UNIVERSALcare

[Emergency Preparedness Plan]

Section:	Subject:	Policy #:	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services			

Tab - 01 Corporate and Administrative Organization

Tab - 02 Emergency Preparedness Pre-Planning

Section:	Subject:	Policy #:	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services			

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		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services			

Tab - 07 Assessments/Checklist

Incident Briefing Report (01-02-05)
HIRA- Risk Assessment (01-05-01)
Incident Manager Checklist Form (01-04-01)
Purchasing Check Sheet (01-04-01)
Information Technology & Telecommunications Check Sheet (01-04-01)
Security Check Sheet (01-04-01)
Food & Dietary Check Sheet (01-04-01)
Human Resources Check Sheet (01-04-01)
Safety Job Action Sheet (01-04-01)
Liaison Job Action Sheet (01-04-01)
Public Information Job Action Sheet (01-04-01)
Administration &Financial Job Action Sheet (01-04-01)
Planning Job Action Sheet (01-04-01)
Logistics Job Action Sheet (01-04-01)
Incident Manager Job Action Sheet (01-04-01)
Operations Job Action Sheet (01-04-01)
Administration Check Sheet (01-04-01)
Legal Check Sheet (01-04-01)
Documentation Check Sheet (01-04-01)
Finance Check Sheet (01-04-01)
Facility Management Check Sheet (01-04-01)
Collision Reporting Forms (02-01-02)
Vehicle Circle Check (02-01-12)
Checklist - Administrator Pre-Planning Responsibilities (02-01-25)
Dietary Inventory Form (02-04-01)
Public Information Officer Check Sheet (02-06-01)
ECG Checklist For Evacuation (03-01-06)
Emergency Response Log Form (03-01-07)
Transfer and Discharge Form (03-01-13)
Inventory Checklist Form (03-15-07)
Checklist - Receiving (03-15-07)
Code Green- Incident Manager Checklist (03-03-01)
Code Black- Incident Manager Checklist (03-04-01)
Threatening Call Information Sheet (03-04-01)
Code Pink- Incident Manager Checklist (03-05-01)
Code Grey- Incident Manager Checklist (03-07-01)
Code Brown- Incident Manager Checklist (03-07-01)
Code Yellow- Incident Manager Checklist (03-08-01)
Missing Resident Search Checklist (03-09-01)
Code White- Resident-Incident Manager Checklist (03-09-01)
Code White- Resident- Incident Manager Checklist (03-09-02)
Code Red- Incident Manager Checklist (03-10-01)

Section:	Subject:	Policy #:	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services			

Code Blue- Resident- Incident Manager Checklist (03-11-01)
Code 99- Incident Manager Checklist (03-12-01)
Code Orange- Incident Manager Checklist (03-13-01)
Admission and Discharge Form (03-15-05)
Checklist - Post Event (04-02-01)
Checklist - Returning to Evacuated Area (04-01-03)
Flooding- Training Record of Attendance Checklist (05-01-03)
Assessment and Treatment Centre- Training Record of Attendance Checklist (05-01-02)
Emergency Fan Out (05-01-02)
Operating as a Receiving Centre- Training Record of Attendance Checklist (05-01-03)
Triage Categorization- Training Record of Attendance (05-01-02)
Carbon Monoxide Alarms- Training Record of Attendance Checklist (05-03-01)
Natural Gas Leak- Training Record of Attendance Checklist (05-01-03)
Loss of Power- Training Record of Attendance Checklist (05-01-03)
Loss of Water- Training Record of Attendance Checklist (05-01-03)
Loss of HVAC Systems- Training Record of Attendance Checklist (05-01-03)
Code Pink- Training Record of Attendance Checklist (05-01-02)
Code Black- Training Record of Attendance Checklist (05-01-02)
Code Grey- Training Record of Attendance Checklist (05-01-02)
Code Brown- Training Record of Attendance Checklist (05-01-02)
Code Yellow- Training Record of Attendance Checklist (05-01-02)
Code White, Residents- Training Record of Attendance Checklist (05-01-02)
Code White, Non-Resident- Training Record of Attendance Checklist (05-01-02)
Code Blue- Training Record of Attendance Checklist (05-01-02)
Code 99- Training Record of Attendance Checklist (05-01-02)
Code Orange- Training Record of Attendance Checklist (05-01-02)
Unannounced Emergency Test/Training Scenario Template (05-01-03)

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: POLICY RECORDS	Policy #: 01-01-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	RECORD CONTROL SHEET		July 2022

RECORD CONTROL SHEET

DATE (MO/DAY/YEAR)	**P&P TITLE**	**POLICY #**	**REMOVE/ ADD/ REPLACE** Or Facility Specific	**INITIALS**
5/2/2022	Tab Summary	01-02-01	REPLACE	MG
5/2/2022	Definitions	01-03-08	REPLACE	MG
7/1/2022	Entire Plan has been updated	ALL	REPLACE	MG

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: POLICY RECORDS	Policy #: 01-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SIGN OFF SHEET (POLICY REVIEW)		July 2022

SIGN OFF SHEET: MANUAL - EMERGENCY PREPAREDNESS

DATE REVIEWED	NEW POLICIES OR REVISIONS MADE	INITIALS

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: POLICY RECORDS	Policy #: 01-01-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	APPENDICES		July 2022

APPENDICIES: A-Z AND AA-AQ

- **APPENDIX A- Master Emergency Telephone List.**
- **APPENDIX B: Facility Specific Organizational Chart**
- **APPENDIX C: Region/Municipal/City Emergency Plan**
- **APPENDIX D: Region/Municipal/City Emergency Guide for Staff & Families**
- **APPENDIX E: Facility Specific IMS Organizational Chart**
- **APPENDIX F: List Community Entities, Partners and Contact Information**
- **APPENDIX G: Physicians and Medical Director Name and Contact Information**
- **APPENDIX H: Staff Emergency Fan Out List**
- **APPENDIX I: Staff Call Back List**
- **APPENDIX J: Security Agency Name and Rep Contact Information**
- **APPENDIX K: Copies of Cooperative Arrangements**
- **APPENDIX L: Departmental Emergency Telephone Lists**
- **APPENDIX M: Evacuation- Diagram of Physical Facility of Pre-Planned Traffic Flows for Exit from each Zone**
- **APPENDIX N: Floor Plan Outlining Primary Evacuation Routes**
- **APPENDIX O: Floor Plan Outlining Secondary Evacuation Routes**
- **APPENDIX P: Floor Plan Outlining Other Alternative Evacuation Routes**

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: POLICY RECORDS	Policy #: 01-01-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	APPENDICES		July 2022

- **APPENDIX Q: Area of Refuge Agreements**
- **APPENDIX R: Transportation Agency Name and Rep Contact Information**
- **APPENDIX S: Floor Plan of Predetermined Vehicle and Exit Locations**
- **APPENDIX T: Utility Specific Shut off Procedures**
- **APPENDIX U: Floor Plan with Marked Locations for Main Water Valve, Electricity Shut Off, Gas Shut Off, Emergency Electrical Outlet**
- **APPENDIX V: Utility Agency: Firms and Rep Contact Information**
- **APPENDIX W: List of Bottled Water, Portable Toilet & Water Tank Suppliers Rep Contact Information**
- **APPENDIX X: Floor Plan Outlining Location of HVAC Systems**
- **APPENDIX Y: Floor Plan Outlining Location of Carbon Monoxide Alarms**
- **APPENDIX Z: Facility Flood Plan, Photo of Flood Plain Location and Surrounding Area**
- **APPENDIX AA: Food/Fluid Vendor Disaster Contingency Plan**
- **APPENDIX AB: Emergency Menus Day 1-3 No Power**
- **APPENDIX AC: Emergency Menus Day 1-3 No Water**
- **APPENDIX AD: Dietary- Staffing Contingency Plan**
- **APPENDIX AE: Food/Fluid Vendor Memo of Understanding**
- **APPENDIX AF: Dietary Inventory Form**
- **APPENDIX AG: Food/Fluid Vendor Rep Contact Information**

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: POLICY RECORDS	Policy #: 01-01-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	APPENDICES		July 2022

- **APPENDIX AH: Pharmacy Emergency Service Memo of Understanding**
- **APPENDIX AI: Pharmacy Emergency and Evacuation Contingency Plan**
- **APPENDIX AJ: Pharmacy Rep Contact Information**
- **APPENDIX AK: Resource Stockpiling: List of Vendors and Rep Contact Information**
- **APPENDIX AL: Resource Stockpiling: Inventory Lists**
- **APPENDIX AM: Telephone System Vendor Rep Contact Information**
- **APPENDIX AN: Notification: Senior Corporate Staff and Stakeholder Contact Information**
- **APPENDIX AO: Notification: Government Agencies Rep Contact Information**
- **APPENDIX AP: Notification: Insurance Agencies Rep Contact Information**
- **APPENDIX AQ: Fire Prevention & Safety & Emergency & Evacuation Procedures Training Module and Quiz**
- **APPENDIX AR: IT Business Continuity Plan**
- **APPENDIX AS: Pandemic, Epidemic and Outbreak Plan**

Section:	Subject:	Policy #:	
CORPORATE AND ADMINISTRATIVE ORGANIZATION	MISSION STATEMENTS	01-02-01	
			Reviewed
Approved by Senior Director of Corporate and Building Services	CORPORATE STATEMENT		July 2022

Our Mission: To be the best of the best in health care and senior living!

UniversalCare is an established leader with a reputation for excellence, integrity and innovation. Our company focuses on delivering the highest level of care and services to Long Term Care, Complex Continuing Care, Supportive Housing, Independent and Assisted Living settings.

A promise made is a promise kept!

Each employee at UniversalCare Canada Inc. upholds the notion that their "word" serves as a compass to all decisions and commitments made. We all believe that "a promise made is a promise kept". This offers our partners and clients' strength, stability and the peace of mind that UniversalCare keeps their best interest in mind.

Pillars of Success: Our Culture and Our People©

Compassionately caring for our residents, patients and staff.
Uncompromising value to our Partners.
Leadership - never follow the crowd, go beyond industry standards
Trust - Deliver what was promised
Unwavering service and quality
Respect - earn it every day
Entrepreneurial Spirit - Invigorate it!

Section:	Subject:	Policy #: 01-02-02	
CORPORATE AND ADMINISTRATIVE ORGANIZATION	MISSION STATEMENTS	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	FACILITY MISSION STATEMENT		July 2022

Home Name: Villa Colombo Vaughan

Insert Facility Mission, Vision, Values Statement

Our Mission

Our mission is to provide culturally sensitive long-term care and services to maximize meaningful living, dignity and independence for each resident.

Our greatest resource in fulfilling our mission is partnership with families, staff, volunteers and the community

Our Vision

We value the individuality, heritage and unique history of each resident

We respect each person's rights and autonomy supporting dignity and security we advance cultural and linguistic sensitivity honoring our Italian Canadian heritage

We encourage residents, families, volunteers, and staff to achieve excellence

We promote continuous improvement by empowering innovation, accountability and Integrity

Our Values

Residents are nurtured through cultural sensitivity, understanding and autonomy

Dignity is promoted through respect, compassion and courtesy

Accountability and fiscal responsibility promote dynamic partnerships with resident, staff, families, volunteers and the community

A progressive and innovative organizational culture where staff and volunteers are encouraged to achieve excellence

Strong financial and human resources support our mission

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CORPORATE STANDARDS		July 2022

OVERVIEW

On April 11, 2022, the Fixing Long Term Care Act, 2021 (was proclaimed and Ontario Regulation 246/22 came into force.

Every home must abide to the Emergency Planning Provisions outlined in Section 268, 269, 270, 271, 272 Sections in the Regulations.

Facility Specific amendments requested to be provided for specific procedures are to be approved by the VP of Operations or the Senior Director of Corporate and Building Services

Facility Specific amendments requested to be inserted. They are to be copied onto blue coloured paper indicating they are facility specific amendments

A set of definitions used in the manual is available in this tab (refer to **01-03-08 "Definitions"**) to acquaint employees with terminology found in the manual.

STANDARD

An operational plan for the appropriate and continuous care of residents is to be established to deal with an internal or external disaster:

- Written plans are to detail responses in the event of a disaster, including evacuation drills. These plans are to be reviewed and revised annually;
- Arrangements with written agreements are to be made with local agencies and institutions to provide shelter and resources in the event of an evacuation;
- Alternate sources are to be established to supply emergency power, water, food, and fuel;
- A system is to be established for contacting and assigning personnel;
- A method of resident identification, including photographs and identification bracelets is to be utilized; and formalized in a written policy; and
- An efficient system is to be established for notifying all interested parties.
- Insert when available your Municipal / Regional/City Emergency Response Plan
  - **APPENDIX C: Region/Municipal/City Emergency Response Plan**

FIRE SAFETY STANDARD

A facility-wide fire safety program is to be established and monitored in accordance with relevant legislation and fire codes. Each facility is required to have a fire safety plan developed in conjunction with a certified fire safety company that is approved by the local fire department.

- Written plans are to describe responses in the event of fire, including monthly fire drills on days, evenings and nights. Plans are to be reviewed annually to identify if changes / updates are required – all updates are submitted to the fire safety company to submit for approval from the local fire department
- Facility-specific physical plant shut-down is to be put into effect upon alarm activation;
- No Smoking Policy is in place in accordance to the By Law “Under the Smoke-Free Ontario Act, 2017, you cannot smoke or vape in any enclosed workplace, any

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CORPORATE STANDARDS		July 2022

enclosed public place and other places designated as smoke-free and vape-free on this page

- Continuing staff education programs relating to fire safety are to be provided;
- All staff must receive fire safety training before working their first shift and receive annual refresher fire safety training;
- All fire safety training must be documented with signatures of each participant; and
- Combustible fabrics and materials such as draperies, privacy curtains and mattresses are to be inherently flame retardant, in all Long- Term Care homes and Retirement Homes where applicable
- **Refer to Tab 6: Training Requirements**
  - **05-01-01 "Section Introduction"**
  - **05-01-02 "Minimum Components"**

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	OVERVIEW		July 2022

INTRODUCTION

The Emergency Preparedness Program is a master plan for UniversalCare Homes. It has been designed to help each facility meet its responsibility of protecting residents, staff and visitors during an emergency.

The Program will be used in all homes. Additional procedures will be required to complete the Program and all facility specific procedures should be individualized. Prior to implementation, the approval of the VP of Operations/Designate will be obtained.

The Program does not cover all possible disasters. Therefore, careful pre-planning and a flexible attitude must prevail.

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PROGRAM DETAILS		July 2022

POLICY

Every facility must have an established Emergency Preparedness Program which is understood by all staff. All staff, including weekend, part time, and casual employees will participate in the drills and evacuation procedures.

The Emergency Preparedness Program will be developed in accordance with provincial government regulations and municipal emergency response programs and will be reviewed with the appropriate local emergency planning authorities.

Review by local community Emergency Measures Organization representatives and/or City Emergency Planners is very important to ensure that facility expectations for assistance are consistent with the actual capacity of these agencies.

Any changes to the Emergency Preparedness Program will be approved by the President and CEO of UniversalCare Canada Inc. in consultation with the individual assigned responsibility for the manual prior to implementation.

DISTRIBUTION

The following individuals will have a copy of the complete Emergency Preparedness Manual including the local updates and site-specific policies:

- President and CEO
- Corporate Consultants
- Administrator
- Director of Care
- Assistant Director of Care/Clinical Coordinator
- R.N. in charge of facility
- Maintenance Supervisor/Manager
- Dietary Manager
- Housekeeping/Laundry Supervisor/Manager
- Programs Supervisor.

UNIVERSALcare

[Emergency Preparedness Plan]

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-04	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PLAN		July 2022

PURPOSE

To ensure that UniversalCare staff delivers services effectively and with minimal interruption to essential service clients during an emergency situation.

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

The Emergency Response will be clearly defined in the Emergency Preparedness Plan (EPP) and communicate the standard response in the case of an emergency situation, specific to the home and / or office. An established EPP must be available and understood by all staff, employees and volunteers. All staff will participate in the drills and evacuation procedures.

- A contingency plan for the care of residents is mandatory in order to deal with an emergency;
- Detail roles and responsibilities during an emergency situation (including evacuation drills) and must be reviewed and revised annually
- Arrangements are to be made in advance with local authorities and institutions to provide shelter and resources; alternate sources are to be established to supply emergency power, water, food and fuel Identification of entities?
- A communications plan is to be established for enacting the ERP
- Resident identification procedures, including photographs and identification bracelets, are to be employed

The EPP will be developed in accordance with provincial government and municipal regulations and will be reviewed with the Occupational Health and Safety Committee and shared with local emergency planning authorities. Any changes to the EPP will be approved Corporately by the Vice President/Designate or the Senior Director of Corporate and Building Services and in consultation with the Occupational Health and Safety Committee at the home-level.

PROCEDURE

ADMINISTRATOR

1. Schedule and conduct emergency preparedness meeting for all the home's managers
2. Develop the localized requirements for the EPP as a team
3. Compile all elements of the plan into one complete document. The EPP must contain the following elements;
   - Communication protocol for enacting the EPP
   - Roles and responsibilities of IMS leaders as well as all employees
   - Accountabilities for employees before, during and after an emergency situation takes place, and
   - Actions steps for all risk levels of an emergency

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-04	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	EMERGENCYPREPAREDNESSPLAN		July 2022

4. Review the EPP corporately, with the Vice President/Designate or Senior Director of Corporate and Building Services and representative from Occupational Health and Safety Committee
5. Ensure the Fire Plan has been reviewed and approved by the Chief Fire Official of the jurisdiction with authority
6. Enter into discussions with the local authorities with regards to emergency shelters and notification procedures in the event of an evacuation

ACCOUTNABILITIES FOR COMPLIANCE

CORPORATE LEVEL

Vice President/Designate or Senior Director of Corporate and Building Services

- Responsible for ensuring each home's plan is up to date and effective

HOME LEVEL

Occupation Health and Safety Committee

- Responsible for ensuring each home's plan is up to date and effective

Administrator

- Responsible for ensuring the Fire Plan has been reviewed and approved by the local fire department
- Enter into discussions with the local authorities with regards to emergency shelters and notification procedures in the event of an evacuation
- Responsible for ensuring the EPP is communicated to all staff and volunteers
- Accountable for ensuring every employee fully understands the contents of the EPP
- Accountable for ensuring fire and emergency drills occur as per procedure and are documented

All Staff

- Responsible for following the EPP according to assigned role(s)

TRAINING AND EDUCATION FOR EMPLOYEES /STUDENTS/VOLUNTEERS

Each ERP will be communicated to all staff involved during orientation as well as annually as part of the home's in-service training

Fire and emergency drills will occur as per the training procedure

Refer to the Training Requirements Tab 5:

- **05-01-01 "Section Introduction"**
- **05-01-02 "Minimum Components"**

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-05	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	REQUIRED DOCUMENTATION		July 2022

POLICY

All UniversalCare. homes and corporate offices will have a system for recording and tracking the flow of information, decisions, and expenditures during an emergency situation.

PURPOSE

- Tracking of information will allow UniversalCare to:
- Document the processes taken to respond to the emergency, save lives and mitigate damage
- Reporting to government agencies, insurance companies, and other agencies
- Protection from litigation and unfounded claims
- Recover any of the associated costs from government agencies / ministries, and
- Evaluate the outcome of the emergency situation

DOCUMENTATION

The "Incident Briefing Report (01-02-05)" must be used for the purpose of recording and tracking information during an emergency situation.

Where applicable, the Incident Manager Code Checklists shall be used and included in the documentation.

All documentation must be saved in hard and electronic copies and to be controlled by the Finance/Administration Leader.

SITUATION REPORT

IMS leaders must have a blank Situation Report template during an emergency situation. It is to be used to;

- Document the time and details of significant events
- Provide a report to other IMS leaders of significant events to be presented during Incident Command Centre meetings, and
- Summarize actions taken before, and after the emergency situation

TRACKING SHEET

The Tracking Sheet has been designed so that IMS leaders can easily prioritize their needs and to ultimately speed up the process for filing service requests

IMS leaders must have a blank copy of the Tracking Sheet during an emergency situation. It is to be used to;

- Document every piece of information and / or request for services that comes through the Command Centre, and
- Physically follow requests for information

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-05	
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Approved by Senior Director of Corporate and Building Services	REQUIRED DOCUMENTATION		July 2022

IMS CODE CHECK SHEETS

IMS leaders will use the IMS Code Check Sheets for the function(s) that they have been assigned. For IMS functions that have not been assigned, the Incident Manager, will complete the check sheets for the unassigned functions.

The check sheets will be used to record the times that the actions on the check sheets were taken.

The check sheets will be used to provide updates during the transition of responsibilities from one person to another.

ACCOUNTABILITIES

IMS leaders are responsible for completing and retaining copies of their required documentation and forms.

RELATED FORMS

- **"Incident Briefing Report (01-02-05)"**

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-06	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	UNIVERSAL COLOURS		July 2022

SUMMARY

UniversalCare Canada Inc.'s Universal Colors are being adopted to standardize our method of communicating and identifying an emergency situation throughout the facility without alarming our residents and visitors.

Code	
Red	Fire
Green	Evacuation
Yellow	Missing Resident
Black	Bomb Threat
White	Violent Interaction
Pink	Weather Warning/Tornado Air Exclusion
Grey	Air Exclusion
Brown	Chemical Spill
Orange	External Disaster
Blue	No vitals- Resident
Code 99	Medical Emergency- Visitors, Staff Member or Volunteer

PROCEDURE

- Codes are called and cleared by the charge person of the facility;
- Code is called by announcing three times the code plus the location;
- Staff are to be trained in the appropriate response for each code within the continuing education program and upon employment.

Section:	Subject:	Policy #: 01-03-07	
CORPORATE AND ADMINISTRATIVE ORGANIZATION	EMERGENCY PREPAREDNESS PROGRAM	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY TELEPHONE LIST		July 2022

POLICY

The Emergency Telephone List will be kept in the following locations:

- Disaster Box(es);
- Reception;
- Administrator's Office;
- Director of Care's Office;
- Main Nursing Station;
- At the home of each Administrator/Director of Care.

This list will include a Master list of all relevant contact information that may be used in the event of an emergency. i.e Staff, Corporate Leads, Vendors and Community Partners.

The Facility Emergency Telephone List will be updated at least monthly. UC Corporate's Emergency Telephone List will be updated and sent out to the Administrator at least quarterly to remain confidential.

- **APPENDIX A- Master Emergency Telephone List.**

All Departments must maintain an updated copy of the Emergency Telephone list.

For a Department specific list refer to: 02-01-015 "Departmental Emergency Telephone List"

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services	DEFINITIONS		July 2022

Except for headings, the words and terms used in this guideline that are in lower case bold lettering have the meanings noted below. With the exception of institutional occupancy, single stage fire alarm system and two stage fire alarm system these meaning are consistent with the definitions found in the **1997 Fire Code.**

The following definitions refer to terms as they are used in this manual:

Alarm Signal:

An audible signal transmitted throughout a zone or zones or throughout a building to advise occupants that a fire emergency exists.

Alert Signal:

An audible signal to advise designated persons of a fire emergency.

Approved Area:

An Approved Area is approved by the Chief Fire Official, which includes the place that the emergency arises and/or the areas immediately adjacent to and surrounding the place of fire/ emergency.

Area of Refuge:

An alternate location that may be within the facility or in a location external to the facility but provides temporary refuge for residents and staff and/or a site for triage. Care cannot be fully re-established at this site.

Assessment and Treatment Area:

A safe area of the facility ideally located close to nursing station and evacuation route. The area is designated to permit an assessment, triage, first aide, and/or treatment of each resident prior to potential transfer.

Assigned Areas:

Areas for which employees who remain on the floor during an emergency will be responsible. Any area to which an employee is required to report during an emergency.

Briefing:

A communication technique that allows for brief meetings of key personnel to determine current status, immediate priorities, action required.

Casualty/Triage Tags:

Universal categorization process identifying level of injury.

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-08	
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Check:

Means visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.

Chief Fire Official:

The assistant to the Fire Marshal who is the Municipal Fire Chief or a member or members of the fire department appointed by the Municipal Fire Chief under Subsection 1.1.8.

Code Red:

Signifies Fire.

Command Centre:

Area from which the Emergency procedures are coordinated. Normally located at Reception or in the Administrator's office (facility specific).

Community or Emergency Response Captain:

Individual representing the community Emergency Planners or emergency response in your locale.

Community Entities/Resource Centres:

Those agencies with whom the facility will have interaction in the event of an emergency such as hospitals, pharmacy, physicians, schools, etc. Established agencies and/or organizations from which assistance (labour, clothing, food and supplies) may be obtained; e.g. St. John's Ambulance, Red Cross. Written agreements or letters of understanding should be co-signed by the community partner and the facility Administrator, and reviewed annually.

Debriefing:

A structured discussion used to review the facts and observations of an emergency. The emergency response procedures will be analyzed to uncover any gap and the emergency plan will be updated accordingly.

Disaster Box:

Disaster Box contains most material that is required at the initial stage of an emergency. The package contents will require regular updating. It is recommended that facilities have a minimum of 2 boxes located in separate areas of the facility.

Emergency:

“emergency” means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home *(Reg 268).*

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 01-03-08	
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Approved by Senior Director of Corporate & Building Services	DEFINITIONS		July 2022

Internal Emergency:

- occurs initially within the facility.

External Emergency:

- occurs initially outside the facility; the facility may be only indirectly affected or not affected at all.

Emergency Measures Organization:

Organization responsible for the planning, coordination and support of resources of emergency response in a geographical area. **Every municipality in Ontario will have a CEMC (Community Emergency Management Coordinator) who is responsible for the municipal emergency preparedness and act as a resource for organizations within the municipality.**

Emergency Control Group (ECG):

Is responsible for supporting actions of all agencies responding to an emergency, defining overall strategy, and planning for secondary effects of an emergency or disaster.

Emergency Preparedness:

The procedures that will be followed by an individual and/or their department in the event of an emergency including fire, bomb threat, evacuation, etc. The master plan that will outline the scope of the emergency response by the facility.

Emergency Response Administrator:

Is the Administrator or designate. Has the authority to activate the Emergency preparedness plan. May initiate evacuation of the facility in the event of an emergency, either on her (his) own initiative or with the advice of the Community Emergency Planning Coordinator/Fire Department, (does not actively participate in the procedures of the emergency. Coordinates and directs the emergency response.

Emergency Telephone List:

Is the computer listing of employees generated by department in ranked order of estimated time to report to the facility.

Evacuation Centre:

Any facility which has agreed to provide accommodation for residents during an emergency. This may be a school, church, or other suitable facility where care can be re-established. It can be an alternate location that may be within your facility or in a location external to your facility, permits reestablishing resident care delivery.

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External:

- Results in evacuation to an external site to re-establish resident care.
- **Acute Emergency:** To be interpreted as a disaster causing injury or potential injury requiring immediate evacuation of the room area and or facility.
- **Controlled Emergency:** To be interpreted as a disaster that disrupts operation and care delivery over a period of time. Evacuation may not be immediately necessary, but may be necessary if the situation extends over a period of time, i.e. Power failure.

Internal:

- Results when an area of the facility is affected by a disaster. Resident care can be re-established within another area of the facility or the function of a supporting department can be maintained by services such as external dietary, laundry, for example.

Fan Out System:

Process by which key employees and those most readily accessible to the facility are called on a priority basis to report to facility.

Fire Safety Zone:

That section of the floor or wing of the facility separated by the fire separation doors and created when fire safety doors are closed.

Fire Separation Doors:

Also referred to as zone/smoke separation doors. Doors used to contain smoke and fire. They may be held open by electromagnetic devices and are released when the fire alarm is activated.

Incident Manager:

Is the Administrator or designate. Has the authority to activate the Emergency preparedness plan. May initiate evacuation of the facility in the event of an emergency, either on her (his) own initiative or with the advice of the Community Emergency Management Coordinator/Fire Department. This role does not actively participate in the procedures of the emergency, but coordinates and directs the emergency response.

Inspect:

Means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

Institutional Facility:

A building or part thereof used by persons who require supervisory care, medical care or medical treatment. Examples are hospitals, nursing homes, assisted living/retirement and homes for the aged that are licensed by the province of Ontario.

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(NOTE: For the purposes of this guideline, institutional facilities are limited to Group B, Division 2 occupancies, which are referred to as "care and treatment occupancies" in the 1997 Ontario Building Code.)

Owner:

Any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

R.E.A.C.T.:

An acronym for the accepted steps upon discovery of a fire.

Remove those in immediate danger

Ensure room door is shut

Activate fire alarm

Call fire department

Try to extinguish or contain fire.

Receiving Centre:

UniversalCare facility provides temporary accommodation to individuals from a community emergency.

Scrum:

A communication technique that allows for brief meetings of key personnel to determine current status, immediate priorities, action required.

Single Stage Fire Alarm:

A fire alarm system designed so that activation of any alarm initiating device (i.e. manual pull station, smoke or heat detector, etc.) will cause a general evacuation alarm signal to sound on all audible signal appliances throughout the building.

Supervisory Staff:

Those occupants of a building who have some delegated responsibility for the fire safety of other occupants under the Fire Safety Plan and may include the fire department where the fire department agrees to accept these responsibilities.

Table Top Exercise:

A simulated discussion-based exercise of the necessary responses required in an emergency normally facilitated by Emergency Preparedness professionals in conjunction with facility staff.

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Test:

Means the operation of a device or system to ensure that it will perform in accordance with its intended operation or function.

Transfer and Discharge Form:

Used to record the name and destination of residents transferred or discharged from the home/ facility in the event of an emergency.

Triage:

The process of sorting residents/casualties using casualty treatment tags (Mettag), according to their destination or level of care required. The technique is used at the Assessment and Treatment Centre or when the facility is acting as a Receiving Centre.

Two Stage Fire Alarm:

A fire alarm system designed so that the activation of any alarm system initiating device (i.e. manual pull station, smoke or heat detector, etc.) will cause an alert signal to sound to alert supervisory staff on duty about the fire emergency. Activation of a key switch in a manual pull station at the fire alarm control panel or at the central alarm and control facility will cause an alarm signal to sound throughout a fire safety zone, zones or throughout the building.

(NOTE: A modified two stage fire alarm system may operate in a different manner than above. For example, upon activation of any alarm initiating device, an alarm signal will sound throughout the fire safety zone or zones in which the initiating device is situated. Simultaneously, an alert signal will sound in other predetermined areas or throughout the remainder of the building.

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		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ORGANIZATIONAL CHART		July 2022

ORGANIZATION STRUCTURE

Lines of authority and chain of command are as below. During a disaster, staff will receive orders and supervision from their Administrator or immediate supervisor or Nurse in Charge of the facility.

- **APPENDIX B: Facility Specific Organizational Chart**

The most senior administrative staff or Nurse-in-Charge on site is the Incident Manager and is in charge of the facility until relieved by a more senior person.

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Approved by Senior Director of Corporate and Building Services	REGIONAL EMERGENCY PREPAREDNESS GUIDE		July 2022

POLICY

Each Region/Municipality/City has an official Emergency Plan that they deploy as a tool during a disaster. That plan can be accessed through the Community Emergency Management Coordinator. Some municipalities will post the plan on their website.

It is important to be familiar with the content of their plan to help understand how the Municipality will/can assist during an emergency situation.

- **APPENDIX C: Region/Municipal/City Emergency Plan**

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		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	REGIONAL RESOURCE GUIDE FOR STAFF & FAMILIES		July 2022

POLICY

Many Region/Municipality/City normally have an emergency guide for staff and families to be ready to deal with emergencies.

It is important to be familiar with the contents as there is similar and different information to assist your facility during emergencies.

- **APPENDIX D: Region/Municipal/City Emergency Guide for Staff & Families**

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: INCIDENT MANAGEMENT SYSTEM	Policy #: 01-04-01	
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BACKGROUND

Incident Management System (IMS) is an internationally adopted system for managing any emergency situation.

UniversalCare has adopted the IMS to improve the organization's management of emergencies and to ensure that a nation-wide system is in place for effective coordination during an emergency situation.

IMS is an internationally accepted all hazards, scalable approach to managing emergencies.

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

The IMS is used as the model for emergency preparedness and response both at the corporate level and within all the homes. The organizational structure of IMS will vary based on the specific circumstances of the emergency.

During an emergency situation, staff assigned to roles within the IMS is expected to report to the Incident Manager. This includes staff that may be on leave (vacation, education, etc.). The Incident Manager will have the authority to cancel the leave, if required, based on the nature and extent of the emergency.

IMS Leaders must be aware of the specifics of their assigned roles and responsibilities in the event of an emergency. Roles and responsibilities will be clearly communicated to all staff and they will receive training related to their assigned role.

Every IMS plan both at the home level and corporate level must be re-evaluated annually.

TRAINING AND EDUCATION

- Read the Quality Service/Management Tab, Training Requirements:
- **05-01-01 "Section Introduction" 05-01-02 "Minimum Components"**

SENIOR COMMAND

Initiated only in the event of an emergency situation that involves more than one home. (i.e. pandemic)

SENIOR COMMAND INCIDENT MANAGER

Role must be filled by VP, Operations or designate. Responsible for the overall management of all of the residential care homes involved in an emergency situation.

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EMERGENCY COMMAND CENTRE

During an emergency situation, the Emergency Operations Centre is the centralized operations centre. See policy for Emergency Operations Centre **03-01-03 "Command Centre"** for more details.

ROLES AND RESPONSIBILITIES

The Incident Manager will assign IMS roles. IMS roles should mimic the everyday routines and responsibilities of staff as closely as possible. (i.e. an Administration / Finance Leader should be someone who is in an office management or finance role).

As a precautionary measure, a designate must be assigned for each of the IMS roles within the IMS team, including that of the Incident Manager.

INCIDENT MANAGER

Responsible for overall management of the home(s) in which the emergency situation occurs.

PUBLIC INFORMATION OFFICER

Responsible for the development and release of information to the public, families, stakeholders, and the media about an incident. UniversalCare Corporate must approve all emergency information released.

LIAISON OFFICER

Responsible for being the primary contact for community liaisons and advising the Incident Manager / Senior Command about any issues related to external assistance and support.

SAFETY OFFICER

Responsible for monitoring conditions and developing safety protocol in relation to the overall health and safety of residents and staff / volunteers. The Safety Officer must have the knowledge and professional experience to be able to identify and / or reduce occupational hazards.

OPERATIONS MANAGER

Responsible for carrying out the emergency response, evacuation, triage, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

Responsible for monitoring operational issues or needs including the implementation of the Emergency Response Plan as well as the organization and assignment of all operations resources.

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PLANNING MANAGER

Responsible for monitoring the incident and developing scenario and resource projections. Develops plan options for both short term and long-term incident scenarios. Responsible for the collection, collation, evaluation, and analysis of incident information for the IMS team.

LOGISTICS MANAGER

Responsible for providing facilities, services and materials to support the emergency situation. This includes maintaining physical / environmental services of the building, ensuring adequate supplies and support for incident operations and conducting or collecting information for damage assessments of the facility.

FINANCE/ ADMINISTRATION MANAGER

Responsible for financial and administrative support to an incident including all business processes, cost analysis, financial and administrative aspects and ensuring compliance with financial policies and procedures. Provides direction and supervision to finance and administration section staff including their organization and assignment. Ensures appropriate documentation of all incident activities and administrative support for the IMS Team Leaders.

DISASTER BOX

Disaster Boxes will be prepared in advance of an emergency situation. The Disaster Boxes will be boldly labelled, easily transportable, and stored at 2 separate locations - designated Emergency Operations Centre and one nursing station).

Refer to policy: **02-05-01 "Disaster Boxes"** - for the minimum requirements for the Disaster Boxes

ORGANIZATIONAL CHARTS

The Basic Model for the Incident Management System.

- **APPENDIX E: Facility Specific IMS Organizational Chart**

Important: See Example IMS Model Organization Chart on Page 4 below and model your facility specific chart to include the managerial roles at your home.

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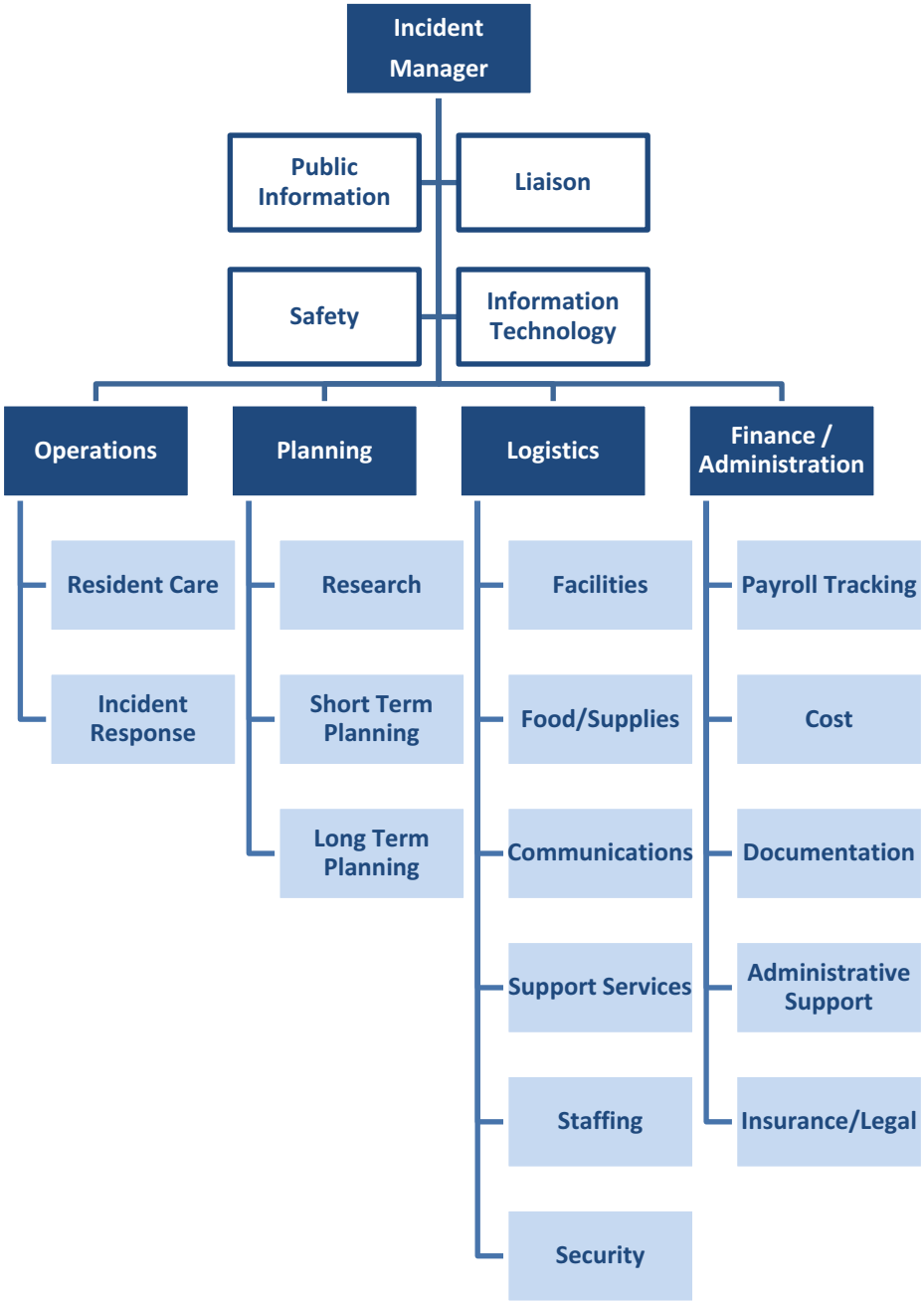
Example IMS Organizational Chart



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SUMMARY

The Incident Management System (IMS) is the internationally accepted organizational structure for responding to incidents of all scales and all types.

IMS is an expandable system based on functions not positions. Each function is assessed to see if it is required for the incident. A function may be the fulfilled by one person or a team of people. For smaller events one person may fulfill multiple functions.

IMS can be used for both emergency and non-emergency events; for example, the planning of a large public event.

KEY FUNCTIONS

Incident Manager

Organize and direct the emergency response for the emergency / incident. Give overall direction for facility operations and if needed, authorize evacuation.

There will always be an Incident Manager for every incident.

Operations

Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery, and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

Logistics

Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

Planning

The planning function develops scenario/resource projections for the IMS team and undertakes long range planning (more than 2 hours).

Administration/Financial

The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS team members and ensures documentation of all meetings.

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Public Information

The Public Information function organizes communications with the families, stakeholders and the media (as appropriate) and provides information updates.

Liaison

Liaison is the function of communications / being the contact person for representatives from other agencies.

Safety

In every emergency or incident the health and safety of staff and residents is paramount. The safety function monitors and has authority over the safety of operations.

If the scale of the incident dictates, each of the functions above may have an individual or team to assist in the meeting of their tasks. Job Action Sheets are guides to assist the people assigned to the function(s) to fulfill their responsibilities.

A full briefing must be given to staff arriving to fill functions or relieving others at the end of a shift.

RELATED CHECKLISTS

- **"Incident Manager Checklist Form (01-04-01)"**
- **"Purchasing Check Sheet (01-04-01)"**
- **"Information Technology & Telecommunications Check Sheet (01-04-01)"**
- **"Security Check Sheet (01-04-01)"**
- **"Food & Dietary Check Sheet (01-04-01)"**
- **"Human Resources Check Sheet (01-04-01)"**
- **"Safety Job Action Sheet (01-04-01)"**
- **"Liaison Job Action Sheet (01-04-01)"**
- **"Public Information Job Action Sheet (01-04-01)"**
- **"Administration &Financial Job Action Sheet (01-04-01)"**
- **"Planning Job Action Sheet (01-04-01)"**
- **"Logistics Job Action Sheet (01-04-01)"**
- **"Incident Manager Job Action Sheet (01-04-01)"**
- **"Operations Job Action Sheet (01-04-01)"**
- **"Administration Check Sheet (01-04-01)"**
- **"Legal Check Sheet (01-04-01)"**
- **"Documentation Check Sheet (01-04-01)"**
- **"Finance Check Sheet (01-04-01)"**
- **"Facility Management Check Sheet (01-04-01)"**

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PURPOSE

The purpose of this procedure is to provide guidelines on the functions and responsibilities of the Administrator, Charge Nurse, Incident Manager, and all staff prior to and during an emergency.

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

The Administrator is responsible to ensure a comprehensive emergency response plan is in place at the residential care home. The Administrator will follow the policies and guides provided.

All staff will participate fully in emergency preparedness activities, training, and drills.

RESPONISIBILITIES

ADMINISTRATOR

The residential care home's Administrator is responsible for implementing the policies and procedures of the Emergency Preparedness Program and ensuring all staff receive adequate training to fulfill the requirements of the program in the event of an emergency.

The Administrator will ensure the fire plan is completed with the site-specific information required and submit the fire plan to the Chief Fire Official for approval. The Administrator is responsible to ensure that the home's fire plan meets the specific requirements of the Chief Fire Official for the jurisdiction.

The home's Administrator shall ensure that the information found in the 'Foreword' section of the Emergency Preparedness Plan and the Facility Specific Information requested to be 'Inserted' within the plan is present and updated annually.

This shall include, at a minimum, the following:

- Emergency Telephone Numbers including public utilities and government agencies
- Corporate emergency telephone numbers including Corporate Communications
- Staff Call Back List (updated monthly)
- Key suppliers, contractors, and support services
- All of the Colour Coded Check Lists (Code White Check List etc.)
- Senior IMS Team Check Lists
- Building Site Plan – showing access roads, evacuation meeting area(s) etc.
- Floor Plans identifying key life safety and exit information
- Floor Plans identifying each room and attached room search check lists
- Maps showing the search area quadrants around the home
- Mutual aid agreements with other LTC facilities for evacuation assistance

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CHARGE NURSE

The Charge Nurse must be thoroughly familiar with the Emergency Preparedness Plan in order to assume responsibility effectively in an emergency.

The Charge Nurse must be thoroughly familiar with the Incident Manager role.

The Charge Nurse must be thoroughly familiar with the operation of the fire alarm panel and the resetting of the alarm panel, security systems, and other equipment following a fire alarm or power failure.

The Charge Nurse will assume the role of Incident Manager unless relieved by a more senior or capable manager.

ALL STAFF

All staff are responsible to be familiar with the Emergency Preparedness Plan and their responsibilities.

All staff must respond to a fire alarm or other emergencies as specified in the emergency response plan.

All drills will be treated as a real emergency and all staff will respond accordingly

INCIDENT MANAGER

In an emergency the Incident Manager will be responsible for implementing the Emergency Preparedness procedures and directing all staff to ensure the safety and security of residents, visitors, staff and volunteers.

The Incident Manager will use the Incident Manager checklists to assist with the direction of tasks to be completed during an emergency. The Incident Manager will record the time on the checklists when each task is completed and will add other documentation as necessary, such as the names of the staff members tasks were delegated to.

The Incident Manager will wear an ORANGE/YELLOW/GREEN VEST for easy identification during drills / exercises and emergency situations.

Where sufficient staff exists, the Incident Manager will assign a scribe to assist in documenting discussions, decisions, and actions taken. The scribe will also assist in gathering information on the status of residents.

IT IS CRITICAL THROUGHOUT AN EMERGENCY THAT THE INCIDENT MANAGER MAINTAINS OVERALL CONTROL OF THE MANAGEMENT OF THE EMERGENCY AND DELEGATES TASKS WHENEVER POSSIBLE.

Upon the arrival of the fire department or police department, the senior officer on scene will become the overall Incident Manager and the home's Incident Manager will work to support their efforts keeping the care and safety of the residents as the priority.

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PURPOSE

The purpose of this procedure is to provide guidelines on the completion of a basic Hazard Identification and Risk Analysis (HIRA) for each home.

BACKGROUND

A HIRA ensures that the potential risks to the home are identified and assessed as to their potential risk to the residents and staff. The HIRA is used to prioritize prevention, mitigation, and training priorities for the home.

There are two phases of completing a HIRA process: hazard identification and risk analysis.

The Hazard Identification is a determination of the various hazards that are pertinent for a specific location. This is completed by assessing what types of emergencies could occur within your home and in the community.

The second process is the Risk Assessment, determining the probability of a potential emergency occurring and the consequence of the emergency should it occur.

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

The Administrator shall conduct a Hazard Identification and Risk Analysis for the home using the HIRA guidelines found in Tab 6: **"HIRA- Risk Assessment (01-05-01)"**

ACCOUNTABILITIES FOR COMPLIANCE

Corporate Accountability

VP of Operations/Designate

- Acountable for removing and reporting of barriers to compliance
- Responsible for supporting, advising and directing the home's management team.
- Accountable for promoting and confirming implementation and application of the policy within their region.

Home-level Accountability

Administrator

- Accountable for ensuring the home's operations align with corporate objectives and priorities and jurisdictional requirements.
- Accountable to ensure the HIRA is completed for the home.
- Responsible to examine prevention and mitigation opportunities for the risks that have been identified and present them to the Regional Director

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- Responsible for ensuring that at least bi-annually, an evaluation is made to determine if there are any changes to the HIRA.
- Use the HIRA process located in Tab 6: **"HIRA- Risk Assessment (01-05-01)"**

RELATED ASSESSMENTS

- **"HIRA- Risk Assessment (01-05-01)"**

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HAZARD IDENTIFICATION PROCESS

The HIRA process is used to determine the hazards that may impact the home and provide a basic risk assessment for the purposes of prioritizing the hazards and the associated prevention / mitigation opportunities to address the hazards.

The Administrator will lead the process by using the following steps.

Ask a series of questions to determine the potential hazards:

HISTORICAL

What types of emergencies have occurred in the community, at this home, at other homes in the area, at similar organizations?

- Fires
- Missing Resident
- Severe weather
- Hazardous material spills
- Transportation accidents
- Earthquakes
- Hurricanes
- Tornadoes
- Utility outages
- Etc.

GRAPHIC

What can happen as a result of the home's location?

Keep in mind:

- Proximity to flood plains, seismic faults, dams, etc.
- Proximity to companies that produce, store, use or transport hazardous materials
- Proximity to major transportation routes (highways, railways, seaports, etc.)
- Proximity to nuclear power plants

TECHNOLOGICAL

- What could result from a process or system failure?
- Possibilities include:
- Fire, explosion, hazardous materials incident
- Safety system failure
- Telecommunications failure
- Computer system failure
- Power failure
- Heating/cooling system failure
- Emergency notification system failure

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HUMAN ERROR

What emergencies can be caused by staff error? Do they know what to do in an emergency?

Human error is the single largest cause of workplace emergencies and can result from:

- Poor training
- Carelessness
- Misconduct
- Substance abuse
- Fatigue

PHYSICAL

What types of emergencies could result from the design or construction of the home? Does the physical building design enhance safety? Consider:

- The physical construction of the home
- Evacuation routes and exits

Once the team has identified the potential hazards at the home these are listed in the “Threat” column.

The attached chart provides a sample of the potential threats. These threats should be adjusted as is applicable for each home.

ADDITIONAL TOOLS AND RESOURCES

In completing the HIRA process there are some tools and resources that can be utilized in the process.

MUNICIPAL HIRAS

Many municipalities complete HIRAs and some provinces (e.g., Ontario) make it mandatory for municipalities to go through the HIRA process. The municipal Community Emergency Management Coordinator or Emergency Management Planner may provide a copy or information on the local HIRA which may be useful in developing the home’s HIRA. Some municipalities have posted public portions of their HIRA on their websites.

Note: A HIRA, or portions of a HIRA, may be classified as confidential for security reasons related to protecting municipal and utility infrastructure and therefore some municipalities may not release the actual document or portions of the document.

FEDERAL RESOURCES

When evaluating the risks from environmental emergencies, Environment Canada can provide valuable information on the historical risks of the community. Information is available on their website for environmental risks.

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Public Safety Canada, Emergency Management division, provides the Canadian Disaster Database which gives a historical perspective on disasters across the country. This is available on their website.

Transport Canada's Emergency Response Guidebook provides basic evacuation distances for emergencies involving hazards materials. This is available on their website.

COMMUNITY OBSERVATION

A drive or walk of the streets in the immediate area surrounding a home can assist in identifying potential risks such as hazardous industry, storage facilities, etc. Once identified further research can be done to determine the actual risks.

It should be noted that visual observation cannot fully identify the risks that may be located within a building. Visual observation is only one of several tools used to identify potential hazards and relative risk.

MAPS, SATELLITE IMAGERY OR AERIAL PHOTOGRAPHY

Using maps, satellite imagery or aerial photography is useful in evaluating the distances from potential hazards such as highways, railways, fuel storage facilities (e.g. propane storage) and industry.

Satellite imagery or aerial photography can also be used to identify items such as large propane storage facilities, above ground storage tanks, etc. Once identified in the image then further research can be done to determine the actual use of the item in the image and its potential risk.

This information is often easily found on Internet services such as Yahoo Maps, Google Maps, Google Earth, etc.

EVALUATING POTENTIAL RISKS BASED ON DISTANCE

There are three primary ways to limit risk from hazardous materials or situations – time, distance and protection.

Risk generally can be reduced with decreased exposure (time), increasing distance between the person and the hazard, and having a protective barrier between the hazard and people.

The protective barrier could be the type of construction of a building, personal protective equipment, etc. dependent on the hazard being addressed. An option used by emergency officials is called “sheltering in place” where the building envelope is used as a barrier to protect the occupants. For example, it may be safer to remain indoors than to venture outside into a potential hazardous environment.

In protecting the general population, the most common form of reducing risk is distance created by evacuating an area around the hazard. Under normal circumstances, the further you are from a hazard the safer you are.

Therefore, distance is used here to determine relative safety to identified hazards.

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The safe distances noted here are based on the precautionary evacuation recommendations in the Emergency Response Guidebook 2008 – Transport Canada.

Note: type and volume of hazard, weather (e.g., wind, rain, temperature inversions), compounding factors (e.g., fire, synergistic chemicals), and protective barriers will all factor into determining a safe distance at the time of an emergency.

Most transportation accidents involving tanker trucks carrying hazardous materials (e.g., propane or chlorine) will have a precautionary evacuation zone of 800 meters (Emergency Response Guidebook – Transport Canada) for the public. High risk chemicals such as anhydrous ammonia have an initial evacuation area of 1600 meters for large volumes.

If there is a fire impinging on a tanker truck or rail car creating a risk of a BLEVE (boiling liquid expanding vapor explosion) the guide recommends an evacuation zone of 1600 meters. Examples of BLEVEs include the Sunrise Propane explosion (2009) and the Mississauga train derailment (1979).

For smaller volumes (e.g., packages on a cargo truck) or less hazardous materials the initial primary evacuation zone is 100 meters (300 meters if risk of fire).

Using these basic distances from Transport Canada Emergency Response Guidebook to assess the potential emergency risk from high-risk industry and transportation corridors the following would estimates would be reasonable:

- Less than 300 meters: very high risk of evacuation
- 300 – 800 meters: high risk of evacuation
- 800-1600 meters: medium risk of evacuation
- More than 1600 metres: low risk of evacuation

For nuclear power plants a 10 km distance is generally used as the “primary evacuation area”. It should be noted however, that there has never been an emergency at a nuclear generation facility in Canada requiring the evacuation of a 10 km radius. A nuclear emergency in Japan in 2011 has resulted in a 20 km evacuation zone and a 30 km Code Grey (shut down all ventilation and remain indoors). The evacuation zone may last for years.

