location-specific leadership roles.		Complete	
Roles and responsibilities of team members are clearly stated and understood, including any shifts/transitions in roles and responsibilities during an outbreak.		Complete	
“Tabletop” or drill exercises completed to practice implementing plans/protocols, especially those related to outbreaks.		Complete	
Rooms/areas for isolating residents, including for new move ins and transfers, are identified and taken into consideration when scheduling staff, cleaning, meal delivery, etc.		Complete	
SUPPORTING RESIDENTS			
Plans and protocols for resident symptom monitoring including active screening requirements as set out in provincial directives are in place		Complete	
All residents have an up-to-date Plan of Care/Service Plan, including the goals the care is intended to achieve and up-to-date advance directives (i.e. written direction for future care in the event a resident will not be able to communicate).		Complete	
All residents have access to high quality primary healthcare that does not require them to leave the location, including during an outbreak		Complete	
All designated caregiver/essential visitor information for each resident is up to-date		Complete	
HUMAN RESOURCES / STAFFING			
Confirm appropriate level and capacity of leadership and management in place, develop contingency plans in the event a person is not able to work, identify those responsible for staffing/scheduling and address leadership recruitment, development, retention, and support as relevant.		Complete	
Review and update locations’s incident management team structure should there be a need to implement.		Complete	
Staff schedules prepared to ensure appropriate coverage of shifts, in accordance with all applicable laws/policies and any prescribed restrictions related to working in multiple locations, including for screeners.		Complete	
Review and update staff cohorting plans and workstation use, including assignments during outbreak situations and for providing care/services for residents who are isolating		Complete	
Contingency staffing plan has been developed that identifies the minimum staffing needs for the location and prioritizes critical and non-essential services based on residents’ health status, functional limitations, disabilities, and essential home/building operations. This plan should address surge capacity. NOTE: Location should include in their plan a proposed approach in the case of a shortage of registered health professions, taking into consideration scope of practice parameters for potential backfill personnel and planning to support the delegation of the provision of controlled acts pursuant to the Regulated Health Professions Act, 1991 where/if appropriate/applicable Contingency plans could include: <ul style="list-style-type: none"> • having a contract in place with pre-trained agency staff • proactive preparation to call on caregivers and family members as volunteers in extreme staffing shortages 		Complete	
Location is prepared to refer team members to resources to support mental health and wellbeing, including to assistance programs, local and provincial resources, etc. Partnerships with local agencies that can assist with counselling are in place.		Complete	
Team members, student placements, volunteers, and visitors are regularly reminded (e.g. email alerts, signage, newsletters, etc.) of their obligation to stay home if ill, to advise if they have had close contact with someone who is ill, and to report any signs/symptoms of illness to their supervisor/manager.		Complete	
OUTBREAK PREPAREDNESS PLAN			

PANDEMIC PLAN TEMPLATE

Outbreak lead and backup for location is identified		Complete	
In consultation with their Joint Health & Safety Committees or health and safety representatives, if any, ensure measures are taken to prepare for and respond to an outbreak, including developing and implementing an Outbreak Preparedness Plan		Complete	
The Outbreak Preparedness Plan Includes:			
• identification of members of the Outbreak Management Team		Complete	
• an IPAC program, in accordance with provincial regulations both for non-outbreak and outbreak situations, in collaboration with IPAC hubs, public health units, local hospitals, Home & Community Care Support Services/Health Authority/RHRA/AL Registrar, and/or regional ON Health (as applicable)		Complete	
• a clear agreement/understanding with the IPAC Hub lead (where applicable) about how the location and Hub will work together, particularly if extra support is needed		Complete	
• a plan to ensure testing kits (as applicable) are available and plans are in place for taking specimens		Complete	
• a plan to ensure sufficient PPE is available, and that appropriate stewardship of PPE is followed		Complete	
• a plan to ensure that all team members, students, and volunteers, including temporary staff, are trained on IPAC protocols including the use of PPE		Complete	
• a written and clearly communicated policy to manage team members who may have been exposed to disease		Complete	
• a process to permit an organization completing an IPAC assessment to do so and to share any report or findings produced by the organization with any or all of the following (as applicable): public health units, local public hospitals, ON Health, Home & Community Care Support Services/Health Authority, MLTC/RHRA/AL Registrar, as may be required to respond to illness/outbreak at the location		Complete	
• a plan to increase IPAC audits (beyond regular schedule) with results acted upon quickly		Complete	
• a plan to keep team members, residents, and families informed about the status of illness/outbreak in the location, including frequent and ongoing communication during outbreaks		Complete	
CASE MANAGEMENT			
Review and update as necessary the location's case management procedures (as required by provincial directives)		Complete	
MOVE INS/TRANSFERS			
Review and update as necessary the location's pandemic response move ins and transfers operational policy and procedures (as required by provincial directives)		Complete	
Review and update as necessary the location's plan to ensure all new residents are placed in a single or semi-private room (as required by provincial directives)		Complete	
ABSENCES			
Review and update as necessary the location's pandemic absences operational policy and procedures (as required by provincial directives)		Complete	
TESTING POLICY & PROCEDURES			
Review and update as necessary the location's asymptomatic testing operational policy and procedures (as applicable/as required by provincial directives)		Complete	
VACCINATION			
Vaccination lead and backup for location is identified		Complete	
Review location's pandemic immunization policy to ensure it is compliant with the current provincial directives, including plans/protocols related to collecting and reporting required statistical information		Complete	
Review and update as necessary the location's vaccine maintenance strategy including addressing how/when dosages of applicable vaccines to residents will be administered, and onboarding so the locations can administer vaccinations itself (as applicable)		Complete	
A plan is in place to continue promoting the benefits of being vaccinated		Complete	
IPAC PROTOCOLS & PLANS			
IPAC lead and backup are identified		Complete	
Ensure there is a plan regarding dedicated capacity, planning, partnerships, and clear internal accountability for oversight, reinforcement, and support of proper IPAC responsibilities, protocols, and practices for all team members in the location		Complete	
Complete relevant Infection Prevention & Control Checklists/Audits as available from provincial authorities and/or Support Services		Complete	

PANDEMIC PLAN TEMPLATE

Keep location's Organizational Risk Assessment continuously updated to ensure that it assesses the appropriate health and safety control measures to mitigate the transmission of infections, including engineering, administrative and PPE measures. This must be communicated to the Joint Health & Safety Committee, including review of the environment when a material change occurs		Complete	
There is a schedule for regular and frequent IPAC audits		Complete	
Review and update as necessary plans and protocols related to isolating residents. Where possible, residents needing to self-isolate should be placed in a single room and have access to a private washroom		Complete	
Review and update as necessary cohort plans for residents		Complete	
VISITOR POLICY (Please see Communications section regarding communication of the visitor's policy)			
Review location's visitor policy to ensure it is consistent with the current provincial guidance and directives, and direction from the local public health unit (if applicable)		Complete	
Protocol in place to fill out visitor logs and maintain records of logs, ensuring they are readily available to ministry inspectors and public health units (e.g. if an electronic log is being used and is password protected, ensure at all times that someone onsite has access to the password)		Complete	
Plan in place to adjust visiting in case of outbreak, for situations when a resident is isolating, and when local circumstances and/or direction from the local public health unit changes (e.g. plans/protocols for scheduling and holding virtual visits for residents)		Complete	
SUPPLIES			
Ensure supply chain is secure and contact information for vendors is up-to-date		Complete	
Hand hygiene and respiratory etiquette supplies <ul style="list-style-type: none">• alcohol-based hand sanitizer (60-90% alcohol)• soap and paper towels for all sinks• facial tissue		Complete	
PPE <ul style="list-style-type: none">• medical masks and N95 respirators• gowns (disposable and reusable)• gloves• face shields/goggles		Complete	
Trash disposal bins and bags (including for outside and inside resident rooms/suites)		Complete	
Individual Isolation Bins for PPE outside resident rooms/suites			
Disinfectants for cleaning and disinfection of high-touch surfaces and equipment		Complete	
Diagnostic materials (for example, swabs)		Complete	
Bed linens, incontinence products, and towels		In Progress	
Signage/posters for workers and others about: <ul style="list-style-type: none">• physical distance (including decals, arrows etc.)• capacity limits• screening and self-assessment• wearing masks• breaks• hand hygiene		Complete	
EDUCATION/TRAINING			
Education/training lead and backup has been identified to retain responsibility for coordinating education and training on pandemic disease, sourcing education/training materials, and maintaining records related to persons accessing and completing education/training		Complete	
Licensees, leadership/management (existing, new, and incoming) have reviewed applicable provincial guidance/policies/requirements		Complete	
Remind all existing team members and inform new team members about reporting requirements related to communicable diseases and critical incident reporting		Complete	
Training provided to all team members and any essential visitors/caregivers who are required to wear PPE with information on the safe utilization of all PPE, including training on proper donning and doffing		Complete	

PANDEMIC PLAN TEMPLATE

Provide training for new team members and refresher training for existing team members, including regarding: <ul style="list-style-type: none">• provincial and organizational policies regarding the pandemic, including the location's visitor policy, immunization policy, etc.• the location's sick leave policy• outbreak management		Complete	
Ensure screeners are appropriately trained and aware of current rules/requirements regarding active screening		Complete	
Ensure all team members, students, and volunteers – existing, new, and returning – in the location have core IPAC training and access to on-demand training on IPAC and PPE		Complete	
VENTILATION			
ON LTC: Review the Ministry's 10-Point Heating, Ventilation, and Air Conditioning Plan		Complete	
Schedule ventilation systems maintenance as appropriate		Complete	
Adjust systems to maximize the amount of fresh air and reduce recirculation while ensuring temperature and humidity levels are comfortable for residents, team members, and others who attend/visit the location		Complete	
COMMUNICATIONS			
Internal communications protocols in place for residents, substitute decision-makers, families, team members on/offsite, caregivers, volunteers, student placements, visitors, Family Councils, and Residents' Councils. Internal communication protocol to be activated with change in: <ul style="list-style-type: none">• outbreak status• location, provincial, or ministry policies• location's schedule of activities including dining Where possible, communications should include information on the updates as well as including clarity about who is making the decisions (public health unit vs. location vs. province)		Complete	
Team member assigned as lead for internal communications. Backup also assigned		Complete	
Ensure regular communications to residents, including (but not limited too): <ul style="list-style-type: none">• sharing with residents' changes in the location that directly impact residents, particularly related to outbreaks, cohorting, isolation requirements, visitors, absences, activities, and staffing• reminding residents of importance of public health measures, including hand hygiene, physical distancing, and masking (if tolerated) and as required		Complete	
External communications protocols in place including to contact public health unit, ministry, and others as appropriate (e.g. supply vendors, building and ground maintenance, etc.) and a media relations plan		Complete	
Team member assigned as lead for external communications. Backup also assigned		Complete	
Review and update as necessary contact information lists: <ul style="list-style-type: none">• for all team members, student placements, volunteers, and residents• for key individuals within the location, local public health unit, regulated health professionals serving the location, other external supports as applicable		Complete	

