

# **Belmont Long Term Care Facility**

## **2025 Emergency Codes Policy and Forms**

**250 Bridge Street West**

**Belleville, ON K8P 5N3**

**October 2025**

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**ADMINISTRATION COMMITMENT**

This policy confirms Belmont Long Term Care Facility's commitment to operating its business at a level that will protect the health and safety of residents, employees, volunteers, the public, and the environment. The Health and Safety of Belmont Long Term Care Facility residents, employees, volunteers, the public, and the environment are integral to our business planning. The Senior Management Team at Belmont Long Term Care Facility has caused an Emergency Response, and Fire Safety Plan to be developed to ensure a timely and appropriate response to emergencies and to comply with applicable legislation. Employees shall be made aware of all facets of Emergency Response, and Fire Safety Plan and where necessary trained to carry out their role in the execution of the Plan. Supervisors are responsible for ensuring that all procedures relevant to their department are carried out and new employees are aware of these processes. As conditions, processes, floor plans, etc. change, modifications may need to be made to the plan. Employees will be notified immediately of any changes and the Plan modified to reflect any new procedures. Senior Management will cause the Emergency Response, and Fire Safety Plan to be tested every three years with the results being thoroughly reviewed by those playing an active role as indicated in the Emergency Response, and Fire Safety Plan. Results will be communicated to all employees.

**OBJECTIVES**

The main objective when responding to an emergency is to stabilize the situations, with priority given to care of any victims. The challenge is to ensure that these incidents are controlled, minimized and handled in an efficient manner. The Emergency Response and Fire Safety Plan is designed to clarify the roles of employees and to lessen confusion by providing general guidelines for response and an overview of employee responsibilities in an emergency.

**RESPONSIBILITY:**

It is the responsibility of Belmont Long Term Care Facility, to ensure the safety of residents, employees, volunteers, visitors, and contractors at all times.

**PURPOSE:**

The purpose of the Emergency Response and Fire Safety Plan is to provide an organized means to:

- Prevent injuries and save lives
- Minimize danger to property and environment
- Restore essential services
- Maintain our corporate image

For this plan to be effective, it is important that everyone be aware of the Emergency Response, and Fire Safety Plan and his or her assigned duties and responsibilities. Employees will be instructed in Emergency procedures as described in this plan before being asked to take any responsibility.

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Denise Mackey, Administrator

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Date

## **SITE DESCRIPTION AND RESOURCES**

### **Description of Facility and Emergency Vehicle Route:**

Belmont Long Term Care Facility is located at 250 Bridge Street West, Belleville, Ont. There is one-access route to the facility, off Bridge Street West. The Main and Visitor Entrance is to the east side of the building. Access is to the west and east driveways are from the main entrance way off Bridge St. West. Employees enter the building using the entrance code. Visitors must log their entrance and exit from the building at the main entrance.

### **Building Size and Occupancy:**

The building is 60,323 sq. ft. in size on two floors and is constructed of fire-resistant materials, i.e., block, concrete, brick & drywall. The facility consists of 4 Wings, which contain the resident's beds totaling 128. The central atrium contains the elevators, kitchen, dining areas, laundry services, and staff offices/areas. The structure was built in 2003. There are currently approx. 200 people employed at this site. Belmont Long Term Care Facility provides a wide range of patient care, and senior activities.

### **Fire Alarm System:**

The Fire Alarm system is a One Stage System. The alarm will indicate that a Horizontal or Vertical evacuation is to be initiated. If a Full Evacuation is necessary, it will be verbally communicated to staff by utilizing the telephone intercom and cellular phones. Fire Alarms are routed directly to the Belleville Fire Department but a 9-1-1 call is required to ensure the reporting of an emergency has been received. Smoke alarms, pull stations and sprinkler system when activated will trigger the Alarm.

### **Fire Extinguishers:**

There are Fire Extinguishers located throughout the building. These include BC, ABC, and K units. The Environmental Services Manager conducts a monthly visual check of the Fire Extinguishers and initials the Inspection Tag upon completion of visual examination. Quinte Fire Protection Service conducts an annual inspection of all our Fire Extinguishers, and Sprinkler Systems and Alarm Systems tests all alarms, and pull stations. All reports and repairs of equipment are kept in a Fire Report Binder for two years continuously.

### **Fire Hydrants:**

There are two hydrants located to the east & west of the main entrance.

### **Fire Department Connection:**

There is a fire department connection "Y" near the southwest corner of the facility across from the Fire Hydrant. Emergency Lighting: Emergency exits are signed with illuminated and directional signage.

### **Emergency Lights:**

Emergency Lights are mounted to illuminate aisles, exits, emergency routes, stairwells and as required in selected areas of the facility. Lighting is checked monthly during safety audits. The emergency lights are powered by battery backup and the emergency generator.

### **Main and Kitchen Gas Shut Off:**

The gas shut off for the Kitchen is located at each appliance with an automatic shut off switch which shuts off the gas when the hood system is activated. The gas supply to the kitchen equipment will shut off if the manual pin is activated for the cooking suppression system. The main gas shutoff is located outside on the west side of the mechanical service room.

**Main Electrical Control Panel:**

Main station and panels are located on the first floor in the electrical room near the kitchen.

**Sprinkler System** The facility has both wet and dry systems, these are controlled by the risers in the west side of the first floor near the kitchen. The dry system is in the attic only, and the wet system is throughout the complex. The riser system will be electronically monitored so if a sprinkler head activates the alarm will sound when water pressure is reduced. The riser system is in the mechanical room.

**Emergency Power:**

Emergency Power is supplied by a 150 KW generator automatic start. It is located outside the electrical service room. It will power the telephone/ intercom system, emergency lighting, alarm systems, magnetic door system, and service elevator.

## Emergency Codes

<b>Aqua</b> Flood 	<b>Orange</b> External Disaster 
<b>Black</b> Bomb Threat / Suspicious Object 	<b>Purple</b> Hostage Taking 
<b>Blue</b> Cardiac Arrest / Medical Emergency 	<b>Red</b> Fire/Smoke 
<b>Brown</b> In-facility Hazardous Spill 	<b>Silver</b> Active Attacker / Active Shooter 
<b>Green</b> Evacuation 	<b>White</b> Violent Situation 
<b>Grey</b> Infrastructure Loss or Failure 	<b>Yellow Amber</b> Missing Adult / Missing or Abducted Infant or Child 

(11-2018)

### Policy:

All staff is to be familiar with the emergency codes in use. Emergency codes will be posted by each telephone/intercom system in the facility.

### Background:

- To promote a calm atmosphere during an emergency.
- In an effort to support a standard code, the emergency codes will as much as possible and practical be the same as those used by the local hospital.
- To communicate an emergency to fellow staff the applicable code as listed below may be announced over the telephone Intercom system and cell phone. Please refer to the related policy accordingly.

## **EMERGENCY EVACUATION CALL-IN PROCEDURES**

### **Policy:**

All staff must participate in the 'Evacuation Call-in System' if requested to do so. This is mandatory. If called in you will be paid your regular wage or overtime if applicable. Any staff refusing to participate at the time of an evacuation will be dealt with as soon after the emergency as feasibly possible. Depending on the circumstances surrounding the refusal, staff may be disciplined accordingly.

### **Procedure:**

1. During an evacuation the charge nurse or delegate activates the call-in system by contacting the first available person on the Priority List, whether on-site or not, to direct them to begin contacting staff for evacuation.
2. There is a list of staff and telephone numbers located in each Evacuation Pack and each person on the priority list has a list of staff and phone numbers. The Evacuation Packs are located at Montgomery and Streamway Nurse's stations.
3. The first available person on the Priority List will then contact the next available person on the Priority List and instruct him/her to call in Page 3 and 4 of the Evacuation Call-In List. The delegate is to instruct the contacts as per page 3 and 4, and note who was contacted. (Save this information)
4. The first person is to continue to call in staff from page 1 and 2 of the Evacuation Call-In List, instructing the contacts as per page 1 and note who was contacted. (Save this information)
5. When all calls have been completed both callers are to go to Loyalist College. The call-in list is to be kept for after the evacuation review.

## INCIDENT RESPONSE TEAM

**PRIME:** Denise Mackey

**ALTERNATE:** Kaitlin Bazinet

**COMMUNICATIONS:** Denise Mackey

**SAFETY TECHNICIAN:** Eric DeLong

**COORDINATORS:** Cathy Digby, Meagan Lacavera, Jane McCracken, Charge Nurse

**TEAM MEMBERS:** Includes all residential staff members including Nursing, Dietary, Programs, and Environmental Services Staff, Administrative staff

### Duties and Responsibilities:

#### Coordinators:

1. Man the fire panel at the main entrance.
2. If necessary, use the cellular phone to direct evacuation efforts.
3. Aid, if necessary, in the evacuation of residents, visitors and employees.
4. Direct emergency services on their arrival.
5. Give direction to other team members as necessary.

#### Safety Technician:

Act as a resource for the emergency response team. Provide assistance where necessary.

#### Communications:

Man the communication center at the main entrance. Initially, will be the sole representative of Belmont Long Term Care Facility empowered to speak with the media, etc.

**Charge Nurse:** Incident manager until Prime or alternate arrive.

**Unit Nurses:** will take (if able)

- a) Montgomery ER stock box
- b) Medication Carts
- c) iPad

#### Team Members

Upon hearing/receiving communication that an evacuation is required, will ensure that all personnel in their areas have left the building. Note: this does not constitute an in-depth search, but a quick walk-through as you exit the building. Assist any employee who may require it.

## **EMERGENCY PHONE NUMBERS**

### **FOR EMERGENCY:**

**Call - 911 POLICE, FIRE DEPARTMENT OR AMBULANCE**

### **NON-EMERGENCY NUMBERS:**

Ambulance: 1-800-267-0991

Fire Department: 613-962-2010

Police: 613-966-0882 Ext. 2223

Loyalist College 613-969-1913, after hours 613-969-1913 ext 2222

Poison Information 1-800-268-9017

Environmental Spill 1-800-268-6060

Ministry of Labour: 1-877-202-0008 After Hrs. 1-800-268-6060

Director at MOH&LTC1-855-819-0879 After Hours 1-800-268-6060 (pager)

Quinte Alarms, Fire and Security 613-392-6145

Quinte Fire Protection 613-962-6937

## Code Red – Fire

### TERMS OF REFERENCE

#### CODE RED

A situation in which the fire alarm system has been triggered.

This could be caused by a variety of situations:

- Person triggering the pull station;
- Smoke triggering a detector;
- Heat triggering a detector; and
- Sprinkler activation.

#### CODE RED ALL CLEAR

All clear is determined in consultation with the Fire Department, who will declare when the home is safe and may resume normal operations.

#### ANNUNCIATOR PANEL

Provides the home with instant identification of locations under the threat of fire by listing the location of the detector (heat and/or smoke and/or flow) as well as the pull station that has been activated.

#### HORIZONTAL EVACUATION

Involves moving from one area of the floor to another area of the same floor behind fire barrier doors. (Refer to Code Green Policy.)

#### VERTICAL EVACUATION

Involves moving from one floor towards the ground floor. (Refer to Code Green Policy.)

#### TOTAL EVACUATION

Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. (Refer to Code Green Policy.)

#### INCIDENT MANAGER

Person responsible for directing and coordinating all activities related to the incident. This role may be transferred to a more senior manager upon their arrival at the scene.

#### FIRE SAFETY PLAN

A document approved by the local Chief Fire Official that includes preventative measures and fire equipment on site, and provides for the roles and responsibilities of all people during a fire emergency.

#### POLICY:

All staff must be familiar with the Fire Safety Plan and their individual responsibilities during a fire emergency.

#### BACKGROUND:

Each home is required by law to have a Fire Safety Plan that meets provincial and national Fire Code standards.

**PROCEDURES:****First Responder:**

1. Upon discovery of fire or smoke, ensure the R.E.A.C.T. sequence is initiated:
  - a. Remove people from immediate danger (evacuate);
  - b. Ensure room doors and windows are closed;
  - c. Activate fire alarm pull station closest to the site of the fire. Activate the second stage of the fire alarm system if evacuation is necessary.
  - d. Call 9-1-1 and give home name and address, exact location of the fire, including floor, home area, and room number; and
  - e. Try to confine (contain/extinguish) fire, if possible, without undue risk using the nearest fire extinguisher).

**Note:** Place wet towels, sheets, blankets, pillows or other confining materials at the bottom of the closed door to the room with the fire, to restrict rapid transfer of smoke to the rest of the area unless otherwise directed by your local fire department.

2. Upon hearing the fire alarm, proceed to the annunciator panel and announce over the paging system:

**"CODE RED [Fire Location]"**

3. Repeat announcement 3 times. Speak slowly and calmly.

**Administrator:**

1. Assume responsibility for implementing the policies and procedures of the Emergency Preparedness and Response Manual.
2. Ensure all staff receive adequate training to fulfill the requirements of the Emergency Response Plan and Fire Safety Plan in the event of an emergency.
3. Ensure the Fire Safety Plan is completed with the site-specific information required and that it meets the specific requirements of the Chief Fire Official for the jurisdiction.
4. Submit the plan to the Chief Fire Official for approval.

**All Staff:**

1. Immediately proceed to the evacuation area to which you have been assigned: fire scene, work area, or the emergency operations centre; your assignment will depend on the duties of your individual job position and daily assignment. Properly shut down any equipment in the area (e.g., ovens, laundry equipment) and close all doors.
2. If you are at the scene of the fire, you are under the direction of the Incident Manager/designate and must stay at the site of the fire, carrying out duties assigned.
3. If proceeding to the fire scene or your work area, move in pairs, quickly but cautiously, approaching stairwells and smoke barrier doors with due care and caution. Check all doors before opening. Look through the window for signs of fire. If the door has no window, lightly place the flat of your hand on the door and feel for heat; look for smoke at the base of the door.
4. Proceed only if the way is free and clear of fire and smoke. If there are signs of smoke and/or fire, proceed to another stairwell/corridor and repeat the checks for safety.
5. If it is unsafe to return to your work area, report to the emergency operations centre for assignment of duties.
6. Follow the specific duties of your job position. (Refer to Fire Safety Plan for assigned duties.)

7. Do not resume normal duties until "Code Red, All Clear" announcement has been made over the communications system.

# Code Green-Evacuation

## TERMS REFERENCE

### CODE GREEN

Alert that an evacuation is required within the home.

### PRIORITY EVACUATION

Residents in immediate danger.

Residents under supervision who can walk should be led to another fire barrier area or evacuation meeting area, as appropriate. Wheelchair residents should be assisted to safe fire barriers or evacuation meeting area as appropriate and if their wheelchairs are required for other residents, they are to be removed from their wheelchairs when it is safe to do so. All non-ambulatory residents can be carried or pulled on a blanket to a safe area if necessary. Moving beds causes congestion and is a last resort. Evacuation must always start with the highest risk area.

### HORIZONTAL EVACUATION

Involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

### VERTICAL EVACUATION

Involves moving from one floor towards the ground floor. In a partial evacuation, a horizontal evacuation is preferred to avoid moving residents through stairways. However, depending on the emergency, there may be no choice (e.g., when the fire is between the resident and the closest fire doors and the only exit is through the stairway).

### TOTAL EVACUATION

Involves total evacuation outside the building and would occur only in an extreme emergency.

### FAMILY INFORMATION SUPPORT CENTRE

A temporary area set up to provide information to family members on evacuated resident status/location.

### STAFF CALL-BACK LIST

Current list of all staff within a defined group who are contacted to report to work, if requested, during an emergency situation.

## EVACUATION TYPES AND STAGES

### Types Alarm :

#### Partial Evacuation Horizontal or Vertical:

This is when the fire alarm is sounded at 60 rings per minute. The alarm system may be activated automatically or by a pull station. The residents may require assistance to go from one zone to another away from the fire zone.

**Stage Two :**

**Total Evacuation:** This is when verbal instruction is given by the Charge Nurse in person, by cellular phone, and/or by intercom to evacuate the building. This will occur after 5 minutes of the initial alarm, or before, if the Charge Nurse or Coordinator deems it appropriate. Everyone is to leave the building immediately and go outside the building with assistance of staff (and firefighters only if they are available).

**Controlled Evacuation:** This is when "Code Green" is announced over the Intercom and Cellular phone systems. Everyone is to leave the facility but there is time for some planning and direction in conjunction with the Fire or Police Department staff. The Alarms may or may not be activated depending on the situation.

**Stages Alarm (immediate area):**

- Room of origin to the corridor
- Sound the alarm, initiate the initial announcement.
- Close the door to confine the fire
- Call the fire department to confirm the alarm was received
- Begin further Evacuation as necessary

**(Horizontal Evacuation):**

- Remove all residents from the fire zone to the opposite end of the floor.
- Rooms on each side of the fire are to be evacuated first.

**(Vertical Evacuation):**

- Residents are now taken to the floor below the fire. If the fire is on the second floor, then residents are taken to the first floor. If the fire is on the first floor, then residents are taken outside from the first floor.

**Stage Two – Total Evacuation:**

- Complete an orderly evacuation of building, away from the fire zone.
- If the fire is on the first floor, residents from second floor would be taken to the nearest exit, away from the fire and go down the stairwell directly to the outside of the building.

**Order of Evacuation:**

**Ambulatory Residents** One or two staff can remove many residents quickly.

*Note: If smoke prevents staff from returning to the fire zone, these residents may re-open their door and walk into the smoke-filled corridor. The bedridden residents are not able to do this.*

**Ambulatory residents** who are confused may get in the way or may undo what you have already done. Drills may be required, to ensure the opening of doors will be kept to a minimum.

**Wheelchair Residents** These residents will be easier to remove than bedridden residents. Usually, one staff member is able to evacuate one resident.

**Bedridden Residents** These residents will usually require more than one staff to evacuate them. Resistive Residents (unable to coax and /or easily force to evacuate) these residents must remain until the last. But if in immediate danger, this resident must be removed. If not in immediate danger, don't spend time and sacrifice others. Ensure that their room and bathroom doors are closed. Open their windows slightly. Place a wet towel along the bottom of their door. Identify the resident and location to the Fire Commander upon the arrival of the Fire Department

### **POLICY:**

All staff must be familiar with the processes of emergency evacuations. An evacuation drill is required every year. The Incident Manager will determine if an evacuation is required. Staff will follow all instructions and procedures required during a Code Green. Off-duty staff must be prepared to receive a call when the staff call-back is initiated. Staff will report to the evacuation meeting area for further instructions and present identification if required.

### **BACKGROUND:**

**A Code Green Emergency is a critical incident that requires evacuation. The longer it takes to evacuate the area of hazard, the greater the risk to residents, staff and others in the home. During an emergency, such as a fire/explosion, bomb threat, community disaster (e.g., toxic spill, tornado), or structural failure (e.g., roof collapse), the evacuation of all or a portion of the building may be required to protect the health and safety of the residents, staff and visitors.**

### **PROCEDURES:**

#### **Incident Manager:**

1. Determine evacuation level based on emergency.

**Note:** *In fire emergencies, the initial response is a partial evacuation of people from the area of the fire/smoke to an area beyond the fire doors/fire separation (Refer to Fire Safety Plan).*

2. Assess the fire/smoke spread and determine if a larger area is required to be evacuated. Consideration will be given to evacuation areas immediately adjacent, immediately above and immediately below the fire.

**Note:** *When there is no immediate danger and time to wait for emergency services to arrive, the decision to evacuate and the extent of the evacuation will be made along with emergency services officials.*

**EVACUATE IMMEDIATELY** when an emergency evacuation is required. Announce, or designate an employee to announce (repeat three times):

**"CODE GREEN (Location)"**

The location may include a specific area, a wing, a floor or the entire building.

3. Send an employee to the fire control panels to repeat the announcement over the telephone intercom system, if applicable.

**PRIORITY EVACUATION RESPONSIBILITIES**

1. Determine emergency level; initiate evacuation if required.
2. Track and maintain records of evacuees and their destinations, including resident lists, volunteers, contractors and visitors' sign-in book. Identify residents with name badges, wristbands or other type of identification.
3. Transport residents' charts to their relocation sites, including paper and hardware/software applications.
4. Attain staff schedules and volunteer logs to assist with safety accountability.
5. Inform emergency services of people who have not been evacuated or accounted for.
6. Assign staff/volunteers to care for evacuees and ensure they stay safely in the evacuation area.
7. Notify the Ministry of Health/Regional Health Authority and other government reporting authorities (e.g., Ministry of Labour).