An important part of the assessment is to work closely with operational staff on identifying what they perceive as their concerns at each location, along with an impartial evaluation by the Emergency Planning team. Although each residential care home has its own unique concerns; our experience demonstrates that there are some key considerations:

- Winter storm and freezing conditions in relation to loss of heat and a rapid cooling of the home
- Workplace violence has a far-reaching effect on staff if they do not feel safe within the workplace. The risks may be from residents, resident families, staff, staff family members (e.g., domestic violence), visitors or un-associated people who enter the home
- Fire is always a high priority as it presents life safety concerns if the fire is of a large enough nature

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: HAZARD IDENTIFICATION RISK ASSESSMENT (HIRA)	Policy #: 01-05-02	
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- Missing residents in the homes is not uncommon. The longer a resident is missing the increased probability of serious injury, illness, or death.
- Medical emergencies can occur at any time at any home
- Neighbourhood risks including violence are a potential concern based on the location of the home (e.g., proximity to a high school, college or university)
- Epidemics / Pandemics / Group Illness are a potential concern due to the impact it would have on the work environment and the fact that Canada has encountered 3 significant events in the past 10 years
- Unlimited building access without an employee at the main entrance or poor building security processes poses a potential risk
- A lack of communication can increase the level of other risks
- Reporting and accountability structure. Although this in itself may not present itself as a hazard; if both supervisory and care staff are not trained in the value and need for a strong and unbroken chain of command and accountability people can be left at risk during an emergency

DEFINITIONS

Hazards can be broadly grouped into three categories: natural, technological, and human-caused hazards.

Natural hazards are those which are caused by forces of nature (sometimes referred to as ‘Acts of God’). Human activity may trigger or worsen the hazard; for example, deforestation may increase the chance of a landslide) but the hazard ultimately is viewed as a force of nature.

Technological hazards are hazards which arise ‘from the manufacture, transportation, and use of such substances as radioactive materials, chemicals, explosives, flammables, modern technology and critical infrastructure’.

Human-caused hazards are hazards which result from direct human action, either intentional or unintentional.

ENVIRONMENTAL THREATS

TORNADO

A tornado is defined as a rotating column of air ranging in width from a few yards to more than a mile and whirling at destructively high speeds, usually accompanied by a funnel-shaped downward extension of a cumulonimbus cloud. A tornado creates a number of consequences including fatalities, severe damage and loss of essential services. A number of critical infrastructures are at risk during a tornado including buildings, road, utilities and rail lines.

SEVERE ELECTRICAL STORM

(LIGHTNING AND THUNDERSTORM)Lightning is a large static discharge that develops most commonly within thunderstorms where convection and gravitational forces combine with an ample supply of particles to generate differential electrostatic charges.

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FLOODING

An overflowing of water beyond its normal confines, and especially over land. Flooding may occur as a result of heavy rainfall and, in spring, as the result of a sudden melting of ice and snow.

HAIL

A form of precipitation that originates in convective clouds, in the form of balls or irregular pieces of ice which comes in different shapes and sizes. Hail is considered to have a diameter of 5 millimetres or more; smaller bits of ice are classified as ice pellets, snow pellets or graupel. Individual lumps are called hailstones.

WINTER STORM

Violent snowstorms are typically called blizzards. Blizzards are generally defined by a period of six or more hours with winds above 40 km/h with visibility reduced to below 1 km by blowing and drifting snow.

FREEZING CONDITIONS

Extreme cold is characterized by temperatures falling to -30°C or less. Severe freezing conditions may overwhelm the ability of a HVAC system to maintain a comfortable indoor environment.

SITE CONTAMINATION (INFESTATION, CHEMICALS

Contaminations of a site due to infestation of vermin and/or chemicals can pose a serious health risk. As such this type of hazard could create a Home wide shutdown of operations.

EPIDEMIC /PANDEMIC /GROUP ILLNESS

A widespread and/or severe epidemic, incident of contamination or other situation that presents a danger to, or otherwise negatively impacts the general health and well-being of the human population.

Group Illness: An illness that spreads through a group of people within a single facility or group of people but does not cause a major impact on the greater community

Epidemics: Major incidents of human illness caused by the transmission of a specific disease. The occurrence, in a community or region, of cases of an illness (or an outbreak), with a frequency clearly in excess of normal expectancy

Pandemic: An epidemic of major proportion involving multiple countries

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TSUNAMI

A very large oceanic wave or series of waves caused by earthquakes, underwater landslides, volcanic eruptions, or other major water disturbance. Tsunamis have impacted both the east and west coasts of Canada.

EARTHQUAKE

An earthquake is a sudden shaking or trembling of the surface of the earth. Earthquakes are caused by the release of built-up stress in the earth's surface along fault lines or by the movement of magma in volcanic areas.

LANDSLIDE

A landslide is a term that describes a wide range of ground movement including rockslides, deep failure of slopes and shallow debris flows. Landslides often occur due to gravitational pull-on unstable slopes.

HURRICANE

A violent cyclonic storm producing extremely powerful winds with speeds in excess of 72 mph (32 m/sec) and torrential rains. They are also capable of producing high waves and damaging storm surges that may spawn tornadoes. Hurricanes develop over warm water and lose their strength as they move inland. Coastal areas will receive significant damage from a hurricane while inland regions may only receive heavy rains, mass flooding and storm surges. Hurricane Hazel caused significant damage and dozens of deaths in Ontario.

AVALANCHE

An avalanche is a rapid flow of snow down a slope that may be triggered by environmental or human activity. Typically occurs in mountainous terrain. Avalanches have the potential to carry large amounts of snow, ice, water, air, rocks and sediment over large distances. Avalanches occur because of stress of the snowpack. They are not random or spontaneous events.

WILDFIRES

A wildfire is an uncontrolled fire that occurs in a countryside or wilderness area. A wildfire differs from other fires because of its size and the speed at which it can spread from its original source. Wildfires have the ability to change direction unexpectedly and to jump gaps such as roads, rivers, and fire breaks.

SEVERE HEAT

Severe heat is a term describing days of excessive temperatures (40 C+) which may be accompanied by high humidity and may make it very difficult to work or perform daily functions. This level of heat may overwhelm the ability of HVAC systems to maintain a comfortable indoor environment.

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ORGANIZED/DELIBERATE DISRUPTION

WORKPLACE VIOLENCE (INCLUDING THREATS)

Workplace violence can range from a basic disagreement that involved threats of violence to minor physical contact and up to and including an unprovoked attack that seriously injures or kills an employee or resident. At the extreme range, workplace violence can have a wide-ranging effect on the operation of a home and the personal and mental health of the staff.

NEIGHBOURHOOD VIOLENCE (SHOOTINGS /STABBINGS, ETC.)

Any type of violence can cause harm or abuse to an individual in the community. The primary concern is when the neighbourhood violence has a potential to affect persons at the home (i.e., person flees onto the home property). Higher risks may include close proximity to high schools, colleges, universities, or night clubs.

SABOTAGE

Sabotage is an act if malicious damage that focuses on disabling, destroying or injuring the intended target. The consequences of such events are substantial and include widespread injuries / damages and the loss of basic services.

THEFT/ROBBERY

Robbery is defined as theft with violence. Theft itself is defined as stealing, larceny.

ARSON

Arson is defined as the fraudulent burning of property. It is a deliberate act of violence in which fire is the tool for assault. Arson is meant to destroy the intended target.

COMMUNITY DISRUPTIONS (PROTESTS, RIOTS, ETC.)

A public demonstration or gathering those results in a disruption of essential functions through rioting, looting, arson, or other unlawful behaviour. Protests or parades may disrupt roadways blocking access to the home and delaying staff arrival or the delivery of supplies. We must note the consequences involved in a civil disorder including injuries and minor and localized damage.

UTILITIES AND SERVICES THREATS

EXTREME POWER FAILURE

Although an external power failure is a possibility, this type of event is more of a workplace disruption in relation to continuing with the daily operation of a home that does not have back-up power. An energy emergency occurring during the winter months can be more severe and could result in a number of consequences including fatalities, severe damage and the loss of essential services.

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LOSS OF NATURAL GAS

This is an event in which the natural gas supply is somehow disrupted and / or cut off to the home. Depending on the time of the year and the home's dependence on natural gas, this type of occurrence could create a disruption of kitchen operations and create a health concern due to lack of heat to the home's occupants.

GAS LINE RUPTURE

An event that poses a threat to public safety from the uncontrolled release of oil and / or natural gas from:

- a pipeline
- natural gas meter
- storage facilities and / or distribution systems

LOSS OF WATER

The consequences that result from a water disruption are serious and include a loss of drinking water, impact on food preparation, inability to flush toilets or provide baths. A serious impact to health could be expected if the water emergency involves contamination.

PETROLEUM AND FUEL SHORTAGE

Petroleum and fuel shortages can be short lived or long term. It is the length of the shortage that has a direct relation to the consequences to the organization. If an organization is dependent on fuel for its vehicular fleet then this type of shortage could create a total shut down of operations.

COMMUNICATIONS SERVICE BREAKDOWN

Communications breakdown can range from a loss of internet communications to the loss of telephones. For homes using online resident care documentation the issues will revolve around being prepared to utilize paper forms.

SEWAGE /DRAINAGE /WASTE REMOVAL

A failure of this type can pose more of a health threat to the staff / residents than a concern for the home. However, sewage and waste backup can create widespread property damage thus creating a serious disruption in business activities

AIR CONDITIONING FAILURE

This type of failure within a home can create an untenable environment for the staff / residents, which could result in health concerns relating to high internal building temperatures.

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HEATING SYSTEM FAILURE

This type of failure within a building can create an untenable environment for the staff and residents, which could result in health concerns relating to cold internal temperature within the building.

INFRASTRUCTURE THREATS

BUILDING COLLAPSE /INSTABILITY

Building collapse can have a catastrophic effect on the staff, residents and the home structure itself. The level of damage and consequence is directly related to the level of collapse and / or instability of the structure. As such, the home and its staff could experience a minor delay in operations with no injuries to the staff; up to and including total failure of the structure with possible loss of life.

ON-SITE FIRE

The consequences involved with this type of situation are high, resulting in the possibility of facilities, severe damage and the loss of essential services.

HAZARDOUS MATERIALS/SPILLS/RELEASES

These types of events are quite difficult to control and impossible to contain since the chemicals tend to follow the direction of the wind. The consequences from such an emergency can be substantial and can include widespread injuries / damage and the loss of essential services. There is also a great risk for negative environmental impact as well as damage to critical infrastructures.

INFORMATION TECHNOLOGY THREATS

LOSS OF FIRE/SECURITY SYSTEMS

The loss of a home’s fire and security systems is a major concern relating to the health and safety of a home and its occupants. Without an early warning system, the loss to life and property can be high and conversely it can create a shutdown of operations.

LOSS OF COMMUNICATION

The loss of communication at a home is a major concern to the health and safety of the home and its occupants as well as the flow of operations.

OTHER RISKS

TENANT ISSUES (IN SHARED BUILDINGS)

Tennant issues can be considered a high-risk concern which is directly dependent on any inherent dangerous conditions of another tenant in the same building. These concerns can go beyond simple annoyance.

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: HAZARD IDENTIFICATION RISK ASSESSMENT (HIRA)	Policy #: 01-05-02	
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HAZARDOUS PACKAGES

Packages that contain hazardous materials including explosive, flammable, combustible, toxic, or radioactive materials.

NEIGHBOURHOOD RISK (HAZARDOUS INDUSTRY, ETC.

Neighbourhood risks can encompass a wide variety of situations which range from production of hazardous items to high-risk operations at buildings within close proximity to the home.

TRANSPORTATION CORRIDOR

Being within 1.6 km of a high-speed highway (80km/h or higher), rail line or seaway where dangerous goods may be transported.

OTHER

This heading is generic in nature and allows for items not covered by the previously noted threats.

The threat list on the Risk Assessment form is meant to be customized for each home based on their determination of the risks / threats facing their location.

RELATED ASSSESSMENTS

- **"HIRA- Risk Assessment (01-05-01)"**

UNIVERSALcare

[Emergency Preparedness Plan]

Section:	Subject:	Policy #: 01-06-01	
CORPORATE AND ADMINISTRATIVE ORGANIZATION	DEPARTMENTAL PREPAREDNESS PLAN	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	REQUIREMENTS		July 2022

SUMMARY

The Emergency Preparedness Plan is an important planning and communication tool in the Emergency Preparedness Program. Emergency Preparedness lists are developed for each department to include any departmental specific procedures.

The Department Manager should do the following:

- Place a copy in each respective department where it is easily accessible;
- Review the Emergency Plan procedures with all new department staff members during orientation.
- Entire Plan will be reviewed yearly with each staff member thereafter
- The employee must document having read the plan and a record of completion must be maintained

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: DEPARTMENTAL PREPAREDNESS PLAN	Policy #: 01-06-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	DISTRIBUTION		July 2022

DISTRIBUTION

All departments will have a copy of their specific Departmental Emergency Preparedness lists.

For example:

- Nursing
- Dietary
- Housekeeping
- Laundry
- Maintenance
- Beautician
- Recreation/Therapeutic Services/Social Worker
- Business Office
- Other

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: IDENTIFICATION OF COMMUNITY ENTITIES	Policy #: 01-07-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COMMUNITY CONSULTATION		July 2022

COMMUNITY CONSULTATION

Plan Development

- The Emergency Preparedness Manual must conform and be coordinated with the local and provincial Emergency Planning activities. The Administrator must be aware of and participate in the community's local emergency planning. This can be coordinated through the CEMC.
  - **Important:** consult with entities during the planning process, these entities may be involved in or provide emergency services in the area where the home is located including, without being limited to, local community agencies, networks, health service providers etc.
- Keep record of all interactions with these Community Partners
- Ensure a list is kept of all Community Entities, Partners and their contact information

Plan Updating

- The entire plan must be updated at least annually,
  - including the Community Entities contact info and;
  - within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.
  - **Important:** all community entities must be consulted during the updating process
- The Fire Safety Manual will be reviewed for updates on an annual basis. Updates are sent to the Fire Safety Prevention Company who wrote the manual for submission and approval of the local fire chief.
  - approved fire plans are to be accompanied by a letter from the local office of the fire chief.

- **APPENDIX F: List Community Entities, Partners and Contact Information**

References

- Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. Reg 268

Section:	Subject:	Policy #: 02-01-01	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING		
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

INTRODUCTION

This section is designed to assist facility staff to plan for potential emergency situations that could occur within the facility or external to the facility in the community.

Pre-planning includes the forecasting of possible internal community emergencies, liaising with community groups, suppliers, and other long term care facilities.

Regardless of the crisis that precipitates an emergency, including loss of utilities, the response in many instances is the same. Planning the responses that are common to all emergencies will minimize the disruption of service to the residents.

Most importantly, pre-planning increases the facility's understanding of the components of an emergency response to many different types of emergency.

All emergencies, whether controlled or acute, have common characteristics such as disruption of service, need to evacuate, and need for pre-planning and training of staff.

Section:	Subject:	Policy #: 02-01-02	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EXAMPLES OF EMERGENCIES		July 2022

SUMMARY

The following events may require an Emergency Response and are listed to aid in a proactive approach to an emergency:

EXAMPLES

- Air-borne hazards
- Bomb Threat
- Food-Borne hazards (see infection control manual)
- Chemical hazards
- Electrical Disruption
- Fire
- Expanded Service Demand
- Heat/Gas Disruptions
- Violent Staff/Visitor
- Airplane Accidents
- Car/Bus/Road accidents
- Explosions
- Communicable/Infectious Disease (See Infection Control Manual)
- Flooding
- Missing Residents
- Plumbing Disruption
- Railway Accidents
- Tornado
- Water-borne Hazards
- Snow Storm
- Hostage Taking

Following discussions with your municipal CEMC, insert a list of potential occurrences specific to your facility below, that are most likely to occur in your geographical area.

You will complete this after performing your Hazard Identification Risk Assessment: **"HIRA- Risk Assessment (01-05-01)"**

Section:	Subject:	Policy #: 02-01-02	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EXAMPLES OF EMERGENCIES		July 2022

Facility Specific List of Emergencies (based on Geographical Location)

EXAMPLES
- Air-borne hazards
- Bomb Threat
- Food-Borne hazards (see infection control manual)
- Chemical hazards
- Electrical Disruption
- Fire
- Expanded Service Demand
- Heat/Gas Disruptions
- Violent Staff/Visitor
- Airplane Accidents
- Car/Bus/Road accidents
- Explosions
- Communicable/Infectious Disease (See Infection Control Manual)
- Flooding
- Missing Residents
- Plumbing Disruption
- Railway Accidents
- Tornado
- Water-borne Hazards
- Snow Storm
- Hostage Taking

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	INCIDENT MANAGER		July 2022

FUNCTIONS

The Incident Manager in the facility is the Administrator. He/she is responsible for implementing the policies and procedures of the Emergency Preparedness Program.

In the event of an emergency the person in charge of the facility response is called the Incident Manager. When the Administrator is present, they will fill the role of Incident Manager.

In the absence of the Administrator, the following employees may act as the Incident Manager:

- Director of Care
- Nurse in Charge of the area/facility until relieved by the Administrator or designate

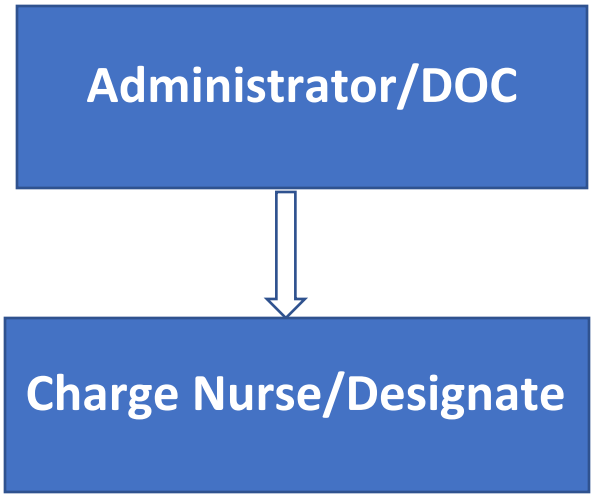
The Incident Manager will wear an **ORANGE VEST** for easy identification during drills/exercises and emergency situations.

NOTE: IT IS CRITICAL THROUGHOUT AN EMERGENCY THAT THE INCIDENT MANAGER MAINTAIN OVERALL CONTROL OF THE MANAGEMENT OF THE EMERGENCY AND DOES NOT GET INVOLVED IN CARRYING OUT SPECIFIC TASKS.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	INCIDENT MANAGER CHAIN OF COMMAND		July 2022

POLICY

Administrator or Director of Care, the nurse in charge of unit/facility will carry out the duties of the Incident Manager.



Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COMMAND CENTRE		July 2022

SUMMARY

Until the arrival of the In order to coordinate staff communications and evacuation services in the event of an incident, a COMMAND CENTRE should be established and made known to all staff. In the event of a risk in this zone, an alternate area should be designated.

ORGANIZATION OF COMMAND CENTRE

The Emergency Response of an incident will be coordinated from the Command Centre. The Incident Manager will coordinate the functions of the Command Centre.

If this area is at risk, an alternate Centre, such as the nursing station or a building outside the home, will be used.

Provide information on the location of the primary command centre and the proposed alternates:

Villa Colombo Vaughan Command Centre is in the main Reception

Secondary Command Centre: Casa Melatti Nurses Station (main floor)

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COMMAND CENTRE		July 2022

Communications by telephone will be centralized at Command Centre. The intercom or facility walkie/talkie (if available) will be used for internal communication. If telephone communications are inoperative, a staff member(s) will be designated as a runner.

Police and fire fighters are equipped with portable, 2-way radios and can serve as a mobile network.

Provide information/details concerning:

Back up communication via Land Line phone(s)
Secondary back up via cellular phone

Primary Location:

Main Reception Area - Land line
Emergency Preparedness Manual
Disaster Box
Fire Panel
Communication Centre

Secondary Location:

Casa Melatti - Land line (main floor)
Cellular phone - Manager on Duty
Disaster Box
Emergency Preparedness Manual

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-06	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ESTABLISHMENT OF ASSESSMENT & TREATMENT CENTRE		July 2022

ESTABLISHMENT OF ASSESSMENT AND TREATMENT CENTRE

An Assessment and Treatment Centre will be required, preferably, close to an evacuation route and nursing station. Victims will be taken to the centre for triage and first aid or initial treatment. Emergency Response Agencies will be notified of location. The Centre will be sealed/taped off, to keep out those not needed to care for the injured.

The Centre will be staffed by:

- Physician (may have to be called in):
  - **APPENDIX G: Physicians and Medical Director Name and Contact Information**
- Registered Nurses (released from routine duty);
- RPN's (as per re-assigned);
- HCA/Aides (as per re-assigned).

Families will be allowed into the Centre, only:

- If the resident's condition warrants it;

At the discretion of the Physician or Registered Nurse in charge of staff at the Assessment and Treatment Centre.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CATEGORIZATION OF INJURED		July 2022

CATEGORIZATION OF INJURED

The injured will be treated and classified as to severity of injury and care required.

Casualty Triage Tags will be used to classify the injured. The Administrator will ensure that triage tags are in each disaster box.

The following colours will be used:

CATEGORIZATION OF INJURED

TAG COLOUR	INDICATES
Red	• Serious injuries; immediate medical attention
Yellow	• Moderate injuries, medical attention required after seriously injured have been attended to.
Green	• Slightly injured, no immediate medical attention necessary
Black	• Deceased

Triage is often repeated by paramedical staff when they arrive at the facility.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	FAN OUT SYSTEM		July 2022

SUMMARY

A fan out system for the purpose of obtaining additional staff will be designed specific to the facility, incorporating the principles of proximity and availability.

GUIDELINES

An up to date fan out list (update at least monthly) will be kept in the Disaster Box(es) (a copy may be provided to an alternate facility which might call in staff in an actual emergency situation). Once personnel needs are determined, an individual(s) will be assigned to call in staff as required by the situation.

The Emergency Fan Out list may be left with another nearby facility who could call in staff. This would then free up the facility telephones and staff for the Emergency.

- **APPENDIX H: Staff Emergency Fan Out List**

Example:

DEAR STAFF MEMBER:

NOTE 1: LISTED BELOW IS A COMPLETE LIST OF ACTIVE STAFF AND THEIR RESPECTIVE TELEPHONE NUMBERS. (THE NAMES ARE PUT IN ORDER OF CLOSEST PROXIMITY TO THE HOME).
IN THE EVENT OF AN EMERGENCY REQUIRING THE STAFF MEMBERS TO REPORT TO THE NURSING HOME, YOU WOULD BE CONTACTED, MADE AWARE OF THE SITUATION AND ASKED TO REPORT TO THE NURSING HOME. YOU WOULD ALSO BE ASKED, WHERE APPLICABLE, TO CALL THE STAFF MEMBERS ASSIGNED TO YOU (AS INDICATED BY LINES).
** YOU ARE RESPONSIBLE FOR CALLING ONLY THE PERSON(S) LOCATED RIGHT UNDER YOUR NAME, HAVING CONNECTING LINE LEADING TO THEM.

NOTE 2: IF YOU CANNOT REACH YOUR DESIGNATED CONTACT PERSON(S) ATTEMPT TO LEAVE A MESSAGE, THEN CONTACT THE NEXT PERSON IN THE FAN OUT WHO THAT PERSON(S) WAS TO CONTACT (LOCATED UNDERNEATH – CONNECTED BY LINE).

NOTE 3: DEPENDING ON THE SITUATION, THE R.N. ON DUTY MAY CHOOSE TO DELEGATE THE CALLING OF THE ADMINISTRATOR AND DIRECTOR OF CARE TO A NURSING HOME.

					R.N. on Duty	**Dir**
Maintenance Person		**Administrator**		**Nurse Aide**		**Nurse Aide**
Housekeeping	**Dietary Aide**	**Activity Aide Rehab Aide**	**Nurse Aide**	**Nurse Aide**	**Nurse Aide**	**Nurse Aide**
Housekeeping	**Dietary Supervisor**	**Activity Director**	**Nurse Aide**	**Registered Nurse**	**Registered Nurse**	**Registered Nurse**
Laundry Aide	**Housekeeping**	**Housekeeping**	**Nurse Aide**	**Nurse Aide**	**Registered Nurse**	**Nurse Aide**
Office	**Dietary Aide**	**Cook**				**Nurse Aide**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-09	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CALL BACK LISTING		July 2022

PURPOSE

To provide clear direction on the process that must be followed to activate the staff call back during an emergency situation that requires additional staff

BACKGROUND

A staff call back is designed for the purpose of obtaining additional staff when required during an emergency situation. This differs from a fan out list where the system of call back has been predetermined, but should be designed to reflect the fan out list”

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

Each home will have a process established to call in off-duty staff in the event on an emergency. The staff call back list will be updated monthly and a copy provided to all department leads and administrative support staff.

A copy of the Staff Call Back List will be maintained in the Emergency Preparedness Plan and in the Disaster Boxes.

PROCEDURES

MAINTAINING THE STAFF CALL BACK LIST

ADMINISTRATOR

1. Ensure an up-to-date staff call back list (updated at least monthly) is kept in the disaster box(es) and the Emergency Preparedness Plan

Note: a copy of the emergency staff call back list may be left with another nearby facility who could call in staff. This would then free up the home telephones and staff for the emergency.

2. Provide a copy of the updated Staff Call Back List to all managers and administrative support staff

ACTIVATING THE STAFF CALL BACK LIST

INCIDENT MANAGER

1. In the event of an emergency, determine the need to activate the emergency staff call back list

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-09	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CALL BACK LISTING		July 2022

2. If additional personnel are required to respond to the emergency initiate the staff call back list, starting with the Administrator /Delegate or directly to the administrative support staff
3. Request the administrative support staff to call the emergency staff call back list before heading to the home to assist

- **APPENDIX I: Staff Call Back List**

Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	02-01-010	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECURITY - EMPLOYEES		July 2022

POLICY

Security measures must be implemented during an emergency situation as an element of safety for residents, staff, others, and security of property.

Unauthorized persons will not be allowed to enter the facility during an emergency response.

IDENTIFICATION

Employees and other authorized personnel will be provided with identification or wear their company identification and will be required to sign in and out of the facility at Command Centre.

White tape used for name tags are kept in the Disaster Box(es).

Local police authority should be contacted to supply barricades.

Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	02-01-011	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECURITY - FAMILIES/VISITORS/ VOLUNTEERS		July 2022

POLICY

Families of residents will be identified and given name tags, with names entered into the visitor registry.

Families and other visitors of residents will be assigned to wait in a safe area, internal or external to the facility.

A resident information centre will be established to provide information as it becomes available to families and the public (refer to **03-01-010 "Area of Refuge"**). Information to families with respect to condition of residents will be conveyed by the physician or Registered Nurse.

Admission of families to the assessment and treatment centre is not permitted except with the authorization of the Incident Manager.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-012	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECURITY GUARDS		July 2022

SUMMARY

Security guards may be hired to assist with security duties. The degree of security required will be related to the magnitude of the emergency.

SECURITY GUARDS

The Incident Manager will instruct the security guards as to:

- Entrances and exits to control;
- The time rounds of the premises are to be made;
- Areas to check, especially unsupervised areas;
- Evacuated areas to seal off, secure, and post appropriate signage.

The Incident Manager will provide keys to specific areas of the building to the security guard.

List the Security Agency Names and General Contact Information

Exclusive Alarms Security Company : (416) 247-0980

First Choice Security (416) 745-5762

- **APPENDIX J: Security Agency Name and Rep Contact Information**

Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	02-01-013	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MEDIA		July 2022

SUMMARY

The coordination of media information is critical to protect the privacy of residents, avoid misrepresentation of the events of the emergency and to ensure the public is kept accurately informed and updated.

MEDIA

The media **WILL NOT** be allowed to enter the building.

Only authorized personnel are allowed to give statements to the press; i.e.:

- Senior personnel of UniversalCare or Board Chairs/Owner; or
- Communications representative of Fire Department, Police Service, Paramedic Service or CEMC as determined by your Community Plan.

Contact police for troublesome persons.

- Refer to **03-01-016 "Notification of Media"**, Acute Emergency Response
- Refer to the **Communications Plan: 02-06-01 "Requirements"**

Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	02-01-014	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COOPERATIVE ARRANGEMENTS		July 2022

COOPERATIVE ARRANGEMENTS

A cooperative arrangement between the facility and neighbouring facilities will:

- Allow a sharing of resources at the time of an emergency;
- Ensure that designated hospitals consider this nursing home in their area-wide planning;
- Maintain arrangements with schools, churches, and other appropriate facilities in the neighbourhood that can serve as Evacuation Centres.

POLICY

All cooperative arrangements will be reviewed and updated annually or when a significant change occurs. All arrangements (including key location) should be confirmed with a letter of understanding and notification to emergency planning authorities and kept in a facility specific location.

- **APPENDIX K: Copies of Cooperative Arrangements**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-015	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	DEPARTMENTAL EMERGENCY TELEPHONE LIST		July 2022

SUMMARY

Emergency telephone lists are to be prepared to allow easy access to critical information in an emergency.

POLICY

Each Department must maintain and updated copy of the **APPENDIX A- Master Emergency Telephone List.**

It is suggested that each department must also maintain telephone lists that are department specific and include those contacts that may be required in an emergency.

Insert copies of the departmental telephone lists into the Disaster Box(es).

- **APPENDIX L: Departmental Emergency Telephone Lists**

Outline the location of each Departmental Emergency Telephone List:

Main Reception
DOC Office (Administrative)
DOC Office (Clinical)
Hair Salone
Program Manager Office
Social Work Office
Office Manager
Administrator
Board room
IPAC Lead Office
Nursing Scheduler Office
Registered Nurse Office
Physiotherapy Office/Gym
Rai-MDS Office
Nursing Scheduler Office
Kitchen
Dietary Manager Office
All Casa Nurses Stations (Guglietti, Bratty, Melatti, Ciccolini, G&G, DeGasperis

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-01-016	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ADMINISTRATOR PRE-PLANNING RESPONSIBILITIES CHECKLIST		July 2022

POLICY

The Administrator will maintain the responsibility to coordinate and direct all responses to all emergency situations.

RESPONSIBILITIES CHECKLIST

1. _____ Plan Emergency Preparedness Program for facility and plan major tests in accordance to the **01-01-01 "Updating, Evaluating and Testing"** Policy.
2. _____ Review and exercise a portion of the program annually.
3. _____ Review program annually with facility management team/department heads.
4. _____ Evaluate all emergency trials, i.e. fire drills, evacuations minor/major annually.
5. _____ Plan "SCRUM" - as per table top exercise.
6. _____ Work with community disaster planning services/ Regional authorities.
7. _____ Determine and formalize an area of refuge and evacuation sites.
8. _____ Contact community emergency supply depot.
9. _____ Determine transportation options.
10. _____ Determine exit/entrance (traffic flow).
11. _____ Update Disaster Box(es) monthly.
12. _____ Plan disaster drills; contact of residents, family, and neighbours re: disaster drill.
13. _____ Assist in preparation of departmental mini binders for key personnel.
14. _____ Make available to Fire Department the full volume of MSDS sheets to alert them to any potential hazardous, combustible, or flammable chemicals that may be on site.

To print above checklist refer to **"Checklist - Administrator Pre-Planning Responsibilities (02-01-25)"**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 02-01-017	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UPDATING, EVALUATING AND TESTING		July 2022

POLICY

The home must ensure that all plans are updated, evaluated and tested. The most current plan must be available upon requested and posted on the homes website.

A written record must be kept regarding the testing of the emergency plans, planned evacuation and of the changes made to improve the plans.

PROCEDURE- UPDATING

- The plan must be updated at least annually, including the updating of all emergency contact information
  - **01-03-07 "Emergency Telephone List"**
  - **01-07-01 "Community Consultation"**
- within 30 days of the Emergency being declared over

Note: All Community Entities, Residents & Family Councils must be offered the opportunity to offer feed back during the evaluation and updating process.

PROCEDURE- TESTING

Annually

- Test the emergency plans related to:
  - the loss of essential services,
  - fires,
  - situations involving a missing resident,
  - medical emergencies,
  - violent outbursts,
  - gas leaks,
  - natural disasters,
  - extreme weather events,
  - boil water advisories,
  - outbreaks of a communicable disease,
  - outbreaks of a disease of public health significance,
  - epidemics,
  - pandemics
  - floods,
  - including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

Triennially (At-least)

- Test **all other** emergency plans at least once every three years:

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: EMERGENCY PREPAREDNESS PROGRAM	Policy #: 02-01-017	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UPDATING, EVALUATING AND TESTING		July 2022

- Conduct a **planned evacuation** at least once every three years
- including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;

PROCEDURE- EVALUATION

- Within 30 days of an emergency being declared over, after each instance that an emergency plan is activated, or
- Annually should the plan not be activated.

Note: Emergency plans must be evaluated annually (or more often if necessary) to determine if changes need to be made.

- Changes may result from things like new hazards, different risk assessments, changes to building infrastructure, changing community partners, feedback from other emergencies plans enacted in the area, and the like.

References

- Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. Reg 268
- Long-Term Care Emergency Preparedness Manual, May 2022

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR EVACUATION	Policy #: 02-02-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EVACUATION ROUTES		July 2022

PLANNED EVACUATION

The decision to evacuate an entire area or entire building will be determined by the Incident Manager and/or the Fire Department and communicated by:

Intercom system stating “CODE GREEN”, specified zone x3.

- When evacuation is related to a fire hazard, the second stage alarm will be initiated by the Fire Department or Incident Manager if necessary.
- Sending a runner should the communication system fail.

Under planned evacuation, primary and secondary evacuation routes are pre-assigned. When an evacuation is ordered, staff must move residents along pre-assigned routes to safety.

Potential primary and secondary evacuation routes are to be outlined on copies of floor plans or sketches on diagrams which are clearly labeled, copies of which are kept in the Disaster Box(es).

Administrative, Supervisory and Registered staff must be familiar with the plan and be able to direct such an evacuation.

PLANNED EVACUATION ROUTES SHOULD BE APPROVED BY THE FIRE DEPARTMENT IN THE FIRE SAFETY PLAN TAKING INTO CONSIDERATION SPACE FOR LARGE TRANSPORT VEHICLES, BARRICADES, FIRE TRUCKS AND FIRE LINES.

Designated and alternate exits are to be used during Planned Evacuation.

Identify the primary and alternate exits to be used. Provide details specific to your facility.

Primary Evacuation Area: Southwest corner of the parking lot
Secondary Evacuation Area: Southeast corner of the parking lot

As per Fire Safety Plan: Fire evacuation routes are usually away from the fire. Depending on the situation, the amount of smoke, and the flow of traffic or fire fighters.
The Emergency Response Marshal may permit the movement of residents past the room with the fire it it is safe, and more expedient to do so.

The objective of the evacuation is to remove residents away from the source of danger to a safe area in the shortest possible time. The source of danger may be in many forms: fire, chemical spill, external air contamination,loss of services which over time would endanger resident safety.
All residents are moved from the facility to an alternate location, designated area of refuge (rear parking lot) or Richview Manor Retirement Home and Mackenzie Health LTC

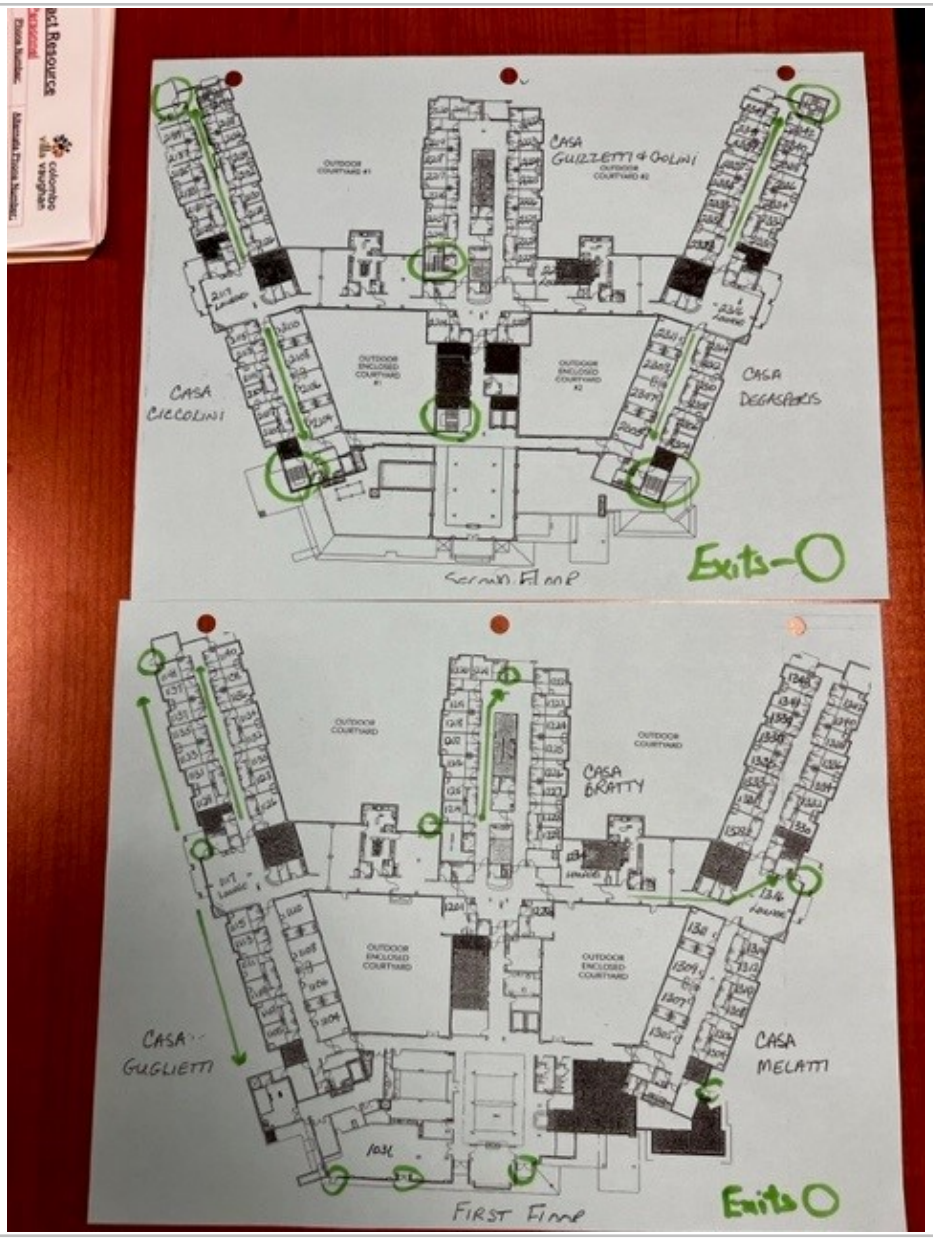
Section:	Subject:	Policy #: 02-02-01	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PLANNING FOR EVACUATION	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EVACUATION ROUTES		July 2022

This preplanned evacuation routes will be a guideline only. The Incident Manager will determine the appropriate exit(s) at the time of a disaster.

The keys for locked gates, if appropriate, are to be kept at exit doors on each wing.

- **APPENDIX M: Diagram of Physical Facility of Pre-Planned Traffic Flows for Exit from each Zone**
- **APPENDIX N: Floor Plan Outlining Primary Evacuation Routes**
- **APPENDIX O: Floor Plan Outlining Secondary Evacuation Routes**
- **APPENDIX P: Floor Plan Outlining Other Alternative Evacuation Routes**

Diagram of the physical facility showing pre-planned traffic flows for exit from each zone.



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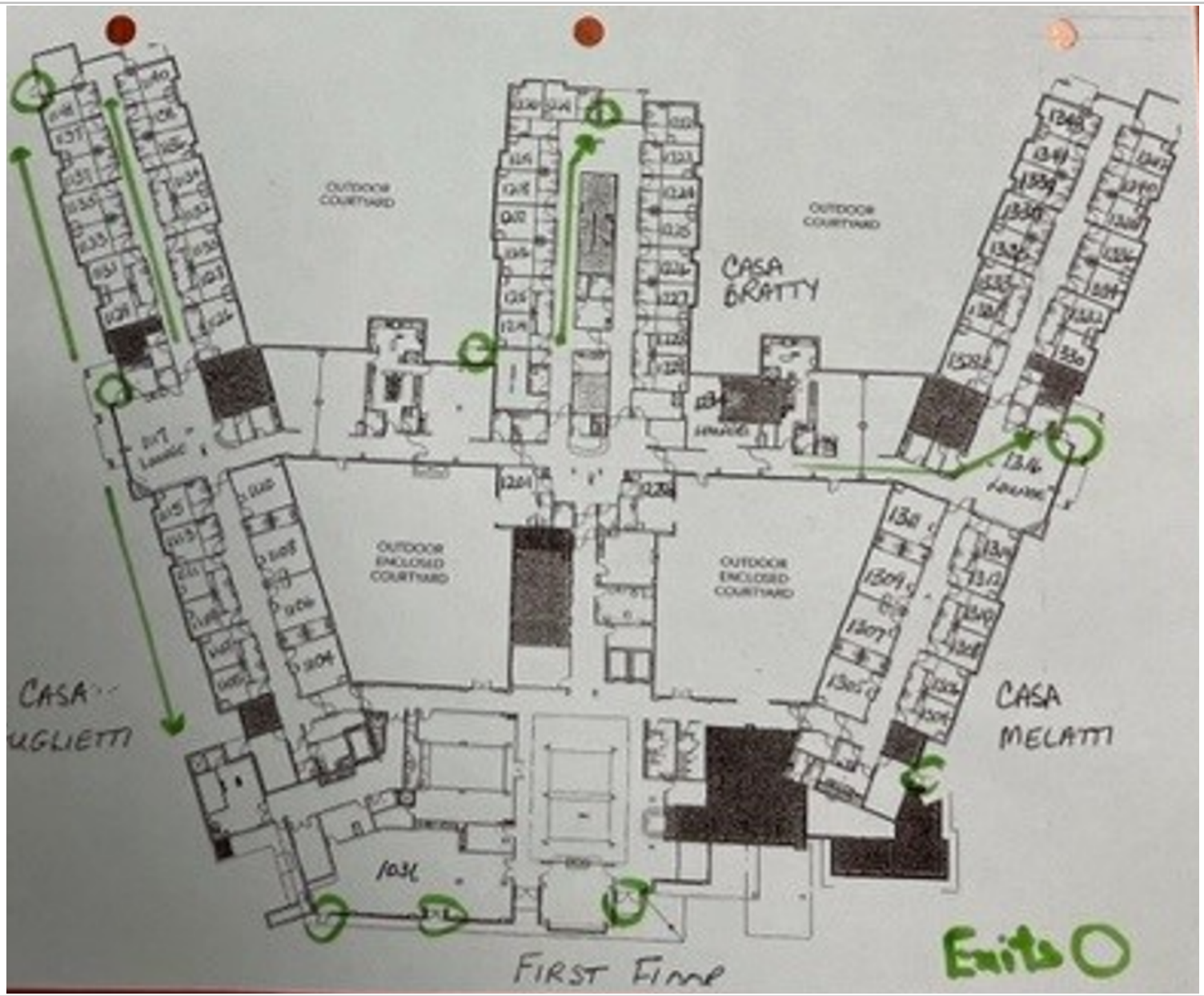
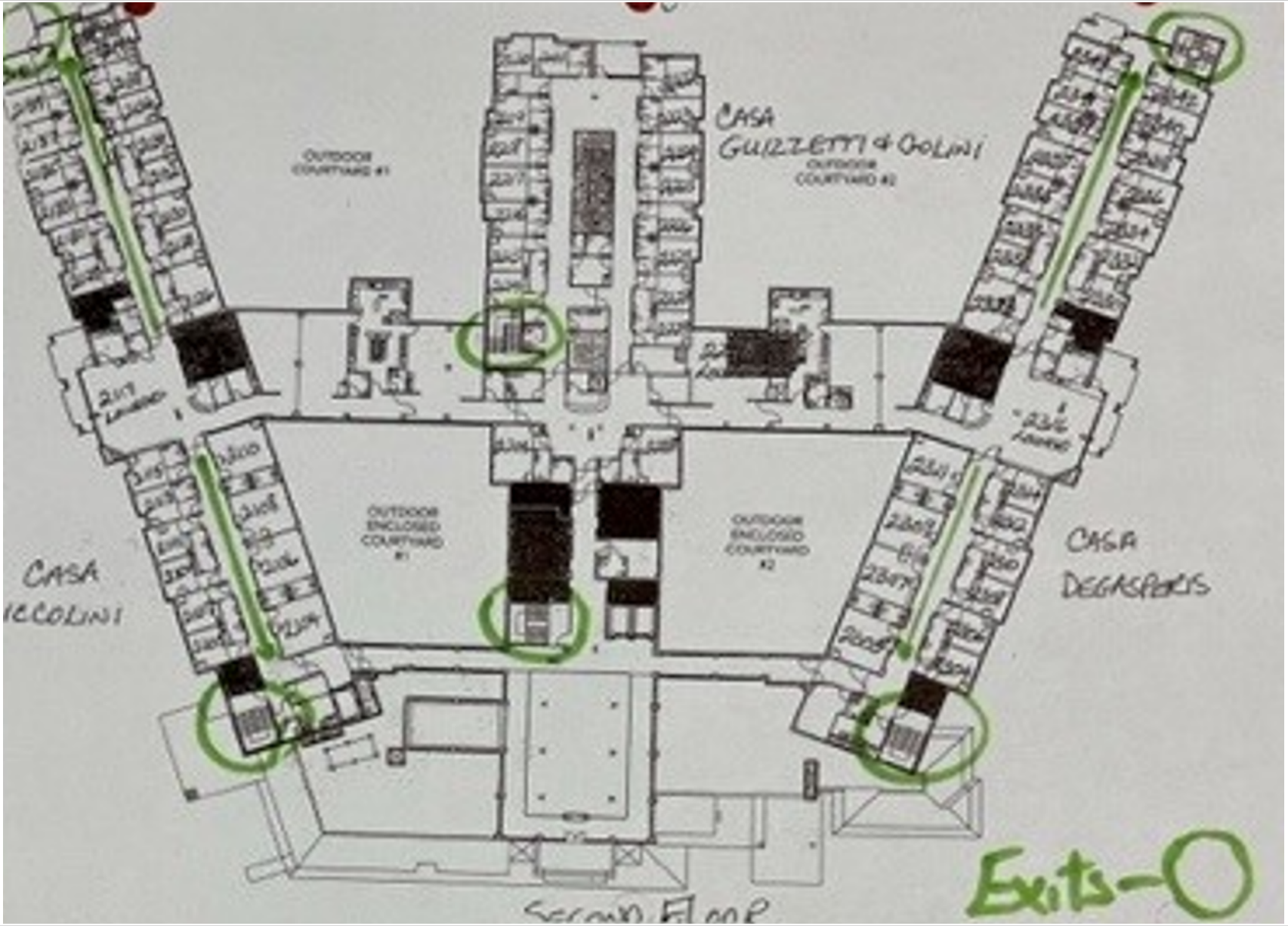
Floor Plan Outlining: Primary Evacuation Routes



UNIVERSALcare

Floor Plan Outlining: Secondary Evacuation Routes



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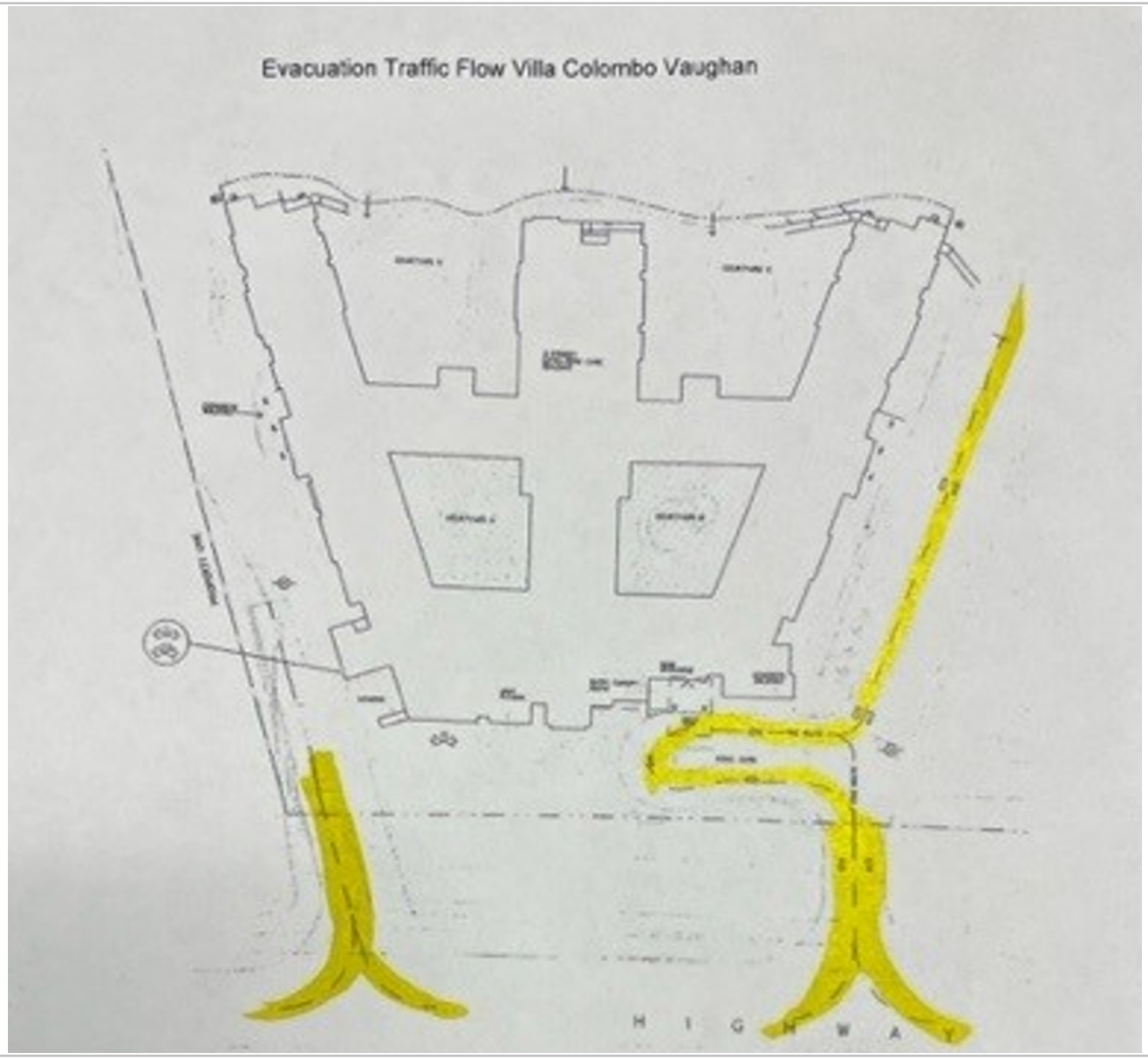
Floor Plan Outlining: Other Alternative Evacuation Routes



Section:	Subject:	Policy #: 02-02-02	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING		
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	PLANNED EVACUATION OF RESIDENTS		July 2022

EVACUATION OF RESIDENTS

Residents will be moved in a calm and orderly manner utilizing the team and chain procedure. They will be moved by staff in single file, or in groups, along the evacuation route. Rooms evacuated will be flagged using the facility evacuation identification system. Keep residents apprised of what is occurring.

Administrators will ensure the facility evacuation identification system has been approved by the Vice President of Operations/Designate at the corporate level and that all staff are trained in its use.

The evacuation of resistive residents shall be left until all other residents are evacuated from the zone.

When residents are being transferred from the facility:

- Obtain identification tags and markers from disaster box(es) for resident identification. Complete with resident's complete name;
- Those requiring the same level of care (residents from a particular unit), should be relocated together to simplify the matching of residents with staff from their unit;
- Check the resident's tag and make sure it is complete and accurate.
- **Refer to the Code Green policy: 03-03-01 "Procedure"**

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: POLICY RECORDS	Policy #: 02-02-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	SELECTING EVACUATION AREAS		July 2022

PURPOSE

The purpose of this procedure is to provide guidelines on the pre-selection of evacuation meeting areas for each home.

BACKGROUND

During an evacuation of the home, persons will gather in the evacuation meeting area. The evacuation meeting area provides a location to conduct an accountability to determine if everyone has been able to leave the building, a triage area for those in medical distress, assists in controlling the movement of people in an emergency situation, and serves as a common point for staff and emergency services to tend to the residents.

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

Evacuation meeting areas must be selected prior to an emergency occurring and staff must be trained in the location of the identified area(s) assigned as evacuation meeting area(s) for use during an emergency evacuation.

SELECTING EVACUATION MEETING AREAS

Each home must have at least one primary evacuation meeting area and one alternate evacuation meeting area. The Administrator will be responsible for predetermining the Evacuation Meeting areas using the following guidelines:

- Evacuation areas are typically in a parking lot that is maintained year-round (e.g., snow removal in winter, does not flood in heavy rain)
- Keep the evacuation meeting areas off of major driveways or fire routes that emergency vehicles may be using
- Evacuation areas should be on the opposite end of the parking lot from the home – providing some distance from the building
- Lawn areas may be used where parking areas are not accessible
- Where possible an evacuation meeting area should be upwind from the most common prevailing winds
- Evacuation meeting areas should have exterior lighting to safely walk to during night hours
- Evacuation meeting areas should be away from potential hazards such as electrical transformers, natural gas lines / meters, propane, or other fuel storage, etc.

Evacuation meeting areas should be marked with a sign that indicates “Evacuation Meeting Area” with the location area marked on the sign (e.g., “Evacuation Meeting Area A”)

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: POLICY RECORDS	Policy #: 02-02-03	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	SELECTING EVACUATION AREAS		July 2022

No evacuation meeting areas will be “perfect”. Evacuation meeting areas are selected for the purpose of having a location to quickly meet at outside of the building. Once assembled and an accountability has taken place, the Incident Manager may direct persons to an area of refuge or to a location away from the home should there be a risk (e.g., smoke) for the current evacuation area.

Upon evacuation a "triage area" should be established at the evacuation meeting area to care for those who may require immediate medical assistance. This area should be part of the evacuation meeting area but separated to keep those requiring immediate medical assistance separate from those who are "stable".

The "triage area" will, where possible, have easy access to the street for EMS to access the patients in the triage area.