TITLE:	Staff Shortages & Contingency Planning	POLICY #:	XVIII-Q-10.00
		PAGE:	1 of 3
MANUAL	Emergency Management	APPROV. AUTH:	Director of LTC
ORIGINAL ISSUE:	April 2022	SCOPE:	All Locations
PAST REVISIONS:	April 2022		
CURRENT REVISION:	September 2024		

POLICY:

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

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

PROCEDURE:

The Leadership Team will:

- 1) Develop/review contingency plan to:
 - Identify minimum staffing needs for each home area/neighbourhood/floor
 - Prioritize critical and essential services based on resident population needs
 - Identify backup for each shift and role and ensure training provided
- 2) Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
 - Identify team members who could potentially take on a leadership role.
 - This may also require discussions on available staffing support with Human Resources, Support Services, Partners, and other institutions.
- 3) Ensure staffing contingency planning in place for lower staffing levels in the event of an evacuation as part of Code Green Evacuation Plan i.e. Incident Management Team assignments and role training inclusive of night/weekend/holiday teams.
- 4) Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN, RPN, PSW/HCA 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 (as required for the situation).
- 8) Limit Part Time and casual resources to one home area/floor as much as possible.
- 9) Work with Department managers/schedulers to:
 - Increase staffing to support additional requirements/surge capacity
 - Create contingency plans
 - Implement team member cohorting
 - Determine who should work from home
 - Ensure schedule is in compliance with latest orders (e.g. no team members work in more than one location)

- Improve team member engagement and morale
- 10) Work with department leads to identify backup schedulers.
 - 11) Redeploy team members who work in non-essential/suspended services (e.g. community programs for PPE sourcing).
 - 12) Align with union representatives on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
 - 13) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
 - 14) Identify all available options to meet staffing needs, including:
 - Health Workforce Matching Portal
 - Volunteers
 - Agency contracts
 - Health Unit support
 - Local healthcare facilities (e.g. hospital)
 - Emergency services (e.g. army)
 - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
 - Cross-training/universal roles (e.g. housekeeping and tray delivery)
 - Look at team member history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling
 - 15) Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
 - 16) Consider adding dedicated Team Member Experience Coordinator role onsite to handle all training, onboarding admin work, benefits, time tracking, etc.
 - 17) Consider adding scheduling staff to support outbreak needs.
 - 18) Discuss with Support Services and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
 - 19) Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
 - 20) If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
 - 21) Implement Return to Work protocols. See IV-F-10.00 Early & Safe Return to Work Program (and attachments).
 - 22) 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
 - 23) 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 Employee Assistance Program and other resources available for their wellness

- Mitigate team member fears by communicating protection measures taken/to follow
- 24) 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.
 - 25) Track additional employment locations of team members and monitor those locations for outbreaks (as applicable).

The Human Resources Team 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 (when required) and increase capacity.

Attachments: XVIII-Q-10.00(a) Staffing Contingency Plan Template
XVIII-Q-10.00(b) Staffing Shortage – Immediate Activities (Sample)
XVIII-Q-10.00(c) Priority Tasks – Clinical/Wellness (Sample)
XVIII-Q-10.00(d) Priority Tasks – Dietary/Culinary (Sample)
XVIII-Q-10.00(e) Priority Tasks – Recreation/Resident Engagement (Sample)
XVIII-Q-10.00(f) Priority Tasks – Housekeeping (Sample)
XVIII-Q-10.00(g) Cheat Sheet – Setting Up Support
XVIII-Q-10.00(h) Staffing Contingency Assignment (Sample)
XVIII-Q-10.00(i) Resident Reference Sheet for Support Staff

STAFFING CONTINGENCY PLAN TEMPLATE

Location Name:

The Staffing Contingency Plan is to be operationalized when staffing levels reach a critical level where care/services are at risk of interruption, allowing team members to quickly adapt to changing circumstances and minimizing disruption to the delivery of care/services.

There are three parts to this document:

- **100% Site Specific Staffing Plan:** Locations to update with their normal complement of full staffing positions/hours/services provided (*add or delete roles, services as applicable for your location*)
- **Site Specific Staffing Contingency Plan:** Locations to update with their Full Time Equivalent (FTEs)
- **Work Short Protocols:** Plan/Strategy for managing shifts with short staff

SITE SPECIFIC STAFFING PLAN (100%)

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Normal Weekday Services Provided
100%	Frontline Team		
	RN		<ul style="list-style-type: none">▪ Hydration & Nutrition▪ Medication Management▪ Medical & Symptoms Monitoring▪ MDS▪ Personal Care▪ Inventory Maintenance▪ Recreation▪ Respite Services▪ Move Ins▪ Reception▪
	RPN		
	LPN		
	PSW/HCA/CSA		
	Recreation Aide		
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Leadership Team		
	Executive Director		<ul style="list-style-type: none">▪ Administration▪ Scheduling▪ Preventative Maintenance▪ Urgent Maintenance Related to Health & Safety▪ Resident & Family Council▪ AP/AR
	Director of Care		
	Associate Director of Care		
	IPAC & Wellness Manager		
	RAI Coordinator		
Office Coordinator			
Nutrition Manager/Assistant Nutrition Manager			
Building Services Supervisor/Maintenance Manager			

	Resident & Family Services Manager		<ul style="list-style-type: none">▪ Monthly meetings (JHSC, Risk Management, etc.)▪ Finance
	HR Business Partner		
	Office Clerk		
	Unit Clerk		
	Scheduler		
	Allied/Contracted Services		
	PT/OT		<ul style="list-style-type: none">▪ Therapeutic Services (i.e. exercise, rehab)▪ Therapeutic Assessments▪ Care Conferences▪ Referral Management▪ Dysphagia Management▪ Medical Care▪
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		

SITE SPECIFIC STAFFING CONTINGENCY PLAN

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
80%	RN		<ul style="list-style-type: none"> Hydration & Nutrition Medication Management Medical & Symptoms Monitoring (Dialysis, O₂) Specialized Care (Wound TX) Personal Care (bathing, toileting, grooming) Maintenance Inventory/supply mgmt. Therapeutic Services Therapeutic Assessments Care Conferences
	RPN		
	LPN		
	PSW/HCA/CSA		
	Recreation Aide		
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Office Clerk		
	Executive Director		
	Director of Care		
	Associate Director of Care		
	IPAC & Wellness Manager		
	RAI Coordinator		
	Office Coordinator		
	Nutrition Manager/Assistant Nutrition Manager		

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	Building Services Supervisor/Maintenance Manager		<ul style="list-style-type: none"> ▪ Resident & Family Councils ▪ Referral management ▪ Dysphagia management ▪ Administration ▪ Scheduling ▪ Recreation ▪ Housekeeping ▪ Laundry ▪ Move Ins ▪ Other ▪
	Resident & Family Services Manager		
	HR Business Partner		
	Office Clerk		
	Unit Clerk		
	Scheduler		
	PT/OT		
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		
65%	RN		<ul style="list-style-type: none"> ▪ Hydration & Nutrition ▪ Medication Management ▪ Medical & Symptoms Monitoring (Dialysis, O₂) ▪ Specialized Care (Wound TX) ▪ Personal Care (bathing, toileting, grooming) ▪ Maintenance (Urgent) ▪ Inventory/Supply mgmt. ▪ Therapeutic Services ▪ Therapeutic Assessments ▪ Referral Management ▪ Dysphagia Management ▪ Administration ▪ Scheduling
	RPN		
	LPN		
	PSW/HCA/CSA		
	Recreation Aide		
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Receptionist		
	Executive Director		
	Director of Care		
	Associate Director of Care		
	IPAC& Wellness Manager		
	RAI Coordinator		
	Office Coordinator		
	Nutrition Manager/Assistant		
	Nutrition Manager		
	Building Services Supervisor/Maintenance Manager		
	Resident & Family Services Manager		

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	HR Business Partner		<ul style="list-style-type: none"> ▪ Recreation (limit to small groups / 1:1) ▪ Housekeeping (defer projects/annual cleans) ▪ Laundry ▪ Move Ins (Urgent) ▪ Other ▪
	Office Clerk		
	Unit Clerk		
	Scheduler		
	PT/OT		
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		
50%	RN		<ul style="list-style-type: none"> ▪ Hydration & Nutrition (use disposables for food service) ▪ Medication Management ▪ Medical & Symptoms Monitoring (Dialysis, O₂) ▪ Specialized Care (Wound TX) ▪ Personal Care (bathing, toileting, grooming) ▪ Maintenance (Urgent) ▪ Therapeutic Assessments ▪ Referral Management ▪ Dysphagia Management ▪ Administration ▪ Scheduling ▪ Recreation (limit to 1:1 / therapeutic) ▪ Housekeeping (focus on high touch)
	RPN		
	LPN		
	PSW/HCA/CSA		
	Recreation Aide		
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Executive Director		
	Director of Care		
	Associate Director of Care		
	IPAC & Wellness Manager		
	RAI Coordinator		
	Office Coordinator		
	Nutrition Manager/Assistant		
	Nutrition Manager		
	Building Services Supervisor/Maintenance Manager		
	Resident & Family Services Manager		
	HR Business Partner		
	Office Clerk		
	Unit Clerk		
	Scheduler		

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	PT/OT		surfaces, bathrooms & floors) ▪ Laundry ▪ Other ▪
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		
35%	RN		▪ Hydration & Nutrition (use disposables for food services) ▪ Medication Management ▪ Medical & Symptoms Monitoring (Dialysis, O ₂) ▪ Specialized Care (Wound TX) ▪ Personal Care (bathing, toileting, grooming) ▪ Maintenance (Urgent) ▪ Referral Management (Urgent) ▪ Dysphagia Management ▪ Administration ▪ Scheduling ▪ Recreation (limit to 1:1/therapeutic) ▪ Housekeeping (focus on high touch surfaces, bathrooms & floors) ▪ Laundry (contract if able) ▪ Other ▪
	RPN		
	LPN		
	PSW/HCA/CSA		
	Recreation Aide		
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Executive Director		
	Director of Care		
	Associate Director of Care		
	IPAC & Wellness Manager		
	RAI Coordinator		
	Office Coordinator		
	Nutrition Manager/Assistant		
	Nutrition Manager		
	Building Services		
	Supervisor/Maintenance Manager		
	Resident & Family Services Manager		
	HR Business Partner		
	Office Clerk		
	Unit Clerk		
	Scheduler		
	PT/OT		
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	Medical Director		
	Physician		
	Nurse Practitioner		

WORK SHORT PROTOCOLS

As per provincial legislation, a Staffing Contingency Plan is to be put into operation if needed, especially in case of emergencies, and to allow team members to quickly adapt to changing circumstances to minimize disruption to the delivery of care/services.