**INITIATE IMS ROLES IN THE EVENT OF A FULL EVACUATION:**

1. Receive communications from and participate in assessing the situation with Emergency Services.
2. Ensure the continuing care of residents by liaising with care staff during the emergency.
3. Notify the first contact on the Emergency Call-in list who will initiate the Emergency Call-In List and activate IMS Team. If unable to locate the Emergency Call-in List, contact the Administrator to initiate the Cal-In List. Receive communications from and participate in assessing the situation with Emergency Services.
4. Appoint a Liaison Officer to communicate effectively with Emergency Services.
5. Appoint a Safety Officer to monitor home staff (other than Emergency Service personnel), volunteers and residents.
6. Appoint a Public Information Officer to respond to media inquiries.
7. Set up a Family Information Support Centre.
8. If evacuation requires relocation to the home's area of refuge, coordinate the transportation of residents. Options include EMS, home vehicles, contracted transportation and relatives.

**Administrator/Designate:****Emergency Call in LIST**

1. Upon being notified by the Incident Manager that a Code Green full evacuation has been determined and that additional staff is required, ensure that the Emergency Call-in List has been started by the first person on the Emergency Call-In List.
2. Advise staff to ensure they have identification with them when responding to the staff call-back.

**Nurses and Program Supervisors:**

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Incident Manager/designate or other Incident Management System leaders.
3. Remove emergency evacuation kits/disaster boxes from the building.
4. Identify evacuees with name badges, wristbands or other type of identification.
5. Maintain a head count of residents and staff, keeping the Incident Manager/designate informed.
6. Remove resident charts if time and situation permit.
7. Track the destinations of residents.
8. Provide for the continuing care of residents.
9. If the Code Green is isolated to another wing, ensure an employee remains in your assigned area to provide resident care and send all other staff to assist with the Code Green.

**All Staff:****WHEN A DECISION TO EVACUATE HAS BEEN MADE BY INCIDENT MANAGER**

1. Sound the alarm for an emergency that requires immediate evacuation. If it is a controlled evacuation where the danger is external, it is not necessary to sound the alarm.
2. Call 9-1-1 and state the emergency type and location. In a controlled evacuation, this step may not be necessary as the Home would be notified by the Fire or Police department.
3. ***EVACUATE IMMEDIATELY*** when an emergency evacuation is required.
4. Listen for the announced Code Green location.
5. Ensure residents and visitors in your work area are in a safe location. For example, remove any resident who is bathing, from the tub and prepare accordingly.
6. Shut down any equipment properly (e.g., ovens, laundry equipment). Close all doors.
7. Proceed directly to the Code Green area. Use the stairs. DO NOT use the elevator(s) 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).
8. If not in your work area when the Code Green is announced (e.g., on break), immediately return to your own work area to ensure residents are safe, equipment is properly shut down, and doors are closed (unlocked).
9. Proceed to the Code Green location to assist with the evacuation.
10. Report to the Incident Manager or designate.
11. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager (e.g., behind fire doors in a horizontal evacuation). Utilize vertical evacuation when life safety is at risk and horizontal evacuation is not possible.
12. Close all unlocked doors and windows where safe to do so.
13. Search all rooms and each resident room including bathrooms and closets in the assigned area properly and thoroughly and use evacuated indicators, identifying the room is vacant. Do not use evacuated indicators if a person is still in the room. Inform Incident Manager if there are people in the room.

**Off-Duty Staff:**

1. Report to the site you have been directed, either the Home or the evacuation meeting area for further instructions; have your name badge identification available.

**EVACUATION LIFTS****The Chair Lift**

Residents with responsive behaviours who are not ambulatory present a special evacuation problem. The chair lift is a method that requires a straight back chair, and one or two rescuers.

- With the resident in a chair and the absence of restraining straps, use a bed sheet to anchor the resident to the chair.
- The bed sheet encircles the resident about chest high and it is tied in the back of the chair. The knot is simple, similar to the one used in tying a shoelace.
- Tuck the loose end of the sheet between the resident's body and the sheet around him / her.
- **For two trained people** – Person A faces the chair in the rear of the resident
  - Person B takes a position in front of the chair, facing the resident
  - A puts their foot against the leg of the chair and tilts it towards them-self.
  - B stoops down and grasps each side of the chairs front legs.
  - Together, lift the chair and walk.
- **For one trained person,**
  - tilt the chair back and pull them backwards out

**Side Assist Hold**

Some residents are medically classified as able to walk.

In an emergency situation these residents may not be able to walk well enough to evacuate themselves.

- In the side assist hold, approach the standing resident from the side. Take their arm and place it around your back.
- Pull the resident's arm with your hand that is opposite the resident, until his / her body is tight against you. Hold his / her arms secure at all times
- Encircle the resident's body with your other arm and take his / her forearm, the resident will feel secure in your grasp and may be controlled very easily. The resident cannot fall forward or back

**Bear - Hug Hold**

If the exit path is narrow, or the resident has responsive behaviours, it may be to your advantage to use the Bear-Hug Hold to assist the resident.

- Approach the standing resident from the rear.
- Place your hands between the resident's body and arms. Take hold of their wrists. Keep your hands on top, your thumbs to the side.
- Fold your arms to encircle the resident around the chest
- Your arms will now be in the Bear-Hug position.
- Most Important! Now keep your head to one side of the resident's head so that the resident cannot head butt you.

### **The Swing Carry**

The Swing Carry is the best method for two trained people to move a resident. No blanket is needed. If the resident is lying in bed, there are different actions to know which are dependent upon the position you take. To clarify this, the person taking the upper part of the body will be "A" and the lower part, "B"

- "B" -grasp the ankles and move legs off the bed.
- "A" -face the resident and place your hands on each shoulder
- "A" -pull your hands toward you until resident is in a sitting position
- "B" - after the resident is sitting up, continue to move the legs out until they are at a right angle to the bed.
- Now together, sit on the bed, take the resident's arm and place it over your shoulder.
- Join arms in back of the resident. Do not hold onto the resident, just each other.
- Place your shoulder under the resident's armpit.
- Join your hands together under the resident's knees.
- Together, lift the resident and walk forward in a normal manner. The resident may be lowered feet first, when an area of safety is reached.
  - Remember, always protect the head.

### **The Extremity Carry**

If someone has a cast on the lower part of his body, the extremity carry can be used on most residents, provided that they can be placed in a sitting position.

Two trained people may employ this method with success. Each person has special moves to complete, so we shall refer to the person taking the upper part of the resident's body as "A" and the lower, "B"

- "A" - places your hands on each shoulder of the resident, pull the resident slowly into a sitting position.
- "B" - takes the resident's ankles and moves the legs until one of the legs is clear off the bed. If moved further, it will be difficult for your partner to get his / her hold on the resident.
- "B" - back in between the resident's legs, far enough to grasp the ankles. Place your hands to the outside of the legs, allowing your thumbs to stay on top.
  - "A" - moves to the rear of the resident, encircle him / her with your arms. Place your arms underneath his / her armpits and lock together in front.
- Slide the resident to the edge of the bed.
- "A" - maintains close contact with the resident and when in position give the signal to move out.
- Carry the resident to safety walking forward in a normal way.
- "B" - it is most important that you keep your arms straight down when carrying the resident.

### **Cradle Drop**

The cradle drop is a resident removal that may be used with success provided that you are similar or larger in size than the resident.

- If there is smoke or heat, stay close to the floor.
  - Place the blanket on the floor, one-third of it under the bed.
- Slide one of your arms under the resident's head and grasp the opposite shoulder.
- Position your other arm under the resident's legs at a point midway between their knees and body.
- Pull the resident to the edge of the bed. • Do not jerk the resident out into mid-air. Gently pull him / her toward you, rocking back into a sitting position and lowering to the blanket.
- Protect the resident's head by lowering this part to the blanket last.

- Wrap the blanket above each shoulder of the resident.
- Do not let the head snap back.
- Place the resident in a half sitting position and pull the blanket toward you.

### **Double Cradle Drop**

The double cradle drop is recommended for two rescuers to use on residents who cannot sit up, or where one person cannot handle the resident.

- If there is smoke or heat, stay close to the floor.
- With the blanket on the floor, place one-third of it under the bed and leave about eight inches or 20 centimeters above the resident's head.
- The person who will handle the top half of the resident will be referred to as "A" and the person who will handle the lower half of the resident will be "B".
- "A" - slide your arm under the resident's head and grasp the opposite shoulder. Your other arm goes completely under the body at the waistline.
- "B" - slide your arms under the legs on both sides of the resident's knees and extend through to support this half firmly.
- Do not jerk the resident out into mid-air.
  - Together, gently pull the resident toward you by rocking back into a sitting position and lowering to the floor.
- Always protect the resident's head by lowering this part to the blanket last. Wrap the blanket around the resident.
- Together, move to the resident's head; grasp the blanket about the shoulders. Do not let the head snap back.
- Leave the resident in a prone position and pull the blanket toward you.

### **The Universal Carry**

The Universal Carry is a method of removing a resident from the bed on to a blanket on the floor. It is a quick and effective method for removing a resident who is in immediate danger. This carry can be used by anyone, regardless of the size of the resident.

- When you approach the bed, stay low because if there is a smoke condition, the smoke will have a tendency to rise. By staying close to the floor you will not have to breathe the smoke and heat
- Spread the blanket, sheet or spread on the floor; place one-third of the blanket under the bed
- Leave about eight inches or 20 centimeters above the resident's head.
- Grasp the resident's ankles and move the legs until they drop over the bed at the bend in the knees.
- Place your hands on each shoulder of the resident. Slowly, pull your hands toward you until the resident is in a sitting position.
- Encircle the resident with your arms, place your arms underneath the resident's armpits and lock your hands together in front of him/her.
- Slide the resident slowly to the edge of the bed and lower to the blanket. If the bed is in a high position allow the resident to slide down one of your legs.
- Always protect the head.
- Gently lower the head to the blanket. Wrap the blanket around the resident.
- At the resident's head, grip the blanket with your hands above each shoulder of the resident. Do not let the head snap back.
- Place the resident in a half sitting position and pull the blanket toward you. The blanket will slide easily on the floor allowing you to move the resident to safety.

# Code Blue – Medical Emergency

## TERMS OF REFERENCES

### ACUTE MEDICAL EMERGENCY

Serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

### CRITICAL INJURY

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; and
- Causes the loss of sight in an eye.

### FIRST AID KIT

A kit that meets the requirements under the Occupational Health and Safety Act.

### NURSE(S)

Registered Nurses, Registered Practical Nurses and Licensed Practical Nurses.

### CARE STAFF

Healthcare Aides, Nursing Assistants and Personal Support Workers.

### RESUSCITATION

Resuscitation is an invasive and immediate lifesaving treatment that is administered to a person who has a sudden unexpected cardiac or respiratory arrest. It may include basic cardiac life support involving the application of artificial ventilation (such as mouth-to-mouth resuscitation and bagging) and chest compression.

### POLICY:

A nursing and/or first aid trained staff must render aid for an acute medical emergency involving residents, staff, volunteers, visitors or others. Staff members who discover a medical emergency anywhere on the property, including parking lots, external sitting areas and the front lobby, must respond as directed by this policy. This policy is a guide for staff finding and responding to a cardiac arrest or any other acute medical emergency that requires an immediate and coordinated response to save a life. This policy serves to mobilize nursing and/or first aid/CPR trained staff to the location of an acute medical emergency involving residents, visitors, staff or volunteers, to provide immediate intervention and assistance.

**PROCEDURES:****Incident Manager:**

1. Upon notification of a medical emergency, attend the scene and bring required emergency equipment from the nursing station.
2. Determine if EMS is required. If required, call 9-1-1. Provide First Aid/CPR as needed.
3. If the medical emergency involves a resident, you must identify whether or not to initiate CPR by reviewing the Goals of Care (if available) to determine the resident's wishes. When a resident's wishes are unknown, you must proceed with CPR.

**Note:** *The decision not to provide CPR does not preclude the use of other forms of treatment or care. A resident who does not wish CPR remains eligible for all other appropriate treatments intended to increase comfort and quality of life, such as clearing a blocked airway (e.g., suctioning).*

4. Delegate a staff member to meet EMS/Fire Department if 9-1-1 was called.
5. Redirect staff/volunteers who are not required to return to their duties.
6. As soon as possible after the code is resolved, conduct a review of the incident to determine:
  - a. What aspects of the response were effective; and
  - b. How response could be improved.

7. Ensure all reporting requirements (critical incident report, health authorities.) are met.

**Note:** *The decision not to provide CPR does not preclude the use of other forms of treatment or care. A resident who does not wish CPR remains eligible for all other appropriate treatments intended to increase comfort and quality of life, such as clearing a blocked airway (e.g., suctioning).*

**All Staff:**

1. If you discover a medical emergency, contact a nurse or medical practitioner, or summon help immediately by calling out: CODE BLUE. I need help in (location).
2. If it is determined to be a cardiac arrest and you are the first person on the scene trained in CPR, begin CPR following current Basic Cardiac Life Support guidelines and using appropriate PPE as determined by a Point of Care Risk Assessment (PCRA).
3. If you are the second employee at the scene, implement an all-page CODE BLUE.
4. Call 9-1-1 and state, "Medical emergency (describe the specific problem)." The dispatcher will need to know:
  - a. Is the resident conscious?
  - b. Is the resident breathing?
  - c. What is the nature of the emergency?
  - d. The location of the incident.
  - e. The location telephone number.
5. Report back to the emergency scene when calls are complete.
6. The nurse responding will bring any emergency equipment available (suction machine, oxygen, v/s readers, etc.). If time allows, an informing call must be made to the resident's next of kin as soon as possible.
7. One available staff member will proceed to the main entrance to direct the 9-1-1 response team to the scene.

## Code Yellow – Missing Resident

### **POLICY:**

As soon as a resident is missing, a Code Yellow procedure, which is defined as an immediate and systematic search of the home and surrounding area, will be followed. Units must be adequately supervised at all times. If there is not enough staff on duty to carry out the search and supervise the unit, the Incident Manager will immediately initiate a call-back of staff. Homes must ensure this code is practiced annually at a minimum.

### **RISK LEVEL:**

A Code Yellow emergency is progressive, meaning the longer a resident is missing, the higher the level of risk to the resident and the home.

### **BACKGROUND:**

Residents are considered missing when they are not in a location where staff can find them. Residents are encouraged to move freely in the home except in areas considered to be hazardous. Some residents may be restricted to designated areas for their own health and safety, unless accompanied by a designated person.

### **PROCEDURES:**

#### **Incident Manager:**

#### **WHEN A RESIDENT IS DETERMINED MISSING**

1. Assume responsibility for the incident when notified by an employee that a resident has not been located after the initial 5-minute search.
2. Use the Incident Manager Checklist – Code Yellow (see Appendix) to track actions and log the times of the response.
3. Assign search areas to staff.(including elevators)
4. Obtain a description and photo of the resident from the resident's profile.
5. Re-check the leave of absence book and visitors' log.
6. Follow up with everyone who may have visited the resident that day.
7. Delegate a staff member to call the family to confirm if a resident has left the building.
8. Announce or designate an employee to announce (repeat three times):

*"Attention please, would (Resident's Name) please return to (unit/program area) immediately"*

9. Repeat this announcement after 3 minutes if the resident does not return.
10. Call the unit nurse/program supervisors on other units/program areas to determine if the resident is on other floors.
11. Check external sitting areas.

**Note:** *If a resident is reported as being seen leaving the home through an exit door, begin searching the exterior grounds and neighbourhood immediately.*

12. **Search no longer than 10 minutes for a total of 15 minutes** after the first indication the resident was missing.

#### **WHEN SEARCHING FOR A RESIDENT**

1. If the resident has not been located within 10 minutes of being notified, regardless of the completeness of the current search for the resident, ensure the following tasks are completed:
  - a. Announce or delegate an employee to announce (repeat three times):

**CODE YELLOW (Resident's Name e.g., Mrs. Brown and UNIT)**

- b. Repeat announcement after 5 minutes.
- c. Notify the police 9-1-1 providing a description of the resident.
- d. Complete a Missing Person Report.
- e. Provide police/authority with a copy of the Missing Person Report and a summary of the actions taken prior to their arrival.
- f. Ensure the staff search continues in support of police action.
- g. Notify the Administrator/designate who will notify the Regional Director.
- h. Initiate the staff call-back list if the incident happens outside of peak staffing hours.
- i. Establish an Emergency Operations Centre where responding staff will report for instructions.
- j. Print out copies of the resident's photo for distribution to staff and responders (e.g., police).
- k. Provide a description of the resident (physical description and clothing), including photo and a search floor plan/area map for staff to initiate the search.
- l. Assign staff to search areas they are most familiar with (e.g., dietary staff to search kitchen and support areas, nursing staff to search the unit they work on) for the initial search.
- m. Direct specific staff to start an external search at the same time the internal search is being performed if the resident may have left the building. Provide maps for the designated search areas beyond the grounds of the home.
- n. Ensure all external searches are done in pairs.
- o. Instruct staff to report back at a minimum of every 10 minutes.

**IF UNABLE TO LOCATE THE RESIDENT**

2. Notify and maintain contact with the following parties:
  - a. Resident's family or Substitute Decision Maker;
  - b. Local police;
  - c. LTC after hours line or complete the documentation on the website (e.g., Critical Incident Report).

**WHEN A RESIDENT IS FOUND**

1. Announce or designate an employee to announce the all clear (repeat three times):  
**CODE YELLOW (Resident's Name e.g., Mrs. Brown) – ALL CLEAR**
2. Advise all searchers and authorities who have been contacted that the resident has been located, including the following:
  - a. Administrator;
  - b. Resident's family;
  - c. Police (if resident was found by someone other than police);
  - d. Respective Health Authority in your province or region.
3. Complete the Missing Person Report and Code Yellow **Emergency Checklist** to maintain an accurate record of the search.
4. Provide the report to the Administrator, Director of Care and Regional Director within 24 hours of the incident.
5. Hold a short de-briefing in the Emergency Operations Centre to obtain timely feedback from the searchers on the handling of the event.

**Administrator:**

1. Schedule a more detailed review within one week of every incident where police were notified.

**All Staff:****WHEN A RESIDENT IS DETERMINED MISSING**

1. Record the time on a daily planner or other document and conduct a preliminary unit search involving other available staff when you have noted a resident is possibly missing.
2. Check the leave of absence book, visitors' log, and ask other staff and residents if they have seen the resident.
3. Check care plan to see if resident has GPS pendant from Alzheimer's society and follow direction if they do.
4. Consider asking volunteers and visitors to help with the search.
5. Notify the Incident Manager/designate if the resident hasn't been located after a 5-minute search.

**WHEN SEARCHING FOR A RESIDENT**

1. When a Code Yellow is paged, staff will report to their assigned unit/area.
2. Ensure one staff member, at minimum, remains in each resident home area and program area to maintain the safety and security of other residents.
3. Check their assigned area by looking in resident rooms, under beds, in closets, bathrooms, lounges, stairwells, utility rooms, etc.
4. Ensure external searches are performed in pairs. When conducting an external search, check the neighbourhood within a four-block radius from the home.

This search will not replace the police search of the area.

**Note:** Search the neighbourhood by vehicle. Trained search teams from emergency services will do a more thorough ground search.

5. Report back to the Incident Manager/designate every 10 minutes and receive further instruction. Report by physically providing an update, or by cell phone or another device.

**IF UNABLE TO LOCATE THE RESIDENT**

1. Report to the Incident Manager/designate for additional tasks, including a recheck of all designated areas previously searched.

**Note:** The number of searches carried out in each designated area will be determined by the Incident Manager.

2. Report all search results to the Emergency Operations Centre.

**WHEN A RESIDENT IS FOUND**

1. Assess the resident's condition by taking the necessary steps to ensure their health, safety and comfort.
2. Contact EMS if the resident has been injured or is ill.
3. Notify the treating medical practitioner if necessary.
4. Document the incident on the resident's progress notes and strategies for future mitigations of similar incidents.

## Code White – Violent Situation

### **POLICY:**

Belmont Long Term Care Facility provides a safe environment for residents, families, staff, volunteers and visitors. A staff member assessing a violent situation or a person with a weapon as posing an immediate danger to themselves and/or others, may call a Code White at any time. The home must follow the procedures in this policy in dealing with a situation where there is potential for serious injury or uncontrollable behaviour due to a violent outburst.

### **BACKGROUND:**

These situations may include aggressive residents, visitors or other people. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff must use non-violent interventions. The primary aim is to remove everyone from the situation to minimize risk of injury.

### **PROCEDURES:**

#### **Staff Involved During a Violent or Potentially Violent Uncontrollable Situation:**

1. If you identify a crisis situation, feel threatened or there is a possibility of an escalation of violence, remove yourself from the confrontation and immediately call 9-1-1. Provide as much information as possible about the situation to the police.
2. Advise other staff of a Code White identifying the location of the incident and if a weapon is involved.
3. Delegate a staff member to declare a Code White and announce "CODE WHITE (location), 3 times.

#### **Administrator:**

1. Decide whether or not to assemble the IMS Team.
2. Notify the Health & Safety Committee and government labour authorities (e.g., Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health & Safety Act).
3. Notify Ministry of Health/provincial authority if a resident is critically injured or is sent to hospital due to injury; initiate a critical incident report.
4. Schedule a detailed review within one week of a Code White incident (involving police).