ACCOUNTABILITIES FOR COMPLIANCE

ADMINISTRATOR

Responsible for pre-selecting a primary evacuation meeting area and an alternate evacuation meeting area at each home. The evacuation meeting area will be posted at each home and all staff will be informed of the location

TRAINING AND EDUCATION FOR STAFF

All employees, students and volunteers must, at minimum, be aware of the evacuation meeting areas. Prior to an employee starting their first shift, and annually thereafter, staff and volunteers must complete an Emergency Preparedness Training Program.

Refer to: **05-01-02 "Minimum Components"** for more details.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	AREA OF REFUGE		July 2022

PURPOSE

To provide the home with clear direction when determining an area of refuge.

BACKGROUND

An "area of refuge" is a TEMPORARY REFUGE FOR RESIDENTS AND STAFF AND/OR A SITE FOR TRIAGE but does not allow for care to be re-established. Examples of areas of refuge may include church or place of worship, school, recreation centre, community hall, theatre, mall, or other location that can accommodate the residents and staff from the home.

The area of refuge will be external to the current residential care home, however, it may be an adjoining building, as long as the building has a separate utility and a clear fire separation.

If an "area of refuge" is not available in a building in close proximity, an agreement with a bussing company to provide accessible busses may serve as temporary shelters on a very short-term basis or to transport the residents to a shelter later on.

Access should be available 24 hours per day.

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

Each Home will identify and establish a memorandum of understanding with regards to having an area of refuge in the event that an emergency evacuation must take place.

You must have an agreement between area of refuge and facility that is **updated Annually**.

DEFINITIONS

AREA OF REFUGE

Is temporary refuge for residents and staff and/or a site for triage but does not allow for care to be re-established.

ESTABLISHING AN AREA OF REFUGE

Each home will make plans and establish memorandums of understanding for an area of refuge in the event that the home must be evacuated under emergency conditions.

The Memorandum of Understanding will include at a minimum the following:

- Location of the Area of Refuge
- Capacity of the Area of Refuge
- Contact information and notification procedures including 24-hour notifications for after hour access

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	AREA OF REFUGE		July 2022

- Wheelchair accessibility
- Fees, charges or other associated costs or confirmation of no fees / charges / costs
- Annual confirmation

ACCOUNTABILITIES FOR COMPLIANCE

ALL STAFF

- Responsible to ensure that they understand and comply fully with the Area of Refuge policy and procedures

VP OF OPERATIONS/DESIGNATE

- Accountable for removing and reporting of barriers to compliance
- Responsible for supporting, advising, and directing the home's management team
- Accountable for promoting and confirming implementation and application of the policy within their region

ADMINISTRATOR

- The Administrator shall establish an agreement for an "area of refuge" that can be accessed 24/7 in the event of an evacuation and ensure that all department heads and Nurses are aware of the location(s) and notification procedures
- Accountable for ensuring the home's operations align with corporate objectives and priorities and jurisdictional requirements

DIRECTOR OF CARE

- Accountable to oversee the implementation of the Area of Refuge policy and procedures in the home
- Responsible for ensuring the Area of Refuge policy and procedure is communicated to all persons having any type of working or non-working relationship with the home
- Accountable for ensuring each employee and volunteer is made aware of the contents of the Area of Refuge policy through orientation and implementation of employee/volunteer training
- Responsible for ensuring that at least once in every calendar year, an evaluation is made to determine the effectiveness of the Area of Refuge policy and procedures

Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	02-02-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	AREA OF REFUGE		July 2022

Insert the facility names and locations that you have an agreement with below. It is best to establish one location if possible to keep all residents together until or if more permanent accommodations can be determined.

Letter of Agreement for Emergency Temporary Shelter

Richview Manor Retirement Living
Tel: (905)-585-5000, Ext. 103
Fax: (905-585-5555
Address: 10500 Dufferin St.,
Maple, ON L6A 4R1

Duration of Agreement: November 1, 2022 - November 1, 2024

Mackenzie Health Long Term Care
(905) 883-1221
10 Trench Street
Richmond Hill, Ontario
L4C 2Z3

Duration of Agreement: January 1, 2023 - January 1, 2024

- **APPENDIX Q: Area of Refuge Agreements**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - RESIDENTS		July 2022

SUMMARY

Transportation options will be required for relocation of residents and equipment to the evacuation site.

POLICY

In order to plan for the safe transport of residents, it is important to try to categorize residents by need and establish the type and number of transportation vehicles that could be required.

PROCEDURE

# of Residents		# and Type of Transport	
60	Ambulant	2	car/buses
100	Wheelchair	2	disabled transport buses
0	Bedridden	___	ambulance
0	Other	___	ambulance bus
___	Home (facility)	___	
160	Total Residents		

In the example of a controlled emergency it will be helpful to have predetermined vehicle and exit locations; i.e., ambulance to front door, buses to receiving where they can turn around.

Distance to Transfer Site: 17.6

Estimated Length of Time to Transfer Total Residents: 65 minutes

FACILITY SPECIFIC PLANNING IS REQUIRED FOR TRANSPORTATION OF RESIDENTS.

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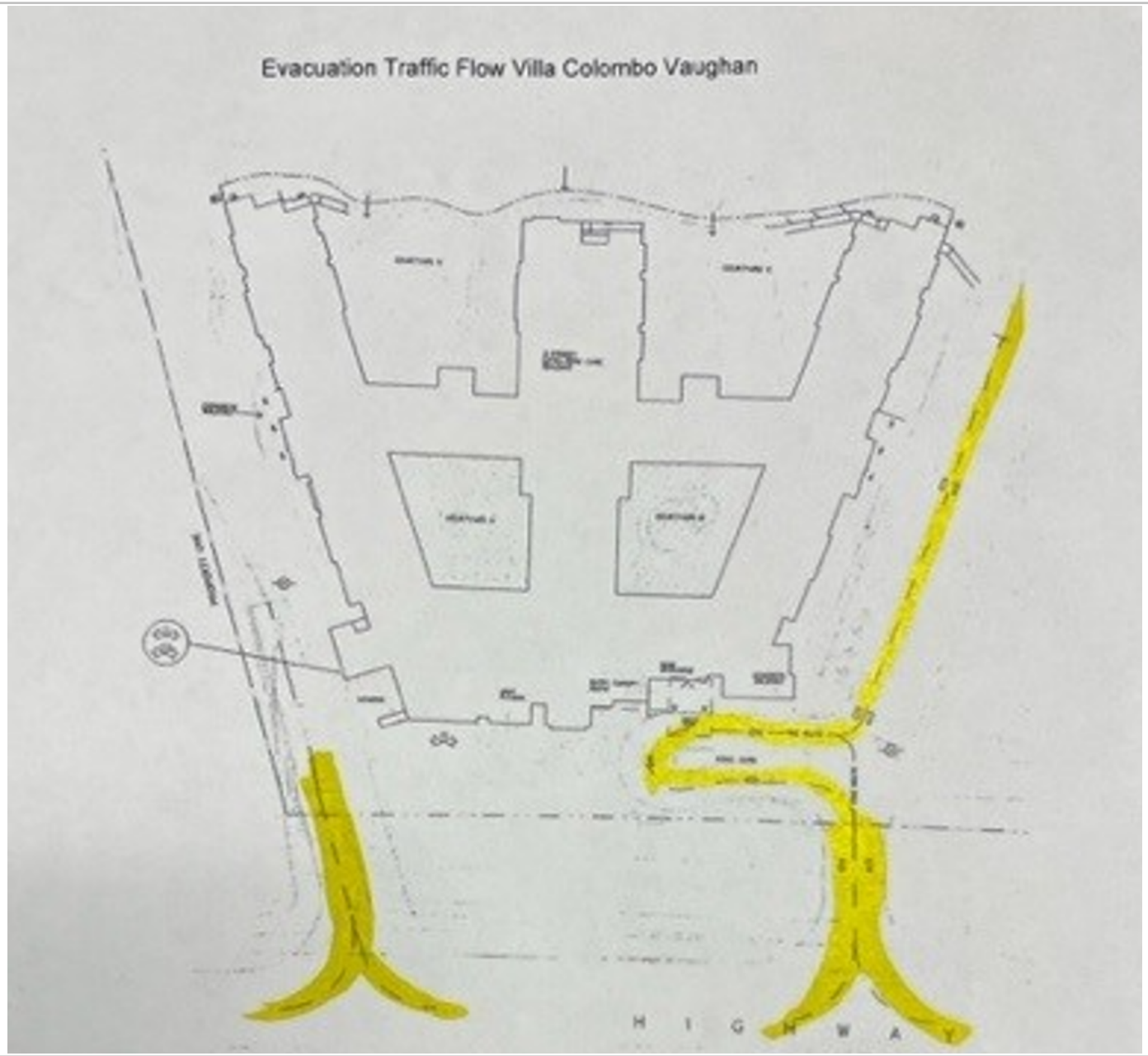
Floor Plan of Predetermined Vehicle and Exit Locations



Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - RESIDENTS		July 2022

General Organization Information i.e name, phone number and transport capacity available for service:

Ambulance/Ambulance Bus

York Simcoe Transfer Service (289) 338-4188
Metro Ambulance Services 911 or (416) 392-2000

Handi Van:

York Region Mobility on Request 1-866-744-1119 (van)

Private Car:

York Region Mobility on Request 1-866-744-1119 (car)

Trucks – for moving equipment:

Two men and a Truck (647) 560-2592
Vaughan Movers Moving Company (289)809-3474

Taxi:

New Transportation Inc (416) 300-4360
GTA Accessible Transportation Inc. (416) 834-5559 or 1-800-936-3040

- **APPENDIX R: Transportation Agency Name and Rep Contact Information**
- **APPENDIX S: Floor Plan of Predetermined Vehicle and Exit Locations**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION- RESIDENTS VEHICLES OPERATION BY STAFF, STUDENTS OR VOLUNTEERS		July 2022

PURPOSE

Ensuring the transportation of clients and residents is done safely is essential. The policy is to minimize the risk to the passengers and to provide guidelines in the event of a transportation accident or emergency.

BACKGROUND

The home may utilize corporate, staff, or volunteer vehicles for resident outings and events to transport clients and residents to and from programs, events, appointments, and other outings. It is vital that this is done in a safe and controlled manner.

SCOPE

This policy applies to all UniversalCare homes and corporate offices.

POLICY

The transportation of residents in vehicles operated by staff or volunteers must be done in a safe manner. Any accidents occurring while operating a home vehicle or transporting clients / residents must be reported immediately to both the police and the Administrator.

ACCOUNTABILITIES FOR COMPLIANCE

ALL PERSONS

Responsible to ensure that they understand and comply fully with the transportation policy and procedures

VP OF OPERATIONS/DESIGNATE

Accountable for removing and reporting of barriers to compliance.

Responsible for supporting, advising and directing the home’s management team.

Accountable for promoting and confirming implementation and application of the policy within their region.

ADMINISTRATOR

Accountable for ensuring the residential care home’s operations align with corporate objectives and priorities and jurisdictional requirements.

Accountable to oversee the implementation of the Transportation policy and procedures in the . home

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION- RESIDENTS VEHICLES OPERATION BY STAFF, STUDENTS OR VOLUNTEERS		July 2022

DIRECTOR OF CARE

Responsible for ensuring the Transportation policy and procedure is communicated to all persons having any type of working or volunteer relationship with the home.

Accountable for ensuring each employee and volunteer is made aware of the contents of the Transportation policy through orientation and implementation of staff / volunteer training

Responsible for ensuring that at least once in every calendar year, an evaluation is made to determine the effectiveness of the Transportation policy and procedures

STAFF

Responsible to ensure that they understand and comply fully with the Transportation policy

DEFINITIONS

REGISTERED STAFF:

refers to registered nurses, registered practical nurses, and licensed practical nurses;

CARE STAFF:

refers to healthcare aides, nursing assistants, and personal support workers

PROCEDURE

1. Provide proof of being appropriately licensed on an annual basis for the type of vehicle(s) being driven
2. Immediately report the loss of your license (even if temporary) for any reason to the Administrator/Designate. No person will drive a vehicle with a passenger on board or any residential care home vehicle when they are not properly licensed
3. Immediately report the accumulation of demerit points of 6 or more points to the Administrator/Designate. Management will review the circumstances of the point accumulation to determine whether or not the staff member or volunteer should continue driving the rhome's vehicles or vehicles with the home's passengers
4. Provide an annual drivers abstract from the local police service and submit it to the Administrator/Designate. Management will review any accumulation of 6 or more demerit points and the circumstances of the point accumulation to determine whether or not you should continue driving vehicles with passengers
5. New drivers must provide the driver's abstract at their own cost. The home will reimburse the cost of subsequent annual driver's abstracts with the submission of an official receipt
6. Complete the appropriate forms if involved in a collision with a home vehicle or any vehicle with a resident on board

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7. The home will ensure appropriate liability insurance on all its vehicles
8. When private/personal vehicle(s) are being used to transport residents, they must have a minimum of $3,000,000 liability insurance
9. Drivers will complete a daily inspection of home vehicles using the approved check sheet. Report any vehicle deficiencies to the Administrator
10. Emergency exits will be kept clear at all times and will be checked daily as part of the daily vehicle check
11. No person will drive a home vehicle or transport residents while under the influence of alcohol or illicit drugs (any consumption within the past 12 hours)
12. No person will drive a home vehicle or transport residents while taking any medications that may cause drowsiness or impairment
13. It is critical that drivers have their full attention on driving and are not distracted or have their vision or ability to hear passengers or emergency vehicles impaired by any device. While driving a home vehicle or transporting a resident DO NOT:

- Use a cell phone while driving, including hands free cell phones. Cell phones will only be used while the vehicle is in park
- Use other devices or communications, including email, texting, SMS, programming GPS
- Use a headset or have music turned up so as to impair the ability to hear passengers, horns or emergency vehicles

14. All bus drivers will participate in a vehicle evacuation exercise annually
15. At the end of each trip the bus driver will walk through the bus checking for items or persons who may still be on the bus. A walk around the bus will be done to check for any unnoticed damage and to ensure the vehicle has been parked safely
16. Drivers will notify the office of any delays in their assigned travels
17. All persons will always wear seatbelts during the transportation. Drivers will check to ensure all persons are properly secured in a seatbelt.

ADMINISTRATOR / VOLUNTEER COORDINATOR

1. Assess driving experience of all new drivers for suitability in driving vehicles with the home's passengers
2. Keep a photocopy (front and back) of the driver's license for each staff or volunteer driver on file
3. Add regular drivers to the vehicle insurance list provided to the insurance company
4. When staff and volunteer drivers report the accumulation of demerit points of 6 or more points review the circumstances of the point accumulation to determine whether or not the driver should continue driving the home's vehicles or vehicles with the home's passengers
5. When staff and volunteer drivers who drive a home vehicle or transport passengers have an annual drivers abstract done, review it for any accumulation of 6 or more demerit points. If there is points accumulation of 6 or more, review the circumstances

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of the point accumulation to determine whether or not the driver should continue driving vehicles with passengers

6. Ensure there is appropriate liability insurance on all the home's vehicles
7. Ensure each of the home's vehicles have an annual certification as required by the provincial transportation officials
8. Ensure brake inspections are conducted every 6 months on the home's vehicles by a mechanic
9. In severe weather, monitor the activities of the local school bus services. If school buses have their routes canceled due to severe weather, then the home will cancel all transportation. The Administrator/Designate may cancel transportation at their discretion even if the school bus services continue to operate

VEHICLE ACCIDENT

STAFF / VOLUNTEER INVOLVED IN THE ACCIDENT

In the event of any accident while driving a home vehicle or any vehicle while transporting residential care home passengers, the following procedures will be followed:

1. Call 9-1-1 if injuries, fuel spillage, fire or any risk of other hazard
2. If there are not any injuries, fuel spillage or hazards call Police non-emergency number or proceed to the closest collision reporting centre
3. Evacuate the vehicle if there is any risk to passengers by remaining in the vehicle. Where possible, evacuation will be completed through the normal vehicle doors
4. If there is fire, smoke, or normal entrances are blocked, emergency exits shall be utilized. Where possible, one staff member / volunteer will assist the passenger from inside the vehicle and one staff member / volunteer will assist from outside the exit
5. Provide first aid to any injured persons
6. If there is no risk of fire or other immediate hazard to the passengers they should remain in their seats. Injured persons should not be moved unless remaining in their location puts them at greater risk (e.g. need to evacuate)
7. If the vehicle is in a dangerous location due to other traffic, notify the Police
8. Call the Administrator / delegate as per phone list on the bus
9. Exchange the following information with any other vehicles involved in the accident:
   - License plate
   - Vehicle description (make, model, colour, approximate year)
   - Driver's name, address, license number
   - Insurance company / policy number
   - Ownership registered to (name, address)
10. A disposable or digital camera will be kept on board each of the home's vehicles. The driver or other staff member will take photos of any damage to the home's vehicle, other vehicles involved, or any property damaged. A photo of the intersection or roadway will assist in confirming the weather conditions

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11. In the event of a mechanical breakdown, move the vehicle to a safe location off the traveled portion of the road if possible and use reflective markers to denote a disabled vehicle
12. Complete the accident report form and submit to the Administrator
    - **"Collision Reporting Forms (02-01-02)"**

ADMINISTRATOR

1. Provide guidance and support to the staff / volunteer involved in the accident
2. Determine if a supervisor / manager will proceed to the accident scene (if safe to do so). This would be to assist or provide guidance to any staff, volunteers, residents or clients involved in the accident, take photographs of the accident, secure property, liaise with police or others
3. Ensure an accident report is completed by those involved in the accident
4. Ensure any damage to the home's vehicle(s) is repaired and the vehicle(s) deemed safe

RELATED REPORTS AND CHECKLISTS

- **"Collision Reporting Forms (02-01-02)"**
- **"Vehicle Circle Check (02-01-12)"**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PRE-PLANNING	Policy #: 02-02-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - EQUIPMENT		July 2022

SUMMARY

Transportation options will be required of equipment and supplies to the evacuation site.

The following is a list of items that may need to be transported:

- Staff Phone List;
- Family Phone List;
- 24-hour Census;
- 24-hour Unit Reports;
- Medication Administration Binders;
- Resident Care Plans;
- Health Care Records;
- Addressograph Cards;
- Addressograph Machine;
- Adequate blankets/bedding/towels;
- LOA book;
- Staff Roster;
- Medications and Medication Carts;
- Emergency Drug Box;
- Suction Machine;
- Oxygen Concentrators/Tanks
- Residents' personal clothing/grooming aids;
- Food and Food Service Supplies (e.g. Disposable dishes, cutlery, serving utensils, carts, etc.);
- Nursing supplies;
- Mattresses;
- Commode chairs/bed pans;
- Linen – incontinent products, pillows;
- Computer Disks;
- M.S.D.S./S.DS Mater Binder;
- Soap.

Estimate number of trucks required to transport necessary supplies based on your external evacuation site 2

Section:	Subject:	Policy #: 02-02-07	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	Implemented	Reiewed
Approved by Senior Director of Corporate and Building Services	TRANSPORTATION - EQUIPMENT		July 2022

Insert the type and number of transportation required to relocate residents, equipment and supplies to evacuate site.

Ambulance bus - 2
Accessibility Bus - 2
Transport Truck - 2

Section:	Subject:	Policy #: 02-02-08	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PRE-PLANNING	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	PRE-PLANNING RETURN		July 2022

SUMMARY

It is important that the return to the facility be preplanned to ensure the transfer is safe and minimizes any further trauma.

It may be necessary to arrange for counseling and support services for residents and staff and families/significant others prior to the return, during the return and for the adjustment period following.

Refer to **04-01-02 "Checklist - Returning to Evacuated Area"**, Post-Emergency.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF UTILITIES		July 2022

SUMMARY

Most Internal Emergency Response situations will involve the loss of at least one utility. It is important to pre-plan for these losses and set up contingency arrangements in order to maintain safe resident care.

Many emergency situations will require the shut off of the main supply of the utility service.

FACILITY SPECIFIC:

- Shut off procedure for each utility;
  - **APPENDIX T: Utility Specific Shut Off Procedures**
- Facility floor plan with locations marked for (main water valve, electricity shut off, gas shut off, emergency electrical outlet);
  - **APPENDIX U: Floor Plan with Marked Locations for Main Water Valve, Electricity Shut Off, Gas Shut Off, Emergency Electrical Outlet**
- Firms and contact numbers of each utility agency.
  - **APPENDIX V: Utility Agency: Firms and Rep Contact Information**

Insert the Utility and General Vendor Contact Information:

Water
City of Vaughan Public Works (905) 832-8562 Ext. 8807
Hydro Power Stream/ Alectra 1-877-963-6900
Enbridge Gas Emergency: 1-866-763-5427
Refrigeration: Belvedere Refrigeration: (416) 247-0980
Locks and Keys: Security Locksmith & Design 1-866-504-8861
Plumbing: Green Point Mechanical: (905) 264-0554
Waste Management: 1-800-929-3867
Ambient Mechanical (cooling tower/chiller) 1-877-9007-7720
Wynn Construction (General Contractor) (416) 987-2874 Ext 239
Schindler Elevator Corp: (416) 332.9090

UNIVERSALcare

Facility Floor Plan with Marked Locations for Main Water Valve, Electricity Shut Off, Gas Shut Off and Emergency Electrical Outlet

EQUIPMENT LOCATION

TYPE OF EQUIPMENT	LOCATION (Give exact location description)
Annunciator	Reception Area
Diesel Tank	Not Applicable
Elevator Room	Basement
Fire Control Panel	Reception Area
Fire Pump	Not Applicable
Generator Room	Basement
Heat Tracers	Not Applicable
Main Electrical Shutoff	Electrical Room (Basement)
Main Gas Shutoff	Outside Receiving Area
Sprinkler Controls	Sprinkler Room (Basement)
Standpipes	
Sump Pumps – Building	Boiler Room (Basement)
Sump Pumps – Elevator	Basement Chute Room
Water Shutoff	Sprinkler Room (Basement)
Enterphone	Receiving Dock & Main Entrance
Access using cards, fobs, keys, remotes	All doors
Other Items	

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-01	
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Approved by Senior Director of Corporate and Building Services	LOSS OF UTILITIES		

IMPACT OF LOSS OF UTILITIES	EXAMPLES OF CONTINGENCY ARRANGEMENTS
Loss of Power: • Loss of lighting • Loss of telephone • Loss of Oxygen concentrators • Loss of suction machine • Loss of fridge/freezer • Loss of generator	• Rental of mobile generators • Battery operated flashlights • Rental of halogen light banks • Gasoline for generator • Identify other dedicated telephone lines that may be available; i.e., fax line • Rental of cell phones • Oxygen supplies
Loss of Water: • Heating boilers • Drinking Water • Sewage Disposal • Refrigerator Unit etc.	• Hook up to fire hydrant • If power available, rental of construction heaters • Culligan Telephone # • Rental portable toilet
Loss of Natural Gas: • Loss of washers/dryers • Loss of hot water etc.	• Arrange external laundry services • Rental of electric heating coils for heating water.
Loss of Sewer Service: • Loss of toilets • Loss of drains and tubs • Loss of drains to laundry equipment	• Arrange portable toilets • Collection & disposal of waste arrangements

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF POWER		July 2022

PURPOSE

To provide staff with a basic understanding of the operation of the Generator Power System.

PROCEDURE

Flashlights will be kept at each nursing station to assist in the event of a power failure.

In the event of an electrical power failure the facility's Standby Diesel/Natural Gas Generator System will be automatically activated.

The expected sequence of events will be as follows:

1. When the electrical power to the Home is interrupted, there will be up to a ten second delay during which time the Home will be in darkness, then the lights will be restored. The ten second delay is the time required for the engine to start.
2. There will be emergency lighting throughout the building. Not all lighting will operate.
3. Normal electrical outlets will not have power throughout the facility. However, there are emergency power outlets available which are marked outlets (labeled or coloured).
4. When the outside power comes back on, the generator will automatically shut off after a short cool down period.

Maintenance Staff

1. The tank holds enough gas to fuel to last N/A **hours;** however, fuel consumption must be monitored every 8 to 12 hours. Order fuel when it reaches ½ tank.
   - **Note:** This does not apply to natural gas powered generators

Registered Nurse /Incident Manager

1. During a power failure, assume the role of Incident Manager.
2. If a power failure lasts for more than 2 hours, contact the local utility for an estimate on when power will be restored.
3. Provide the information gathered to the Administrator.
4. If a power failure lasts for more than 2 hours, notify the maintenance manager/ designate who will set up a time to inspect the generator to ensure it is running within specification (e.g., temperature) and ensure adequate fuel.
5. If a power failure lasts more than 2 hours, notify the Dietary Manager so that an alternate meal can be planned if required and the fridge/freezer temperatures can be monitored and recorded.
6. Notify the Administrator/designate if additional staff are required to assist with tasks due to the power failure.
7. Consider canceling programs, special events and non-essential activities and reassigning staff in these departments to assist with essential services.

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8. If the power failure lasts more than two hours the Senior Incident Management System and team may be activated.
9. if the back up Generator System does not work, you have 3 hours to rent and get another portable Generator on-site.
10. Ensure Mag lock doors or door security systems are engaged/operational, if not steps to monitor and secure doors should be taken

Registered Staff

1. Complete nursing documentation on the appropriate back-up forms until the computers are operational again (if required).
2. Once the power returns take steps to ensure documentation is added.

GENERATOR TESTING

Maintenance Staff

1. The generator will be tested by Maintenance staff on a weekly basis as per the specifications of the manufacturer.
2. When the generator is tested it will normally be run at a 30% load.
3. Arrange for the generator to be inspected and tested by an authorized service company twice per year.

Provide general details on Generator access and hook up for your home.

The home runs on Natural Gas Generator

The box to connect the diesel generator is located on the back of the building by the loading dock

Generator Services: Ozz Electric (905) 326-2437

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Facility specific impact of loss of power, listing equipment systems that will not operate without power supply and identified cooperative arrangements.

AC Chiller, Kitchen Blixer, lights in resident bedrooms, dishwasher

All other items will run in the generator

ADC (Super User back up keys)

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: (**02-01-015 "Departmental Emergency Telephone List"**) **01-03-07 "Emergency Telephone List"**

- **APPENDIX T: Utility Specific Shut off Procedures**
- **APPENDIX V: Utility Agency: Firms and Rep Contact Information**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF WATER		July 2022

STATEMENT OF INTENT

To provide an alternate supply of water in the event of a city water supply disruption and initiate a plan of water conservation within the facility.

The major issue with a water system failure is sanitary and hygiene use such as flushing toilets, bathing etc. Water for cooking and drinking should be available or accessible in adequate amounts through bottled water.

PROCEDURE

Administrator

Ensure that there is a minimum of 160 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

Designate the maintenance person or an alternate staff member to contact the Public Works Department for information regarding the severity and duration of the disruption. The staff member who contacts the Public Works Department will communicate this information to the Registered Nurse, Director of Nursing, Maintenance Supervisor, and Administrator.

Registered Nurse

In the event of a water supply disruption contact the Administrator or Administrator on call.

Disruption Lasting Less than 4 hours

Incident Manager

1. If the water disruption is expected to be less than 4 hours ensure bottled water is available for distribution.

Director of Nursing

1. Consider canceling non-essential programs / events / services, especially those involving outside visitors.

All Staff

1. Under the direction of the Incident Manager, distribute bottled water to residents as required.
2. Continue your normal work duties.

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Approved by Senior Director of Corporate and Building Services	LOSS OF WATER		July 2022

Disruption Lasting More than 4 hours

Administrator

1. If the water disruption is anticipated to exceed four (4) hours, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to 4 Liters per person per 12 hours (estimating the number of residents, staff and volunteers on site - e.g. 128 people = 512 liters).
2. Consider initiating the staff fan out list to provide additional staff to allow staff to take breaks off site where there are functioning toilets, to assist with the distribution of water, and additional resident care requirements.
3. Consideration will be given to providing staff extended breaks to use washroom facilities with running water (e.g. contacting a local school, community centre, business, mall etc. to request permission to use their facilities).
4. If it is anticipated there will be a long term water outage the team may encourage family members to take residents home for the duration of the water disruption where practical.
5. Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair assessable with heating and air conditioning.
6. A water tanker can be used to provide water for flushing toilets with either a pump/ hoses or trolleys/pails to transport the water. This is a labour intensive effort and has the added risk of wet floors causing a slip and fall hazard therefore caution needs to be exercised.

- **APPENDIX W: List of Bottled Water, Portable Toilet & Water Tank Suppliers Rep Contact Information**

Disruption Lasting More than 24 hours

Administrator

1. If the water disruption is expected to exceed 24 hours consider a non-emergency evacuation.

Advanced Notice of a Disruption

Administrator

1. In the event the water disruption has advanced notice (e.g. during water line construction) notify all departments in advance. Plans should anticipate a water outage of up to double the anticipated time (e.g. public works advises water will be out for 2 hours, plan for 4 hours).
2. Consider canceling all non-essential programming when there is advanced notice of a water disruption.

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		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF WATER		July 2022

3. For resident home areas, arrange for tubs to be filled up with water and make pails available for the purpose of flushing toilets (from external source). Tub room doors will be locked to prevent resident accidents involving a full tub.
4. Ensure bottled water and canned juices are distributed to each floor and program area.
5. Portable toilets can be rented – including handicapped accessible toilets in trailers with heating and air conditioning

IMPACT OF LOSS/CONTINGENCY PLAN

Facility specific impact of loss of water supply, listing equipment systems that will not operate without water supply and identified cooperative arrangements.

Tubs, showers, dishwashers, boilers, domestic hot water and domestic water boilers.

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: (**02-01-015 "Departmental Emergency Telephone List"**) **01-03-07 "Emergency Telephone List"**

- **APPENDIX V: Utility Agency: Firms and Rep Contact Information**

Section:	Subject:	Policy #: 02-03-04	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PLANNING FOR LOSS OF SERVICES	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	LOSS OF SEWER SERVICES		July 2022

ALTERNATE SWEAGE DISPOSAL

Arrangements for disposal of waste in the event of a sewer line break should be determined through city/town disaster services. Options include rental of a portable toilet. Collection and disposal of sewage generated by the resident population will need to be arranged.

IMPACT OF LOSS/CONTINGENCY PLANS

Facility specific impact of loss of sewer service, listing systems that will be affected and identify cooperative arrangements.

Toilets, sinks, showers, tubs, dish machine.

In a situation where we would have loss of sewer service, we would have septic pumping trucks pump out our pumping station.

Clearford Waterworks Inc. (519) 532-7900

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: (**02-01-015 "Departmental Emergency Telephone List"**) **01-03-07 "Emergency Telephone List"**

- **APPENDIX V: Utility Agency: Firms and Rep Contact Information**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-05	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	BOIL WATER ADVISORY		July 2022

SUMMARY

Loss of Water Supply may result in failure of facility systems such as loss of:

- Safe drinking water supply.
- Domestic water supply for toilets, bathing, etc.
- Use of equipment requiring water supply, e.g., steam cooker, coffee urns, washers.

ALTERNATE WATER SUPPLY

In the event of a water main break or other disaster resulting in the interruption of normal water supply, arrangements should be made to access water from nearby fire hydrant. Facility water system can be set up with a "T" in line and special hose connectors to accept a 2-inch fire hose.

Note: Fire hydrant water may be treated or untreated water and may not be suitable for consumption, therefore, alternate potable sources of water will be needed.

The temporary water supply should be protected from freezing in cold climatic conditions. This can be achieved by wrapping the hose with batts of fiberglass insulation and keeping a substantial flow of water flowing, preferably through 3/4-inch pipe or by covering with electrical heating blankets.

Note: Public Health may issue a boil water advisory should the municipal water become contaminated. Should this occur, please follow the procedure as outlined below:

PROCEDURE

1. The kitchen will need to ensure that all water used in cooking, drinking and in beverages be brought to a rolling boil for a minimum of 1 minute before cooling.
   - Storing in clean sanitized containers with tight covers.
2. Notices not to drink the tap water will be posted at all water fountains and sinks.
3. The Charge Nurse/Incident Manager/Designate will contact Public Health to confirm that the water is safe for bathing and other direct uses on the skin.
4. Laundry can continue during a boil water advisory.

RELATED CHECKLISTS

- **"Boiled Water Advisory- Training Record of Attendance Checklist (05-01-03)"**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-05	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	BOIL WATER ADVISORY		July 2022

IMPACT OF LOSS/CONTINGENCY PLANS

Facility specific impact of a boiled water advisory:

1. The kitchen will need to ensure that all water used in cooking, drinking and in
beverages be brought to a rolling boil for a minimum of 1 minute before cooling.
- Storing in clean sanitized containers with tight covers.

2. Notices not to drink the tap water will be posted at all water fountains and sinks.
3. The Charge Nurse/Incident Manager/Designate will contact Public Health to confirm
that the water is safe for bathing and other direct uses on the skin.

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: **2-01-015 "Departmental Emergency Telephone List"** and **01-03-07 "Emergency Telephone List"**

- **APPENDIX W: List of Bottled Water, Portable Toilet & Water Tank Suppliers Rep Contact Information**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	NATURAL GAS LEAK		July 2022

PURPOSE

To provide clear direction on the process that must be followed to protect residents, staff, volunteers and property from potential emergencies related to natural gas.

DEFINITIONS

NATURAL GAS

Natural Gas is a hydrocarbon gas used as a fuel for appliances such as stoves, ovens, laundry driers, hot water heaters, centralized heating systems and backup generators. Natural gas can be explosive in the proper concentrations.

REGISTERED STAFF

Refers to Registered Nurses, Registered Practical Nurses, and Licensed Practical Nurses;

CARE STAFF

Refers to Healthcare Aides, Nursing Assistants, and Personal Support Workers

BACKGROUND

For safety purposes a Natural Gas Alarm has been installed in the kitchen and near gas fired appliances.

The Natural Gas Alarm is specifically designed to detect natural gas and other combustible gasses.

Sulfur based compounds are added to domestic natural gas services to aid in the detection in the event of a leak. At times this odour may be smelt in low concentrations without there being a leak.

SCOPE

This policy applies to all UniversalCare homes.

POLICY

In the event of a natural gas alarm is activated, a strong odor of natural gas is detected, or a visible leak has occurred the fire alarm will be activated and a Code Green (evacuation) will be activated.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	NATURAL GAS LEAK		July 2022

PROCEDURES

NATURAL GAS ODOUR

ALL STAFF

1. From time to time, the gas stoves will emit a slight natural gas odour. This, however, does not mean there is a natural gas leak or build up in the area and does not pose a hazard. Turning on the exhaust fans over the stoves for a short period of time can dissipate the odour
2. If the light odour persists ventilate the area and notify the Maintenance Supervisor. If they are unavailable notify the Charge Nurse
3. If the odour is strong or a visible leak is detected, natural gas should be shut off (if shut off available), clear the area and notify the charge nurse or closest supervisor
4. Call the Fire Department 9-1-1

NATURAL GAS ALARM (If available in your facility)

ALL STAFF

1. If the natural gas alarm sounds, there is the potential that natural gas or other combustible gasses are present. The alarm will sound well before the levels reach a dangerous level.
2. Turn off all equipment in the area
3. Remove residents / staff from the area of the alarm
4. Notify the Charge Nurse or closest Supervisor
5. Call the Fire Department 9-1-1

INCIDENT MANAGER

1. Upon notification of a Natural gas Alarm or strong odour of natural gas, ensure all staff and residents are removed from the area beyond fire doors.
2. Determine the need for Code Green – evacuation. If it is determined that a partial or full evacuation is required, active the fire alarm and initiate an evacuation
3. Note: if there is a rupture to a natural gas line within the building a total emergency evacuation (“Code Green”) must be initiated immediately. Refer to **03-03-01 "Code Green Procedure"**
4. Call the Fire Department 9-1-1
5. Notify the Administrator/Designate and Supervisor of Building Operations

ACCOUNTABILITIES FOR COMPLIANCE

VP OF OPERATIONS/DESIGNATE

- Accountable for removing and reporting of barriers to compliance
- Responsible for supporting, advising and directing the home’s management team

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	NATURAL GAS LEAK		July 2022

- Accountable for promoting and confirming implementation and application of the policy within their region

ADMINISTRATOR

- Accountable for ensuring the home's operations align with corporate objectives and priorities and jurisdictional requirements

DIRECTOR OF CARE

- Accountable to oversee the implementation of the policy and procedures in the home
- Responsible for ensuring the policy and procedure is communicated to all persons having any type of working relationship with the home
- Accountable for ensuring each employee and volunteer is made aware of the contents of the policy through orientation and implementation of staff /volunteer training
- Responsible for ensuring that at least once in every calendar year, an evaluation is made to determine the effectiveness of the Natural Gas Leak policy and procedures

ALL STAFF

- Responsible to ensure that they understand and comply fully with the Natural Gas Leak policy

TRAINING AND EDUCATION

Kitchen and laundry staff will be fully trained on the proper use of the stoves and dryers as per the manufacturer's specifications

RELATED CHECKLISTS

- **"Code Green Checklist (03-03-01)"**
- **"Natural Gas Leak- Training Record of Attendance Checklist (05-01-03"**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-07	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UTILITIES DISRUPTION- HVAC		July 2022

STATEMENT OF INTENT

To ensure adequate heating, cooling and ventilation is maintained throughout Villa Colombo Vaughan Home.

HVAC equipment and hot water distribution system are located in Basement

- **APPENDIX X: Floor Plan Outlining Location of HVAC Systems**

Definition

HVAC – Heating, ventilation, air conditioning.

PROCEDURE

Registered Nurse

1. In the event of a HVAC system malfunction or breakdown, contact the Administrator.
2. Were the systems inspected and reset (if applicable)?
3. Investigate the cause of the malfunction/breakdown and contact the mechanical services company or utility as required.
4. Where the malfunction /breakdown is anticipated to be extended and temperatures are such that it will create an uncomfortable situation for residents (i.e. less than 18C or higher than 26C), notify the Administrator

Administrator

1. Upon notification of an HVAC system failure that is anticipated to be extended, assume the role of Incident Manager and assess the situation.
2. In consultation with the Director, Property and Environmental Services, service contractor, and / or utility, assess the potential restoration time and impact of the outage.
3. Keep staff informed of the actions being taken to resolve the outage.
4. In the event that a heating failure will be extended alternative plans shall include:
   - Providing extra blankets
   - Ensuring all curtains and blinds are closed
   - Limiting exterior door use
   - Moving residents into a lounge or other room where multiple people will provide warmth
   - Using supplemental heating units (e.g. electric heaters) in closely supervised situations
   - Discharging appropriate residents to family until the heat is restored
   - Non-emergency evacuation in situations where the temperature becomes a health or safety risk
5. In the event that a cooling failure will be extended alternative plans shall include:

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-07	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UTILITIES DISRUPTION- HVAC		July 2022

- Implement NP 05-04-08: Hot Weather Prevention and Illness Management plan
- Providing cold beverages and snacks (popsicles, ice cream, etc.) to residents and staff
- Ensuring all curtains and blinds are closed to areas exposed to the sun
- Moving residents out of rooms where the exterior walls are being exposed to the sun
- Limiting exterior door use if the outdoor temperature is higher than the indoor temperature
- Opening windows and exterior doors, with proper supervision, during cooler night time hours
- Discharging appropriate residents to family until the cooling is restored
- Non-emergency evacuation in situations where the temperature becomes a health or safety risk

6. The Incident Manager shall complete an critical incident report outlining the cause and length of the outage and the solutions implemented to restore the HVAC for all HVAC failures that last more than 2 hours where the temperature drops below 22C or exceeds 26C.

IMPACT OF LOSS/CONTINGENCY PLANS

Facility specific impact of an HVAC Utilities Disruption, listing equipment or systems that will not operate without HVAC systems and identify cooperative arrangements.

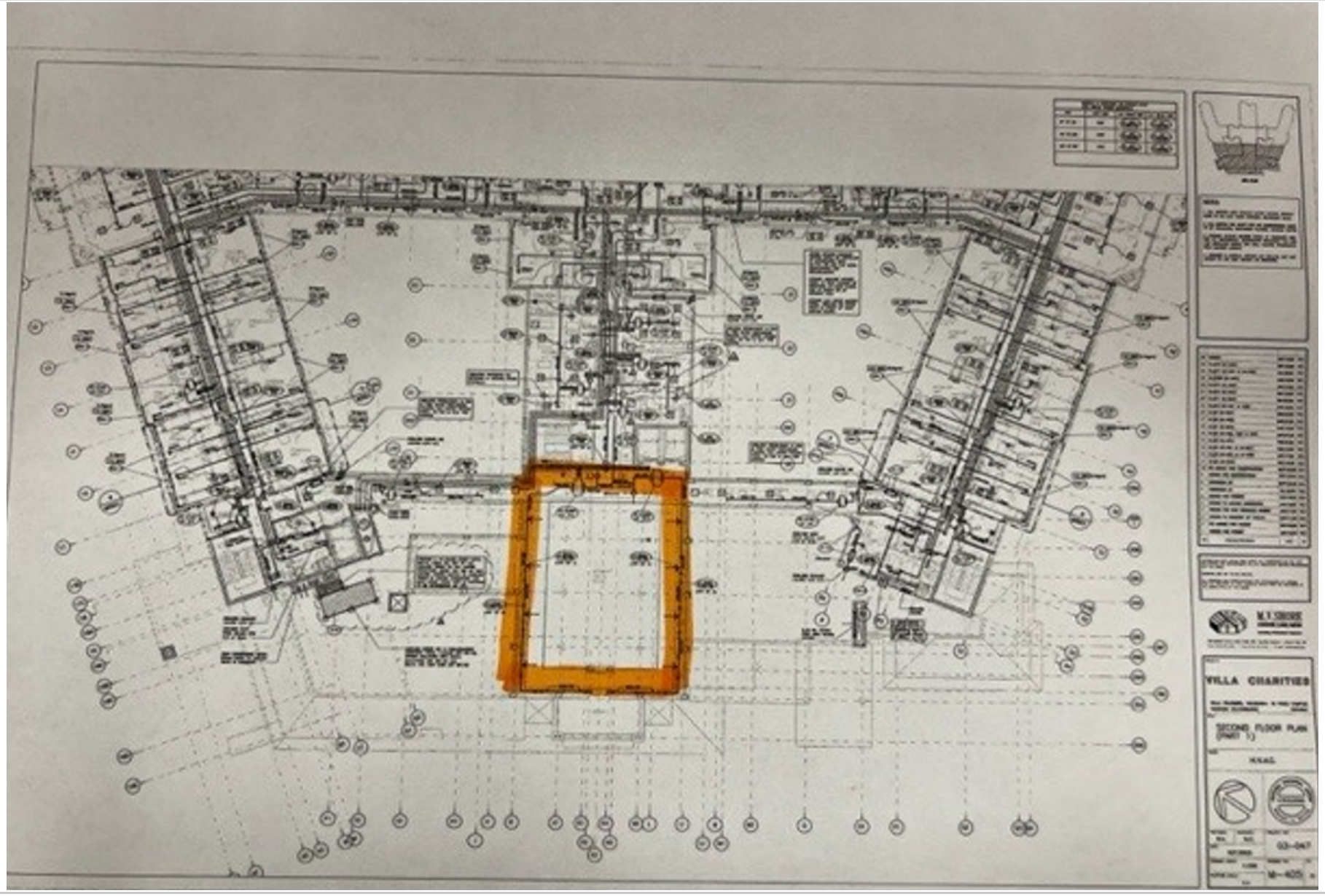
Boilers, fan coils and split units would not operate.
In that case provide space heaters and blankets in the winter. In the summer provide fans, close all windows and drapes.
Refer to the hot weather management plan

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: (**02-01-015 "Departmental Emergency Telephone List"**) and **01-03-07 "Emergency Telephone List"**

APPENDIX K: Copies of Cooperative Arrangements

UNIVERSALcare

Floor Plan Outlining Location of HVAC Systems



Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-08	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UTILITIES DISRUPTION- CARBON MONOXIDE ALARMS		July 2022

PURPOSE

To provide clear direction on the process that must be followed to protect residents, staff, and volunteers from potential emergencies related to carbon monoxide.

BACKGROUND

For safety purposes Carbon Monoxide alarms have been installed in the strategic positions in the home.

Carbon Monoxide is not combustible in atmospheric levels and does not pose a fire / explosion hazard.

Carbon Monoxide alarms alert to the possible presence of a higher concentration of carbon monoxide.

The most common symptoms of carbon monoxide poisoning may resemble other types of poisonings and infections, including symptoms such as headache, nausea, vomiting, dizziness, fatigue, and a feeling of weakness. In higher or prolonged concentrations, it can lead to confusion, disorientation, visual disturbance, syncope, seizures, and death.

The most common source for carbon monoxide in buildings are fuel burning appliances such as gas stoves, water heaters, furnaces, gas dryers, and generators.

SCOPE

This policy applies to all UniversalCare homes.

POLICY STATEMENT

All gas fired appliances will be properly inspected and maintained as per the manufacturer's recommendations.

Carbon Monoxide detectors will be installed in any room with a fuel burning appliance such as the kitchen, laundry, HVAC equipment rooms etc. In addition, a Carbon Monoxide alarm will be installed at each nursing station.

DEFINITIONS

Carbon Monoxide (CO)

A colorless, odorless, and tasteless gas that is slightly lighter than air. Carbon Monoxide is naturally occurring in the atmosphere; however, it can be toxic to humans when encountered in higher concentrations

Nurse(s):

Refers to Registered Nurses, Registered Practical Nurses, and Licensed Practical Nurses

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-08	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UTILITIES DISRUPTION- CARBON MONOXIDE ALARMS		July 2022

Care Staff:

Refers to Healthcare Aides, Nursing Assistants, and Personal Support Workers

PROCEDURES

CARBON MONOXIDE ALARM

INCIDENT MANAGER

If a carbon monoxide alarm sounds, there is the potential that higher than normal levels of carbon monoxide are present. The alarm will sound well before the levels reach a dangerous level.

When you hear the alarm:

1. Remove residents and staff from the area or home area affected
2. Open the windows and outside doors leading to that area
3. Turn off all fuel burning appliances in the area (e.g., stove, dryer)
4. Call for a service technician to attend
5. Notify the Maintenance Manager/Designate and Administrator
6. In the event of residents / staff feeling ill call 9-1-1 and commence a Code Green (Evacuation) for the area where the alarm has been activated

- **APPENDIX Y: Floor Plan Outlining Location of Carbon Monoxide Alarms**

ACCOUNTABILITIES FOR COMPLIANCE

STAFF

- Responsible to ensure that they understand and comply fully with the policy and procedures

VP OF OPERATIONS/DESIGNATE

- Accountable for removing and reporting of barriers to compliance
- Responsible for supporting, advising, and directing the home's management team
- Accountable for promoting and confirming implementation and application of the policy within their region

ADMINISTRATOR

- Accountable for ensuring the home's operations align with corporate objectives and priorities and jurisdictional requirements

DIRECTOR OF CARE

- Accountable to oversee the implementation of the policy and procedures in the home

Section: CORPORATE AND ADMINISTRATIVE ORGANIZATION	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-08	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	UTILITIES DISRUPTION- CARBON MONOXIDE ALARMS		July 2022

- Responsible for ensuring the policy and procedure is communicated to all persons having any type of working or non-working relationship with the home
- Accountable for ensuring each employee and volunteer is made aware of the contents of the policy through orientation and implementation of staff / volunteer training
- Responsible for ensuring that at least once in every calendar year, an evaluation is made to determine the effectiveness of the policy and procedures

Facility specific impact of a Carbon Monoxide Alarm, listing equipment or systems that will not operate during this time and identify cooperative arrangements.

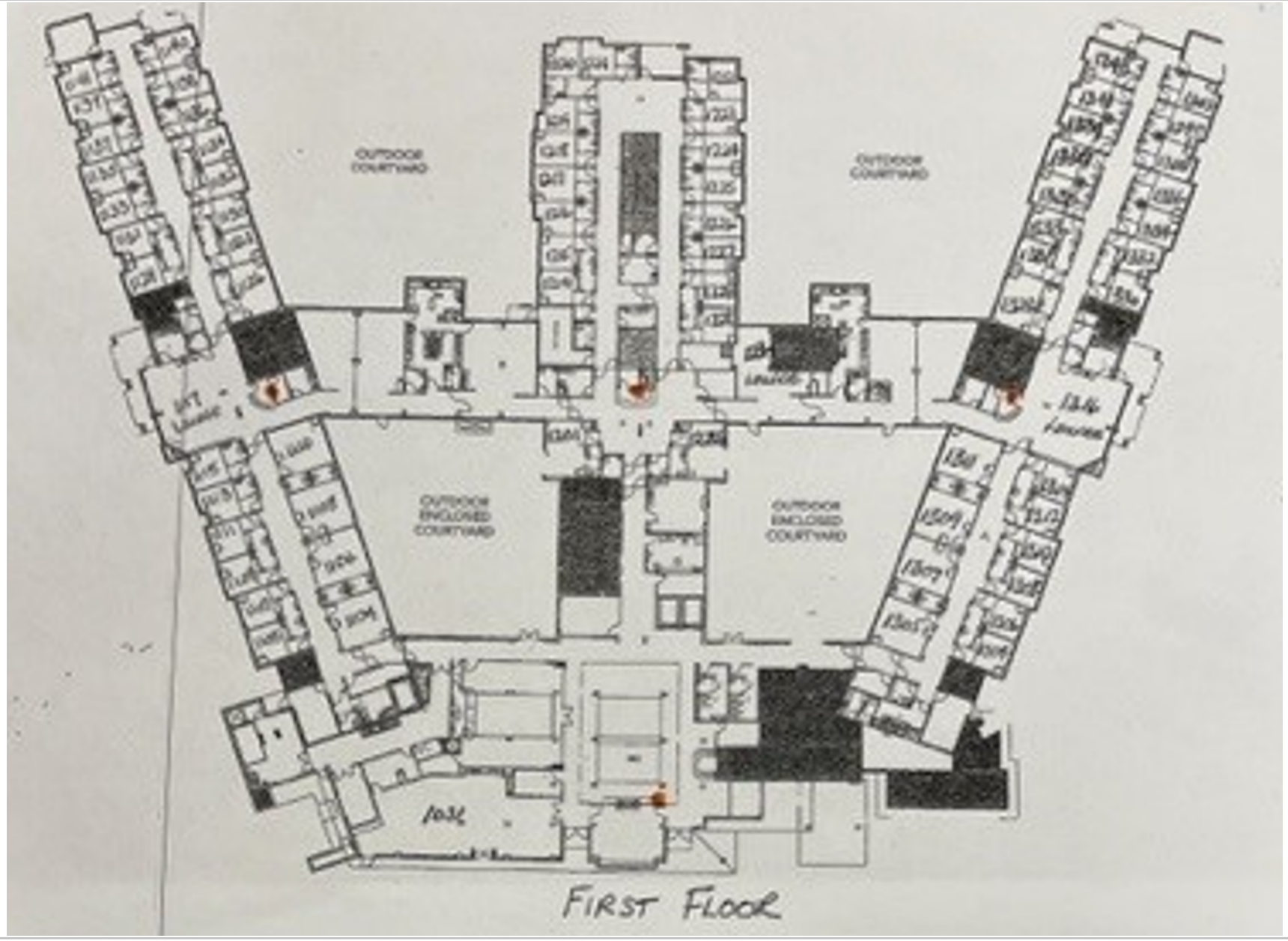
If carbon monoxide alarms did not operate additional alarms would be purchased. In the meantime, gas equipment will be turned off.

Add telephone numbers of any specific agency(s) required to the Emergency Telephone Lists: (**02-01-015 "Departmental Emergency Telephone List"**) and **01-03-07 "Emergency Telephone List"**

- **APPENDIX K: Copies of Cooperative Arrangements**

UNIVERSALcare

Floor Plan Outlining Location of Carbon Monoxide Alarms



Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-09	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	FLOODING		July 2022

PURPOSE

Each Administrator/Designate will determine, by contacting the local CEMC (Community Emergency Management Coordinator) whether or not the facility is located on a flood plain.

POLICY- Facility is <u>not located</u> on a flood plain

If the Long-Term Care facility is <u>not located</u> on a flood plain a major flood requiring the evacuation of the facility or having a long-term impact is an extremely low risk. The types of flooding that may impact the facility include:

- Sudden surface water entering the building due to torrential rain or sudden snow melt
- Back up of sewage lines
- Broken water main or other water line

PREVENTION

The Administrator/Designate shall ensure the following:

1. Snow will not be piled or allowed to accumulate immediately next to the building in large volumes.
2. Ditches, creeks, drainage piles will be maintained and kept clear of debris.
3. Sump pumps will be maintained and checked weekly by the maintenance department.
4. Staff noticing a back up of water or sewage anywhere in the building will immediately contact the maintenance department.
5. Backflow preventors will be installed on all outgoing sewage and drainage lines that have the potential to back up into the building.

RESPONSE

1. With the prevention strategies noted, any flooding that could occur will be minor and localized to nonresident areas such as the basement.
2. Maintenance should be immediately notified and provide a report to the Administrator within 30 minutes, if a resident area is impacted.
3. If a resident area is impacted the resident(s) will be moved to a non-impacted area until the situation can be resolved.
4. The area will be assessed for secondary risks (e.g., electrical wires impacted) and appropriate action taken.
5. Attempt to conceal the flood (where applicable).
6. Emergency numbers (available 24 hours a day) for building restoration companies that provide pumps, wet vacuums, fans, and other equipment and/or staffing will be maintained at each site.
   - **APPENDIX A- Master Emergency Telephone List.**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-09	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	FLOODING		July 2022

POLICY- Facility is located on a flood plain

If the Long-Term Care home is located on a flood plain a major flood requiring the evacuation of the facility or having a long-term impact is an extremely high risk. The types of flooding that may impact the facility include:

- Sudden water entering the building due to torrential rain or extreme weather, high sea levels etc.
- Back up of sewage lines
- Broken water main or other water line

PREVENTION

The Administrator/Designate shall do the following:

- Through the CEMC determine the high-water risks.
- Take the high-water risk level and multiply it by 1.5 to identify potential worst-case scenario.
- Once the worst-case scenario has been identified or has been calculated, identify the impact points on the property and buildings. Including basements and underground infrastructure such as elevator pumps. Elevator shafts and hydraulic equipment may be located up to 5m below the lowest floor the elevator travels to.
- In a worst-case scenario anticipate the failure of sump pumps and drainage lines.
- With the high-level water identified at the property of the building the Administrator/ Designate will make a list of the potential impacts of flooding. Including but not limited to:
  - Flooding Elevator hydraulics
  - Electrical wiring and outlets
  - Fuse panels
  - Computer equipment and servers
  - Laundry
  - Kitchen
  - Offices
  - Document storage
  - Resident rooms
  - Generators
  - HVAC equipment
  - Access to parking
  - Fire escapes
- Once the points of failure have been identified, an assessment of the risks and vulnerabilities based on each point of failure must be measured.