See sample Work Short Protocol templates below that may be updated/used to develop location-specific contingency plans.

PSW/HCA/CSA Work Short Protocol

Sample Template

The following sample template is to be individualised as needed to develop working short protocols for: PSW/HCA/CSA

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during PSW/HCA/CSA vacancies
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments i.e. if trained as PSW/HCA/CSA but works in laundry
- Utilize Agency
- Call local vendors for support i.e. dry cleaning for laundry, catering for meals, restaurants for staffing

List all duties that **must be done** (Priority Tasks) regardless if working with full complement. For example:

- Residents dressed appropriately
- Oral Care
- Continence Care
- Repositioning
- Medications
- Treatments
- Nutrition/Hydration
- Restriction of large activities
- Program team to assist with meals/nourishments
- Providing additional fluids and nutrients
- Assisting with feeding
- Recording intake

PSW/HCA/RCA/GA Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
1 PSW/HCA/CSA	Days	<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Bring staff in early or stay late <input type="checkbox"/> Pull from 1:1 and call agency for coverage of 1:1 <input type="checkbox"/> Reassign staff i.e. bath shift to reg. shift <input type="checkbox"/> Reschedule bathing <input type="checkbox"/> Reassign residents to available PSWs/HCA/CSAs <input type="checkbox"/> Reassign PSW/HCA/CSA from another floor as needed then reassign residents to other PSW/HCA/CSA <input type="checkbox"/> Partner with other floors to provide assistance with showers and meals <input type="checkbox"/> Use support from interprofessional team (i.e. Rec Staff for meal service assistance and portering, allied team members to assist with care tasks) <input type="checkbox"/> Nurses to assist with care requirements	Provide supervision and/or assistance to residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming.
2 PSW/HCA/RCA/GA		<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Bring staff in early or stay late <input type="checkbox"/> Pull from 1:1 and call agency for coverage of 1:1 <input type="checkbox"/> Reassign staff i.e. bath shift to reg. shift <input type="checkbox"/> Reschedule bathing <input type="checkbox"/> Reassign residents to available PSWs/HCA/CSAs <input type="checkbox"/> Reassign PSW/HCA/CSA from another floor as needed then reassign residents to other PSW/HCA/CSA <input type="checkbox"/> Partner with other floors to provide assistance with showers and meals <input type="checkbox"/> Use support from interprofessional team (i.e. Rec Staff for meal service assistance and portering) <input type="checkbox"/> Nurses to assist with care requirements	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming.

PSW/HCA/RCA/GA Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
3+ PSW/HCA/CSA		<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Bring staff in early or stay late <input type="checkbox"/> Reassign staff <input type="checkbox"/> Pull 1:1 as available, call agency to cover <input type="checkbox"/> Reassign residents to available PSWs/HCAs/CSAs <input type="checkbox"/> Pull short shifts <input type="checkbox"/> Call Agency <input type="checkbox"/> Utilize support from multidisciplinary team (i.e. Rec Staff for meal service assistance and portering) <input type="checkbox"/> Leadership team members to assist where able (meals/portering/spotting transfers/independent residents/monitoring)	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming, See Priority Tasks
1 PSW/HCA/RCA/GA/CSA	Evenings	<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Bring staff in early or stay late <input type="checkbox"/> Pull 1:1 if available and call agency to cover 1:1 needs <input type="checkbox"/> Reassign staff <input type="checkbox"/> Reschedule bathing <input type="checkbox"/> Reassign Residents to available PSWs <input type="checkbox"/> Reassign PSW/HCA/CSA from another floor as needed then reassign residents to other PSW/HCA/CSA <input type="checkbox"/> Partner up with other floors to provide assistance with showers and meals	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming
2 PSW/HCA/RCA/GA/CSA		<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Bring staff in early or stay late Reassign staff <input type="checkbox"/> Pull 1:1 if available and call agency to cover 1:1 needs <input type="checkbox"/> Reassign Residents to available PSWs/HCAs/CSAs <input type="checkbox"/> Reassign PSW/HCA/CSA from another floor as needed then reassign residents to other PSW/HCA/CSA <input type="checkbox"/> Reschedule bathing <input type="checkbox"/> Nurses to assist with care functions	Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming

PSW/HCA/RCA/GA Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
3+ PSW/HCA/CSA		<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Bring staff in early or stay late <input type="checkbox"/> Reassign staff <input type="checkbox"/> Pull 1:1 if available and call agency to cover 1:1 needs <input type="checkbox"/> Pull short shift <input type="checkbox"/> Reassign Residents to available PSWs/HCAs/CSAs <input type="checkbox"/> Reassign PSW/HCA/CSA from another floor as needed then reassign residents to other PSW/HCA/CSA <input type="checkbox"/> Partner up with other floors to provide assistance with showers and meals <input type="checkbox"/> Reschedule bathing/adjust to bed baths <input type="checkbox"/> Nurses to assist with care <input type="checkbox"/> Leadership team members to assist where able (meals/portering/spotting transfers/independent residents/monitoring) <input type="checkbox"/> Call Agency	<p>Provide supervision and/or assistance to the residents in the activities of daily living including eating, dressing, transferring, toileting, hygiene, and grooming</p> <p>See Priority Tasks</p>
1 PSW/HCA/CSA	Nights	<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Bring staff in early or stay late <input type="checkbox"/> Pull 1:1 and call agency for 1:1 <input type="checkbox"/> Reassign staff <input type="checkbox"/> Reassign Residents to available PSWs/HCAs/CSAs <input type="checkbox"/> Registered staff to assist with care	<p>Provide supervision and/or assistance to the residents in the activities of daily living including transferring, toileting, hygiene, repositioning and grooming</p>
2 PSW/HCA/CSA		<input type="checkbox"/> Call all available PSW/HCA/CSA <input type="checkbox"/> Pull 1:1 and call agency to cover 1:1 <input type="checkbox"/> Bring staff in early or stay late <input type="checkbox"/> Reassign staff <input type="checkbox"/> Reassign Residents to available PSW/HCA/CSA <input type="checkbox"/> Registered staff to assist with care <input type="checkbox"/> Call in an additional RPN/LPN <input type="checkbox"/> Manager on call, ADOC, or DOC to come in for support as needed <input type="checkbox"/> Call Agency	<p>Provide supervision and/or assistance to the residents in the activities of daily living including transferring, toileting, hygiene, repositioning, and grooming</p> <p>See Priority Tasks</p>

RN/RPN/LPN Work Short Protocol

Sample Template

The following sample template is to be individualised as needed to develop working short protocols for:
RN/RPN/LPN

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during RN/RPN/LPN vacancies
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments i.e. if trained as PSW/HCA/CSA but works in laundry
- Utilize Agency
- Call local vendors for support i.e. dry cleaning for laundry, catering for meals, restaurants for staffing

List all duties that **must be done** (Priority Tasks) regardless if working with full complement. For example:

- Residents dressed appropriately
- Oral Care
- Continence Care
- Repositioning
- Medications
- Treatments
- Wound Care
- Nutrition/Hydration
- Restriction of large activities
- Program team to assist with meals/nourishments
- Progress Notes/Shift to Shift Communication

Nurse Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
1 Vacant RN	Days	<input type="checkbox"/> Call all available RNs <input type="checkbox"/> Ask RN to stay later <input type="checkbox"/> Ask RN to come in early <input type="checkbox"/> Replace with Agency or ADOC <input type="checkbox"/> Replace with RPN (ON LTC: as long as ADOC or DOC is in building) <input type="checkbox"/> DOC if necessary <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs/floors <input type="checkbox"/> Contact sister site for staff redeployment	<ul style="list-style-type: none"> ▪ In-Charge duties as assigned ▪ Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) ▪ Medications ▪ Treatments – skin & wound dressings
	Evenings	<input type="checkbox"/> Call all available RNs <input type="checkbox"/> Ask RN to stay later <input type="checkbox"/> Ask RN to come in early <input type="checkbox"/> Replace with Agency or ADOC <input type="checkbox"/> Replace with RPN <input type="checkbox"/> DOC if necessary <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs/floors <input type="checkbox"/> Contact sister site for staff redeployment	<ul style="list-style-type: none"> ▪ In-Charge duties as assigned ▪ Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) ▪ Medications ▪ Treatments – skin & wound dressings
	Nights	<input type="checkbox"/> Call all available RNs <input type="checkbox"/> Ask RN to stay later <input type="checkbox"/> Ask RN to come in early <input type="checkbox"/> Replace with RPN <input type="checkbox"/> Replace with Agency or ADOC <input type="checkbox"/> DOC if necessary <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs/floors <input type="checkbox"/> Contact sister site for staff redeployment	<ul style="list-style-type: none"> ▪ In-Charge duties as assigned ▪ Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) ▪ Medications ▪ Treatments
2+ Vacant RN	Any	<input type="checkbox"/> Call all available RNs <input type="checkbox"/> Ask RN to stay later <input type="checkbox"/> Ask RN to come in early <input type="checkbox"/> Replace with Agency or ADOC <input type="checkbox"/> Replace with RPN <input type="checkbox"/> DOC if necessary <input type="checkbox"/> Replace with regulated health professional (NP, PT, Dietitian) (ON) <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs/floors <input type="checkbox"/> Contact sister site for staff redeployment	<p>Consider RPN assigned as In-Charge to take phone for emergencies.</p> <ul style="list-style-type: none"> ▪ ADOC/DOC available via on-call phone in the event of emergency. ▪ On-call manager to be available to come and support any non-clinical duties as needed <p>**Phone numbers in Charge Nurse Binder See Priority Tasks</p>

