

EMERGENCY MANAGEMENT – Manual 12

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Subject: Emergency Management Program	Policy ID: 12.1.1
Manual: 12. Emergency Management	Approval: William Krever
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The Emergency Preparedness Committee is responsible for developing and implementing an Emergency Preparedness Program in consultation with local and municipal emergency planning groups in an attempt to maintain public safety within the homes.

PROCEDURE:

The Emergency Preparedness Ontario approved “Incident Management System” (IMS) Framework will be utilized to define organizational functions. This will ensure a common language and approach to emergency management by the home and external contacts (health care organizations, governments and agencies, fire, ambulance, police, etc.)

EMERGENCY PREPAREDNESS – Introduction and Overview

PURPOSE:

The purpose of this emergency plan is to outline procedures to handle emergency situations and to prepare staff to protect and preserve life, prevent injuries, reduce damage to property, and protect the surrounding community and environment.

LEGISLATIVE REQUIREMENTS:

This emergency plan complies with the *Fixing Long Term Care Act, 2021 (FLTCA, 2021)*, *Ontario Regulation 246/22*, and the *Ontario Fire Code*.

As per the *FLTCA 2021*, Section 90, Paragraphs 1 and 2:

- (1) Every licensee of a long-term care home shall ensure that there are emergency plans in place for the home that comply with the regulations, including,
 - (a) Measures for dealing with, responding to and preparing for emergencies, including, without being limited to, epidemics and pandemics; and
 - (b) Procedures for evacuating and relocating the residents, and evacuating staff and others in case of an emergency.
- (2) Every licensee of a long-term care home shall ensure that the emergency plans are tested, evaluated, updated and reviewed with the staff of the home as provided for in the regulations.

EMERGENCY DEFINITION:

An **emergency**, as defined in the *FLTCA, 2021* is an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.

PLAN DEVELOPMENT AND RESPONSIBILITIES OF VICTORIA VILLAGE:

The Emergency Preparedness Committee is responsible for developing and implementing an Emergency Management Program in consultation with local and municipal emergency planning groups to maintain public safety within the Home.

This emergency plan has been developed with information from Hazard Identification and Risk Assessments and in consultation with local emergency services, partner healthcare organizations, partner LTC facilities, the Residents' and Family Councils, and all Departments at Victoria Village.

In the event of an emergency, Victoria Village will notify staff, residents, substitute decision makers, Life Lease tenants, commercial tenants, partner organizations, and emergency services, as per the communications plans and the specific emergency plan for each situation.

ACCESS TO INFORMATION:

This emergency plan is available on our website (victoriavillage.ca). Physical copies are also available upon request. Copies of the emergency plan will be kept on site for staff in the following locations:

- Workroom (2nd floor)
- Reception
- Conference Rooms on each Resident Home Area (as applicable)
- CEO/Administrator office
- Director of Nursing office
- Food Services Manager office
- Life Lease administrative office (1st floor)

CONTACT INFORMATION:

Administrator/CEO

Bill Krever
705-728-3456 x798
w.krever@victoriavillage.ca

Director of Nursing

Elpidia Khan
705-728-3456 x704
e.khan@victoriavillage.ca

Infection Prevention and Control (IPAC) Lead

Rachael Welch
705-728-3456
r.welch@victoriavillage.ca

STAFF DUTIES AND RESPONSIBILITIES:

Staff are responsible for being familiar with the contents of this manual, knowing the locations of fire extinguishers, fire alarm panel, fire alarm pull stations, emergency lights, and exit doors.

Staff unfamiliar with the emergency plan and their role in the event of emergencies are responsible for alerting their supervisor and requesting additional training.

Staff who identify an issue with any of the emergency plans are responsible for alerting their supervisor or any member of the Emergency Preparedness committee.

PARTNER ORGANIZATIONS AND EMERGENCY CONTACTS:

Department	Emergency Contact	Work Phone #	Secondary #	Additional Info.
Emergency Services	Emergency Fire/Police/Ambulance	911		
	Barrie Ambulance	705-726-8103		
	Barrie Fire Department	705-728-3199		
	Barrie Police	705-725-7025		
	Poison Control Centre	1-800-268-9017		
	CritiCall	1-800-668-4357 (urgent)	289-396-7000 (admin desk)	Acute Care
	Canadian Red Cross	1-800-850-5090 (urgent)	1-800-418-1111 (general)	
	Coroner			
Ministry/ Government	Ministry of Labour	1-877-202-0008		
	WSIB	1-900-381-0750		
	Emergency Management Ontario	416-326-8525		
	Ministry of Long-Term Care	1-800-268-1153		
	Public Services Health & Safety Association	1-877-250-7444		
Patient Health & Pharmacy	Public Health	705-721-7520		
	Royal Victoria Regional Health Centre	705-728-9802		
	GERIATRX Pharmacy	1-877-421-7755		
	Cardinal Health	1-800-964-5227		
	Home and Community Care	705-721-8010		
Maintenance & Utilities	Alectra Utilities	1-877-963-6900		
	Barrie Water Operations	705-792-7920		
	Enbridge Gas	1-866-763-5427		
	Glen Martin	705-721-8800		
	Huron Alarms & Fire Security	705-730-0843		
	Indusflow Systems	1-888-940-0751		IT
	MEDIGAS	705-721-0555		Oxygen provider
	Murray Mechanical	705-726-6420		Heat/air conditioning
	OFS	705-728-5289		Fire panel
	OTIS Elevator	1-800-233-6847		Elevators
	Spills Action Centre	1-800-268-6060		
	SureLock Homes	705-725-8830		Locksmith
	SYSCO	1-855-450-3069		Dietary supplier
Transportation	Barrie Accessible Community Transportation Service (BACTS)	705-792-5033		

	Barrie Taxi	705-721-7777		
	Hammond Transportation	Day: 705-417-2000	Evening: 705-645-4433	Emergency Transportation
	Landmark Bus Lines	Day: 705-722-6666	Evening: 800-947-3839	Emergency Transportation

PARTNER ROLES AND RESPONSIBILITIES:

The role and responsibility of each partner organization and emergency contact of Victoria Village is determined by the nature of an emergency and the organization’s needs. The roles of specific service providers are outlined in code policies and procedures where relevant and will continue to be developed in consultation with the organization’s partners.

EMERGENCY SUPPLIES AND RESOURCES:

Each department at Victoria Village is responsible for maintaining an inventory of emergency supplies required for emergency response including stockpiles for evacuation, loss of essential services, and shelter in place situations. Each department will also take inventory and rotate supplies to ensure expiration dates are not exceeded at the appropriate frequency depending on the type of supplies.

Transportation of relevant emergency supplies and resources will be conducted using the Victoria Village vehicle, unless otherwise unavailable. Should this be the case, Victoria Village will utilize emergency contacts to assist with the transportation of required supplies and equipment.

Department of Nursing:

Outbreak/Pandemic Supplies:

- Care Guard Masks
- N95 Masks
- Clothing Protectors
- Level 3 Procedure Masks
- Aloe Wipes
- Eye Protection (glasses)
- Eye Protection (fits over glasses)
- Face Shields
- Gowns
- Heavy Gowns
- Nitrile Gloves
- Oxivir Liquid
- Oxivir Wipes
- Vinyl Gloves
- Hand Sanitizer
- SMS Gowns
- Disposable Wash Cloths
- Chlorox Wipes
- Masks with Wrap Around Shield

Department of Dietary Services:

Dietary services always maintain a three-day supply of food which contains a substantial number of non-perishable foods. In an emergency the cold food storage can be maintained with generator power. In an emergency, these food supplies would last long enough for additional food and fluids to be delivered by Sysco who has agreed to provide off-day deliveries in emergencies.

Dietary services has developed contingency plans for emergency events that may impact the availability of the dining room space, servery, and/or the use of equipment in the case of loss of power (see policy 8.5.5 - *Emergency Menus and Meal Service* and attachments).

Drug Supply and Drug Provision:

Victoria Village Manor uses GeriatRx Pharmacy for medication supply. In the event of an emergency, GeriatRx will provide medication during and / or after regular business hours. Supply can be provided both onsite at Victoria Village or at an off-site evacuation location.

Once a staff member determines an order requires urgent attention, they can contact an on-call clinical pharmacist after hours to process the emergency order at 416-221-7755 or toll-free at 1-877-421-7755 and extension '9'.

OFF-SITE EVACUATION / TRANSPORTATION:

In the case of an emergency, Victoria Village will utilize their resident transport vehicle as is safe and available to do so, in addition to utilizing available community partners' resources. The Home will create and maintain emergency reciprocal agreements annually to ensure availability of off-site accommodations and transportation of residents.

External Transportation Support:

External Contact	Contact Information	Maximum (W/C)	Maximum (ambulatory)
Barrie Accessible Community Transportation Service (BACTS)	<i>Coordinated through EMS as per need</i>	Need dependent	Need dependent
Landmark	Day: 705-722-6666 Evening: 800-947-3839	• 3 standard wheelchairs	• 4 ambulatory
Hammond	Day: 705-417-2000 Evening: 705-645-4433	• 2 standard wheelchairs	• 16 ambulatory
Simcoe Manor	<i>Peter Puiatti</i> (905-729-2267 ext. 5200)	• 4 standard WCs + 4 ambulatory	• 14 ambulatory
IOOF	<i>Garry Hopkins</i> (705-728-2389 Ext. 304)	• 3 standard WCs + 10 ambulatory	• 21 ambulatory
Woods Park	<i>Amy Richard</i> (705-739-6881)	• 18 seat bus (unspecified)	• 18 seat bus (unspecified)

Emergency Relocation Sites:

Find complete emergency relocation agreements, including the number of residents each site can accept, at F:Drive>Emergency Reciprocal Agreements>2025.

HOME/ORGANIZATION	CONTACT
Bay Haven	Scott Strandholt (W: 705-445-6501; 705-888-3040)
Mill Creek Care Centre	Sadie Friesner (W: 705-719-6222 ext. 5222; C: 905-715-9583)
Sara Vista	Chad Axelrod (W: 705-322-2182; C: 705-888-0328)
Simcoe Manor	Peter Puiatti (W: 905-729-2267 Ext. 5200)
Woods Park	Amy Richard (W: 705-739-6881; C: 705-730-3379)
Bradford Valley	Cathy VanBeek (W: 905-952-2260; C: 905-252-6996)
IEOF	Garry Hopkins (W: 705-728-2389, ext. 304; C: 416-302-9174)
Grove Park Home	Paul Taylor (W: 705-792-7393; C: 705-796-8892)
Sunset Manor	Michelle Sattler (W: 705-445-4499 ext. 6210; C: 705-627-1073)

EMERGENCY PLAN CONSULTATION RECORD

Date:

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

(list names):

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

Consultation Discussion

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

Annual Review/Evaluation of Plan: summarize plan, any updates/changes in the year, and program evaluation outcomes.	
Do you have confidence in the Emergency Plan as presented and/or do you have any questions?	
Are there any recommendations you have to enhance the Emergency Plan?	