FLOOD PLAN

- The impacts of these points of failure on residents, staff and visitors must be taken into consideration with a flood plan created.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-09	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	FLOODING		July 2022

- Depending on the severity of the flood the plan may include the evacuation of some or all residents.
  - **Code Green: 03-03-01 "Procedure"**
- With the anticipation of a possible flooding incident be sure to consult with you local CEMC during plan development.
- The Administrator or Designate is always responsible for monitoring the potential risks and taking action to prevent or mitigate those risks.
- The flood plan when developed by the Administrator will be sent to the Vice President of Operations/Designate for approval.

Other potential prevention and mitigation steps:

- Assess the current sump pumps for load capacity
- Monitor drainage and runoff infrastructure
- Assess whether sand bagging or flood barriers would be useful
- Assess the roadways and access to the home to ensure entry via local roads
- If the home is in a flood-prone area, consider engineered options such as berms

Response

1. Even with the prevention strategies noted, due to the facilities flood plain location any flooding that occurs can be major and located in all areas of the home.
2. Maintenance should be immediately notified and provide a report to the Administrator within 30 minutes, if a resident area is impacted.
3. If a resident area is impacted the resident(s) will be moved to a non-impacted area until the situation can be resolved.
4. Some flood may require a total evacuation or residents
   - **Code Green: 03-03-01 "Procedure"**
5. Notify the CEMC of any potential flooding incident.
6. The area will be assessed for secondary risks (e.g., electrical wires impacted) and appropriate action taken.
7. Emergency numbers (available 24 hours a day) for building restoration companies that provide pumps, wet vacuums, fans, and other equipment and/or staffing will be maintained at each site.
   - **APPENDIX A- Master Emergency Telephone List.**

RELATED CHECKLISTS

- **"Flooding- Training Record of Attendance Checklist (05-01-03)"**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: PLANNING FOR LOSS OF SERVICES	Policy #: 02-03-09	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	FLOODING		July 2022

Flood Plan Summary: List Facility specific details i.e whether or not the facility is located on a Flood Plain and the potential risks:

Villa Colombo Vaughan is located in an area that is associated with a flood plain and has the Humber River running along or adjacent to its property line to the North, East and South. The likeliness of a Catastrophic water event at this location is determined by the region to be on the 100 year event calendar therefore making the event risk low.

Flood Preparations and Mitigation are outlined in the Flood Emergency Response Plan located in the Emergency Preparedness Binder

Water Management Building and Property

• Monthly or more often review of all the catch basins after rain fall to ensure that they are draining properly
• Monthly review of the overflow basin at the river to ensure that it is clear of debris and if not report to the City Works Department
• Review of catch basins as soon as possible on activation of the emergency flood plan
• Monthly checks of sump pump pits in the basement laundry room, boiler room and soiled linen room at service elevator to evaluate pump operations.

- **APPENDIX Z: Facility Flood Plan, Photo of Flood Plain Location and Surrounding Area**

Section:	Subject:	Policy #: 02-04-01	
EMERGENCY PREPAREDNESS: PRE-PLANNING	PLANNING FOR CHEMICAL SPILL	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CHEMICAL SPILL/HAZARDOUS MATERIAL		July 2022

SUMMARY

Chemical spill and disposal are often categorized by type, volume and location. Preparedness and handling procedures will involve the expertise of government personnel from the Ministry of Labour, Occupational Health and Safety and Hazardous Materials Department.

The facility should determine criteria for “major” and “minor” spills and assess provincial and city resources for the handling of these chemical spills, as well as disposal of hazardous material procedures.

In that specific actions will be dependent on the type of chemical volume and location, it is important that agencies that have responsibility and authority in these circumstances be identified for the facility.

Add telephone numbers to the Emergency Telephone Lists (**02-01-015 "Departmental Emergency Telephone List"**)

List Chemical Spill Agency and Government Department Contact Information

Environmental Spill Report Centre: 1-800-268-6060

Refer to: **03-07-01 "Code Brown- Procedure"**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	DISASTER BOXES		July 2022

SUMMARY

\Disaster Box(es) shall be prepared by the home and will contain articles needed in the event of an emergency response requiring evacuation. The Disaster Box(es) will be boldly labeled, easily transportable, and stored at 2 separate locations - one at a nursing station and one in the designated Emergency Operations Centre

GUIDELINES

CONTENTS OF THE DISASTER BOX(ES)

- Recommended contents for the Disaster Box at the nursing station:
- Foil blankets – 1 per resident
- Emergency Response Binder including:
- Staff Call Back List
- Telephone list of government agencies and emergency services
- Floor Plans
- Emergency Response Logs – (25)
- White tags or adhesive labels for name tags for employees, residents, volunteers, and other agencies, along with markers
- Pens, felt markers, and grease pencils
- Flashlight(s)/separate batteries or wind-up flashlights (minimum of 2)
- Glow sticks (A minimum of 4 each: green, yellow, red, blue)
- Adhesive backed directional arrows
- Clipboards (minimum of 2)
- Notepads
- 2 orange/neon safety vests
- Roll of “Caution tape” to block off access (e.g. triage area, etc.)
- 2 pairs – paramedic shears/scissors
- 2 pair- work gloves
- 2 bottles – hand sanitizer
- Small first aid kit with pressure dressings
- 1 box surgical masks
- 1 box disposable medical gloves - large
- Recommended contents for the Disaster Box in the Emergency Operations Centre:
- Portable radio (wind up)
- Analogue telephone
- Emergency Response Binder including:
- Staff Call Back List
- Telephone list of government agencies and emergency services
- Floor Plans
- Emergency Response Logs – (25)
- White tags or adhesive labels for name tags for employees, residents, volunteers, and other agencies, along with markers

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	DISASTER BOXES		July 2022

- Pens, felt markers, and grease pencils
- Flashlight(s)/separate batteries or wind-up flashlights (minimum of 2)
- Glow sticks (A minimum of 4 each: green, yellow, red, blue)
- Adhesive backed directional arrows
- Clipboards (minimum of 2)
- Notepads
- 2 orange/neon safety vests
- Roll of “Caution tape” to block off access (e.g., triage area, etc.)
- 2 pairs – paramedic shears/scissors
- 2 pair- work gloves
- 2 bottles – hand sanitizer
- Small first aid kit with pressure dressings
- 1 box surgical masks
- 1 box disposable medical gloves - large

ACCOUNTABILITIES FOR COMPLIANCE

ADMINISTRATOR

Responsible for ensuring that the two disaster boxes are fully stocked, and information contained (staff lists, telephone numbers etc.) are updated monthly

Administrator will ensure the packages are **checked regularly** and **monitored for expiry dates**

DIRECTOR OF CARE

Responsible for ensuring that all the staff are aware of the location of the disaster boxes and know to remove them during an evacuation

INCIDENT MANAGER

Responsible for ensuring that the disaster kits are removed from the building to the evacuation meeting area in the event of an evacuation (where safe to do so)

Outline the locations of your Disaster Box Below:

Main Reception
Casa Melatti Nurses Station (main floor)

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-02	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	FOOD AND FLUID PROVISIONS		July 2022

PURPOSE

The importance of home-level planning in the event of an emergency/disaster regarding food and fluid provisions.

POLICY

All homes must ensure they have a signed Memo of Understanding with their Food/Fluid Vendors.This agreement must outline pre-arranged support or alternate source for emergency resources including food, disposables and bottle water available as needed during a disaster situation.

PROCEUDRE

The home's Administrator along with the Food Service Manager must develop a home specific Food and Fluid Provisions Plan.

1. Review your Vendors Disaster Contingency Plan
   - **APPENDIX AA: Food/Fluid Vendor Disaster Contingency Plan**
2. Assess your Dietary Inventory Stockpile to ensure there are at least 72 hours of Food/ Fluids available on-site in the event of an Emergency. Refer to: **02-05-03 "Dietary Inventory"**
3. Plan your Food and Fluid inventory based on the example Emergency Menus provided by your Food and Fluid Vendor.
   - **APPENDIX AB: Emergency Menus Day 1-3, No Power**
   - **APPENDIX AC: Emergency Menus Day 1-3, No Water**
4. Develop a Dietary Staffing Contingency Plan
   - **APPENDIX AD: Dietary- Staffing Contingency Plan**
5. Coordinate with Volunteer Services and/or an Ontario Health Team (where applicable) to consider what roles can be outsourced i.e bringing in pre-prepared meal services and dietary aides to support residents with eating etc.

List Alternative Food/Fluid Vendors/Partners:

Sysco Ontario South - 1-855-222-0617

Bright Water Services Inc - Emergency Water Delivery Services
1-877-696-3609 or dispatch@brightwaterservices.ca

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-02	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	FOOD AND FLUID PROVISIONS		July 2022

Food/Fluid Rep General Contact Information:
Sysco Ontario South - 1-855-222-0617

FOOD AND FLUID PROVISIONS PLAN: CONTENT OVERVIEW

- **APPENDIX AA: Food/Fluid Vendor Disaster Contingency Plan**
- **APPENDIX AB: Emergency Menus Day 1-3 No Power**
- **APPENDIX AC: Emergency Menus Day 1-3 No Water**
- **APPENDIX AD: Dietary- Staffing Contingency Plan**
- **APPENDIX AE: Food/Fluid Vendor Memo of Understanding**
- **APPENDIX AF: Dietary Inventory Form**
- **APPENDIX AG: Food/Fluid Vendor Rep Contact Information**

References

- LTC Emergency Preparedness Manual P.15

Section:	Subject:	Policy #: 02-05-03	
EMERGENCY PREPAREDNESS: PRE-PLANNING	DIETARY REQUIREMENTS	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	DIETARY INVENTORY		July 2022

POLICY

It will be important that the Food Services Manager to be able to approximately project the number of days the usual inventory of key food and supply products would last in the event the facility was unable to access additional supplies for a period of 72 hours.

Note: The Nursing Home Act 2007, Regulation 79/10, S72(2)b states that the food production system must, at a minimum, provide for; (a) 24 hour supply of perishable and a three day supply of non-perishable foods; (b) a three-day supply of nutritional supplements, enteral or parenteral formulas as applicable

Sample Form - Dietary Inventory

FOOD ITEMS	# OF DAYS IN INVENTORY	COMMENTS
Milk	7	
Bread	5	
Juice	4	
Eggs	4	
Water.	5	
SUPPLY ITEM	**# OF DAYS IN INVENTORY**	**COMMENTS**
Paper Plates	6	
Paper Cups	5	
Knives	5	
Forks	5	
Spoons	5	
Etc.		Soup Bowls 6

- **APPENDIX AF: Dietary Inventory Form**

To print above form refer to **"Dietary Inventory Form (02-04-01)"**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-04	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	DRUG PROVISIONS		July 2022

PURPOSE

To ensure that each Home has a Drug Provisions Plan agreement with their pharmacy.

PROCEDURE

Administrator

The Administrator of each Home will ensure their pharmacy has a Emergency and Evacuation Contingency Plan for the provision of medication to the Long-Term Care facility. A copy of this plan will be provided to the Administrator along with 24/7 contacts in the event of an emergency.

The Emergency and Evacuation Contingency Plan must include storage and back up of prescriptions and medication records, ensuring adequate supply of medication along with a backup plan if supplies run short, and a delivery plan with back up delivery methods identified. The plan must clearly demonstrate the steps the pharmacy will take to ensure the consistent reliability of medication, even in an emergency or disaster situation.

Registered Staff

1. Notify the Administrator immediately of any drug provision challenges.
2. Work with the physician and pharmacist to identify options should a specific medication not be immediately available.

Pharmacy General Contact Information:

Care RX 1-800-427-9040

CareRx Emergency Cell Phone: (647)500-2194

DRUG PROVISIONS PLAN: CONTENT OVERVIEW

- **APPENDIX AH: Pharmacy Emergency Service Memo of Understanding**
- **APPENDIX AI: Pharmacy Emergency and Evacuation Contingency Plan**
- **APPENDIX AJ: Pharmacy Rep Contact Information**

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-05	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	HAND HYGIENE PRODUCTS		July 2022

PURPOSE

Resource Stockpiling is a tool used in the event of an Emergency/Disaster to ensure the homes have the necessary tools to support residents and maintain operations.

When developing a resource list and planning for its use, homes may consider:

- Completing assessments of each resident's resource needs,
- Estimating short-term resources that must be available immediately, and whether longer-term resource requirements may become necessary,
- Consulting different departments within the home,
- How resource stockpiles may differ based on if and where residents will need to be evacuated,
- Where stockpiles can be stored and how they can be monitored and managed to avoid expiry,
- Determining how many weeks of supplies might be required

<u>Note:</u> Resource Stockpiling is not limited to Hand Hygiene and Cleaning Supplies. Other Resources/Equipment required in an emergency can be added to your inventory lists, utilizing the same rationale and inventory management practices.

DEFINITION

Hand Hygiene

A general term referring to any action of hand cleansing. Hand hygiene includes the following products:

- Alcohol Based Hand Run
- Antimicrobian Medicated Soap
- Antiseptic Agent
- Antiseptic Hand Wipe
- Detergent
- Plain Soap
- Waterless Antiseptic Agents

POLICY

Homes must ensure that they have **at least 2- weeks** of stock for all Hand Hygiene Products on hand in the event of a Emergency/Disaster.

This includes, but is not limited to the following:

- Alcohol Based Hand Rub: Individual and Wall Pumps
- Resident Shampoo/Body Wash
- Detergent

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-05	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	HAND HYGIENE PRODUCTS		July 2022

- Hand Soap

For your Alcoholic Hand Rubs (individual pumps) account for the following:

- The total number (#) of resident beds
- Daily burn rates.

For your Alcoholic Hand Rubs (Wall pumps) account for the following:

- The total number (#) of wall pumps in the facility
- Daily burn rates

For all other Hand hygiene Products:

- Monitor your Daily Burn Rates to determine what would be required to have on hand for 2-weeks based on the size of your home.

- **APPENDIX AK: Resource Stockpiling: List of Vendors and Rep Contact Information**
- **APPENDIX AL: Resource Stockpiling: Inventory Lists**

INVENTORY MANAGEMET

1. Create an itemized list outlining your current inventory i.e item name, lot #, quantity and expiry date.
   - **APPENDIX AL: Resource Stockpiling: Inventory Lists**
2. Monitor Daily Burn Rates to ensure stockpile quantities are maintained in accordance to these rates. If changes need to be made, update/replenish stockpile quantities as required.
3. Monitor expiration dates weekly and rotate stockpile based on these dates.

Section:	Subject:	Policy #: 02-05-05	
EMERGENCY PREPAREDNESS: PRE-PLANNING	RESOURCE STOCKPILING	Implemented	Revised
Approved by Senior Director of Corporate and Building Services	HAND HYGIENE PRODUCTS		July 2022

Vendor Names and General Contact Information:

Cardinal Health 1-877-878-7778

Medical Mart (905) 624-6400

References

- LTC Emergency Preparedness Manual, Pg: 16
- WHO Guidelines: Hand Hygiene in Healthcare

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CLEANING SUPPLIES		July 2022

PURPOSE

Resource Stockpiling is a tool used in the event of an Emergency/Disaster to ensure the homes have the necessary tools to support residents and maintain operations.

When developing a resource list and planning for its use, homes may consider:

- Completing assessments of each resident's resource needs,
- Estimating short-term resources that must be available immediately, and whether longer-term resource requirements may become necessary,
- Consulting different departments within the home,
- How resource stockpiles may differ based on if and where residents will need to be evacuated,
- Where stockpiles can be stored and how they can be monitored and managed to avoid expiry,
- Determining how many weeks of supplies might be required

<u>Note:</u> Resource Stockpiling is not limited to Hand Hygiene and Cleaning Supplies. Other Resources/Equipment required in an emergency can be added to your inventory lists, utilizing the same rationale and inventory management practices.

DEFINITION

Cleaning Supplies

Cleaning material means a solvent used to remove contaminants and other materials such as dirt, grease, oil, and dried (e.g., depainting) or wet coating from a substrate before or after coating application; or from equipment associated with a coating operation, such as spray booths, spray guns, tanks, and hangers.

This may include, but is not limited to the following:

- Hydrogen Peroxide Disinfectants
- Multipurpose Cleaner
- Floor Cleaner
- Garbage Bags
- Alcohol
- Chlorine and chlorine compounds
- Formaldehyde
- Glutaraldehyde
- Iodophors
- Ortho-phthalaldehyde (OPA)
- Peracetic acid
- Peracetic acid and hydrogen peroxide
- Phenolics
- Quaternary ammonium compounds

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-06	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CLEANING SUPPLIES		July 2022

POLICY

Homes must ensure that they have **at least 2- weeks** of stock for all Cleaning Supplies on hand in the event of a Emergency/Disaster.

Cleaning Supplies:

- Monitor your Daily Burn Rates to determine what would be required to have on hand for 2-weeks based on the size of your home.

- **APPENDIX AK: Resource Stockpiling: List of Vendors and Rep Contact Information**
- **APPENDIX AL: Resource Stockpiling: Inventory Lists**

INVENTORY MANAGEMET

1. Create an itemized list outlining your current inventory i.e item name, lot #, quantity and expiry date.
   - **APPENDIX AL: Resource Stockpiling: Inventory Lists**
2. Monitor Daily Burn Rates to ensure stockpile quantities are maintained in accordance to these rates. If changes need to be made, update/replenish stockpile quantities as required.
3. Monitor expiration dates weekly and rotate stockpile based on these dates.

Vendor Names and General Contact Information:

Superior Solution Integrated: 1-800-921-5527

Ecolab: 1-800-352-5326

Bunzell/T360 Clorox :(647) 251-4915

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-07	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	COMMUNICATIONS EQUIPMENT		July 2022

POLICY

External Communication System

The Administrator of each UniversalCare facility will ensure that the facility has a primary telephone system along with a secondary (back up telephone system) that is available in the event the primary system fails.

As most telephone systems are digital hardline or IP based systems, an acceptable secondary system would be an analogue telephone line or a cell phone.

- **APPENDIX AM: Telephone System Vendor Rep Contact Information**

Vendor Names and General Contact Information:

Cimtel Wireless RNA - 1-866-727-8340

Internal Communication System

As most facilities use wireless phones for internal communications each facility will have a back up to these phones should the primary system fail.

The backup could be the use of walkie talkies or assigning a staff member or volunteer as a runner. If a runner is used, this person should be dedicated to this task and not expected to carry out other duties in addition during the communications outage.

The Administrator will document the backup / secondary system to be used for both the external and internal communications system.

Section:	Subject:	Policy #: 02-05-07	
EMERGENCY PREPAREDNESS: PRE-PLANNING	RESOURCE STOCKPILING	Implemented	Revised
Approved by Senior Director of Corporate and Building Services	COMMUNICATIONS EQUIPMENT		July 2022

List back up Internal/external Communication System Alternatives:

Alternative Communication System:

Internal: Two way radio

External:
Land lines(s)
1 land line located in Main Reception
1 land line located in Casa Melatti Nurses Station

Cellular Phone Manager on Call

Section: EMERGENCY PREPARDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-08	
		Implemented	Revised
Approved by Senior Director of Corporate & Building Services	PPE		July 2022

POLICY

Personal Protective Equipment (PPE) stock in the home must be monitored on a daily basis to ensure there is at least 14 days of stock on hand in the event of an Outbreak.

PPE stock data must be managed by calculating Daily Burn Rates using an Average Daily Burn Rate Calculator Spreadsheet, that outlines the total number of days left of stock per PPE Category.

Expiration dates must be monitored and PPE stock should be rotated monthly in accordance to these dates.

PPE stock totals must be submitted to the Ministry on a weekly basis.

PPE Items include:

- Gloves
- Isolation Gowns
- Surgical Masks
- Respirators
- Eye protection i.e face shields and eye goggles
- Disinfectant Wipes
- Hand Sanitizer

PROCEDURE

1. Monitor the current PPE stock totals by calculating Daily Burn Rates i.e what is removed from your current Stockpile.
   - Be sure to organize your Stockpile and Burn Rates by PPE Category, Brand, Level/Certification etc.
   - Order your PPE stock in accordance to the **PPE Order Guide**
2. Monitor Expiration dates and rotate your PPE Stock Monthly
3. Ensure PPE stock is readily available and replenished on the Units and throughout the home as needed.
   - Monitor the PPE stock found units for expiry dates.
   - All expired stock must be discarded.
4. If an Outbreak is declared, ensure your Daily Burn Rates are updated accordingly
   - **How to determine Outbreak Burn Rates:**
   - Multiply the total number (#) of resident beds by a minimum average of 21 care points per day per PPE item:
   - This formula will be used for all disposable PPE items that cannot be preserved like Eye Protection i.e Shield and Goggles.

RELATED FORMS

- **PPE Burn rate Calculator Spreadsheet**
- **PPE Order Guide**

Section: EMERGENCY PREPARDNESS: PRE-PLANNING	Subject: RESOURCE STOCKPILING	Policy #: 02-05-08	
		Implemented	Revised
Approved by Senior Director of Corporate & Building Services	PPE		July 2022

- Ministry Portal to submit PPE Stock https://ontario-ppecse-survey.mgcs.gov.on.ca/Login

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: CRISIS COMMUNICATIONS PLAN	Policy #: 02-06-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	REQUIREMENTS		July 2022

INTRODUCTION

Communications during an emergency is critical to provide reassurance to residents, their families, staff, volunteers, and the public.

All communications to residents, sdm's, families, staff, volunteers, students, and the residents council and family council, external partners, stakeholders, the public and the media will be accurate, concise, coordinated and respect the privacy of staff/residents and their families.

POLICY

Each message must include the beginning of the emergency, when there is a significant status change, and when the emergency is over.

In order to maintain a consistent and clear message, all communications with the public and media will be approved by the Administrator or the Incident Manager during a major event.

Ensure that the individual responsible for day-to-day operational communications is aware of scheduled services, such as deliveries, agency staff supporting the home, and others may be helpful when developing communications

PROCEDURES

All Staff, Students and Volunteers

All staff, students and volunteers must understand that it is critical to the reputation of the organization that opinions and inaccurate information do not taint the reality of the situation. Therefore, all staff, students and volunteers are asked not to comment to the media, post information/comments to social media, or send/transmit information, photos, video or other recordings to any person during an emergency unless authorized by the Incident Manager.

If a staff member is approached by the media or someone suspected of being the media, their comments should be restricted to a calm and professional statement such as:

"At this time, our staff and emergency services are actively responding to the situation and our residents are our first priority. The Administrator or a representative will have the opportunity to speak to you shortly."

The staff member should immediately notify the designated Public Information Officer or the Administrator if they have been approached by a media person or suspected media person.

Note: that the person may or may not have typical media equipment (e.g. camera, recorder, note pad).

Some media personnel may not present themselves as being part of the media, but as other interested parties including claiming to be family members, residents, etc. in order to engage a conversation. Therefore, staff should always be conscious of their comments to any person around them. Further, there is no such thing as "off the record".

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: CRISIS COMMUNICATIONS PLAN	Policy #: 02-06-01	
		Implemented	Revised
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Administrator/Corporate Directors

In an emergency event, the Administrator will consult with their corporate directors to determine if there is a need to designate a Public Information Officer and who will fill that role.

The first priority will be to provide communications to the residents, families, staff and volunteers to reassure them that all appropriate actions are being taken to ensure the health, safety and well being of the residents, staff, visitors and volunteers on site.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer should be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

Notify the Administrator/Corporate Directors of any contentious issues that may be in the media.

The Administrator/Corporate Directors may consider contacting a professional firm to fill the role of the Public Information Officer for major or contentious issues. This firm would not be the public spokesperson, which should be a representative of the Home, but would provide crisis communications support and guidance.

Public Information Officer (PIO)

The Public Information Officer(s) must work closely with the organization to ensure that a single consistent message is communicated.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

The PIO will inform the Incident Manager and Administrator of any contentious issues that may be in the media.

News Briefings: Press Release, E-mail/Newsletter Communications

When a press release, e-mail/newsletter is made, copies should be made available either in hard copy or electronically to all Home personnel. This ensures that everyone is aware of the same information that is being released to the media in the event that the media follows up with someone else within the organization.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: CRISIS COMMUNICATIONS PLAN	Policy #: 02-06-01	
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Prior to releasing information, it is critical to ensure that the facts have been confirmed rather than making a premature statement and having to retract or correct it later. Only confirmed facts should be presented. At no time should personal opinions, speculations, feelings or comments regarding the incident or the response be made in public or to the media. Statements should never be made that you would not want quoted in the media.

All media releases must conform to confidentiality policies and legislation.

All media statements should be made using plain English, not using media or medical terminology either written or verbally.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer will be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

The spokesperson for news briefings may be someone other than the Public Information Officer, such as the Administrator, the Director of Care etc. In these situations, the role of the Public Information Officer is to assist this person with their statements, anticipate potential questions, and draft answers in advance. During the news briefing, the Public Information Officer acts as the mediator and ends the briefing as soon as the allotted time is done.

If multiple agencies are involved in the incident, the Public Information Officer should work closely with those filling the Public Information Officer role for the other agencies. Working together with other agencies and staff within your facility will ensure that information released is coordinated, sending a single message.

News media staff should be asked for their credentials (e.g. I.D. Cards) before they are included in a media briefing or tour.

Where possible, record all interviews, briefings or other discussions with the media to create a “record” of the interaction for both quality assurance and training purposes.

Keep media outside of the emergency area or zone, or from areas where their presence may cause clients, families and volunteers to feel uncomfortable.

When setting up a media area, it should have easy access without traveling through the facility or area where emergency operations are occurring. Media personnel may want to take pictures (either video or still photos) of the “action”, and therefore a guided tour to an area where they can take photos may be appropriate if deemed appropriate by the Administrator, and as long as it is not detrimental to the incident response or facility operations. By offering a media tour in a coordinated manner, it should reduce the media’s drive to get into areas that may disrupt operations.

A white board/bulletin board should be set up to display information such as the next briefing time and approved information.

Additional staff should always be present in the media room while any news conference is in session to provide security and ensure the safety of all visitors. Uniformed security staff should be avoided so as to not provide the impression of “controlling” the media.

Section: EMERGENCY PREPAREDNESS: PRE-PLANNING	Subject: CRISIS COMMUNICATIONS PLAN	Policy #: 02-06-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	REQUIREMENTS		July 2022

PROCEDURE

The Public Information Officer and any assigned speaker to the media will:

1. Be knowledgeable and provide the basic facts of the incident being covered.
2. Briefly respond to questions by providing essential information only.
3. State only the facts and avoid speculation about causes and long-term effects of the incident.
4. Avoid comment on areas that are not within their field of expertise or responsibility by advising that you do not know, but will follow up and obtain further information. Do not use “no comment” or “we cannot comment”, but use words such as, “that is out of my personal knowledge and we will get back to you with more information” or “we will provide information as soon as it is available”, or “as you understand, personal client information cannot be released”.
5. Provide reassurance that appropriate resources are being used to resolve the incident and provide the best possible safety and security to residents, family members, volunteers, staff and others involved in the incident.
6. Do not speak for or comment regarding other organizations unless previously agreed to.

On-camera Interviews

If a staff member is asked to participate in an interview, they will:

1. Obtain authorization from the Administrator.
2. Ask the reporter to provide the questions beforehand and plan a properly phrased response. Be prepared however, to be asked questions that are not provided.
3. Listen to each question carefully and take a moment to compose an answer that is factual, concise and grammatically correct.
4. Understand there is no obligation to answer every question.
5. Be conscious of appearance and body language.
6. Avoid humour as it is incompatible with the seriousness of the situation.

References

- LTC Emergency Preparedness Manual Pg: 19

CHECKLISTS

- **"Public Information Officer Check Sheet (02-06-01)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

SUMMARY

The responsibilities of each employee, visitor, volunteer and service personnel to prevent and/or respond to a fire, are contained in this Section.

The response and subsequent responsibilities for an emergency other than fire are similar.

This Section has been prepared as a strawman to reflect what would be the more frequent assignment of authority and responsibility. Each position will need to be developed specific to the needs of the facility based on staff classifications. This section does not negate the responsibilities or response as outlined in the approved Fire Safety Program.

Refer to Code Red: 03-010-01 "Code Red- Procedure"

The Administrator will approve of all “Hot Work” occurring in or on the building including applying tar to the roof, welding, grinding, or other types of maintenance work using torches, welding equipment, grinders, or using heating devices. This approval will only occur after a plan has been developed to have the work area monitored for at least 60 minutes following such work to ensure that there is no risk of fire, smoldering, re-ignition, etc. This monitoring may be done by the contractor or a competent person from the facility. The person doing the monitoring must have a communication device or be in close proximity to a fire pull station, have a fire extinguisher, and a log to record observations every 15 minutes following the conclusion of the hot work.

The contents of this section are used by the Administrator/Designate to develop specific Departmental Plans that are to be reviewed annually by all employees.

The response of the facility to an acute emergency will generally include the steps listed below. (The steps do not have to be followed the order listed).

- Initial Response;
- Rescue of Victims;
- Establishment of an Assessment and Treatment Centre;
- Triage and categorization of injured;
- Establishment of Command Centre;
- Establishment of Transfer and Discharge;
- Establishment of Temporary Morgue;
- Call-in off-duty staff;
- Evacuation;
- Account for all residents and notify authorities of missing person;
- Communication/Notification of Senior Staff/Government;
- Insurance Agency.

Many of the steps may occur simultaneously and may be interchangeable depending on the nature of the emergency situation.

Section:	Subject:	Policy #: 03-01-02	
EMERGENCY PREPAREDNESS: PROTOCOL	ACUTE EMERGENCY RESPONSE		
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	INITIAL RESPONSE		July 2022

SUMMARY

In the Initial Response to an acute emergency, it is imperative that all staff know as quickly as possible that an emergency response is required and that concern for the safety of residents and staff exists.

- Initiate R.E.A.C.T.
- Retrieve Disaster Box(es)

In urban centres, pulling the fire alarm and/or calling 911 may bring the following emergency personnel:

- Fire Department
- Police Department
- Ambulance/Rescue Unit

Note: it is important to call 9-1-1 even if the fire alarm has been activated and the alarm company is responsible for notifying the fire department. Speaking directly to the fire department dispatcher provides the fire department with valuable information to assist in their arrival.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	COMMAND CENTRE		July 2022

SUMMARY

It is the responsibility of the Incident Manager to establish Command Centre.

- Retrieve Disaster Box(es).
- Establish at Reception or the Administrator's office.
- Identify an alternate location if required.
- Designate an individual responsible for the functions of the Command Centre.
- Centralize internal communication.
- Designate a runner.
- Police and ambulance communication systems will be used as support to the facility's systems. Police are equipped with portable, hand-held radios and can serve as a mobile network.
- Establish initial BRIEFING meeting. **"Incident Briefing Report (01-02-05)"**
- Determine the extent of the emergency.
- Set initial priorities.
- Review and confirm emergency response log responsibilities.
- Review and confirm checklist responsibilities in the absence of department head until their arrival.
- Determine the need for a morgue; report need to the Municipal/Regional Emergency Response Team.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CONDUCTING A ECG MEETING		July 2022

GUIDELINES

The Incident Manager will chair the Briefing unless relieved by a senior officer from the primary (e.g. fire for fires, police for violence) first response agency. The Incident Manager will delegate a staff member to take meeting minutes.

The Incident Manager will chair and record minutes of the scrum unless relieved by the Community Emergency Response planner.

Representatives should include DOC, Dietary Manager, Office Coordinator, Maintenance Supervisor, Housekeeping rep, Laundry rep and/or Environmental Supervisor, and representation from the Fire Department and Police Department, Transit, Utilities, etc. when possible.

The scrum may need to be conducted at ½ hour intervals initially until the majority of issues have been prioritized and initiated. Intervals may then be reduced to 1 hour or any other appropriate interval.

Each representative will be asked to:

- State current status of his/her area; or assigned responsibility;
- Report concerns/questions arising from his/her area;
- Indicator priorities to be accomplished in his/her area.

Response by each group member is important; all concerns and questions are important. The group will establish priorities and assign departmental responsibilities. Emergency Response Log (see **03-01-06 "Emergency Response Log"**) and Emergency Response Checklists (see **02-01-016 "Administrator Pre-Planning Responsibilities Checklist"**) will be important tools to be used to assist with reporting at scrums and to record, if necessary, the next set of priorities. See **"ECG Checklist For Evacuation (03-01-06)"** to assist in the establishment of a scrum.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ECG CHECKLIST FOR EVACUATION		July 2022

Time

1. _____ Ensure that one person has overall charge of the plan (Administrator/Delegate)
2. _____ Designate a central communication area.
3. _____ Arrange where evacuees are to go.
4. _____ Establish liaison with administration of area of refuge and evacuation sites.
5. _____ Decide how individual residents are to be transported.
6. _____ Make a list by departments of the necessary equipment to be evacuated.
7. _____ Notify the Ministry of Health authorities and other government departments as necessary.
8. _____ Call in staff as appropriate for evacuation assistance and as necessary to report to Command Centre.
9. _____ Delegate to one staff member in each area the responsibility of maintaining a resident head count.
10. _____ Ensure those residents requiring special medical attention (or nursing attention) are designated to go to the appropriate facility.
11. _____ Ensure sufficient medical documentation accompanies residents.
12. _____ Keep residents completely informed of the situation.
13. _____ Ensure that all residents are individually identified, including condition and diet; e.g. Tags or Resident identification bands/bracelets.
14. _____ Assign necessary personnel to the appropriate means of transportation.
15. _____ Assign necessary personnel as appropriate to inform families of situation by telephone.
16. _____ Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive the necessary medications and equipment, and are requested to leave a forwarding address.
17. _____ Ensure residents being evacuated are properly clothed and covered as appropriate.
18. _____ Double check all evacuated areas to ensure they are cleared.
19. _____ Restrict building to all unauthorized persons.
20. _____ Assign personnel as appropriate to handle telephone inquiries from families.
21. _____ Notify advisory physician and attending physicians of the situation.
22. _____ Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.
23. _____ Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.
24. _____ Ensure that all evacuated areas are sealed off/taped and appropriately secured. (Do not barricade as this makes it difficult for the fire department to access).
25. _____ Notify police that building is evacuated or with minimal staff on duty.
26. _____ Obtain security guards if appropriate.
27. _____ Post signs on door indicating whereabouts and phone number.

To print above checklist refer to **"ECG Checklist For Evacuation (03-01-06)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-06	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY RESPONSE LOG		July 2022

SUMMARY

An Emergency Response Log will be used as part of the Scrum to retain a chronological account of the activities and decisions made within each department during an emergency response situation. It will include names, contacts, and times. This log will also assist in the preparation of a final report.

PROCEDURE

An Emergency Response Log will be distributed to all department heads/delegates and members of scrum team.

Events will be recorded by time, person, event, and brief notation of activity; i.e., by each department head.

1:05	Joe Black Firm XYZ	Delivered 12 doz. 10 gal purified water bottles to Command Centre front door
1:10	Employee ABC	Reporting to duty for 3p.m. Extra to assist with supper, Command Centre.

It is critical that the log be used to record discussion of situations, the decision(s) made, both individually and a team.

To print view: **"Emergency Response Log Form (03-01-07)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CALLING IN OF OFF DUTY STAFF		July 2022

SUMMARY

Off duty staff may be required to:

- Assist on location with the care or evacuation of residents;
- Provide supervision or escort to residents in areas of refuge;
- Provide care to residents in evacuation site.

GUIDELINES

The need to bring in extra personnel depends on the nature of the disaster and the needs of the facility. Call in requirements will be decided by the Incident Manager preferably as part of the ECG Meeting.

Call in requirements may be assigned and needs may be:

- Position specific, or
- Full fan out by department
- Full fan out for facility.

Person(s) responsible for call in of staff will be assigned. All staff will report to Command Centre unless otherwise directed. Call back list/Fan out list (staff record by name, proximity, and availability) will be maintained by the facility and a copy placed in the Disaster Box(es) and will be checked monthly. Computer print-outs should be used.

Staff and visitor registry forms are to be completed by having each staff and visitor fill in required information. These registries will be administered at the Command Centre to keep track of all people who have been called in; to assist and their allocated area in which to provide that assistance.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CALLING IN OF OFF DUTY STAFF		July 2022

Sample - Visitor Registry

DATE	TIME IN	NAME (ENTRANCE SIGNATURE	RESIDENT CONTACT	TIME OUT	EXIT SIGNATURE

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CALLING IN OF OFF DUTY STAFF		July 2022

Sample - Staff Registry

DATE	TIME IN	NAME (ENTRANCE SIGNATURE	RESIDENT CONTACT	TIME OUT	EXIT SIGNATURE

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-08	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ASSESSMENT & TREATMENT CENTRE		July 2022

ASSESSMENT AND TREATMENT CENTRE

1. Establish an Assessment and Treatment Centre preferably close to an evacuation route and adjacent to Nursing Station.
2. Victims to be taken to the Assessment & Treatment Centre for triage using universal colour coding for first aid or initial treatment.
3. Restrict access to the area to those injured and those required to deliver care.
   - Registered Nurses (reassigned to area)
   - PSW/Aides (as re-assigned)
4. Restrict families access into the Assessment and Treatment Centre only at the discretion of the Assessment and Treatment Centre.
5. Establish a resident information function to provide information as it becomes available, under the direction of the Physician or Nurse in charge of the Assessment and Treatment Centre.
6. Residents who are obviously in no distress may be taken directly to an area of refuge.

- **APPENDIX G: Physicians and Medical Director Name and Contact Information**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-09	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRIAGE/CATEGORIZATION		July 2022

CATEGORIZATION OF INJURED

TAG COLOUR	INDICATES
Red	• Serious injuries; immediate medical attention
Yellow	• Moderate injuries, medical attention required after seriously injured have been attended to.
Green	• Slightly injured, no immediate medical attention necessary
Black	• Deceased

SUMMARY

In the event of an emergency/disaster the process of Triage ‘Cateogrization of Injured’ can be invoked when acute care cannot be provided in a disaster due to lack of resources.

In some larger centres, the injured will be reassessed by the paramedical staff or the Community Emergency Response Team prior to treatment or transport.

DEFINITIONS

Triage:

The assignment of degrees of urgency to wounds or illness to decide the order of treatment for a large number of residents or casualties.

Note: Triage Tags are to be kept in the Disaster Box. They are available on the internet through company’s such as:

- www.disasterstuff.com
- www.statband.com
- www.tragetags.com
- www.moremedical.com
- www.grainger.com

CHECKLISTS

- **"Triage Categorization- Training Record of Attendance (05-01-02)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-010	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	AREA OF REFUGE		July 2022

SUMMARY

Rescue of victims should occur with the awareness of safety concerns for residents, staff, and visitors.

GUIDELINES

1. The Incident Manager will establish an area of refuge to which all residents in danger can be transferred.
2. The area will permit establishment of Assessment & Treatment Centre.
3. Transport severely injured to hospital.

Resident Information Centre

The Area of Refuge may also be designated as the area to which family and other visitors are assigned to await messages being conveyed from physician(s) and/or facility representatives.

- **APPENDIX Q: Area of Refuge Agreements**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-011	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ESTABLISHMENT OF TRANSFER & DISCHARGE		July 2022

SUMMARY

Once the decision has been made to transfer residents or other persons to an external area of refuge or evacuation site, discharge resident/injured person to hospital or to home of family member, the Transfer and Discharge procedure will be implemented.

Implement the Transfer and Discharge procedure to expedite the relocation process. The Incident Manager will assign a Registered Nurse, (if possible) as the Transfer and Discharge Supervisor. Authorities such as the Ministry of Health & Long Term Care may be involved in this process in the case of a Long Term Care Home.

PROCEDURE

1. Chronologically numbering the residents who are transferred or discharged is important until such time as the following procedure can be carried out in a safe manner:
2. Implement the Transfer & Discharge Record to document transfer/ discharge.
3. Serially number each resident or injured person being transferred and enter the name opposite the assigned number.
4. Place adhesive tape on the person with name and number as time permits, regardless of whether the person has been assessed and is wearing a triage identification tag.
5. Transfer to a hospital of an injured person shall be determined by the Assessment Treatment Centre and Paramedics.
6. Transfer to home will be determined by a Registered Nurse.
7. The “TD” sheets will be used to later reconcile the location of all residents and others.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-011	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ESTABLISHMENT OF TRANSFER & DISCHARGE		July 2022

Sample: Transfer and Discharge Record

SHEET #:			**DATE:**		
FACILITY:			**"TD" SUPERVISOR:**		
ASSIGNED #	**NAME (R)/(O)**	**TRANSFERRED TO**	**NOTIFICATION OF KIN**	**EXIT LOCATION**	**TRIAGE TAG #**
01	Jones, Bill (R)	University Hospital		West Wing	736747
02					
03					
04					

- (R) – Resident
- (O) - Other (staff, visitor, volunteer, etc.)

To print: **"Transfer and Discharge Form (03-01-13)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-012	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services	ACCOUNT FOR RESIDENTS/STAFF AND SEARCH FOR MISSING PERSONS		July 2022

ACCOUNT FOR RESIDENTS/STAFF AND SEARCH FOR MISSING PERSONS

When the evacuation is complete, the Incident Manager or designate will coordinate an official census process to:

- Account for all residents;
- Account for residents on leave according to resident L.O.A. Book.
- Tally count with the Transfer and Discharge Record refer to **03-01-011 "Establishment of Transfer & Discharge"**.

If count cannot be reconciled, inform the Authorities of the missing person(s). They will re-enter and search the facility.

Fire Department personnel are equipped and trained to search areas that would pose a danger to staff.

Supervisors and Charge Nurses will ensure that their staff is safe and accounted for by verifying staff count with the schedule and sign-in sheet.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-013	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	NOTIFICATION OF SENIOR STAFF		July 2022

NOTIFICATION GUIDELINES

The person in charge of the building will notify:

- Administrator or delegate;
- Maintenance Supervisor;
- Director of Care.

The Administrator or delegate will notify:

- Senior Management;
- Department Heads.

The Director of Care or delegate will notify:

- Medical Advisor;
- Coroner, if necessary.

The Senior Management Stakeholders will notify appropriate parties:

- Corporate Teams;
- Board Members;
- Insurance Company;
- Owners.

Keep up to date a list of names and numbers under these guidelines.

- **APPENDIX AN: Notification: Senior Corporate Staff and Stakeholder Contact Information**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-014	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	NOTIFICATION OF GOVERNMENT AGENCIES		July 2022

SUMMARY

Any internal/external disaster which affects residents, staff, or property of a long term care facility will be reported to appropriate government agencies.

NOTIFICATION GUIDELINES

Insert provincial/region specific requirements for notification to government agencies, contact person and number; e.g.

Coroner/Medical Examiner

The Coroner/Medical Examiner must be notified in the event of a death of a resident or employee and:

- Critical injuries and deaths must be reported IMMEDIATELY;
- Other injuries must be reported within 4 days;
- All notifications are to be followed up by a written report of the circumstances.

Fire Marshall/Chief

As necessary, specific to the circumstances of an internal/external disaster; i.e., fire involving actual flaming combustion in the facility or immediate area, is to be reported to the Fire Commissioner's Branch.

Environmental Spill Report Centre

Chemical or hazardous spills are to be reported immediately to the Environmental Spill Report Centre with a written report to the Department of Environment and Public Safety, within 7 days.

Occupational Health & Safety

As necessary, situations involving potential injury or injury to employees must be reported to the OH&S Branch.

- **APPENDIX AO: Notification: Government Agencies Rep Contact Information**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-014	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	NOTIFICATION OF GOVERNMENT AGENCIES		July 2022

Workers Safety Insurance Board

As necessary, workplace situations of injury for not time or time lost accidents are to be reported to the WSIB.

Relevant Government Agency Phone and Fax #'s:

Ministry of Health: 1-866-434-0144

Ministry of Labour: OHAS Contact Centre- 1-877-202-0008

Occupational illness reporting email: MLTSDoccillness.notices@ontario.ca

WSIB: 1-888-745-3237 Fax: 1-888-313-7373

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: ACUTE EMERGENCY RESPONSE	Policy #: 03-01-015	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	NOTIFICATION OF INSURANCE AGENCIES		July 2022

SUMMARY

All incidents resulting in damage to property or persons must be reported to the insurance carrier for the facility as soon as possible. When possible, photographs of damage are desirable to help describe the extent of damage.

GUIDELINES

To report contact:

- Company Name: Universal Care Canada Inc
- Fax: 905-858-8001
- Phone: (905) 585-8000
- E-mail:

Alternate:

- Company Name: same as above
- Fax:
- Phone:
- E-mail:

Copies of all Reports to:

Information required by the insurance carrier includes:

- General extent of damage;
- Cause (if known);
- Potential liability.

The insurance adjuster will visit the facility to assess damage.

A final report will be submitted to the insurance company, detailing the extent of damage, action taken, cause, costs, and any potential liabilities.

- **APPENDIX AP: Notification: Insurance Agencies Rep Contact Information**

Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS: PROTOCOL	ACUTE EMERGENCY RESPONSE	03-01-016	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	NOTIFICATION OF MEDIA		July 2022

MEDIA GUIDELINES

Incident Manager will instruct all staff to maintain complete confidentiality and refer inquiries to designated spokesperson.

The media WILL NOT be allowed to enter the building.

Senior company personnel authorized to make press releases should do so with 1/2 hour releases faxed to radio, T.V., and newspaper. (This should be done in consultation with the Stakeholders.)

Whenever possible the spokesperson for the Ministry of Health or Emergency Measures Organization should also be utilized to keep the media informed.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: CONTROLLED EMERGENCY RESPONSE	Policy #: 03-02-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

SUMMARY

Emergency responses that arise due to utility loss, for example, generally give facilities an extended decision making and planning period of time.

This type of response can also arise from weather conditions such as a severe snow storm which isolates the facility from the community for an extended period of time.

Emergency Preparedness professionals recommend that planning cover a 72 hour period in which a facility may need to be self-sufficient in terms of having no access to community assistance.

In these circumstances, organizational scrums may be arranged with the Emergency Response Administrator for department heads or delegates, and conducted at intervals of ½ to 1 hour until the emergency is resolved.

Appropriate protocols can be accessed from information contained in Tab 03.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: CONTROLLED EMERGENCY RESPONSE	Policy #: 03-02-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	FACILITY ISOLATION		July 2022

SUMMARY

There may be emergencies in which the facility becomes isolated from the community and the community emergency services for a period of 48-72 hours.

Typically, as in severe snow storms, the risks of inaccessibility are often compounded by a loss of power, for example.

GUIDELINES

In the above situation, the emergency response must be such that:

- The facility operate with staff that are on site at the facility
- The facility operate with the supplies/food that are on site
- The facility must respond to the physical environment which may have no heat or no light supply
- The facility must respond to medical emergencies with the resources of the facility and the staff
- The facility must remain cognizant of the pressure of these situations on both residents and staff (particularly the staff)

At some point in these emergencies, there may come a time when the facility moves from supplying care and comfort to one of the providing elements of survival.

In such a situation, details which must be considered include:

- Modification to normally accepted rules and regulations based on an informed decision of value versus risk;
- The absolute necessity to document the extenuating circumstances, discussion and decision(s) made.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EVACUATION - CODE GREEN	Policy #: 03-03-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	PROCEDURE		July 2022

INTRODUCTION

Code Green is to provide guidelines on a safe and efficient evacuation of an area, wing, floor, building or the entire Villa Colombo Vaughan Home.

Examples of circumstances necessitating an emergency evacuation include; fire / explosion, bomb threat, community disaster (e.g. toxic spill, tornado), structural failure (e.g. roof collapse), etc.

TYPES OF EVACUATION

Horizontal Evacuation:

Involves moving from one area of the floor to another area, on the same floor, behind fire barrier doors.

Vertical Evacuation:

Involves moving from one floor towards the ground floor.

While the preference in a partial evacuation is a horizontal evacuation, due to the risks of moving residents via stairways, this may not be an option where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route)

DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat)

Total Evacuation:

Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. The emergency services will normally be on location to provide assistance.

PROCEDURE

Decision to Evacuate

Each emergency situation will have an Incident Manager responsible for the safety of all persons in the building, the initiation of the emergency plan, and delegating responsibilities to ensure the emergency plan(s) are properly activated.

Where possible, the decision to evacuate an area is to be made in consultation with the Administrator or the Administrator on call on duty in their absence.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EVACUATION - CODE GREEN	Policy #: 03-03-01	
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Approved by Senior Director of Corporate and Building Services	PROCEDURE		July 2022

Originating Staff

1. If discovering an emergency that is potentially life threatening, immediately sound the alarm for the type of emergency, and where safe to do so, remove residents and all others from harm's way.
2. If there are no person(s) in immediate danger, notify the Charge Nurse of the emergency. The Charge Nurse will assume the role of Incident Manager and will make the decision to evacuate, if required.
3. Follow the directions of the Incident Manager.

Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager until relieved by a more Senior Manager.
2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire / smoke (refer to Code Red).
5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the RHA Leader for the floor will advise all staff and visitors of a "Code Green" for the specific wing / floor.
7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat). The second stage alarm is activated by using an alarm key, located at nursing stations and reception, at any pull station to activate.
8. Announce, or have announced, a Code Green 3 times.

For a **partial evacuation** a "Code Green (location)" will be announced and repeated 3 times. Identify the area and the floor number:

"Code Green (location) (floor number)"

"Code Green (location) (floor number)"

"Code Green (location) (floor number)"

In the event of a **total evacuation** a "Code Green (insert name) Home" will be announced 3 times

"Code Green Villa Colombo Vaughan Home"

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"Code Green Villa Colombo Vaughan Home"

"Code Green Villa Colombo Vaughan Home

9. Send a staff member to the fire control panels to repeat the page over the fire alarm paging system.
10. Call 9-1-1 stating the type and location of the emergency.

All Staff

1. All Fire Alarms will be treated as an emergency and evacuation of the fire area will be commenced immediately.
2. When a decision is made for an emergency evacuation **Evacuate Now!**

Priority of Evacuation

1. Residents in immediate danger will be evacuated first. i.e Room on each side of the emergency site, room of the emergency site and room directly across from the emergency site.
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area. If a resident is aggressively resistant move on to the next resident so as to not delay the evacuation process. Staff will return to aggressively resistant residents once others at imminent risk are safe.
3. All wheelchair residents should be assisted to safe fire barriers and, if their wheelchairs are required for other residents, are to be removed from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried or pulled on a blanket to a safe area if necessary. **(Review Safe Lifting and Transferring Policies found in the Resident Care Manual).** Moving beds will cause congestion and should be a last resort.
5. Residents who aggressively resist the evacuation.

Note: Where possible, traffic in the corridors and stairwells will move in one direction for ease of flow. Where two directional traffic flow is necessary, staff will keep to the right to minimize directional conflict.

During a Partial Evacuation

Incident Manager

1. Initiate the staff call back list and activate the Senior IMS team.
2. Set up a command post at reception, if safe to do so, or alternative location announced to staff.
3. Direct the activities of all Villa Colombo Vaughan Home personnel.
4. Retrieve the "evacuation kit" (kept at reception and all nursing stations) containing "Code Green" staff assignments and policies, procedures, tags, transfer forms, resident information and updated resident photos.

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5. Ensure that all residents are identified with wrist bracelets.
6. Transport the Residents' chart to the place where the Residents have been relocated.
7. Remove staff schedules, visitor and volunteer logs to the command post to assist with a safety accountability of all staff.
8. Provide for the continuing care of the residents.
9. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
10. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
11. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
12. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
13. Notify the MOHLTC.
14. Contact the Vice President of Operations and the Medical Director.

Note: In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.

Registered Staff/Supervisors

1. Ensure one staff member stays in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.
2. Provide direction and guidance to staff participating in the evacuation.
3. Take direction from and report to the Incident Manager or other Incident Management System managers.
4. Ensure that all evacuees are identified with wrist bracelets.
5. Be responsible for maintaining a head count of residents and staff, and keeping the Incident Manager informed.
6. Responsible for the removal of the resident charts and medication carts if time and situation permits.
7. Provide for the continuing care of the residents.

All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

Note: One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.

2. If you are responding to the emergency call back, report to the command post for further instruction.

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3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g., police for a bomb threat, structural engineer for a roof collapse).
6. If you are not in your work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager or designate. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.
10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated indicators used identifying, that the room is vacant. Do not use an evacuated indicator if a person is still in the room

During a Total Evacuation

Incident Manager

1. Initiate the staff call back list and activate the Senior IMS team.
2. Set up a command post at reception, if safe to do so, or alternative location announced to staff.
3. If necessary, designate a staff member to contact the transfer facilities to advise that residents will be coming and confirm that these alternate facilities are prepared to receive residents. Confirmation of facilities to be communicated to the Incident Manager.
4. Direct the activities of all Villa Colombo Vaughan Home personnel.
5. Retrieve the “evacuation kit” (kept at reception and all nursing stations) containing “Code Green” staff assignments and policies, procedures, tags, transfer forms, resident information and updated resident photos.
6. Designate two outside exit areas as safe resident pickup sites to bring residents from the evacuation prior to being transferred to another facility or with family.
   - Area one – will be for non-injured and stable residents.
   - Area two (triage) – will be for resident(s) requiring emergency care, either as a result of the emergency itself or due to some pre-existing medical condition(s).
7. Designate Registered Staff or a Department Head to supervise the pickup site. Delegate additional staff/volunteers to assist as resources are available.
8. Communicate with the RHA Leaders on the nursing units the list of residents to go to each holding area.