Nurse Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
1 Vacant RPN/LPN	Days	<input type="checkbox"/> Call all available RPNs/LPNs <input type="checkbox"/> Ask RPN/LPN to stay later <input type="checkbox"/> Ask RPN/LPN to come in early <input type="checkbox"/> Replace with RAI-MDS RPN <input type="checkbox"/> Replace with BSO RPN <input type="checkbox"/> Have RPN/LPN cover two units with additional PSW/HCA/CSA staff called in to support <input type="checkbox"/> Replace with RN; if Charge RN – utilize ADOC or DOC as Charge Nurse <input type="checkbox"/> Replace with Agency <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs/floors <input type="checkbox"/> Contact sister site for staff redeployment	<ul style="list-style-type: none"> ▪ In-Charge duties as assigned ▪ Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) ▪ Medications ▪ Treatments ▪ See priority Tasks
	Evenings	<input type="checkbox"/> Call all available RPNs/LPNs <input type="checkbox"/> Ask RPN/LPN to stay later <input type="checkbox"/> Ask RPN/LPN to come in early <input type="checkbox"/> Replace with RAI-MDS RPN <input type="checkbox"/> Replace with BSO RPN <input type="checkbox"/> Have RPN/LPN cover two units with additional PSW/HCA/CSA staff called in to support <input type="checkbox"/> Replace with RN; if Charge RN – utilize ADOC or DOC as Charge Nurse <input type="checkbox"/> Replace with Agency <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs/floors <input type="checkbox"/> Contact sister site for staff redeployment	<ul style="list-style-type: none"> ▪ In-Charge duties as assigned ▪ Resident assessment and documentation of high risk issues (i.e. Falls, injuries, change in conditions) ▪ Medications ▪ Treatments ▪ See Priority Tasks
	Nights	<input type="checkbox"/> Call all available RPNs/LPNs <input type="checkbox"/> Ask RPN/LPN to stay later <input type="checkbox"/> Ask RPN/LPN to come in early <input type="checkbox"/> Replace with RAI-MDS RPN <input type="checkbox"/> Replace with BSO RPN <input type="checkbox"/> Have RPN/LPN cover two units with additional PSW/HCA/CSA staff called in to support <input type="checkbox"/> Replace with RN; if Charge RN – utilize ADOC or DOC as Charge Nurse <input type="checkbox"/> Replace with Agency <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs/floors <input type="checkbox"/> Contact sister site for staff redeployment	See Priority Tasks

Nurse Vacant Position	Vacant Shift	Plan/Strategy	Duties That Must be Done
2 Vacant RPN/LPN	Nights	<input type="checkbox"/> Call all available RPNs/LPNs <input type="checkbox"/> Ask RPN/LPN to stay later <input type="checkbox"/> Ask RPN/LPN to come in early <input type="checkbox"/> Replace with RAI-MDS RPN <input type="checkbox"/> Replace with BSO RPN <input type="checkbox"/> Have RPN/LPN cover two units with additional PSW/HCA/CSA staff called in to support <input type="checkbox"/> Replace with RN; if Charge RN – utilize ADOC or DOC as Charge Nurse <input type="checkbox"/> Replace with Agency <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs <input type="checkbox"/> RNs in building to divide floors as needed covering 4 units and In-Charge RN to cover 3 units <input type="checkbox"/> Contact sister site for staff redeployment	<ul style="list-style-type: none"> ▪ ADOC/DOC/DOW/MOW to be called in and if unable to come in, MUST be available via phone in the event of emergency ▪ On-call manager to be available to come and support if necessary any non-clinical duties as needed <p>**Phone numbers in Charge Nurse Binder</p> <p>See Priority Tasks</p>
3+ Vacant RPN/LPN	Days/Eve nings	<input type="checkbox"/> Call all available RPNs/LPNs <input type="checkbox"/> Ask RPN/LPN to stay later <input type="checkbox"/> Ask RPN/LPN to come in early <input type="checkbox"/> Replace with RAI-MDS RPN <input type="checkbox"/> Replace with BSO RPN <input type="checkbox"/> Have RPN/LPN cover two units with additional PSW/HCA/CSA staff called in to support <input type="checkbox"/> Replace with RN; if Charge RN – utilize ADOC or DOC as Charge Nurse <input type="checkbox"/> Replace with Agency <input type="checkbox"/> Re-assignment of Registered Staff onsite to cover all units/RHAs <input type="checkbox"/> RNs in building to divide floors as needed covering 4 units and In-Charge RN to cover 3 units <input type="checkbox"/> Contact sister site for staff redeployment	<ul style="list-style-type: none"> ▪ ADOC/DOC/DOW/MOW to be called in ▪ On-call manager to be available to come and support if necessary any non-clinical duties as needed <p>**Phone numbers in Charge Nurse Binder</p> <p>See Priority Tasks</p>

Dietary Work Short Protocol

Sample Template

The following sample template is to be individualised as needed to develop working short protocols for: Cooks/Dietary Aides

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during Cooks/Dietary Aide vacancies
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments i.e. if trained as PSW/HCA/CSA but works in laundry
- Contact sister sites for team member redeployment
- Utilize Agency
- Call local vendors for support i.e. dry cleaning for laundry, catering for meals, restaurants for staffing

List all duties that **must be done** regardless if working with full complement. For example:

- Food Prep
- Food Delivery
- Production on home areas/neighbourhoods
- Serving and distribution – could be delegated
- Trays to isolation – could be delegated
- Removing dishes – cleaning tables – could be delegated
- Washing dishes and tidying serveries – could be delegated or use disposable
- Providing additional fluids and nutrients – cart – could be delegated
- Assisting with feeding – could be delegated
- Recording intake
- Disinfection of returned carts and all high touch in the kitchen/service areas – could be delegated

<i>Dietary Aide Vacant Position</i>	<i>Vacant Shift</i>	<i>Plan/Strategy</i>	<i>Duties That Must be Done</i>
1 Vacant	Days or evenings	<input type="checkbox"/> Call all available dietary aides and cooks <input type="checkbox"/> Ask dietary aides and cooks to stay later <input type="checkbox"/> Ask dietary to come in early <input type="checkbox"/> Replace with Agency <input type="checkbox"/> FSW or Cook <input type="checkbox"/> Re-assignment of dietary aides, cooks, CSAs, recreation team <input type="checkbox"/> Order take-out or pre-made meals	<ul style="list-style-type: none"> ▪ Food Prep ▪ Food Delivery ▪ Production on home areas ▪ Serving and distribution ▪ Trays to isolation ▪ Removing dishes – cleaning tables – could be delegated ▪ Washing dishes and tidying serverly – could be delegated or use disposable ▪ Providing addition fluids and nutrients – cart ▪ Disinfection of returned carts and all high touch in the kitchen/service areas

Housekeeping & Laundry Work Short Protocol

Sample Template

The following sample template is to be individualised as needed to develop working short protocols for: Hskpg and Laundry

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during Hskpg/Dietary vacancies
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments i.e. if trained as PSW/HCA/CSA but works in laundry
- Utilize Agency
- Call local vendors for support i.e. dry cleaning for laundry, catering for meals, restaurants for staffing

List all duties that **must be done** regardless if working with full complement. For example:

HOUSEKEEPING

- #1 High Priority – cleaning and disinfection of environmental surfaces high touch areas only, Clean non-affected rooms first (non-ill residents), dirty/affected rooms last.
- Next Priority – Garbage Removal
- Next Priority – Common/communal areas
- Next Priority – Resident room and bathroom cleaning (Clean non-affected rooms first (non-ill residents), dirty/affected rooms last).
- Least priority – dusting, vacuuming, cleaning floors and carpets

LAUNDRY

- Some laundry can be done on each Resident home area if there are washers and dryers on home areas i.e. towels, facecloths, gowns
- Disposable gowns high priority – disposable gowns preferred and always have stock on hand
- Personal laundry low priority – residents would not be dressed every day necessarily
- Peri-cloths – disposable wipes to be used to decrease amount of laundry
- Program team, care coordinators, volunteers can be trained to operate laundry machines

<i>Housekeeping / Laundry Aides Vacant Position</i>	<i>Vacant Shift</i>	<i>Plan/Strategy</i>	<i>Duties That Must be Done</i>
1 Vacant	Days/Evenings	<input type="checkbox"/> Call all available environmental staff (EVS) <input type="checkbox"/> Ask EVS to stay later <input type="checkbox"/> Ask EVS to come in early <input type="checkbox"/> Replace with Agency or external cleaning crew <input type="checkbox"/> Replace with CSAs <input type="checkbox"/> Dir. Env. Services if necessary <input type="checkbox"/> Re-assignment of EVS onsite to cover all home areas	<ul style="list-style-type: none"> ▪ #1 High Priority – cleaning and disinfection of environmental surfaces high touch areas only, clean non-affected rooms first (non-ill residents), dirty/affected rooms last ▪ Next Priority – garbage removal ▪ Next Priority – Common/communal areas ▪ Next Priority – Resident room and bathroom cleaning (clean non-affected rooms first (non-ill residents), dirty/affected rooms last)
Heavy Duty /lead hand	Evenings	<input type="checkbox"/> Call all available environmental staff (EVS) <input type="checkbox"/> Ask EVS to stay later <input type="checkbox"/> Ask EVS to come in early <input type="checkbox"/> Replace with Agency, external cleaning crew <input type="checkbox"/> Replace with CSAs <input type="checkbox"/> Dir. Env. Services if necessary <input type="checkbox"/> Re-assignment of EVS onsite to cover all home areas If no EVS available, reach out to Dietary aides, CSAs, PSWs/HCAs to remove garbage, cleaning of dining room post dinner if used for staff rooms	<ul style="list-style-type: none"> ▪ #1 High Priority – cleaning and disinfection of environmental surfaces high touch areas only, Clean non-affected rooms first (non-ill residents), dirty/affected rooms last. ▪ Next Priority – garbage removal ▪ Next Priority – Common/communal areas ▪ Next Priority – Resident room and bathroom cleaning (Clean non-affected rooms first (non-ill residents), dirty/affected rooms last).