Changes/Updates: Describe the new policy or changes to the plan.	
Do you have questions or feedback related to the change/update?	

Action Plan

Issue	Action	Responsible Person	Timeline

Subject: Emergency Manual Location	Policy ID: 12.1.2
Manual: 12. Emergency Management	Approval: William Krever
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POLICY:

Emergency Preparedness manuals will be accessible to all staff as well as to the local Fire Department.

PROCEDURE:

The Emergency Preparedness Committee will ensure provision of the Emergency Management Manual in the following areas of the home:

- Workroom
- Reception
- Conference Rooms (1 on each unit)
- CEO Office
- Director of Nursing Office
- Life Lease Reception
- Food Services Manager Office
- Online

Attachments: N/A

Subject: Incident Management System Framework	Policy ID: 12.1.3
Manual: 12. Emergency Management	Approval: William Krever
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POLICY:

An established Incident Management System (IMS) will be developed for Victoria Village.

PROCEDURE:

The Emergency Preparedness Committee will:

1. Assign key staff (and/or designates) to the IMS major coordinator positions:
 - Incident Manager - CEO/Administrator (RN charge nurse in the building in administrator's absence)
 - Safety Coordinator - Director of Operations/Health and Safety representative
 - Communications and Liaison Coordinator - Business Services Manager/CEO
 - Operations Coordinator - Director of Nursing
 - Planning Coordinator - Business Services Manager/Special Projects Manager
 - Logistics Coordinator - Associate Director of Nursing
 - Finance / Accounting - Director of Finance
 - Family Relations - Director of Resident and Family Services
2. Lead in the implementation and education of the Emergency Management Program
3. Update home specific changes to the Emergency Management manual
4. Arrange education for all staff, residents, visitors and volunteers related to the changes

Subject: IMS Roles and Responsibilities	Policy ID: 12.1.4
Manual: 12. Emergency Management	Approval: William Krever
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POLICY:

Staff will be assigned to Incident Management System (IMS) positions preliminary to the occurrence of an emergency. At the time of an emergency, the Incident Manager will, in the absence of pre-designated staff, assign available staff to IMS positions to handle the immediate emergency.

PROCEDURE:

In an emergency situation the Incident Manager will:

1. Activate the Incident Management System - XVIII-A-10.30(a) and assign positions to available staff.
2. Upon arrival of external Emergency services, update them on the situation and then take direction from Emergency Services once they take over the scene.
3. Elicit the assistance of other facilities as needed.
4. Apprise staff, residents, family members and volunteers of the situation.
5. Notify the Board of Directors President of the situation and request assistance as needed
6. Notify the Ministry of Long-Term Care and complete the Critical Incident Report.

POSITION ROLES AND RESPONSIBILITIES:

Incident Manager: In overall charge of the incident. Retains responsibility for all site operations, but delegates' authority to get the work done. Typically, the CEO/Administrator or RN charge nurse in the building.

Public Information (communications): Both internal communications with CEO/Administrator approval (staff, volunteers, families, committees etc.) and external media and public information specialist; fields all media inquiries, conducts press conferences, and is responsible for

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obtaining communication equipment (plus backup) and making public service/safety announcements. Typically, shared between the CEO/Business Services Manager or designate.

Safety Coordinator: Review all operations from a safety perspective, ensuring the safety of staff and victims and authorized to order any unsafe work stopped immediately. Typically, this will be the Director of Operations/Health and Safety representative or designate.

Operations Coordinator: Conducts the core business of the organization at the incident, directs work of all staff at the incident; typically, the Director of Nursing or designate.

Planning Coordinator: Gathers all the data required for incident management, assists management with planning decisions and is responsible for training, research and short-term & long-term planning and recovery plans. During evacuation, responsible for initiating reciprocal agreements and completing administrative documentation. Typically shared by the Emergency Preparedness Committee, Special Projects Manager or designate.

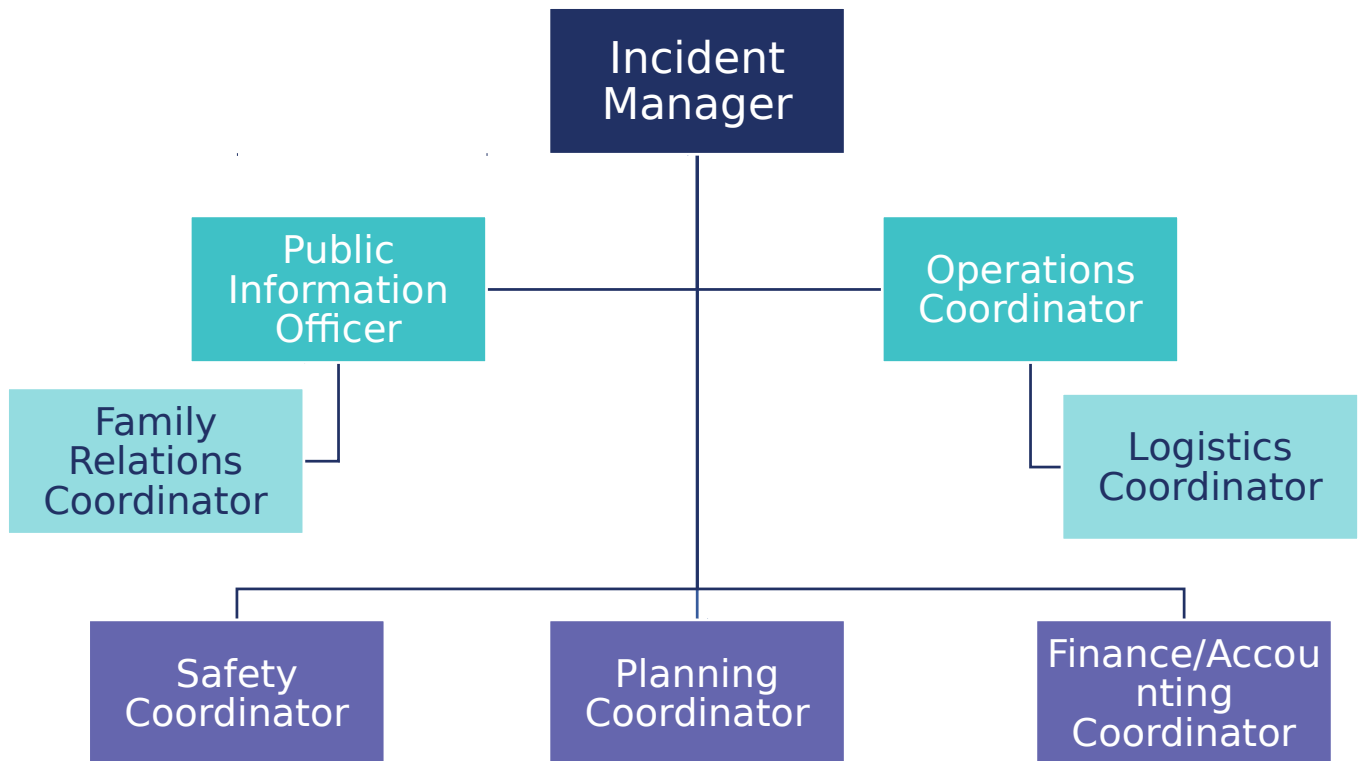
Logistics Coordinator: Provides support and services for all incident operations – finds staff, supplies support services for conducting core business. Is responsible for control and maintaining the resource database.

Finance/accountability: Responsible to track all costs associated with the incident, typically, the Director of Finance. During an evacuation, responsible for financial and cost analysis support and for monitoring the utilization of financial assets.

Family Relations Coordinator: Responds to and is forwarded any calls from family members/volunteers during an emergency, typically the Director of Resident and Family Services or designate. Responsible for assisting with coordination of substitute decision maker contacts with Public Information Coordinator.

Attachments: Incident Management System Organizational Chart

**INCIDENT MANAGEMENT SYSTEM ORGANIZATIONAL
CHART**



Subject: Definitions	Policy ID: 12.1.6
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DEFINITIONS:

Emergency: a situation or an impending situation caused by the forces of nature, an accident, an intentional act or otherwise that constitutes a danger of major proportions to life or property.

Internal Disaster: A situation that warrants evacuation of the facility in order to protect the lives of residents and staff.

External Emergencies: This is a situation in the Community affecting the safety of lives where we independently must maintain essential service for a brief period of time for our residents in house or may be requested to accommodate victims from outside the facility. Preferential placement of victims will be for residents from other Long Term Care Facilities.

Emergencies Due to Human Activity: Emergencies arising from human activity can include situations instigated by an intentional criminal, human error or situations resulting from large-scale industrial accidents.

Emergencies Due to Natural Disasters: Emergencies due to sudden and powerful natural events that is capable of inflicting considerable damage to property and placing many lives at risk. These types of emergencies generally result from severe weather conditions or earthquakes.

Incident Management System Framework: A standard set of pre-designated organizational functions used to support emergency incident operations: common function identifiers are used by the home and external support organizations.

Subject: Emergency Management Committee Terms of Reference	Policy ID: 12.1.7
Manual: 12. Emergency Management	Approval: William Krever
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The Committee is responsible for supporting an effective organization-wide Emergency Preparedness Program (EPP) that guides and oversees the development, implementation, and maintenance of Victoria Village Manor (VVM) to improve safety and create a disaster-resilient community.

SCOPE:

The Committee will identify key priorities and make recommendations related to plans, procedures, exercises, education, communication strategies and notification response systems that will meet and support the safety of Residents, Staff and Visitors at Victoria Village Manor.

OBJECTIVES:

1. Oversee the development, implementation, and maintenance of VVM’s Emergency Preparedness Program.
2. Annually review the program and make recommendations for program revisions.
3. Provide guidance and assistance in setting priorities and goals for the EMP.
4. Provide recommendations on personnel, resources, equipment needs for the EMP.
5. Review outcome of exercises, drills, and training and recommend areas for improvement and/or changes.
6. Review emergencies or incidents incorporating lessons learned from the responses into procedures to prevent, mitigate, prepare for, respond to and recover from emergency situations.
7. Selected members may be required to participate in special project committees when necessary.