#### **Incident Manager/Designate:**

1. The IMS Leader or designate will declare an all clear once the incident has-been resolved and will announce three times:

*"CODE WHITE (location), ALL CLEAR"*

2. Update the police (9-1-1) within 5 minutes.
3. Delegate a staff member to meet the police at the main entrance. Provide directions to the scene and to optional access (e.g., stairways/elevator).
4. Ensure first aid is provided in a safe location and EMS is notified (9-1-1) if injuries occur.
5. Call the Administrator as soon as possible (if not on site).
6. Complete the Incident Report and forward it to the Administrator at the end of the incident.

**EXTERNAL INCIDENT – OFF GROUNDS**

1. If a school “lock down” occurs or other situations of violence occur external to the home and may affect the home, advise staff of a Code White – External by announcing:  
*“CODE WHITE EXTERNAL, (provide location if known)”*
2. Mobilize staff to go immediately to the external sitting areas and usher residents back into the building and lock the entrances or switch the doors to manual so they are controlled from the inside only.
3. Do not permit people to leave the building until all is clear.
4. Call police at 9-1-1 to ascertain the situation.
5. Secure the doors until the police or other officials (e.g., school principal) declare the situation safe.
6. Once the situation is declared all clear, announce using the home’s communication system:  
*“CODE WHITE EXTERNAL, ALL CLEAR”*

**Staff:**

1. If you are in the immediate area, and/or responding to the Code White, remove others from harm’s way and the immediate confrontation to a safe location.
2. If you are in the unit or area of the emergency, assist in evacuating residents from the area of threat, if necessary. The Incident Manager may send you back to your duties depending on the situation and when it is under control.
3. Use action-oriented verbal communication and non-violent interventions to de-escalate the situation safely. Do not try to remove a weapon or subdue the person.
4. Complete a written report of the incident details and submit to the Administrator before leaving the home.

# Code Brown – Hazardous/Chemical Spill

## Terms of Reference

### **CODE BROWN**

Alerts staff to an accidental release of a hazardous or potentially hazardous substance.

### **UNMANAGEABLE SPILL**

The release of material that cannot be identified by the employee discovering the spill, inflammable, or is of such volume that it cannot be contained to the immediate area. This may represent a clear or immediate hazard to residents, visitors, staff, volunteers, the environment and/or property and requires assistance using specialized equipment to control, contain and clean-up and/or external emergency response personnel.

### **MANAGEABLE SPILL**

The release of material that can be immediately identified by the employee and that poses minimal or no risk to individuals, and the performance of clean-up and disposal procedures are within the scope of staff knowledge and capability.

### **SDS**

Safety Data Sheets are information made available by the manufacturer indicating the hazards and precautions for a substance.

### **WHMIS**

Workplace Hazardous Materials Information System is a national legislative program designed to protect the users of hazardous/chemical materials by providing information through container labels, material data sheets and training.

### **NURSE(S)**

Registered Nurses, Registered Practical Nurses

### **CARE STAFF**

Personal Support Workers, students.

### **POLICY:**

Planning is required to respond safely to a spill. When hazardous materials are unexpectedly released and/or the size of the spill prevents staff from carrying out a safe cleanup, a Code Brown incident must be called. Staff must be trained in the safe handling, storage and disposal of hazardous chemicals such as WHMIS. As soon as a chemical spill is discovered, actions must be taken to assess the situation, protect the health and safety of everyone in the area, and initiate clean up in accordance with the SDS.

### **SAFE STORAGE OF HAZARDOUS MATERIALS**

All hazardous materials will be stored as identified in the Safety Data Sheets (SDS) and the manufacturer recommendations. Flammable fuels such as gasoline and propane will not be stored in any building where residents live. The only exception will be the storage of diesel fuel for stand-by generators in specially designed rooms that have been approved by jurisdictions having authority (normally the fire department and building inspectors). Cleaning solutions and other chemicals must never be stored above shoulder height.

**SAFE HANDLING OF HAZARDOUS MATERIALS**

All hazardous materials will be properly handled as identified in the Safety Data Sheets (SDS) and the manufacturer recommendations. The SDS will identify the type of personal protective equipment (PPE) required for the material.

**SPILL RESPONSE TEAM**

The Spill Response Team may include but is not limited to the following members:

- Safety Officer
- Environmental Service Manager
- Maintenance staff
- Housekeeping aides
- Health & Safety Committee Member

**BACKGROUND:**

Hazardous materials are used throughout residential care homes. A spill may include liquids, powders, or even gaseous substances. Occasionally spills, misuse and other incidents can expose staff, other people or the environment to these materials. The Code Brown alerts staff to an unexpected release of a hazardous or potentially hazardous material and provides response procedures for competent prompt clean-up to reduce and eliminate the hazards present.

**PROCEDURES:****All Staff Discovering a Spill or Leak of Hazardous or Unidentified Material:**

1. Notify the Incident Manager/designate of any suspected/actual chemical spill.
2. Report to the Incident Manager/designate upon hearing the Code Brown page.

**Incident Manager:**

1. Page or delegate an employee to page three times:  
"CODE BROWN (location)"

**Note:** *When there is any doubt about the type, extent or nature of the risk associated with a spill, the person discovering the spill will call 9-1-1*

2. Notify the Administrator to request the Spill Response Team if the spill cannot be addressed with the staff on hand or occurs after hours.
3. Cordon off the area and keep people away until the Spill Response Team arrives.  
**S** SAFELY EVACUATE EVERYONE FROM THE IMMEDIATE AREA AND SECURE AREA  
**P** PREVENT THE SPREAD OF VAPOURS BY CLOSING DOORS  
**I** INITIATE APPROPRIATE SPILL PROCEDURE (See SDS Binder)  
**L** LEAVE ALL ELECTRICAL EQUIPMENT ALONE. DO NOT TURN ON OR OFF.  
**L** LOCATE ANY INFORMATION REGARDING THE CHEMICAL (See SDS Binder), IF POSSIBLE, AND ACT ACCORDINGLY
4. If the spill is of a flammable material or there are any injuries/illness:
  - a. Call 9-1-1 – do not pull the fire alarm;
  - b. Clear everyone from the area;
  - c. Ensure no sources of ignition;

- d. Open windows to ventilate the area (if safe to do so); and attend to people who may be contaminated. Remove contamination immediately and flush the skin with water for no less than 15 minutes. Launder clothing before re-use.

**Note:** *If the clothing contamination is flammable or highly toxic, then it should be disposed of not laundered.*

5. Identify where eye wash stations are located.

**Spill Response Team/Incident Manager:**

1. Upon hearing the Code Brown alert, proceed to the spill location to assess the situation.
2. The most senior member of the Spill Response Team will be the Incident Manager unless relieved by a more senior manager.
3. Ensure the safety of residents, staff and others in the building.
4. Determine if evacuation is required. If an emergency evacuation of the unit or greater area is required, announce Code Green and notify the Administrator. Code Green will be paged and the Administrator will be notified.
5. Determine the name and quantity of the substance spilled.
6. Obtain the Safety Data Sheet (SDS) or other references and review for recommended spill clean-up methods and materials, and assess the need for personal protective equipment (PPE) (e.g., masks, goggles, gloves, protective clothing).
7. Utilize proper PPE based on the chemical spilled as per the SDS.
8. Assess the spill from a safe location to determine if it is within the team's capability to clean up (Manageable Spill) or not (Unmanageable Spill). The complexity and detail of the clean-up plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.

**MANAGEABLE SPILLS**

1. Initiate clean-up following the assessment of the spill and your team's capacity.

**Note:** *If the spill is outside the capability of your team, follow the steps outlined below in Unmanageable Spill Procedures*

2. Obtain the spill response kit. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g. Brushes, scoops, sealable containers).
3. Protect all floor drains or other means of environmental release.
4. Distribute loose spill control materials over the entire spill area, working from the outside, circling to the inside, and reducing the chance of splash or spread of the spilled chemical.
5. Absorb the spilled materials using a brush and scoop to place materials in an appropriate container. Use polyethylene bags for small spills. Five-gallon pails or 20-gallon drums with polyethylene liners may be appropriate for larger quantities.
6. Complete a hazardous waste sticker, identifying the material as spill debris involving (identify) chemical, and affix onto the container.

**Note:** *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.*

7. Decontaminate the surface where the spill occurred using a mild detergent and water when appropriate.
8. Arrange for operations to return to normal when the spill is cleaned up and no longer hazardous.
9. Notify the Ministry of Health or health authority immediately if any evacuation or displacement of residents occurs or if there is any disruption to the home operations.
10. Notify the Ministry of Labour if there are any critical injuries to staff.
11. Complete the Incident Report, making recommendations as required, and submit to the Administrator.
12. Announce or designate an employee to announce three times:  
"CODE BROWN (location), ALL CLEAR"

**UNMANAGEABLE SPILLS**

1. Assess the spill. If the spill is determined to be outside the capabilities of the Spill Response Team, make arrangements for external assistance, which could include a commercial spill response team.
2. Follow the Code Brown Incident Management Checklist.
3. Notify your local Public Works Department if the spill involves or potentially involves a floor drain or other means of release into the environment.
4. Notify appropriate government/expert agencies for safety and environmental purposes such as legislative requirements for handling and clean-up.
5. Contact the Administrator to activate the Emergency Operations Center.
6. Notify the Ministry of Health or health authority immediately if any evacuation or displacement of residents occurs or if there is any disruption to the home operations.
7. Complete the Incident Report, making recommendations as required and submit to the Administrator.

**Administrator:**

1. Initiate the Incident Management Team.

**Nurses and Care Staff:**

1. May be required to assist in care in the event of injury.
2. May be required to assist in evacuation procedures.

**Other Staff:**

1. Stay away from the affected area.
2. Ensure personal safety and the safety of others is protected.
3. Await further instructions from the Incident Management Team and or external authorities

## Code Grey – Essential Services

Essential Services emergency involves uncontrollable occurrences inside and/or outside the home that have the potential to affect the health and safety of residents, families, staff and volunteers. Examples of this include failures of power, nurse call bell system, maglocks, elevators, etc.

### Terms of Reference

#### **ESSENTIAL SERVICES**

Essential services include the home's heating/cooling system(s); emergency lighting in hallways, corridors, stairways and exits; dietary services equipment required to store food at safe temperatures; resident-staff communication and response system; elevators and life-support, safety and emergency equipment.

#### **HVAC**

HVAC (heating, ventilation, air conditioning) systems provide fresh air, exhaust stale air, and provide heat and cooling.

#### **POLICY:**

The home will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Essential Services event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care. Upon announcement of a Code Grey – Essential Services, staff will follow procedures outlined in the Code Grey – Essential Services Checklist specific to their role.

The residence is equipped with, or will have access to, a stand-by generator to provide electrical power to critical points within the home during a power failure. The residence has identified which services are on the backup generator for continuous operation where applicable. In the event the home does not have generator on site, the home must describe in their Emergency Response Plan, where possible, the contingency plan for a generator or access to a generator that will be operational within three (3) hours of a power outage and can maintain, at a minimum, the following:

- Telephone system (may be limited to key locations);
- Fire alarm system;
- Resident-Staff communication and response system (Nurse call system);
- Emergency lighting in the hallways and stairwells;
- Safety and emergency equipment (e.g., Mag-lock doors, resident wandering systems);
- Life safety systems;
- Heating system;
- Elevators;
- Where the home will obtain an ongoing fuel supply (natural gas); and
- Other items as required by the jurisdictional authorities

Generator tests will be conducted monthly. One full-load test shall be carried out annually on the generator. A service agreement for 24/7 repair of the home's HVAC system will be in place

in the event of a failure and regularly scheduled maintenance will be conducted in keeping with the Belmont's Preventive Maintenance Program and manufacturer's specifications.

## **PROCEDURES:**

### **Administrator/Designate:**

#### **PREVENT**

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Essential Services to ensure timely communication with residents and staff.
2. Conduct daily/weekly walkabouts of the home to ensure no visible damage to equipment, equipment power cords and electrical fittings.

**Note:** Consider all electrical wires to be live until proven otherwise if wires hanging out of walls/ceilings are seen. Be aware that unusually warm or hot outlets or cords may be a sign that unsafe wiring conditions exist.

3. Ensure preventative maintenance is conducted on all devices in the home (HVAC systems, stoves, washing machines and dryers, kitchen equipment, etc.) as per Preventive Maintenance program and manufacturer's requirements.
4. Report all damaged or suspicious equipment immediately to maintenance staff.

#### **PREPARE**

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum yearly thereafter (i.e., during Code Grey month).
2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.
3. Be familiar with the procedures for disconnecting the automatic operation of doors, if applicable. Ensure instructions are included in the home's Emergency Response Plan.
4. Ensure the home is equipped with a stand-by generator or has access to one quickly, with little notice.
5. Keep flashlights at each nursing station to assist in the event of a power failure.
6. Consider purchasing inverter battery packs to allow beds to continue to be raised and lowered during a power outage.

**Note:** Improper extension cord use can be a potential fire hazard:

*a. Avoid octopi's electrical connections (multiple extension cords plugged into single power outlet);*

*b. Use extension cords capable of carrying the intended load (i.e., do not use an extension cord for a window A/C unit that is meant for a desk lamp); and*

*c. Do not plug a power bar into an extension cord (power bars should be plugged directly into the wall outlet).*

7. Ensure laptops, tablets and work phones are charged.
8. Know which printer is connected to the stand-by generator.
9. Ensure the home has flow sheets for documentation of resident care in the event of a power failure.

### **Incident Manager/Designate:**

#### **RESPOND**

1. Use the Code Grey – Essential Services Incident Manager Checklist when responding to any essential service failure/disruption.

2. Advise residents and visitors to:
  - a. Follow instructions from the Incident Manager.
  - b. Do not turn on any electrical equipment.
  - c. Try to remain in one area as much as possible.
  - d. Advise staff members of any risk(s) observed as well as any observation of lack of monitoring of any unlocked external or stairwell door.

**Maintenance:****RESPOND**

1. Use the Code Grey – Essential Services Maintenance Checklist when responding to any essential service failure/disruption. Refer to *Code Grey – Essential Services Maintenance Checklist, Appendix 2*.

**Dietary Staff:****RESPOND**

1. Use the Code Grey – Essential Services Dietary Checklist when responding to any essential service failure/disruption that affects kitchen equipment including refrigeration and freezer units. Refer to *Code Grey – Essential Services Dietary Checklist, Appendix 3*.

**Registered Staff:****RESPOND**

1. Use the Code Grey – Essential Services Nursing Staff Checklist when responding to an emergency that ceases internet connectivity in the home. Refer to *Code Grey – Essential Services Nursing Staff Checklist, Appendix 4*

**Registered and Care Staff:****RESPOND**

1. Complete and document resident checks every 15 minutes when the nurse call bell system not working.
2. Use a designated cellular phone to notify families, as applicable and if required.

**All Staff:****RESPOND**

1. Follow instructions provided by the Incident Manager.
2. Be alert to the potential of elevator shutdown during a power failure. If the power has been "flickering", avoid the use of elevators.
3. Ensure non-functioning maglock outdoor and stairwell doors are monitored.
4. Refer to applicable policy, *Preventing Heat-Related Illnesses* in the Resident Care Manual if there is HVAC system failure.

**\*\* Using candles during a Code Grey – Essential Services emergency is strictly prohibited.\*\***

## Code Aqua– Building Flood

### **POLICY:**

A Code Aqua – Building Flood emergency involves an occurrence inside the home that has the potential to flood a home area and affects the health and safety of residents, families, staff and volunteers. Building floods can be caused from burst or broken pipes, overflowed toilets, leaking kitchen or laundry equipment, sewage backup, etc.

### **BACKGROUND:**

Homes will implement preventive, preparedness, responsive and recovery procedures when managing Code Aqua – Building Flood event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care. Upon announcement of a Code Aqua – Building Flood, staff will initiate water supply shut-off to contain flood and evacuate affected areas as required.

### **PROCEDURES:**

#### **Administrator/Designate:**

##### **PREVENT**

1. Monitor for local alerts or advisories that have the potential to prompt a Code Aqua – Building Flood to ensure timely communication with residents and staff (i.e., weather that may cause pipe freezing).
2. Conduct daily/weekly walkabouts of the home to ensure visible water pipes are not corroded, no exposed wiring, etc.
3. Ensure preventive maintenance is conducted on all devices in the home such as washing machines, kitchen equipment, etc. as per Preventive Maintenance program and manufacturer's requirements.
4. Report all damaged or suspicious equipment immediately to maintenance staff.
5. Ensure slow-draining sinks are checked for potential clogging.

##### **PREPARE**

1. Ensure staff training related to Code Aqua is completed at orientation, and at minimum yearly thereafter (i.e., during Code Aqua month).
2. Ensure the Code Aqua tabletop is completed using an interdisciplinary approach during Code Aqua month.
3. Ensure the home's Emergency Response Plan includes instructions on how to turn off the water supply for both hot and cold water at the main valve, including water supply shut-off valves in specific areas.

**Note:** *Toilets and sinks generally have their own shut-off valves that are easy to locate.*

4. Ensure "Caution Wet Floor" signs are accessible.

#### **Incident Manager/Designate:**

##### **RESPOND**

1. Use the Code Aqua – Building Flood Incident Manager Checklist when responding to any in-home flood emergency. Refer to *Code Aqua – Building Flood Incident Manager Checklist, Appendix 1*.
2. Advise residents and visitors to:

- a. Follow instructions from the Incident Manager.
- b. Stay away from the affected area.
- c. Advise staff members of any risk(s) observed, or any floods discovered.
- d. Remain inside the home unless instructed otherwise.

**RECOVER**

Use the Code Aqua – Building Flood Incident Manager Checklist for “All Clear” procedures. Refer to *Code Aqua – Building Flood Incident Manager Checklist, Appendix*

**All Staff:  
RESPOND**

1. Notify the Incident Manager upon the discovery of a building flood.
2. Follow instructions provided by the Incident Manager.
3. Be aware of the location of “Caution Wet Floor” signs. Place the sign(s) so that they intercept foot traffic to the flooded area, if the extent of the flood is determined to be minor.
4. Instruct people to stay out of the affected, flooded area.
5. Shut down all electronic equipment in the flooded area, if safe to do so.

# Code Orange – External/Natural Disaster

## TERMS OF REFERENCE

### CODE ORANGE

Alerts staff that the home has been notified of an external or natural disaster that has / may result in incoming residents to the home.

**FAMILY INFORMATION SUPPORT Center:** an area set up on a temporary basis to provide support and communications to the family members of residents and/or incoming residents.

### STAFF CALL-BACK LIST

A process by which lists of off-duty staff within a defined group are contacted to report

### POLICY:

The home must be prepared to receive and treat a sudden influx of people requiring emergency care due to an external or natural disaster such as a tornado, earthquake, hurricane or severe storm, while ensuring the safety and care of existing residents, staff, volunteers and visitors. The home will enact appropriate emergency responses to natural/external disasters as directed by IMS leaders. Emergency officials will declare when a Code Orange is declared over. The local or municipal disaster recovery plan may supersede this policy manual.

### BACKGROUND:

Code Orange alerts staff to the potential of a large volume of incoming residents due to external or natural disasters. Its primary use is to accept residents from another evacuated long-term care or retirement home. Code Orange could also be used if the local municipality has requested the home as a reception centre for community members being evacuated from a major event, hospital evacuation, etc. While homecare not the primary destination or home of choice for emergency planners, they have commercial kitchen facilities, larger spaces to accommodate people and alternative electricity sources that make them a viable option. The evacuation and relocation of the elderly and people requiring special care is a traumatic event. These people cannot be treated as other incoming residents. Many will have increased complications (medical, psychological, behaviours, social and dietary). In addition, incoming people may not have medical charts, medications, accompanying staff or family members. For these reasons, we refer to incoming people as residents in this policy.