Recreation & Therapies Work Short Protocol

Sample Template

The following sample template is to be individualised as needed to develop working short protocols for: Recreation/Resident Engagement & Rehab Team Members

Instructions

- List the potential vacant positions that would require alternate work assignments
- Develop a location-specific plan/strategy to provide directions on what to do during Recreation/Resident Engagement and Rehab vacancies
- Identify routines/tasks that **must** be completed despite the staffing complement for that shift.
- During outbreaks, cohorting principles to be maintained as much as possible

List all possible strategies that are to be used to replace the vacant shift and strategies that are to be implemented to provide resident care. For example:

- Initiate Call In Roster as per Collective Agreement (if applicable)
- Extend Shifts
- Reassign work assignments i.e. CSA or volunteer support
- Utilize Agency
- Call local vendors for support i.e. virtual programming options and resources

List all duties that **must be done** regardless if working with full complement. For example:

- When not in an outbreak, provide Programs as per monthly Program Calendar/1:1 Programs
- 1:1 interventions to support residents with responsive behaviours
- Music Therapy to support residents with responsive behaviours
- Support virtual visits, window visits, phone visits with residents and family members
- Provide support/education to essential caregivers
- Clean/sanitize all materials used
- Assist with escorting to programs/meals
- Assist in Dining Rooms or with tray service
- Assist residents at meal times, encourage fluid intake
- Friendly visits
- Monthly Resident Council Meetings and follow-up to minutes within 10 days
- Monthly Family Council Meetings and follow-up to minutes within 10 days
- Communicate Town Hall Meeting date and time to family members
- Support with content for family town halls
- Complete bi-weekly Newsletter
- Create monthly Recreation Calendar
- 1:1 physiotherapy interventions to be supported in resident rooms
- When not in outbreak physiotherapy led exercise group programs to be implemented

<i>Vacant Position</i>	<i>Vacant Shift</i>	<i>Plan/Strategy</i>	<i>Duties That Must be Done</i>
1 Vacant role	Days/Evenings	<input type="checkbox"/> Call all available recreation team members in for extra shifts <input type="checkbox"/> Ask TMs to stay later <input type="checkbox"/> Ask TMs to come in early <input type="checkbox"/> Replace with CSA or volunteers <input type="checkbox"/> Manager if necessary <input type="checkbox"/> Re-assignment of TMs onsite to cover all home areas	<ul style="list-style-type: none"> ▪ Initiate programs as per calendar ▪ Documentation ▪ 1:1 support for residents with responsive behaviours ▪ Connect Residents with family ▪ Assist other departments as directed ▪ Assist with portering ▪ Assist with meals and tray service ▪ Encourage fluid intake when supporting residents
2 Vacant Roles	Days/Evenings	<input type="checkbox"/> Call all available Recreation Team Members in for extra shifts <input type="checkbox"/> Ask TMs to stay later <input type="checkbox"/> Ask TMs to come in early <input type="checkbox"/> Replace with CSAs or volunteers <input type="checkbox"/> Manager if necessary <input type="checkbox"/> Re-assignment of TMs onsite to cover all home areas	As above
3+ Vacant Roles	Days/Evenings	<input type="checkbox"/> Call all available Recreation staff in to work <input type="checkbox"/> Ask TMs to stay later <input type="checkbox"/> Ask TMs to come in early <input type="checkbox"/> Replace with CSAs <input type="checkbox"/> Manager if necessary <input type="checkbox"/> Re-assignment of TMs onsite to cover all home areas	As above

STAFFING SHORTAGES – IMMEDIATE ACTIVITIES CHECKLIST

Manager or designate will review departmental needs and implement the following immediate activities to execute at start of staffing shortage to efficiently manage care and service throughout the shortage.

Update per your location's needs / care/services provided.

<input type="checkbox"/>	Execute Staffing Contingency Plan; update/adjust as needed for the situation
<input type="checkbox"/>	Contact Pharmacy for Drug Compression (takes up to 7 days to implement)
<input type="checkbox"/>	Print Kardex & Paper Flow Sheet for agency/external support staff as needed
<input type="checkbox"/>	Implement Rapid Orientation Checklist for PSW/CSA & Registered Staff, Agency
<input type="checkbox"/>	Delegate Tasks to staff via Staffing Contingency Assignment Template
<input type="checkbox"/>	Post Resident Reference Sheets / Update all TMs on Expectations
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

PRIORITY TASKS – CLINICAL/WELLNESS

Some tasks will remain within the scope of the nurse (RN, RPN, LPN).

Some tasks will be delegated to other care providers.

Update as applicable to your location.

High priority: time sensitive

Medium priority: can be done within 24 hours

Low priority: can be done greater than 24 hours

Activities/Tasks	RN/RPN/LPN	Delegation to PSW/HCA/CSA/etc.	Delegate to anyone/other
Medication Pass	YES		
Dressings	YES		
Vital signs (affected residents with active illness)	YES		
Vital signs – stable residents with no active illness		YES	
Falls assessments	YES		
Documentation	YES – see below	YES – see below	
Medication Errors	YES		
Receiving/signing in of medications	YES		
Labs	YES		
Transcribing orders	YES		
Ordering medications	YES		
PTAC numbers and transfer records			YES
Answering phones			YES
Shift report	YES – for clinical risk	YES	
Filing/chart thinning Faxing/delivering reports			YES
fluid intake lookback			YES
Bowel list			YES
Call in for staffing			YES
Screening			YES
Care Planning/Plan of Care	YES		
Nebulizers	YES		
Rx creams		YES	
PASD monitoring		YES	
Restraint – 8 hour review	YES		
Filling O2 tanks			YES
Stocking of supplies			YES
Ordering supplies			YES
IV Monitoring	YES		

Activities/Tasks	RN/RPN/LPN	Delegation to PSW/HCA/CSA/etc.	Delegate to anyone/other
Suctioning	YES		
Catheterization	YES		
Emptying the catheter bag			YES
Intake and Output			YES
G or J tube	YES		
Nursing Assessments	YES		
AM care		YES – see below	
PM care		YES – see below	
Bath		YES – see below	
Toileting		YES – see below	
Transferring/turning and repositioning		YES – see below	
Mobility		YES	
Nourishment/snack pass			YES
Dining Room Monitoring			YES
Answering call bells			YES
Bed Making			YES
Cleaning Equipment			YES
Emptying laundry bins and delivery			YES
Portering		YES – see below	
Serving in the dining room		YES – see below	
Meal assistance		YES – see below	
Clearing of dishes		YES – see below	
Tray Service		YES – see below	
Calling Families with residents with changing condition			YES – managers, RFC
Calling families with non-clinical updates			YES

AM/PM & PERSONAL CARE/SERVICES:

Hands, face, mouth – q am	Delegate to anyone
Washing body – bed bath	q am – PSW/HCA, Nurse
Peri-care	q change – PSW/HCA, Nurse
Tub Baths, showers, bed baths	Maximum is 2/week(ON) - PSW/HCA, Nurse
Toileting	If minimal assist – then anyone can assist if physical assistance required then PSW/HCA/CSA, nurse, care attendant can assist
Incontinence Care	Using incontinent product – PSW/HCA, Nurse therefore can change the rate to 1-2 time per shift dependent on resident need
Dressing	If minimal to moderate assist – then anyone If total assist – then PSW/HCA, Nurse, care attendant can assist

Turning/Re-positioning	PSW/HCA/CSA plus anyone
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Documentation:

Documentation	<ul style="list-style-type: none"> • RN/RPN/LPN/PSW/HCA /CSA as per policy. • Food/Fluid and snacks may be completed by team members with access to electronic health record i.e. programs team, care attendant, admin • If no access, PSW/HCA Flow sheet can be used as backup contingency
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DINING:

Portering	RN/RPN/LPN/PSW/HCA /CSA/delegate to anyone
Serving in the dining room	RN/RPN/LPN/PSW/HCA /CSA/Anyone
Meal assistance	RN/RPN/LPN/PSW/HCA/CSA/Anyone trained
Clearing of dishes	RN/RPN/LPN/PSW/HCA/CSA/Anyone
Tray Service	RN/RPN/LPN/PSW/HCA/CSA/Anyone
Recording Intakes	<ul style="list-style-type: none"> • PSW/HCA/CSA, nurse as per policy • RN/RPN/LPN • Food/Fluid and snacks may be completed by team members with access to electronic health record i.e. programs team, care attendant, admin • If no access, PSW/HCA/CSA Flow sheet can be used as back up contingency

PRIORITY TASKS – DIETARY/CULINARY

Some tasks will remain within the scope of the DDS, FSS, Cook.

Some tasks will be delegated to other care providers.

Update as applicable for your location.