MEMBERSHIP

The Emergency Preparedness Committee will consist of the following

Subject: Emergency Management Committee Terms of Reference	Policy ID: 12.1.7
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interdisciplinary representatives:

- CEO (ad hoc)
- Director of Nursing
- Director of Operations
- Director of Resident and Family Services
- Food Service Manager
- Restorative Care Coordinator
- PSW Manager
- LTC Consultant
- Special Projects Manager
- Balmoral (6th floor) Nurse
- Human Resources Manager

The Chairperson shall preside over all meetings. In the event of his/her absence, the Co-Chairperson shall preside.

FREQUENCY OF MEETINGS:

Members of the Emergency Preparedness Committee will hold meetings monthly or more frequently as established by the Committee. Meeting times and location to be established by the Emergency Preparedness Committee

MINUTES:

The Secretary shall record the minutes of each meeting and circulate to the membership.

AGENDA:

All submissions for the agenda must be submitted to the Emergency Preparedness chair one week prior to the assigned meeting. Agendas will be circulated 5 days before the next meeting.

Subject: Recovery Plan	Policy ID: 12.1.8
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 12, 2022	Next Review Date: April 5, 2026
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POLICY:

A recovery plan will be in place for the Home and will be implemented for each emergency to ensure a smooth return to pre-emergency operations within the organization. This plan will take into account any damage to physical operations of the Home in tandem with the wellbeing and safety of staff, residents, volunteers, families and any others affected by the emergency event.

For a Home level emergency, the CEO/Administrator or designate will be responsible for declaring that an emergency has ended.

For a widespread / significant emergency, the CEO/Administrator in collaboration with emergency respondents will be responsible for officially declaring that the emergency has ended.

PROCEDURE:

1. The CEO or designate will be responsible for leading the Home through the recovery plan and strategies.
2. The CEO or designate will note the following in the emergency debrief and related records:
 - Type of Emergency
 - Date Emergency Initiated
 - Date Emergency Concluded
3. As the Home returns to normal operations, the CEO or designate will ensure the following is completed:
 - All staff should return to their work area for debriefing. Staff from the affected area should go to a designated meeting point.
 - The Home should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and/or equipment inhibits their use.

Subject: Recovery Plan	Policy ID: 12.1.8
Manual: 12. Emergency Management	Approval: William Krever
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- As soon as possible, the CEO/designate should conduct a debriefing including participation of any responding law enforcement.
- As part of the recovery process, the Home will consider the physical and mental health needs of all staff, residents, and visitors. Support will be provided, utilizing existing and additional identified programs (e.g., Employee and Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
- Staff should speak with their immediate supervisor regarding any specific concerns, needs, or considerations
- Insurance arrangements are completed as necessary
- Pre-emergency staffing levels resumed as appropriate
- Any paused or altered programs/services or processes are restarted
- Debrief and evaluation of the emergency is completed within 30 days
- Communication with residents via Residents' Council, families via Family Council and/or other means (memo/letter) on the recovery stage/plan, outcomes, and any action items
- Communication to all external stakeholders via memo or letter
- Collaborate with Joint Health & Safety Committee to execute recovery plan as appropriate
- Collaborate with the Finance team and determine the financial impact
- Have nurses assess residents for any physical or psychosocial impact and act on it accordingly
- Update staff on recovery plan status and any action items
- Consult with residents, families, staff, and respective external stakeholders to evaluate the emergency plan
- Make any necessary changes to the emergency plan; communicate and train those changes accordingly

4. The CEO or designate will communicate timelines for the recovery stages, based on the above steps/stages. Depending on the type of emergency, returning to normal operations may be a slow process.

OUTCOME:

1. The Home smoothly returns to pre-emergency operations.

Subject: Recovery Plan	Policy ID: 12.1.8
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 12, 2022	Next Review Date: April 5, 2026
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2. Supports for potential distress post-emergency for residents, families, essential caregivers, and staff are in place.

Subject: Emergency Codes	Policy ID: 12.2.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The emergency code system will be implemented to help staff identify the type of emergency and make an announcement so staff can react accordingly.

The following codes will be used to identify emergency situations:

Code Red	Fire
Code Green	Evacuation
Code Green Stat	Urgent Evacuation
Code White	Physical Threat/Violent Threat
Code Yellow	Missing Resident
Code Blue	Medical Emergency
Code Orange	External Emergency
Code Black	Bomb Threat
Code Brown	Internal Emergency

PROCEDURE:

The staff member announcing the code will:

1. Identify the area of the home
2. Announce the room number or area three times.

All staff will:

1. Upon hearing an emergency code announced, follow the policies and procedures related to the type of emergency.

Subject: Emergency Communications	Policy ID: 12.2.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

Victoria Village will have a secondary communication procedure in place to ensure that the Home has access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times, including in the event of a power outage.

PROCEDURE:

The Director of Operations or CEO/Administrator will:

1. Ensure that the 6th floor charge nurse has access to a fire cell phone, to be used to contact emergency services and staff/managers as required in the case of emergency
2. Ensure that charged walkie talkies are in place in the following locations (one per location):
 - Administration office
 - Each home area nursing station
 - Board room
 - Bob Morton Centre
3. Set all walkie talkies to the same station number - **Channel 11.**
4. Use walkie talkies and/or cellphones and/or the fire phone for communication during all emergencies or drills.
5. Assign walkie talkies or use of personal cell phone, in an emergency evacuation situation, to:

<ul style="list-style-type: none"> • Incident Manager • CEO/DON upon arrival • Charge person at first triage area • Runner 	<ul style="list-style-type: none"> • Triage nurse • Public Information officer • Unit nurse or designate from each floor
--	---

Subject: Emergency Communications	Policy ID: 12.2.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

6. Communicate using the walkie talkie/cell phone/fire phone with a clear and concise message - ONLY one call can be received at a time. Basic script steps:

- Originator identifies him/ herself and states the information to be conveyed.
- Receiver identifies him/ herself and states "message received"
- Identify who you are addressing if message is for a specific staff member or area (ex. 4th floor, triage nurse)

Example: Incident Manager sending message to triage nurse

Message: "Incident Manager here - sending three residents to you"

Response: "Triage nurse here - message received"

7. Keep walkie talkies in the charger when not in use.

*****NEVER USE a WALKIE TALKIE or CELL PHONE in a BOMB THREAT EMERGENCY*****

8. Ensure the Family Relations Coordinator, typically the Director of Resident and Family Services and/or designate, makes the necessary phone calls to update SDMs/Care POAs of the emergency in the Home.

- When establishing initial contact with SDMs, convey emotional support and reassurance that safety and well being of the resident is our number one priority.
- When SDMs are contacted (in a disaster/emergency) they have to be notified of:
 - a) Type of emergency
 - b) Time of emergency
 - c) Current status and / or location of resident
 - d) Mechanism in place for access to updated information
- SDMs and other relevant stakeholders should be contacted at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.
 - o This is completed in tandem by the Public Information and Family Relations Coordinators and/or designates

Subject: Contact Procedures for Building Issues	Policy ID: 12.2.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

There will be an organized system to address building issues during off hours.

PROCEDURE:

The Director of Operations will:

1. Supply the Manor with a On Call schedule for Maintenance.
2. Ensure there is a copy posted with reception
3. Ensure there is a copy on the 6th floor/with the RN charge nurse.
4. Keep a copy on hand.

In the event that there is a building issue that requires Maintenance personnel:

1. The charge nurse will contact reception staff regarding the issue and request that they make the call to the on-call maintenance person.
2. In the event that the reception personnel are no longer in the building, the RN charge nurse in the building will make the call to Maintenance.
3. If there is no response from the on-call Maintenance personnel within a timely manner, the staff will place a call to the Director of Operations.
4. If the Director of Operations is unable to be reached, staff are to call the CEO/Administrator or designate.

Subject: Personnel Contact Numbers	Policy ID: 12.2.4
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

A current emergency personnel contact list will always be maintained by the Staffing Coordinator and/or Scheduling Assistants as an email distribution and a phone contact list.

PROCEDURE:

The Business Manager will:

1. Ensure that the current emergency contact list is:

- Created and placed in the scheduling binder at reception within the facility.
- Created and placed on the email distribution list maintained by reception staff.

The Incident Manager will:

1. Assign staff to make necessary phone calls using the Emergency Call in List in the event of an emergency where additional staff are required to report to the Home.



**victoria
village**
Community of Care

**Victoria Village Manor Emergency Call-In List
Revised: July 2023**

CHARGE NURSE TO CALL CEO ↓			
Administrator/CEO		Phone #	
CEO TO CALL DON, DSS, SC ↓			
Director of Nursing		Phone #	
Director of Support Services		Phone #	
Staffing Coordinator		Phone #	
DON TO CALL ADON ↓			
Associate Director of Nursing		Phone #	
Staffing Coordinator to Call All Names Listed Below ↓		Business Services Manager To Call All Names Listed Below ↓	
Business Manager	Phone #	Director of Resident & Family Services	Phone #
Nursing Resource Coordinator	Phone #	Food Services Manager	Phone #
Behaviour Resouce Manager	Phone #	Recreation Manager	Phone #
Restorative Care Coordinator	Phone #	PSW Manager	Phone #
Environmental Services Manager	Phone #	Director of Finance	Phone #
Director of Operations	Phone #	Special Projects Manager	Phone #
Volunteer Manager	Phone #	Social Worker	Phone #
Infection Prevention and Control Specialist	Phone #		

Victoria Village Manor Employee Phone List

Name	Numbers	Dept.	Name	Numbers	Dept.
Staff	Phone #	RPN	Staff	Phone #	LAUN
Staff	Phone #	PROG	Staff	Phone #	PSW
Staff	Phone #	RPN	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	HSKP
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PROG	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	DIET	Staff	Phone #	DIET
Staff	Phone #	PROJ	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	DIET
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PROG
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	HSKP	Staff	Phone #	PSW
Staff	Phone #	HSKP	Staff	Phone #	CC
Staff	Phone #	PSW	Staff	Phone #	UCL
Staff	Phone #	RPN	Staff	Phone #	PROG
Staff	Phone #	PSW	Staff	Phone #	RPN
Staff	Phone #	HSKP	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	DIET
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	COOK	Staff	Phone #	PSW
Staff	Phone #	DIET	Staff	Phone #	PSW
Staff	Phone #	DIET	Staff	Phone #	HSKP
Staff	Phone #	PSW	Staff	Phone #	RPN
Staff	Phone #	RN	Staff	Phone #	DIET
Staff	Phone #	CC	Staff	Phone #	DIET
Staff	Phone #	PSW	Staff	Phone #	RN
Staff	Phone #	HSKP	Staff	Phone #	RPN
Staff	Phone #	STU	Staff	Phone #	RPN
Staff	Phone #	STU	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	CC	Staff	Phone #	DIET
Staff	Phone #	PSW	Staff	Phone #	PROG
Staff	Phone #	RPN	Staff	Phone #	HSKP
Name	Numbers	Dept.	Name	Numbers	Dept.
Staff	Phone #	PSW	Staff	Phone #	PROG

Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	DIET	Staff	Phone #	PSW
Staff	Phone #	DIET	Staff	Phone #	PSW
Staff	Phone #	RPN	Staff	Phone #	DIET
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	DIET
Staff	Phone #	HSKP	Staff	Phone #	PSW
Staff	Phone #	COOK	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	COOK
Staff	Phone #	HSKP	Staff	Phone #	UCL
Staff	Phone #	DIET	Staff	Phone #	COOK
Staff	Phone #	RPN	Staff	Phone #	CLINIC
Staff	Phone #	PSW	Staff	Phone #	DIET
Staff	Phone #	RPN	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	HSKP	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	DIET
Staff	Phone #	DIET	Staff	Phone #	PSW
Staff	Phone #	RPN	Staff	Phone #	RPN
Staff	Phone #	RPN	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	DIET
Staff	Phone #	RPN	Staff	Phone #	HSKP
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PROG	Staff	Phone #	HSKP
Staff	Phone #	PSW	Staff	Phone #	DIET
Staff	Phone #	UCL	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	HSKP	Staff	Phone #	PROG
Staff	Phone #	PSW	Staff	Phone #	CC
Staff	Phone #	MAI	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	RPN
Staff	Phone #	PSW	Staff	Phone #	HSKP
Staff	Phone #	PSW	Staff	Phone #	LAUN
Staff	Phone #	PSW	Staff	Phone #	HSKP
Staff	Phone #	STU	Staff	Phone #	PSW
Staff	Phone #	STU	Staff	Phone #	PSW
Staff	Phone #	COOK	Staff	Phone #	PROG
Staff	Phone #	RPN	Staff	Phone #	DIET
Name	Numbers	Dept.	Name	Numbers	Dept.
Staff	Phone #	PSW	Staff	Phone #	DIET

Staff	Phone #	UCL	Staff	Phone #	RPN
Staff	Phone #	CLINIC	Staff	Phone #	LAUN
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	RPN
Staff	Phone #	DIET	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	RPN
Staff	Phone #	DIET	Staff	Phone #	PSW
Staff	Phone #	PSW	Staff	Phone #	RPN
Staff	Phone #	MAI	Staff	Phone #	HSKP
Staff	Phone #	Diet	Staff	Phone #	STU
Staff	Phone #	PSW	Staff	Phone #	PSW
Staff	Phone #	RPN	Staff	Phone #	DIET
Staff	Phone #	PSW	Staff	Phone #	PSW
			Staff	Phone #	PSW

Subject: Personnel Call Back System	Policy ID: 12.2.5
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The Home's Personnel Call Back System (Personnel Call Back System Template) will be activated to contact staff in an organized fashion in the event of an emergency.

PROCEDURE:

1. Test Procedure:

- The Business Manager will test the Emergency Call back System annually at minimum; all staff are expected to participate
- All managers and staff who are responsible to call back staff (phone fan out) will keep a current phone list at work and accessible at their home.

2. Activation of procedure:

- Staff will be called back according to the fan out, call back procedures.
- The Incident Manager will establish a name tag station at the command post (front reception area) for each staff member to report to upon their arrival to the home.
- Staff will have their **name badges with them, or obtain a name tag upon arrival** at the "command post" (front reception area) as needed.
- The Incident Manager or designate will delegate job responsibilities to each staff member returning to work.

Attachments: Personnel Call Back System Template

Subject: Emergency Preparedness Testing	Policy ID: 12.2.6
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

Emergency preparedness drills will be planned and carried out as per legislative and accreditation requirements for Codes Red, Green, White, Yellow, Blue, Orange, Black, Brown, and other emergencies to ensure that staff understand their role in the event of an emergency.

PROCEDURE:

The Emergency Preparedness Committee will:

1. Ensure that codes are tested as per legislative and accreditation requirements. The *Fixing Long-Term Care Act, 2021* requirements are as follows:

To be tested annually:

- Outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics, and pandemics
- Fires - tested monthly on all three shifts; night shift tests can be silent tests
- Situations involving a missing resident
- Loss of one or more essential services
- Medical emergencies
- Natural disasters or extreme weather events
- Boil water advisories
- Floods

To be tested every three years:

- Community disasters
- Violent outbursts
- Bomb threats
- Chemical spills
- Gas leaks
- Evacuation

2. Include actual code events as test events.
3. Create an annual schedule to carry out all required drills/emergencies
4. For a Code Green exercise, include management team in the planning and in the actual Code Green exercise.
5. Complete Emergency Preparedness Drill Evaluation FORM for all exercises.
6. Ensure staff attendance records are completed and recorded for each tested code.
7. Ensure that all staff attend at minimum one fire test annually.



Subject: Emergency Preparedness Testing	Policy ID: 12.2.6
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

All staff will:

1. Upon hearing an emergency code announced, follow the policies and procedures related to the type of emergency.

Attachments: Emergency Preparedness Drill Evaluation FORM
Emergency Codes Test Frequency Tracker



Drill Frequency - Emergency Codes

	Jan.	Feb.	Mar.	April	May	June	July	Aug	Sept.	Oct.	Nov	Dec.
Fires												
Outbreaks of a: 1. Communicable Disease 2. Disease of Public Health Significance 3. Epidemics 4. Pandemics												
Missing RSD												
Loss of Essential Service												
Medical Emergency												
Natural Disasters												
Extreme Weather Events												
Boil Water Advisory												
Floods												
Gas Leak												
Violent Outburst												
Bomb Threat												
Chemical Spill												
Community Disaster												
Evacuation												

Colour Code:

Once Per Month

Once Per Year

Once Every Three Years

Code Assignments by Designation

Special Projects Manager (SPM) to take notes for all meetings; Business Services Manager to perform task if SPM unavailable.

Yearly Assignment:

The designate will be responsible to document, educate, and plan either a live or tabletop drill of the code should the code not happen in the year. In the event that the code takes place, the designate will be responsible for the write up of the report pertaining to their code.

Fire: Director of Operations (Special Projects Manor to assign Managers to Observe)

Missing RSD: PSW Manager

Medical Emergency: Director of Nursing

Natural Disaster& Boil Water Advisory: Restorative Care, Special Projects Manager, ODRS

Outbreak: Infection Control Specialist or Director of Nursing

Floods & Loss of Essential Services: Restorative Care Coordinator, Special Projects Manager, ODRS

Three Year Assignment (under direction of Committee Lead):

Community Disaster: Restorative Care Coordinator

Violent Outburst: PSW Manager

Bomb Threat: PSW Manager

Chemical Spill: Director of Operations

Gas Leak: Director of Operations

Evacuation: All Members



EMERGENCY CODE EVALUATION

Code: _____

Date: _____

Time: _____

Home Area: _____

Description of Drill/Exercise:

What worked:

Issues:

Areas for improvement:

Area	Person responsible	Actions	Date completed

Signature of Observer

Subject: Emergency Codes - Orientation for Staff	Policy ID: 12.2.7
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

All staff will receive specific orientation on all Emergency Code roles and responsibilities upon hire and annually.

PROCEDURE:

The Emergency Preparedness Committee will:

1. Ensure that all supervisory staff receive specific orientation and training on all Emergency Code roles and responsibilities using the Emergency Code Orientation Checklist for Supervisory Staff FORM
2. Ensure that all non-supervisory staff receive specific orientation and training on all Emergency Code roles and responsibilities using the Emergency Code Orientation Checklist for Non-supervisory Staff FORM
3. Place a copy of the completed Emergency Code Orientation Checklist in personnel files.

Attachments:- Emergency Code Orientation Checklist for Supervisory Staff FORM
 Emergency Code Orientation Checklist for Non-supervisory Staff FORM

EMERGENCY CODES
ORIENTATION CHECKLIST – NON-SUPERVISORY STAFF

Residence: _____ Position: _____

Employee Name: _____

Date of Hire: _____ Orientation Date: _____

All Staff must have an understanding of the following areas regarding Emergency Codes:

	TRAINER'S INITIALS	COMMENTS
<ul style="list-style-type: none"> • Responsibility of: <ul style="list-style-type: none"> - Incident Managers - Charge person on resident home areas 		
<ul style="list-style-type: none"> • How to read Annunciator Panels located at Nursing Stations 		
<ul style="list-style-type: none"> • How to read and identify alarms, trouble lights on the Fire Panel at Life Lease main entrance (where fire department enters) 		
<ul style="list-style-type: none"> • What happens to the following building functions/systems when the alarm is triggered: <ul style="list-style-type: none"> - Fire doors close - Elevators - Stairwell doors release - Exit doors release 		
<ul style="list-style-type: none"> • Explain stages of fire alarm <ul style="list-style-type: none"> - First stage - Second stage 		
<ul style="list-style-type: none"> • Pull Stations <ul style="list-style-type: none"> - Locations of pull stations - How to pull a station 		
<ul style="list-style-type: none"> • Communication: <ul style="list-style-type: none"> - Announcing code (code + location 3x's) - Practice using communication tool (walkie-talkies, fire phone, PA system etc.) - Critical updates to Incident Manager - Critical communication with Incident Manager to assist the emergency personnel (fire department, police department) - Fan out List (who is on it, why, how initiated?) - Announcing all clear 		

	TRAINER'S INITIALS	COMMENTS
<ul style="list-style-type: none"> Emergency Safety Systems and locations <ul style="list-style-type: none"> Lock Out/Tag Out Spill kits Evacuation door tags - Instruct on how to use the tags 		
<ul style="list-style-type: none"> Location of Triage carts 		
<ul style="list-style-type: none"> How to initiate a fire drill <ul style="list-style-type: none"> What to do if you find a fire? REACT 		
<ul style="list-style-type: none"> First Aid Stations <ul style="list-style-type: none"> Who can give first aid treatment Where is your first aid boxes located? 		
<ul style="list-style-type: none"> SDS binders <ul style="list-style-type: none"> Located on each unit 		
<ul style="list-style-type: none"> Fire Plan/Emergency Plan <ul style="list-style-type: none"> Review Fire/Emergency Plan Location of Fire Plans in building 		
<ul style="list-style-type: none"> Emergency Codes - Roles <ul style="list-style-type: none"> Yellow (Missing Person) Green (Evacuation) Blue (Medical Emergency) White (Physical Threat) Orange (External Emergency) Black (Bomb Threat) Brown (Internal Emergency) 		
<ul style="list-style-type: none"> Watch video "Every Second Counts" 		

EMPLOYEE'S COMMENTS:

Employee Name (Print)