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9. Confirmation of residents at each pickup site will be made with designated staff member supervising the area.
10. Ensure that all residents are identified with wrist bracelets and transfer information tags.
11. Residents will be prioritized for transportation to the hospital or other temporary facilities, with ambulance directed to the most seriously injured, in order of severity.
12. Alternative transportation will be arranged for ambulatory residents and other residents who do not require an ambulance for transport (i.e. relative of residents, staff and volunteers).
13. Log each Resident's destination, who they left with and how they were transported.
14. Transport the Residents' charts to the place where the Residents have been relocated.
15. Remove staff schedules, visitor and volunteer logs to the command post to assist with a safety accountability of all staff.
16. Provide for the continuing care of the residents.
17. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
18. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
19. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
20. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
21. Notify the MOHLTC.
22. Contact the Vice President of Operations and the Medical Director.

Note: In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.

Registered Staff/Supervisors

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Incident Manager or other Incident Management System managers.
3. Ensure the emergency evacuation kits are removed from the building with the first resident.
4. Ensure that all evacuees are identified with wrist bracelets.
5. Prepare relevant transfer information for each resident and fasten these tags to the Residents' right shoulder.
6. Be responsible for maintaining a head count of residents and staff, and keeping the Incident Manager informed.
7. Responsible for the removal of the resident charts and medication carts if time and situation permits.
8. Be responsible for tracking the destinations of the residents.

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9. Provide for the continuing care of the residents.
10. If the “Code Green” is isolated to another wing / floor, one staff member will stay in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.

All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

Note: One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.

2. If you are responding to the emergency call back, report to the command post for further instruction.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g., police for a bomb threat, structural engineer for a roof collapse).
6. If a staff member is not in their work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked).Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.
10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated indicators used identifying, that the room is vacant. Do not use an evacuated indicator if a person is still in the room.
11. Staff assigned to the pickup sites will assist in monitoring the residents and preparing the wrist identification bracelets and transfer information tags which will be attached to each Residents right shoulder.

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Debrief

Incident Manager

1. Ensure that all documentation is completed.
2. Chair a Code Green Evacuation Debrief session within 24 hours of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement.
3. If the Home is un-operational for a period of time contact staff and inform them of when they will be expected to return.

Director of Care

4. Complete the Critical Incident Form and submit it to the Ministry of Health & Long Term Care when the incident is over.
5. Prepare to present a briefing note at the next Quality and Risk Committee of the Board.

Training Exercises

Training exercises for a “mock” Total Evacuation will take place at least once every three years or more often as determined by the priorities of the home.

Training exercise for a horizontal evacuation will take place annually. To address the provisions of Sentence 2.8.3.2.(6) of Division B of the Fire Code.

The Administrator will keep a detailed log of all Emergency Exercises including which area of the building was evacuated, who initiated the exercise, what time of day the exercise occurred, how many staff were on site, how long the evacuation of the affected area took, debriefing of staff and comments on improvement. A report of all staff in attendance will be forwarded to the Administrator.

Any changes to the evacuation plan will be communicated to staff as soon as possible.

CHECKLISTS

- **"Code Green- Incident Manager Checklist (03-03-01)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EVACUATION - CODE BLACK	Policy #: 03-04-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	PROCEDURE		July 2022

INTRODUCTION

Code Black covers the emergency procedure required when the facility is threatened or affected by a bomb or terrorist incident.

PROCEDURE

Threat via Telephone

Person Receiving the Threat

In the event that a bomb threat is received by telephone, the following action will be taken:

1. Remain calm and courteous. **DO NOT HANG UP**
2. use the **"Threatening Call Information Sheet (03-04-01)"** take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write)
3. Attempt to prolong the conversation and extract as much information as possible from the caller.

Ask the following questions:

- When will the bomb explode?
- Where is the bomb? (Specific location)
- What does it look like?
- Why did you place the bomb there?
- What is your name?
- Where are you calling from?

4. Document as much of the conversation and background as possible. Include:

- Date, time and approximate length of the call;
- The exact wording of the threat;
- Any identifying characteristics of the caller:
  - Sex;
  - Estimated age group;
  - Accent;
  - Voice (e.g. loud, soft, effeminate);
  - Speech (fast, slow, nervous);
  - Diction (good, nasal, lisp);
  - Command of the language (articulate, poor, words out of context, mispronunciation);
  - Manner (calm, emotional, vulgar); and
  - Mannerisms (pet phrases, uncommon words)
- Anything familiar about the voice;
- Any background noises;
- Whether the caller seemed to be familiar with the area or building;
- What phone line the call was received on; and
- If there was anything showing on the call display screen

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EVACUATION - CODE BLACK	Policy #: 03-04-01	
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5. Be alert of subsequent calls of the same nature
6. When the conversation with the caller has terminated, immediately notify the Charge Nurse or your direct supervisor (if immediately available), who will assume the role of Incident Manager
7. Under the direction of the Incident Manager, call the police services 9-1-1 and provide as much detail as possible about the threat received and the caller

Charge Nurse/Incident Manager

1. Upon notification of a telephone threat, assume the role of Incident Manager
2. Announce calmly to all visitors and staff (or have announced) a “Code Black” three times

If the caller identified a specific location the announcement will be:

- “Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”
- “Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”
- “Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”

then initiate an evacuation of the identified floor by announcing

- Code Green (location)"
- "Code Green (location)"
- "Code Green (location)"

Note: as this is not a fire, the elevators may be used for the evacuation (always evacuating to a lower level but not below ground level.)

If the caller was not specific as to the location the announcement will be:

- “Code Black Villa Colombo Vaughan Home. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”
- “Code Black Villa Colombo Vaughan Home. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”
- “Code Black Villa Colombo Vaughan Home. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”

3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response
4. Set up a command post in the Board Room or equivalent
5. Ensure the area used for the command post is searched for a threat before use

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		Implemented	Reviewed
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All Staff

1. Immediately turn off cell and wireless phones and two way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications
2. Use the floor plans located on the clipboards in the emergency pocket on each unit and department to document each area searched
3. Report back to the Incident Manager with your completed audit forms and follow their directions
4. If you are available, respond to the command post in the Board Room/equivalent. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents

Written or Mailed Threat

These procedures apply to various types of written threats including letters, emails, texts and social media.

Person Receiving the Threat

1. If you open a letter and recognize it as a threat avoid handling the document and envelope so fingerprint / DNA evidence will be preserved
2. If you receive an email, text or social media message that contains a threat, do not delete it
3. Immediately notify the Charge Nurse or your direct Supervisor (if immediately available) who will assume the role of Incident Manager
4. Follow the instructions of the Incident Manager

Charge Nurse/Incident Manager

1. Upon notification of a written or mailed threat, assume the role of Incident Manager
2. Announce calmly to all visitors and staff (or have announced) a “Code Black” three times

If the threat identified a specific location the announcement will be:

- “Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”
- “Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”
- “Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”

then initiate an evacuation of the identified floor by announcing

- "Code Green (location)"
- "Code Green (location)"
- "Code Green (location)"

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Note: as this is not a fire, the elevators may be used for the evacuation (always evacuating to a lower level but not below ground level.

If the threat was not specific as to the location the announcement will be:

- "Code Black Villa Colombo Vaughan Home. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"
- "Code Black Villa Colombo Vaughan Home. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"
- "Code Black Villa Colombo Vaughan Home. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"

3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response
4. Set up a command post in the Board Room
5. Ensure the area used for the command post is searched for a threat before use

All Staff

1. Immediately turn off cell and wireless phones and two way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications
2. Use the floor plans located on the clipboards in the emergency pocket on each unit and department to document each area searched
3. Report back to the Incident Manager with your completed audit forms and follow their directions
4. If you are available, respond to the command post in the Board Room/equivalent. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents

A Threat to a Specific Location

Incident Manager

1. If the threat identified a specific bomb location, announce a "Code Green" for the specific floor/area identified
2. Call for additional help, as required, using a landline phone
3. Facilitate evacuation of the identified floor / area according to Code Green procedures
4. Discuss with police if the evacuation should be expanded to include other floors

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EVACUATION - CODE BLACK	Policy #: 03-04-01	
		Implemented	Reviewed
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All Staff

1. Upon announcement of a Code Green, evacuate all residents from the identified location, following Code Green procedures, and close fire doors
2. Once the area is evacuated stay out of the identified area. The police will initiate the search of that area
3. If you were not involved in the evacuation or have completed the evacuation, conduct a search of your own work area
4. If you discover a threat, notify the Incident Manager or Police

Incident Manager

1. If the threat is non-specific as to location, set up a command post in the Board Room/ equivalent
2. Ensure the area used for the command post is searched for a threat before use
3. Delegate personnel to initiate the staff call-back list
4. Request additional help, as needed, using a landline phone
5. Provide details of the threat and a floor plan of the facility to staff to initiate the search for the bomb in order of the checklist. This will include a search of the grounds. It is recommended that staff be assigned to search the area of the facility they are most familiar with
6. Review the information with the police to determine additional actions to be taken

All Staff

1. If you are responding to the call back, report to the Administration Office by reception or alternate location
2. When reporting in from the staff call back list, you will be assigned to assist in the search
3. Follow search instructions from the Incident Manager
4. Searches will include closets, bathrooms, toilets, garbage cans, laundry carts, medication carts, cabinets, under chairs, tables, and beds. Rooms should be searched in a counter clockwise rotation and from ceiling to floor.
5. As rooms are searched identify them with a “Searched” indicator
6. Each search team will report to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting in will be done by physically reporting in

Suspicious Object/Package Located or Received

Person Discovering the Threat

1. Do not touch, move or open the object
2. Leave the area immediately

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3. Notify the Incident Manager or Police of the location and external appearance of the suspicious object
4. Keep residents and other staff members out of the area where the threat is located
5. Follow the directions of the Incident Manager and Police

Incident Manager

1. Upon notification of the location of a suspicious object, initiate evacuation of the area by announcing, or having announced, “Code Green (location)” (repeat 3 times)
2. Advise the Police of the location and external appearance of the suspicious object
3. Facilitate evacuation of the floor by following the Code Green procedures
4. Provide instructions to staff members involved in the evacuations and ensure the area to which residents are being moved is searched before they are moved into it
5. If the device is confirmed to be an explosive device, initiate a Code Green and coordinate an orderly evacuation of the entire facility, one area at a time, starting with those areas closest to the location of the device
6. Notify the Administrator immediately

All Staff

1. Upon announcement of a Code Green, follow evacuation procedures and remove residents, staff and others from the location identified and secure the area

Note: the area to which the residents are being moved must be searched before the residents are moved into it.

2. In the area near the suspicious object do not activate light switches, slam doors, move nearby objects or use portable radios or wireless phones
3. It must never be assumed that there is only one device. Continue the search in all other areas of the facility until thoroughly complete

Administrator

1. Upon notification of the discovery of a suspicious object, in consultation with the Director of Care, immediately establish the senior IMS Team
2. Notify, or designate a senior staff member to notify, the Ministry of Health and Long Term Care

After the Threat has Concluded

Incident Manager

1. Complete the Ministry of Health Incident Report and forward it to the Administrator or delegate
2. Conduct a short debriefing at the command post to obtain timely feedback from staff on the handling of the event

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3. Ensure the **"Code Black- Incident Manager Checklist (03-04-01)"** is complete
4. Compile a report of all staff in attendance and attach it to the Checklist-Bomb/ Terrorism
5. Prepare briefing notes and present them at the next Quality and Risk Committee of the Board meeting

Managers

1. Provide a short debrief to your team at your next staff meeting, identifying what went well and what needs improvement

All Staff

1. Participate in debriefings
2. Provide feedback to the Incident Manager regarding the response to the threat
3. Direct any media calls or external inquiries to the Administrator

Administrator

1. Review the Incident Report and forward it to the Ministry of Health
2. Receive reports from staff involved in the incident
3. Conduct a debriefing of all the managers involved in the incident

CHECKLIST/FORMS

- **"Code Black- Incident Manager Checklist (03-04-01)"**
- **"Threatening Call Information Sheet (03-04-01)"**
- **"Code Black- Training Record of Attendance Checklist (05-01-02)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: TORNADO ALERT PROTOCOL - CODE PINK	Policy #: 03-05-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SUMMER WEATHER NOTICE		July 2022

SUMMARY

During the summer months, there is an increased risk of severe weather, therefore it is necessary for the home to be prepared in the event of any weather warnings that may be issued during this time.

PROCEDURE:

Charge Nurse/Incident Manager

1. The Incident Manager i.e the Nurse Manager or Designate will announce:
   - a CODE PINK “Summer Weather Notice” insert type of Servere Weather Warning/ watch_____
   - a CODE PINK “Summer Weather Notice” insert type of Servere Weather Warning/ watch_____
   - a CODE PINK “Summer Weather Notice” insert type of Servere Weather Warning/ watch_____
2. The Incident Manager will Announce "ALL CLEAR" when the Severe Weather Warning has ended

All Staff

3. Personnel shall move all residents to corridor and internal central areas, away from windows. Close all drapes to help reduce injury from flying glass.
4. Move beds of residents who are bed ridden into the corridor. Put the brakes on the bed.
5. Leave room doors open.
6. Keep residents as calm as possible and away from windows and doors.
7. Instruct visitors to remain in the corridors with residents.
8. Leave the radio/T.V. on to listen for tornado information.
9. Assign a staff member to monitor the radio and Internet weather stations for updated information.

Assemble the following supplies in a central area: ® Care Plans;

- Chart Rack;
- Dressing tray with supplies;
- Med Cart & all med bins;
- Urinals;
- Bedpans;
- Blankets;
- Flashlights;
- Portable phone;
- Staff phone numbers;
- Battery operated radio; L.O.A. Book.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: TORNADO ALERT PROTOCOL - CODE PINK	Policy #: 03-05-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate & Building Services	SUMMER WEATHER NOTICE		July 2022

Severe Thunderstorm Watch

This is the first level of alert of possible thunderstorms. It is often used before clouds have even begun to form, based on the potential for severe storm development. It is valid for large sections of the province. If a watch is in effect for your area stay tuned to local radio, T.V. or weather radio stations for possible warnings. Be on the lookout for thunderstorm clouds.

Severe Thunderstorm Warning

A warning is issued when information is received that the thunderstorms are causing, or are likely to cause damage in your area. It is valid for individual counties, districts and communities. If a warning is issued, pay close attention to announcements. Watch the sky carefully. Be prepared to take safety precautions if necessary.

Tornado Watch

On some occasions, the ingredients necessary for tornado formation are very strong and apparent. When this occurs, a tornado watch may be issued. Be particularly alert for warnings which may be issued.

Tornado Warning

A tornado warning means that a tornado has been sighted or is imminent. Take immediate precautions. [From Atmosphere Environment Service of Environment Canada]

CHECKLIST

- **"Code Pink- Incident Manager Checklist (03-05-01)"**
- **"Code Pink- Training Record of Attendance Checklist (05-01-02)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EXTERNAL AIR EXCLUSION - CODE GREY	Policy #: 03-06-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE GREY- PROCEDURE		July 2022

PURPOSE

To provide an effective and efficient procedure for restricting the entry of outside air into the Villa Colombo Vaughan Home in the event of hazardous gases/fumes being present in outside air.

External air exclusion is only put into action where evacuation into the open air would be more hazardous to the health and safety of residents and staff (e.g. external chemical cloud, considerable smoke from local fire, abnormally high outside ambient temperatures).

PROCEDURE

Charge Nurse/Incident Manager

1. Upon being notified of an incident or potential incident producing hazardous fumes external to the facility, the Charge Nurse will assume the role of the Incident Manager until relieved by a more senior manager.
2. Advise all staff of the “Code Grey” advising them to “close all open windows and exterior doors.” 3 times.
   - CODE GREY ‘EXTERNAL AIR EXCLUSION’
   - CODE GREY ‘EXTERNAL AIR EXCLUSION’
   - CODE GREY ‘EXTERNAL AIR EXCLUSION’
3. Notify the Director, Property and Environmental Services or designate and the Administrator.
4. Have residents that are outside return inside.
5. Instruct Maintenance to ensure that the external ventilation system is turned off.
6. Ensure residents, staff and visitors are monitored for abnormal breathing difficulties.
7. Establish contact with the local emergency services (Fire / Police), as appropriate, to gather information on the extent of the hazard and provide an update on the status of the facility.

All Staff

1. Upon notification of a Code Grey, close all open windows and exterior doors in your area.
2. If outside, move staff and residents indoors.
3. Follow the instructions of the Incident Manager.
4. Report any abnormal breathing difficulties to the Incident Manager.

CHECKLIST

- **"Code Grey- Incident Manager Checklist (03-07-01)"**
- **"Code Grey- Training Record of Attendance Checklist (05-01-02)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: CHEMICAL SPILL PROTOCOL - CODE BROWN	Policy #: 03-07-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE BROWN- PROCEDURE		July 2022

INTRODUCTION

Code Brown covers the emergency response to a situation where hazardous materials may affect the health of the residents or the security of the facility.

Where hazardous materials are spilled and the spill is of the size or potential hazard where unit or maintenance staff is unable to carry out safe clean up, a “Code Brown” will be called.

A spill may include liquids, powders, or even gaseous substances.

PROCEDURE

Originating Staff

1. Upon discovery of a spill of a hazardous or unknown substance, notify the RHA Leader or your Supervisor who will assume the role of Incident Manager.
2. Follow the direction of the Incident Manger.
3. Notify the Incident Manager if you have been contaminated or if you are experiencing any health effects related to contamination.

Incident Manager/Charge Nurse/Designate

1. Upon notification of a spill of a hazardous material assume the role of Incident Manager until relieved of the role by the Director, Property and Environmental Services or delegate.
2. Proceed to the location to assess the situation.
3. Cordon off the area and keep people away from the area until the spill is cleaned up.
4. Notify staff in the area of the spill of the “Code Brown” identifying the location (wing/ area).
   - CODE BROWN “Chemical Spill Protocol’ Location_____
   - CODE BROWN “Chemical Spill Protocol” Location_____
   - CODE BROWN “Chemical Spill Protocol” Location_____
5. **If the spill is of a flammable material or there are any injuries/illness from the spilled material then the spill is <u>deemed unmanageable:</u>**
   - Call 9-1-1.
   - Clear the area of all persons.
   - Ensure there are no sources of ignition; and
   - Ventilate the area by opening windows (if safe to do so).
   - Shut down the air handling system to prevent fumes from traveling through the rest of the building
6. Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes. Clothing must be laundered before reuse.
   - Eye wash stations are located in all kitchen areas, housekeeping closets, nursing stations and maintenance shop.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: CHEMICAL SPILL PROTOCOL - CODE BROWN	Policy #: 03-07-01	
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- Showers that can be used for emergency decontamination are located in each tub room on each Resident Home Area and in the staff, locker rooms in the basement.

Note: if the product is flammable or highly toxic, then contaminated clothing should be disposed of properly – not laundered.

7. Where safe to do so, determine the name and quantity of the substance spilled.
8. Obtain the Material Safety Data Sheet.
9. Determine if an evacuation is required. If an emergency evacuation of the spill zone or a greater area is required, activate a Code Green, and notify the Administrator or delegate.
10. After business hours notify the Administrator on call or designate if there are injuries, an evacuation of residents from their home area, or the fire department has been called.
11. Arrange for a commercial spill response team if spill is outside of the capability of the Maintenance staff and initiate the Senior IMS Team.
12. Notify the MOHLTC immediately if any evacuation or displacement of residents occurs or if there is any disruption to the facility operations.
13. If the spill does not create a major difficulty an incident report may be faxed to the MOHLTC.
14. Notify the Ministry of Labour if there are any critical injuries to staff members.

Protocol for Spill Clean-up team:

1. Upon notification of a hazardous material spill report to the Incident Manager.
2. Assess the spill from a safe location to determine if it is within the capability of the team to clean up. The complexity and detail of the cleanup plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.
3. Review Material Safety Data Sheets (MSDSs) or other references for recommended spill cleanup methods and materials, and the need for personal protective equipment (e.g. masks, goggles, gloves, protective clothing, etc.).
4. Ensure proper Personal Protective Equipment (PPE) is utilized based on the chemical spilled as per the MSDS sheet.
5. Obtain the Spill Kit stored in the nursing storage room. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g., brushes, scoops, sealable containers).
6. Protect all floor drains or other means of environmental release.
7. Distribute loose spill control materials over the entire spill area working from the outside, circling to the inside. This reduces the chance of splash or spread of the spilled chemical.
8. When spilled materials have been absorbed, use brush and scoop to place materials in an appropriate container. Polyethylene bags may be used for small spills. Five-gallon pails with polyethylene liners may be appropriate for larger quantities.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: CHEMICAL SPILL PROTOCOL - CODE BROWN	Policy #: 03-07-01	
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9. Complete a hazardous waste sticker, identifying the material as Spill Debris involving (identify) chemical, and affix onto the container. Spill control materials may need to be disposed of as hazardous waste – refer to municipal public works for specifics based on the type and quantity of the chemical spilled.
10. Decontaminate the surface where the spill occurred using a mild detergent and water when appropriate.

CHECKLIST

- **"Code Brown- Incident Manager Checklist (03-07-01)"**
- **"Code Brown- Training Record of Attendance Checklist (05-01-02)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: MISSING RESIDENT – CODE YELLOW	Policy #: 03-08-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE YELLOW- PROCEDURE		July 2022

POLICY

A “Code Yellow” procedure will be implemented immediately upon discovering a Resident is missing. A Resident is considered missing when they are not in a location where staff would expect to find them.

Staff members will conduct a short search, as defined in the procedure below, before a Code Yellow is announced.

PROCEDURE

In the event that a Resident is missing, the following action will be taken:

FIRST PHASE 5 MINUTE- time frame

Originating Staff

1. If you realize a resident is unaccounted for inform the RHA Leader.
2. Assist in the search process under the direction of the RHA Leader/Incident Manager.

RHA Leader/Incident Manager/Designate

1. Upon notification that a resident is unaccounted for, assume the role of Incident Manager and direct staff to begin a systematic search of the wing, checking areas the resident may have gone, querying other staff and checking sign in/sign out sheets. Staff will use the Incident Manager Checklist located on the clipboards in the emergency pocket on each unit.
2. Utilize the **Incident Manager Check List – Code Yellow** to track actions and log the times of the response.
3. Document the time the search began
4. If the resident is still unaccounted for after the initial 5 minute search, inform the Charge Nurse who will take over as Incident Manager.
5. Notify the DOC/Designate
6. A nurse from the unit will take the residents chart to the command post (reception desk) with a description of what the resident is wearing. ‘
7. Photocopy the photo found in the resident’s chart for distribution to people searching for the resident

All Staff

1. As directed, search the unit, check areas the resident may have gone, query other staff and check sign in/sign out sheets.
2. Use the floor plans located on the clipboards in the emergency pocket on each unit and department to document each area searched.
3. Report back to the Team Leader with the completed audit forms and follow their directions.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: MISSING RESIDENT – CODE YELLOW	Policy #: 03-08-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE YELLOW- PROCEDURE		July 2022

Charge Nurse

1. Upon notification from a RHA Leader that a resident has been unaccounted for 5 minutes, assume the role of Incident Manager.
2. Use the **Code Yellow Incident Manager Check List.**

SECOND PHASE-10 MINUTE time frame

Incident Manager

1. Announce Code Yellow calmly to all visitors and staff (or have announced), three times.
   - "Attention please, would (resident/client's name/room#/clothes being worn) please return to (wing/program area) immediately."
   - "Attention please, would (resident/client's name/room#/clothes being worn) please return to (wing/program area) immediately."
   - "Attention please, would (resident/client's name/room#/clothes being worn) please return to (wing/program area) immediately."

Repeat this announcement again after 3 minutes if the resident/client does not return.

2. Organize the unit staff to do a follow up search of the unit and areas of the facility where the resident may routinely visit; recheck the sign in/out sheets; and follow up with visitors that may have visited the resident that day.
3. If it is suspected that the resident has left the building with a family member, delegate a staff member to call the family to confirm.
4. Notify all staff on other units/program areas to determine if the resident is on other floors or areas.
5. Direct staff to check external sitting areas.

If the Resident is not located within 10 minutes, have the RHA Leader complete the Resident Profile and bring it to Reception along with the Resident's chart and picture.

Note: This stage shall last no longer than 10 minutes for a total of 15 minutes after the first indication that resident/client was missing

All Staff

1. Follow the direction of the Incident Manager.
2. Assist with the follow up search and contacting visitors/family members, as requested by the Incident Manager.
3. Be on the lookout for the missing resident. If you do not know what the missing resident looks like, be alert to persons in your area that seem lost or are unknown to you.
4. Report to the Incident Manager any person in your area that you do not know and fits the description of the missing resident or who appears lost.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: MISSING RESIDENT – CODE YELLOW	Policy #: 03-08-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE YELLOW- PROCEDURE		July 2022

THIRD PHASE- initiated 15 MINUTES after the first indication the resident was missing

If the resident has not been located within 10 minutes of the Incident Manager being notified, regardless of the completeness of the current search, the following tasks will be completed:

Incident Manager

1. Commence paging for a “Code Yellow” following the paging procedure posted at the fire panel at reception or nursing station. Announce calmly to all visitors and staff (or have announced) a “Code Yellow” three times:

- “Code Yellow (Resident/Client name/room #/clothing worn) (Resident Home Area).”
- “Code Yellow (Resident/Client name/room #/clothing worn) (Resident Home Area).”
- “Code Yellow (Resident/Client name/room #/clothing worn) (Resident Home Area).”

The announcement will be repeated after 5 minutes

2. Notify the police 9-1-1, providing a description of the resident/client.
3. Complete a Missing Person Report.
4. Retrieve the disaster box from reception in order to access emergency phone numbers and any other equipment required (e.g. flashlights).
5. Move to reception which will become the command post where all responding staff will report for instruction.
6. Give staff a description of the resident (physical description and clothing), including photo and a search floor plan/area map for them to initiate the search of the resident. Where possible, assign staff to search areas that they are most familiar with (e.g. dietary staff to search kitchen and support areas, nursing staff search the unit they are working on) for the initial search.
7. Direct maintenance staff to bring the elevators down to the main floor and put on service with the doors open.
8. When Police arrive, provide them with a photo of the resident/client, a copy of the Missing Person Report and a summary of the actions taken prior to their arrival. The staff search will continue in supplement to the police action.
9. Notify the Administrator or the Administrator on call.
10. Outside of peak staffing hours (11:00 p.m-7:00 p.m) initiate the Emergency Fan Out List
11. The search will include a search of the grounds. Any search external to the building (including on the grounds) will be done in pairs.

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- If it is suspected that the resident may have left the building, you may direct specific staff to start an external facility search at the same time an internal search is being performed.
- Provide maps for all the designated search areas beyond the grounds of the facility.

12. Direct staff to report back to you at a minimum every 10 minutes.
13. After staff have reported back that their assigned search is complete, reassign them to another search area.
14. Assign staff members, who are reporting in from the Emergency Fan Out List, to search in pairs beyond the grounds of the facility and provide them with maps.
15. When sufficient staff is present, commence a second search of the facility and the grounds
    - Determine if the search area should be expanded further.
16. Request maintenance or designate to review video surveillance.
17. Notify the family of the resident.
18. Notify the physician of the resident
19. Ensure all actions prior to the search, during the search and immediately after the search is documented. Can Include:
    - Time resident last seen and by whom
    - Time resident discovered as missing
    - Any unusual behaviour
    - Search procedures and involvement
    - Notification time of pertinent individuals

All Staff

1. Following the announcement of a Code Yellow, if you are available for the search, respond to the command post at reception.

Note: At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.

2. Conduct a search in an organized fashion, using the floor map by checking:
    - Each room, on/under beds
    - Each bathroom
    - Utility rooms
    - Linen closets
    - Stairwells
    - Elevators
    - All keyed doors
3. When conducting a search of a floor start the search at the Nursing Station and complete the search, ensuring that each room has been searched twice.
4. As rooms are searched, identify them with “Searched” indicators and mark them on the search map. Then search the stairwells.

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5. Report back to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting can be done either by physically reporting in, by cell phone, or by other device.
6. Once your assigned search area is complete, return to the Incident Manager for further assignment.
7. Notify the Incident Manager immediately upon the location of the missing resident.

Administrator

1. Establish the Senior IMS Team in the Meeting Room.
2. Contact the Ministry of Health and Long-Term Care and the Vice President of Operations.

AFTER THE INCIDENT HAS CONCLUDED

Incident Manager

1. Once the Resident has been located notify:
   - The Police Services (9-1-1)
   - Resident POA
   - Administrator
   - Director of Care/Designate
   - Vice President of Operations
   - Medical Director
   - All units and departments by paging an “All Clear” 3 times

- “Code Yellow, (Resident Name), All Clear”
- “Code Yellow, (Resident Name), All Clear”
- “Code Yellow, (Resident Name), All Clear”

2.Advise all searchers and authorities that have been contacted that the resident/client has been located. (i.e. Administrator, Police, Ministry of Health and Long-Term Care, and Vice President of Operations.)
3. Contact the resident’s family to advise them that the resident has been found.
4. Complete the Progress note using the Incident Form.

Charge Nurse

1. Complete an assessment of the Resident’s condition. Document and indicate follow-up. The Physician will see the resident the next day, where appropriate.
2. If required, the resident may need to be sent to ER for assessment (e.g. exposure to cold

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DEBRIEF

Incident Manager

1. Ensure that all documentation is completed.
2. Chair a Code Yellow Debrief session within 24 hours of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement. A briefing note will be prepared to present at the next Quality and Risk Committee of the Board.

Administrator/ Director of Care

1. Complete the Critical Incident Form and submit to the Ministry of Health & Long Term Care.
2. Schedule a more detailed review within one week of any incident where police were notified.

CHECKLIST

- **"Code Yellow- Incident Manager Checklist (03-08-01)"**
- **"Missing Resident Search Checklist (03-09-01)"**
- **"Code Yellow- Training Record of Attendance Checklist (05-01-02)"**

RELATED POLICIES/FORMS

Policies/Forms

- Nursing Manual: 05-01-08 “Critical Incidents- CIS Analysis”
- Nursing Manual: 05-01-10 “Missing Residents and Potential Wanderers”

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INTRODUCTION

Code White covers the procedures required during an uncontrolled violent situation that may result in serious injury.

PURPOSE

To ensure Code White is used every time immediate response is needed to manage violent/ aggressive behaviours. A staff member assessing a situation as posing an immediate danger to themselves and/or others can call a “Code White” at any time. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff will use non-violent interventions (Gentle Persuasive Approach). The primary aim is to remove all persons from the situation to minimize the risk of injury.

PROCEDURE

This procedure will provide direction in a situation where there is a potential for serious injury or uncontrollable behavior. (For controllable situations, the same procedure will be followed omitting the steps which involve contact with police services.) In the event that a serious violent or potentially uncontrollable situation occurs, the following action will be taken:

Potentially Violent Situation

Originating Staff

1. If you identify a crisis situation remove yourself from the confrontation and immediately notify the police services by calling 9-1-1 and provide as much detail as possible.
2. Announce a Code White (repeat 3 times), identifying the location of the incident:

- “Code White (location)”
- “Code White (location)”
- “Code White (location)”

Note: the announcement will not include if a weapon is involved

3. Notify the Charge Nurse or your direct Supervisor (if immediately available) of the situation, providing as much information as possible.

Charge Nurse/Incident Manager

1. Upon notification of a potentially violent situation take lead as the Incident Manager.
2. Call back the police (9-1-1) with an update of the situation within 5 minutes.

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3. Delegate a staff member to meet the police at the main entrance and provide directions to the scene as well as alternative access to the area (e.g. location of the stairways and the elevator).
4. Delegate a staff member to call the Administrator or designate.

All Staff

1. Upon notification of a Code White, if you are in the area of the emergency or able to respond to the situation, assist by evacuating residents from the area of the threat. The Incident Manager may send you back to your duties if further assistance is not necessary.
2. Reception (or if after hours, a designate chosen by the Incident Manager) will direct visitors/residents entering the Home away from the area until the incident has been confirmed safe by the Incident Manager.
3. Use tactical verbal communication and non-violent interventions to de-escalate the situation if it is safe to do so.
4. If the aggressor has a weapon, do not attempt to remove the weapon or to subdue the person. The only goal will be to remove others from the situation.
5. If any injuries are incurred, provide first aid in a safe location and notify EMS 9-1-1.

Administrator

1. In a serious situation, determine the need to establish the Senior IMS team.

Incident Concluded

Incident Manager

1. Once an incident has been controlled and the concerned area is safe for everyone to enter, announce, or have announced an “All Clear” (repeat 3 times):

- “Code White All Clear”
- “Code White All Clear”
- “Code White All Clear”

2. At the conclusion of the incident complete the Incident Report and forward it to the Administrator or designate.
3. Contact resident POA’s who were involved / affected by the incident.

Administrator

1. Notify the Health & Safety Committee and the Ministry of Labour if any staff suffers a critical injury (as defined by the Occupational Health & Safety Act).
2. Determine if the Ministry of Health should be notified.

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3. Schedule a detailed review within one week of any Code White incident where the police are involved.

All Staff Involved

1. If you were involved in the situation, complete a written report of the details of the incident and submit it to the Administrator within 24 hours of the incident. The report should be completed before leaving the facility.

CHECKLIST

- **"Code White- Incident Manager Checklist (03-09-01)"**
- **"Code White, Non-Resident- Training Record of Attendance Checklist (05-01-02)"**

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PURPOSE

To outline procedural guidelines which:

- Ensure accountable, interdisciplinary resident care that is individual, respectful,
- culturally sensitive, and ethical within a flexible, therapeutic environment
- Meet corporate and professional standards, applicable legislation and evidence
- based best practices
- Promote resident, visitor and staff safety

POLICY

Code White is used to signal a need that assistance is required due to another person behaving in a potentially dangerous manner towards himself or others. There can be a potential that this behaviour may escalate causing further risk and harm to others.

The staff responding to a Code White will do so in a non-violent manner; least restraint approaches will only be implemented after all other options have been tried. Should staff feel that

the situation is beyond their ability to intervene effectively or the behaviour involves a person other than a resident 911 will be called.

Annually, all staff will be trained in responding to a Code White. Training programs that are to be used are either Gentle Persuasion or Non-Violent Crisis Intervention.

CORPORATE PROCEDURES

1. Upon discovery of a situation where a resident is demonstrating responsive behaviour that could potentially harm the resident or others the staff member will GET HELP. IMMEDIATELY by notifying another staff of a “CODE WHITE” situation.
2. The Staff member discovering the situation will remain with the resident; however will remain outside the reach of the resident displaying the responsive behaviour.
3. The staff member receiving the report will immediately notify the Registered Staff on the Home Area or the nearest Registered Staff of the situation.
4. The Registered Staff will immediately alert other staff members of the CODE WHITE situation using the home’s paging or notification system.
5. Once the Code has been activated the Registered Staff will immediately go to the situation to attempt to de-escalate the resident.
6. The first Registered Nurse in charge of the home will assign tasks to staff who responds. Tasks include (if safe to do so):
   - Removing other residents from the area;
   - Removing objects that could be used as weapons from the area;
   - Removing visitors from the area;
   - Establishing a safe perimeter
   - Reviewing the resident chart for orders or family to contact
   - Contacting the physician, and/or contacting the family.

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7. Registered Staff can use the following to de-escalate the situation:
   - Establish and maintain eye contact
   - Talk in a slow gently reassuring voice; try to keep the resident talking
   - Offer the resident tea or coffee or offer a snack
   - Do not patronize the resident or talk in a degrading manner
   - Ask simple questions of the resident
   - Offer them a seat or the option of going back to bed
   - Offer to call a relative and let them talk with the Other Registered Staff responding to the situation should review physician order's for physical or chemical restraint orders. If orders are present prepare the appropriate restraint
8. If no orders, attempt to contact the physician for orders
9. If the resident does not settle and continues to pose a risk contact the physician regarding a Form 1 under the Mental Health Act. If the resident is Formed call 911 for transport to the hospital for assessment.

Note: The original of the Form 1 form must accompany the resident to the hospital; a copy is kept for the resident chart.

10. Once the situation is de-escalated consider assigning one-on-one staffing to the resident for the remainder of the shift or the next shift. (Contact the DOC or designate for approval).
11. Following the conclusion of the situation all staff should meet to debrief on how to situation was handled, what worked well, what didn't work, how staff felt in the situation, what care changes will be made, what about use of medications, and what would be done differently in the future. This debriefing session should be documented, attached to the Incident Report form, and forwarded to the Joint Occupational Health and Safety Committee for review.
12. Documentation to include:
    - Progress Notes – should clearly document the occurrence from the beginning to the end. Clearly identify the trigger if known; state what worked and what didn't work; what made the situation better, what made it worse; what actions did staff take; who was called and when; were restraints used or not; if used what was response, etc.
    - Care Plan – should clearly identify risk for behavioural outbursts. Include what triggers the behaviour, time of day risk is highest, what are the effective interventions, etc.
    - Critical Incident Report– if 911 was called or if there were any injuries a Ministry of Health Critical Incident Report Form is to be completed.
    - Resident Incident Report – Complete and forward to the Director of Care
    - Employee Incident Report – Complete if there were any negative effects on the staff.
13. The Administrator will notify the Universal Care Regional Director of all instances of Code White that result in injury of anyone or in the transfer of a resident to hospital under a Form 1

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CHECKLIST

- **"Code White, Residents- Training Record of Attendance Checklist (05-01-02)"**
- **"Code White-Resident-Incident Manager Checklist (03-09-02)**

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CODE RED – FIRE

Code Red covers the emergency response to fire.

FIRE SAFETY PLAN INTRODUCTION

The Ontario Fire Code, Section 2.8, requires the establishment and implementation of a fire safety plan for every building containing a group (A) or (B) occupancy and to every building required by the building code to have a fire alarm system.

The Fire Marshals Act, Chapter F.17, states in subsection 19 (5) that “Every person who contravenes any provision of the fire code and every director or officer of a corporation who knowingly concurs in such contravention, is guilty of an offence and on conviction is liable to a fine of not more than $25,000 or imprisonment for a term of not more than one year, or to both”.

This plan is required to be acceptable to the chief fire official.

The implementation of a fire safety plan helps to assure effective utilization of life safety features in a building and to protect people from fire. The required fire safety plan should be designed to suit the resources of each individual building or complex of buildings.

Fire safety plans are intended to assist with the essentials for the safety of all occupants. They are also designed to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building.

ALARMS

There are two distinctive fire alarm rings that sound on the fire alarm system.

First Stage

A slow intermittent ring is a fire alarm.

Second Stage

A steady continuous ring is the second stage alarm indicating the incident has been escalated and immediate evacuation is required.

The alarm system can be manually placed into the Second Stage using an alarm key at any pull station. Should complete evacuation of the building be required the building supervisory staff are to activate the 2nd stage in coordination with the Town Fire Department.

Annunciator

The fire annunciator is an electronic panel indicating the status of the fire alarm system and the system activators which include smoke detectors, heat detectors, pull stations, sprinkler alarms, and other devices. The fire alarm annunciator panel is located behind the desk at reception. Secondary annunciator panels are at the nursing station at every resident home area and secondary paging unit is located at the Rouge Valley nursing station.

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Each location has two statuses: Clear or Alarm.

The Clear status is indicated by a green light.

The Alarm status is indicated by a red light.

The Amber light indicates there is trouble and the alarms system may not be functioning properly.

Reset

The fire alarm system is to be reset only under the direction of the Fire Department.

After investigation of the alarm finding that the alarm is false or that the emergency has been successfully dealt with, and following a minimum time delay of one minute, the alarm system may be silenced by depressing the alarm silence switch on the control panel for a minimum of three seconds. When this occurs an alarm silence LED will flash on the panel and activate the trouble sequence.

Once the activated device is reset or returned to a normal condition, then the panel can be reset by depressing the reset button. This will place the system back into normal operations.

EVACUATION

Horizontal Evacuation

Horizontal evacuation involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

Fire separations, such as fire doors, are designed with a 45 minute or 2-hour fire rating. Therefore, a horizontal evacuation may often address all but the most serious situations.

If the fire or alarm is in Block A the residents of Block A are to be evacuated to Block B. If the fire or alarm is in Block B the residents of Block B are to be evacuated to Block A.

E.g.,

- Ground floor – (North Wing) to (East Wing) or vice versa
- 2nd floor – (North Wing) to (East Wing) or vice versa
- 3rd floor – (North Wing) to (Central Wing) or vice versa

Vertical Evacuation

Vertical evacuation involves moving from one floor towards the ground floor.

The preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents / clients via stairways. However, there may be situations where it is not safe to move

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towards a fire door (e.g., the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route) and therefore a vertical evacuation of those persons is required.

Total Evacuation

Total evacuation involves the evacuation of the entire building to the outside and would be carried out only in an extreme emergency.

FIRE INSTRUCTIONS

RACE

If you discover fire or smoke R A C E:

Rescue:

When you discover a fire rescue people in immediate danger, if possible

Alarm:

Sound the alarm and call the fire department with the exact location of the fire. Dial 911

Contain Fire:

Close all doors, windows, and chutes to reduce the spread of smoke and contain fire

Evacuate or Extinguish

Extinguish a small fire if confident and trained or concentrate on further evacuation

If you hear the alarm:

DO NOT

- Use telephones unless you have important information for reception
- Panic
- Shout “Fire”
- Use the elevators

DO

- Return to your work area and turn all equipment off and close all doors
- Report to the Incident Manager / Fire Warden
- Be prepared to give assistance if requested

DUTIES OF THE INCIDENT MANAGER /FIRE WARDEN

The Charge Nurse/Supervisor in the area of alarm activation will assume the role of Incident Manager / Fire Warden until relieved from the task by a more senior manager.

The Incident Manager / Fire Warden will:

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During the incident

1. Determine the source of the fire (alarm) or smoke.
2. Ensure the fire alarm system has been activated.
3. Ensure a staff member proceeds to the annunciator panel to identify the location of the fire.
4. Ensure the location of the fire is announced to all staff.
5. Ensure evacuation of the risk area has been initiated.
6. Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm.
7. Appoint a person to meet fire fighters at the front door, ensure door is unlocked and call the elevators to the first floor.
8. Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g., smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate. The Administrator or designate will initiate the senior IMS team in the event of a true emergency.

At the fire area

1. Direct and monitor the activities of all personnel until the Fire Department arrives.
2. Ensure evacuation of the fire area begins immediately starting with the rooms closest to the fire location.
3. Maintain a record of residents evacuated.
4. Assign staff to monitor exit doors and account for all residents and visitors in the area.
5. Delegate a person to be responsible for tracking the residents from their assigned wing and report to the Incident Manager / Fire Warden the status of the residents (i.e. all residents accounted for or residents not accounted for).
6. Assist the Fire Department as requested.
7. If further evacuation is required beyond the initial risk area advise all staff of a “Code Green”.

After the incident has concluded

1. Once the incident has concluded, advise all staff of an “All Clear”.
2. Reset the fire alarm system(s), mag lock system, and elevators.
3. Ensure that the maintenance department is advised of any fire equipment that was used.
4. Complete the appropriate incident reports and forward a copy to the Administrator.
5. Document staff in attendance and forward the list to the Administrator.

DUTIES OF ALL OTHER STAFF

- Listen for location of the fire or check the annunciator panel located at the nursing station.

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- If you are close to the annunciator panel, immediately check the annunciator for the location of the alarm and advise the Charge Nurse.
- One staff member is to remain on their floor to supervise the residents. All other staff will proceed to the fire location.
- Assure the residents and visitors in your work area are in a safe location. For example, remove any resident/client that is bathing from the tub.
- Properly shut down any equipment in the area (e.g., ovens, laundry equipment, etc.) and close all doors.
- Proceed directly to the area of the fire. Use the stairs – DO NOT use the elevators (unless approved by the Fire Department).
- If you are not in your work area when the fire alarm sounds (e.g., on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the code red location.
- Report to the Incident Manager / Fire Warden.
- Remove residents and visitors from the fire area to an area behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
- Close all unlocked doors to contain the fire and smoke.

Note: If smoke is encountered, keep close to the floor as the air is clearer and cleaner.

- Clear the corridors of carts, walkers, wheelchairs etc.
- If the fire is small and all persons are safe, consider extinguishing the fire (refer to fire fighting considerations below) if trained to do so.
- Resume normal duties only after "Code Red All Clear" has been announced.

Once the Fire Department assumes control of the elevator, they will maintain authority over the use of the elevators until the all-clear is given.

The Administrator or designate will provide managerial assistance to the Incident Manager / Fire Warden, Fire Department, Emergency Medical Services, Police Services, or other agencies in ensuring the safety and well being of the residents, visitors, volunteers and staff.

The Administrator or designate will advise the Ministry of Health and Long-Term Care and other appropriate agencies as needed

EVACUATION OF THE FIRE AREA

Villa Colombo Vaughan Home has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close, and the ventilation system will shut off.

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Description

- Villa Colombo Vaughan Home has been built with fire containment features, and in most situations, residents can be safely evacuated to another wing or area that is separated by fire doors.
- For a horizontal evacuation, residents and visitors can be safely evacuated to another wing or area that is separated by fire doors.
- Residents are to be moved into a lounge or room outside of the fire zone in order to avoid congestion in the hallways.
- Residents and visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the fire fighters.
- In the event of a vertical evacuation, the elevators will not be used unless approved by the Fire Department. Vertical evacuation using the stairs will require all available staff to assist and will only be used in the event of a confirmed risk (fire, smoke, etc.). The Incident Manager / Fire Warden will discuss the use of the elevators with the Fire Department as soon as possible.
- Visitors can be permitted to assist in the area to which residents have been evacuated in small numbers where they are of assistance. Visitors are not to be permitted in the fire area or allowed to congregate in the hallways. Any visitors not assisting are to be asked to leave the building until the “All Clear” has been given.
- Any events that are taking place with large numbers of guests are to be evacuated outside immediately at the sound of the fire alarm.
- The evacuation of the fire area is to start with the rooms closest to the source of the fire and smoke and then work outwards.
- Ambulatory and wheelchair residents should be evacuated first, as they can be moved quickly.
- Slow-walking residents and clients can be pushed in a wheelchair to speed evacuation. Residents are not to be evacuated in their beds unless absolutely necessary, as beds will cause congestion in the halls.
- A “VACANT” indicator will identify the rooms that are vacant and clear of smoke or fire.

Note: “VACANT” indicators will not be placed on doors in a Code Red if a person is in the room.

- After all residents have been evacuated, with time and safety permitting, the registered nursing staff is to move the medication cart from the fire area to the evacuation area. The medication cart will contain the emergency resident identification tags.
- The Incident Manager / Fire Warden will delegate a person to be responsible for tracking the residents from their assigned wing/floor and reporting to the Incident Manager / Fire Warden the status of the residents (i.e., all residents accounted for, or residents not accounted for).
- If a more extensive or total evacuation of the building is required, a Total Code Green will be announced, and the second stage alarm (steady continuous ringing) will sound at the direction of the Incident Manager / Fire Warden. Total evacuation starts with the

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area closest to the event that is causing the evacuation. **Refer to Code Green for the full evacuation policy.**

CONSIDERATIONS AND POLICIES

Fire Fighting Considerations

Once all residents and visitors are safe, circumstances will dictate whether the staff responding to the fire area should attempt to fight the fire. In many instances, if the fire is discovered early, it may be relatively easy to extinguish. Staff must assess the situation before attempting to extinguish the fire. Examples of where an attempt to fight a fire may be possible include a small garbage can fire or a person whose clothes are on fire (stop, drop and roll).

Staff should only use the fire fighting equipment they have been trained to use (e.g., portable fire extinguishers). Any person who has not been trained in the use of portable fire extinguishers should not attempt to extinguish a fire using the equipment.

Fire Safety Policies

Fire safety is everyone's responsibility. The following policies will assist in ensuring fire risks are minimized.

Smoking

Villa Colombo Vaughan Home is a non-smoking facility. Smoking is not permitted within the building.

- Violation of this policy by staff will result in disciplinary action being taken.
- Violation of the policy by a resident/client will result in a meeting with the resident, power of attorney, and facility administration to review the smoking policy and follow up actions for repeat offences.
- Any visitor that is seen smoking inside the facility will be directed to take their cigarette outside a minimum of 9 metres from any doorway.
- All repeat violations of this policy will be reported to the Administrator.

Space heaters

Portable space heaters or appliances that generate heat are not permitted in resident rooms

The use of candles or other open flames are not permitted in the facility. The only exception is those situations that have the specific prior approval of the Administrator or designate in controlled and supervised circumstances, such as birthday cakes. A staff member must be present in these situations.

Extension cords and power bars

Extension cords and power bars must be used in a safe manner. An extension cord or power bar attached to multiple appliances could overheat and cause a fire, therefore check the approved load of the cord or power bar. Extension cords and power bars will never be spliced. Extension

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cords should not be run under rugs, through doorways, or fastened to walls or ceilings except in the event of a power failure or equipment emergency, and then only on a temporary basis.

Electrical appliances

All electrical equipment brought into the facility, including residents', is to be inspected to ensure it is CSA certified and bears the CSA label.

Combustible material

Combustible materials are not to be placed in close proximity to heating appliances or lamps. Lamps, including night lights, are not to be positioned so they come into contact with bedding, furniture, room decorations, etc.

When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen equipment must be stored in suitable locations.

The use of flammable and combustible liquids must be controlled. Their use must be reviewed by the Health and Safety committee and safety precautions followed. Flammable liquids must never be used as cleaning solvents. Flammable liquid vapours can be ignited by various sources of ignition including smokers' materials, matches and lighters, electrical equipment, and pilot lights from furnaces and hot water heaters.

Grounds maintenance equipment such as gasoline-fuelled lawn mowers, leaf blowers and snow blowers are only to be fuelled when the equipment is cold and a minimum of 10 metres from

the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building.

Warning: Smoking is not permitted in areas where refueling takes place.

HOUSEKEEPING

This section refers to general building housekeeping and applies to all staff (not just housekeeping staff).

In the kitchen, ducts and filters will be cleaned regularly to remove deposits of grease. Kitchen ducts will be professionally cleaned every 6 months.

Laundry filters, ducts and other areas will be regularly cleaned to prevent a build up of lint.

Waste material must be disposed of regularly and not permitted to accumulate in locations that would create a fire hazard.

Never permit any objects to block or impede an exit, corridor, or other passageway. Obstructions of any nature could interfere with evacuation. Exterior fire routes must be monitored regularly to ensure that Ambulances and Fire Department vehicles can use them at all times. Fire routes and sidewalks must be cleared of snow to facilitate evacuation from the building and provide unobstructed access for fire fighters.

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If an exit is blocked or unavailable because of construction or renovation, temporary exit signs shall be installed to identify an alternate exit. Temporary emergency evacuation procedures will be posted addressing exit facilities.

Do not place objects that could prevent persons from locating or accessing fire pull stations, fire extinguishers, fire hose cabinets or other emergency equipment.

Do not place objects in front of doors that are intended to close automatically upon the activation of the fire alarm system. Ensure that articles are not used to temporarily interfere with the self-closing feature of any door within the facility.

Staff knowledge

All employees must know how to shut down the equipment in their work area safely.

Kitchen and laundry room staff must be familiar with the safe use, maintenance, and cleaning of the equipment.

Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts, and filters.

Maintenance staff and contractors must implement safe welding and cutting practices.

- Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding.
- Portable extinguishers must be provided, and a person trained in the use of the extinguisher be posted as fire watch.
- The fire watch will not be withdrawn until there is confidence that no further hazard exists.
- The maintenance supervisor or designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

TRAINING AND MAINTENANCE

Fire Safety Training

Fire drills shall occur once a month on each shift (days, afternoons, and nights).The Environmental Services Manager/Designate, Administrator and Director of Care shall implement the fire drill.

Environmental Services Manager/designate will keep a detailed log of all fire drills including:

- which area of the building was evacuated;
- who initiated the fire exercise;
- what time of day the drill occurred;
- how many staff were on site;
- how long the evacuation of the affected area took;
- debriefing of staff; and
- comments on improvement.

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A report of all staff in attendance will be forwarded to the Environmental Services Manager/ Designate

All staff will participate in an in-service training on fire safety at least once a year. This training shall, at a minimum, include a review of the policy, staff roles and responsibilities, how to activate the alarm, evacuation, and fire prevention.

RNs, RPNs, department managers, supervisors, and maintenance staff will receive specific in-service training reviewing their roles in the event of an emergency, and the roles of the Incident Manager / Fire Warden.

Fire Drills Using the Alarm System

Prior to the fire drill the Director, Property and Environmental Services or other manager running the drill will:

- Notify the Fire Department approximately 5 minutes before the fire drill is to commence, notifying them of the approximate time for the drill. Obtain the ID number of the person you are speaking with for confirmation.
- Call the fire alarm monitoring company to advise of the drill.
- Use a device (flashing red light) or sign (fire in room) to indicate the location of the fire.

Staff noticing the fire should remove those in immediate "danger" and activate the fire alarm.

Staff will then follow the Code Red procedures.

At the conclusion of the drill:

- Reset the manual pull station an annunciator panel.
- Use the Voice Communications System to announce "All Clear" three times.
- Notify the fire alarm monitoring company that the drill has been completed and confirm that the alarm was activated during the drill.
- Notify the Fire Department that the drill has been completed.
- Hold a debriefing meeting with the participants to determine what went well during the drill, what challenges were encountered and what steps could be taken to improve response.
- Confirm that all required fire protection equipment functioned as designed. All deficiencies must be forwarded immediately to the Environmental Services Manager/ Designate.
- Have staff sign the attendance form following the drill.
- Completed fire drill documentation will be forwarded to the Environmental Services Manager/designate.

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FIRE SAFETY EQUIPMENT MAINTENANCE

Monthly

All fire extinguishers and hose cabinets will be given a visual check monthly by the maintenance staff of Villa Colombo Vaughan Home. This visual check should include checking that the extinguisher is charged, all equipment is in place and that there is no visible damage.