### PROCEDURES:

#### Call Recipient:

1. Direct calls received by the home for incoming residents to the Incident Manager.

#### Incident Manager/Designate:

1. Upon receipt of a phone call advising of the potential for incoming residents, gather the following information:
  - a. Name, full contact information and official capacity of the caller
  - b. Nature of the disaster;
  - c. Location of the disaster;
  - d. Time frame to anticipate residents;

- e. Where the residents are coming from;
  - f. Demographics of the incoming residents (Long Term Care, Retirement, Group Home, Community, etc.);
  - g. Anticipated number of residents;
  - h. Resources accompanying the residents (e.g., nursing staff, volunteers);
  - I. Anticipated duration of the stay; and
  - j. Physical / medical / emotional condition of the residents;
  - k. Time of call.
2. Use the Code Orange Checklist
  3. Notify the Administrator.
  4. If residents are expected to arrive in less than 3 hours, announce or delegate an employee to announce (repeat 3 times), to alert staff of the potential incident:  
"CODE ORANGE"
  5. If residents are expected to arrive in three hours or more, a Code Orange is not required, but you will be expected to bring together the Incident Management System (IMS) Team.
  6. Mobilize the IMS Team in the Emergency Operations Centre.
  7. Assign the Incident Management Team positions for:
    - a. Operations;
    - b. Logistics;
    - c. Planning;
    - d. Finance/Administration;
    - e. Safety;
    - f. Liaison; and
    - g. Communications.
  8. Delegate staff to complete other tasks as required.
  10. Review all information collected and evaluate the capability of the home to assist in the incident.
  11. Communicate with the originating organization to advise how many residents can be accepted and the restrictions on their presenting conditions based on the resources available.
  12. Implement the staff call-back list procedure to call in the staff required for receiving the residents. Establish a receiving area where residents can be triaged and assessed, utilizing incoming resident documentation forms.
  13. Provide resident identification tags.
  14. Establish an area(s) for housing the incoming residents (e.g., multi-purpose room).
  15. Establish a plan for the associated influx of family members and friends of the incoming residents.
  16. Arrange for a nurse, dietitian and social worker to be available (where possible) to provide assessments on the incoming residents.
  17. Assign a staff member to direct incoming residents, families, etc. and ensure that the arriving resident's access designated areas only.
  18. Establish washrooms for incoming residents.
  19. Set up Family Information Support Centre.
  20. Contact appropriate stakeholders (Senior Management, Communications.).

**Department Managers and Supervisors:**

1. Proceed to the Emergency Operations Centre for instructions within 10 minutes of the Code Orange announcement.

**All Staff:**

1. Once Code Orange is announced, return to your assigned stations and report to your supervisor.
2. Await further instruction by the Incident Manager or designate.

**EQUIPMENT NEEDED**

- Mattresses, along with additional linen, pillows, etc.
- Chairs and tables
- Safety cones or other forms of indicators identifying where people are to go or be restricted from.

## Code Black – Bomb Threat

**\*\*\*\*Any bomb threat or terrorist threat must be reported immediately to the Management Team and be Treated as a critical incident.**

### BACKGROUND:

Bomb threats are most often received in the following ways:

- The home will receive a telephone warning claiming that a bomb has allegedly been planted in the home.
- A letter, email, or social media message addressed and sent to the home / office containing a-bomb threat or a threatening note is delivered to the home / office.
- Suspicious packages placed within the home.

### PROCEDURES:

#### Employee Receiving the Threat:

#### RECEIVING A BOMB THREAT

1. Treat the call seriously, remain calm and courteous and speak in a normal tone. Attempt to prolong the conversation and do not interrupt the caller as this will help in tracing the call by police.
2. To prolong the conversation and extract as much information as possible from the caller, ask the following questions:
  - a. When will the bomb explode?
  - b. Where is the bomb? (Ask for the specific location.)
  - c. What does it look like?
  - d. Why did you place the bomb there?
  - e. What is your name?
  - f. Where are you calling from?

**Note:** *Most callers will not reveal who or where they are but try to obtain this information anyway.*

3. Signal another employee using non-verbal cues to report the call to police immediately, using another Land line, request a trace on the call and notify the home/office's Incident Manager to initiate IMS. Do not inform the caller that you have informed the police.
4. Immediately after the phone call, complete the Bomb Threat Report for the police investigation. Fill out as much of the report as possible. Give the Incident Manager a full account. See *Bomb Threat Report, Appendix 3*.
5. Document as much of the conversation and background as possible, including:
  - a. Date, time and approximate length of the call
  - b. The exact wording of the threat

- c. 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)
  - d. Anything familiar about the voice
  - e. Any background noises
  - f. Whether the caller seemed to be familiar with the area or building
  - g. What phone line the call was received on
6. Be alert to subsequent calls of the same nature.

### **RECEIVING A WRITTEN, MAILED OR ELECTRONIC THREAT**

1. Treat all threats seriously.
2. If the threat is written, mailed or dropped off, avoid handling the document to preserve fingerprint evidence.
3. If the threat was sent electronically (email, text, social media etc.):
  - a. Save the message for future reference by the authorities
  - b. Do not forward the message unless requested to do so by authorities
  - c. Do not respond to the message
4. Notify the Incident Manager, who will notify the police.
5. Give the Incident Manager a full account of your steps.
6. Complete the Bomb Threat Report for the police investigation.

**Note:** A copy of the Bomb Threat Report form must be accessible at nursing and reception areas at all times.

7. Follow the Incident Manager's instructions.

### **SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED**

1. Do not touch, move or open the object.
2. Do not activate light switches, slam doors or move nearby objects in the area of the suspicious object.
3. Do not use portable radios (walkie-talkies), cell phones or other electronic devices.
4. Announce a Code Green (evacuation) for that area. Refer to Code Green procedures.
5. Notify the Incident Manager.

### **Incident Manager Receiving a Bomb Threat:**

1. Use the CODE BLACK Emergency Checklist – Bomb/Terrorism to track action and log the times of the response.
2. If the caller was not specific as to the location within the home, announce or delegate an employee to announce (repeat three times):

*"CODE BLACK– ALL VISITORS AND STAFF, PLEASE TURN OFF ALL CELL PHONES AND OTHER WIRELESS DEVICES IMMEDIATELY. THANK YOU.*
3. If the call identified a specific location within the home, announce or designate an employee to announce (repeat three times):

*"CODE BLACK (LOCATION) – ALL VISITORS AND STAFF, PLEASE TURN OFF ALL CELL PHONES AND OTHER WIRELESS DEVICES IMMEDIATELY. THANK YOU - CODE GREEN (LOCATION) - PLEASE CALMLY EVACUATE (LOCATION)."*

**A THREAT TO A SPECIFIC LOCATION**

1. If the threat identified a specific bomb location, announce a Code Green for that area and, using a landline phone, notify police services. Refer to Code Green evacuation instructions.
2. Search the evacuated area for unusual or suspicious objects. Coordinate the evacuation and provide instructions to staff as required.

**A NON-SPECIFIC THREAT**

1. Notify the police.
2. If required, delegate personnel to initiate a staff call-back using the staff call backlist. Those responding to the staff call-back will report to the Emergency Operations Centre.
3. Request additional help, as required, using a landline phone.
4. Provide details of the threat and a map of the home to staff to initiate the search for the bomb in the order given in the checklist, including a grounds search.
5. Search the home area most familiar to you.
6. Assign staff reporting from the staff call-back list to assist in the search, inapplicable. Review the information with police to determine additional actions.

**TRACING A CALL**

1. If the call has not already been disconnected, on another phone line, dial the operator "0" and request a trace on the call. Provide the operator with the number you need traced.
2. Some phone services will have a number that can be dialed immediately after hanging up. If your phone provider offers this service, trace the call and report the number immediately to police.
3. Call the police immediately; give the suspected bomb location and indicate at trace was requested/obtained on the call.
4. If possible, listen in on the call.
5. Begin search for bomb.

**RECEIVING A WRITTEN, MAILED OR ELECTRONIC THREAT**

1. Notify the police and provide details of the threat. Do not handle a written or mailed threat.
2. If the threat identifies a specific location, refer to the procedures above for a Specific Threat Location.
3. If the threat did not identify a specific location, refer to the procedures above for a Non-Specific Threat.

**SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED**

1. Announce Code Green (evacuation) for the area and follow Code Green procedures. Clear and secure the area surrounding the suspicious object to ensure the safety of residents, staff and others present.
2. Search the relocation area before moving residents into it.
3. Do not activate light switches, slam doors or move nearby objects in the area of the suspicious object.
4. Do not use portable radios (walkie-talkies), cell phones or other electronic devices.
5. Do not assume there is only one device. Search the entire home.

6. Advise the police of the location and external appearance of the suspicious object/package.
7. Delegate an employee to begin staff call-back notification if additional help is required.

**All Staff Receiving a Bomb Threat:**

1. Turn off cell and wireless phones immediately upon hearing the Code Black announcement.
2. Report suspicious, unusual or unknown items, packages and people to the Incident Manager.
3. Report to the Incident Manager for directions on a search.
4. If a specific location is given along with a Code Green, assist in the evacuation.

**A THREAT TO A SPECIFIC LOCATION**

1. Upon notification of a Code Green (evacuation) following a Code Black, evacuate residents from the identified area to a safe location and close fire doors.
2. Once the identified area is evacuated, stay out of the identified area. The police will initiate the search of that area.
3. If you are not involved in or have completed the evacuation, search your own work area.
4. Search the evacuation reception area for any unusual or suspicious objects.

**SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED**

1. Do not activate light switches, slam doors or move nearby objects in the area of the suspicious object/package. Do not use portable radios (walkie-talkies), cell phones or other electronic devices.
2. Upon notification of a Code Green (evacuation) following a Code Black, follow Code Green procedures. Begin the evacuation with everyone closest to the device area.

**Search Teams:****A NON-SPECIFIC THREAT**

1. Each person or team (where searches are in pairs) conducting a search will update the Incident Manager every 10 minutes and check in for further instruction.
2. Searches will include closets, bathrooms, toilets, garbage cans, recycling bins, laundry carts, and medication carts, cabinets, under chairs, tables, and beds. Rooms should be searched in a counter-clockwise rotation and from ceiling to floor.
3. Rooms searched must be identified with an indicator.

**Administrator/Designate:**

1. Establish the senior IMS Team immediately.
2. Notify the provincial Ministry of Health/local Public Health Authority.

**Note:** *If the package is determined to be an actual explosive device or any Resident area is evacuated, notification will be immediate.*

# Code Purple – Hostage Situation

## TERMS OF REFERENCE

### HOSTAGE SITUATION

An incident in which someone takes and unlawfully holds others against their will with the user threatened use of force. The offender(s) may subsequently make demands to secure freedom or other items using the hostage(s) as a bargaining tool. Generally, the location of the hostage(s) and offender(s) will be known.

### HOSTAGE TAKER

A person who unlawfully confines another with the use or threatened use of force.

### HOSTAGE

Any staff, resident or visitors within the home who has been taken captive

### POLICY:

The Home will provide a safe environment for residents, families, staff, volunteers and visitors. If a hostage situation occurs, the primary aim is to remove all other people from the situation or area and have the police negotiate a successful resolution to the incident.

### PROCEDURE:

#### Incident Manager:

1. Assess the situation and take charge. Ensure the police have been notified. Do not page a code Purple on intercom. Appoint staff to notify areas adjacent to the incident.
2. Evacuate the area of residents, staff and others safely.
3. Update the police (9-1-1) within 5 minutes.
4. Delegate an employee to meet the police at the main entrance and provide directions to the scene. Provide optional access to the scene (e.g., Stairways/elevators).
5. As soon as police arrive, they will assume control to successfully secure the release of the hostage(s).
6. Have the following information available for police and senior management:
  - a. Identification and number of hostage(s) (including photographs if available);
  - b. Identification and number of captor(s) (including photographs if available)
  - c. Type and number of weapons, if any, in possession of captor(s)
  - d. Threats and demands by the captor(s)
  - e. Precise location and floor plan of the area controlled by the captor(s)
  - f. Location of people who could not be evacuated and are not considered hostages
  - g. Location and number of telephones in the available area.
7. Account for all residents and staff, visitors and volunteers.
8. Notify the Administrator (if the IMS Leader is not the Administrator).
9. Contact necessary authorities and governing agencies.
10. Establish the IMS Team in the Emergency Operations Centre.

### FOLLOWING THE HOSTAGE SITUATION

1. Provide support to residents, staff and volunteers impacted by the hostage situation. Arrange for medical aid and/or counseling services as needed and requested.
2. Account for residents, staff volunteers and visitors.

3. Ensure residents, staff, volunteers or visitors involved (even remotely) speak with the police following the incident.
4. Conduct a short initial debriefing of staff and volunteers involved in the incident. The Administrator will schedule a full debrief.
5. Ensure all staff involved completes a written report of the incident details and submits it to the Administrator before leaving the home.

**All Staff Not Captive in the Hostage Situation:**

Get away from immediate danger and evacuate residents from the area safely. Call the police (9-1-1) and provide as much information as possible, i.e., Location of the incident, number of hostage takers and hostages, physical description and names of the hostage takers and hostages (if known), any weapons involved (if known), your name, location and telephone number.

1. Notify the Incident Manager.
2. Complete a situation report of the details of the incident and submit to the Administrator before leaving the home.
3. Do not speak to the media. Do not use the telephones or social media, including your wireless devices.

**Hostages:**

1. Remain calm, be polite, cooperate and follow instructions.
2. Do not leave unless you are certain you and anyone else with you is not endanger.
3. Do not negotiate with the captor(s). Leave decision-making and or action to resolve the situation to the Incident Manager and/or police.
4. Avoid sudden movements or an aggressive / threatening stance or behaviour.
5. Meet demands with "I'll do my best". Never say "no."
6. Avoid an aggressive stance or demeanor and do not engage in discussions with your captor(s). Do not speak unless spoken to.
7. Cooperate with the hostage taker and follow instructions. Do not make any suggestions to your captor(s) as they might think you plan to escape or have other motives.
8. Do not turn your back on your captor(s) unless ordered to and maintain eye contact without staring.
9. Be reassured that your fellow workers and police negotiators are doing their best to get you out safely. Be prepared to speak with police over the phone.
10. Stay low to the ground and away from windows and doors, if possible.
11. DO NOT RUN when rescue comes. Take cover on the floor and remain still for your protection. Keep your hands visible and do not make any sudden movements. Initial police response team will come in with guns and will not stop to help victims. Rescue teams will follow and will provide aid.
12. Do not disturb possible evidence. This is a crime scene. Expect police questions.

**FOLLOWING THE HOSTAGE SITUATION****Affected Staff:**

1. Provide police with as much information as possible about the hostage situation.
2. Participate in debriefing sessions.

**Administrator:**

1. Notify the provincial OH&S office (e.g., Ministry of Labour) if any staff suffers a critical injury.
2. Determine if the provincial health authority (e.g., Ministry of Health, Ministry of Long-Term Care) should be notified.
3. Complete a critical incident report.
4. Schedule a detailed review within one week of any Code Purple incident.
5. Coordinate communications and ensure approval by police and Corporate Communications.
6. Communicate appropriate information to families and other stakeholders. Prepare for media inquiries.
7. Update stakeholders regarding situation status.

## Code Silver – Active Assailant

### **POLICY:**

The Home will provide a safe environment for residents, families, staff, volunteers and visitors. If an active assailant situation occurs, the primary aim is to remove all individuals from the situation or area, as quickly as possible, to minimize casualties and to have the police respond and manage the incident. When a Code Silver is announced, staff will instruct all individuals in their immediate area to evacuate the area/building immediately if it is safe to do so. If it is not safe to evacuate the area/building, staff will protect themselves and others by sheltering in a location that provides as much protection as possible (i.e., behind a locked door, out of sight, behind large objects).

### **BACKGROUND:**

Code Silver – Active Assailant is the designated Emergency Response Plan implemented to communicate and activate a standard organizational response to an incident in which a weapon (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, or attempting to kill people within any of our Long-Term Care or Retirement Homes. The main objectives of activating the Code Silver – Active Assailant Emergency Response Plan are:

- To minimize risk and preserve the safety of residents, staff, physicians, visitors, volunteers, and any contractors that may be on-site at the time of the incident; and
- To trigger an immediate response from police services.

The Code Silver – Active Assailant policy can be initiated by any member of staff who witnesses or recognizes an active threat that requires an immediate police service notification and response by activating the actions outlined in this policy. Law enforcement personnel are the primary responders and will assume control in any Code Silver response. Do not interfere with the police officers by delaying or impeding their movements: The police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals. Police officers will be responding with the intent to use a required level of force to diffuse the situation.

Ensure you do not present yourself as a threat to them:

- Drop any items in your hands (e.g., bags, jackets, etc.)
- Immediately raise hands and keep them visible at all times
- Remain calm and follow the officers' instructions; avoid screaming and/or yelling
- Avoid making quick movements toward officers
- Do not stop to ask officers for help or direction when evacuating; proceed in the direction from which officers are entering the area. All individuals must remain in a safe location, as instructed by police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until police have instructed you to do so.

### **PROCEDURES:**

#### **Incident Manager:**

1. Assess the situation and take charge. Call 911 and notify the police of the situation.
2. Announce over the paging system "Code Silver" three times and announce location if known.
3. Refer to *Appendix 1, Code Silver – Active Assailant Emergency Response Algorithm and Appendix 2, Resident Care Decisions* for further direction, as necessary.

4. Evacuate the area of residents, staff and others if safe to do so.
5. Do not allow anyone to enter the building.
6. Provide police with access codes, cards and master keys as required to allow them to enter any area within the building.
7. Initiate a lockdown of the building as instructed by the police.
8. Delegate an employee to meet the police at the main entrance or outside the building if the assailant is in the main lobby area and provide as much information as you can to assist the police. Inform the police of any weapons the assailant is in possession of, if known. Provide optional access to the scene (e.g., stairways/elevators).
9. As soon as police arrive, they will assume control of the situation.
10. Have the following information available for police and senior management:
  - a. Identification and number of hostage(s) and/or injured persons/victims (including locations the building if known);
  - b. Identification and number of assailant(s) including location in the building, if known;
  - c. Type and number of weapons, if any, in possession of the assailant(s);
  - d. Threats and demands by the assailant(s);
  - e. Precise location and floor plan of the area controlled by the assailants(s), if appropriate;
  - f. Location of people who could not be evacuated and may or may not be injured;
  - g. Location and number of telephones in the available area.
11. Account for all residents and staff, visitors and volunteers.
12. Notify the Administrator (if the IMS Leader is not the Administrator).
13. Contact necessary authorities and governing agencies.
14. Establish the IMS Team in the Emergency Operations Centre.

### **FOLLOWING THE ACTIVE ASSAILANT SITUATION**

1. Announce "Code Silver, All Clear" overhead three times only after being notified by police that it is safe to do so.
2. Provide support to residents, staff and volunteers impacted by the situation. Arrange for medical aid and/or counseling services as needed and requested.
3. Account for residents, staff, volunteers and visitors.
4. Ensure residents, staff, volunteers or visitors involved speak with the police following the incident.
5. Conduct a short initial debriefing of staff and volunteers involved in the incident. The Administrator will schedule a full debrief.
6. Ensure all staff involved completes a written report of the incident details and submits it to the Administrator before leaving.

### **All Staff:**

Remain calm and evacuate if safe to do so.

1. Do not confront any individual with a weapon.
2. If possible, assist others to leave the area and redirect those trying to enter.
3. Hide, if unable to evacuate. Use rooms with doors that lock and barricade the door with heavy furniture. Silence your cell phone and turn off any sources of noise (radios, televisions, etc.). Hide behind large objects. Remain quiet and low to the ground.
4. Survive! Fight only as a last resort. Only if your life is in imminent danger, attempt to disrupt and/or incapacitate the assailant by:
  - a. Acting as aggressively as possible against him/her,

- b. Throwing items at the assailant(s) and
- c. Improvising weapons.

**Note:** *If others are available, work together to distract and attack the assailant(s) as fiercely as possible.*

5. Call the police and advise them of your location and details of your situation only when safe to do so. Give the police as much information as possible, including; current location of the assailant(s) or direction headed, if known; type of weapons; description of the assailant(s); any comments or demands made by the assailant(s); information on victims/hostages; and any other information that you feel may be relevant.
6. Remain on the line and follow the instructions of the operator (stay as quiet as possible).

## **RESIDENT CARE DECISIONS**

Health care professionals may be faced with the decision about the safety of residents and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure. Every reasonable attempt to continue caring for residents must be made, but in the event, this becomes impossible without putting others at risk for loss of life, certain decisions must be made.

### **IF AN ASSAILANT IS ON, OR IN CLOSE PROXIMITY TO YOUR UNIT/RESIDENT HOME AREA:**

If an assailant is on, or in close proximity to your Unit/Resident Home Area, and you are with a resident you may have to make decisions about your own personal safety and the temporary discontinuation of resident care. Staff should take steps to protect residents if there is time and using a method that does not jeopardize the personal safety of the staff or interfere with Police actions. These steps may include evacuating the area or preventing entry to an area where the active assailant is located. However, during an active assailant situation staff may find there is not sufficient time to do anything but to ensure their own safety. In this instance, as soon as the situation has resolved the staff should promptly resume care of residents.

1. Staff are to follow the **RUN, HIDE, FIGHT** action plan, even if you are engaged in resident care.
2. Temporarily discontinue all resident care
3. Assist residents to evacuate with you if they are able and if it is safe to do so
4. If you are with a resident who cannot escape with you:
  - a. Let the resident know that you have to leave
  - b. Instruct the resident to remain calm and stay alert
  - c. Instruct the resident to remain quiet and not to make contact with the assailant
  - d. Turn off the lights in the resident room and secure the door as best you can upon

exiting.