Employee Signature

Departmental Manager Name (Print)

Department Manager Name (Signature)

____/____/____
MM DD YY

EMERGENCY CODES
ORIENTATION CHECKLIST – SUPERVISORY STAFF

Employee Name: _____

Date of Hire: _____ Orientation Date: _____

All Supervisory Staff must have an understanding of the following areas regarding emergency codes:

	TRAINER'S INITIALS	COMMENTS
<ul style="list-style-type: none"> • Review responsibility of: <ul style="list-style-type: none"> - Incident Manager - Charge person on resident home areas 		
<ul style="list-style-type: none"> • Review how to locate and read Annunciator Panels located at Nursing Stations 		
<ul style="list-style-type: none"> • Review how to read Fire Panel at main entrance (Life Lease) i.e., alarms/trouble lights 		
<ul style="list-style-type: none"> • What happens to the following building functions/systems during an alarm: <ul style="list-style-type: none"> - Fire doors close - Make Up Air units shut down - Elevators - Stairwell doors release - Location of water shut off valves for emergency shut off/Sprinkler Shut off valves 		
<ul style="list-style-type: none"> • Explain stages of fire alarm <ul style="list-style-type: none"> - First stage - Second stage - How do you turn alarm into 2nd stage if needed? 		
<ul style="list-style-type: none"> • Pull Stations <ul style="list-style-type: none"> - Locations of pull stations - How to pull a station - How to reset an activated pull station 		
<ul style="list-style-type: none"> • Review process used to initiate a fire drill <ul style="list-style-type: none"> - What to do if you find a fire? REACT 		
<ul style="list-style-type: none"> • Communication: <ul style="list-style-type: none"> - Announcing code (code + location 3x's) - Practice using communication tools (walkie-talkies, fire phone, PS system etc.) - Critical updates to Incident Manager (occupied rooms) - Incident Manager/Fire Warden critical communication with emergency personnel (fire department, police department) - Fan out List (who is on it, why, how initiated?) - Announcing all clear 		

	TRAINER'S INITIALS	COMMENTS
<ul style="list-style-type: none"> • Location of Fire Box/Triage bag and contents <ul style="list-style-type: none"> - Procedure for triage set up/evacuation tags 		
<ul style="list-style-type: none"> • Keys for fire systems – where are they kept <ul style="list-style-type: none"> - What do they open, etc. 		
<ul style="list-style-type: none"> • Fire Plan/Emergency Plan <ul style="list-style-type: none"> - Read and review Fire Plan/Emergency Plan - Policies on emergency checklists to be completed. - Location of Fire Plans in building 		
<ul style="list-style-type: none"> • How to reset systems after Alarm is over <ul style="list-style-type: none"> - Pull station - Main Fire Panel (Life Lease electrical room) - Mag Locks - Elevators • Calls to monitoring company 		
<ul style="list-style-type: none"> • Watch video “Every Second Counts” 		
<ul style="list-style-type: none"> • Emergency Codes/Policies and Procedures <ul style="list-style-type: none"> - Yellow (Missing Person) - Green (Evacuation) - Blue (Medical Emergency) - White (Physical Threat) - Orange (External Emergency) - Black (Bomb Threat) - Brown (Internal Emergency) 		
<ul style="list-style-type: none"> • Emergency Safety Systems <ul style="list-style-type: none"> - Lock Out/Tag Out-Location - Spill kits – Location of kits - Evacuation door tags 		
<ul style="list-style-type: none"> • SDS binders <ul style="list-style-type: none"> - Located on each unit 		
<ul style="list-style-type: none"> • First Aid Stations – <ul style="list-style-type: none"> - Who can give first aid treatment - Where is your first aid boxes located? 		

Employee's Comments: _____

Employee Name (Print)

Employee Signature

CEO/Administrator Name (Print)

CEO/Administrator Signature

____/____/____
MM DD YY

Subject: Code Red - Fire and Emergency Management Plan	Policy ID: 12.3.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

As approved, the Fire and Emergency Management Plan will be developed and approved by the Fire Department. An Emergency Management Plan consisting of two documents: a Fire and Emergency Management Plan and an Evacuation Plan, will be developed in consultation with local and municipal emergency planning groups.

PROCEDURE:

1. The Fire and Emergency Management Plan must include, but is not limited to:
 - Assignment of personnel to specific tasks and responsibilities
 - Specifications of evacuation routes and procedures, taking into account contingencies such as inclement weather
 - Arrangements/agreements for alternative shelter in the event of evacuation
 - Arrangements for transporting records, medications, nursing equipment and supplies
 - A system to supervise evacuated residents
 - Alternate sources of basic supplies
 - Emergency disaster supplies
 - Discharge to another home
 - Communication Plan

Attachments: Code Red – Fire Plan

EMERGENCY RESPONSE - RESIDENTS AND VISITORS

IN CASE OF FIRE ALARM SIGNAL UPON HEARING FIRE ALARM

RESIDENTS	VISITORS
<ul style="list-style-type: none"><input type="checkbox"/> IF YOU ARE IN YOUR ROOM, REMAIN THERE<input type="checkbox"/> IF YOU ARE IN THE HALLWAY NEAR YOUR ROOM, GO TO YOUR ROOM AND REMAIN THERE<input type="checkbox"/> IF YOU ARE IN A COMMUNITY ROOM AND IT IS SAFE TO DO SO, REMAIN THERE OR MOVE TO A SAFE AREA<input type="checkbox"/> CLOSE DOORS TO AREA YOU ARE IN TO HELP KEEP SMOKE AND FIRE OUT<input type="checkbox"/> AWAIT INSTRUCTIONS FOR EVACUATION	<ul style="list-style-type: none"><input type="checkbox"/> STAY WITH THE RESIDENT YOU ARE VISITING<input type="checkbox"/> CLOSE DOORS TO AREA YOU ARE IN TO HELP KEEP OUT SMOKE AND FIRE<input type="checkbox"/> FOLLOW ALARM INSTRUCTIONS FOR RESIDENTS<input type="checkbox"/> AWAIT FURTHER INSTRUCTIONS FROM STAFF

IN CASE OF FIRE IF YOU DISCOVER A FIRE

RESIDENTS	VISITORS
<ul style="list-style-type: none"><input type="checkbox"/> LEAVE FIRE IMMEDIATELY<input type="checkbox"/> CLOSE ALL DOORS BEHIND YOU TO CONFINE SMOKE AND FIRE<input type="checkbox"/> SOUND ALARM AND/OR ALERT STAFF<input type="checkbox"/> AWAIT INSTRUCTIONS FOR EVACUATION	<ul style="list-style-type: none"><input type="checkbox"/> ASSIST ANYONE IN IMMEDIATE DANGER TO MOVE TO SAFE AREA AND REMAIN THERE<input type="checkbox"/> CLOSE ALL DOORS BEHIND YOU TO CONFINE SMOKE AND FIRE<input type="checkbox"/> AWAIT INSTRUCTIONS FROM STAFF<input type="checkbox"/> IF INSTRUCTED - ASSIST WITH EVACUATION

DO NOT USE ELEVATORS

CAUTION

IF YOU ENCOUNTER SMOKE IN CORRIDOR OR STAIRWAY, USE ALTERNATE EXIT OR IF ALL STAIRWAYS ARE AFFECTED, IT MAY BE SAFER TO STAY IN YOU AREA.

REMAIN CALM

Subject: Fire Drills	Policy ID: 12.3.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

Fire drills will be conducted on a monthly basis on all three shifts.

PROCEDURE:

The Director of Operations or designate will:

1. Schedule Fire Drills to be conducted monthly on all three shifts: audible fire drills on the day and evening shifts; silent drills on nights. Times of drills should vary.
2. Schedule drills throughout the month (i.e. one per week, different days of the week).
3. Conduct an evacuation exercise during each drill from the affected fire zone to a safe fire zone. Depending on the fire zone layout of the building this will require horizontal or vertical evacuation.
4. Arrange necessary fire and emergency training for all managers/ charge RNs including the unique features of the Home.
5. Require that all on-site managers actively participate in the drills by stationing themselves in various locations of the home and observing staff reactions.
6. Monitor correct completion of forms:
 - Fire Alarm Report (one per home area/ floor) to be completed by the charge nurse or the manager monitoring that home area/ floor
 - Fire System Check (one for the building) to be completed by the Director of Operations or designate
 - Annual Fire Drill Attendance Log to be maintained by ward clerk/reception
8. Ensure that there is a wrap up meeting conducted with front line staff on each home area/ floor to review the strengths and gaps noted during the drill.
9. The Director of Operations will review and sign the completed reports.

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10. Review the drills with the Emergency Preparedness Committee and implement necessary recommendations and arrange for any emergency equipment repairs required.

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11. Keep all original copies of fire drill reports in the Administration office in a secure location.
12. Reception will review attendance to ensure all employees have attended one drill/ fire event annually.

Attachments: Fire Drill Report FORM
 Fire System Check FORM Fire Drill Attendance FORM

FIRE ALARM REPORT

Time Alarm Sounded: _____ Shift: _____ Date: _____
 Home Area/Floor: _____ Time Incident Manager Arrived: _____
(if on the area the alarm is activated, what time did the person in charge arrive on scene?)