The fire extinguisher tag is to be initialed monthly if the extinguisher is active.

Semi-annually

A qualified service contractor will check the fire extinguisher system for the stoves in the main kitchen every six months.

Annually

All fire extinguishers and hose cabinets will be checked annually by a qualified service contractor. Fire extinguishers will be checked hydrostatically every six years or as required by the manufacturer.

A qualified service contractor will check the fire alarm system, including smoke and heat detectors throughout the building and in the ventilation system annually.

The Building Owner will contract with relevant contractors to perform checks, tests, and inspections as described below.

The building owner is responsible for confirming that fire alarm technicians working on the buildings fire alarm system have completed a fire alarm training course acceptable on the Ontario Fire Marshal.

Fire alarm technicians will be able to provide a card that includes the name and photo of the technician, the program provider’s name with an authorization signature and an expiry date. In addition, the card will state “This program is deemed acceptable to the Ontario Fire Marshal and satisfied the requirements of Clause 1.1.5.3 (1) (A) of the Ontario Fire Code.

IT WILL BE THE RESPONSIBILITY OF THE ENVIRONMENTAL SERVICES MANAGER/ DESIGNATE TO ENSURE PERFORMANCE OF THE FOLLOWING REQUIRED CHECKS, TESTS, AND INSPECTIONS.

The Ontario Fire Code requires that records of all tests and corrective measures are retained for a period of 2 years on site and available to the Chief Fire Official upon request.

Fire Prevention Officers may check to ensure that the necessary checks, inspections, and tests are being completed.

Where a deficiency is discovered in any fire safety equipment as a result of these maintenance requirements, the owner or his authorized agent must take corrective action. If any fire protection equipment requires to be shutdown, refer to the Fire Watch procedures above.

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The list has been prepared in accordance with the Ontario Fire Code (O.Reg.388/97) as amended.

DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:

CHECK

means the visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.

TEST

means operation of the device or system to ensure that it will perform in accordance with its intended function.

INSPECT

means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

OWNER

means any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

SUPERVISORY STAFF

Means those occupants of a building who have some delegated responsibility for the fire safety or other occupants under the fire safety plan.

Ontario Fire Code, Important References

Article 1.1.1.1

Unless otherwise specified, the owner shall be responsible for the carrying out for the provisions of this Code.

Article 1.1.1.2

Where tests, repairs or alternation are made to fire protection installations, including sprinkler and standpipe systems, a procedure of notification shall be established, and the procedure shall include notifying the fire department and the building occupants where necessary for safety in the event of a fire emergency.

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Article 1.1.1.3

Any appliance, device or component of a device that does not operate or appear to operate as intended when checked, inspected, or tested as required by this code shall be repaired if failure or malfunctioning of the appliance, device or component would adversely affect fire or life safety.

Sentence 1.1.2.1 (1)

Except as required in Sentence (2) written records shall be kept of tests and corrective measures for two years after they are made, and the records shall be available upon request to the Chief Fire Official.

Note:

Bold words are defined terms as per the Ontario Fire Code. Please refer to the Ontario Fire Code (O.Reg 388/97) as amended for exact wordings. The above is for reference only.

FIRE ALARM SYSTEM

Reference should be made to CAN/ULC – S536-97

The building owner is responsible for confirming that fire alarm technicians working on the buildings fire alarm system have completed a fire alarm training course acceptable to the Ontario Fire Marshall.

Technicians will be able to provide a card that includes the name and photo of the technician, the program provider’s name with an authorized signature and an expiry date. In addition, the card will state “This program is deemed accepted to the Ontario Fire Marshall and satisfies the requirements of Clause 1.1.5.3. (1) (A) of the Ontario Fire Code.

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Fire Code

Fire Code Reference No.		Frequency	By
6.3.2.3.	Check central alarm & control facility including alarm AC power lamp & trouble light.	Daily	Maintenance
6.3.2.2	Check all fire alarm components including batteries.	Daily	Maintenance
6.3.2.2.	Test fire alarm system Mag locks.	Monthly	Maintenance
2.3.2.1	Test fire alarm system by persons acceptable to the Toronto Fire Services.	Annually	Contractor

Where the fire alarm system or any part of thereof is shutdown, the supervisory staff shall be notified in accordance with the buildings fire safety plan.

PORTABLE FIRE EXTINGUISHERS

Reference should be made to NFPA 10-1994 for exact details

Fire Code Reference No.		Frequency	By
6.2.7.2	Check all portable extinguishers.	Monthly	Maintenance
6.2.7.1	Subject to maintenance.	Annually	Contractor
6.2.7.1	Hydro-statically test carbon dioxide Water type extinguishers.	Every 5 Yrs	Contractor
6.2.7.1	Empty storage pressure type extinguishers and subject to maintenance.	Every 6 Yrs	Contractor
6.2.7.1	Hydro-statically test dry chemical extinguishers.	Every 12 Yrs	Contractor
6.2.7.6.	Recharge extinguishers after use.	As required	Contractor

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FIRE DEPARTMENT ACCESS

Fire Code Reference No.		Frequency	By
2.5.1.2. (1)	Fire access route or access panels or windows provided to facilitate access for firefighting operations are not obstructed by vehicle, gates, fences, building materials, vegetation, signs, or other form of obstruction.	As required	Maintenance
2.5.1.2. (2)	The fire department sprinkler and standpipe connection shall be maintained free of obstructions.	As required	Maintenance
2.5.1.3.	Fire access routes shall be maintained as they can be for used at all or any times by fire department vehicles.	As required	Maintenance

MEANS OF EGRESS

Fire Code Reference No.		Frequency	By
2.2.3.4.	Inspect all doors in fire separations.	Monthly	Maintenance
2.2.3.5.	Check all fire doors are closed.	As required	Maintenance
2.7.3.1.	Maintain exit sign legibility.	As required	Maintenance
2.7.3.2.	Ensure exit lights are illuminated.	As required	Maintenance
2.7.1.7.	Maintain corridors free of obstructions.	As required	Maintenance

SERVIVE EQUIPMENT, DUCTING, AND CHIMNEYS

Fire Code Reference No.		Frequency	By
2.6.1.3 (1)	Check hoods, filters & ducts subject to combustible deposits; clean as required.	Weekly	Maintenance
2.2.3.7.	Inspect all fire dampers and fire stop flaps.	Annually	Contractor
2.6.1.4.	Inspect chimneys, flues, and pipes and clean as necessary.	Annually	Contractor
2.6.1.8.	Inspect disconnect switch for mechanical air-conditioning and ventilation.	Annually	Contractor

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EMERGENCY LIGHTING

Fire Code Reference No.		Frequency	By
2.7.3.1	Check exit lights.	Daily	Maintenance
2.7.3.3 (1)	Check pilot lights on emergency lighting equipment.	Monthly	Maintenance
2.7.3.3 (2)	Inspect emergency lighting equipment.	Monthly	Maintenance
2.7.3.3 (3)	Test emergency lighting unit equipment for operation upon failure of primary power.	Monthly	Maintenance
2.7.3.3 (3)(b)	Test emergency lighting unit equipment for design duration.	Annually	Contractor

SPRINKLER SYSTEM

Fire Code Reference No.		Frequency	By
6.6.1.2	Inspect valves controlling water supply for sprinkler systems.	Weekly	Maintenance
6.5.5.2	Test sprinkler alarms using connection.	Monthly	Contractor
6.5.5.7	Test sprinkler supervisory and other sprinkler and fire protection system supervisory devices.	Every 2 months	Contractor
6.5.5.7	Test gate valve supervisory and other sprinkler and fire protection system supervisory devices.	Every 6 months	Contractor
6.5.3.2	Check sprinkler system hangers.	Annually	Contractor
6.5.3.5	Check all sprinkler heads.	Annually	Contractor
6.5.4.4 (2)	Remove plugs or caps on fire dept. connections and inspect for wear, rust or obstructions.	Annually	Contractor
6.5.5.3	Test water flow on wet sprinkler systems using most remote test connection.	Annually	Contractor
6.5.5.5	Test flow of water supply using main drain valve.	Annually	Contractor

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Note: In accordance with the Ontario Fire Code, repair, replacement, and alterations of sprinkler system components shall be in accordance with NFPA 13-1994, “Standard for Installation of Sprinkler Systems”.

EMERGENCY GENERATOR

The emergency generator shall be inspected, tested, and maintained in conformance with CSA-C282, “Emergency Electrical Power Supply for Buildings”.

Refer to CAN/CSA – C282-M89 for exact requirements.

Fire Code Reference No.		Frequency	By
6.7.1.1 (1)	Test/inspect generator set operated at 50% of rated load for 30 minutes.	Weekly	Maintenance
6.7.1.1 (1)	Test and clean crankcase breathers governors and linkages on emergency generators.	Bi-Annually	Contractor
6.7.1.1 (1)	Inspect and service emergency generator and engine set. Test generator at full load for at least 2 hours.	Annually	Contractor
6.7.1.5 (1)	Liquid fuel tanks shall be drained and refilled with a fresh supply at least once a year.	Annually	Contractor
6.7.1.5 (2)	The requirements of Sentence (1) may be achieved as a result of the normal weekly test program.	Annually	Contractor
6.7.1.1 (1)	Inspect and service injector nozzles and valve adjustments on diesel engine.	Every 2 Years	Contractor
6.7.1.1 (1)	Check insulation on generator windings.	Every 5 Years	Contractor

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STANDPIPE AND HOSE SYSTEMS

Reference should be made to NFPA 14-1994 for exact details.

Fire Code Reference No.		Frequency	By
6.4.2.1	Inspect hose cabinets to ensure hose position and that equipment in place and operable.	Monthly	Maintenance
6.4.2.4	Hose valves shall be inspected annually to ensure that they are tight so that there is no water leakage into the hose.	Annually	Contractor
6.4.2.5 (1)	Remove and re-rack hose and replace worn gaskets, hose.	Annually	Contractor
6.4.2.5 (2)	When hose is re-racked as required in Sentence 6.4.2.5. (1), it shall be done so that any folds will not occur at the same places.	Annually	Contractor
6.4.1.3 (2)	Plugs or caps shall be removed annually, and the threads inspected for wear, rust, or obstruction.	Annually	Contractor
6.4.3.1.	Hydro-statically test standpipe systems that have been modified, extended or are being restored to use.	As required	Contractor
6.4.3.5	Flow and pressure tests hall be conducted at the highest and most remote hose valve or hose connection to ensure that the water supply for standpipes is provided as originally designed.	Annually	Contractor

FIRE EXTINGUISHERING SYSTEMS FOR COOKING EQUIPMENT

Refer to NFPA 96-1994 and NFPA 17A-1994 for exact details

Fire Code

Reference No.

The Ontario Fire Code, Clause 6.8.1.1 (1)(i), refers to NFPA 17A, “Wet Chemical Extinguishing Systems”. NFPA 17A states that on a monthly basis, inspection shall be conducted in accordance with the manufacturers listed installation and maintenance manual or the owner’s manual. As a minimum this “check” or inspection should include the following in accordance with NFPA 17A-1994.

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Note: This is for reference purposes only. Consult NFPA 17A for full details.

- The extinguisher system is in its proper location.
- The manual actuators are unobstructed.
- The tamper indicators and seals are intact.
- The maintenance tag certificate is in place.
- No obvious physical damage or condition exists that might prevent operation.
- The pressure gauges if provided is in operable range.
- The nozzle blow off caps are in place and undamaged.
- If any deficiencies are found, corrective action to be taken immediately.
- Inspection records to be kept.
- The date the inspection was performed and initials of the person performing inspection shall be recorded.

The above monthly “check” will be conducted by Maintenance.

The Ontario Fire Code Sentence 2.6.1.13 states:

Commercial cooking equipment exhaust and fire protection systems shall be maintained in conformance with NFPA 96, “Ventilation Control and Fire Protection of Commercial Cooking Operations”.

An approved contractor in accordance with NFPA 96-1994 will perform this maintenance every 6 months.

Fire Alarm / Sprinkler Shutdown

In the event of shutdown of the Fire Alarm System or Sprinkler System, the Fire Department and monitoring station will be notified.

All residents and building staff will be notified by posting notices at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown.

During such shutdowns, the Director, Property and Environmental Services will organize staff to patrol all unprotected areas every half-hour until such times as the system is restored.

If the fire alarm system is out of service due to maintenance or other reasons, notices will be posted at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown. The staff will be reminded every 3 hours and at general shift change times until the system is restored.

A fire watch will be initiated including resident care staff and maintenance staff:

Resident care staff under the direction of the nurse designate will make rounds of the resident home area(s) that do not have an active fire alarm system every 30 minutes to check for potential signs of a fire emergency (i.e., check for the odor or sight of smoke or flame).

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These rounds will include the active checking of resident/client rooms, lounges, storage rooms, closets, washrooms, tub rooms, dining/serving areas, and all other rooms. The staff will sound the alarm verbally, communicate with the charge nurse and call 9-1-1 in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

Maintenance staff or designated personnel (e.g., security) will make rounds of all non-resident home areas every 30 minutes to check for potential signs of a fire emergency (i.e., check for the odor or sight of smoke or flame). These rounds will include the active checking of all rooms and closets including lounges, kitchens, storage areas, mechanical rooms, locker rooms, offices, and all other areas. The staff will immediately sound the alarm and communicate with the charge nurse in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

In the event that the fire watch is required when maintenance personnel are not present, the charge nurse will delegate a staff member (which may include contracted Security staff), to

fulfill the rounds normally made by maintenance staff and notify the Administrator on call. Appropriate staff will be called in or assigned as per the decision of the Administrator or designate.

The persons conducting the patrol must be provided with a means of communication should be emergency arise.

Each tour of the building by the fire's safety patrol must be recorded by the time and date. As well, any deficiencies noted, and any measures taken to correct the deficiencies must also be recorded.

Occupants will be instructed to advise Fire Services immediately at 9-1-1 of any fire situations and to warn other occupants of imminent danger verbally.

In the event the fixed extinguishing system is shutdown, no cooking involving grease/laden vapors will occur.

THE FIRE DEPARTMENT IS TO BE NOTIFIED IN WRITING OF SHUTDOWNS LONGER THAN 24 HOURS.

CHECKLIST

- **"Code Red- Incident Manager Checklist (03-10-01)"**

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POLICY

All available Registered Staff will respond immediately to a Code Blue announcement.

1. In homes with overhead paging capabilities Code Blue will be announced three times as follows:
   - Code Blue Location
   - Code Blue Location
   - Code Blue Location

In Homes without overhead paging systems, the Incident Manager/Designate will be responsible for determining and communicating with all staff the process of announcing Code Blue.If paging system is unavailable designate a staff member to call each unit(s).

All staff will receive training on hire and annually thereafter on Code Blue procedure.

Examples of systems include:

- Heart sticker on charts for residents who request CPR
- Notation on the Daily Report Form of the CPR status of each resident
- Colour coded sticker above the bed or in the closet indicating CPR is desired, etc.

Note: The system needs to be documented and all staff are to receive training on the Home specific system. If here is no signed CPR Form then it will be assumed that CPR will be initiated.

2. Upon discovery of a resident experiencing respiratory or cardiac difficulties the staff member will immediately get HELP from another staff member.
3. The staff member who discovered the incident will stay with the resident and if indicated provide cardio-pulmonary resuscitation until help arrives.
4. The staff member who is assigned to get help will immediately announce the location of the Code Blue by stating CODE BLUE location, CODE BLUE location, CODE BLUE location using the overhead paging system or the Home define announcing system.
5. Following the overhead announcement the staff member assigned to get help will immediately call 911 indicating the emergency in the home. Information that will need to be given includes:
   - Home Name
   - Address
   - Room Number of the Resident
   - Date of Birth of the Resident

   Current status of the resident as applicable and may include:
   - Breathing/not breathing,
   - Pulse/no pulse,
   - Seizure activity

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6. All Registered Staff in the Home will respond immediately to the location.
7. Other members of the Management Team if they are in the Home are to respond to further provide assistance and support for other residents in the immediate area of the Code.
8. The PSW staff on the home area will respond to the location to determine if any further assistance is required; other residents are not to be put at risk by staff leaving their care to respond to a CODE BLUE.
9. The Registered Staff working on that home area will take the lead for the CODE BLUE unless the Registered Staff member is an agency nurse. In case of an agency Nurse, the Registered Staff from the Home area closest to the unit where the CODE BLUE is located will lead the CODE.
10. Staff should be clearly assigned to complete the following tasks:
    - Obtain and bring to the location any equipment required for the Code such as Ambu-bag, artificial respiration mask, Suction machine, BP cuff, Stethoscope
    - Obtain the following documentation in preparation for transfer:
        i. Transfer Record from Point Click Care – complete with reason for transfer and current vital signs
        ii. Photocopy of the CPR Form and the MOHLTC DNR Validity Form
        iii. Photocopy of all current Medication Administration Records (MAR sheets)
    - Notify the family contact of the status of the resident and their imminent transfer to hospital – may need to call back to advise of the hospital the resident will be taken to
    - Ensure an elevator is available for EMS personnel
    - If the front door is locked and no reception in the Home a staff member should be assigned to wait at the front door to immediately provide access for EMS staff to the Home
11. Once CPR is initiated it will be maintained until the Paramedics arrive
12. The DOC/designate should be notified as per Home protocol of a Code Blue event should it occur out of normal business hours.
13. All staff involved in the Code Blue event are to ensure complete documentation in the Resident's chart of the actions taken prior to leaving the Home at the end of their shift.

RELATED CHECKLISTS/FORMS

- **"Code Blue- Training Record of Attendance Checklist (05-01-02)"**
- **"Code Blue- Resident- Incident Manager Checklist (03-11-01)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: MEDICAL EMERGENCY- CODE 99- NON-RESIDENT	Policy #: 03-012-01	
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INTRODUCTION

To mobilize medical and/or nursing staff to the location of an emergency medical situation involving visitors, staff, or volunteers to provide immediate intervention and assistance. For medical emergencies involving residents, staff will follow the resident care procedures.

Definitions

Code 99 –

a request for nursing and or medical assistance in an emergency involving illness or injury of a visitor, staff member or volunteer.

Emergency medical situation-

serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

Critically injured -

means an injury of a serious nature that:

- places life in jeopardy;
- produces unconsciousness;
- results in substantial loss of blood;
- involves the fracture of a leg or arm but not a finger or toe;
- involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- consists of burns to a major portion of the body; or
- causes the loss of sight in an eye.

As defined by Regulation 834 of the Occupational Health & Safety Act.

Where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition of the Occupational Health & Safety Act, the Administrator or delegate will notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the Occupational Health and Safety Act.

First Aid Kit – a kit that meets the requirements under the Occupational Health and Safety Act.

PROCEDURE

Emergency Assistance Required

Originating Staff

1. Upon discovery of a medical emergency requiring assistance loudly announce “Code 99” 3 times to request the assistance of nearby staff.
2. Contact the RHA Leader and request emergency assistance.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: MEDICAL EMERGENCY- CODE 99	Policy #: 03-012-01	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CODE 99- PROCEDURE		July 2022

RN/RPN

1. If you hear another staff member requesting medical assistance or a “Code 99” has been paged, attend the medical emergency bringing the first aid kit and emergency kit (suction and oxygen, BP cuff, O2 Sat) from the nursing station.
2. If the emergency is on the first floor or outside the building, the RN / RPN from the 2nd floor will bring the first aid kit and emergency kit.
3. If you are the first arriving Registered Staff assume the role of Incident Manager until relieved by a more senior Registered Nurse.

Charge Nurse/Incident Manager

1. Upon notification of a medical emergency, attend the scene and assume the role of Incident Manager.
2. Page "Code 99 - location" three times.
3. Assess the patient and determine what interventions are required.
4. Ensure the provision of First Aid as needed.
5. Determine if EMS is required. If EMS is required, ensure 9-1-1 is called.
6. Delegate a staff member to meet the paramedics if EMS was called.
7. Ensure the Code 99 Incident Manager Checklist is completed.
8. Advise any staff/volunteers not required to return to their duties.
9. Ensure appropriate documentation is completed: i.e., WSIB forms, First Aid logbook, Unusual Occurrence reports, Incident Investigation forms.
10. Notify the Administrator/Designate if the emergency is a critical injury / incident involving a staff member, volunteer, or visitor.
11. Following any Code 99 the Code 99 Checklist will be completed and directed to the Director of Care for Quality Assurance purposes.

Administrator/Designate

Where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition on the Occupational Health & Safety Act, notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the Occupational Health and Safety Act.

CHECKLIST

- **"Code 99- Incident Manager Checklist (03-12-01)"**
- **"Code 99- Training Record of Attendance Checklist (05-01-02)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EXTERNAL DISASTER - CODE ORANGE	Policy #: 03-013-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE ORANGE- PROCEDURE		July 2022

INTRODUCTION

Code Orange is the code alerting all staff of the potential for a large volume of incoming patients or residents. Its primary use will be the acceptance of residents from another Long-Term Care or Retirement facility that is being evacuated.

However, Code Orange could also be used if the Town has requested that the facility be used as a reception centre for community members being evacuated from a major event, hospital evacuations, etc. While Long Term Care facilities are not the primary destination or facility of choice for emergency planners, the fact that they have commercial kitchen facilities, larger spaces to accommodate people and alternative electricity sources makes them a viable option.

It should be noted that in the reception of residents from other Long-Term Care or Retirement facilities, this evacuation and relocation of the elderly and those requiring special care is a traumatic event. These persons cannot be treated simply as other incoming residents as many will have an increased level of complications (medical, psychological, behavioral, social, and dietary) due to their evacuation and relocation. In addition, incoming residents may or may not have medical charts, medications, accompanying staff or family members. For these reasons we will refer to incoming persons as patients in this policy.

Further, the facility will have to plan for the associated influx of family members and friends of the incoming patients. While most of these persons will be helpful in reception of the patients, it must be anticipated that some will bring additional anxiety and relationship dynamics into the situation.

PROCEDURE

Originating Staff

All calls received by the facility for incoming patients will be directed to the senior staff member present in the facility (e.g., Administrator during business hours or Administrator on call after hours) who will assume the role of Incident Manager.

Senior Staff/Incident Manager

1. Upon receiving a phone call indicating the potential for incoming patients, assume the role of Incident Manager and ascertain the following information:

- Full contact information of the caller
- Time frame to anticipate patients
- Where the patients are coming from
- Demographics of the incoming patients (Long Term Care, Retirement, Group Home, Community etc.)
- Anticipated numbers of patients
- Resources accompanying the patients (e.g., nursing staff, volunteers, etc.)
- Anticipated duration of the stay
- Physical/medical/emotional condition of the patients

2. The role of Incident Manager may be delegated if necessary and/or beneficial.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EXTERNAL DISASTER - CODE ORANGE	Policy #: 03-013-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE ORANGE- PROCEDURE		July 2022

3. If the patients are expected to arrive in less than 3 hours (180 minutes), notify all staff of a “Code Orange”, page Code Orange 3-times.

- Code Orange
- Code Orange
- Code Orange

4. Assign the Incident Management Team functions:
   - Operations
   - Logistics
   - Planning
   - Administration/Finance
   - Safety
   - Liaison
   - Communications
5. If the patients are expected to arrive in 180 minutes or later, the information will immediately be relayed to the Administrator or designate who will call together the Senior IMS (Incident Management System) Team.

All Staff

1. Upon being notified of a Code Orange all staff will return to their assigned stations and report to their Supervisor.

Supervisors

2. Proceed to the Meeting Room in the Administration area for instructions within 10 minutes of being notified of the Code Orange.

Incident Management Team

1. Reconfirm the data on incoming patients.
2. Review the information collected and evaluate the capability of Villa Colombo Vaughan Home to assist in the incident.
3. Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available.
4. Initiate a staff call back list to provide additional staffing for the incoming persons.
5. Establish a receiving area where patients can be triaged/assessed.
6. Establish patient documentation.
7. Establish patient identification tags.
8. Establish an area(s) for housing the incoming patients (e.g., multi-purpose room).
9. Ensure an RN is available to provide assessments on the incoming patients.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: EXTERNAL DISASTER - CODE ORANGE	Policy #: 03-013-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE ORANGE- PROCEDURE		July 2022

10. Assign personnel to act as security (this may be staff members or contracted security service) to direct incoming patients, families, etc. and ensure that the arriving persons do not access normal resident areas.
11. Establish washrooms to be used by incoming patients.
12. Arrange for clergy to provide spiritual support

After the Incident has Concluded

13. When the last incoming patient has been relocated and all accommodations have been established call and all clear 3 times.

- Code Orange All Clear
- Code Orange All Clear
- Code Orange All Clear

CHECKLIST

- **"Code Orange- Incident Manager Checklist (03-13-01)"**
- **"Code Orange- Training Record of Attendance Checklist (05-01-02)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	PRE-PLANNING		July 2022

SUMMARY

It is important to determine the extent of a facilities capability to respond/assist in a community emergency.

PLANNING

In the event the facility is required for use as a receiving centre, resource may be inadequate to meet demands during an external disaster because:

- The facility can only provide limited temporary accommodation for people displaced from other residences;
- Of the interruption of regular sources of water, power, and utilities;
- Of the unavailability of staff to meet added work load.

- **APPENDIX Q: Area of Refuge Agreements**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	STAFFING AND SUPPLIES		July 2022

SUMMARY

This facility will be a Receiving Centre for neighbouring facilities.

Provide information pertaining to facilities from which this facility will accept evacuees:

Richview Manor Retirement Residence

Mackenzie Health Long Term Care

The optimum number of transfers into this facility with existing staff and supplies will be:

Provide information on number of transfers for:

Days –

10

Evenings –

10

Nights –

5

Unless accompanied by appropriate staff, this facility can only accept and care for residents requiring the types/levels of care as listed below:

Provide information on the types of levels of care:

Basic Level of Care
independent, capable, ambulatory

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Service	STAFFING AND SUPPLIES		July 2022

This facility is a temporary Receiving Centre and individuals will be transferred to other facilities once assessments have been completed and arrangements can be made.

STAFFING

Additional staff will be required when holding areas are occupied to capacity.

Provide facility specific information as follows:			
STAFF	**DAYS**	**EVENINGS**	**NIGHTS**
Medical Staff	1	1	1
RNs/RPNs	2	2	1
HCAs	4	4	3
Maintenance	1	1	1
Housekeeping	2	2	2
Laundry	0	0	0
Cooks	1	1	0
Dietary Aides	2	2	0
Activity Aides	2	2	0

SUPPLIES

Extra material and supplies in storage:

Provide facility specific information as follows:	
SUPPLIES	**NUMBERS**
Beds	per number of residents
Blankets	per number of residents
Mattresses	per number of residents
Wheelchairs	per number of residents

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Service	STAFFING AND SUPPLIES		July 2022

Additional materials and supplies required when holding areas are occupied to capacity (60 People):

For a detailed Inventory List Refer to: "Inventory Checklist Form (03-15-07)"

Provide facility specific information as follows:			
SUPPLIES	**NUMBERS**	**SUPPLIES**	**NUMBERS**
Beds	54	**Mattresses**	54
Pillows	50	**Blankets**	40
Linen	120	**Wheelchairs**	as required
Commodes	5	**Bed Pans**	40
Wash Basins	50	**Paper Dishes**	240
Plastic Cutlery	120		

Equipment/supplies that could be leased/rented:

Provide facility specific information; i.e.:
Laundry:

Off Site Service Contract: Sunbright Linen Services (905) 475-0579

Food Services:

Sysco 1-855-450-3069

Medical Supplies:

Cardinal Health 1-877-778-7778
Medical Mart (905) 624-2011
Beds
Over Bed Table

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ADMINISTRATOR RESPONSIBILITIES		July 2022

ADMINISTRATOR/INCIDENT MANAGER/DESIGNATE

- Approve the use of the facility as a Receiving Centre.
- Annually review and make a decision on the number and types of residents/patients that can be received and communicate that information to local emergency measures planners.
- Set up Triage, Admission, and Command Centre to ensure that reception of evacuees is as efficient as possible.
- Ensure that supervisory personnel are aware of the location of holding areas and the number of evacuees that can be accommodated.
- Call in off-duty staff as necessary.
- Make requests for additional support services; i.e., food, linen, etc.
- Designate a staff member to orientate evacuees to the facility and explain necessary regulations.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	NURSING RESPONSIBILITIES		July 2022

NURSING

Implement the following:

- Procedure for identification and speedy documentation for residents admitted for temporary accommodation to the facility (refer to **03-014-05 "Admissions/ Discharges"**)
- Call in system for off-duty nursing staff
- May need to set up assessment and treatment centre with triage if incoming residents/children are casualties
- Revise staff scheduling based on increased occupancy
- Notify Medical Advisor, Corporate Management and Ministry of Health about the situation.

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ADMISSIONS/DISCHARGES		July 2022

ADMISSIONS

- Admission will be at the Reception Area, close to the Triage area to allow one-way flow of residents.
- A temporary admission desk will be set up in this area.
- An Admission/Discharge Record will provide temporary documentation of residents being admitted for short term accommodation **"Admission and Discharge Form (03-15-05)"**
- Documents are serially numbered and should include basic information initially; i.e., resident's name and triage category.
- The Admissions and Triage functions may be combined.

DISCHARGE

- The discharge of residents from a receiving centre will be coordinated by the facility and the respective agencies on a situational basis.
- The discharge of residents will be recorded.
- Refer to Admissions/Discharge Record **"Admission and Discharge Form (03-15-05)"**

Section:	Subject:	Policy #: 03-014-06	
EMERGENCY PREPAREDNESS: PROTOCOL	OPERATING A RECEIVING CENTRE	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRIAGE		July 2022

TRIAGE

- The process of sorting incoming residents/casualties according to their destination of level of care required.
- This arrangement may be applicable when the facility is acting as a Receiving Centre.
- Locate Triage close to the main entrance.
- A temporary admissions desk will be set up.
- Colour coded categorization Triage Tags will be used to categorize the injured.
- Call Medical Advisor to provide emergency treatment to Triage function (paramedic from ambulance services may be an alternative).

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-07	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	RECEIVING AND INVENTORY CHECKLISTS		July 2022

RECEIVING CHECKLIST

The purpose of the checklist is to coordinate and control the flow of supplies/equipment to and from the receiving site(s). This ensures that the site(s) receives the proper supplies/equipment to provide for the transported residents and acts as a tool for cost and procedure analysis after the occurrence.

1. ____ Phone all required available staff and volunteers to report for duty. Only required help is solicited so as to prevent congestion and/or confusion. Plan to staff at higher ratios than normal.
2. ____ Organize the facility and equipment in preparation for the evacuees if opportunity available.
3. ____ Set up a central receiving desk to check in all residents and allocate the appropriate receiving area.
4. ____ Check in equipment received, record and allocate as necessary as per Inventory Checklist (see next page). Ensure equipment is labeled as well.
5. ____ Ensure that all residents received are appropriately identified as to name, condition, and diet.
6. ____ Delegate supervisory responsibilities to senior staff available.
7. ____ Designate areas and responsibilities to all staff and volunteers.
8. ____ Assess and identify a care level for all residents received.
9. ____ Notify advisory physician about the situation and quantity of temporary admissions.
10. ____ Orientate unfamiliar staff and residents to the facility and explain the necessary regulations.
11. ____ Keep residents and staff informed of current status of evacuation.

To print refer to **"Checklist - Receiving (03-15-07)"**

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OTHER EMERGENCIES	Policy #: 03-015-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	HOSTAGE TAKING		July 2022

PURPOSE

The purpose of the Hostage Taking Reaction Plan is to ensure the safety of all residents, staff and other involved parties and to return the home to normal as quickly as possible.

HOSTAGE

- Do whatever the captor tells you.
- Be especially careful during the first four or five minutes. This is a critical time.
- Speak only when spoken to never wisecrack.
- Try not to show open emotions. Hostage-takers like to play on emotional weakness.
- Sit down if you get a change. It shows a lack of an aggressive stance.
- Act relaxed. This should have the same effect on the captor.
- If you see a chance to escape, weight it carefully. Don't rush in without being certain of getting clear, and don't endanger anyone.
- Have faith in your fellow workers and negotiators.
- Don't make suggestions to hostage-takers. If your suggestions go wrong, he may think you planned it that way.
- Don't turn your back on your captor unless ordered to. Try to keep eye contact without staring. People are less likely to harm someone they are looking at.
- Be patient

FIRST PERSON TO IDENTIFY THE SITUATION

1. Secure immediate area where possible, by removing all non-participating persons. Secure door, if appropriate, and isolate the incident
2. Notify your immediate supervisor or person in authority by the quickest possible means.
3. Observe, if order to fully report on:
   - Number of hostages taken and type of disturbance;
   - Type and number of participating persons; and
   - Type and number of weapons, if any, in possession of persons.
4. Do not speak to the media unless authorized to do so.

FIRST SENIOR PERSON ON THE SCENE

1. Assess the situation, advise both the Police and the Administrator and take control until they arrive.
2. Try to have the following information available when police and Administrative staff arrive:
   - Threats and demands by the hostage-taker;
   - Type and number of weapons thought to be in hostage-taker's possession;
   - Presence of any non-participating persons;
   - Precise location of the area controlled by hostage-taker, if available;
   - Floor plan of the area;

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OTHER EMERGENCIES	Policy #: 03-015-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	HOSTAGE TAKING		July 2022

- Identify and description of participants;
- Photographs of hostages and hostage-taker, if available;
- Location and numbers of available area telephones.

3. Supplement and reinforce as the situation dictates, in order to prevent death or injury to hostages.

GENERAL GUIDELINES

Negotiations with hostage-takers are best handled by the Police, who have trained personnel for this type of job. If the UniversalCare staff must enter into negotiations with hostage-takers pending the arrival of police:

- Have negotiations conducted by junior-rank personnel in order to allow delaying tactics, for example, “I’ll ask”, “I’ll seek clarification”
- Meet demands with “I’ll do my best”. Never say “no”
- Under no circumstances should drugs be given to any parties involved in the incident
- Every effort should be made to reign control of the situation by peaceful means, i.e., discussion
- Staff on duty should not hesitate to contact those clinical staff who are familiar with and may have some influence over the persons involved in the hostage situation.
- Leave any decision-making process to Police and Administrator
- Do not follow orders given by a hostage under conditions of duress, except to save lives

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OTHER EMERGENCIES	Policy #: 03-015-02	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CYBERATTACK		July 2022

POLICY

This section sets forth important rules relating to the use of UniversalCare's communications systems. These systems include computers provided to employees, file servers, web portals, all associated software, telephones, wireless portable devices, voice mail and electronic mail systems. UniversalCare has provided these systems to support its mission.

As an employee, you are the first line of defence against information and cyber security risks.

UniversalCare is committed to preserving the confidentiality, integrity and availability of physical assets, the electronic data, and sensitive information belonging to the business, customers and employees from threats that could potentially disrupt operations or compromise an individual's data privacy. UniversalCare is responsible by:

- Meeting regulatory and legislative requirements
- Aligning with international best practice
- Maintaining and testing disaster recovery and business continuity plans
- Ensuring our employees are appropriately trained (Cyber Security Awareness Training (CSAT) & Sensitive Information Training)
- Ensuring our employees are using appropriate technology to ensure that personal information and confidential transactions remain safe, secure, and private
- Ensuring our employees are using only approved file storage platforms
- Ensuring our employees are using an UniversalCare approved secure password management system
- Ensuring all employees have Multi-Factor Authentication for their Email access
- Assessing the security status of our cloud providers we engage with
- Securely managing the access rights of all UniversalCare employees to any systems that stores Personal Identifiable Information (PII)

COMPUTER AND INFORMATION SECURITY

Your manager will outline your responsibility to keep all company information and client information secure and the consequences you may face if you neglect your responsibility.

If you suspect a compromise in security of sensitive information, you should report it as soon as possible to your manager.

Security procedures in the form of unique user and administrator sign?on identification and passwords have been provided to control access to UniversalCare's computer systems, networks, and voicemail system. In addition, secure physical facilities have been provided to restrict access to websites, database(s), documents, and files for the purpose of safeguarding information.

All data in UniversalCare's computer and communication systems (including documents, other electronic files, e?mail, and recorded voice mail messages) are the property of UniversalCare. UniversalCare may inspect and monitor such data at any time. No individual should have any expectation of privacy for messages or other data recorded in UniversalCare's systems. This includes documents or messages marked "private" which may be inaccessible to most users but

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OTHER EMERGENCIES	Policy #: 03-015-02	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CYBERATTACK		July 2022

remain available to UniversalCare. Likewise, the deletion of a document or message may not prevent access to the item or eliminate the item from the system.

ELECTRONIC MONITORING/INTERNET ACCEPTABLE USE

This policy applies to all employees of UniversalCare including management. Access to the Internet is needed to complete your day-to-day tasks on any device. No use of the Internet while on work time should conflict with the primary purpose of UniversalCare, its ethical responsibilities or with applicable laws and regulations.

UniversalCare does monitor usage of any devices used for work purposes by employees while on work time. This would include reviewing history of websites visited, key logs, documents and files accessed, emails, and google chats. This applies equally when the employee works from home, works at a facility or corporate offices. No individual should have any expectation of privacy in terms of their usage of devices for work. In addition, UniversalCare may restrict access to certain sites that it deems are not necessary for business purposes.

UniversalCare may use the information obtained through electronic monitoring to evaluate employee performance, to ensure the appropriate use of devices, to evaluate work is being performed during working hours, and to assess overall employee productivity.

It is important to note that UniversalCare will always provide a work computer to the employee. If the employee prefers, they can use their own personal computer. UniversalCare may require the employee to temporarily hand over the computer to be setup with UniversalCare's security standards. All personal computers and UniversalCar computers must have endpoint protection installed.

Devices may not be used for any of the following activities while on work time:

- Access, create, transmit, print, or download material that is derogatory, defamatory, obscene, or offensive, such as slurs, or anything that may be construed as harassment or disparagement based on race, colour, national origin, sex, sexual orientation, age, disability, medical condition, marital status, or religious or political beliefs.
- Access, send, receive, or solicit sexually oriented messages or images.
- Access, comment, make a statement or post information in an email or to groups that may be mistaken as the position of UniversalCare.
- Disclose, distribute, electronically transmit or copy any of UniversalCare's confidential information.
- Solicit others for commercial purposes, causes, outside organizations, chain messages or other non-job related purposes.
- Access things of personal nature (personal web browsing, personal email, personal banking, personal shopping etc.) while on work breaks.

If UniversalCare discovers through its electronic monitoring that an employee has been using their devices contrary to company policies, UniversalCare can use that information for any

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: OTHER EMERGENCIES	Policy #: 03-015-02	
		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CYBERATTACK		July 2022

reason. Serious repercussions, including termination, may result if the guidelines are not followed.

EMERGENCY EVENT

Back-up and Recovery

- All mission critical applications such as (Microsoft Office 365 Email, OneDrive, SharePoint), PointClickCare, Accounts Payable and Payroll are web based and/or cloud based which do not require local backup.
- Third party cloud to cloud backup is also in place for Microsoft Office 365 data for all users.
- Resident medical charts and records are backed up via PointClickCare product which is cloud based.
- Medication pass is backed up via PointClickCare & EMAR backup on a local dedicated computer.

User Files

All user files are saved in Microsoft Office 365 OneDrive and are backed up to Microsoft Cloud as well as third party cloud to cloud backup.

Business Continuity/Disaster Recovery

Business can take place in any facility if the building had to be evacuated. Since everything is cloud based, off site access for approved off site users would be available through the internet. Staff that need to chart that would not be allowed internet access outside the home would chart on paper forms that are in our manuals online in SharePoint. Hardware would be purchased immediately to allow business to continue.

- **APPENDIX AR: IT Business Continuity Plan**

Section: EMERGENCY PREPAREDNESS: POST-EMERGENCY	Subject: RETURNING TO EVACUATED AREA	Policy #: 04-01-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

SUMMARY

This tab contains information relating to the specific activities and related documentation that is required following an emergency. It includes information to verify that the area is safe to occupy and resume operations.

Once official permission has been received to return to a previously evacuated area, and prior to returning residents and staff, ensure that all necessary safety tests have been carried out and it is safe for them to go back into the area.

See **04-01-02 "Checklist - Returning to Evacuated Area"** for the checklist which has been prepared to ensure a safe return to the facility/area.

Section: EMERGENCY PREPAREDNESS: POST-EMERGENCY	Subject: RETURNING TO EVACUATED AREA	Policy #: 04-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CHECKLIST - RETURNING TO EVACUATED AREA		July 2022

CHECKLIST

1. _____ Facility must be inspected and approved for resident re-occupancy by appropriate individuals or authorities; e.g.:
   - Air quality after gas leak, smoke fumes
   - Safety of water for drinking
2. _____ Notify appropriate government authorities about return
3. _____ Check all operational equipment and air the building out
4. _____ Designate a central control area for returning residents, staff, and equipment
5. _____ If needed, arrange for a meal or snack for returning residents, staff, and equipment
6. _____ Review lists of equipment to be returned and arrange return to designated control area
7. _____ Contact staff regarding scheduling for re-admission
8. _____ Notify advisory and attending physicians of return date and time
9. _____ Notify families about time and date of return. Schedule re-admission of residents who have been with families last
10. _____ Double check and identify residents as they disembark from the various means of transportation
11. _____ Assess and document resident status upon return to facility
12. _____ Ensure that residents and equipment are returned to appropriate areas
13. _____ Notify media and issue media statement
14. _____ Investigate missing items immediately

To Print: Refer to **"Checklist - Returning to Evacuated Area (04-01-03)"**

Section: EMERGENCY PREPAREDNESS: POST-EMERGENCY	Subject: AFTER IT'S OVER	Policy #: 04-02-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CHECKLIST - POST EVENT		July 2022

SUMMARY

The following checklist is prepared to assist in closure after the event is over.

CHECKLIST

1. _____ Thank everyone:
   - Residents that have been inconvenienced
   - Staff who have helped
   - Volunteers
   - Families
   - Media
   - Government agencies
   - Receiving facilities
   - Ambulance
   - Transportation
2. _____ Notify Government Agencies of residents who went home for billing purposes
3. _____ Take linen inventory to assess loss
4. _____ Take food inventory to determine costs/loss
5. _____ Take equipment inventory to assess loss
6. _____ Take supply inventory to determine costs by utilizing Inventory Checklist 03-15-07
7. _____ Investigate missing items immediately
8. _____ Establish additional staffing costs
9. _____ Reimburse staff for expenses due to travelling, etc.
10. _____ Establish total cost of evacuation
11. _____ Write a formal report

Refer to **"Checklist - Post Event (04-02-01)"**

Section: EMERGENCY PREPAREDNESS: POST-EMERGENCY	Subject: AFTER IT'S OVER	Policy #: 04-02-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	FOLLOW UP		July 2022

CRTIQUE

The Administrator will meet and thank everyone who has participated in the emergency proceedings.

Revise the emergency plans as necessary.

RECORDS & REPORTS

Critique the response and send copies to:

- The Fire Department
- The Police Department
- Ambulance
- Emergency Measures Organization/Public Safety Organization
- Department of Health/Regional Health District
- Regional director
- The Safety Committee

RECOGNITION

Provide formal letters of commendation to staff or other individuals whose performance during the emergency was extraordinary.

Section:	Subject:	Policy #: 04-02-03	
EMERGENCY PREPAREDNESS: POST-EMERGENCY	AFTER IT'S OVER		
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	STAFF/RESIDENT COUNSELING		July 2022

SUMMARY

It may be necessary following an emergency to ensure staff and residents are professionally supported in their attempts to deal with a tragedy.

Planning for the necessary support sessions will be arranged by Administration in conjunction with the Corporate Management.

Section: EMERGENCY PREPAREDNESS: POST-EMERGENCY	Subject: AFTER IT'S OVER	Policy #: 04-02-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CRITICAL INCIDENT REPORTING		July 2022

THE MINISTRY OF CRITICAL INCIDENT REPORT

The Ministry of Health's Critical Incident Report Form is to be filled out after the occurrence as a formal report to notify the Ministry of Health as to the nature, severity, outcomes and actions taken of the occurrence.

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

SUMMARY

Training and education are essential components of the Emergency Preparedness Program and staff requires initial and ongoing training to become fully aware of procedures in the event of an emergency situation.

Quality service and management activities that promote continuous improvement of emergency prevention and response by a facility.

POLICY

All Staff, Students and Volunteers must be trained on the Emergency Preparedness Plan Prior to their first shift.

It is important that an Emergency Preparedness Program be practiced to ensure that the plan will work in an actual emergency.

Emergency preparedness exercises can be a simulation of a portion or portions of the response to a specific emergency or a paper exercise by a facility team (table top exercise).

The specific training procedures are detailed in this section, including evacuation, team relays, fire extinguisher training, etc.

Training in evacuation procedures is an important aspect of staff/student & volunteer training. Thoughtful planning and practice prior to an emergency will provide staff with knowledge that can be used effectively in an emergency.

Note: Provincial regulation requires that all new vulnerable occupancy (includes Long Term Care) staff members be trained in all Emergency Planning procedures as outlined in the manual prior to working. Further, all staff will receive annual refresher training.

All staff, including the management team, students and volunteers will attend and participate in the Emergency Preparedness Manual training. Records will be kept to document all staff training and identify those who have not taken the annual refresher training.

- **APPENDIX AQ: Fire Prevention and Safety/Emergency & Evacuation Procedures Training Module**

OVERVIEW

Staff needs training in the following procedures:

- All Emergency Plans Including, but not limited to;
  - Fire drills
  - Evacuation
  - R.E.A.C.T.
  - Emergency Lifts and Carries
  - Fire Extinguisher Use

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINNG REQUIREMENTS	Policy #: 05-01-01	
		Implemented	Revieed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

Regular ongoing in-service sessions are an essential part of preparing staff to respond quickly and accurately in an emergency situation. The Administrator will participate with all Managers to incorporate Emergency Response Training into the ongoing Emergency Preparedness Program.

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

MONTHLY STAFF/VOLUNTEER/STUDENT TRAINING

Regular in-service are essential to the Program. They may be held as part of staff meetings or as part of the debriefing session following the regular fire drills.

The in-service is used to:

- Provide a review for existing employees to improve their knowledge and skill in fire safety;
- Provide an opportunity to complete the orientation of part-time, week-ends and night shifts;
- Review problems with the existing Program.
- Ensure timely and appropriate responses to an emergency situation.

The Administrator should review on an annual basis the responsibilities of the Incident Manager with all staff who may be deemed as "Designate". (This can be incorporated into regular meeting agendas.)

MONTHLY FIRE DRILL

Monthly fire drills are an important training component of evacuation techniques and emergency response (refer to the approved Fire Safety Manual) and are to be held on each shift monthly.

Fire drills must be documented listing the staff who participated, the success of the drill, challenges identified, and recommendations for improvement. This documentation will be forwarded to the Administrator for record keeping and follow-up. The Administrator will make record of actions taken to address the challenges and recommendations.

Night shift fire drills may include **“table top”** discussions so as to not wake or disturb sleeping residents.

- **05-01-05 "Table Top Exercise"**

ANNUAL EMERGENCY DRILLS

Emergency drills and exercises which test portions of the plan are to be conducted annually.

An annual Emergency Preparedness exercise will be planned co-operatively as part of the annual quality service activities. The exercise will be designed to review and test some aspect(s) of the Emergency Preparedness Plan.

A scenario can be created for the emergencies outlined below to assist with the annual exercise.

A written report of the exercise will be submitted to The Corporate Management.

An **annual exercise** must include participation of community emergency response agencies. The following emergencies are required to be tested annually:

- Code Yellow
- Code Pink
- Code Blue
- Code 99

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Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

- Loss of one or more essential service
- Outbreaks of a disease of public health significance, epidemics, and pandemics,
- Boiled water advisory
- Floods
- Emergency fan out;
- Triage;
- Assessment treatment centre;
- Acting as a receiving centre;
- Partial evacuation (horizontal)

The exercise will be comprised of the following stages and can take the form of table-top exercises, drills, functional exercises, and field exercises.

- Plan
- Enactment;
- Review;
- Evaluation;
- Follow up to recommendations.

TRIENNIAL EMERGENCY DRILL

An **Triennial exercise** must include participation of community emergency response agencies. The following emergencies are required to be tested Triennially.

- Code White
- Code Black
- Code Brown
- Code Green
- Code Orange
- Natural Gas Leak

The exercise will be comprised of the following stages and can take the form of table-top exercises, drills, functional exercises, and field exercises.

- Plan
- Enactment;
- Review;
- Evaluation;
- Follow up to recommendations.

Please note: A planned evacuation must take place triennially, to ensure that staff are familiar with the planned evacuation procedures and can transfer residents to a point of safety or out of the building in an emergency. A full-scale exercise or drill can be conducted to test the staff performance against the planned procedure.

LOCAL FIRE DEPARTMENT

In addition, the fire department must have a copy and approve the facility fire plan. Invite fire department personnel to the facility on an annual basis to:

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

- Thoroughly acquaint them with the facility lay out and to assist them with pre-planning and tactical surveys;
- Request the fire department's assistance with in-service programs for your staff, especially in the use of fire extinguishers, fire blankets, evacuation practices, lifts and carries;
- Discuss desired protocol at a potential fire scene, i.e. who has ultimate authority when various officials are at the fire scene (including responsibility of evacuation of residents).

ORIENTATION OF NEW STAFF/STUDENTS/VOLUNTEERS

All new staff, students and volunteers must read and understand the Emergency Preparedness Plan prior to their first work assignment. Any staff transferring to a new position must be oriented to the fire safety procedures for that area. No Smoking Policy is in place in accordance to the *By Law "Under the Smoke-Free Ontario Act, 2017* "you cannot smoke or vape in any enclosed workplace, any enclosed public place and other places designated as smoke-free and vape-free"

FIRE SAFETY CURRICULUM

The curriculum should include instructions for the following items relating to fire safety:

- Elements of combustion;
- Prevention and mitigation of fires;
- Basic steps taken in response to a fire emergency;
- Evacuation procedures (involve the fire and police departments in these sessions);
- Emergency carries of residents;
- Location and use of the fire alarm system, annunciator panel and fire extinguishers, fire blankets;
- Use of telephones, 2-way radios, and intercom systems during an emergency;
- Fire extinguisher use;
- Explanation of layout of the facility and location of all exits and related stairways.

REVIEW OF EMERGENCY PREPAREDNESS PLAN

All staff are required to read the Emergency Preparedness Plan yearly.

All Staff/Students will be quizzed yearly on all Code Procedures either by paper or Online.

- **APPENDIX AQ: Fire Prevention &Safety Emergency & Evacuation Procedures Training Module and Quiz**

WRITTEN RECORDS

The Administrator/Designate will retain copies of the following:

- Individual staff attendance at fire safety training.
- Written record regarding yearly All Code Procedure Training for staff

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		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services			July 2022

- The Annual and Triennial testing of the emergency plans and any changes made to improve the plans must be maintained from all parties participating.
- If during an evacuation or drill, problems or difficulties were identified, the written record should include what recommendations were made for corrective measures, responsibility for taking corrective action, and time frames for corrective actions.

Results will be reported to the Administrator and Health and Safety Committee twice yearly.

EMERGENCY CODE TRAINING/TESTING- RECORD OF ATTENDANCE CHECKLISTS

All training/testing record of attendance checklists may be tested using a scenario based checklist as outlined in the template below:

- **"Unannounced Emergency Test/Training Scenario Template (05-01-03)"**

Emergency Code Checklists

- **"Code Pink- Training Record of Attendance Checklist (05-01-02)"**
- **"Code Black- Training Record of Attendance Checklist (05-01-02)"**
- **"Code Grey- Training Record of Attendance Checklist (05-01-02)"**
- **"Code Blue- Training Record of Attendance Checklist (05-01-02)"**
- **"Code 99- Training Record of Attendance Checklist (05-01-02)"**
- **"Code Yellow- Training Record of Attendance Checklist (05-01-02)"**
- **"Code Orange- Training Record of Attendance Checklist (05-01-02)"**
- **"Code White, Residents- Training Record of Attendance Checklist (05-01-02)"**
- **"Code White, Non-Resident- Training Record of Attendance Checklist (05-01-02)"**
- **"Code Brown- Training Record of Attendance Checklist (05-01-02)"**

Other Checklists

- **"Assessment and Treatment Centre- Training Record of Attendance Checklist (05-01-02)"**
- **"Triage Categorization- Training Record of Attendance (05-01-02)"**
- **"Emergency Fan Out (05-01-02)"**
- **"Operating as a Receiving Centre- Training Record of Attendance Checklist (05-01-03)"**
- **"Carbon Monoxide Alarms- Training Record of Attendance Checklist (05-03-01)"**
- **"Flooding- Training Record of Attendance Checklist (05-01-03)"**
- **"Loss of HVAC Systems- Training Record of Attendance Checklist (05-01-03)"**
- **"Loss of Water- Training Record of Attendance Checklist (05-01-03)"**
- **"Loss of Power- Training Record of Attendance Checklist (05-01-03)"**
- **"Natural Gas Leak- Training Record of Attendance Checklist (05-01-03"**
- **"Boiled Water Advisory- Training Record of Attendance Checklist (05-01-03)"**

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

- **"Unannounced Emergency Test/Training Scenario Template (05-01-03)"**

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PLAN LOCATIONS		July 2022

EMERGENCY PREPAREDNESS TRAINING MANUAL

All Staff/Students/Volunteers must have access to the Emergency Preparedness Plan, which will be located on all the Units.

The Administrator/Designate will ensure all Staff/Students/Volunteers are aware of the location of the Plan and that each manual is up to date and outlines all home-specific information and requirements.

List the Emergency Preparedness Plan Locations below:

Main Reception
Administrator Office
Director of Care Office(s)
IPAC Lead
Environmental Manager
Casa Guglietti
Casa Bratty
Casa Melatti
Casa Ciccolini
Casa G&G
Casa DeGasperis

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PROGRAM REVIEW		July 2022

DISTRIBUTION

The following individuals should have a copy of the complete Emergency Preparedness Program Manual:

- Administrator
- Director of Care
- Assistant Director of Care/Staff Development/Clinical Coordinator
- Maintenance Supervisor

REVIEW REQUIREMENTS

The Emergency Preparedness Program should be reviewed annually by management/ supervisory staff as part of Quality Service/Management Program. Community Partners and Residents & Family Council members must be included as part of the review.