*If **RUN** is not a safe option, hide in as safe a place as possible. If it is best for you to remain in a resident's room, follow the **HIDE** actions, in the Response Algorithm. If you are in a specialty care unit, secure the unit entrance(s) by any means available (e.g., door locks, furniture, cabinets, bed, equipment, supply carts, etc.)*

## Active Assailant Emergency Response Plan Algorithm

### Staff Member Discovering the incident/Staff in close proximity to the incident

Recognizes or Becomes Aware of an incident in which a weapon (firearm, edged weapon, explosive, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, or attempting to kill, people.

#### **RUN**

- Have an escape route and plan in mind
- If you are with a resident, see **Resident Care Decisions (Appendix 1)**
- Leave the area of the threat immediately; leave your belongings behind
- Do not wait for others to follow and do not stop to assist anyone injured by the assailant. If an injured person is ambulatory and will not delay your escape, have them travel with you away from the building
- Choose a safe exit to leave the facility
- Call **911** when it is safe to do so

#### **Depending on the situation/where you are, your best option may be to HIDE**

- Get out of the assailant's view
- Block entry to your hiding place; close and secure doors. As able, cover any door windows, barricade the door with beds, desks, supply carts, heavy furniture
- Turn out the room lights. The room must seem to be empty.
- Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g., radio, TV)
- If safe and able, particularly if there are injured individuals with you, call 911 (cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you
- Remain where you are until Police announce themselves and they open the door to allow you out

#### **If RUN or HIDE are not safe options, when your life is in imminent danger;**

#### **Prepare to FIGHT**

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the assailant
- Act with physical aggression. If with others, act as a team; use improvised weapons (e.g., fire extinguishers, scissors, and chairs)

#### **Staff not in close proximity to the incident**

Upon hearing of a Code Silver – Active Assailant:

- Stop all movement through the building
- Do not return to a Unit /Resident Home Area in close proximity to the incident
- Stay away from the incident location (if known)

#### **Depending on the situation/where you are, your best option may be to HIDE**

- Confidently and calmly assure other staff, residents, and visitors to remain within their secured locations
- Block entry to your hiding place; close and secure doors. As able, cover any *door* windows, barricade the door with beds, desks, supply carts, heavy furniture

- Turn out the room lights. The room must seem to be empty.
- Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g., radio, TV)
- If safe and able, particularly if there are injured individuals with you, call **911**(cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you
- Remain where you are until Police announce themselves and **they** open the door to allow you out

**If HIDE is not a safe option, when your life is in imminent danger; prepare to**

### **FIGHT**

- As a last resort and only when your life is in imminent danger
- Attempt to incapacitate the assailant
- Act with physical aggression. If with others, act as a team;

## Code Purple – Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

## Code Purple – Emergency Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

- \_\_\_\_\_ Assess the situation; take charge. Ensure police are called. Do not page code purple overhead.
- \_\_\_\_\_ Where safe, evacuate all persons from the area. Keep a couple of people close by to help monitor the situation. Do not attempt to physically assault the hostage taker. Cooperate.
- \_\_\_\_\_ Delegate an employee to meet police at the front entrance to provide direction to the scene, including the possible use of emergency stairwells at the ends of each hall.
- \_\_\_\_\_ Call police with an update within 5 minutes of first call.
- \_\_\_\_\_ When police arrive, they assume control. Have the following information ready;
  - Identities and number of hostages (photos if available)
  - Identities and number of captors (photos if available)
  - Type a number of any weapons involved
  - Threats and demands made
  - Precise location and floor plan of the area controlled by the captors (fire plans located at each nursing station)
  - Location of anyone who couldn't be evacuated but aren't considered hostages
  - Location and number of phones in the area
- \_\_\_\_\_ Account for all persons in the building
- \_\_\_\_\_ Ensure all departments completed their emergency handbook procedures (see ERP appendix)
- \_\_\_\_\_ Notify the Administrator
- \_\_\_\_\_ Contact necessary authorities and governing bodies
- \_\_\_\_\_ Establish the IMS Team at the command centre
- \_\_\_\_\_ The administrator will appropriate information to families and the media.

## Code Black – Bomb Threat Report

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

QUESTIONS TO ASK	EXACT WORDING OF THREAT
1. Where is the bomb going to explode?	
2. Where is it now?	
3. What does it look like?	
4. What kind of bomb is it?	
5. What will cause it to explode?	
6. Did you place the bomb?	
7. Why did you place the bomb?	
8. What is your address? Where are you?	
9. What is your name?	

SEX OF CALLER	AGE	TYPE OF ACCENT	TIME OF CALL	LENGTH OF CALL

Did the caller appear familiar with the office or building by his/her description of the bomb location?  YES  NO

CALLER'S VOICE			
<input type="checkbox"/> Calm	<input type="checkbox"/> Laughing	<input type="checkbox"/> Lisp	<input type="checkbox"/> Disguised
<input type="checkbox"/> Angry	<input type="checkbox"/> Crying	<input type="checkbox"/> Raspy	<input type="checkbox"/> Accent
<input type="checkbox"/> Excited	<input type="checkbox"/> Normal	<input type="checkbox"/> Deep	<input type="checkbox"/> Stutter
<input type="checkbox"/> Slow	<input type="checkbox"/> Distinct	<input type="checkbox"/> Ragged	<input type="checkbox"/> Rapid
<input type="checkbox"/> Slurred	<input type="checkbox"/> Nasal	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft
<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Cracking Voice	<input type="checkbox"/> Deep Breathing	<input type="checkbox"/> Familiar ( <i>if the voice is familiar, who did it sound like?</i> ) _____

BACKGROUND SOUNDS			
<input type="checkbox"/> Street Noises	<input type="checkbox"/> House Noises	<input type="checkbox"/> PA system	<input type="checkbox"/> Animals
<input type="checkbox"/> Airport Noises	<input type="checkbox"/> Motor	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Music
<input type="checkbox"/> Voices	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Clear	<input type="checkbox"/> Static
<input type="checkbox"/> Factory Machinery	<input type="checkbox"/> Local	<input type="checkbox"/> Other (please specify)	

MESSAGE		
<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Foul	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Irrational	<input type="checkbox"/> Taped	<input type="checkbox"/> Message was read by threat-maker

**\*Please put any other remarks on the back of this form**

Signature: \_\_\_\_\_

## Code Black – Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

Date: \_\_\_\_\_

Incident manager: \_\_\_\_\_

\_\_\_\_\_

## CODE BLACK- Incident Checklist

**Record the time action was initiated** (note on the line below):

\_\_\_\_\_ Original threat reported to Charge Nurse by: \_\_\_\_\_  
 \_\_\_\_\_ Time original threat received: \_\_\_\_\_

- \_\_\_\_\_ Charge Nurse becomes Incident Manager until relieved by a more senior staff member.
- \_\_\_\_\_ Incident Manager advises all staff and visitors “Code Black – Please turn off all cell phones and wireless phones.” (Repeat three times)
- \_\_\_\_\_ Incident Manager delegates staff to start home search (see attached sheets).
- \_\_\_\_\_ Police notified via 9-1-1, by person who received the threat.
- \_\_\_\_\_ Police arrived at the home.
- \_\_\_\_\_ Administrator or designate notified (initiates Call Back List if required).
- \_\_\_\_\_ \*Ministry of Long-term Care \_\_\_\_\_

\*Document all calls made by Administrator or designate

### STAFF ASSIGNED TO FIRST SEARCH AREAS

- \_\_\_\_\_ Staff assigned to search basement
- \_\_\_\_\_ Staff assigned to search 1<sup>st</sup> floor
- \_\_\_\_\_ Staff assigned to search 2<sup>nd</sup> floor
- \_\_\_\_\_ Staff assigned to search Attic/roof
- \_\_\_\_\_ Staff assigned to search grounds and parking
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_

Remind the team leaders to send one person back to the Incident Manager/designate every 10 minutes. **Note:** The Administrator will adapt this form to the home floor plan as appropriate. All areas must be searched.

### SECOND SEARCH OF THE HOME AND GROUNDS COMMENCED

- \_\_\_\_\_ Staff assigned to search basement
- \_\_\_\_\_ Staff assigned to search 1<sup>st</sup> floor
- \_\_\_\_\_ Staff assigned to search 2<sup>nd</sup> floor
- \_\_\_\_\_ Staff assigned to search Attic/roof
- \_\_\_\_\_ Staff assigned to search grounds and parking
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_

Remind the team leaders to send one person back to the Incident Manager/designate every 10 minutes. All areas must be searched.

**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 area where package located and the area police advise – refer to “Code Green” policy.

- \_\_\_\_\_ Searchers updated (continue searching other areas)
- \_\_\_\_\_ Administrator or designate notified
- \_\_\_\_\_ Ministry of Long-term Care notified by Administrator or designate

**After “All Clear” Given:**

- \_\_\_\_\_ Initial debriefing held
  - Debriefing notes will include the time and date of the debriefing, the location, list of attendees, and notes from discussion.

Incident Report Completed

**Notes:**

**CODE BLACK CALL RECEIVER INFORMATION**

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 never 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 seem to be familiar with the area or building? \_\_\_\_\_
- What phone line was the call received on: \_\_\_\_\_
- Call police (9-1-1). Time called: \_\_\_\_\_
- Notify Charge Nurse. Time notified: \_\_\_\_\_

**Use the back of sheets to add as many details as possible.  
FOLLOW "CODE BLACK" PROCEDURES**

## Code Orange – Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

### Code Orange – Emergency Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

**Record the time action was initiated** (note on the line 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 of “Code Orange”
- ETA greater than 3 hours (180 minutes) – call together the IMS Team

- \_\_\_\_\_ Staff notified of “Code Orange”.
- \_\_\_\_\_ Administrator or designate notified.
- \_\_\_\_\_ 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: \_\_\_\_\_

**Task to be addressed by the IMS Team:**

\_\_\_\_\_ Call the original to reconfirm the data on incoming patients:

Information:
--------------

- \_\_\_\_\_ Evaluate the capability of the home to assist in the incident.
- \_\_\_\_\_ Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their present conditions based on the resources available.
- \_\_\_\_\_ Staff member assigned as security to reception entrance.  
Name(s): \_\_\_\_\_
- \_\_\_\_\_ Access controlled – locked all exterior entrances.
- \_\_\_\_\_ Receiving area for patient assessment determined.  
Location: \_\_\_\_\_
- \_\_\_\_\_ RN(s) assigned to person triage/assessment area.  
Name(s): \_\_\_\_\_
- \_\_\_\_\_ Dietician (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 resident home areas:**

\_\_\_\_ Nursing staff  
Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Housekeeping staff  
Name(s): \_\_\_\_\_  
\_\_\_\_ Dietary staff  
Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Laundry staff  
Name(s): \_\_\_\_\_  
\_\_\_\_ Administration support (documentation)  
Name(s): \_\_\_\_\_  
\_\_\_\_ Feeding plan determined.  
\_\_\_\_ Overnight accommodations/facilities plan determined.  
Mattress required: \_\_\_\_\_  
Blankets required: \_\_\_\_\_

**Tasks to be addressed by the IMS Team:**

\_\_\_\_ Ministry of Long-term care notification: \_\_\_\_\_  
\_\_\_\_ Local Emergency Management: \_\_\_\_\_  
\_\_\_\_ Local Public Health: \_\_\_\_\_  
\_\_\_\_ Red Cross: \_\_\_\_\_  
\_\_\_\_ Local Grocery Suppliers: \_\_\_\_\_  
\_\_\_\_ Local Bedding/Linen Suppliers: \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

### Code Grey – Carbon Monoxide Staff Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting staff member: \_\_\_\_\_

**CARBON MONOXIDE**

**TIME (Record the time action was initiated)**

\_\_\_\_\_ Notification received from: \_\_\_\_\_

\_\_\_\_\_ Known information: \_\_\_\_\_

\_\_\_\_\_ Notify the Incident Manager upon hearing a carbon monoxide alarm.

\_\_\_\_\_ Follow the directions of the Incident Manager.

\_\_\_\_\_ Begin evacuating residents from affected area where the alarm is sounding immediately. (Refer to Code Green – Evacuation)

\_\_\_\_\_ Open all windows and outside doors in the affected area.

\_\_\_\_\_ Turn on any electric-run exhaust fans including cooking hoods, tub room exhaust fans, and air exchange systems, as applicable, within the area where the carbon monoxide was detected.

**\*Note:** Carbon monoxide is not combustible and does not pose a fire/explosion hazard.

\_\_\_\_\_ Turn off all fuel burning appliances in the area (e.g., furnace, stove, dryer, etc.).

\_\_\_\_\_ Report to the Incident Manager any symptoms of carbon monoxide poisoning (headache, dizziness, weakness, vomiting, chest pain, confusion) being felt by you or any other staff, resident, or visitor.

\_\_\_\_\_ Restrict the entry of individuals into the affected area until the Incident Manager announces an All Clear.

## Code Grey – Carbon Monoxide Incident Manager Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

### CARBON MONOXIDE

#### TIME (Record the time action was initiated)

- \_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_ Contact information: \_\_\_\_\_
- \_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_ Announce or delegate an employee to announce (repeat three times):  
 “CODE GREY – CARBONE MONOXIDE – LOCATION”  
 “CODE GREY – CARBONE MONOXIDE – LOCATION”  
 “CODE GREY – CARBONE MONOXIDE – LOCATION”
- \_\_\_\_ Begin evacuation of the affected area where the alarm is sounding immediately. (Refer to Code Green – Evacuation)
- \_\_\_\_ Instruct staff and provide assistance to open all windows and outside doors in the affected area.
- \_\_\_\_ Instruct staff and provide assistance to turn off all fuel burning appliances in the area (e.g., stove, dryer,).
- \_\_\_\_ Call for qualified service technician to attend.
- \_\_\_\_ Notify Administrator/designate.
- \_\_\_\_ Notify Maintenance Lead.
- \_\_\_\_ Call 9-1-1 in the event residents and/or staff are feeling unwell.

### CODE GREY – CARBON MONOXIDE ALL CLEAR

*Once a qualified service technician has fixed or eliminated the source of the leak and testing has determined no further presence of Carbon Monoxide:*

#### TIME (Record the time action was initiated)

- \_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_ Call an end to the Code Grey – Carbon Monoxide emergency by announcing or delegating an employee to announce (repeat three times):  
 ‘CODE GREY – CARBON MONOXIDE – ALL CLEAR’  
 ‘CODE GREY – CARBON MONOXIDE – ALL CLEAR’  
 ‘CODE GREY – CARBON MONOXIDE – ALL CLEAR’
- \_\_\_\_ Notify appropriate stakeholder (family, staff, senior management, etc.).
- \_\_\_\_ Debrief the incident with staff, residents and families involved.
- \*Note:** Debriefing notes will include the time and date of the debriefing, the location, list of attendees, and notes from the discussion; what went well and what needs to be improved.
- \_\_\_\_ Complete debrief report sent to the Administrator.
- \_\_\_\_ Complete a situation/incident report and send to provincial authorities as required.
- \_\_\_\_ Replenish all checklists in the home’s Emergency Response Plan.

## Code Grey – Water Supply Environment Services Manager

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting staff member (designated as IMS Operations Manager): \_\_\_\_\_

**WATER SUPPLY**

**TIME (Record the time action was initiated)**

\_\_\_\_\_ Notification received from: \_\_\_\_\_

\_\_\_\_\_ Known information: \_\_\_\_\_

\_\_\_\_\_ Under the direction of the Incident Manager, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to four (4) liters per person per twelve (12) hours, for cooking and drinking water.

\_\_\_\_\_ Consider portable toilets for rental. **Note:** Some models are self-contained trailers that are wheelchair accessible with heating and air conditioning.

\_\_\_\_\_ A water tanker can be used to provide water for flushing toilets using a pump/hoses or trolleys/pails to transport the water. This is labour-intensive effort and has the added risk of wet floors causing a slip and fall hazard; therefore, if this option is chosen, caution needs to be exercised.

**WATER SUPPLY – ALL CLEAR**

*Once receiving official word that Code Grey – Water Supply emergency is over:*

**TIME (Record the time action was initiated)**

\_\_\_\_\_ Notification received from: \_\_\_\_\_

\_\_\_\_\_ Participate in the incident debrief.

## Code Grey – Water Supply Incident Manager Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

**WATER SUPPLY**

**TIME (Record the time action was initiated)**

- \_\_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_\_ Agency, if applicable: \_\_\_\_\_
- \_\_\_\_\_ Contact information: \_\_\_\_\_
- \_\_\_\_\_ Known information: \_\_\_\_\_

Announce or delegate an employee to announce (repeat three times):

“CODE GREY – WATER SUPPLY – DO NOT CONSUME TAP WATER”

“CODE GREY – WATER SUPPLY – DO NOT CONSUME TAP WATER”

“CODE GREY – WATER SUPPLY – DO NOT CONSUME TAP WATER”

- \_\_\_\_\_ Notify Administrator /designate.
- \_\_\_\_\_ Notify Maintenance Lead.
- \_\_\_\_\_ Notify Support Services Manager
- \_\_\_\_\_ Notify Dietary Department Lead
- \_\_\_\_\_ Contact municipal offices to determine the severity and length of water supply disruption. **Note:** Always consider the timeline to be double what the city municipality says. Note details of information provided, including length of disruption: \_\_\_\_\_

\_\_\_\_\_ Communicate all important gathered to the Administrator/designate, floor nursing staff, Director of Care and all department leads.

**DISRUPTION LASTING LESS THAN 4 HOURS:**

- \_\_\_\_\_ Distribute bottled water to units for resident use.
- \_\_\_\_\_ Consider cancelling non-essential programs/events/services, especially those involving outside visitors to save current water supply for residents and staff.

**DISRUPTION LASTING MORE THAN 24 HOURS:**

- \_\_\_\_\_ Activate the IMS Team.
- \_\_\_\_\_ Consider using the fan out list to bring in more staff.

**ADVANCED NOTICE OF WATER SUPPLY LOSS:**

- \_\_\_\_\_ Notify all departments to initiate contingency planning. **Note:** Plans should anticipate a water outage of up to double the anticipated time (e.g., if public works advises water will be out for 2 hours, plan for 4 hours)
- \_\_\_\_\_ Consider canceling all non-essential programming when there is advanced notice of a water disruption.
- \_\_\_\_\_ Ensure there is enough bottled water to supply each person (resident and staff) with 4 litres every 12 hours.

**CODE GREY – WATER SUPPLY ALL CLEAR**  
*Once receiving official word from authorities that the water is safe and drinkable and/or water is flowing again:*

**TIME (Record the time action was initiated)**

- \_\_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_\_ Call an end to the Code Grey – Water Supply emergency by announcing or delegating an employee to announce (repeat three times):
- “CODE GREY – WATER SUPPLY – ALL CLEAR”
- “CODE GREY – WATER SUPPLY – ALL CLEAR”
- “CODE GREY – WATER SUPPLY – ALL CLEAR”
- \_\_\_\_\_ Notify appropriate stakeholders (family, staff, senior management, etc.).
- \_\_\_\_\_ Debrief the incident with staff, residents, and families involved. **Note:** Debriefing notes will include the time and date of the debriefing, the location, list of attendees, and notes from the discussion; what went well and what needs to be improved.
- \_\_\_\_\_ Completed debrief report sent to the Administrator.
- \_\_\_\_\_ Complete a situation/incident report and send to provincial authorities as required.
- \_\_\_\_\_ Replenish all checklists in the home’s Emergency Response Plan.

## Code Aqua– Building Flood Incident Manager Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

### BUILDING FLOOD

**TIME (Record the time action was initiated)**

Notification received from: \_\_\_\_\_

Extent of flood:  Minor  Moderate  Severe  Unknown

Known information: \_\_\_\_\_

Announce or delegate an employee to announce (repeat three times):

“CODE AQUA – BUILDING FLOOD – LOCATION”

“CODE AQUA – BUILDING FLOOD – LOCATION”

“CODE AQUA – BUILDING FLOOD – LOCATION”

PLEASE REMAIN AWAY FORM AREA

Turn off water supply (instructions can be found in the home’s Emergency Response Plan):

- At the affected area (using affected area shut-off valve, i.e., sink/toilet/tub shut-off valve)
- At the main valve (for the entire area home), if required.

**Note:** There may be separate shut-off valves for hot and cold-water supply.

Which valve(s) was shut off? \_\_\_\_\_

If the water supply is turned off at the main valve (for the entire home), enact Code Grey – Water Supply.

Place “Caution Wet Floor” sign(s) in affected area if the extent of the flood is minor.

Relocate residents, staff, and visitors from affected area (refer to Code Green – Evacuation)

**Note:** Extent of evacuation will be determined by level of risk to staff and resident safety an/or imminent damage to the building.

Notify Administrator/designate.

Notify Maintenance.

Contact plumber to repair the leak.