	ACTION TAKEN	YES	NO	N/A
R (remove residents)	Were residents in immediate danger moved? <small>(Residents in the room of origin, room directly across and on either side of room of origin are moved first)</small>			
	Did staff remove residents past the fire doors? <small>(Residents who were in the zone of origin (other surrounding rooms) are moved from area to beyond the closet fire doors to safety)</small>			
	Were all doors/stairwells monitored for security and safety of residents? <small>(Staff member was assigned to monitor stairwell doors to prevent resident injury)</small>			
	Were residents accounted for? <small>(Someone has checked sign out logs, done attendance of residents in safe zone and knows residents who are still in room to report to fire department)</small>			
E (ensure doors closed)	Did all self closing doors close and latch? <small>(Fire separation doors in the corridors and at stairwells)</small>			
	Were room doors closed? <small>(Close all resident room doors, common area room doors)</small>			
	Were the evacuation tags used to identify vacant rooms? <small>(Tags on resident doors were flipped up to mark that the room had been searched and no resident is in room)</small>			
	Were hallways cleared of equipment? <small>(Carts etc. were removed from hallways for safe egress)</small>			
A (activate alarm)	Alarm activated automatically? <small>(at scene of fire – the alarm was activated by a smoke alarm)</small>			
	Alarm pull station activated? <small>(at the scene of fire – a staff member /resident pulled the pull station to activate alarm)</small>			
C (call fire department)	Was the fire department called to confirm the status of the fire? <small>(Did the Incident Manager direct someone to call 911 – in a known drill this is a motion only, when an alarm this is actually completed)</small>			
	Did the Incident Manager and the designated lead on the unit don the appropriate vests? <small>(Incident Manager – green vest; designated unit lead – orange vest)</small>			
T (try to extinguish)	Were extinguishers in the immediate area brought to the scene? <small>(Staff should pick up fire extinguisher from the home area/floor only and report to Incident Manager)</small>			
	Did staff continue to evacuate residents to safety? <small>(Staff remove residents from immediate zone until directed otherwise by Fire Department or Incident Manager)</small>			

Did all staff respond to the alarm? Yes No

(Staff on breaks/lunch returned to duty)

Were residents reassured during the drill? Yes No

Were there any resident incidents during the alarm? Yes No

(Note resident falls, resident who get agitated due to alarm bells etc)

Explain: _____

Post Drill:

Was a post meeting held to review and learn? Yes No

(To be held on each home area/ floor to review actions of staff and residents)

Did the secure doors in your area reset appropriately? Yes No

(Stairwell doors are checked after alarm is reset to ensure that the magnetic lock has engaged for resident safety)



CODE RED - FIRE SYSTEM CHECK

Date:

Time:

Location of alarm:

Time Monitoring Company called:

Time Fire Department called:

Describe the fire drill scenario

Fire System / Process check	YES	NO
Did the appropriate employee act as Incident Manager and don the Green Vest? Name of Person:		
Did the person in charge clearly: a) announce/direct someone to announce "Code Red" 3x OR b) direct someone to call 911		
Were all hallways clear of obstructions in service/receiving area?		
Was the Fire Box checked to ensure the appropriate contents were still available? (where applicable)		
Was all hazardous equipment shut down? (dryers, ovens)		
Did all auxiliary systems respond appropriately?		
Did the fire alarm panel display the correct initiating device and fire zone?		
Did the second stage of the alarm activate (if applicable)?		
Was the fire alarm activation device reset?		
Did the Incident Manager reset the Fire Panel?		
Did the fire panel reset properly? Should read "System Normal"		
Did all enunciators and audible bells operate correctly?		
Did elevators recall to ground floor? (as applicable)		
Did all Supply Air fans shut down as required?		
The monitoring company received the signal and are they now seeing that the panel is clear?		

Operator number at monitoring company _____

Summary Report and Action Plan to be completed within 15 days: (list actions required from all Fire Alarm Reports and Fire System Report)

Director of Operations Signature

CEO/Administrator Signature

Subject: Fire Nurse	Policy ID: 12.3.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
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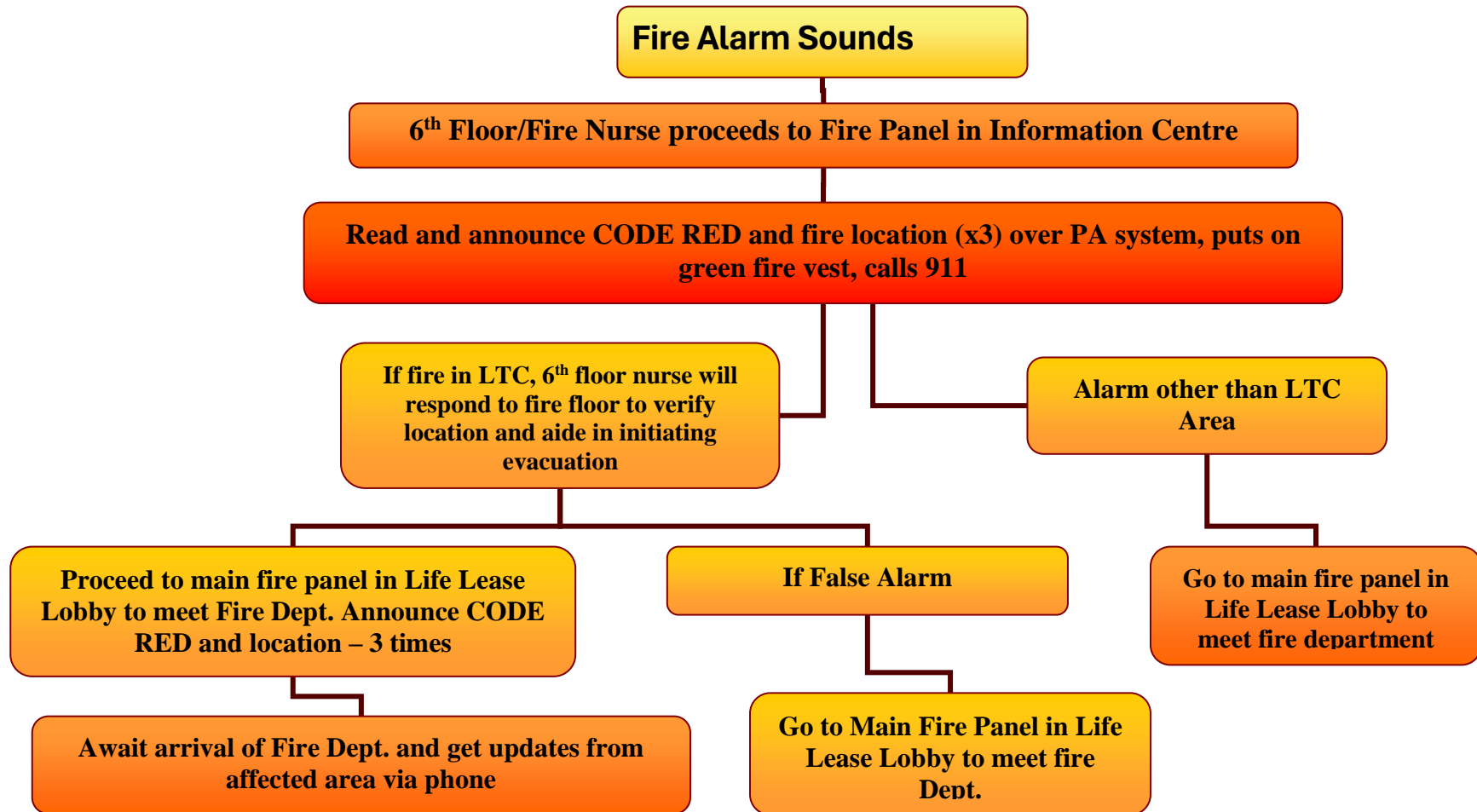
Upon hearing the Alarm- 6th Floor Charge Nurse

The 6th Floor Charge Nurse becomes the Incident Manager and will:

1. Proceed toward the fire panel, located at the 6th floor Nursing Station
2. Read the location of the fire on the panel
3. Announce “Code Red” and location of the fire x3 over the PA system
4. Don the green fire vest
5. Assign a senior staff member on the 6th floor to be in charge of the floor- leave the Ascom 813 phone with this senior staff member. This staff member will don the orange vest.
6. While proceeding to the fire location, call 911 using the fire phone to ensure the fire department has been notified of the emergency
7. Check with the charge nurse on the affected area that the location of the fire is clear
8. Report to the fire panel in the Life Lease Lobby, awaiting the arrival of the fire dept.
9. When the fire department arrives, inform them of the fire location and any other pertinent information

N.B. The Fire Nurse is to press the “Acknowledge” button on the panel only during a planned fire drill.

FIRE ALARM RESPONSE DECISION TREE



* DO NOT RESET PANEL UNLESS DIRECTED

* AFTER "ALL CLEAR" ANNOUNCED BY 6TH FLOOR CHARGE NURSE, *RESET MAGLOCKS AND ELEVATORS*

Subject: Evacuation	Policy ID: 12.4.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
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POLICY:

The home will activate the evacuation plan upon direction from the Fire Department, Emergency Services, or the Incident Manager (6th floor charge nurse, CEO/Administrator or designate).

PROCEDURE:

The Incident Manager will:

1. Activate the Evacuation Plan as required to respond to the emergency situation.
2. Complete Incident Manager Evacuation Checklist during the evacuation process.

The Staff will:

1. Take direction from the Incident Manager.

Attachments: Incident Manager Evacuation Checklist
Evacuation Plan - LTC

INCIDENT MANAGER EVACUATION CHECKLIST

Complete this record during an evacuation incident. Indicate time that events occur or are accomplished.

EVENT DESCRIPTION	TIME OF EVENT
1. Alarm activated	
2. Announcement over entire building	
3. Incident Manager dons green vest	
4. Residents removed from immediate danger zone	
5. Staff designated to meet emergency services	
6. REMAR tag process initiated by unit charge nurse	
7. All available staff sent to assist/ remove residents in danger zone	
8. Elevators shut down/ recall to ground floor	
9. All residents accounted for from all areas	
10. All staff accounted for	
11. All fire doors closed	
12. Staff assigned to supervise residents in safe zone/ prevent re-entry	
13. Notify emergency contacts as needed	
14. Arrival of emergency services	

CODE GREEN - LTC EVACUATION PLAN

PURPOSE:

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

- the location (partial/ entire home, city wide, province wide)
- duration (hours, days weeks)
- severity (number & type of service affected) of the disaster.

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

The objective of the plan is to ensure the safety and welfare of residents, staff, and visitors. Where evacuation is required, the objective is to remove all or part of the resident population as quickly and safely as possible from an area in the home or completely away from the building.

Code Green Stat: announcement indicates evacuation is necessary due to an urgent and imminent threat to occupants' safety/well-being (ex. Fire, structure damage/collapse)

Code Green: announcement indicates that evacuation is necessary but less urgent, real or expected threats to occupants' safety/well-being (ex. Long-term loss of heat/cooling)

TYPES OF EVACUATION:

1. Horizontal: Evacuation of a resident home area (RHA) from the affected area to a safe area of the unit. Occupants should be evacuated beyond fire doors to a safe zone.
2. Partial: necessary as directed by other emergency plans where fire/smoke, building damage, or other threats to occupants' safety/well-being can be contained or have only affected part of the building.
3. Total: necessary as directed by other emergency plans where fire/smoke, building damage, or other threats to occupants' safety/well-being cannot be contained or is affecting the entire building requiring occupants be moved to another location.

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

EVACUATION PROGRESSION:

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

CODE GREEN - LTC EVACUATION PLAN

LINE OF AUTHORITY DURING EVACUATION PROCEDURES

Internal Authority

1. Incident Manager is the charge nurse in the building and has complete authority; may be relieved by CEO /designate upon their arrival to the home. In the event of fire, the Incident Manager is to call/designate someone to call emergency services and confirm that the fire department received the alarm via the monitoring company.

In the event of all other emergencies requiring evacuation, the Incident Manager is to call 911 as per the respective emergency plan. The Incident Manager may pull the fire alarm to initiate the evacuation process and alert emergency services.