The review will be documented. The review is done to:

- Ensure supervisors are up to date regarding Program contents;
- Review and make recommendations for revisions to the Plan;
- Review and make recommendations to the Emergency Preparedness Plan and other departmental manuals/procedures;
- Ensure interdepartmental cooperation in the application of the Emergency Preparedness Plans and evacuation procedure.

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TABLE TOP EXERCISE		July 2022

SUMMARY

A table top exercise is a process used to meet the requirement of an annual exercise. It is designed to be an exercise of the planning and response abilities of the management team and an educational experience of the strength of the facility program. The scenario should be carefully chosen to reflect as realistic a situation as possible.

PROCEDURE

1. Facility chooses a realistic scenario around which the exercise will be planned.
2. The management team is given the initial scenario and then, within the next 2 hours, is given additional detail at regular intervals to which they must plan and respond.
3. The additional details (inputs), as added, are designed in part to add to the planning and response requirements of the individual facility departments as well as challenge the problem solving skills of the management team to utilize their expertise and knowledge of their facility and its procedures.
4. All team members keep continuous notes of the discussions, events, and decisions made.
5. Once the actual exercise has been completed, an evaluation is conducted by the facilitators.
6. Management team members submit a personal evaluation on their response to the emergency which is incorporated into a facility evaluation report on the disaster exercise.
7. Recommendations are prepared as necessary to address and improve in-house procedures or systems as well as recommendations that may be applicable to the Emergency preparedness manual team coordinator.

Section: PANDEMICS, EPIDEMICS AND OUTBREAKS	Subject: PANDEMIC, EPIDEMIC AND OUTBREAK PLAN	Policy #: 06-01-01	
		Implemented	Revised
Approved by VP of Quality and Clinical Services	POLICY AND OUTLINE	July 2022	December 21, 2022

PURPOSE

As per the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans must include a plan for communicable diseases, diseases of public health significance, epidemics, and pandemic. As such, homes should follow the pandemic and outbreak plan outlined below responding to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics.

Government of Ontario and Public Health (PH) directives set a base minimum IPAC standards to be followed. UniversalCare policies implement additional IPAC measures based on the safety risk identified or projected. Additional IPAC measures may apply based on the home's specific area and Public Health requirements.

POLICY

The Home has a plan that addresses actions to be taken during a pandemic, epidemic and outbreak, and is based on activities within the geographical areas and meets applicable legislation and Public Health (PH) guidelines.

PROCEDURE

Home's interprofessional team completes the Pandemic, Epidemic & Outbreak Plan The Pandemic, Epidemic & Outbreak Plan is revised twice per year

The Pandemic, Epidemic & Outbreak Plan is revised with significant changes identified during an outbreak debriefing.

Government of Ontario and Public Health directives set a base minimum IPAC standards must be followed.

UniversalCare policies may implement additional IPAC measures based on the safety risk identified or projected with additional IPAC measures based on the home's specific area and Public Health recommendations

The Pandemic, Epidemic & Outbreak Plan section will address the following areas:

1. Outbreak Management Team Roles and Responsibilities for:
   - IPAC professional that leads IPAC in the Home (see Job Description for accountability and responsibilities)
   - Administrator and Director of Care
   - LTC Home Leadership Members
   - Care staff and volunteers
   - Caregivers and Visitors
2. Outbreak Management Overview: Planning, Implementation, and Recovery
   - Pandemic/Epidemic/Outbreak Pre- Planning
   - Pandemic/Epidemic/Outbreak Protocols and Plans Implementation
   - Post- Pandemic/Epidemic/Outbreak Termination, De-escalation, and Recovery

Section: PANDEMICS, EPIDEMICS AND OUTBREAKS	Subject: PANDEMIC, EPIDEMIC AND OUTBREAK PLAN	Policy #: 06-01-01	
		Implemented	Revised
Approved by VP of Quality and Clinical Services	POLICY AND OUTLINE	July 2022	December 21, 2022

3. Services to Residents:
   - Outbreak Area(s)
   - Isolation, precautions initiation, and cohorting for residents
   - Cohorting of staff and services
   - Poster
   - Break Room
   - Floor Plans
   - Residents with critical medical conditions
   - Residents that require high level of care
   - Safety and security of the building and the grounds
   - Medications/Treatments
   - Pharmacy services
   - Assistance with feeding
   - Vital signs equipment
   - Documentation
   - Staffing
   - IPAC preventative measures
   - Supplies management
   - Vaccination program
   - Surveillance
   - Screening and testing
   - Plan review frequency
   - Integrated services with extended partners
4. Environmental services
5. Communication strategy

- **APPENDIX AS: Pandemic, Epidemic and Outbreak Plan**

Purpose: As per the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans must include a plan for communicable diseases, diseases of public health significance, epidemics, and pandemic. As such, Homes should follow the pandemic and outbreak plan outlined below responding to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics.

Government of Ontario and Public Health (PH) directives set a base minimum IPAC standards to be followed. UniversalCare policies implement additional IPAC measures based on the safety risk identified or projected. Additional IPAC measures may apply based on the Home's specific area and Public Health requirements

PANDEMIC/EPIDEMIC/OUTBREAK PLAN	
Outbreak Management Team Roles and Responsibilities	
Role	**Expected actions include, but are not limited to**
IPAC professional that leads IPAC in the Home	1. Carry out infectious disease surveillance and analyze the resulting data 2. Consult, collaborate, report to internal (registered staff, all care staff, program mangers, dietary and environmental services managers, etc.) and external teams (PH, Ontario Team Hubs, Ministry of Labour (MOL), Ministry of Long-Term Care (MLTC), etc.) 3. Initiate and schedule Outbreak Management Team (OMT) Meetings 4. Lead outbreak management for the Long-Term care Home (LTCH) 5. Communicate and provide updates to interdisciplinary teams, PH, MLTC of outbreak progress 6. Provide Infection Prevention and Control (IPAC) education and training to staff 7. Oversee IPAC education and training provided to residents and visitors 8. Ensure IPAC measures are in place for staff, residents, visitors: screening, hand hygiene, posters, signage, isolation, line listing, cohorting of staff and residents, admission, readmission, absences, communal dining, testing, cleaning, Personal and Protective Equipment (PPE) usage, auditing, reporting, documentation, and any other education when and as recommended within PH guidelines and ministry directives 9. Conduct audits for PPE donning/doffing, IPAC measures, screening, cleaning & disinfection, hand hygiene and any other applicable audits and address/follow up any concerning findings from audits 10. Monitor PPE stockpile 11. Address any non-compliance IPAC measures as per inspection reports 12. Conduct immunization clinics for staff 13. Participate in annual and as needed review of pandemic and outbreak plan

PANDEMIC/EPIDEMIC/OUTBREAK PLAN	
Administrator, Director of Care	a. Monitors staffing levels and created staffing plans b. Creates and implements staff contingency plan as needed c. Works with IPAC lead to assess return to work early measures d. Ensures that there are alternates planned for each manager in case of illness e. Ensures communication to residents, families, staff f. Provides regular, proactive, timely communication with residents and their families, SDM's, essential caregivers, etc. g. Ensure Home is in in compliance with pandemic plan
LTC Home Leadership Members	a. Support Home with implementation of pandemic plan and IPAC measures as needed
Registered Nursing Staff	a. Conduct daily active surveillance to identify resident cases b. Reports to IPAC lead/designate any reportable diseases and exposures c. Initiates isolation precautions as required if resident cases meet case definitions d. Obtains testing specimens e. Provide regular and timely communication/ updates to residents, SDMs, families regarding the health status of f. Implements IPAC measures in collaborates with IPAC lead/designate
Care Staff and Volunteers	a. Compliance and adherence with IPAC practices b. Compliance with Infection Control Policies, Procedures and Protocols c. Attend IPAC education and training
Caregivers and Visitors	d. Compliance and adherence with IPAC practices e. Compliance with Infection Control Policies, Procedures and Protocols f. Attend IPAC education and training

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Outbreak Management Overview: Planning Implementation, and Recovery	**Target Date**	**Position Responsible**
Procedures and Tasks		
Pandemic/Epidemic/Outbreak Pre- Planning 1. Conduct ongoing surveillance of diseases among residents, staff, and visitors to detect, prevent, and manage the spread of pandemic pathogens 2. Ensure registered staff informs IPAC lead/designate of all infections		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Outbreak Management Overview: Planning Implementation, and Recovery	**Target Date**	**Position Responsible**
3. IPAC lead/designate required to report diseases internally and externally for infections as per MOH, MLTC and PH 4. Monitor alerts issued by MOH on communicable diseases, diseases of public health significance, epidemics, and pandemic 5. Determine when an epidemic, a Public Health Emergency of International Concern (PHEIC), a pandemic begins 6. Determine activation of emergency response (e.g., regional Medical Officer of Health or Emergency Management of Ontario may declare/recommend the activation of local emergency response plans) 7. Prepare for emergency response 8. Establish Outbreak Management Team members: IPAC Lead, Director of Care, Administrator, the Environmental Lead, departmental leads/managers, health care staff (if applicable), UC corporate team members, communications and other appropriate team members 9. Assign roles and responsibilities for staff 10. Consult with PH regarding IPAC measures 11. Identify high-risk groups requiring medications, vaccinations, prophylactics, therapeutics 12. Review of medications, vaccinations, prophylactics, and therapeutics 13. Review and update IPAC policies, outbreak management protocols, pandemic protocols 14. Ensure proper IPAC measures and signage 15. Ensure proper communication to residents, families, staff 16. Ensure proper training/education for residents, families, and staff 17. Ensure appropriate PPE stockpile availability and access 18. Ensure ongoing implementation of IPAC audits 19. Ensure ongoing implementation of cleaning and disinfection practices 20. Determine staffing levels 21. Create staff contingency plan **Pandemic/Epidemic/Outbreak Protocols and Plans Implementation** 22. Activate pandemic plan 23. Activate OMT meetings		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Outbreak Management Overview: Planning Implementation, and Recovery	**Target Date**	**Position Responsible**
24. Consult with PH regarding IPAC measures 25. Implement IPAC measures 26. Assess implementation of roles and responsibilities of staff 27. Implement strategies/interventions while awaiting medications, vaccinations, prophylactics, and therapeutics as per PH, MOH 28. Implement PH, MOH directives, MLTC IPAC measures such as isolation, line-listing 29. Implement directives from PH, MOH regarding testing 30. Continue reviewing all alerts and directives 31. Review and update policies as per PH, MOH, MLTC 32. Ensure and reinforce IPAC measures in place 33. Ensure and reinforce signage in place 34. Ensure and reinforce communication to residents, families, staff, PH, MOL, MLTC, Medical Director 35. Ensure and reinforce training/education for residents, families, and staff 36. Ensure and reinforce PPE stockpile availability and access 37. Ensure and reinforce ongoing implementation of IPAC audits 38. Ensure and reinforce ongoing implementation of cleaning and disinfection practices 39. Ensure and reinforce staffing levels 40. Implement staff contingency plan if needed **Post- Pandemic/Epidemic/Outbreak Termination, De-escalation, and Recovery:** 41. Determine termination of pandemic and emergency response 42. Continue and discontinue IPAC measures as per PH, MOH, MLTC 43. Consult with PH regarding IPAC measures and de-escalation measures 44. Continue with surveillance of diseases among residents, staff, and visitors to detect, prevent, and manage the spread of pandemic pathogens 45. Update policies and protocols as per PH, MOH, MLTC 46. Communication terminations, de-escalation, and recovery to residents, families, and staff 47. Schedule OMT debriefing meeting 48. Assess staffing and implement staff contingency plan if needed		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
Depending on the stage of the pandemic, epidemic or outbreak will implement: **Assemble outbreak management team**: The team should include the local public health unit along with Home's team members such as the IPAC Lead, Director of Care, Administrator, the Environmental Lead, departmental leads/managers, health care staff (as applicable), UniversalCare corporate team members and other appropriate team members **Identify Outbreak Area(s)**: With the local public health unit, determine if all or only part of the Home will be considered an outbreak area. This will depend on where the disease cases are in the Home and how much residents, staff move between different parts of the Home and the layout of the Home **Isolation, precautions initiation, and cohorting for residents** 1. Isolation for affected residents by infection status/unit/identified outbreak areas/risk of exposure in collaboration with Public Health Unit and according to the cohorting guidelines, Government and Public Health Directives 2. Residents in the outbreak area/s should not mix with those in the non-outbreak area(s) 3. Follow maximum isolation in the room as per Ministry and PH directives 4. Facilitate internal transfer for residents by disease (e.g., COVID-19 (+)) status in collaboration with PH 5. If not able to cohort residents discuss with PH 6. Communication to residents/SDM as applicable regarding cohorting/internal transfer/transfer to hospital 7. Communicate/advise/brief teams with updates or notifications on outbreak/epidemic/pandemic: a. Residents, Families, Staff b. UniversalCare Corporate Team: Director of Clinical Services and Director of Senior Living, IPAC Manager c. Public Health d. Ontario Health Teams e. Ministry of Long-Term Care f. Hospital IPAC Team g. Unions		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
h. Staffing agencies i. Schools – student placements 8. Review outside appointments to decide priority and risk to resident regarding re-scheduling Reschedule all non-essential appointments 9. Tray service for isolation process, i.e., assign staff: Reusable dishware and utensils used for all residents including those on Additional Precautions. **Cohorting of staff and services** 10. If there are outbreak areas and non-outbreak areas, assign staff to only one area for all of their shifts, if possible, during outbreak period 11. Staff who have already worked in the outbreak area should be assigned to the outbreak area, assignment to non-outbreak areas should be avoided 12. Prioritize assigning staff members to look after only one of the groups: disease positive or disease negative residents 13. Staffing assignments should ideally be organized for consistent cohorting in specific resident areas to limit staff interactions with different areas of the Home 14. Where possible, change rooms and break rooms should be on the floor to limit mixing of staff between floors or units, especially in an outbreak 15. Staff assignments should remain as consistent as possible 16. Identify staff pathway to reach COVID-19 Isolation Room/Unit 17. Identify staff movement pathway by cohorting status 18. Identify Nurses' Pathway for Medication Administration 19. Designated equipment - [e.g., COVID-19 & non COVID-19 & different areas of the building] (i.e., medication carts, treatment carts, statoscope, otoscope, thermometers, lifts, slings, etc.); May need additional Medication/Treatment Cart to support cohorting when necessary 20. Restrict access between affected & non affected area (such as separation doors) 21. One (1) point of entry to the isolation area/unit (if possible) 22. Allied health professionals should be cohorted based on infection status (confirmed infection, exposed or no infection) Staff access/redeployment: Hospital, Home and Community/Health Units, Staffing Agency		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
23. Restrict access between affected & non affected area (consider separation doors) 24. One (1) point of entry to the isolation area/unit (if possible) **Poster** to identify cohorted/isolation areas including Front Door/ Separation 25. All posters Protected/Laminated to allow cleaning & disinfecting **Break Room:** 1. Sign to identify staff maximum capacity 2. Poster: 2 meters physical distancing 3. Break Room Instructions 4. Cleaning and disinfecting supply 5. PPE supply 6. Poster Hand Hygiene **Editable Floor Plans identifying by status of:** 1. Occupancy/accommodation 2. Isolation room 3. Cohorting 4. Separation Doors areas 5. Disease status: resolved/exposure/symptomatic/asymptomatic/pending/suspected/confirmed **Identify residents with critical medical conditions** and at high risk as per below but not limited to: COVID-19; Falls Diabetes Type 1 and 2; Diabetes and dialysis; Diabetes and obesity; Dialysis; Behavioural and Responsive Behaviour monitoring; Mental Health illness; Cardiomyopathy; Pulmonary Hypertension; High Blood Pressure; Congenital Heart Disease; Heart failure; Coronary artery disease; Lung Cancer; Cystic Fibrosis; COPD; Severe and moderate Asthma; Cancer any type; Blood disorders (sickle cell anemia; thalassemia Long-term use of prednisone or similar drugs that weaken your immune system; HIV/AIDS; Organ and bone marrow transplant; Chronic liver disease; Long term use of prednisone; Down syndrome		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
Identify residents that require high level of care 1. Review assignment distribution based on staffing at baseline, above baseline 2. Continue to provide care as identified in the plan of care 3. Establish access to Medical Care professionals, RN/EC availabilities, including up to date on-call list and on-site visits schedule 4. As available consider virtual care 5. Establish access to medical equipment and treatments **Safety and security of the building and the grounds:** 1. Review Homes review fobs, pass swipes currently in circulation. 2. Mag locks functioning 3. Continue fire drills/codes/evacuation: Table top scenarios discussion for of Fire Evacuation plans based on minimum staffing 4. Follow, post, and review Ministry Directives as they arrive		
Medications/Treatments **Emergency/Contingency box medications:** 1. Review content to ensure all listed and are approved medication is in place 2. DOC, Medical Director and Pharmacist to identify any other medication that should be part of the Emergency Box during the pandemic/epidemic/outbreak, such as antiviral medication 3. Ensure enough government stock medication is in place and check expiration dates **Review/request updated Pharmacy Pandemic plan regarding:** 1. Delivery 2. Pharmacist access 3. Potential interruptions 4. Access to additional medication carts **Medication Administration:** 1. Medication supply in place		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
2. Isolated residents, to administer medication by cohorting status as much as possible, or last to be administered the medication **High alert medications should be prioritized:** ***1.*** Pharmacy may provide report of residents on high alert medication necessary for their medical condition/disease management ***2.*** Medication administration compression (last option)- in consultation with Pharmacy and prescriber ***3.*** Treatments to skin/pressure injuries: ***4.*** Pressure ulcers completed by RN/RPN ***5.*** Treatments to be treated based on orders, staggered to accommodate staffing and shuffling times. b. Treatments to skin injuries that require application of cream/ointment educate and delegate to PSW c. Training for PSW in all locations for Medication Administration **PSW inform RN/RPN of any abnormal findings**		
Assistance with feeding/hydration: a. Volunteers over age 18 may feed b. Feeding training (video) https://youtu.be/zZ-6Rp6hkhY c. College/University if allowed, hire RN/RPN Students d. Connect with the preceptors that have been in the Home for their clinical practice (Colleges and Universities open during pandemic for communication) e.		
Documentation: continue documenting in the electronic health record		
Vital signs equipment: 1. In resident rooms for all COVID-19 cases, disinfect before and after each use 2. All other infections disinfect before and after each use		
Death of a Resident and pronouncing: 1. Home's Policy and Procedure to be followed		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
2. Coroner's Office direction		
Minimum Staffing: 1. Staffing Plan reviewed monthly when not in outbreak and weekly when in outbreak 2. Fan Out List: updated and accessible 3. Staffing: • Internally revise assignments based on staffing level • Managers and Coordinators roles may change and reassign to floor duties: • Corporate staff on site/on call • Human Resources to be consulted for temporary switch shifts, temporary 12 hours shifts and temporary shared shifts • Home Mangers Time Off Contingency Plan		
Infection Prevention and Control Preventative Measures 1. Set up Outbreak Management Teams during respiratory season in preparation for potential outbreaks. 2. Ensure members of the Outbreak Management Team have been identified and ready to assemble as part of outbreak preparedness plan 3. Review Ministry and Public Health Directives 4. Screening/screeners: Ensures control measures are in place as per the direction of Ministry and Public Health. 5. Entrance active screening and testing for staff, volunteers and visitors 6. Residents screening available in the electronic health record for daily and post an absence **Posters:** in place and not limited to: Hand hygiene; PPE Donning/Doffing; Physical distancing; Cough etiquette; Mask application/removal; signs and Symptoms for not coming to work and not visiting **IPAC Training/education** to staff and visitors not limited to PPE Donning and Doffing, Hand Hygiene **IPAC auditing:** PPE usage; Environmental cleaning & disinfection**;** hand hygiene**;** IPAC self assessment**;** any other audits deemed necessary as per PH and MOH **Supplies Management**		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
1. PPE burn rate completed daily during an outbreak 2. Ensure PPE stock is available to all staff and visitors as per PH, MOH, MLTC (access to four weeks of pandemic stockpile) 3. Ensure proper disposal of expired PPE 4. Monitor N95 mask fit testing status for all staff **Vaccination Program** 1. Organize vaccination clinics for residents and staff as required 2. Ensure proper administration and documentation of staff immunization as per internal policies and procedures 3. Medical directives in place resident specific and staff/caregivers **Line listing/surveillance:** generate and analyze infectious disease line list/surveillance and share/consult with Public Health 1. Total numbers of residents and staff in the Home 2. A list (line list) of ill residents, staff and visitors including when they became ill, if they were tested and results, when they were in the Home, and if they remain at the Home or were transferred to hospital. 3. A list of people who had exposure with those with the infectious disease. Note that in some outbreaks this may include the whole unit or Home. 4. Contact tracing 5. Identification and Management of Ill Residents 6. Identification and Management of Ill staff 7. Collaborate with pharmacy for medication education, intervention, and supplies 8. Determine and apply engineering controls 9. Consult and collaborate with Public Health 10. Staff and residents' up-to-date vaccination status 11. Testing as per Ministry Directives and Public Health Recommendations **Review pandemic/epidemic/outbreak plan:** review twice per year or as needed		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	**Target Date**	**Position Responsible**
1. Provide regular, timely communication to residents, families, SDMs, staff 2. Ensure staff contingency plan is in place 3. Ensure non-compliance items are corrected after inspections 4. Post-outbreak – ongoing monitoring for re-emergence of symptoms or complications 5. Reopening Services – Follow Ministry Directives and Public Health recommendations: a. Essential services b. Non-essential Services c. Admission/re-admission d. Re-opening to visitors 6. Pandemic Plan Debriefing/Revision 7. Vaccination policies and procedures		
Integrate LTC/Retirement Homes as a partner of Health care System: 1. Hospital 2. HOME AND COMMUNITY/Health Units 3. Public Health		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	**Target Date**	**Position Responsible**
Cleaning and Disinfection of Non-Critical Equipment: Statoscope; Otoscope; BP Machine; Pulse and Oximeter; thermometer; medication cart; Weight scale; heights equipment; lifts; slings; tubs **Cleaning and Disinfection of Decorations:** Christmas wreath; Christmas Tree and Decorations, etc. 1. Cleaning and Disinfecting with the Clorox 360 machine 2. Clorox 360 machine: staff training on how to use ***Housekeeping Department Cleaning in the following areas:***		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	**Target Date**	**Position Responsible**
1. Resident Room • Disinfect horizontal surfaces and high touch areas • Clean up any spills • Replenish hand sanitizer where needed • Only urgent cleaning as requested 2. Resident Washroom • Clean as required and as directed by Charge Nurse 3. Spa Rooms • Clean/disinfect sink • Clean/disinfect toilet • Empty waste containers • Replenish supplies, bath tissue, paper towels, soap, etc. • Clean up spills Depending on the stage on the pandemic all spa rooms may not be in use therefore staff can allocate their time elsewhere (i.e. enhance cleaning/disinfecting of high touch areas) 4. Hallways • Disinfecting handrails • Remove debris from the floor • Clean up any spills • Replenish hand sanitizers where needed 5. Dining Rooms • Wipe/disinfect tabletops • Wipe/disinfect chair arms • Empty waste containers		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	**Target Date**	**Position Responsible**
• Replenish supplies (paper towel, soap, sanitizer, etc.) where needed • Remove debris from the floor 6. Lounges • Wipe/disinfect high touch areas • Remove debris from the floor • Replenish sanitizer where needed 7. Elevators • Wipe/disinfect elevator buttons inside and outside of the elevator. • Wipe/disinfect handrails if applicable **Laundry Department:** EVS Manager/Laundry Services Team will working with the Nursing Department to reduce the laundry poundage by implementing the following measures: • Changing bed linen only as needed • Eliminate the use of table linen • Reduce the volume of personal clothing by changing residents only when needed. If residents are on isolation patient gowns can be used instead of dressing residents or have them remain in their night clothing • Use disposable wipes, bed pads and incontinent products to help further reduce the laundry poundage • Ensure there is a supply of disposable bed pads, wipes and incontinent product. These items should be included in the plan for pandemic supplies		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	**Target Date**	**Position Responsible**
If laundry service is done in house try outsourcing the service during the pandemic period and assign the staff to other departments to assist with resident care. Arrangements should be made with Laundry Service Providers ahead of time to manage this service in the event of an emergency/pandemic. Hospital service providers and uniform companies can be approached for assistance in this area. Focus on getting personal laundry done first then work on the general linen **Maintenance Department:** Maintenance personal will only focus on repairs that affect the safety and well-being of the residents and staff. Daily preventative maintenance will not take place except for the following (HVAC, Fire Safety, Nurse Call System, Lighting, Door Security, and Generator) • Arrange with Mechanical Service Providers to provide service to the Home in the event the in-house maintenance personnel are not available to work. Plan what service would be critical in your Home in advance **Other Considerations:** A. Staff Training a. Training staff on various duties in multiple departments (*i.e. housekeepers can first be deployed to the dietary department and second to nursing*) b. Retrain staff on hand hygiene and PPE c. Conduct tabletop exercise working with reduce staffing B. Supplies a. Setting up a pandemic supply (*i.e. Cavi-Wipes, hand sanitizers, soap, etc.*) back up plan with supplier b. Ensure there is an area where supplies can be safely secure to prevent hoarding and pilfering. C. Service Providers		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	**Target Date**	**Position Responsible**
a. Discuss service continuity with External Stakeholders during pandemic planning. D. Public Health a. Maintain contact information for your Home's designated Public Health Representative b. Contact Public Health and inform them that you are working with limited staff in housekeeping. They may provide additional direction to ensure IPAC measures are being achieved.		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Communication Strategy	**Target Date**	**Position Responsible**
Communication 1. Communication provided to residents, family members, staff and volunteers with changes during the pandemic and epidemic 2. Weekly updates to residents, family members, staff and volunteers are communicated during an outbreak 3. Communication is provided in different formats: • Electronically via email • Letters hard copy • Posters • Communication boards • Verbally • By phone • Care conference • Meetings		

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Incident Briefing Report

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:**

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name:_____ Position/Title:_____ Signature: _____

ICS 201, Page 1 Date/Time: _____

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1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:
7. Current and Planned Objectives:		

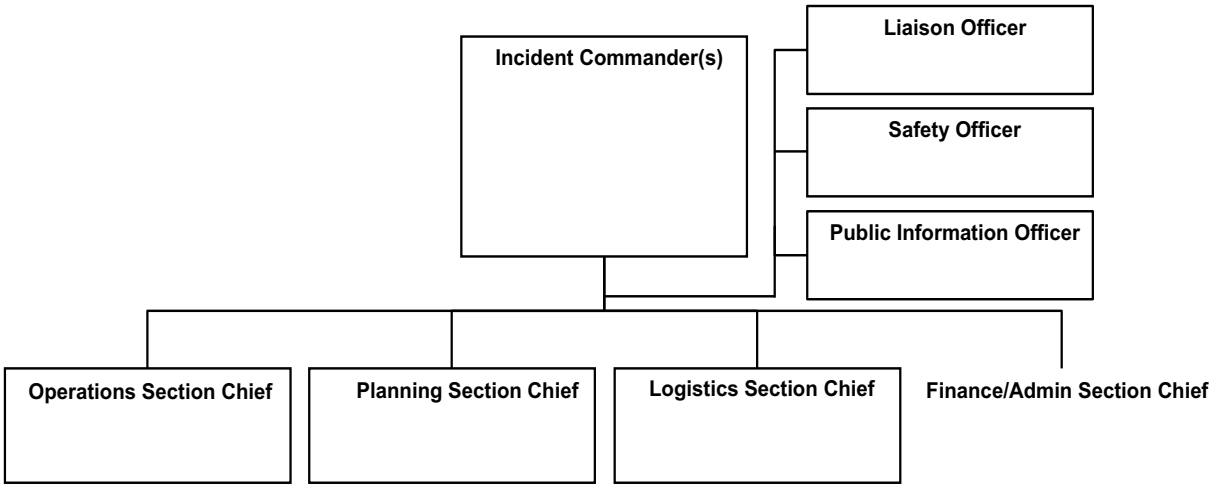
8. Current and Planned Actions, Strategies, and Tactics:	
Time:	Actions:

6. Prepared by: Name:_____ Position/Title:_____ Signature: _____

ICS 201, Page 2 Date/Time: _____

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

9. Current Organization (fill in additional organization as appropriate)**:**



6. Prepared by: Name:_____ Position/Title:_____ Signature: _____

ICS 201, Page 3 Date/Time: _____

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1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
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				☐	
				☐	
				☐	

6. Prepared by: Name:_____ Position/Title:_____ Signature: _____

ICS 201, Page 4 Date/Time: _____

ICS 201
Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Initiated** • Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	**Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	**Situation Summary and Health and Safety Briefing (**for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	**Current and Planned Objectives**	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	**Current and Planned Actions, Strategies, and Tactics** • Time • Actions	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	**Current Organization** (fill in additional organization as appropriate) • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief	• Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	**Resource Summary**	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an “X” or a checkmark upon arrival to the incident.
	• Notes (location/ assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

Risk Assessment – Location: _____

Threat	Probability	Consequence	Priority
Environmental			
Tornado			
Severe Electrical Storm			
Flooding			
Hail			
Winter Storm			
Freezing conditions (prolonged severe cold)			
Site Contamination (infestation, chemicals)			
Group illness			
Tsunami			
Earthquake			
Threat	**Probability**	**Consequence**	**Priority**
Landslide			
Hurricane			
Wild Fires			
Severe Heat (40°C+)			
Organized/Deliberate Disruption			
Workplace violence (including threats)			
Neighbourhood violence (shootings/stabbings etc.)			
Sabotage (within the office)			
Theft / Robbery			
Arson			
Community disruption (protests, riots etc.)			
Utilities and Services			
External power failure			
Loss of natural gas			
Gas line rupture			
Loss of water			
Petroleum and fuel shortage			
Communications services breakdown			
Sewage/drainage/waste removal			
Air conditioning failure			
Heating system failure			
Infrastructure			
Building collapse / instability			
Transportation accident involving staff/clients			
On-site Fire			
Hazardous materials spill / release			
Working alone in the office			

Information Technology			
Loss of life safety / security systems			
Loss of nurse call system			
Loss of telephone communication			
Loss of internet communication			
Other risks			
Missing Resident			
Tenant Issues (in shared buildings)			
Public transportation failure			
Hazardous Packages			
Neighbourhood risk (hazardous industry etc.)			
Transportation corridor (within 1.6 km)			
Other _____			

RISK ASSESSMENT PROCEDURES

The second process is the Risk Assessment, determining the probability of a potential emergency occurring and the consequence of the emergency should it occur.

In the Probability column, rate the likelihood of each emergency's occurrence. This is a subjective consideration, but useful, nonetheless. Use a simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest. This number is entered into the probability column. The attached chart provides a guideline to assist in determining probability.

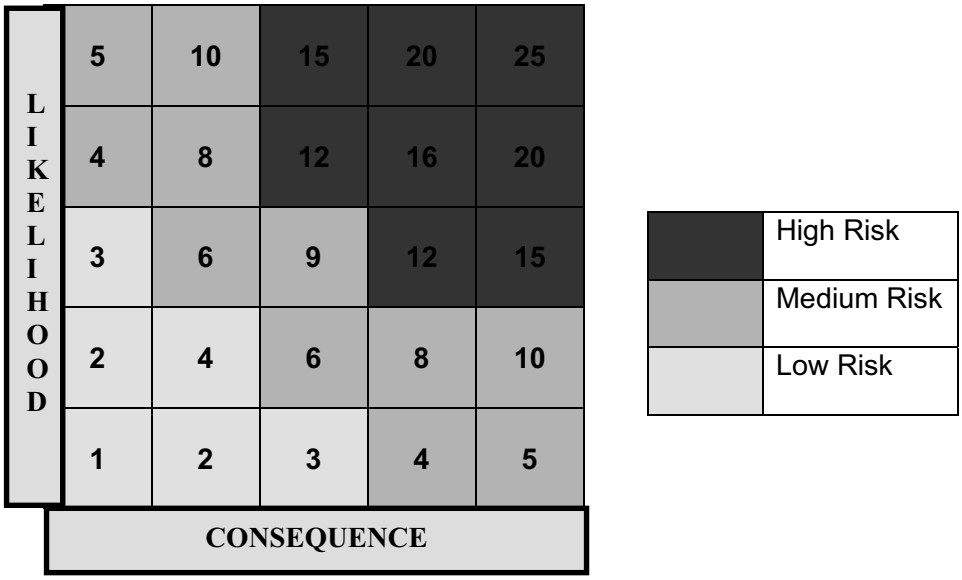
Likelihood	
1	**Rare: Once every 10 years**
2	**Unlikely: Occurs every 6 – 10 years**
3	**Moderate: Occurs every 2 – 5 years**
4	**Likely: Occurs once per year**
5	**Almost Certain: Occurs more than once per year**

Once the probability is determined the impact of the emergency is estimated taking into consideration the potential human consequence (the probability of injuries or death), the potential property (damage, ability to quickly relocate) and the potential business impacts (Business interruption, staff unable to report to work, etc.).

This consequence is also based on a 1 – 5 scale. The attached chart has been provided as a guideline.

Consequence	
1	**Insignificant:** No injuries, minor damage to corporate assets, no damage to corporate infrastructure, no disruption to delivery of services.
2	**Minor:** Minor injuries to staff, or visitors that are non-life threatening (cuts and bruises) and that do not require acute medical care; minor damage to corporate assets and/or corporate infrastructure – facility can still function and problem can be handled by maintenance staff; minor disruption to service delivery, such as short-term power failure, critical operations can function fully, other operations can function with some accommodations.
3	**Moderate:** Some serious injuries such as fractures or loss of consciousness that require acute medical care and removal from the workplace; higher number of minor injuries; more widespread damage to assets; longer disruption in service delivery.
4	**Major:** Some loss of life; higher number of serious injuries; more serious asset and infrastructure damage that compromises the integrity of a building and that requires an alternate work location for some staff which that affects multiple departments.
5	**Catastrophic:** Widespread loss of life and serious injuries; serious and widespread damage to corporate property and description of infrastructure; financial devastation to the extent that the corporation may never recover – assets destroyed, unrecoverable loss of data, loss of key personnel.

LEVEL OF RISK MATRIX



It should be noted that the level of risk is simply a planning tool, not a scientifically determination of what will occur. The highest priority items are addressed first, followed by the medium risks and where applicable the low-risk items.

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Incident Manager Checklist Form

Record to be used for debriefing and to accompany final report to RD			
TASK	**COMPLETED**		**COMMENTS**
	Yes ✓	**No** ✓	
1. Set up Command Centre and implement disaster plan.			
2. Note the time and identify when battery back-up will fail, if relying on battery to power essential services such as fire alarm system, door alarms, etc.			
3. Check for persons trapped in elevator and call fire department/elevator service as applicable.			
4. Begin logging activities during event, scrum meetings, and monitor news via a battery powered portable radio.			
5. Account for all residents, all staff in building, and all visitors.			
6. Pull Emergency Response Manual (ERM) and refer to Power Outage Section.			
7. Direct staff as required and request they report back once assigned task has been completed.			
8. Initiate staff fan-out to obtain additional assistance, if applicable.			
9. Check if telephones are functioning. If not, plug regular phone into fax line and assign someone to monitor incoming calls.			
10. Implement fire pickets, door monitoring, etc. when these systems go down.			
11. Coordinate relief of staff guarding doors, etc.			
12. Consider limiting visitors related to safety concerns (e.g. darkened stairwells, etc.)			

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Purchasing Check Sheet

Role: Organize and supply medical and non-medical care equipment and supplies. Report to Logistics Manager.

Name: _____

Time (Note Below)Task

_____Coordinate facilities supply services staff members who are not involved in emergency operations

_____Develop an inventory of:Bandages, dressings, compresses, etc.

- PPE for patient contact (surgical and N95 masks, gowns etc.)
- Waterless hand cleanser and gloves
- Linen and blankets
- Water
- Food
- Other _____

_____Contact each department to determine equipment and supply needs

_____Create lists of available suppliers, pricing, etc.

_____Coordinate with the Finance Leader for purchasing

_____Coordinate with the Security Leader to protect inventory

_____Update the Logistics Manager through regular meetings / reports

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Information Technology / Tele-communications Check Sheet

Role: Maintain computer, internet, fire alarm, paging, telephone and other communication systems. Report to Logistics Manager.

Name: _____

Time (Note Below)Task

_____Assess the status of telephone and computer systems

_____Assess the status of the fire alarm system

_____Notify the Logistics Manager if the fire alarm system is out of service and a fire watch is required

_____Establish a system of runners to convey important messages

_____Coordinate efforts of IT, telephone and fire alarm service companies

_____Provide 2 way radios where required

_____Provide regular briefings to the Logistics Manager

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Security Check Sheet

Role: Organize and establish scene / facility security. Report to Logistics Manager.

Name: _____

Time (Note Below)Task

_____Appoint security personnel to monitor safety and security

_____Coordinate with contracted security service

_____Implement a lockdown of the facility except from emergency operations

_____Remove unauthorized persons from restricted areas

_____Ensure fire routes and ambulance loading areas are clear

_____Assist the Information Officer with establishing a media area

_____Initiate contact with fire / police agencies through the Liaison Officer

_____Provide vehicle and pedestrian traffic control

_____Ensure security of food, water, medical / vaccine supplies, fuel, and other resources

_____Ensure all safety and security personnel document all actions and observations

_____Establish fire watch / patrol if the fire alarm is out of service

_____Ensure regular briefings with safety and security personnel

_____Provide regular briefings to the Logistics Manager

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Food / Dietary Check Sheet

Role: Ensure continuity of food services throughout the emergency event for both residents and staff. Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage. Report to Logistics Manager.

Name: _____

Time (Note Below)Task

_____Meet with dietary staff not involved in emergency operations

_____Estimate the number of meals which can be served with existing inventory

_____Inventory the supply of emergency drinking water

_____Update the Logistics Manager regularly

_____Coordinate the acquisition of food supplies

_____Anticipate the need of staff breaks

_____Project needs for any incoming patients (Code Orange)

_____Arrange for dietary assessment of any incoming patients

_____Working with the Logistics and Administration Manager, make arrangements for outside food services (if required)

_____Screen food received from alternate sources (e.g. volunteers or donations)

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Human Resources Check Sheet

Role: Collect, inventory and assign staff and volunteers as needed. Provide for long term scheduling for extended events. Document scheduling and hours worked. Report to the Logistics Manager.

Name: _____

Time (Note Below)Task

_____Collect and inventory available staff at a central point

_____Receive requests and assign available staff as required

_____Call back off duty staff and volunteers as required

_____Establish a pool of volunteers identifying skill levels

_____Credential all volunteers arriving

_____Brief the Logistics Manager frequently as to staff/volunteer availability

_____Ensure documentation of all staff arriving and leaving, time sheets etc.

_____Provide time sheet tabulations to the Administration / Finance Manager

_____Establish staff rest area as required

_____Work out scheduling for long term events to maximize staff utilization

_____Monitor staff and volunteers for signs of stress / inappropriate behaviour

_____Provide for Employee Assistance Program as required

_____Provide for staff rest and relief

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Safety – Job Action Sheet

Role: Monitor and have authority over the safety of operations.

Name: _____

Time (Note Below)Task

_____Receive appointment and briefing from the Incident Manager

_____Read this entire Job Action Sheet

_____Put on a Safety Officer vest

_____Communicate with the IMS team to determine safety / security concerns

_____Advise the Incident Manager and IMS team immediately of any unsafe, hazardous or security conditions

_____Appoint Assistant Safety Officers, as required, to assist in monitoring site safety

_____Provide direction to any person performing a task in a hazardous manner to ensure all workers are performing tasks in a safe manner

_____Attend IMS Team meetings

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Liaison- Job Action Sheet

Role: Function as incident contact person for representatives from other agencies

Name: _____

Time (Note Below)Task

_____Receive appointment and briefing from the Incident Manager

_____Read this entire Job Action sheet

_____Establish a list of key contacts from other agencies

- MOHLTC
- Community Care Access Center (CCAC)
- Public Health
- EMS: 9-1-1
- Municipal Emergency Operation Center (EOC)

Other agencies _____

_____Code Orange - obtain information on the number of incoming persons that can be received and the type of care that can be provided

_____Code Green - obtain information on the number of residents that need to be transferred and the type of care required

_____Keep MOHLTC contacts updated

_____Request assistance from other LTC facilities or agencies

_____Request assistance from municipal agencies

_____Respond to requests and issues from the IMS team regarding organizational issues

_____Assist the Operations and Logistics Managers in soliciting additional staffing resources from other agencies (as required)

_____Appoint Liaison support staff as required

_____Attend IMS Team meetings

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Public Information – Job Action Sheet

Role: The Public Information function organizes communications with the families, stakeholders and the media (as appropriate) and provides information updates.

Name: _____

Time (Note Below)Task

_____Receive appointment and briefing from the Incident Manager

_____Read this entire Job Action sheet

_____Identify restrictions in contents of news releases from the Incident Manager

_____Coordinate communications strategy for family members / stakeholders

_____If media are on-site, or expected, establish a Public Information area away from the area where the response is being coordinated and resident home areas. Inform on-site media of the physical areas which they have access to and those which are restricted. (Coordinate with security)

_____Issue an initial incident information report to the news media

_____Contact other involved agencies to coordinate released information. Keep the Liaison Officer informed on actions

_____Obtain a progress report from the IMS Team as appropriate

_____Establish communications with family members

_____Notify the media about casualty status

_____Establish a news briefing cycle as approved by the Incident Manager

_____Contact a media / communications expert, as required

_____Brief and prepare the Administrator or spokesperson speaking to the media

_____Prepare a list of possible questions anticipated from media, families etc.

_____Prepare a responses for anticipated questions

_____Manage any media conferences

_____Attend IMS Team meetings

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Administration/Financial – Job Action Sheet

Role: The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS team members and ensures documentation of all meetings.

Name: _____

Time (Note Below)Task

_____Receive appointment and briefing from the Incident Manager

_____Read this entire Job Action Sheet and attached sub-functions

(documentation, finance, legal, administrative support)

_____Review the checklists

- Documentation
- Finance
- Legal
- Administrative Support

_____Appoint Administration/Finance Support staff as required

_____Ensure documentation of all IMS Team meetings, decisions and actions

_____Monitor all expenditures and provide financial reports

_____Notify insurance companies and the facility lawyer of the incident.

(document time and who was spoken to)

_____Provide or arrange for administrative support to the IMS Team.

_____Attend IMS Team meetings

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Planning – Job Action Sheet

Role: The planning function develops scenario/resource projections for the senior management team and undertakes long range planning (more than 2 hours).

Name: _____

Time (Note Below)Task

_____Receive appointment and briefing from the Incident Manager

_____Read this entire Job Action Sheet

_____Establish a status board and keep it current

_____Research the factors surrounding the emergency

_____Ensure all IMS team members have appropriate policies/plans

_____Monitor the external influences (e.g. weather, utilities, staffing, supplies etc.)

_____Project the possible situation(s) in 2 hours (short term)

_____Prepare options to respond to the possible short term situation

_____Project the possible situation(s) in more than 2 hours (long term)

_____Prepare options to respond to the possible long term situation

_____Prepare a plan / strategy to restore the facility to normal operations

_____Estimate the resource requirements and financial implications (in cooperation with the Administration/Finance Manager) to return to normal operations

_____Attend IMS Team meetings

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Logistics – Job Action Sheet

Role: Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

Name: _____

Time (Note Below)Task

_____Receive appointment and briefing from the Incident Manager

_____Read this entire Job Action Sheet and attached sub-function check lists
(HR, Food/Dietary, Facilities Management, IT, Security, Purchasing)

_____Appoint assistants as required (insert names)

Human Resources _____

Food / Dietary Leader _____

Facilities Management Leader _____

Information Technology _____

Security Leader _____

Purchasing _____

_____Brief assistants on the situation and action plan

_____Establish a regular meeting cycle of Logistics Team members

_____Obtain a damage assessment from the Facilities Management Leader

_____Obtain needed supplies with the assistance of the Administration/Finance Manager

_____Attend IMS Team meetings

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Incident Manager- Job Action Sheet

Role: Organize and direct the emergency operations and ensure ongoing resident care. Give overall direction for facility operations and if needed, authorize evacuation.

Under normal circumstances, the Administrator will fulfill this role when the Senior IMS team is called together.

Name: _____

Time (Note Below)Task

_____Initiate the Incident Management System

_____Read this entire Job Action Sheet

_____Put on the Incident Manager (safety) vest

_____Appoint an Operations Manager (if required)

_____Appoint a Planning Manager (if required)

_____Appoint a Logistics Manager (if required)

_____Appoint an Administration/Finance Manager (if required)

_____Appoint an Information Officer (if required)

_____Appoint a Safety Officer

_____Appoint a Liaison Officer (if required)

_____Announce a status/action plan meeting of the IMS Team

_____Receive status report and discuss the initial action plan with the team

_____Receive initial facility damage survey report (Logistics function)

_____Obtain patient census and status from the planning manager

Section:	Subject:	Policy #:	
		Implemented	Reviewed
Approved by Director of Clinical Services			

_____Direct the Liaison Officer to establish contact with

- MOHLTC
- Community Care Access Center (CCAC)
- Other agencies _____

_____Authorize resources as requested by the IMS team

_____Establish a meeting cycle and ensure team meets as per meeting cycle

_____Communicate status to Chair of the Board of Directors or designee

_____Consult with the IMS Team on needs for staff and volunteer food and shelter

_____Approve media releases submitted by the Information Officer

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Operations – Job Action Sheet

Role: Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

Name: _____

Time (Note Below)Task

_____Receive appointment and briefing from the Incident Manager

_____Read this entire Job Action Sheet

_____Appoint Teams for each area of the operation (e.g. search teams, evacuation teams, nursing teams, as needed)

_____Brief all Teams for each area of the operation

_____Provide direction to the teams

_____Determine which teams are involved in the emergency and which teams are maintaining normal operations (Normal operations may be assigned to one team leader)

_____Provide direction regarding the emergency response actions for the incident (e.g. evacuation, search, reception etc.)

_____Coordinate staffing requirements with the Logistics Manager who will arrange for additional staff as required

_____Receive, coordinate and forward all requests for personnel and supplies to the Logistics Manager

_____Establish an advisory group as required (e.g. medical director)

_____Attend IMS Team meetings

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Administration Support Check Sheet

Role: Responsible to provide administrative support to IMS Manager and Team Leaders. Reports to Administration / Finance Manager.

Name: _____

Time (Note Below)Task

_____Determine the administrative requirements for each IMS team

_____Appoint administrative support staff / volunteers as required

_____Administrative support services may include appointing runners for messaging as required

_____Provide regular briefings to the Administration / Finance Manager

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Legal Check Sheet

Role: Responsible for receiving, investigating and documenting all claims reported. Review contracts. Report to Administration / Finance Manager.

Name: _____

Time (Note Below)Task

_____Receive and document alleged claims. Use photographs and video to document where appropriate.

_____Obtain statements from all claimants and witnesses

_____Enlist the assistance of the Safety Officer and Security Leader where appropriate

_____Update the facility's legal services and enlist their counsel as required

_____Review contracts or agreements being negotiated on short notice with vendors

_____Provide a summary of all alleged claims for the legal counsel and Administrator

_____Provide regular briefings to the Administration / Finance Manager

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Documentation Check Sheet

Role: Responsible to document and coordinate the documentation of all incidents and actions. Report to the Administration / Finance Manager.

Name: _____

Time (Note Below)Task

_____Document discussions, decisions, and actions from IMS Meetings

_____Receive a copy of all documentation/reports from all IMS Managers and organize the documentation

_____Ensure a copy of all outgoing and incoming faxes are maintained

_____Obtain a copy of all resident transfer charts for documentation protection

_____Maintain a chronological chart of all key incidents, actions etc.

_____Provide regular briefings to the Administration / Finance Manager

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Finance Check Sheet

Role: Monitor and document the utilization of financial assets. Oversee the financial requirements for the purchasing of supplies and equipment. Reports to the Administration / Finance Manager

Name: _____

Time (Note Below)Task

_____Monitor and document all purchases and expenditures

_____Maintain written reports summarizing financial data relative to personnel costs, supplies and miscellaneous expenses

_____Monitor current financial balances and credit limits

_____Request approval to extend lines of credit or other banking services as required

_____Negotiate terms of payment for supplies and emergency purchases

_____Document expenditures for reimbursement submissions – MOHLTC

_____Provide regular briefings to the Administration / Finance Manager

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Facilities Management Check Sheet

Role: Maintain the integrity of the physical facility and provide adequate environmental controls.
Report to Logistics Manager

Name: _____

Time (Note Below)Task

_____Coordinate facilities maintenance staff who are not involved in emergency operations

_____Conduct a damage/operational assessment

- Structural
- Electrical
- Generator
- Water and sanitary waste management
- Heating / Cooling
- Natural Gas
- Fuel supply
- Elevators
- Other

_____Control observed hazards, leaks, and contamination or notify emergency services (9-1-1) as appropriate

_____Ensure the Safety Officer is notified of any hazardous situations

_____Coordinate with contracted facility maintenance contractors and utilities

_____Identify areas for immediate repair

_____Arrange for a structural engineer to assess the facility if required

_____Photograph and document all damage

_____ Identify areas where immediate salvage could save critical services and equipment

_____Assign staff to repair efforts

_____Establish alternate sanitation systems (portable toilets, hand washing areas) if required

_____Provide regular briefings to the Logistics Manager

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Collision Reporting Forms

PROCEDURES

THE ATTACHED FORMS WILL BE USED IN THE EVENT OF A MOTOR VEHICLE COLLISION OR A MECHANICAL FAILURE INVOLVING A VEHICLE OPERATED BY UNIVERSALCARE.

ACCIDENT RESPONSE

1. In the event of any accident while driving a home vehicle or any vehicle while transporting home passengers, the following procedures will be followed:
2. Call 9-1-1 if injuries, fuel spillage, fire or any risk of other hazard
3. If there are not any injuries, fuel spillage or hazards call Police non-emergency number or proceed to the closest collision reporting centre
4. Evacuate the vehicle if there is any risk to passengers by remaining in the vehicle. Where possible, evacuation will be completed through the normal vehicle doors
5. If there is fire, smoke, or normal entrances are blocked, emergency exits shall be utilized. Where possible, one employee / volunteer will assist the passenger from inside the vehicle and one employee / volunteer will assist from outside the exit
6. Provide first aid to any injured persons
7. If there is no risk of fire or other immediate hazard to the passengers, they should remain in their seats. Injured persons should not be moved unless remaining in their location puts them at greater risk (e.g., need to evacuate)
8. Call the home and ask for your supervisor
9. The supervisor will notify the Administrator of any accident
10. Exchange the following information with any other vehicles involved in the accident:
    - License plate
    - Vehicle description (make, model, colour, approximate year)
    - Driver's name, address, license number
    - Insurance company / policy number
    - Ownership registered to (name, address)
11. Complete the accident report form and submit to the Administrator
12. A disposable camera will be kept on board each home) vehicle. The driver or other staff will take photos of any damage to the home) vehicle, other vehicles involved, or any property damaged. A photo of the intersection or roadway will assist in confirming the weather conditions
13. The Administrator will determine if a manager proceeds to the accident scene (if safe to do so). This would be to assist or provide guidance to any staff, volunteers, residents, or clients involved in the accident, take photographs of the accident, secure property, liaise with police or others

MECHANICAL BREAKDOWN

1. In the event of a mechanical breakdown, move the vehicle to a safe location off the traveled portion of the road, if possible
2. Call the home and ask for your supervisor
3. If the vehicle is in a dangerous location due to other traffic, notify the Police
4. Use reflective triangles to indicate a disabled vehicle

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Home Name: **MOTOR VEHICLE COLLISION REPORT**

Vehicle Owner's Particulars (PLEASE COMPLETE IN BLOCK LETTERS)

Full Name / Company

Occupation Or Business

Address

P/Code

Ph. Home Work

Mobile Fax

Email

Driver's Particulars (PLEASE COMPLETE IN BLOCK LETTERS)

Mr /Mrs /Ms Surname Other Names

Occupation

Address

P/Code

Ph. Home Work

Mobile Fax

Email

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Your Vehicle

Year Of Manufacture Make Model

Body Type Colour

Registration No. Manual/Automatic

Your Insurance Details

Name Of Your Insurance Company

Policy No.

Accident Details

Date / / Time Location

Weather Conditions (✔) Wet ☐ Dry ☐ Foggy ☐ Sunny ☐ Overcast ☐ Other

Speed Allowed Km/ph Speed of Your Vehicle? Km/Ph Speed of Other Vehicle? Km/Ph

What Warning Was Given by You (Horn Or Other)

Road Conditions (Paved, Wet, Snow, etc.)

Did Anyone Admit Fault? If Yes, Who?

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Accident Description (**PLEASE COMPLETE IN BLOCK LETTERS**) To Be Completed By Driver

Add Another Page If Required

State Conversation With Other Drivers Witnesses Of Others

Was Your Vehicle Drivable? Y ☐ N ☐ If No, Name Of Towing Company

Location Of Vehicle

Vehicle Damage (describe vehicle damage)

Your Vehicle _____

_____

Other Vehicle(s) _____

_____

_____

PLEASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS, STOP & YEILD SIGNS

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Indicate As Follows

Street/Intersection

Curved Street

Pedestrian

Your Vehicle

Other Vehicle
(Direction Of Traffic Shown by Arrow)

Indicate Traffic Control
Signs e.g. STOP (Sign)

Indicate Direction Of
North By Arrow

Particulars Of All Passengers In Your Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Name _____ Age _____ Sex M / F Ph _____

Address _____ P/Code _____

Police

Did The Police Attend? Y ☐ N ☐ If No, Was The Accident Reported To The Police? Y ☐ N ☐

If Yes, Which Police Station? _____ Date Reported ___/___/___

Name Of Attending Police Officer Police No.