Remove or instruct the shut-off and/or remove equipment and supplies from the affected area if safe to do so. If the water is up to the electrical outlets, do not enter the affected area.

Post a staff member at each entrance to ensure no residents, staff or visitors enter the affected area if the affected area cannot be secure.

Instruct a staff member to mop up the water if the flood extent is minor.

If the flood extent is severe, consider renting a sump pump rental to remove the water, or contact your local fire department for assistance, as needed.

If the flood has caused an area of the home to be unsafe, enact Code Green and evacuate the area or entire home as required.

### BUILDING FLOOD – ALL CLEAR

*Once receiving official word that the leak has been fixed and the water in the affected area has been cleaned up.*

**TIME (Record the time action was initiated)**

Notification received from: \_\_\_\_\_

Known information: \_\_\_\_\_

Call an end to the Code Grey – Building Flood emergency by announcing or delegating an employee to announce (repeat three times):

“CODE AQUA – BUILDING FLOOD – ALL CLEAR”

“CODE AQUA – BUILDING

FLOOD – ALL CLEAR”

Dry out all affected supplies and equipment to ensure no damage or mold growth.

Assess the affected area. Dehumidifiers may need to be rented to dry the area thoroughly.

Notify appropriate stakeholders (family, staff, senior management, etc.).

Debrief the incident with staff, residents, and families involved.

**\*Note:** Debriefing notes will include the time and date of the debriefing, the location, list of attendees, and notes from the discussion; what went well and what needs to be improved.

Completed debrief report sent to the Administrator.

Complete a situation/incident report and send to provincial authorities as required.

Replenish all checklists in the home’s Emergency Response Plan.

## Code Grey – Essential Services Nursing Staff Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Nursing Staff Member Name: \_\_\_\_\_

<b>ESSENTIAL SERVICES: NO INTERNET CONNECTIVITY</b>
-----------------------------------------------------

**TIME (Record the time action was initiated)**

\_\_\_\_\_ Use IPADs to access PCC

\_\_\_\_\_ Complete flow charts and resident documentation on paper.

\_\_\_\_\_ Notify Director of Care and Consultation Pharmacist if unable to access eMAR or eMAR backups on the computer.

## Code Grey – Essential Services Dietary Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Dietary Department Lead/designate: \_\_\_\_\_

### ESSENTIAL SERVICES

#### **TIME (Record the time action was initiated)**

\_\_\_\_\_ Refer to policy, Menus for Emergency Situations when planning alternate meals in emergency situations that may include: no gas; no electricity; and/or no water.

\_\_\_\_\_ Monitor/record the fridge/freezer temperature during power failures. Refrigerated food must be discarded if the power failure causes any food to exceed 5°C (40°F). **Note:** Without electrical power, a full upright or chest freezer may keep food frozen for up to 2 days if the doors are kept closed. A half-full freezer may keep food frozen for up to 1 day. However, if the food has thawed it must be disposed of. Never re-freeze thawed food. If in doubt, dispose of the food.

#### **EMERGENCY FOOD DELIVERIES:**

\_\_\_\_\_ Call food delivery company (see Emergency Home List for contacts).

#### **GENERAL:**

\_\_\_\_\_ Develop and submit contingency plan to relevant regulatory authority depending on the situation.

\_\_\_\_\_ Arrange daily meetings to discuss meal plans and ensure all staff understands coordination of meal (dietary) working with DOC/ADOC for nursing cooperation.

\_\_\_\_\_ Use emergency menus. These are available for loss of power, gas, water, or combination.

\_\_\_\_\_ If elevator is not working, porter food up the stairs. Coordinate this process with DOC/ADOC as personal support workers would need to help.

#### **LOSS OF WALK-IN UNITS: SHORT TERM**

\_\_\_\_\_ Use all reach in refrigerators/freezers in kitchen, basement, and units.

\_\_\_\_\_ Arrange for storage from Food Supplier's refrigerated truck, or rent one, and utilize potential storage at sister homes.

#### **LOSS OF WALK-IN UNITS: LONG TERM**

\_\_\_\_\_ Limit purchasing to smaller more frequent orders which can be store in reach in fridge/freezer.

\_\_\_\_\_ Modify menus to include more non-perishable items.

#### **LOSS OF ALL REFRIGERATION UNITS: SHORT TERM**

\_\_\_\_\_ Change the menu and do a cook-off of perishable items.

\_\_\_\_\_ Lock walk-ins and strictly monitor access to prolong the food, following HACCP guidelines.

\_\_\_\_\_ Arrange for long term planning such as rental or use of Food Supplier's refrigerated truck, rental of generator, etc.

#### **LOSS OF ALL REFRIGERATION UNITS: LONG TERM**

\_\_\_\_\_ Limit purchasing to smaller more frequent orders.

\_\_\_\_\_ Change menus to non-perishable items

\_\_\_\_\_ Follow emergency menus as needed.

#### **LOSS OF SOME REFRIGERATION UNITS: SHORT TERM**

\_\_\_\_\_ Freeze what can be frozen and limit quantities of items needed for fridge. This may require more frequent ordering or trips to grocery store for milk, etc.

\_\_\_\_\_ Store refrigerated products in reach-in or unit fridges.

#### **LOSS OF SOME REFRIGERATION UNITS: LONG TERM**

\_\_\_\_\_ Limit purchasing to smaller more frequent orders.

\_\_\_\_\_ Follow emergency menus as needed.

#### **LOSS OF FREEZING UNITS: SHORT TERM**

\_\_\_\_\_ Pull needed supplies for next 2 days to thaw in fridge and keep door closed, monitoring temperature and product.

\_\_\_\_\_ If available, use another freezer (reach-in and deep-freezer) as needed.

#### **LOSS OF FREEZING UNITS: LONG TERM**

\_\_\_\_\_ Change menus as necessary to use up product in freezer; pull, thaw, cook-off product.

\_\_\_\_\_ Change menus to non-perishable items, following emergency menus as needed.

**TOTAL LOSS OF MAIN KITCHEN: SHORT TERM**

- \_\_\_\_\_ Modify menus. Use emergency menus.
- \_\_\_\_\_ Use server units as needed to prepare breakfast items such as toast; steam tables can be used to cook eggs; use other sources or protein such as yogurt, cheese, etc.
- \_\_\_\_\_ Use coffee machines. Make cold cereal available (serveries are always stocked).
- \_\_\_\_\_ Use disposable dishes.
- \_\_\_\_\_ Set up kitchen prep area in nearby common areas, such as activity rooms.
- \_\_\_\_\_ Daily menu items could be purchased at grocery store.
- \_\_\_\_\_ Plan with sister homes to prepare food and porter using HACCP guidelines.

**TOTAL LOSS OF MAIN KITCHEN: LONG TERM**

- \_\_\_\_\_ Change menus for the estimated time frame using emergency menus as needed.
- \_\_\_\_\_ Arrange for refrigeration truck rental/use; call sister homes to store food.
- \_\_\_\_\_ Limit purchasing to smaller more frequent orders.

**LOSS OF COOKING EQUIPMENT: SHORT TERM**

- \_\_\_\_\_ Modify menus. Use emergency menus.
- \_\_\_\_\_ Use server units as needed to prepare breakfast items such as toast; steam tables can be used to cook eggs; use other sources of protein such as yogurt, cheese, etc.
- \_\_\_\_\_ Use coffee machines. Make cold cereal available (serveries are always stocked).
- \_\_\_\_\_ Consider setting up kitchen prep area in a nearby common area, such as an activity room.
- \_\_\_\_\_ Purchase daily menu items at grocery store if needed.
- \_\_\_\_\_ Contact kitchen repair company both for repairs and lending of any equipment (number on Emergency Contact List).

**LOSS OF COOKING EQUIPMENT: LONG TERM**

- \_\_\_\_\_ Change menus for the estimated time frame using emergency menus as needed.
- \_\_\_\_\_ Arrange for refrigeration truck rental/use, call sister homes to store food.
- \_\_\_\_\_ Limit purchasing to smaller more frequent orders.
- \_\_\_\_\_ Temporarily take over other suitable common areas as needed.
- \_\_\_\_\_ Arrange for borrowing or purchasing smaller cooking equipment.

## Code Grey – Essential Services Maintenance Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Maintenance staff member: \_\_\_\_\_

### LOSS OF POWER

#### TIME (Record the time action was initiated)

Determine the:

- \_\_\_\_\_ Cause of power failure: \_\_\_\_\_
- \_\_\_\_\_ Extent of the power failure: \_\_\_\_\_
- \_\_\_\_\_ Approximate time frame for power outage: \_\_\_\_\_
- \_\_\_\_\_ Report above information back to the Incident Manager.
- \_\_\_\_\_ Ensure that the generator is operating and providing emergency electrical power to all life safety and other systems on emergency back-up, where applicable.
- \_\_\_\_\_ Check the generator and fuel levels every 4 hours to ensure it is operating within normal parameters and that there is adequate fuel, where applicable.
- \_\_\_\_\_ Ensure the fuel tank for the generator is refilled when it approaches 50% capacity. Contact a fuel vendor to deliver fuel to the home.

## Code Grey – Essential Services Incident Manager Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

### AIR EXCLUSION

#### TIME (Record the time action was initiated)

- \_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_ Determine the extent of the power failure to home are, full home, or involves the immediate community.
- \_\_\_\_ Evaluate what areas have power within the home and what areas do not. List areas without power: \_\_\_\_\_
- \_\_\_\_ Announce or delegate an employee to announce (repeat three times) if communications systems are functioning:
- “CODE GREY – ESSENTIAL SERVICES – POWER FAILURE (PROVIDE LOCATION)”
- “CODE GREY – ESSENTIAL SERVICES – POWER FAILURE (PROVIDE LOCATION)”
- “CODE GREY – ESSENTIAL SERVICES – POWER FAILURE (PROVIDE LOCATION)”
- \_\_\_\_ Assign staff to monitor all maglock doors that may be deactivated. **Note:** If the home does not have a generator, the home must assign a person to supervise all doors leading to the outside and stairwells until power is restored.
- \_\_\_\_ List staff and respective door assignments: \_\_\_\_\_
- \_\_\_\_ Delegate staff to check/reset the maglocks when the generator starts.
- \_\_\_\_ If the power failure involves the immediate community, contact the local utility to determine extent of the power outage. Provide details, including approximate time frame of power restoration: \_\_\_\_\_
- \_\_\_\_ Notify the Administrator if the power will be out for more than 30 minutes and provide an update on the home’s status (e.g., building temperatures, life safety systems, resident care issues, etc.).
- \_\_\_\_ Notify the Support Services Manager.
- \_\_\_\_ Notify and instruct the Maintenance Lead to follow the Code Grey – Essential Services Maintenance Checklist.
- \_\_\_\_ Instruct Nursing Staff to follow the Code Grey – Essential Services Nursing Staff Checklist.
- \_\_\_\_ If power outage is expected to last over mealtimes, instruct Dietary Department Lead to follow the Code Grey – Essential Services Dietary Checklist.
- Note:** This is only applicable for homes that have generators that don’t power the entire home. Some generators provide full power and modified menus and dietary services are not required.

### POWER FAILURE

#### TIME (Record the time action was initiated)

- \_\_\_\_ Ensure residents continue to receive essential care. If the nurse call bell system is not functioning, ensure resident checks are being conducted and documented every 15 minutes.
- \_\_\_\_ Ensure residents continue to receive dietary care. If alternate meal planning is anticipated, instruct Dietary Department Lead to follow the Code Grey – Essential Services Dietary Checklist.
- \_\_\_\_ Instruct staff to turn off any non-essential operating equipment.
- \_\_\_\_ Ensure that all life safety systems are operating.
- \_\_\_\_ Direct maintenance staff to get generator and fuel levels if the generator has been running for more than 4 hours.
- \_\_\_\_ If the home has no generator, replace residents’ large oxygen units with smaller portable ones. Call oxygen supplier if more oxygen tanks are needed (number on Emergency Phone List).
- \_\_\_\_ If applicable, move residents who sleep on pressure relief mattresses (air mattresses) onto regular mattresses.
- \_\_\_\_ If power failure will be longer than 1 hour, initiate the IMS Team.
- \_\_\_\_ Complete Critical Incident Report as per province-specific requirements and process, if required (i.e., if the outage length or in-home temperature meets critical incident criteria).
- \_\_\_\_ Consider the possibility of an evacuation if situation is severe. If required, enact Code Green – Evacuation.
- \_\_\_\_ Use battery operated lights in resident rooms and washrooms if overhead lighting is not powered.
- \_\_\_\_ If the power failure results in a failure to the nurse call bell system, failure of maglocks, and /or failure of elevators, use checklist below.

**NURSE CALL BELL SYSTEM FAILURE****TIME (Record the time action was initiated)**

- \_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_ Contact nurse call bell system repair company (number on Emergency Phone List), if failure is not related to power outage.
- \_\_\_\_ Notify Administrator
- \_\_\_\_ Notify Maintenance Department Lead.
- \_\_\_\_ Complete an initial assessment to determine where each resident is currently located.
- \_\_\_\_ Announce or delegate an employee to announce (repeat three times) if communications systems are functioning: "CODE GREY – ESSENTIAL SERVICES – NURSE CALL BELL SYSTEM DOWN, REPORT TO YOUR ASSIGNED FLOOR NURSING STATION"
- \_\_\_\_ Instruct care staff to conduct and document resident checks every 15 minutes.
- \_\_\_\_ Assign staff to check all common areas at least every 15 minutes.
- \_\_\_\_ Instruct staff to monitor and report resident movement to and from common areas/resident rooms to the Incident Manager.
- \_\_\_\_ Consider using the fan out list to bring in more staff, if needed.
- \_\_\_\_ Assign two staff members to determine if call bells are working by testing all of them. Log attempts/times: \_\_\_\_\_

**MAGLOCK FAILURE****TIME (Record the time action was initiated)**

- \_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_ Contact maglock repair company (number on Emergency Phones List), if failure is not related to power outage.
- \_\_\_\_ Notify Administrator.
- \_\_\_\_ Notify Maintenance Department Lead.
- \_\_\_\_ Announce or delegate an employee to announce (repeat three times) if communication systems are functioning: "CODE GREY – Essential SERVICES – MAGLOCK SYSTEM DOWN, REPORT TO YOUR ASSIGNED FLOOR NURSING STATION"
- \_\_\_\_ Instruct staff to monitor all doors as well as all stairwells on all floors, front and back, and side doors. List staff and respective door assignments: \_\_\_\_\_
- \_\_\_\_ Use staff fan out list to call in extra staff, one for each door, if needed.
- \_\_\_\_ Ensure every door is constantly monitored by a dedicated staff member.
- \_\_\_\_ Call in more staff to take over door monitoring if maglocks are down more than 8 hours.

**ELEVATOR FAILURE****TIME (Record the time action was initiated)**

- \_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_ Contact elevator repair company (number on Emergency Phone List), if failure is not related to power outage. Provide detailed information on the issue including number of elevators down, etc.
- \_\_\_\_ Notify Administrator.
- \_\_\_\_ Notify Support Services Manager.
- \_\_\_\_ Notify Maintenance department lead.
- \_\_\_\_ Announce or delegate an employee to announce (repeat three times) if communications systems are function: "CODE GREY – ESSENTIAL SERVICES – (ALL OR #) ELEVATOR DOWN"
- \_\_\_\_ Implement contingency plan to porter residents, food, linen, and other supplies up the stairs in consultation with DOC, Support Services Lead, and Dietary Department Lead. Refer to home specific contingency plans in home's Emergency Response Plan for (but not limiter to):
- \_\_\_\_  Portering residents
- \_\_\_\_  Delivering food
- \_\_\_\_  Delivering clean laundry
- \_\_\_\_  Removing soiled laundry

- \_\_\_\_\_  Removing garbage
- \_\_\_\_\_  Other
- \_\_\_\_\_ If one elevator is still operational, consider the need to assign a person to act as an elevator operator to ensure equal and timely movement of both people and supplies. Name of individual assigned: \_\_\_\_\_

- \_\_\_\_\_ Discuss and review with staff techniques and equipment on hand to move residents off the floor in case of an emergency.
- \_\_\_\_\_ Notify Resident and Family Council of contingency plans.

### **HVAC FAILURE**

#### **TIME (Record the time action was initiated)**

- \_\_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_\_ Announce or delegate an employee to announce (repeat three times) if communications systems are functioning: "CODE GREY – ESSENTIAL SERVICES – HVAC SYSTEM DOWN"

#### **HEATING SYSTEM FAILURE:**

- \_\_\_\_\_ Notify Maintenance Department Lead to ensure HVAC contracted services provider (number on Emergency Phone List) is contacted, if failure is not related to power outage.
- \_\_\_\_\_ Notify Administrator to discuss alternative heating options.
- \_\_\_\_\_ Notify Support Services Manager to ensure there are adequate blankets for residents.
- \_\_\_\_\_ Monitor conditions to ensure the safety of residents and staff when a heating failure is extended.
- \_\_\_\_\_ Discharge residents to family until the heat is restored, if appropriate and required.
- \_\_\_\_\_ Initiate non-emergency evacuation in situations where the temperature becomes a health or safety risk
- \_\_\_\_\_ If the temperature in the home falls below 22°C follow the procedures of policy, Preventing Cold-Related Illnesses in the Resident Care Manual.

#### **COOLING SYSTEM FAILURE:**

- \_\_\_\_\_ Ensure curtains and blinds are closed to areas exposed to the sun.
- \_\_\_\_\_ Provide staff and residents with water, other cold beverages, and snack | (popsicles, ice cream, etc.).
- \_\_\_\_\_ Move residents out of rooms where the exterior walls are exposed to the sun.
- \_\_\_\_\_ Where possible, install fans to create air movement within warm areas of the home.
- \_\_\_\_\_ Open windows and exterior doors, with proper supervision, during cooler night-time hours.
- \_\_\_\_\_ Monitor conditions to ensure the safety of residents and staff when a cooling failure is extended.
- \_\_\_\_\_ Ensure clinical assessments have been completed that identify which residents are most at risk during extreme hot weather.
- \_\_\_\_\_ Ensure an adequate number of cold beverages and snacks are available for residents and staff.
- \_\_\_\_\_ Notify the Administrator to discuss alternate climate control options.
- \_\_\_\_\_ Call in extra staff so team members can take more frequent breaks.
- \_\_\_\_\_ Ensure activities do not include a lot of exertion.
- \_\_\_\_\_ Initiate non-emergency evacuation in situations where the temperature becomes a health or safety risk.
- \_\_\_\_\_ If the temperature in the home poses a risk to the safety of residents and staff, follow the procedures of policy, Preventing Heat-Related Illnesses and its appendix Guidelines for Heat-Related Illness Prevention and Management Plan in the Resident Care Manual.

### **ESSENTIAL SERVICES RESTORED**

#### **TIME (Record the time action was initiated)**

- \_\_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_\_ Call an end to the Code Grey – Essential Services emergency by announcing or delegating an employee to announce (repeat three times): "CODE GREY – ESSENTIAL SERVICES – ALL CLEAR" "CODE GREY – ESSENTIAL SERVICES – ALL CLEAR" "CODE GREY – ESSENTIAL SERVICES – ALL CLEAR"
- \_\_\_\_\_ Instruct maintenance personnel to turn on air exchange systems. Ensure filters are checked and cleaned or replaced as necessary.
- \_\_\_\_\_ Notify appropriate stakeholders (family, staff, senior management, etc.).
- \_\_\_\_\_ Debrief the incident with staff, residents, and families involved.
- \***Note:** Debriefing noted will include the time and date of the debriefing, the location, list of attendees, and notes from the discussion; what went well and what needs to be improved.
- \_\_\_\_\_ Completed debrief report sent to the Administrator
- \_\_\_\_\_ Complete a situation/incident report and send to provincial authorities as required.
- \_\_\_\_\_ Replenish all checklists in the home's Emergency Response Plan.

## Code Grey – Air Exclusion Staff Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting staff member: \_\_\_\_\_

**AIR EXCLUSION**

**TIME (Record the time action was initiated)**

\_\_\_\_\_ Notification received from: \_\_\_\_\_

\_\_\_\_\_ Known information: \_\_\_\_\_

\_\_\_\_\_ Notify the Incident Manager upon discovery of contaminated air external to the home.

\_\_\_\_\_ Bring residents inside and close the doors and windows upon hearing the Code Grey – Air Exclusion announcement.

\_\_\_\_\_ Follow the directions of the Incident Manager.

\_\_\_\_\_ Do not disrupt work procedures under the Code Grey – Air Exclusions alert; continue to provide quality care to residents.

\_\_\_\_\_ Turn off all exhaust fans including cooking hoods, dryers in laundry, tub room exhaust fans, and air exchange systems within the department.

\_\_\_\_\_ Do not initiate any new procedures that would use air exchange systems.

\_\_\_\_\_ Turn off air conditioning units around the home.

\_\_\_\_\_ Await Further instruction from the Incident Manager or designate.