High priority: time sensitive

Medium priority: can be done within 24 hours

Low priority: can be done greater than 24 hours

Activities/Tasks	Nutrition Manager	Cook	Delegation to Dietary Aide	Delegate to anyone/other
Menu Planning – leadership and decision making	YES			
Food/supply orders	YES			
Production – meals, snacks, supplements		YES		
Provision of food to staff, volunteers, families if helping			YES	
Distribution of food to residents			YES	
Ware washing				YES
Sanitation in kitchen & serveries				YES
Waste control/removal				YES
Nutritional Care assessments Care conferences for well residents				YES – RD or Nurse
Nutritional care assessment for acutely ill due to outbreak				YES – RD, NP, MD (RED)
Pandemic supplies management i.e. dining disposable, skim milk powder – list to be determined	YES			
Community support – to external people in need				YES
Food inventory	YES	YES		
Catering – meetings, events				YES
Education	YES			
Security (as needed)	YES			
Leadership/Decision making				YES – Other leaders or Support Office

Activities/Tasks	Nutrition Manager	Cook	Delegation to Dietary Aide	Delegate to anyone/other
Communication	YES			
Nutritional Care – end of life				YES – RD or Nurse
Meal assistance – low risk				YES

Foodservice Tasks:

Menu Planning – leadership and decision making	NM/RD Alter menu production for dietary staffing shortage of 35% or more
Food Inventory	Low priority item is less than 35% staffing in dietary operations.
Food/supply orders	NM or Cook
Production – meals, snacks, supplements	Cook or Dietary Aide
Distribution of food to residents	PSW/HCA/ CSA, Dietary aides, delegate to anyone
Ware washing	Anyone. Disposables can be implemented when staffing shortage of 35% or more
Sanitation in kitchen & serveries	Cook or Dietary aide or anyone
Waste control / removal	Anyone

Documentation:

Documentation – Nutrition Care	RD/NM as per policy. Can be delegated to a nurse.
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DINING:

Portering	RN/RPN/PSW/HCA /CSA/delegate to anyone
Serving in the dining room	RN/RPN/LPN/PSW/HCA /CSA/Anyone
Meal assistance	RN/RPN/LPN/PSW/HCA /CSA/Anyone trained
Clearing of dishes	RN/RPN/LPN/PSW/HCA /CSA/Anyone. Disposables for staffing shortage of 35% or more
Tray Service	RN/RPN/LPN/PSW/HCA /CSA/Anyone

Menu Production Changes:

Breakfast	Remove second choice Replace fresh fruit with bananas
Lunch	Remove soup Alter production as required – RTS products
Dinner	Alter production as required – RTS products Remove 1 starch choice
Snacks	AM – remove snack and offer beverages only PM & HS – Offer 1 choice only Individually wrapped snacks RTS product for puree & minced

PRIORITY TASKS – RECREATION/RESIDENT ENGAGEMENT & THERAPIES

Some tasks will remain in scope of physiotherapy team.

Some tasks may be assigned to other team members as required.

Update as applicable for your location.

High priority: time sensitive

Medium priority: can be done within 24 hours

Low priority: can be done greater than 24 hours

Activities/Tasks	Resident Family Services Manager/Recreation/Rehab Team Members	Delegation to CSA or Volunteer	Delegate to anyone/other
Communication – residents	YES		
Communication – family members	YES		
Support residents with responsive behaviours	YES		
Physiotherapy Referrals			
1:1 Physiotherapy Interventions	YES		
Sanitization of iPads and portable devices			YES
Sanitization of recreation supplies and resources			YES
Sanitization of rehab equipment and resources			YES
Connect residents with family members (virtual, phone or window visits)		YES	
1:1 programs offered to residents		YES	
Distribution of independent leisure resources to residents			YES
Variety of independent recreation/engagement resources available and accessible			YES
Ensure residents have important belongings accessible (i.e. phone, tablet, resources)			YES

PRIORITY TASKS – HOUSEKEEPING

Some tasks will remain within the scope of the Director of Environmental Services and Housekeeping Aide.

Some tasks will be delegated to other care/service providers.

Update as applicable for your location.

High priority: time sensitive

Medium priority: can be done within 24 hours

Low priority: can be done greater than 24 hours

Activities/Tasks	Building Services Supervisor /Environmental	Delegation to Housekeeping Aide	Delegate to anyone/other
Environmental Cleaning & Disinfection – resident rooms/suites (surface disinfection, furniture spot cleaning, bathrooms)		YES	
Environmental Cleaning & Disinfection – resident rooms/suites (sweeping, mopping)		YES	
Environmental Cleaning & Disinfection – common areas (surface disinfection, furniture spot cleaning)			YES
Environmental Cleaning & Disinfection – common areas (sweeping, mopping)		YES	
Environmental Cleaning & Disinfection – dining rooms (sweeping, mopping, high touch point disinfection, spot cleaning walls and ceilings)			YES
Environmental Cleaning & Disinfection – main kitchen (floors)			YES
Environmental Cleaning & Disinfection – shower and bathing rooms		YES	
Environmental Cleaning & Disinfection – ALL high touch surfaces including elevators, door knobs, railings, light switches, office desks, phones, keyboards, tables, arms of chairs			YES
Environmental Cleaning & Disinfection – offices (floors, disinfection, waste removal)			YES
Environmental Cleaning & Disinfection – information centres/nurse/wellness stations (high touchpoint disinfection, floors)			YES

Activities/Tasks	Building Services Supervisor /Environmental	Delegation to Housekeeping Aide	Delegate to anyone/other
Hand hygiene – Refilling hand sanitizer, soap dispensers & paper towel			YES
Dusting – high and regular			YES
Autoscrub floors (hallways, common areas)		YES	
Rotational Cleaning – as per schedule			YES
Chemical and consumables supply orders	YES		
Garbage removal – all areas except kitchen			YES
Bed and room terminal cleaning		YES	
Maintaining pandemic supplies – i.e. microfibres, mops, disinfectant, hand sanitizer, hand soaps, chemicals	YES		

Housekeeping Tasks:

Environmental Cleaning & Disinfection – resident rooms, shower and tub rooms, high touch surfaces	Housekeeping Aide or Building Services Supervisor
Environmental Cleaning & Disinfection – Common Areas, Dining Rooms, Offices, Kitchen, information centres	Housekeeping or any other team member
Hand hygiene – Refilling hand sanitizer, soap dispensers and paper towel	Anyone
Dusting, rotational cleaning	Anyone – low priority
Floor Care	Housekeeping Aide, maintenance or Building Services Supervisor – low priority
Chemical and housekeeping supplies orders, maintain inventory	Building Services Supervisor or other leadership role
Garbage removal	Anyone
Bed and room terminal cleaning	Housekeeping,

CHEAT SHEET – SETUP FOR SUPPORT STAFF

In the event your location is welcoming team members from other Grey County owned/managed locations to support, please ensure a quick overview/setup as required of the following (update as applicable for your location):

<input type="checkbox"/>	Location Tour & Emergency Procedures
<input type="checkbox"/>	Access to PCC/POC/Great Plains (as applicable)
<input type="checkbox"/>	Access to eMAR (RN, RPN, LPN)
<input type="checkbox"/>	Resident High Risk Identification Summary (registered staff)
<input type="checkbox"/>	24-Hour Clinical Report Tool (registered staff)
<input type="checkbox"/>	Clinical Status Tracking (registered staff)
<input type="checkbox"/>	Paper Flow Sheet (as needed)
<input type="checkbox"/>	Staffing Contingency Assignment (as needed)
<input type="checkbox"/>	Resident Reference Sheet location / procedure
<input type="checkbox"/>	Lifts & Transfer – PSW/CSA/ Activity Aides – validate TM has the training to use equipment
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

STAFFING CONTINGENCY ASSIGNMENT – SAMPLE

Use the Assignment template below as needed to provide to staff as a reference for what to do on their shift
 Use the Assignment template below as needed to provide to team members as a reference for what to do on their shift where some additional guidance is needed to ensure efficient workflows (may be especially useful for Agency staff, support teams from other locations, volunteers).

Use Priority Tasks-Staffing Shortage for reference and add/delete tasks by priority of completion on shift and as applicable for role.

Role: _____

Assignment:

Activities/Tasks	
<input type="checkbox"/>	Medication Pass
<input type="checkbox"/>	Dressings
<input type="checkbox"/>	Vital signs (affected residents with active illness)
<input type="checkbox"/>	Vital signs – stable residents with no active illness
<input type="checkbox"/>	Falls assessments
<input type="checkbox"/>	Documentation
<input type="checkbox"/>	Medication Errors
<input type="checkbox"/>	Receiving/signing in of medications
<input type="checkbox"/>	Labs
<input type="checkbox"/>	Transcribing orders
<input type="checkbox"/>	Ordering medications
<input type="checkbox"/>	PTAC numbers and transfer records
<input type="checkbox"/>	Answering phones
<input type="checkbox"/>	Shift report
<input type="checkbox"/>	Filing/chart thinning Faxing/delivering reports
<input type="checkbox"/>	fluid intake lookback
<input type="checkbox"/>	Bowel list
<input type="checkbox"/>	Call in for staffing
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Care Planning/Plan of Care/Service Plan
<input type="checkbox"/>	Nebulizers
<input type="checkbox"/>	Rx creams
<input type="checkbox"/>	PASD monitoring
<input type="checkbox"/>	Restraint – 8 hour review
<input type="checkbox"/>	Filling O ₂ tanks
<input type="checkbox"/>	Stocking of supplies
<input type="checkbox"/>	Ordering supplies
<input type="checkbox"/>	IV Monitoring
<input type="checkbox"/>	Suctioning

Activities/Tasks	
<input type="checkbox"/>	Catheterization
<input type="checkbox"/>	Emptying the catheter bag
<input type="checkbox"/>	Intake and Output
<input type="checkbox"/>	G or J tube
<input type="checkbox"/>	Nursing Assessments
<input type="checkbox"/>	AM care
<input type="checkbox"/>	PM care
<input type="checkbox"/>	Bath
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Transferring/turning and repositioning
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Nourishment/snack pass
<input type="checkbox"/>	Dining Room Monitoring
<input type="checkbox"/>	Answering call bells
<input type="checkbox"/>	Bed Making
<input type="checkbox"/>	Cleaning Equipment
<input type="checkbox"/>	Emptying laundry bins and delivery
<input type="checkbox"/>	Portering
<input type="checkbox"/>	Serving in the dining room
<input type="checkbox"/>	Meal assistance
<input type="checkbox"/>	Clearing of dishes
<input type="checkbox"/>	Tray Service
<input type="checkbox"/>	Calling Families with residents with changing condition
<input type="checkbox"/>	Calling families with non-clinical updates
AM/PM Personal Care/Services	
<input type="checkbox"/>	Hands, face, mouth – q am
<input type="checkbox"/>	Washing body – bed bath
<input type="checkbox"/>	Peri-care
<input type="checkbox"/>	Tub Baths, showers, bed baths
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Incontinence Care
<input type="checkbox"/>	Dressing
<input type="checkbox"/>	Turning/Repositioning
Documentation (use printed flow sheet as needed)	
<input type="checkbox"/>	Food/fluid
<input type="checkbox"/>	Snacks
Dining	
<input type="checkbox"/>	Portering
<input type="checkbox"/>	Serving in dining room
<input type="checkbox"/>	Meal assistance
<input type="checkbox"/>	Clearing of dishes
<input type="checkbox"/>	Tray Service
<input type="checkbox"/>	Recording intakes

Activities/Tasks	
Recreation/Resident Engagement/Therapies	
<input type="checkbox"/>	Communication – residents
<input type="checkbox"/>	Communication – family members
<input type="checkbox"/>	Support residents with responsive behaviours
<input type="checkbox"/>	Physiotherapy Referrals
<input type="checkbox"/>	1:1 Physiotherapy Interventions
<input type="checkbox"/>	Sanitization of iPads and portable devices
<input type="checkbox"/>	Sanitization of recreation supplies and resources
<input type="checkbox"/>	Sanitization of rehab equipment and resources
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

RESIDENT REFERENCE SHEET FOR SUPPORT STAFF

All team members entering resident rooms may be able to provide supports to the resident in the event of a staffing shortage – especially when team members are new to the location/agency staff and/or must don and doff full PPE for entry to the room/suite of a resident.