Did Police Charge Anyone? If Yes, Who?

Nature Of Charge

Did You Consume Any Alcohol Or Take Any Drugs 12 Hours Prior To The Accident? Y ☐ N ☐

Did You Undergo A Breath Or Blood Test Analysis? Y ☐ N ☐ If Yes, What Was The Result?

Driver Of Other Vehicle (PLEASE COMPLETE IN BLOCK LETTERS)

Vehicle 1

Name D.O.B. / /

Phone No. Mobile

Address

P/Code

License No.

Name Of Registered Owner

Address

Phone No. Registration No.

Make Of Vehicle Model

Witness 2 – If Applicable

Name _____ Phone No. _____

Viewed Accident From _____

Address _____

_____ P/Code _____

Declaration

I declare the aforementioned to be true and correct.

Name Of Driver(print) _____

Signature Of Driver _____ Date: _____

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VEHICLE CIRCLE CHECK

Date/Time: _____ Vehicle # or license plate: _____

Name: _____ Signature: _____

To be completed at the beginning of each shift and the changing of drivers.

- ☐ Check fuel tank and fuel cap
- ☐ Adjust seat and mirrors
- ☐ Start engine
- ☐ Check horn, wipers, and all gauges
- ☐ Check emergency equipment (First Aid kit, flares / reflectors, etc.)
- ☐ Check braking systems (main brake, emergency brake)
- ☐ Turn on lights (low beam and high beam),
- ☐ Turn signals, four-way flashers
- ☐ All lights
- ☐ Wheel lugs, nuts and tires
- ☐ Suspension and frame
- ☐ Doors, including emergency exits
- ☐ Seatbelts
- ☐ Check heater and defroster
- ☐ Check driver controls
- ☐ Insurance and Ownership documentation

Comments:

_____

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SUMMARY

The Administrator will maintain the responsibility to coordinate and direct all responses to all emergency situations.

PRE-PLANNING CHECKLIST

_____Conduct a Hazard Identification and Risk Assessment (HIRA)

_____Establish communication with the CCMC to determine area risks and municipal emergency plans.

_____Establish communications with the local hospital emergency management coordinator.

_____Establish communications with the local Home and Community Care Support Services (HCCSS) to review integrated emergency preparedness.

_____Establish communication with the local fire prevention and life safety officer of the local fire department to ensure the fire safety plan meets industry standards.

_____Be familiar with UniversalCare emergency preparedness plans.

_____Ensure an up-to-date staff call-out list is printed and distributed monthly, as appropriate.

_____Ensure an up-to-date resident list, including acuity of care, is printed, and distributed as per the emergency response plan requirements.

_____Identify and formalize letters of agreements with locations that can be used as an area of refuge and/or an evacuation site.

_____Identify and formalize letters of agreements with transportation services, including patient transfer services, taxi services, bus companies, vehicle rental services, to provide resources in the event of an emergency and/or an evacuation.

_____Identify and formalize letters of agreements with the pharmacy to provide emergency support of this will include the pharmacy having a business continuity plan to ensure the provision of medication in the event of an emergency at the pharmacy or in the community.

_____Identify and formalize letters of agreements with food service suppliers to provide emergency support. This will include the food service suppliers having a business continuity plan to ensure the provision of food service in the event of an emergency at the food supplier or in the community.

_____Identify and formalize letters of agreements with the bottled water supplier to provide emergency support.

_____A minimum onsite storage of 4L of water per resident. In addition, 4L of water per staff member in attendance, based on peak staffing.

_____Identify and formalize letters of agreements with the fuel supplier, for the emergency generator, to provide emergency support. This will include the fuel supplier having a business continuity plan to ensure the provision of fuel in the event of an emergency at the fuel supplier or in the community.

_____The Administrator will ensure that the emergency generator fuel tanks never go below half capacity.

_____Identify and formalize letters of agreements with PPE suppliers to provide emergency support. This will include the PPE supplier having a business continuity plan to ensure the provision of PPE supplies in the event of an emergency at the PPE supplier or in the community.

_____The Administrator will ensure a backup supply of PPE that will be rotated regularly to prevent expiration of supplies.

_____All staff will receive training on fire safety and emergency preparedness during their orientation and updated/reviewed annually.

_____The Administrator will ensure an accurate list of staff with the dates of training, as well as annual updates is completed.

_____Staff shall sign a form acknowledging training, and review of fire safety and emergency preparedness training, including recognizing that the policies are understood, and all questions have been answered or clarified.

_____Update the disaster boxes monthly.

_____The Administrator will complete all areas identified in the emergency response plan to ensure facility compliance and preparedness.

_____The Administrator will confirm, in writing, to the Vice President of Operations that all the preparedness steps have been taken and the staff are appropriately trained.

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Dietary Inventory

FOOD ITEMS	# OF DAYS IN INVENTORY	COMMENTS

SUPPLY ITEM	# OF DAYS IN INVENTORY	COMMENTS

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PUBLIC INFORMATION OFFICER CHECK LIST

Date:_____

Time Public Information Officer designated: _____

Incident: _____

Public Information Officer: _____

Incident Manager:_____

Director of Care on location: _____

Administrator on location: _____

Time:_____ briefed by Incident Manager.

Type of incident:_____

Time incident started:_____

Services on location or involved in responding to the incident.

EMS: 9-1-1

Police: 9-1-1

Fire: 9-1-1

Public Health

Public Works

Other:_____

Other:_____

Any injuries or deaths:

_____

_____

_____

_____

General actions being taken:

_____

_____

Issues of contention identified:

Time (Note Below)

_____Briefing with Administrator or Director of Care

_____Spokesperson identified:

_____Interview or press briefing time scheduled for:

_____Location for interview/briefing identified:

_____Length of interview / briefing:

_____Briefing notes.

Key points to communicate:

- The priority is the health and safety of our residents, volunteers and staff.
- All available resources required are being deployed.
- Working closely with emergency/allied agencies (identify key agencies).
- Working to ensure that the incident will not reoccur:

Other points:

Identify questions media/residents/families/stakeholders may ask:

Q:_____

A:_____

Q:_____

A:_____

Q:_____

A:_____

Q:_____

A:_____

Q:_____

A:_____

Q:_____

A:_____

_____Briefing /press release approved by Administrator / designate.

_____Copies of press release printed for distribution to press.

_____Record all interviews, briefings, or other discussions with the media

_____Notify the Administrator of any contentious issues that may be in the media

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Checklist - Scrum

Time

1. _____ Ensure that one person has overall charge of the plan (Administrator / Delegate)
2. _____ Designate a central communication area.
3. _____ Arrange where evacuees are to go.
4. _____ Establish liaison with administration of area of refuge and evacuation sites.
5. _____ Decide how individual residents are to be transported.
6. _____ Make a list by departments of the necessary equipment to be evacuated.
7. _____ Notify the Department of Health authorities and other government departments as necessary.
8. _____ Call in staff as appropriate for evacuation assistance and as necessary to report to Command Centre.
9. _____ Delegate to one staff member in each area the responsibility of maintaining a resident head count.
10. _____ Ensure those residents requiring special medical attention (or nursing attention) are designated to go to the appropriate facility.
11. _____ Ensure sufficient medical documentation accompanies residents.
12. _____ Keep residents completely informed of the situation.
13. _____ Ensure that all residents are individually identified, including condition and diet; e.g. Tags or Resident identification bands/bracelets.
14. _____ Assign necessary personnel to the appropriate means of transportation.
15. _____ Assign necessary personnel as appropriate to inform families of situation by telephone.
16. _____ Ensure that families who decide to take responsibility for residents are properly informed as to the condition of the resident, receive the necessary medications and equipment, and are requested to leave a forwarding address.
17. _____ Ensure residents being evacuated are properly clothed and covered as appropriate.
18. _____ Double check all evacuated areas to ensure they are cleared.
19. _____ Restrict building to all unauthorized persons.
20. _____ Assign personnel as appropriate to handle telephone inquiries from families.
21. _____ Notify advisory physician and attending physicians of the situation.
22. _____ Ensure parking area is clear to allow sufficient room for evacuating and emergency vehicles.
23. _____ Make final check of empty building to ensure that all appropriate equipment is turned off, heat is lowered, windows and doors closed and locked.
24. _____ Ensure that all evacuated areas are sealed off/taped and appropriately secured. (Do not barricade as this makes it difficult for the fire department to access).
25. _____ Notify police that building is evacuated or with minimal staff on duty.
26. _____ Obtain security guards if appropriate.
27. _____ Post signs on door indicating whereabouts and phone number.

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Emergency Response Log/Scrum Log

DATE/TIME	ISSUE	ACTION

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Transfer and Discharge Record Form

SHEET #:			DATE:		
FACILITY:			"TD" SUPERVISOR:		
ASSIGNED #	NAME (R)*/(O)*	TRANSFERRED TO	NOTIFICATION OF KIN	EXIT LOCATION	TRIAGE TAG #

*(R) – Resident
*(O) - Other (staff, visitor, volunteer, etc.)

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Inventory Checklist Form

EQUIPMENT/ SUPPLIES ITEM	LOCATION #1 QUANTITY		LOCATION #2 QUANTITY		LOCATION #3 QUANTITY	
	IN	OUT	IN	OUT	IN	OUT

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Checklist - Receiving

1. ____ Phone all required available staff and volunteers to report for duty. Only required help is solicited so as to prevent congestion and/or confusion. Plan to staff at higher ratios than normal.
2. ____ Organize the facility and equipment in preparation for the evacuees if opportunity available.
3. ____ Set up a central receiving desk to check in all residents and allocate the appropriate receiving area.
4. ____ Check in equipment received, record and allocate as necessary as per Inventory Checklist. Ensure equipment is labeled as well.
5. ____ Ensure that all residents received are appropriately identified as to name, condition, and diet.
6. ____ Delegate supervisory responsibilities to senior staff available.
7. ____ Designate areas and responsibilities to all staff and volunteers.
8. ____ Assess and identify a care level for all residents received.
9. ____ Notify advisory physician about the situation and quantity of temporary admissions.
10. ____ Orientate unfamiliar staff and residents to the facility and explain the necessary regulations.
11. ____ Keep residents and staff informed of current status of evacuation.

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CODE GREEN
INCIDENT MANAGER CHECKLIST

Initial Incident Manager: _____

Date: _____

Time (Note Below)

_____Determine the type of emergency _____

_____Determine the need for a Code Green (persons in danger)

_____Determine the extent of a Code Green (partial or total evacuation)

_____Activate Stage 1 Fire Alarm

_____Activate Stage 2 Fire Alarm for a total evacuation

_____Advise all staff of the location of the “Code Green”

_____Delegate a staff member to announce “Code Green (location)” x3 on the paging system

_____Call 9-1-1 stating the type and location of the emergency

_____Initiate the staff call back list

_____Contact transfer facilities, ensure they have the appropriate resources to accept residents

_____Retrieve Evacuation Kit from reception or a nursing station

_____Designate two outside exits for safe Resident pickup sites

_____Delegate Registered Staff or Department Head for each pickup site to supervise and be responsible for liaison with the Incident Manager

_____Direct the activities of all Home personnel

_____Maintain a record of evacuees (attached Evacuation Log)

_____Notify the Fire Department (9-1-1) or appropriate agency of persons not accounted for and their last known location

_____Ensure all residents are identified with name badges and transfer information tags

_____Coordinate the transportation of residents

_____Be responsible for listing the residents' destinations

_____Transporting the residents' charts to the place where residents have been relocated

_____Remove staff schedules, visitors and volunteer logs to the command post to assist with a safety accountability of all staff

_____Provide for the continuing care of the residents

_____Establish a meeting of the senior IMS team

_____Appoint a Liaison Officer to maintain communications with Emergency Services

_____Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies

_____Appoint a safety officer to monitor the safety of all personnel in the building other than emergency service personnel

_____Appoint a Public Information Officer

_____Establish other IMS team functions as necessary

_____Notify the MOHLTC

_____ Notify the Vice President of Operations and the Medical Director

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CODE BLACK – BOMB THREAT
INCIDENT MANAGER LOG/TIME SHEET

Incident Manager: _____

Time (Note Below)

_____ Time original threat received

_____Original Threat reported to Charge Nurse by _____

_____The Charge Nurse becomes the Incident Manager until relieved by a more senior staff member

_____ The Incident Manager advises all staff and visitors “Code Black – Please turn off all cell phones and wireless phones.” (repeat three times)

_____Police notified via 9-1-1, by person who received the threat

_____Command post established in the Board Room/Equivalent (rooms must be searched)

_____If the threat identified a specific location or a suspicious object located commence an evacuation of the floor - staff assigned to search all other areas to ensure there is not a secondary device

_____If the threat is non-specific, staff assigned to search the entire facility

_____Police arrived at the Home

_____Police assess the situation and provide direction
_____
_____
_____

_____Administrator or delegate notified (initiates Call Back List)

_____*MOHLTC notified (1-866-434-0144)

Administrator will determine if the senior IMS team needs to be organized

Staff assigned to first search areas

Time (Note Below)

_____Staff assigned to search the basementteam leader _____#_____

_____Staff assigned to search 1st floor North Wing team leader _____#_____

_____Staff assigned to search 1st floor East Wing team leader _____#_____

_____Staff assigned to search 2nd floor North Wingteam leader _____#_____

_____Staff assigned to search 2nd floor East Wing team leader _____#_____

_____Staff assigned to search 3rd floor North Wingteam leader _____#_____

_____Staff assigned to search 3rd floor Central Wingteam leader _____#_____

_____Staff assigned to search the roof team leader _____#_____

_____Staff assigned to search grounds & parking team leader _____#_____

_____Staff assigned to search _____team leader _____#_____

_____ Staff assigned to search _____team leader _____#_____

Remind the team leaders to send one person back to the Incident Manager every 10 minutes.

Second search of the facility and grounds commenced

Time (Note Below)

_____Staff assigned to search the basementteam leader _____#_____

_____Staff assigned to search 1st floor North Wing team leader _____#_____

_____Staff assigned to search 1st floor East Wing team leader _____#_____

_____Staff assigned to search 2nd floor North Wingteam leader _____#_____

_____Staff assigned to search 2nd floor East Wing team leader _____#_____

_____Staff assigned to search 3rd floor North Wingteam leader _____#_____

_____Staff assigned to search 3rd floor Central Wingteam leader _____#_____

_____Staff assigned to search the roof team leader _____#_____

_____Staff assigned to search grounds & parking team leader _____#_____

_____Staff assigned to search _____team leader _____#_____

_____ Staff assigned to search _____team leader _____#_____

Remind the team leaders to send one person back to the Incident Manager every 10 minutes.

Suspicious package located

_____Suspicious package located.

Location: _____

By whom: _____

_____Police notified of suspicious package. Officer: _____

_____Police advise what areas need to be evacuated _____

_____
_____
_____

_____Code Green initiated for floor where package located and the area police advise – refer to Code Green policy

_____Searchers updated (continue searching other areas)

_____Administrator or delegate notified

_____MOHLTC (1-866-434-0144) notified by Administrator or delegate

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After all clear given

_____Initial debriefing completed at command post

_____MOHLTC Incident Report completed

Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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Threatening Call Information Report

When a bomb threat is received: Listen, be calm and courteous. Obtain as much information as you can. Try to write out the exact wording of their responses and the threat. Use the back of the page if required.

Questions to ask:

When will the bomb explode? _____

Where is the bomb? (Specific location): _____

What does it look like? _____

Why did you place the bomb there? _____

What is your name?* _____

Where are you calling from?*_____

*Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.

Date _____ Time Received _____

Approximate length of call _____

Identifying characteristics of the caller:

Sex _____Estimated age group _____

Accent _____

Voice (e.g. Loud, soft, effeminate) _____

Speech (fast, slow, nervous) _____

Diction (good, nasal, lisp) _____

Command of the language (articulate, poor, words out of context, mispronunciation)

_____

Manner (calm, emotional, vulgar) _____

Mannerisms (pet phrases, uncommon words) _____

Anything familiar about the voice _____

Any background noises _____

Does the caller seemed to be familiar with the area or building _____

_____

_____

What phone line was the call received on _____

Use the back of the sheet to add as many details as possible

Call police 9-1-1. Time called: _____

Notify Immediate Supervisor or Charge Nurse. Time notified: _____

Notify Administrator and Director of Care. Time notified: _____

FOLLOW CODE BLACK PROCEDURES

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CODE PINK – SUMMER WEATHER NOTICE
INCIDENT MANAGER CHECKLIST

_____Morning check of weather

_____30 minutes checks of local weather

Time: _____

Time: _____

Time: _____

Time: _____

Time: _____

Time: _____

_____Severe thunderstorm warning for jurisdiction, monitor weather every 15 minutes until warning has been cancelled.

_____Tornado warning for immediate area, page Code Pink three times.

The following applies to Code Pink:

_____Move all residents to corridor and to internal central areas, away from windows

_____Close all drapes

_____Move beds of residents, who are bed ridden, into corridors.

_____Instruct visitors to remain in corridors with residents.

_____Monitor weather stations continually until tornado warning has been cancelled.

Record time of cancelled tornado warning: _____

_____Code Pink all-clear paged after tornado warning cancelled.

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CODE GREY – AIR EXCLUSION
INCIDENT MANAGER'S CHECKLIST

Incident Manager: _____

Time (Note Below)

_____Notification received from: _____

Agency (Local Emergency Departments): _____

Contact Information: _____

Were Local Emergency Departments Called_____

Known information:
_____
_____
_____

_____Notify all staff of the Code Grey

"Code Grey – please close all open windows and exterior doors"

_____Director, Property and Environmental Services notified

_____Administrator or designate notified

_____ External Ventilation system shutdown

____All exhaust fans shutdown (if applicable)

____Were automatic doors disconnected

_____Assign staff to each entrance to restrict the exit of residents, staff and visitors from the facility to reduce harmful effects from outside air. Ensure that each door closes completely before opening the next door in the vestibules. (Although you cannot legally prevent a person from exiting the building, you can explain the potential hazards of the outdoor air quality.)

_____Monitor residents, staff and visitors for abnormal breathing difficulties

_____Establish contact with the local emergency services (Fire / Police) as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility

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CODE BROWN – HAZARDOUS MATERIAL SPILL
INCIDENT MANAGER CHECK LIST

Date:_____Incident Manager:_____

Time (Note Below)

_____Time spill discovered

Person discovering the spill_____

Location of the spill
_____

Substance Spilled (if known)
_____

_____RHA Leader or Supervisor notified will assume the role of Incident Manager until relieved of the role by the Director, Property and Environmental Services or delegate

Name of initial Incident Manager: _____

_____Cordon off the area and establish a safety perimeter

_____Determine if an evacuation is required: YES NO (circle)

_____Page Code Green (location) x3 if emergency evacuation or area required

_____Administrator or delegate notified if evacuation is required, or injuries occurred

_____Incident Manager will notify all staff of the “Code Brown” identifying the location (floor/area)

_____After hours notify the Manager of Support Services or delegate to determine if maintenance staff should be called in

If the spill is of a flammable material or there are any injuries/illness from the spilled material:

_____Call 9-1-1

_____Clear the area of all persons

_____Ensure there are no sources of ignition

_____Ventilate the area by opening windows (if safe to do so)

_____Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes. Contaminated clothing left for Spill Response Team to determine disposal or cleaning methods

_____Fire Department arrival (if 9-1-1 called)

_____EMS arrival (if 9-1-1 called)

_____Police arrival (if 9-1-1 called)

_____Maintenance Staff Response

Time arrived

_____Maintenance Staff arrive at the location to assess the situation

Name: _____

Name: _____

Certified worker rep of the Health & Safety Committee

_____Name:

Additional team members:

_____Name:

_____Name:

_____Name and quantity of the substance spilled determined

_____Material Safety Data Sheet(s) obtained

_____Appropriate Personal Protective Equipment (PPE) for the spill available and utilized

_____Floor drains and other means of environmental release protected

_____Public Works notified if spill reaches floor drains or has other environmental release

_____Maintenance staff initiate clean up (if it is within their capability)

_____Contaminated material cleaned up properly contained and labeled

_____External assistance requested of commercial spill response team (if required)

Name and contact information of external support requested:

Company Name: _____
Contact Person: _____

Telephone: _____
Other contact info: _____

_____Administrator or delegate notified of external assistance request

_____Administrator or delegate initiates the senior IMS Team if external assistance is required

_____MOHLTC notified immediately of any evacuation

_____Ministry of Labour notified of any critical injuries to staff

_____Proper disposal of waste material

Method of disposal: _____

Name of disposal company: _____

Contact information: _____

Date / Time of removal:_____

_____Surface of spill area decontaminated

Method of decontamination:_____

_____All clear given

_____Incident Report completed

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CODE YELLOW- MISSING RESIDENT
INCIDENT MANAGER CHECKLIST

Resident Name: _____

Incident Manager: _____

Time:(Note Below)

_____RHA Leader notified within 5 minutes of being noticed missing (current time)

Missing resident reported to RHA Leader by: _____

Time noticed missing by the staff member: _____Date: _____

RHA Leader becomes the Incident Manager until relieved by a more senior staff member

_____Search of wing initiated

_____Check resident sign in/out sheets

_____Advise all staff that you are looking for a specific resident

_____ Announce, or have announced

“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”

“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”

“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”

_____Contact visitors who may have been visiting the resident

_____Call other units / program areas to determine if the resident is on another

_____Delegate a staff member to check external sitting areas

10 minutes after RHA Leader notified (total of 15 minutes since resident went missing) regardless of the completeness of the current search for the resident:

_____Advise all staff of a “Code Yellow” including the wing and resident name

_____Police notified 9-1-1

_____Complete Missing Persons Report

_____Police arrived at facility

_____Advise the police if the resident is registered with the Alzheimer’s Society Wandering Registry so the police can access the file on their CPIC (computer) system

_____Retrieve Disaster Box box from reception for access to emergency numbers and equipment

_____ Activate the staff call back list if outside of weekday business hours

_____Notify the Administrator or Administrator on call

_____ Notify the Medical Director and Director of Care

_____Obtain and distribute photo of the resident to all searchers

_____Ministry of Health notified

_____Family of missing resident notified.

Family member name _____

By whom _____

Outline below your: Initial Search of the Facility and Grounds

_____

_____

_____

_____

Outline your: Second Search of the Facility and Grounds

Initial Surrounding Community Search

1. Community Search must be done in pairs. Searchers must have cell phone contact.
2. The search will be made from safe locations (e.g. sidewalk) and not put the search teams at risk.
3. The police will do a more thorough search of the areas.

Outline your findings below:

Second Search of the Surrounding Community

1. Community Search must be done in pairs. Searchers must have cell phone contact.
2. The search will be made from safe locations (e.g. sidewalk) and not put the search teams at risk.
3. The police will do a more thorough search of the areas

Use Additional Sheets for Notes

_____
_____
_____
_____
_____
_____

Resident Located

Time (Note Below)

_____Resident LocatedWhere: _____

By whom: _____

Resident Condition:
_____

_____Medical Assessment or EMS required:
_____

_____Family Advised

_____Police advised (9-1-1)

_____Searchers advised

_____Administrator Advised

_____Director of Care Advised

_____Medical Director Advised

_____Board Chair Advised

_____*Ministry of Health - regional office – notified

_____Initial Debriefing

_____Ministry of Health Incident Report completed

Comments:

Section:	Subject:	Policy #:	
		Implemented	Reviewed
Approved by Director of Clinical Services			

*** asterisk notes calls made by the Administrator or Director of Care**

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MISSING RESIDENT SEARCH

Resident Name:	Room Number:	Physician's Name:

Date:	Time Last Seen:	Time Discovered Missing:

Physical Information

Age:	Height:	Weight:
Hair Colour:	Eye Colour:	Glasses: Yes ❒ No ❒

Special Identifying Features (i.e. walker, cane, etc.):

Description of Clothing Last Seen Worn:

Photograph Available: Yes ❒ No ❒

Searched

Time search began:	Staff Members Searching:
Time search complete:	

Area	Search Completed		Area	Search Completed	
Bedroom Areas (under beds, closets, etc.)	Yes ❒	No ❒	Elevators	Yes ❒	No ❒
Bathrooms	Yes ❒	No ❒	Stairwells	Yes ❒	No ❒
Lounges/Common Areas	Yes ❒	No ❒	Hidden Areas	Yes ❒	No ❒
Kitchen	Yes ❒	No ❒	Grounds	Yes ❒	No ❒
Staff Lounge	Yes ❒	No ❒	Vehicles/Parking lot	Yes ❒	No ❒
Laundry Rooms	Yes ❒	No ❒	Bushes	Yes ❒	No ❒
Storage/Service Areas	Yes ❒	No ❒	Sheds	Yes ❒	No ❒
Dining Room(s)	Yes ❒	No ❒	Roads	Yes ❒	No ❒

Outcomes

Resident found?	Yes ❒	No ❒	Search Completed - Resident not found and confirmed missing.
Location Resident found:			
Required Notification Complete? See Resident Found Chart	Yes ❒	No ❒	See Resident Missing Chart.
Resident Assessed by MD?	Yes ❒	No ❒	

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MISSING RESIDENT SEARCH

Resident Confirmed Missing (after search)		
Notifications that Resident Missing	Notified by:	
Position	**Name**	**Time Called**
Administrator		
Director of Care/Clinical Director		
Corporate Office		
Attending Physician		
Ministry of Health/RHRA		
Family/Next of Kin		
Relationship to resident:	Telephone #:	
Address:		
Police Notified: Yes ❒ N/A ❒	Office Name:	
Time Called:	Badge No:	

Nurse Manager Signature: _____ Date: _____

Administrator/GM Signature: _____ Date: _____

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MISSING RESIDENT SEARCH

Resident Found
Assessment of resident's condition when found:

Notification that Resident Found	Notified by:	
Position	**Name**	**Time Called**
Administrator		
Director of Care/Clinical Director		
Corporate Office		
Attending Physician		
Ministry of Health/RHRA		
Family/Next of Kin		
Police N/A ❒		
Physicians Orders (if applicable):		

Reporting/Action Plan		
Safety precautions to prevent re-occurrence:		
Incident Report Documented	Yes ❒	No ❒
Charting completed	Yes ❒	No ❒
Care Plan Updated	Yes ❒	No ❒

Nurse Manager Signature: _____ Date: _____

Administrator/GM Signature: _____ Date: _____

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CODE WHITE- VIOLENT SITUATION
INCIDENT MANAGER CHECKLIST

Incident Manager: _____

Reporting Staff Member: _____

Time (Note Below)

_____Call police 9-1-1

_____Announce Code White 3 times

- "Code White (location)"
- "Code White (location)"
- "Code White (location)"

_____Direct staff to remove all persons from the area of the threat

_____Identify (if possible) the identity of the person(s) involved

_____Determine if any weapons are involved

_____Only as a last resort to stop an ongoing attack (and no weapons are involved), assemble a team to restrain the threat – 5 to 6 people to simultaneously intervene)

_____Confirm that a staff is meeting the police at the main entrance with directions and alternate access to situation

_____Delegate a person to notify the Administrator or Administrator on call

_____Update the police within 5 minutes of the first call

_____Ensure first aid is provided (when safe to do so) and EMS is called for any injuries. Injured staff are to report to the First Aid Room if possible

_____Ensure WSIB reports are completed for any injured staff

_____Ensure all staff involved in the incident (including those involved in evacuating the area) complete an incident report on their observations and actions – prior to leaving

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CODE WHITE- VIOLENT SITUATION- RESIDENT

INCIDENT MANAGER CHECK LIST

____Upon discovery of a situation of where a resident is exhibiting responsive behavior that could potentially harm the resident or others, notify other staff of code white

____Remain with resident, however, outside of the reach of any responsive behavior

____Notify registered staff – registered staff to respond to site

____Code White paged over paging system 3 times

____Remove if safe, all the residents/visitors from the area, establishing a safe perimeter

____Remove if safe, objects that can be used as weapons from the area

____Review resident chart for orders

____Contact physician for orders

____If the resident does not settle and continues to pose a risk, contact the physician regarding Form 1 under the Mental Health Act. If the resident is Formed call 911 for transport to the hospital for assessment.

____If situation is deescalated assign one on one staffing for the remainder of the shift

____Incident Manager/Registered nurse/Designate shall debrief all staff on how situation was handled

____Complete incident report form and forward to the Joint Occupational Health and Safety Committee for review

____Administrator to notify the Director of Senior Living of all incidents that result in injury of anyone or during the transfer of a resident to the hospital

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CODE RED- FIRE
INCIDENT MANAGER/FIRE WARDEN CHECKLIST

Initial Incident Manager / Fire Warden: _____

Date: _____

Time: _____

_____Determine the source of the fire (alarm) or smoke

_____Ensure the fire alarm system has been activated

_____Ensure all staff are notified of the location of the fire

_____Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm

_____Appoint a person to meet fire fighters at the front door, ensure the front door is unlocked and call the elevators to the first floor

_____Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g. smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate

At the fire area:

_____Ensure evacuation of the fire area begins immediately after the announcement of the “Code Red” for that area starting with the rooms closest to the fire location

_____Maintain a record of residents evacuated

_____Assign staff to monitor exit doors and account for all residents and visitors in the area

_____Provide assistance to the Fire Department as requested

In the evacuation area:

_____Complete an accounting (head count) of evacuated residents and staff Ensure all persons are accounted for

_____If persons are missing notify the Fire Department

After the incident has concluded

Once the incident has concluded, the Incident Manager / Fire Warden will:

_____Have “All Clear” announced to all staff

_____Reset the fire alarm system(s), mag lock system, and elevators

_____Ensure that the Director, Property and Environmental Services or designate is advised of any fire equipment that was used

_____Complete the appropriate incident reports and forward a copy to the Administrator

_____Document staff in attendance and forward the list to the Director, Property and Environmental Services

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CODE BLUE – RESIDENT-MEDICAL EMERGENCY
INCIDENT MANAGER CHECK LIST

_____Upon discovery of a resident in medical distress, assess for CPR or no CPR assess DNR is yes or no

_____Request assistance form another staff member and initiate CPR as appropriate and continue CPR until Paramedics arrive

_____Page Code Blue with the location, if paging is available, where paging is not available designate a staff member to call other unit(s)

_____Assign staff member to call 911

_____Assign staff member to wait at the entrance to escort paramedics

_____All registered staff will respond to the location

_____Management team in the home to respond to the location

_____PSW in the resident-home area will respond to the location, but not put at risk any residents by leaving (e.g., in the bathtub/shower)

_____Have staff member bring medical equipment to the location

_____Create transfer record from Point Click Care along with a photocopy with the CPR Record, MOHLTC DNR Form and the Medication Administration Records

_____Notify family

____Notify Physician

_____Ensure appropriate documentation is completed in the resident's chart

_____Director of Care (DOC) notified as per home protocol

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CODE 99 – MEDICAL EMERGENCY
INCIDENT MANAGER CHECK LIST

Date:_____

Incident Manager: _____

Time (Note Below)

_____

_____Charge Nurse Notified of Medical Emergency

_____Patient originally observed / discovered by

_____"Code 99 (location)" Paged x3

Arrival times and names of the responding nursing staff Emerg Kit

_____ _____Y / N

_____ _____Y / N

_____ _____Y / N

_____ _____Y / N

_____ _____Y / N

The first arriving nurse will become the Incident Manager

A nurse will assess the patient and determine what interventions are required

Summary of Assessment

_____
_____
_____
_____

Summary of Interventions

_____
_____

_____

_____

_____EMS required? (Yes/No)

_____9-1-1 Called by whom

_____Person assigned to meet EMS

_____Advise any staff or volunteers not required to return to their normal duties

_____Notify the Administrator/Designate if the emergency is a critical incident involving a staff member, volunteer or visitor

- Critically injured - means an injury of a serious nature that:
- places life in jeopardy;
- produces unconsciousness;
- results in substantial loss of blood;
- involves the fracture of a leg or arm but not a finger or toe;
- involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- consists of burns to a major portion of the body; or
- causes the loss of sight in an eye.

As defined by Regulation 834 of the Occupational Health & Safety Act

_____Administrator/Designate notifies the Health & Safety Committee of critical injuries to any staff, contracted staff or volunteer

_____Administrator/Designate notifies the Ministry of Labour of critical injuries to any staff, contracted staff or volunteer

_____Next of Kin notified as appropriate _____

_____Assessment and interventions summarized on Incident Report

_____Incident Report submitted to MOHLTC where appropriate

_____First Aid Kit and Emergency Kit restocked

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CODE ORANGE – EXTERNAL EMERGENCY
INCIDENT MANAGERS CHECK SHEET

Date: _____

Incident Manager:_____

Time (Note Below)

_____

_____Call Received

Caller's Name: _____

Organization:_____

Contact phone: _____

Cell phone: _____

Contact email:_____

Estimated number of incoming patients: _____

Demographics of incoming patients:

_____
_____
_____
_____

Circumstances of relocation: _____

Where patients are arriving from: _____-

Estimated time of arrival: _____

ETA less than 3 hours (180 minutes) – immediately notify all staff Code Orange

ETA greater than 3 hours (180 minutes): call together the Senior IMS team

_____Staff notified of Code Orange

_____Notify the Administrator or designate

_____Staff Call Back List initiated

_____First IMS Meeting – 20 minutes after Code Orange paged

Function assignments:

- Operations Name: _____
- Logistics Name: _____
- Planning Name: _____
- Administration/Finance Name: _____
- Safety Name: _____
- Liaison Name: _____
- Communications Name: _____

Tasks to be addressed by the IMS Team

_____Call the original caller to reconfirm the data on incoming patients

Information: _____

_____

_____

_____

_____Evaluate the capability of (insert name) Home to assist in the incident

_____Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available

_____Security assigned to reception entrance

Name(s):_____

_____Access controlled – lock all exterior entrances

_____Receiving area for patient assessment determined

Location: _____

_____RN(s) assigned to patient triage / assessment area

Name(s):_____

_____Dietitian (if available) assigned to patient triage / assessment area

Name(s):_____

_____Social Worker (if available) assigned to patient triage / assessment area

Name(s):_____

_____Support staff assigned to patient triage / assessment area to maintain documentation

Name(s):_____

_____ID Tags for incoming patients

_____Location to house patients determined

Location(s): _____

_____

_____

Staff assigned to patient housing areas

_____Nursing staff

Name(s):_____

_____

_____

_____Social Work / Activation staff

Name(s):_____

_____

_____

_____Housekeeping staff

Name(s):_____

_____

_____

_____Dietary staff

Name(s):_____

_____

_____

_____Laundry staff

Name(s):_____

_____

_____

_____Administration support (documentation)

Name(s):_____

_____

_____

_____Clergy

Name(s):_____

_____

_____

_____Feeding plan determined

_____Overnight accommodations / facilities plan determined

Cots / Mattresses required

Blankets required

Assistance requested from:

_____MOHLTC

_____CACC (Central Ambulance Communication Center)

_____Emergency Management

_____Public Health

_____Red Cross

_____Local Grocery Suppliers: _____

_____Local Bedding / Linen Suppliers: _____

_____Other _____: _____

_____Other _____: _____

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Admissions/Discharge Record Form

RECEIVING CENTRE: _____ DATE: _____

#	TIME	NAME	ADMITTED FROM	DISCHARGED TO	TAG #	COMMENTS

SIGNATURE: _____

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Checklist- Post Event

1. _____ Thank everyone:
   - Residents that have been inconvenienced
   - Staff who have helped
   - Volunteers
   - Families
   - Media
   - Government agencies
   - Receiving facilities
   - Ambulance
   - Transportation
2. _____ Notify Government Agencies of residents who went home for billing purposes
3. _____ Take linen inventory to assess loss
4. _____ Take food inventory to determine costs/loss
5. _____ Take equipment inventory to assess loss
6. _____ Take supply inventory to determine costs by utilizing Inventory Checklist 03-15-07
7. _____ Investigate missing items immediately
8. _____ Establish additional staffing costs
9. _____ Reimburse staff for expenses due to travelling, etc.
10. _____ Establish total cost of evacuation
11. _____ Write a formal report

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Checklist - Returning to Evacuated Area

1. ____ Facility must be inspected and approved for resident re-occupancy by appropriate individuals or authorities; e.g.:
   - Air quality after gas leak, smoke fumes
   - Safety of water for drinking
2. ____ Notify appropriate government authorities about return
3. ____ Check all operational equipment and air the building out
4. ____ Designate a central control area for returning residents, staff, and equipment
5. ____ If needed, arrange for a meal or snack for returning residents, staff, and equipment
6. ____ Review lists of equipment to be returned and arrange return to designated control area
7. ____ Contact staff regarding scheduling for re-admission
8. ____ Notify advisory and attending physicians of return date and time
9. ____ Notify families about time and date of return. Schedule re-admission of residents who have been with families last
10. ____ Double check and identify residents as they disembark from the various means of transportation
11. ____ Assess and document resident status upon return to facility
12. ____ Ensure that residents and equipment are returned to appropriate areas
13. ____ Notify media and issue media statement
14. ____ Investigate missing items immediately

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Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
FLOODING

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Were residents and staff removed from the area or home area affected?		
2	Was the area assessed for secondary risks?		
3	Was the FLOOD PLAN initiated (if facility noted to be on flood plain)?		
4	Were steps taking to conceal the flood (if applicable)?		
5	Were a list of potential impacts created?		

Problems/Concerns:_____
_____
_____
_____

Corrective Action:
_____
_____/_____
_____

Signature: _____

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Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
ASSESSMENT AND TREATMENT CENTRE

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	Yes	No
1	Was an Assessment & Treatment Centre established close to an evacuation route & adjacent to a nursing station?		
2	Was the triage tag system utilized?		
3	Was the access to this area restricted to those injured and those required to deliver care?		
4	Was a resident information function established to provide information as it becomes available?		
5	For the residents that were not in immediate distress, were they taken to the Area of Refuge?		

Problems/Concerns:_____
_____
_____
_____
_____
_____

Corrective Action:
_____
_____
_____
_____
_____

Signature: _____

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Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM

EMERGENCY FAN OUT

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Are staff aware of the requirements of an emergency fanout list (i.e proximity)?		
2	Has the copy of the fanout list been provided to a nearby facility?		
2	Are staff able to identify where the emergency fanout list is located in the home?		
3	Were staff assigned who to call based on their role?		
4	If they were unable to reach the staff member, did they leave a message and move on to the next person listed?		
5	Was the number of staff recorded that were able to arrive at the facility?		
6	Was the number of staff recorded that were unable to arrive at the facility?		
7	Was the total time to call all staff recorded?		

Problems/Concerns:_____

_____

_____

_____

_____

Corrective Action:

_____

_____

_____

_____

_____

Signature: _____

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Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM

OPERATING AS A RECEIVING CENTRE

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

Pre-Planning

	Question	**Yes**	**No**
1	Are staff aware of the neighboring facilities from which the home would operate as a receiving centre for?		
2	Were the optimum # of transfers into the facility for days, evenings and nights identified?		
3	Were the types/levels of care that the home can accept outlined?		
4	Were all staffing contingencies and requirements discussed?		
5	Were supply needs and inventory checklist forms established?		
6	Was the staff emergency fan out list activated?		
7	Was documentation initiated for residents admitted for temporary accommodation?		
8	Was a Triage, Admission Desk and Command Centre established?		
9	Was a staff member designated to orientate evacuees to facility regulations?		
10	Was a checklist used to control the flow of supplies and equipment form receiving sites?		

Problems/Concerns:_____

_____

_____

_____

_____

_____

Corrective Action:

_____
_____
_____
_____
_____

Signature: _____

UNIVERSALcare

Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
TRIAGE CATEGORIZATION

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	Yes	No
1	Are staff aware of the emergency circumstance in which Triage categorization would be required?		
2	Were staff able to identify all Triage Tag colours?		
3	Were staff able to identify the meaning of each Triage Tag colour?		
4	Were staff aware of the location of the Tags in the Disaster Box?		
5	Were staff able to identify and associate the appropriate Tag colours based on the description of the resident's condition?		

Problems/Concerns:_____

_____

_____

_____

_____

_____

Corrective Action:

_____

_____

_____

_____

_____

Signature: _____

UNIVERSALcare

Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
CARBON MONOXIDE ALARM

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Were residents and staff removed from the area or home area affected?		
2	Were windows and outside doors leading to that area opened?		
3	Were all fuel burning appliances in the area (e.g., stove, dryer) turned off?		
	Were the Maintenance Manager/Designate and Administrator notified?		
4	Was a call for a service with the preferred vendor made?		
6	If residents / staff start feeling ill was call 9-1-1 called and a Code Green (Evacuation) commenced?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM-
NATURAL GAS LEAK

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

Natural Gas Odor

	Question	**Yes**	**No**
1	If a natural gas odour is detected, were the exhaust fans turned on to see if the dissipate the odour?		
2	If the odour persists, was the area ventilated?		
3	Was the maintenance man, charge nurse or designate informed?		
3	If a strong or visible leak was detected, was the natural gas shut off?		
4	Was the Fire Department called 911?		

Natural Gas Alarm (If available at your facility)

	Question	**Yes**	**No**
1	Was all equipment in the area turned off?		
2	Was the need for a Code Green Evacuation determined?		
3	Were all residents and staff removed from the affected area and beyond fire doors?		
4	Was the Fire Department called 911?		

Problems/Concerns:_____
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Corrective Action:

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Signature: _____

UNIVERSALcare

Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
LOSS OF POWER/UTILITY FAILURE- TEST OF EMERGENCY SYSTEMS

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Did emergency lights come on? (with or without generator)		
2	Was the local utility company called to report incident and obtain recovery timeline.		
3	Was the generator inspected to proper operation while running		
4	Was paper back up forms for documentation provided to nursing staff (MARS, Progress notes, Etc.)		
5	Was staff assigned to watch mag locked doors?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

UNIVERSALcare

Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
UTILITY FAILURE- LOSS OF WATER

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	Yes	No
1	Were the quantity of water bottles required and storage locations determined?		
2	Were water bottles distributed to resident home areas as required?		
3	Were arrangements for additional supply of water to be brought to the home?		
4	Were staffing levels reviewed and arrangements for extra staff made?		
5	Were use of portable toilet or toilet flushing alternatives arranged?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
LOSS OF HVAC SYSTEMS

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Were the systems inspected and reset if applicable?		
2	Was the preferred service vendor notified/service call made?		
3	Was the Hot Weather Prevention and Illness Plan Initiated (If applicable)?		
4	Were alternative plans for cold weather initiated (if applicable)?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
CODE PINK – TORNADO WARNING

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	Yes	No
1	When news of a tornado was "Code Pink" announced three times?		
2	Were all residents moved to the main corridor away from windows?		
3	Were all drapes drawn (to protect against breaking glass)?		
4	Were beds of residents who are bed ridden moved into corridors?		
5	Was the Tv/Radio left on to keep informed about tornado updates?		
6	Were all emergency items Assemble in a central area:		
	o Chart Rack;		
	o Dressing tray with supplies;		
	o Med Cart & all med bins;		
	o Urinals;		
	o Bedpans;		
	o Blankets;		
	o Flashlights;		
	o Portable phone;		
	o Staff phone numbers;		
	o Battery operated radio; L.O.A. Book		
7	Was Code Pink All Clear announced after warner lifted?		

Problems/Concerns:_____

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Corrective Action:

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Signature: _____

UNIVERSALcare

Please Note: The entire Policy must be reviewed prior to initiating the checklist.

RECORD OF ATTENDANCE FORM
CODE BLACK – BOMB THREAT

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Was the time of the incident recorded?		
2	Was the threat reported to the charge nurse or designate?		
3	Was a Code Black properly announced?		
4	Was 911 called by the person would first received/encountered the threat?		
5	Was the command post established?		
6	If a specific location or object was located, did an evacuation of the area commence?		
7	Were staff assigned to search the home for additional risks?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE GREY – EXTERNAL AIR EXCLUSION

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Was the time of the report documented?		
	Was Code Grey called 3 times?		
	Were all exterior doors and windows closed?		
	Were all residents who were outdoors brought in?		
2	Was external/internal air fans (HVAC) shut down by management or activating fire alarm?		
3	Were cooking surface and stove fume hoods, as well as dishwasher fans shut off?		
4	Were Bathroom/Toilet/Circulating Fans shut down (if applicable)?		
6	Were exist/entrance doors are monitored to ensues restriction?		
7	Were automatic doors to the exterior disconnected/shut off?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE BROWN – CHEMICAL SPILL

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

Manageable Spill: Protocol for Spill Clean-up Team

	Question	Yes	No
1	Was the Charge nurse/Designate notified?		
2	Was the area assessed by the Charge Nurse/Designate?		
3	Was the Director of Environmental Services/Designate notified?		
4	Was the area cordoned off and someone assigned to keep residents and visitors away from spill?		
5	Was the Code announced three times?		
6	Did the announcement include the spill location?		
7	Was the source of the spill identified and restricted?		
8	Was the name and quantity of the substance spilled, identified?		
9	If there are fumes, was the air handling system shut down to prevent the fumes from contaminating entire building?		
10	Was the Material Safety Data Sheets (MSDS) reviewed?		
11	Were the proper Personal Protective Equipment (PPE) utilized based on the MSDS sheet?		
12	Was the spill kit stored at the nursing storage obtained?		
13	Were all floor drains/other means of environmental release protected?		
14	Were the loose spill control materials distributed?		
15	Was necessary equipment available to discard of the spill materials once absorbed?		
16	Was a hazardous waste sticker completed?		
17	Was the surface where the spill occurred decontaminated?		

Unmanageable Spill: Flammable Material or any Injuries/Illnesses

	Question	Yes	No
1	If the spill is flammable was 911 called?		
2	If the spill is flammable, were all persons cleared of the area and were any sources of ignition removed?		
3	If anyone was contaminated, were they attended to?		
4	Was the Administrator/designate notified if spill is unmanageable by staff?		
5	Was the name and quantity of the substance spilled identified? (Where safe to do so)		
6	Was the Material Safety Data Sheet (MSDS) obtained?		
7	Was an evacuation determined if necessary?		
8	Was an arrangement for a commercial spill response team made?		
9	Was the arrangement made with the appropriate company?		
10	Was a Senior IMS team initiated?		
11	Was the MOHLTC notified if an evacuation or displacement of residents occurred?		
12	Was the Ministry of Labour notified if any critical injuries to staff occurred?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE YELLOW – MISSING RESIDENT

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General (on residents' unit/floor)

	Question	**Yes**	**No**
	First Phase: The First 5 minutes		
1	Was the resident sign in/out booked checked?		
2	Was a systematic search of the immediate area where the resident was last seen initiated?		
3	Was the start time of the search documented?		
4	Was the DOC/Designate notified?		
5	Did the nurse from the unit take the residents chart to the command post (reception desk) with a description of what the resident was wearing?		
6	Was the resident photograph in the chart photocopied for distribution to people searching for the resident?		
7	Was the floor plan located on the clipboards in the emergency pocket on each unit and department to document each area searched?		
	Second Phase: 10-minute time frame		
		Yes	**No**
8	Was Code Yellow called with the.. ○ Name of the resident ○ Residents room number ○ Clothes being worn ○ Any other distinctive features		
9	Was the message repeated three times?		
10	Was the message repeated 3 minutes after, if the resident did not return?		
11	Were the following areas rechecked: the areas resident may routinely visit; and the sign in/out sheets?		

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Third Phase: Escalated Situation 15 minutes after the first phase initiated

	Question	Yes	No
16	Was a 2nd Code Yellow by the Fire Panel called with the.. o Name of the resident o Residents room number o Clothes being worn o Any other distinctive features		
17	Was the Code Yellow paged after 5-minutes?		
18	Were the police notified with a description of the resident provided?		
19	Was a missing person report completed?		
20	Did the direct maintenance staff to bring the elevators down to the main floor and put on service with the doors open.		
21	Was the DOC, Administrator/GM (if not in building) contacted?		
22	Was the family contacted?		
23	If between 11pm-7am has the fan out list been started to increase search response?		
24	Were the outside ground checked?		
25	Was the physician notified?		
26	Was complete documentation of all actions just prior to the search, during the search and immediately after the search done?		
27	Did it include the following: o Time resident last seen and by whom o Time resident discovered as missing o Any unusal behaviour o Search procedures and involvement o Search procedures and involvement o Notification time of pertinent individuals		

Resident found

28	Notify: o The Police Services (9-1-1) o Resident POA o Administrator o Director of Care/Designate o Vice President of Operations o Medical Director o MLTC	Yes	No
29	Was “Code Yellow All Clear” called three times?		
30	Was the family notified?		
31	Was proper documentation in the progress note completed?		
32	Was the resident assessed?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE WHITE – VIOLENT RESIDENT

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	Yes	No
1	Did a staff member stay with the resident?		
2	Was the Code announced three times?		
3	Was the location of the situation announced?		
4	Did appropriate staff respond to the location?		
5	Did the nurse in charge assign task to staff who responded?		
6	Were residents in immediate danger removed from the situation?		
7	Were potential weapons removed from the area?		
8	Were visitors removed from the area?		
9	Was a safe perimeter established?		
10	Was the family contacted?		
11	Was the doctor contacted?		
12	Was a chemical/physical restraint order issued?		

Escalated Situation

13	Was the physician contacted regarding a Form 1 under the Mental Health Act?		
14	If so, were the police called?		
15	Was all information given to police?		
16	Was the Original Form 1 form sent to hospital with resident?		
17	Was the family notified?		

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De-escalated Situation

	Question	Yes	No
18	Was a one to one assigned to the resident for the rest of the shift?		
19	Did a situation debrief occur with all parties involved?		
20	Was a progress note completed, outlining: o Clearly identify the trigger if known o State what worked and what didn't work o What made the situation better, what made it worse o What actions did staff take o Who was called and when o Were restraints used or not o etc		
21	Was the resident's Care Plan Updated?		
22	Was a resident incident report completed?		
23	Was an employee incident report completed (if applicable)?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE WHITE – VIOLENT SITUATION

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Did the originating staff member of the crisis situation remove themselves from the situation?		
2	Was 911 called and provided with as much detail as possible?		
3	Was the Code announced three times?		
4	Was the location of the situation announced?		
5	Did appropriate staff respond to the location?		
6	Were residents in immediate danger removed from the situation?		
8	Were visitors removed from the area?		
9	Were tactical verbal communication and non-violent interventions used to deescalate the situation?		
10	Once the incident was controlled, was an all-clear announced?		
11	Was an incident report completed?		
12	For those residents affected an involved, were their POA's contacted?		

Problems/Concerns:_____
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Corrective Action:

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Signature: _____

UNIVERSALcare

Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE BLUE – RESIDENT MEDICAL EMERGENY

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Did one staff member stay with the resident while another was told to get help?		
2	Was Code Blue and the location announced three times?		
3	Was 911 called if required?		
4	Did all registered staff respond to the location?		
5	Did the nurse in charge (nurse on unit) assign someone to bring the needed equipment to the code blue location?		
6	Did the nurse in charge (nurse on unit) assign someone to prepare documents for transfer to hospital including? o Transfer/discharge record from PCC o Medication list o Copy of advance directives		
7	Did the nurse in charge (nurse on unit) assign someone to contact the family?		
8	Did the nurse in charge (nurse on unit) assign someone to wait for paramedics at the front door (if applicable)?		
9	Was CPR initiated as per advanced directive?		
10	Was the DOC/CD notified (if not during regular hours)?		
11	Was proper documentation of the code blue documented in the resident's chart?		

Problems/Concerns:_____

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Corrective Action:

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Signature: _____

UNIVERSALcare

Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE 99 – EMERGENCY MEDICAL SITUATION- NON-RESIDENT

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

General

	Question	**Yes**	**No**
1	Upon discovery of the Code 99, were staff nearby requested for assistance?		
2	Was the Code and the location announced three times?		
3	For all registered staff in the building, when the Code was paged, did they attend to the medical emergency bringing a		
4	Did all registered staff respond to the location with the Medical Emergency?		
5	Was the medical equipment needed brought to the Code location?		
6	Did you determine if EMS was required?		
7	For staff and volunteers not required, were they advised to return to their duties?		
8	Was the appropriate documentation complete? i.e WSIB forms, first-aid logbook, unusual occurrence reports, incident investigation forms etc.		

Problems/Concerns:_____
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Corrective Action:

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Signature: _____

UNIVERSALcare

Please Note: **The entire Policy must be reviewed prior to initiating the checklist.**

RECORD OF ATTENDANCE FORM
CODE ORANGE – EXTERNAL DISASTER

DATE: _____ TIME: _____

OBSERVATION AREA: _____

Name	Department	Signature

	Question	**Yes**	**No**
	Upon receiving the phone call indicating potential incoming patients, was the following contact information obtained: o Full contact information of the caller o Time frame to anticipate patients o Where the patients are coming from o Demographics of the incoming patients (Long Term Care, Retirement, Group Home, Community etc.) o Anticipated numbers of patients o Resources accompanying the patients (e.g., nursing staff, volunteers, etc.) o Anticipated duration of the stay o Physical/medical/emotional condition of the patients		
1	Was the Code announced three times?		
2	Was the Incident Management Team (IMS) assigned?		
3	Was the data of incoming patients reconfirmed?		
4	Were any conditions/restrictions addressed based on the resources available?		
5	Was a staff call back list initiated to provide addition staffing for incoming persons?		
6	Was a triage area set up for incoming persons to be assessed?		
7	Was patient documentation completed?		
8	Were patient identification tags accessed?		

9	Was a multipurpose room and washrooms established for incoming patients?		
10	Were security personnel assigned to direct incoming patients?		
11	Were clergy arranged to offer spiritual support?		
12	When the last incoming patient has been relocated, was an all-clear announced?		

Problems/Concerns:_____
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Corrective Action:
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Signature: _____

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Unannounced Emergency Tests Scenarios

Code/Emergency: _____

Date: _____

Scenario:

Outcome:

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Education Provided to Staff on: _____

See attached Record of Attendance.