\_\_\_\_\_ Assist in turning off any surrounding air exchange systems outside the department and/or unit, if required.

### Code Grey – Air Exclusion Maintenance Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting staff member: \_\_\_\_\_

**AIR EXCLUSION**

**TIME (Record the time action was initiated)**

- \_\_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_\_ Known information: \_\_\_\_\_
- \_\_\_\_\_ Shut down HVAC (heating, ventilation, air conditioning) systems to avoid drawing in externally contaminated air (schematics can be found in the home’s Emergency Response Plan).
- \_\_\_\_\_ Shut down completed at (time): \_\_\_\_\_
- \_\_\_\_\_ Shut down air system exhaust fans o avoid creating negative pressure within the building. Shut down completed at (time): \_\_\_\_\_
- \_\_\_\_\_ Close vents (louvers), if possible: entrances and exits.
- \_\_\_\_\_ Ensure all outside windows and doors are closed.
- \_\_\_\_\_ Open foyers with vestibule-style doors (fire set closes before second set opens) one at a time after the other door is closed.
- \_\_\_\_\_ If the home has automatic doors, disconnect all the automatic function of the doors (instructions can be found in the home’s Emergency Response Plan).

**Air Exclusion – All clear**

*Once receiving official word that the Code Grey – Air Exclusion emergency is over:*

**TIME (Record the time action was initiated)**

- \_\_\_\_\_ Notification received from: \_\_\_\_\_
- \_\_\_\_\_ Agency: \_\_\_\_\_
- \_\_\_\_\_ Turn on air exchange/HVAC system(s).
- \_\_\_\_\_ Check air filters and clean or replace as necessary.
- \_\_\_\_\_ Reconnect automatic door function, if applicable.
- \_\_\_\_\_ Participate in the incident debrief.

## Code Grey – Air Exclusion Incident Manager Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

### AIR EXCLUSION

#### TIME (Record the time action was initiated)

\_\_\_\_ Notification received from: \_\_\_\_\_

\_\_\_\_ Agency: \_\_\_\_\_

\_\_\_\_ Contact information: \_\_\_\_\_

\_\_\_\_ Known information: \_\_\_\_\_

\_\_\_\_ If air exclusion incident was identified by the home, assess the need for Code Grey – Air Exclusion activation. Call 9-1-1 to inform the Fire Department.

Announce or delegate an employee to announce (repeat) three times):

“CODE GREY – AIR EXCLUSION – PLEASE CLOSE ALL OPEN WINDOWS AND EXTERIOR DOORS”

“CODE GREY – AIR EXCLUSION – PLEASE CLOSE ALL OPEN WINDOWS AND EXTERIOR DOORS”

“CODE GREY – AIR EXCLUSION – PLEASE CLOSE ALL OPEN WINDOWS AND EXTERIOR DOORS”

\_\_\_\_ Instruct staff to follow the Code Grey – Air Exclusion Staff Checklist.

\_\_\_\_ Ensure all outside windows and doors are closed.

\_\_\_\_ Ensure all residents outside are moved to inside the building. Account for all residents and visitors. Refer to visitor’s sign-in sheet and resident absence/outings log.

\_\_\_\_ Notify Administrator/designate.

\_\_\_\_ Notify Maintenance Supervisor.

\_\_\_\_ Ensure the ventilation system is shut down (instruction provided in the home’s Emergency Response Plan)

\_\_\_\_ Assign staff to each entrance to restrict the exit of residents, staff, and visitors from within the home to reduce harmful effects from outside air. Ensure that each door has closed completely before opening the next door in the vestibules.

**Note:** Although an individual cannot be legally prevented from exiting the building, ensure that they are provided an explanation on 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 home.

### Air outside is no longer contaminated

*Once receiving official word that the Code Grey – Air Exclusion emergency is over*

#### TIME Record the time action was initiated

\_\_\_\_ Notification received from: \_\_\_\_\_

\_\_\_\_ Known information: \_\_\_\_\_

\_\_\_\_ Call an end to the Grey Code – Air Exclusion emergency by announcing or delegate an employee to announce (repeat three times):

“CODE GREY – AIR EXCLUSION – ALL CLEAR” “CODE GREY – AIR EXCLUSION – ALL CLEAR”

“CODE GREY – AIR EXCLUSION – ALL CLEAR”

\_\_\_\_ Instruct maintenance personnel to turn on air exchange systems. Ensure filters are checked and cleaned or replaced as necessary.

\_\_\_\_ Notify appropriate stakeholders (family, staff, senior management, etc.).

\_\_\_\_ Debrief the incident with staff, residents and families involved.

**Note:** Debriefing notes will include the time and date of the debriefing, the location, list of attendees, and notes from the discussion; what went well and what needs to be improved.

\_\_\_\_ Completed debrief report sent to the Administrator.

\_\_\_\_ Complete a situation/incident report and send to provincial authorities as required.

\_\_\_\_ Replenish all checklists in the home’s Emergency Response Plan.

### Ventilation System Shutdown

**Use this as a template and include your home specific information**

(Include specific directions, photos, and floor schematics)

Examples:

Buttons, switches, and electrical panels involved in a Code Grey – Air Exclusion procedures will be marked with the identifier “CG” for easier identification. There is one key for all breaker panels located \_\_\_\_\_

**Note:** The pre-filled information below is for example only, homes must remove the pre-filled information and input the home specific information.

<b>A/C, doors, and windows throughout the building</b>
Check all resident room. Staff must monitor all doors leading to the outside and limit door opening to emergencies only.
<b>Boiler room</b>
To the left of the entrance in the boiler room, located off the stairwell in the Greenacres tub room hallway, turn off all the A/C switches. The A/C switches are marked “HVAC #1-#8”. There are eight in total.
<b>Compressor room</b>
N/A
<b>Electrical room</b>
N/A
<b>Kitchen</b>
Open the breaker panel marked “PANEL-K” by the back dairy fridge and turn off the breaker marked “BREAKER 10”. If the power is out, head to the far room located to the left of the back entrance of the kitchen and turn off the switch located in the panel marked “GENERATOR PANEL M2”.
<b>Laundry Area</b>
N/A
<b>Other</b>

## Code Brown – POST Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

## Code Brown Emergency Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting staff member: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

- \_\_\_\_\_ Time spill discovered.
- \_\_\_\_\_ Person discovering the spill: \_\_\_\_\_
- \_\_\_\_\_ Location of the spill: \_\_\_\_\_
- \_\_\_\_\_ Substance spilled (if known): \_\_\_\_\_
- \_\_\_\_\_ Charge Nurse notified will assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor or more senior manager.
- \_\_\_\_\_ Cordon off the area and establish a safety perimeter.
- \_\_\_\_\_ Incident Manager will notify all staff of the "Code Brown" identifying the location (unit/area).
- \_\_\_\_\_ After hours, notify the Administrator or designate to determine if maintenance staff should be called in.

**If the spill is of 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 is 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).
- \_\_\_\_\_ Call 9-1-1.
- \_\_\_\_\_ 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 the quantity of the substance spilled determined: \_\_\_\_\_
- \_\_\_\_\_ Safety Data Sheet(s) (SDS) obtained
- \_\_\_\_\_ Appropriate Personal Protective Equipment (PPE) for the spill available and utilized.
- \_\_\_\_\_ Determined if an evacuation required:  YES  NO
- \_\_\_\_\_ "Code Green" paged if emergency evacuation of the area required.
- \_\_\_\_\_ Administrator or designate notified if evacuation is required or injuries occurred.
- \_\_\_\_\_ Floor drains and other means of environment release protected.
- \_\_\_\_\_ Local Public Works Department notified if spill reached floor drains or has other environmental release.
- \_\_\_\_\_ Maintenance staff-initiated clean-up (if 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 designate notified of external assistance request
- \_\_\_\_\_ Administrator initiates the Senior IMS Team
- \_\_\_\_\_ Ministry of Long-Term Care notified immediately of any evacuation
- \_\_\_\_\_ Ministry of Labour notified of any critical injuries to staff
- \_\_\_\_\_ Proper disposal of waster 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 complete

## Code White – Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

## Code White – Emergency Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting staff member: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

- \_\_\_\_\_ Call police 9-1-1.
- \_\_\_\_\_ Direct staff to remove all persons from the area of the threat.
- \_\_\_\_\_ Determine if any weapons are involved.
- \_\_\_\_\_ Notify all staff of “Code White” including the location and whether or not weapons are involved.
- \_\_\_\_\_ Identify (if possible) the name of the person(s) responsible.
- \_\_\_\_\_ Delegate a staff member to meet the police at the main entrance with directions and alternate access to situation.
- \_\_\_\_\_ Delegate a person to notify the Administrator or designate.
- \_\_\_\_\_ Update the police within 5 minutes of the first call.
- \_\_\_\_\_ Ensure first aid is provided (when safe to do so) and EMS (9-1-1) is called for any injuries.
- \_\_\_\_\_ Ensure Workplace Injury 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.

## Code Yellow – Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

### Code Yellow Emergency Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Resident Name: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

- \_\_\_\_\_ Charge Nurse notified within 5 minutes of residents being noticed missing (current time). Charge Nurse becomes the Incident Manager until relieved by a more senior staff member.
- \_\_\_\_\_ Missing resident reported to Staff Member/Charge Nurse/Supervisor by: \_\_\_\_\_
- \_\_\_\_\_ Time noticed missing by the staff member.
- \_\_\_\_\_ Search of area initiated.
- \_\_\_\_\_ Check resident sign in/out sheets.
- \_\_\_\_\_ Check to see if resident has GPS tracker (PCC care plan) and instigate call to 911 to track
- \_\_\_\_\_ Advise all staff you are looking for a specific resident.
- \_\_\_\_\_ Contact visitors who may have been visiting the resident.
- \_\_\_\_\_ Call other areas within the home to determine if the resident is in another area of the building.
- \_\_\_\_\_ Designate a staff member to check external sitting areas.
- \_\_\_\_\_ Complete Missing Person Report.

**10 minutes after Charge Nurse/Supervisor 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 unit and resident name.
- \_\_\_\_\_ Police notified 9-1-1.
- \_\_\_\_\_ Police arrived at home.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Activate the staff call-back list if outside of weekday business hours.
- \_\_\_\_\_ Administrator or designate notified.
- \_\_\_\_\_ Obtain and distribute a photo of the resident to all searchers.
- \_\_\_\_\_ Notify local transit supervisor.
- \_\_\_\_\_ Notify Ministry of Long-term Care.
- \_\_\_\_\_ Notify family of missing resident. Family member name: \_\_\_\_\_

**INITIAL SEARCH OF THE HOME AND GROUNDS**

- \_\_\_\_\_ Staff assigned to search 1<sup>st</sup> floor: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search 2<sup>nd</sup> floor: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search Attic/roof: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search grounds and parking: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_

Remind the team leaders to send one person back to the Incident Manager/designate every 10 minutes.

**Note:** The Administrator will adapt this form to the home floor plan as appropriate. All areas must be searched.

**SECOND SEARCH FOR THE HOME AND GROUNDS**

**Assign different staff to search each one.**

- \_\_\_\_\_ Staff assigned to search 1<sup>st</sup> floor: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search 2<sup>nd</sup> floor: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search Attic/roof: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search grounds and parking team: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search: \_\_\_\_\_

Remind the team leaders to send one person back to the Incident Manager/designate every 10 minutes.

**Note:** The Administrator will adapt this form to the home floor plan as appropriate. All areas must be searched.

**INITIAL SURROUNDINGS COMMUNITY SEARCH**

**Record the time area was searched** (note on the line below):

- \_\_\_\_\_ Staff assigned to search **Area 1** bordered by: (make the specific to the home including maps/photos)

\_\_\_\_\_ □ to the west

- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 1 Reported back at: \_\_\_\_\_

**Record the time area was searched** (note on the line below):

\_\_\_\_\_ Staff assigned to search **Area 2** bordered by: (make the specific to the home including maps/photos)

- \_\_\_\_\_  to the west
- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 2 Reported back at: \_\_\_\_\_

**Record the time area was searched** (note on the line below):

\_\_\_\_\_ Staff assigned to search **Area 3** bordered by: (make the specific to the home including maps/photos)

- \_\_\_\_\_  to the west
- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 3 Reported back at: \_\_\_\_\_

**Record the time area was searched** (note on the line below):

\_\_\_\_\_ Staff assigned to search **Area 4** bordered by: (make the specific to the home including maps/photos)

- \_\_\_\_\_  to the west
- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 4 Reported back at: \_\_\_\_\_

Remind **all** staff to report to the Incident Manager/designate every 10 minutes

**SECOND SEARCH OF THE SURROUNDINGS COMMUNITY**

Assign different staff to search each area.

**Record the time area was searched** (note on the line below):

\_\_\_\_\_ Staff assigned to search **Area 1** bordered by: (make the specific to the home including maps/photos)

- \_\_\_\_\_  to the west
- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 1 Reported back at: \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search **Area 2** bordered by: (make the specific to the home including maps/photos)

- \_\_\_\_\_  to the west
- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 2 Reported back at: \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search **Area 3** bordered by: (make the specific to the home including maps/photos)

- \_\_\_\_\_  to the west
- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 3 Reported back at: \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search **Area 4** bordered by: (make the specific to the home including maps/photos)

- \_\_\_\_\_  to the west
- \_\_\_\_\_  to the north
- \_\_\_\_\_  to the east
- \_\_\_\_\_  to the south

Area 4 Reported back at: \_\_\_\_\_

Remind **all** staff to report to the Incident Manager/designate every 10 minutes.

Use additional sheets for additional notes:

Area Search Expanded:


**RESIDENT LOCATED**

**Record the time action was initiated** (note on the line below):

- \_\_\_\_\_ Resident Located
- Where: \_\_\_\_\_
- By whom? \_\_\_\_\_
- Resident condition: \_\_\_\_\_
- \_\_\_\_\_ Medical Assessment or EMS required
- \_\_\_\_\_ Family advised
- \_\_\_\_\_ Administrator or designate advised
- \_\_\_\_\_ Police advised (9-1-1)
- \_\_\_\_\_ Searchers advised
- \_\_\_\_\_ Ministry of Long-term Care report
- \_\_\_\_\_ Initial debriefing
- \_\_\_\_\_ Incident Report completed

- Document all calls made by the Administrator or designate

Comment:

## Code Blue – Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

### Code Blue Emergency Checklist

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

\_\_\_\_\_ Charge nurse notified of Medical Emergency

\_\_\_\_\_ Patient originally observed/discovered by \_\_\_\_\_

**Arrival times and names of the responding nursing staff**

_____	_____
_____	_____
_____	_____
_____	_____

The first arriving nurse or first aid trained staff member will become the Incident Manager. A nurse or first aid trained staff member 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: \_\_\_\_\_

\_\_\_\_\_ Person assigned to meet EMS: \_\_\_\_\_

\_\_\_\_\_ Staff or volunteers not required advised to return to their normal duties

\_\_\_\_\_ Administrator or designate notified if the emergency is a critical incident involving a staff member, volunteer, or visitor.

\_\_\_\_\_ Administrator or designate notified the Health & Safety Committee of critical injuries to any staff, contracted staff, or volunteer.

\_\_\_\_\_ Next of Kin notified, as appropriate \_\_\_\_\_

\_\_\_\_\_ Assessments and interventions summarized on Incident Report.

\_\_\_\_\_ Incident Report submitted to Ministry of Long-term care where appropriate.

## Code Green – Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

## Returning to Evacuated Area Checklist

Date: \_\_\_\_\_ Initial Incident Manager: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

\_\_\_\_\_ Home must be inspected and approved for resident re-occupancy by appropriate individuals or authorities

Air quality after gas leaks, smoke, fumes

Safety of drinking water

\_\_\_\_\_ Notify appropriate government authorities about the return

\_\_\_\_\_ Check all operational equipment before occupancy

\_\_\_\_\_ Designate a central control area for returning residents, staff, and equipment

\_\_\_\_\_ If needed, arrange for a meal or snack for returning residents

\_\_\_\_\_ Review lists of residents who will be returning and prepare schedule for return

\_\_\_\_\_ Contact staff regarding scheduling for re-admission

\_\_\_\_\_ Notify advisory and attending physicians of return of date and time

\_\_\_\_\_ Notify families about the time and date of return: \_\_\_\_\_

Note: Schedule re-admission of residents who have been with families last

\_\_\_\_\_ Double-check and identify residents as they disembark from various means of transportation

\_\_\_\_\_ Assess and document resident status upon return to the home

\_\_\_\_\_ Investigate missing items immediately

## Code Green Emergency Checklist

Date: \_\_\_\_\_ Initial Incident Manager: \_\_\_\_\_

**Record the time action was initiated** (note on the line 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, if applicable (may not be necessary if a controlled evacuation)
- \_\_\_\_\_ Activate Stage 2 Fire Alarm for a total evacuation, if applicable (may not be necessary if a controlled 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, if applicable (may not be necessary if a controlled evacuation and initiated by Fire or Police)
- \_\_\_\_\_ Initiate the staff emergency call-in list starting with the first contact on the Emergency Call-in List, if unable to locate list, contact the Administrator or designate
- \_\_\_\_\_ Direct the activities of all 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
- \_\_\_\_\_ Consider altering assembly areas or designate multiple assembly places that have enough space to allow for physical/social distancing requirements, if in a pandemic.
- \_\_\_\_\_ Cohort residents in evacuation area where possible, if in a pandemic
- \_\_\_\_\_ Coordinate the transportation of residents
- \_\_\_\_\_ Maintain a listing of all residents' destinations
- \_\_\_\_\_ Transport the residents' chart to the place where residents have been relocated
- \_\_\_\_\_ Transfer staff schedules and visitor/volunteer logs to the command centre to assist with accountability of all staff
- \_\_\_\_\_ Provide for the continuing care of the residents
- \_\_\_\_\_ Establish a triage area for care of residents/persons in medical distress or suffering injuries
- \_\_\_\_\_ Establish a meeting for the senior IMS team
- \_\_\_\_\_ Appoint a Liaison Leader to maintain communications with Emergency Services
- \_\_\_\_\_ Receive communication from the emergency services and participate in assessing the situation
- \_\_\_\_\_ Appoint a Safety Leader to monitor the safety of all personnel in the building other than emergency service personnel
- \_\_\_\_\_ Establish other IMS Team functions as necessary
- \_\_\_\_\_ Notify the Ministry of Long-term Care

## Code Red - Post Emergency Checklist

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

## Code Red Emergency Checklist

Date: \_\_\_\_\_ Initial Incident Manager/Fire Warden: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

- \_\_\_\_\_ Determine the source of the fire (alarm) or smoke.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Ensure the fire alarm system has been activated.
- \_\_\_\_\_ Ensure all staff is notified of the location of the fire.
- \_\_\_\_\_ Appoint a person to call 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 calling the first contact on the Emergency Call-In List. If the list can’t be located, contact the Administrator or designate.
- \_\_\_\_\_ 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 required.

**In the evacuation area:**

- \_\_\_\_\_ Complete an audit (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 the Incident Manager/Fire Warden will:**

- \_\_\_\_\_ Announce an “All Clear” to all staff.
- \_\_\_\_\_ Reset the fire alarm system(s), mag lock system and elevators, once Fire Department approves.
- \_\_\_\_\_ Advise Maintenance Manager/designate 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 Administrator.