2. Charge Nurse of the resident home area (RHA)

External Support Services Authority

Fire Department responsible for:

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

Paramedics (EMS) responsible for:

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

Police Department responsible for:

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

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

NOTE:

1. All instructions of Emergency Services must be followed upon their arrival.
2. Once outside, the Paramedics (EMS) will assess the type of suitable transportation for residents who need to be transferred to hospital, guided by triage nurse's assessments.

Shelter in Place Location: Residents will be evacuated immediately to the Bob Morton Centre (BMC) and Life Lease Dining Room if appropriate. If the residents are unable to return to the building, residents will be sent to partnering Long Term Care Homes as outlined in the Reciprocal Agreements (*contact information stored on F:Drive in "Emergency Reciprocal Agreements"*).

CODE GREEN - LTC EVACUATION PLAN

STAGES OF EVACUATION (PROCEDURE)

Step #1

- Remove residents from room of origin (close door and REMAR tag procedure)
- Take resident to safe zone beyond the Fire doors.

Step #2

- Remove residents from rooms beside and across the hall from room of origin.
- Take resident to safe zone beyond the Fire doors.

Step #3

- Remove all residents from the immediate area of danger and evacuate all rooms following the fire plan procedure (e.g., close door and REMAR tag procedure).
- Take residents to safe zone beyond the Fire doors.

Step #4

- A staff member (assigned by Charge Nurse) shall identify the resident and place an identification label on the resident before he/she is evacuated vertically.

Step #5

- If the elevators are not operational (ex. When fire alarm sounding), go to the nearest stairwell safe to use – **preference given to stairwells 1 and 2 if safe to use.**
- Retrieve the nearest Evacuscape chair(s) and evacuation mats for resident evacuation:
 - Stair 1 - Level 3 (1 electric chair); Level 5 (1 manual chair, 1 mat)
 - *Vestibule outside of stairwell*
 - Stair 2 – Level 2 (1 manual chair, 1 mat)
 - Stair 4 - Level 3 (1 manual, 1 sled)
 - Stair 5 - Level 3 (1 electric chair, 1 manual, 1 mat)

Step #6

- Assign an available staff member from each unit to a landing in the stairwell. Each staff will be responsible for transporting residents two flights (one floor) of stairs.
- Once residents reach the main floor, they are to be transferred off of the evacuation tool so it can be used to transport the next resident (ex. Wheelchair, wheeled office chair, bed sheet – drop and drag).

Step #7

- External evacuation ordered: move residents from the building to the parking lot, ensuring staff supervision and as decided by the Incident Manager.

Step #8

- Transport residents not requiring medical care (as determined by paramedics/triage nurse) to pre-designated relocation site(s), ensuring staff present to supervise.

NOTE: As soon as it is safe to do so, make sure that all residents are adequately clothed or covered.

CODE GREEN - LTC EVACUATION PLAN

ORDER OF EVACUATION

1. Ambulatory Residents: many residents can be removed with assistance by one or two staff
Cautions:
 - Confused & ambulatory – may get in the way or wander back into the fire area
 - Slow ambulatory – may hinder others, may need to remove in wheelchair
2. Wheelchair Residents: easier to remove than bedridden, may require one staff member to assist. To be transported in Evacuscape evacuation chairs or using evacuation mats.
3. Bedridden Residents: use demonstrated lifts and carries, may require two staff members. Can use Evacuscape evacuation chairs or evacuation mats (**see page 4 for locations**).
uncooperative Residents: remain until last. Ensure that their door is closed and identify the resident name & location to Charge Nurse of the unit and emergency personnel.

CONTINUITY OF RESIDENT CARE

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

1. **Resident Identification:** the identification label neck tags, stored in the second drawer at each Nursing Station, will be placed on each resident. The identification tags must include the resident name. Refer to the resident report sheet for an up-to-date list of all residents on the unit.
2. **Evacuation Resident Log:** Incident Manager will delegate someone from each unit to maintain the resident log for all residents transferred out, including relocation site, injury/ treatment, time of transfer, how they were transferred, and that SDM has been notified: Evacuation Resident Log (**end of plan**).
3. **Resident Chart:** will be accessed electronically through Point Click Care (PCC). Incident Manager or designate to ensure laptops are transferred to the evacuation site, or staff will be granted remote access.
4. **Medications:** The pharmacy is to be contacted (public information officer or designate) and provide same day service to replace all medication in a seven-day package. Pharmacy (GeriatRx) number is 1 (877) 421-7755. The pharmacy will provide all medications at the relocation site(s) as needed.
5. **Medical Director:** The doctor on call/medical director will decide:
 - Whether a site physician should be called
 - Whether a coroner should be on site

CODE GREEN - LTC EVACUATION PLAN

TRIAGE: DESIGNATED TREATMENT ZONES

First Priority (RED)

- Immediate medical attention required
- Individual is critical and their condition is deteriorating
- Transportation to hospital via ambulance is required
- Supervised by Registered staff wearing red headband
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Second Priority (YELLOW)

- Prompt medical attention required
- Individual is in serious but stable condition
- Individual can sustain a wait of approximately 30 min to 2 hours without hospital intervention provided stabilization occurs on site
- Supervised by registered staff wearing Yellow headband
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Third Priority (GREEN)

- Individual transportation to hospital can be delayed
- Individual is ambulatory (walking wounded)
- Supervised by Registered staff wearing Green headband
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Fourth Priority (BLUE)

- Individual not injured, only require transportation to designated safe area
- Supervised by Non-registered staff wearing Blue headband
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Fifth Priority (ORANGE)

- Individual with no vital signs and has been pronounced deceased by RN/RPN
- No staff required to supervise; individual covered with blanket
- Evacuation log completed

CODE GREEN - LTC EVACUATION PLAN

TRIAGE: Objectives of Triage Practices:

1. To ensure that there is a process in place for an orderly, rapid assessment of all residents to determine the need for medical treatment and appropriate placement in the event of an emergency/ disaster.
2. To provide a mechanism of rating residents for priority treatment and transportation in the event of an emergency/disaster.
3. That all Registered Nurses and Registered Practical Nurses are responsible and accountable for understanding and demonstrating ongoing competence in the triage procedure and process.

Triage Procedures (duties of Triage Nurse)

1. The assessment for triage tagging is performed by the registered staff assigned as Triage Nurse.
2. The Triage Nurse will proceed to the Board Room and/or the Bob Morton Centre (BMC) on the second floor and will take the Triage Supply Cart to the triage area
3. To clearly identify themselves, the Triage Nurse will wear the designated **pink** vest
4. The Triage Nurse will direct staff to set up the 5 designated triage areas.
Each resident is assessed and assigned to a coloured zone according to their injuries. A coloured sticker is placed on the individual's emergency label and taken to that area for treatment.
5. The Triage Nurse does NOT provide treatment except in the following circumstances:
 - individual is bleeding profusely/has a life-threatening injury.
 - individual's airway is severely compromised.

CODE GREEN - LTC EVACUATION PLAN

TRIAGE SUPPLY BOX CONTENTS

The Triage Supply Cart is in the Board Room on the second floor.

Contents in cart

- | | |
|--|---|
| <input type="checkbox"/> Pink vest (Triage nurse) | <input type="checkbox"/> 4x4 gauze |
| <input type="checkbox"/> 10 Clipboards (for evacuation log, search checklists, triage areas) | <input type="checkbox"/> 1 L N/S & 1 L sterile water |
| <input type="checkbox"/> Evacuation log sheets | <input type="checkbox"/> Slings |
| <input type="checkbox"/> Fire zone maps | <input type="checkbox"/> Sea cleanse |
| <input type="checkbox"/> Coloured headbands (TN & triage areas) | <input type="checkbox"/> First Aid Kit |
| <input type="checkbox"/> Coloured stickers (for triage areas ID) | <input type="checkbox"/> Walkie Talkies x10 (IM, TN, Public Information Coordinator, Runner, CEO/DON, each unit nurse, first priority triage staff) |
| <input type="checkbox"/> Kleenex (x2) | <input type="checkbox"/> Batteries |
| <input type="checkbox"/> Safety pins (1 box) | <input type="checkbox"/> Nametags (for IMS roles – Incident Manager, Public Information, Safety Coordinator, Operations Coordinator, Planning Coordinator, Logistics Coordinator, Finance/Accounting) |
| <input type="checkbox"/> Alcohol wipes | <input type="checkbox"/> Medical gowns (x10) |
| <input type="checkbox"/> Providine | <input type="checkbox"/> N95 masks (x10) |
| <input type="checkbox"/> 60cc syringe and 30cc syringe | <input type="checkbox"/> Surgical masks (1 box) |
| <input type="checkbox"/> Coloured Markers (for triage areas) | <input type="checkbox"/> Isolation signage |
| <input type="checkbox"/> 2 Flashlights | <input type="checkbox"/> Stethoscope |
| <input type="checkbox"/> Pens, sticky notes | |
| <input type="checkbox"/> Non latex gloves (1 box S, M, L) | |
| <input type="checkbox"/> 3 rolls adhesive tape | |
| <input type="checkbox"/> Isogel (x5) | |
| <input type="checkbox"/> Large ABD pads (x6) | |

On the Cart:

- | | |
|--|--|
| <input type="checkbox"/> Blankets | <input type="checkbox"/> Emergency Keys |
| <input type="checkbox"/> Construction cones (to mark triage areas) | <input type="checkbox"/> Permanent Binder for Emergency Contacts |

CODE GREEN - LTC EVACUATION PLAN

DUTIES OF THE INCIDENT MANAGER

In a fire or other emergency situation, the RN charge nurse is the Incident Manager (IM). The IM has the authority to put the evacuation plan into effect.