Where possible and if not already in place, consider posting a brief therapeutic needs/resident preferences document on the door of the resident room so that all who enter have awareness of things they can do to support that resident while in the room, for example, if the Housekeeper can take a few moments to turn the TV channel or engage the resident in a conversation while they are cleaning.

Consider basics such as a list of resident preferences like the channel they like the TV to be on, the room temperature or lighting preferred, what topics they always love to talk about, what language they speak, etc.

Update all team members to be aware of what to look for / where to find this quick reference that will enable them to support provision of personalized care and services even in the midst of a crisis.

TITLE:	Emergency Menus & Response (LTC)	POLICY #:	XVIII-R-10.00
		PAGE:	1 of 1
MANUAL	Emergency Management	APPROV. AUTH:	Clinical & Quality
ORIGINAL ISSUE:	March/November 2013	SCOPE:	All Care Communities
PAST REVISIONS:	Jan/15, Oct/16, Mar/19, Sep/21, Apr/22		
CURRENT REVISION:	July 2022		

POLICY:

In the event of an emergency, each care community will have dietary operations essential services planning, emergency supplies, alternate menus, infection control protocols, and team member education prepared. An emergency contingency and response plan will be in place with details of specific procedures to follow in the event of disasters such as earthquakes, floods, storms, and emergencies such as fire, power failure, loss of water supply, staff shortages, and road closures.

Emergency menus are time limited and require weekly re-assessment of need and items required.

PROCEDURE:

The Nutrition Manager will:

- 1) In coordination with other leaders in the care community, develop specific written plans and procedures for each emergency.
- 2) Purchase and set up all emergency supplies needed.
- 3) Review the procedures and update information at least annually, or as changes occur at the site (update Fan Out List as team member changes occur).
- 4) Outline roles and responsibilities for team members.
- 5) Conduct education on emergency menus and rotating use of supplies.
- 6) Implement the emergency menu when instructed by the Executive Director.
- 7) Utilize all supplies on hand and make appropriate menu changes.
- 8) Stock a three-day non-perishable and a 24-hour perishable food supply.
- 9) Maintain a 72-hour supply of disposable dishes, cutlery, and aprons.
- 10) Maintain an emergency 72-hour supply of drinking water.
- 11) Ensure the Emergency Menu meets residents' nutritional needs with available supplies.
- 12) Re-assess need for emergency menus weekly and change according to weekly staffing patterns, supplies on hand, direction from external authorities, and status of emergency.
- 13) Ensure proper storage of food supplies to avoid damage.
- 14) Rotate emergency menu stock through the regular menu as required to prevent expiration of products.

Attachments: XVIII-R-10.00(a) Emergency Menu – No Utilities (LTC)
XVIII-R-10.00(b) Emergency Menu – Therapeutic Diets (LTC)
XVIII-R-10.00(c) Emergency Menu – Snacks (LTC)
XVIII-R-10.00(d) Provision of Food & Fluid Continuity Plan Template (LTC)

EMERGENCY MENU (NO UTILITIES) (LTC)

WEEK #1		DAY 1	DAY 2	DAY 3
BREAKFAST	ASSORTED JUICE FRUIT offered daily COLD CEREAL or HOT CEREAL MILK BREAD SPREADS	Canned Apple / Orange / Prune Stewed Prunes Rice Krispies Instant Oatmeal Skim Milk Bread (White or W.W.) Assorted Jam/Peanut Butter	Canned Apple / Orange / Prune Stewed Prunes Bran Flakes Instant Oatmeal Skim Milk Bread (White or W.W.) Assorted Jam / Peanut Butter	Canned Apple / Orange / Prune Stewed Prunes Corn Flakes Instant Oatmeal Skim Milk Bread (White or W.W.) Assorted Jam / Peanut Butter
LUNCH	AST JUICE SOUP ENTRÉE ALT. ENTRÉE DESSERT MILK	Apple,Orange,Cranberry Canned Cr. Of Tomato Cheese Sandwich Pickled Beets Canned Peaches Skim milk	Apple,Orange,Cranberry Canned Cr. Of Mushroom Tuna Sandwich 4 Bean Salad Canned Chocolate Pudding Skim milk	Apple,Orange,Cranberry Canned Celery Peanut Butter Sandwich Apple Slices Canned Pineapple Skim milk
DINNER	AST. JUICE ENTRÉE STARCH VEGETABLE DESSERT Milk	Apple /Orange/Cranberry Mushroom Alfredo Penne Ast. Bread/ Margarine Green Beans Mandarins Skim Milk	Apple /Orange/Cranberry Pork and Beans Ast. Bread/Margarine Diced Carrots Fruit Cocktail Skim Milk	Apple /Orange/Cranberry Macaroni and Cheese Ast. Bread/Margarine Green Peas Lemon Pudding Skim Milk

EMERGENCY MENU (NO UTILITIES) (LTC)

2

EMERGENCY MENU GROCERY LIST- SYSCO

DAY 1

ITEM	BRAND	TORONTO CODE	CENTRAL CODE	SOUTHWEST CODE
Apple juice	Natures Best	4206967	4206967	4206967
Orange juice	Natures Best	4196382	4196382	4196382
Prune juice	Natures Best	4194809	4194809	4194809
Cranberry Juice	Natures Best	4196507	4196507	4196507
Stewed Prunes	skjot	2654754	2654754	2654754
Oatmeal	Robin Hood	6414324	6414324	6414324
Rice Krispies	Kellogg's	2783850	2783850	2783850
White Bread	Canada Bread			
Whole Wheat	Canada Bread			
Peanut Butter	Kraft	2265999	2265999	2265999
Jam	RSVP	4540977	4540977	4540977
Diet Jam	Olde Style	0761395	0761395	761395
Skim Milk Powder	Dairytn	3182185	0761395	3182185
Tomato Soup	Campbell	2397933	2828242	2397933
Vegetable Soup	Campbell	2397263	2397263	2397263
Cheddar Cheese	Kraft	2261204	2261204	2261204
Cottage Cheese	Whole Farms	6840326	6840326	6840326
Pickled Beets	Sys Rel	2746220	2746220	2746220
Peaches	Australia	0307757	0307757	0307757
Mushrooms Canned	Success	2792349	2792349	2792349
Sauce Alfredo f/Mix	Dr.Oetker	5144104	5144104	5144104
Pasta Penne dry	Primo	2967586	2967586	2967586
Salmon	Admiral	2771442	2771442	2771442
Green Beans	Paula	8134110	8134110	8134110
Mandarin Oranges	Success	5154281	5154281	5154281
Crackers	Christie	2856957	2856957	2856957
Puree Bread Roll	DarFarm	1903996	1903996	1903996

Day 2

Apple juice	Natures Best	4206967	4206967	4206967
Orange Juice	Natures Best	4196382	4196382	4196382
Prune Juice	Natures Best	4194809	4194809	4194809
Cranberry juice	Farmqst	4196507	4196507	4196507
Stewed Prunes	skjot	2654754	2654754	2654754
Oatmeal	Robin Hood	6414324	6414324	6414324
Bran Flakes	Kellogg's	2783827	2783827	2783827
Skim Milk Powder	Dairytn	3182185	2828242	3182185
White Bread	Canada Bread			
Whole Wheat bread	Canada Bread			
Jam	RSVP	4540977	4540977	4540977
Diet Jam	Olde Style	0761395	0761395	0761395
Peanut Butter	Kraft	2265999	2265999	2265999
Mushroom Soup	Campbell	2398303	2398303	2398303
Tuna Cnd	Admiral	0267302	0267302	0267302
Mayo	Kraft	7754369	7754369	7754369
4 Bean Salad	Sysco	1372549	1372549	1372549
Chocolate Pudding Cnd	Sysco	7374622	7374622	7374622
Vanilla Pudding	Sysco	7374697	7374697	7374697
Pork & Beans	Sysco	3154259	8134092	3154259
Beans in Tomato Sauce	Sysco	3185436	3185436	3185436
Diced Carrots Cnd	Bonduel	8134060	8134084 (sliced)	8134060
Fruit Cocktail	Carbotrol	1460211	1460211	1460211
Crackers	Christie	2856957	2856957	2856957
Puree Bread Roll	DarFarm	1903996	1903996	1903996

April 2022

EMERGENCY MENU (NO UTILITIES) (LTC)

Day 3				
Apple Juice	Natures Best	4206967	4206967	4206967
Orange Juice	Natures Best	4196382	4196382	4196382
Prune Juice	Natures Best	4194809	4194809	4194809
Cranberry juice	Natures Best	4196507	4196507	4196507
Stewed Prunes	skjot	2654754	2654754	2654754
Oatmeal	Robin Hood	6414324	6414324	6414324
Corn Flakes	Kelloggs	2783843	2783843	2783843
Skim Milk Powder	Dairytn	3182185	2828242	3182185
White Bread	Canada Bread			
Whole Wheat Bread	Canada Bread			
Jam	RSVP	4540977	4540977	4540977
Diet Jam	Olde Style	0761395	0761395	0761395
Peanut Butter	Kraft	2265999	2265999	2265999
Cream of Celery Soup	Campbell	2397800	2397800	2397800
Peanut Butter	Kraft	2261162	2261162	2261162
Apple Slices	Success	7152481	7152481	7152481
Crushed Pineapple	Kontiki	6287734	6287734	6287734
Elbow Noodles	Primo	3285798	3285798	3285798
Cheese Sauce Mix	Sysco	2261048	2261048	2261048
Peas Cnd	Bonduel	8087647	8087647	8087647
Lemon Pudding	Sysco	7373921	7373921	7373921
Crackers	Christie	2856957	2856957	2856957
Puree Bread Roll	DarFarm	1903996	1903996	1903996