## Motor Vehicle Collision Report

**PLEASE COMPLETE IN BLOCK LETTERS**

### VEHICLE OWNER'S PARTICULARS

Full name/Company: \_\_\_\_\_  
 Occupation or Business: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
 Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### DRIVER PARTICULARS

Mr./Mrs./Ms. Surname: \_\_\_\_\_ Given name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Address: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work: \_\_\_\_\_  
 Phone Home: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

### YOUR VEHICLE

Year of Manufacture: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Body Type: \_\_\_\_\_ Colour: \_\_\_\_\_ Registration No.: \_\_\_\_\_  
 Manual/Automatic: \_\_\_\_\_

### YOUR INSURANCE DETAILS

Name of Your Insurance Company: \_\_\_\_\_  
 Policy No.: \_\_\_\_\_

### COLLISION DETAILS

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Weather Conditions     Wet     Dry     Foggy     Sunny     Overcast     Other:  
 Speed allowed: \_\_\_\_\_ Km/hr    Speed of Your Vehicle: \_\_\_\_\_ Km/hr    Speed of Other Vehicle: \_\_\_\_\_  
 What Warning Was Given by You (Horn or Other): \_\_\_\_\_  
 Road Conditions: (Paved, Wet, Snow, etc.): \_\_\_\_\_  
 Did Anyone Admit Fault? If Yes, Who? \_\_\_\_\_

### COLLISION DESCRIPTION

**TO BE COMPLETED BY**

#### **DRIVER**

State Conversation with Other Drivers/Witnesses or Others: \_\_\_\_\_  
 Was Your Vehicle Drivable?     Yes     No  
 If No, Name of Towing Company: \_\_\_\_\_  
 Location of Vehicle: \_\_\_\_\_

#### **POLICE**

Did the Police Attend:     Yes     No  
 If No, Was the Collision Reported to the Police?     Yes     No  
 If Yes, Which Police Station? \_\_\_\_\_ Date Reported: \_\_\_\_\_  
 Name of Attending Police Officer: \_\_\_\_\_ Police Badge No.: \_\_\_\_\_  
 Did Police Charge Anyone:     Yes     No    If Yes, Who?: \_\_\_\_\_  
 Nature of Charge: \_\_\_\_\_  
 Did You Consume Any Alcohol or Take Any Drugs 12hrs Prior to The Collision?     Yes     No  
 Did You Undergo a Breath or Blood Test Analysis?     Yes     No    If yes, results?: \_\_\_\_\_

### VEHICLE OWNER'S PARTICULARS

**and PARTICULARS OF ALL PASSENGERS IN**

#### **YOUR VEHICLE**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Sex:     M     F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Sex:     M     F

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Sex:  M  F

**COLLISION DETAILS (Please sketch scene of collision and show all traffic lights, stops, and Yield signs)**

Indicate Direction of North by Arrow

**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)

**PLEASE COMPLETE IN BLOCK LETTERS**

**DRIVER OF OTHER VEHICLE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
License No.: \_\_\_\_\_ Name of Registered Owner: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Registration No.: \_\_\_\_\_ Make of Vehicle: \_\_\_\_\_  
Name of Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**DETAILS OF OTHER DRIVERS AND VEHICLES INVOLVED** *VEHICLE 2 – IF APPLICABLE*

Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**VEHICLE 3 – IF APPLICABLE**

Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**WITNESS 1 – IF APPLICABLE**

Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Viewed Collision From: \_\_\_\_\_

**WITNESS 2 – IF APPLICABLE**

Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Viewed Collision From: \_\_\_\_\_

**DECLARATION**

I declare the aforementioned to be true and correct.

Name of Driver (print): \_\_\_\_\_  
Signature of Driver: \_\_\_\_\_  
Date: \_\_\_\_\_



## Fire Drill Observation Evaluation Form – Other Nursing Units Response to Fire Drill/Alarm

Location of Observation: \_\_\_\_\_ # of Staff Present: \_\_\_\_\_

Date: \_\_\_\_\_ Shift: \_\_\_\_\_ Time: \_\_\_\_\_

Fire Drill Alarm Location: \_\_\_\_\_ Floor: \_\_\_\_\_

SECTION 1 – IMMEDIATE STAFF RESPONSE	COMPETENTLY PERFORMED	PTS SCORED
Did the charge nurse wear an Orange Vest & assume the role of Incident Manager? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the Charge Nurse use the Code Red Checklists and delegate staff? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did staff close all fire doors in the area, including resident room doors? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Were the rooms searched & vacant rooms closed and marked with evac-alert tag? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are the staff familiar with the evac-alert tag process/use on the doors? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Were the corridors cleared of equipment? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Staff acted in a calm manner, took instructions, and acted as a team? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the staff account for all residents on the unit as per the resident list? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did staff keep the residents/visitors informed of the alarm condition? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the unit send a secondary team (e.g., PSW’s) to the scene of the fire? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Were the 2 fire exits manned & in case of (4A) locked unit both doors manned? (4pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(44 points possible) Sub-Section Total:		
SECTION 2 – STAFF KNOWLEDGE	COMPETENTLY PERFORMED	PTS SCORED
Did staff know “R E A C T”? (10PTS.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are staff familiar with “CODE RED” Policy & Procedures? (5pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does staff know location of fire exits in the observation area? (5pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does staff know location of pull stations in observation area? (5pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does staff know location of fire extinguisher & fire hose reels in observation area? (5pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does staff know where adjacent smoke compartments are in the observation area?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does staff know the proper sequence & procedures to evacuate residents? (5pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
(44 points possible) Sub-Section Total:		
Nursing Unit Observation Scoring Grid: 70-84 point = Excellent      50-60 points = Nursing Unit In-Service Required 60-70 points = Acceptable    <50 points = Nursing Unit In-Service & Re-Drill	Nursing Unit Score Add Sections 1 & 2 (84 points possible)	

<b>SECTION 3 – FIRE ALARM EQUIPMENT &amp; EMERGENCY RESPONSE PERFORMANCE</b>	<b>COMPETENTLY PERFORMED</b>	<b>PTS SCORED</b>
Were “CODE RED” & “Correct Location” paged three times (clear & audible)? (5pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Were fire alarm devices functioning properly in the observation area? (3pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the Nursing Unit Fire Panel indicate the correct location of the fire alarm? (3pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the automatic fire separation doors close and latch in observation area? (3pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the mag-locks release automatically during the fire alarm in observation area? (3pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the staff respond to the observation area from other departments? (3pts.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

(20 points possible) Sub-Section Total		
	Overall Drill Total Sections 1, 2, and 3 104 points possible	

\_\_\_\_\_  
Floor Coordinator Name

\_\_\_\_\_  
Floor Coordinator Signature

\_\_\_\_\_  
Observer Conducting Drill Name

\_\_\_\_\_  
Observer Conducting Signature

# Fire Drill, Fire Alarm, Fire Alarm Test or Fire Alarm equipment Repairs

This form is to be complete by the person responsible for conducting & coordinating the fire drills, unscheduled fire alarm activation, fire alarm system, and monthly fire alarm system test(s).

Alarm Monitoring Company notified before fire alarm test or fire drill?  YES  No  N/A  
 Monitoring Company: \_\_\_\_\_ Tel.#: \_\_\_\_\_  
 System #: \_\_\_\_\_ ED #: \_\_\_\_\_

Offline:	hrs.	Operator #:	Online:	hrs.	Operator #:
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Fire Department notified before fire alarm test or fire drill? YES / NO / N/A  
 Fire Department: \_\_\_\_\_ Tel.#: \_\_\_\_\_ -Dispatch  

Offline:	hrs.	Badge #:	Online:	hrs.	Badge #:
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1. Fire alarm system tested on secondary source of power (battery backup or generator)?  YES  NO  N/A
2. Fire Alarm system activated correctly?  YES  NO  N/A
3. Second stage alarm signal activated correctly (where applicable)?  YES  NO  N/A
4. Annunciator Panel(s) indicated the correct zone of alarm origin?  YES  NO  N/A
5. "All Clear" announced and staff instructed to sign fire drill attendance record?  YES  NO  N/A
6. Fire alarm reset and returned to primary source of power?  YES  NO  N/A
7. Fire alarm auxiliary devices reset and checked for normal operations:  YES  NO  N/A
8. Fire alarm system clear of any "trouble" indication?  YES  NO  N/A
9. Confirmed fire alarm monitoring company received alarm signal at \_\_\_\_\_ hrs. & reset at \_\_\_\_\_ hrs.
10. Alarm Monitoring Company and Fire Department notified after fire alarm test of fire drill?  
 YES  NO  N/A
11. When applicable, confirm if Fire Department received the alarm signal?  YES  NO  N/A
12. No. of staff attended: \_\_\_\_\_  YES  NO  N/A

Unscheduled Fire Alarm Signal Activation Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Cause of Fire Alarm determined to be:

1. Fire Department arrival time (if known): \_\_\_\_\_ hrs. Badge #: \_\_\_\_\_
2. Fire alarm control panel reset only after the Fire Dept. has given the all-clear signal after checking?  
 YES  NO  N/A
3. Fire alarm "trouble signal" clear?  YES  NO  N/A
4. "All Clear" announced and staff instructed to sign fire drill/ alarm attendance record?  YES  NO  N/A
5. Fire alarm auxiliary devise reset and checked for normal operations:
  - Elevators (guest and service)  YES  NO  N/A
  - Maglocks (entrance, exits, and locked units)  YES  NO  N/A
  - HVAC units  YES  NO  N/A
  - Hold open features on fire doors  YES  NO  N/A

Fire Alarm Equipment Test or Repair Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Fire alarm system repair company notified of repairs required?  YES  NO  N/A
2. Company Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
3. Tel.#: \_\_\_\_\_ Contact Person: \_\_\_\_\_
4. Fire alarm system repaired?  YES  NO  N/A
5. Date: \_\_\_\_\_ Time: \_\_\_\_\_

Problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Conclusion, recommendations for changes to fire safety or procedures:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Emergency Code Simulation Drill**

Please review the code prior to performing the drill. The codes are present on Surge Learning as well as in our Emergency Response Manual. The creativeness of the exercise is up to the person performing the drill.

- 1. Date of the Emergency Code Drill: \_\_\_\_\_
- 2. Type of Code Drill Performed: \_\_\_\_\_
- 3. Person conducting the Code Drill: \_\_\_\_\_
- 4. Location and Scenario of the Code Drill:

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

- 5. Highlights of the Drill:

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

- 6. Weaknesses exposed during the Drill:

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

- 7. Any questions following the drill?

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

Signature of person performing drill: \_\_\_\_\_

Signature of Administrator/Designate: \_\_\_\_\_



**Live Fire Drill**

1. Date & Time of fire drill: \_\_\_\_\_
2. Person assigned to complete drill: \_\_\_\_\_
3. Location of simulated fire and length of time to discover simulated fire:  
\_\_\_\_\_
4. Location of simulated fire & the manual station that was activated:  
\_\_\_\_\_
5. Did the automatic fire separation doors work properly? (5pts)  
\_\_\_\_\_
6. Did the following areas get secured properly?: (2pts) Dietary  Laundry
7. Did all staff respond, and were fire extinguishers brought to the scene? (2pts) \_\_\_\_\_
8. Was "CODE RED" paged three times, with the location of the fire to notify staff? (5pts) Yes   
No
9. Did the fire panel display the correct location (as per the manual station pulled)? (5pts) Yes   
No
10. Did the fire alarms audibly sound throughout the drill area? (5pts) Yes  No
11. Did the Charge Nurse respond to the audible drill sounds? (2pts): Yes  No
12. Once location was determined, did staff ask for next steps/begin evacuating? (2pts): Yes   
No
13. Was the Charge Nurse able to provide direction and keep the live drill organized? (2pts) Yes   
No

TOTAL POINTS ELIGIBLE: 30

TOTAL

POINTS EARNED: /30

Highlights of drill:

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Questions/Concerns :

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Signature of person conducting drill: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Designated Person: \_\_\_\_\_ Date: \_\_\_\_\_



- 1. Date & Time of Fire Drill: \_\_\_\_\_
- 2. Person assigned to complete drill: \_\_\_\_\_
- 3. Location of simulated fire: \_\_\_\_\_
- 4. Are staff familiar with the Emergency Policy and Procedures – CODE RED? (5pt) \_\_\_\_\_
- 5. Are staff familiar with the acronym “**REACT**”? (10pts) \_\_\_\_\_

- **Removed** persons from immediate danger
- **Ensure** doors and windows are closed
- **Activate** the fire alarm
- **Call** 9-1-1
- **Try** to extinguish or further evacuate

- 6. Were staff able to appropriately identify the steps to take if a fire was located? (Please circle items mentioned):
  - Proceed to nursing station to be assigned to area of building to help with evacuation (turn equipment off and close all doors) (3pt)
  - Begin to work with another staff to check all rooms, stairwells, and work areas (if safe to do so) and begin the evacuation process by removing residents and flipping door tags and closing fire doors once rooms are cleared (5pts)
  - Remove residents in the following order: ambulatory, wheelchair bound, bedbound individuals, and then uncooperative residents (4pts).
  - Once residents are removed to safety, check with your nurse to see if your assistance is needed elsewhere within the home (2pts).
  - Do not resume regular duties until the fire is considered “all clear” by the Fire Dept. (1pt)

TOTAL POINTS ELIGIBLE: 30pts

TOTAL POINTS

EARNED: /30

- 7. Highlights of discussion (type of evacuation, tags on doors, roles of different staff, flow of evacuation, service areas secured, fire extinguishers):

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8. Questions raised during exercise:

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Signature of person conducting drill: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator/Designated Person: \_\_\_\_\_ Date: \_\_\_\_\_





## Risk Assessment (HIRA)

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Home location: \_\_\_\_\_

THREAT	PROBABILITY	CONSEQUENCE	PRIORITY
Environmental			
Tornado			
Sever electrical Storm			
Flooding			
Hail			
Winter Storm			
Freezing conditions (prolonged severe cold)			
Site Contamination (infestation, chemicals)			
Epidemic/Pandemic/Group illness			
Tsunami			
Earthquake			
Landslide			
Hurricane			
Wild Fires			
Severe Heat (40°C+)			
<b>Organized/Deliberate Disruption</b>			
Workplace violence (including threats)			
Neighbourhood violence (shootings/stabbings, etc.)			
Sabotage (within the office)			
Theft/Robbery			
Arson			
Community disruption (protest, riots, etc.)			
<b>Utilities and services</b>			
External power failure			
Loss of natural gas			
Gas line rupture			

<b>THREAT</b>	<b>PROBABILITY</b>	<b>CONSEQUENCE</b>	<b>PRIORITY</b>
Loss of water			
Fuel shortage			
Communications services breakdown			
Sewage/drainage/waste removal			
Air conditioning failure			
Heating system failure			
<b>Infrastructure</b>			
Building collapse/instability			
Transportation incident involving staff/residents			
On-site fire			
Hazardous materials spill/release			
Working alone			
<b>Information Technology</b>			
Loss of life safety/security systems			
Loss of nurse call system			
Loss of telephone communications			
Loss of internet communications			
<b>OTHER RISKS</b>			
Missing Resident			
Tenant issues (in shared buildings)			
Public transportation failure			
Hazardous packages			
Neighbourhood risk (hazardous industry, etc.)			
Transportation corridor (within 1.6 km)			
Other:			

**This form should be completed and kept on file as well as in the Emergency Preparedness and Response Manual.**

## Post-Emergency Response Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

TASK	YES	NO	COMMENTS
Command Centre was set up and IMS was implemented.	<input type="checkbox"/>	<input type="checkbox"/>	
The time when battery back-up would fail was noted.	<input type="checkbox"/>	<input type="checkbox"/>	
Elevators were checked for persons trapped (fire department/elevator service was called as required).	<input type="checkbox"/>	<input type="checkbox"/>	
Activities were logged immediately and during the event.	<input type="checkbox"/>	<input type="checkbox"/>	
Huddles/debriefs/meetings were conducted as needed.	<input type="checkbox"/>	<input type="checkbox"/>	
All residents, staff and visitors were accounted for in the building.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff were directed as required and a report back was requested once assigned task was completed.	<input type="checkbox"/>	<input type="checkbox"/>	
Staff call back was initiated to obtain more staff (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	
Telephones were checked for failure. A contingency plan was set up for the failure.	<input type="checkbox"/>	<input type="checkbox"/>	
Door monitoring was implemented as required.	<input type="checkbox"/>	<input type="checkbox"/>	
Residents, staff and visitors were restricted from unsafe areas.	<input type="checkbox"/>	<input type="checkbox"/>	

## Post-Emergency Checklist

Date: \_\_\_\_\_

Completed by: \_\_\_\_\_

Incident: \_\_\_\_\_

<b>THANK YOU, CHECKLIST,</b>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Residents that have been inconvenienced	<input type="checkbox"/>	<input type="checkbox"/>	
Staff that helped	<input type="checkbox"/>	<input type="checkbox"/>	
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	
Families	<input type="checkbox"/>	<input type="checkbox"/>	
Media	<input type="checkbox"/>	<input type="checkbox"/>	
Government agencies	<input type="checkbox"/>	<input type="checkbox"/>	
Receiving facilities/homes	<input type="checkbox"/>	<input type="checkbox"/>	
Ambulance	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INVENTORY CHECKLIST</b>	<b>YES</b>	<b>NO</b>	
Take linen inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take dietary inventory to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
Take equipment inventory to determine loss or repairs	<input type="checkbox"/>	<input type="checkbox"/>	
Take inventory of nursing supplies to determine loss/costs	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FINANCIAL CHECKLST</b>	<b>YES</b>	<b>NO</b>	
Establish additional staffing costs	<input type="checkbox"/>	<input type="checkbox"/>	
Reimburse staff for expenses (travelling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Establish total cost of emergency	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Other</i>	<input type="checkbox"/>	<input type="checkbox"/>	
	<b>YES</b>	<b>NO</b>	
Write formal report and submit to Administrator	<input type="checkbox"/>	<input type="checkbox"/>	

### Crisis Communication Plan Checklist

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Record the time action was initiated** (note on the line below):

Incident: \_\_\_\_\_

Incident Manager: \_\_\_\_\_

Senior Manager on location: \_\_\_\_\_

Administrator on location: \_\_\_\_\_

Briefed by Incident Manager \_\_\_\_\_

Type of incident: \_\_\_\_\_

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 \_\_\_\_\_

\_\_\_\_\_  Transit \_\_\_\_\_

\_\_\_\_\_  Other \_\_\_\_\_

Any injuries or deaths \_\_\_\_\_

General actions being taken \_\_\_\_\_

Issues of contention identified \_\_\_\_\_

Briefing with Administrator or Senior Manager \_\_\_\_\_

Spokesperson identified \_\_\_\_\_

Interview or press briefing time scheduled \_\_\_\_\_

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

\_\_\_\_\_ We are working closely with emergency/allied agencies (identify key agencies)

\_\_\_\_\_ We are working to ensure that the incident will not reoccur

\_\_\_\_\_ Other points:

**Identify questions media may ask:**

**Q:**

**A:**

**Q:**

**A:**

\_\_\_\_\_ Briefing/press release approved by: \_\_\_\_\_

\_\_\_\_\_ Copies of press release printed for distribution to press.

\_\_\_\_\_ Record all interviews, briefings, or other discussions with the media

\_\_\_\_\_ Administrator notified of any contentious issues that may be in the media

## Incident Tracking Sheet

Originator: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Received by: \_\_\_\_\_

<b>A. ISSUE/CONCERN/REQUEST</b>	<b>B. ACTION REQUIRED</b>
<b>C. OPTIONS CONSIDERED</b>	<b>D. ACTION TAKEN</b>
<b>E. REFERRED TO</b>	<b>F. RESOLVED BY</b>
<b>G. ANTICIPATED COSTS</b>	<b>H. ACTUAL COSTS</b>
<b>I. PROBLEMS ENCOUNTERED</b>	<b>J. DETAIL OUTSTANDING, UNRESOLVED, OR INCOMPLTE REQUESTS</b>

**ADDITIONAL COMMENTS**

**INCIDENT PROGRESS NOTES**

Type of incident: \_\_\_\_\_

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_

Name of incident Manager: \_\_\_\_\_

Note taker: \_\_\_\_\_

Time	Event	Signature

### Situation report

Use this report to document the time and details of significant events. Provide this report to other IMS leaders of during Emergency Operations Centre meetings.

Date: \_\_\_\_\_ Incident: \_\_\_\_\_

Period Covered: \_\_\_\_\_ to \_\_\_\_\_

**Time and Date (d/m/y)**

**Time and Date (d/m/y)**

#### REPORT

Initial: \_\_\_\_\_ Current: \_\_\_\_\_

Resources/Mitigation Objectives:

Total injuries: \_\_\_\_\_ Total Fatalities: \_\_\_\_\_

Emergency service involvement (i.e., police, fire, EMS): \_\_\_\_\_

Problems Encountered:

Solutions:

Outstanding Issues: \_\_\_\_\_

Weather watches and warnings (if applicable): \_\_\_\_\_

Actions/Objectives (to be accomplished before the next meeting):

Operations: \_\_\_\_\_

Planning: \_\_\_\_\_

Logistics: \_\_\_\_\_

Finance/Administration: \_\_\_\_\_

Safety: \_\_\_\_\_

Liaison: \_\_\_\_\_

Public Information: \_\_\_\_\_

#### NEXT MEETING:

Date/Time: \_\_\_\_\_

Distribution (specify): \_\_\_\_\_

# Emergency Operations Centre Equipment Checklist

Date: \_\_\_\_\_

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

## MANDATORY EQUIPMENT

- Telephone communication
- Emergency power supply/where applicable
- Emergency disaster box
- Home floor plans
- Site drawings and area maps where applicable
- Emergency response plan
- Notepads and pens

## OPTIONAL EQUIPMENT

- Computer with email/internet access and/or smart phone
- Computerized resident charts (e.g., Point Click Care)
- Whiteboard/flip charts
- Computer printer/photocopier
- External communications will be centralized at the EOC. The intercom, nursing phones or home walkie-talkies (if available) will be used for internal communications. If telephone communications are inoperative, designate employee(s) as a runner.

## HOME INFORMTATION

- Primary EOC location: \_\_\_\_\_
- Telephone number/text: \_\_\_\_\_
- Alternate EOC location: \_\_\_\_\_
- Telephone number/text: \_\_\_\_\_