Snack Menu

Coffee	Kraft	3383049	3383049	3383049
Tea	Mother Parker	1313305	1313305	1313305
Applesauce	Applesnax	0074294	0074294	0074294
Arrowroot Cookies	Christie	2608800	2608800	2608800
Digestive Cookies	Dare	2502003	2502003	2502003
Social Tea Cookies	Christie	2608842	2608842	2608842
Crackers	Christie	2856957	2856957	2856957
Skim Milk Powder	Dairytn	3182185	2828242	3182185

3-DAY EMERGENCY THERAPEUTIC MENU (LTC)

DAY 1	Regular portion	Minced	Pureed	Renal	Vegetarian
Orange /Apple/ Prune juice Stewed Prunes	125ml juice/stewed prunes	125ml juice/Banana only	Juice/Pureed fruit only	125ml apple or cranberry juice	X
Instant Oatmeal	180ml	X	250ml	X	X
Rice Krispies	125ml	250ml soaked	250ml soaked	X	X
White or Whole wheat Bread and margarine	2sl./10ml	X	2x#24	2sl White Bread/5ml	X
Jam/Jelly/Peanut Butter	5ml/5ml/#16 Scoop	X	5ml/5ml	10ml jam or jelly	X
Skim milk	250ml	X	X	125ml Skim milk	X
Assorted Juice	125ml	X	125ml	X	X
Cr. Of Tomato soup	180ml ladle	X	X	180ml Vegetable Soup	X
Cheese Sandwich/Pickled Beets	1whole/125ml	1 whole soft cheese sandwich/ #10 Minced Beets	#10 Pureed Cottage Cheese/2x#24 Pureed Bread/ #8 Pureed Fruit	on White	X
Peaches	125ml	#10 Minced Peaches	#10 Pureed Peaches	X	X
Skim milk	125ml	X	X	Do not serve milk.	X
Assorted Juice	125ml	X	X	X	X
Mushroom Alfredo Penne	2x#8 scoop	#6 Minced Mushroom Alfredo Penne	#6 Pureed Mushroom Alfredo Penne	X	X
Green Beans	125ml	#10 Minced	#12 Pureed Green Beans	X	X
Mandarins	125ml	#10 Minced Mandarins	#10 Pureed Mandarins	X	X
White or Whole wheat bread and margarine	1sl/6crackers/ 1tsp	1sl/ soaked 6crackers/ 5ml	#24 Pureed Bread/ 6 soaked crackers/5ml	1 sl White Bread/10ml	X
Skim milk	125ml	X	X	Do not serve milk.	X
DAY 2	Regular portion	Minced	Pureed	Renal	Vegetarian
Orange /Apple/ Prune juice/ Stewed Prunes	125ml juice/stewed prunes/	125ml juice/Banana only	Juice/Pureed fruit only	125ml apple or cranberry juice,	X
Instant Oatmeal	180ml	X	250ml	X	X
Bran Flakes	125ml	250ml soaked	250ml soaked	125ml Corn Flakes or Rice Krispies	X
White or Whole wheat Bread and margarine	2sl./10ml	X	2x#24	2 sl White Toast/5ml	X
Jam/Jelly/Peanut Butter	5ml/5ml/#16 scoop	X	5ml/5ml	5ml jam or jelly	X
Skim milk	125ml	X	X	125ml skim milk	X
Assorted juice	125ml	X	X	X	X
Cream of Mushroom	180ml ladle	180ml ladle puree	180ml ladle puree	X	X
Tuna Sandwich/4 Bean salad	1 whole/125ml	1 whole/ #10 Minced Salad	#12 Pureed Salmon/2x#24 Pureed Bread #12 Pureed Vegetable	on white	X
Chocolate Pudding	125ml or #8 scoop	125ml or #8 scoop	125ml or #8 scoop	125ml Vanilla pudding	125ml or #8 scoop
White or Whole wheat bread and margarine	1sl/6crackers/ 5ml	1sl/ soaked 6crackers/ 5ml	#24 Pureed Bread/ 6 soaked crackers/5ml	1 sl White Bread/5ml	X
Skim Milk	125ml	X	X	Do not serve milk.	X
Assorted Juice	125ml	X	X	X	X
Pork and Beans	2x#8 scoop	#6 scoop	#6 Pureed Pork and Beans	X	2x#8 Baked Beans
Diced Carrots	125ml	#10 Minced Carrots	#12 Pureed Carrots	X	X
Fruit Cocktail	125ml	#10 Minced Fruit Cocktail	#10 Pureed Fruit Cocktail	X	X
White or Whole wheat bread and margarine	1sl/6crackers/ 5ml	1sl/ soaked 6crackers/ 5ml	#24 Pureed bread/ 6 soaked crackers/5ml	1 sl White Bread/5ml	X
Skim milk	125ml	X	X	Do not serve milk.	X
DAY 3	Regular portion	Minced	Pureed	Renal	Vegetarian
Orange /Apple/ Prune juice/ Stewed Prunes	125ml juice/stewed prunes/ast. Fruit	125ml juice/Banana	Juice/Pureed fruit only	125ml apple or cranberry juice	X
Instant Oatmeal	180ml	X	250ml	X	X
Corn Flakes	125ml	250ml soaked	250ml soaked	X	X
White or Whole wheat Bread and margarine	2sl./5ml	X	2x#24 Pureed Bread	2sl White Toast/5ml	X
Jam/Jelly/Peanut Butter	5ml/5ml/#16 scoop	X	5ml/5ml	10ml jam or jelly	X
Skim milk	250ml	X	X	125ml skim milk	X
Orange Blend	125ml	X	X	X	X
Celery soup	180ml ladle	180ml puree	180ml puree	X	X
Peanut Butter Sandwich/Apple Slices	1 whole/125ml	1 sandwich/#10 minced fruit	#12 Pureed Meat/ #12 Pureed Vegetable	on White	X

Crushed Pineapple	125ml or #8	#10 Minced Pineapple	#10 Pureed Pineapple	X	X
White or Whole wheat bread and margarine	1sl/6crackers/ 5ml	1sl/ soaked 6crackers/ 5ml	#24 Pureed Bread/ 6 soaked crackers/5ml	1 sl White Bread/5ml	X
Skim milk	125ml	X	X	Do not serve milk.	X
Assorted Juice	125ml	X	X	X	X
Macaroni and Cheese	2x#8 scoop	X	#12 Pureed Macaroni and cheese	X	X
Green Peas	125ml	X	#12 Pureed Peas	X	X
Lemon Pudding	125ml or #8 scoop	X	#8 Pureed Pudding	X	X
White or Whole wheat bread and margarine	1sl/6crackers/ 5ml	1sl/ soaked 6crackers/ 5ml	#24 Pureed Bread/ 6 soaked crackers/5ml	1 sl White Bread/5ml	X
Skim milk	125ml	X	X	Do not serve milk.	X

Legend

x=same as regular diet

EMERGENCY MENU - SNACKS (LTC)

NOURISHMENT	DAY 1	DAY 2	DAY 3
AM Beverage	125ml cold beverage or 125ml uns. Beverage or 175ml hot beverage	125ml cold beverage or 125ml uns. Beverage or 175ml hot beverage	125ml cold beverage or 125ml uns. Beverage or 175ml hot beverage
PM			
BEVERAGE ITEM	125ml Astd Juice or 125ml Ast. Unsweetened beverage or 175ml Hot Beverage	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage
REGULAR	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
RENAL	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
VEGETARIAN	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
GLUTEN RESTRICTED	2 Gluten Free cookies	125ml Canned Applesauce	2 Gluten Free Cookies
MINCED	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
PUREED	2 Soaked Arrowroot Cookies	#12 Scoop Pureed Applesauce	2 Soaked Digestive Cookies
HS			
BEVERAGE ITEM	125ml Astd Juice or 4oz Ast. Unsweetened Beverage or 175ml Hot Beverage or 125ml Skim milk	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage or 125ml Skim milk	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage or 125ml Skim milk
REGULAR	2 Ast. Cookies or 4 Crackers	2 Social Tea or 4 Crackers	2 Ast. Cookies or 4 Crackers
RENAL	2 Ast. Cookies or 4 Crackers	2 Social Tea or 4 Crackers	2 Ast. Cookies or 4 Crackers
VEGETARIAN	2 Ast. Cookies or 4 Crackers	2 Social Tea or 4 Crackers	2 Ast. Cookies or 4 Crackers
GLUTEN RESTRICTED	2 Gluten Free cookies	4 Gluten Free Crackers	2 Gluten Free Cookies
MINCED	2 Ast.Cookies	2 Social Tea or 4 crackers	2 soaked cookies or 4 crackers
PUREED	2 Pureed cookies or 4 soaked crackers	2 Pureed Social Tea or 4 soaked crackers	2 Pureed cookies or 4 soaked crackers

PROVISION OF FOOD & FLUID CONTINUITY PLAN TEMPLATE (LTC)

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

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

Emergency Plan that Includes

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

Suggested Three-Day Emergency Menu Supplies

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

Special Products

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

Items Required for Emergency Plan Include

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

Other Items to Consider

- ☐ Lanterns
- ☐ Flashlights
- ☐ Battery-powered radio

- ☐ Extra batteries
- ☐ Alcohol pads
- ☐ Hand sanitizer
- ☐ Food-safe disinfecting wipes
- ☐ Backup calibrated thermometers
- ☐ Matches/lighters
- ☐ Lunch bags
- ☐ Water containers
- ☐ Hand mixer
- ☐ Markers
- ☐ Tape
- ☐ Labels

Loss of Water

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

Loss of Power

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

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

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

Relocation of Residents (Evacuation)

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

- ☐ Nutrition Manager /designate to communicate with Executive Director/Incident Manager daily the food service plan

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

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