1. Assess the risk and magnitude of the threat.
2. Put on the Green Vest so you are easily identified
3. Ensure notification of CEO/DON, if possible, regarding decision to put evacuation plan into effect.
4. Assign a registered staff as Triage Nurse (TN). TN or designate will retrieve the Triage Supply cart (in 2nd floor Board Room and/or BMC).
5. Assign a registered staff for each triage zone (3 red, yellow, green) if possible. If there are not enough registered staff, IM to assign PSW to triage zones until they can be replaced by a registered staff person
6. Assign a staff member to triage the blue zone for uninjured residents.
7. Assign staff to accompany residents to the relocation areas.
8. Assign a staff member as Logistics Officer, typically ADON or designate, who will be responsible for manpower assignments: ensuring staff are at relocation sites, initiating call-in procedure etc.
9. Assign a staff member (any department) as Runner – to be a communication link for updates. In the event of a total communication shutdown, the second-floor reception desk will serve as the communication centre. The runner will provide ongoing relaying of important messages between the communication centre and the rest of the Home.
10. Ensure walkie talkies (W/T) for communication throughout the home are obtained from the triage cart in the Board Room and/or BMC, set at Channel 11 and given to:
 - Incident Manager
 - CEO/DON upon arrival
 - Staff at first triage area
 - Runner
 - Triage nurse
 - Public Information officer
 - Unit nurse or designate from each floor.
11. Assign a staff member, usually Business Services Manager/CEO or designate, as Public Information Officer (see duty outline- contact/update staff, volunteers, family members, respond to media inquiries, communicate with external partners, etc.).
 - a. Assign staff to monitor exit doors to prevent re-entry of residents or unauthorized personnel and to ensure the doors do not close and lock authorized personnel out.
 - b. Assign staff to monitor external traffic flow to ensure unimpeded access for emergency vehicles and access to the building for emergency personnel (fire, ambulance etc.), typically maintenance staff.
 - c. Confirm that Fire Department received alarm via monitoring company as per fire plan.
 - d. Ensure all areas are secure and all duties are complete.
 - e. Registered staff will proceed to triage area to assist with treatment of injured residents as directed.

DUTIES OF THE REGISTERED PRACTICAL NURSE (RPN)

1. Upon receiving verification of evacuation, begin to instruct staff in the procedure. If immediate need is NOT in your home area, assign staff to go to the affected area as directed by the Incident Manager.
2. Put on the **Orange** Vest so you are easily identified.
3. Remove residents from immediate danger (room of origin) to a safe zone.
4. Remove all other residents from the affected fire zone to a safe zone beyond the fire door, following horizontal evacuation procedures and the fire plan.

CODE GREEN - LTC EVACUATION PLAN

5. Ensure staff use the REMAR evacuation tags on doors to indicate room is vacant and checked.
6. Ensure a head count of residents is completed using a resident report sheet to ensure no residents are missing (see policy appendix).
7. If fire or emergency is in your home area, obtain resident emergency tags from Emergency drawer at the nursing station and assign a staff member to identify and tag each resident.
8. Assist staff in your home area with safe evacuation of residents (transfers) as directed by IM.
9. Fill out initial columns of Resident Evacuation Log Form (pg. 14) prior to handing off to triage nurse/staff in triage area. Track residents and any supplies or equipment leaving the unit.
10. Remove laptop for e-MAR from work room to the designated triage area, unless already completed by reception/administrative staff.
11. If your home area is NOT being evacuated, assign staff to monitor residents, secure your home area, and go to triage area as assigned by IM.

DUTIES OF THE PERSONAL SUPPORT WORKER (PSW)

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

DUTIES OF THE OFFICE/ RECEPTION STAFF AND MANAGERS

1. Public Information officer – Assigned by the Incident Manager from office staff or manager group to lead all communications to outside and coming into the home, typically the Business Services manager/CEO or designate.
2. Retrieve the eMAR laptop from the office work room and bring to the triage area for resident care.
3. All managers and office staff report to the front desk (reception) and await directions/ assignments. Duties include: portering residents on the 2nd floor to the BMC/meeting site, monitoring doors and exits as appropriate, assisting with set up of the triage areas, assisting with stairwell evacuation and transport of residents, etc.

DUTIES OF THE PUBLIC INFORMATION OFFICER (typically CEO/Business Manager)

1. Notify or ensure designate notifies the following external contacts that the Evacuation Plan is in effect:
 - All necessary emergency services (fire, police, ambulance, local hospital)
 - Medical Director
 - MLTC
 - Pharmacy
 - Evacuation sites – other long-term care homes in the area
 - Access Centre – HCCSS

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- Residents' families- completed by Family Relations role (typically Director of Resident & Family Services or Manager of Recreation)
 - Board President
2. Assign reception staff to screen incoming phone calls, transfer media calls to them and resident's family member calls to the Family Relations Officer.

DUTIES OF THE LOGISTICS OFFICER (typically ADON or designate)

1. Ensure initiation of staff fan out call-in list and volunteer call-in list.
2. As required and safe to do so, assign staff to gather supplies:
 - for triage as supply box items become depleted
 - blankets, pillows etc. to assist in transport of residents and at relocation site
 - food and water
3. As directed by Incident Manager or Emergency Services, initiate call to transportation service providers for buses etc.

DUTIES OF THE SAFETY COORDINATOR (typically Director of Operations/JHSC representative)

1. Review all operations from a safety perspective, ensuring the safety of staff and victims and authorized to order any unsafe work stopped immediately.
2. Assists staff with evacuation process and as needed.

DUTIES OF THE OPERATIONS COORDINATOR (typically the DON or designate):

1. Conducts the core business of the organization at the incident, including directing the work of the care staff in the triage area.
2. Assists staff with evacuation process and as needed.

DUTIES OF THE FAMILY RELATIONS COORDINATOR (typically Director of Resident and Family Services or designate):

1. Responds to and is forwarded any calls from family members/volunteers during an emergency.
2. Responsible for assisting with coordination of substitute decision maker contact with alongside the Public Information Coordinator.

DUTIES OF THE FINANCE/ACCOUNTABILITY COORDINATOR (typically the Director of Finance or designate):

1. Provides financial and cost analysis support throughout the emergency.
2. Responsible for tracking all costs associated with the incident and monitors the utilization of financial assets.

DUTIES OF THE PLANNING COORDINATOR (typically the Special Projects Manager or designate):

1. Responsible for contacting reciprocal agreement partners to arrange for temporary stay if residents must be evacuated off site.
2. Responsible for recording key decisions and discussions throughout the evacuation process for documentation purposes.

CODE GREEN - LTC EVACUATION PLAN

DUTIES OF THE MAINTENANCE STAFF

1. Assist the Incident Manager as required.
2. Ensure all entrances are clear of vehicles to allow for emergency services personnel/ vehicles.
3. Assist TN to set up triage area, set out cones, identifying each coloured zone:
 - **RED**, closest to the roadside entrance for ambulances to attend to first
 - **YELLOW** and **GREEN**, in the parking lot
 - **BLUE**, wait for buses, cars to arrive (behind orange and green zones)
 - **ORANGE** furthest zone away from the road entrance to the parking lot/triage area.
4. Be available to assist fire and all emergency service providers.
5. Ensure information on equipment, systems (HVAC, fire sprinklers etc), security doors, access to locked areas, supplies is available.
6. Assist with the evacuation of residents and with loading wheelchairs and equipment etc. into transport vehicles.
7. Communicate all pertinent information to the IM during the evacuation process.
8. Assist CEO/IM/DON with final check of the building if applicable and safe to do so:
 - Ensure all electrical equipment is turned off and unplugged
 - Lower heat if applicable
 - Maintain and monitor generator if in use
 - Check building regularly when vacant
9. Travel to relocation site(s) and assist as needed.

DUTIES OF THE DIETARY/COOK STAFF

1. If you are in the servery/kitchen, ensure all appliances are off and unplugged and secure the area closing all doors as you leave.
2. As assigned, by Incident Manager or the Charge Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties
3. Travel to relocation site(s) and assist as needed.

DUTIES OF THE HOUSEKEEPING/ LAUNDRY STAFF

1. Secure your department by shutting down all equipment, closing doors as you leave.
2. Housekeeping staff, report to home area Charge Nurse, follow their direction.
3. Laundry staff, close all doors, report to Second floor reception
4. As assigned, by Incident Manager or the Charge Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties
5. Travel to relocation site(s) and assist as needed.

DUTIES OF THE PROGRAM DEPARTMENT STAFF

1. If you are with a group of residents in the affected area, begin moving residents to the closest safe zone as directed by the Incident manager.
2. If you need assistance to move the residents, ask staff to assist you.
3. If more than one Program staff is involved in resident activity, one person will remain with the residents while the other staff report to the nursing station in their RHA and take direction from the Charge Nurse

CODE GREEN - LTC EVACUATION PLAN

4. If volunteers are in the building assisting with program activities, they will assist program staff as directed by the Incident Manager.
5. The Incident Manager will ensure that program staff and volunteers are made aware of the evacuation procedure being followed and assist with moving residents.
6. As assigned by the Charge Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties
7. If evacuation of the building has been declared, recreation staff are to proceed to the triage area to assist with identifying resident changes, and to provide resident information and comfort measures (1 staff/triage area if possible).
8. Travel to relocation site(s) and assist as needed

RECOVERY AND RETURN:

Following evacuation to relocation site(s), the CEO/administrator or designate will determine when it is appropriate to return to the Home.

The plan for return will account for any damage to physical operations of the Home in tandem with the wellbeing and safety of staff, residents, volunteers, families and any others affected by the emergency event.

See Recovery Plan for additional detail.

Balmoral PSW List - SAMPLE

600 -	610 -	620A -
601 -	611A -	620B -
602 -	611B -	621 -
603A -	612 -	622 -
603B -	613 -	623 -
604 -	614 -	624A -
605 -	615 -	624B -
606 -	616 -	625 -
607 -	617 -	626A -
608 -	618A -	626B -
609 -	618B -	Reminders:

Buckingham PSW List - SAMPLE

500 -	510 -	520A -
501 -	511A -	520B -
502 -	511B -	521 -
503A -	512 -	522 -
503B -	513 -	523 -
504 -	514 -	524A -
505 -	515 -	524B -
506 -	516 -	525 -
507 -	517 -	526A -
508 -	518A -	526B -
509 -	518B -	Reminders:

Kensington PSW List - SAMPLE

400 -	410 -	420A -
401 -	411A -	420B -
402 -	411B -	421 -
403A -	412 -	422 -
403B -	413 -	423 -
404 -	414 -	424A -
405 -	415 -	424B -
406 -	416 -	425 -
407 -	417 -	426A -
408 -	418A -	426B -
409 -	418B -	Reminders:

Windsor PSW List - SAMPLE

300 -	310 -	320A -
301 -	311A -	320B -
302 -	311B -	321 -
303A -	312 -	322 -
303B -	313 -	323 -
304 -	314 -	324A -
305 -	315 -	324B -
306 -	316 -	325 -
307 -	317 -	326A -
308 -	318A -	326B -
309 -	318B -	Reminders:

Subject: Emergency Contact Numbers	Policy ID: 12.4.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

A current emergency contact list (external) will be maintained in the Emergency Triage cart in the Board Room.

PROCEDURE:

The CEO/Administrator or designate will:

1. Place a current emergency contact list for external community & stakeholder contacts in the Emergency Triage cart in the Board Room;
2. Place a current email distribution list for external community & stakeholder contacts on the email system.

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

- Agencies and Services
- Contractors
- Transportation Services
- Transfer Sites (hospitals, other Homes)
- Home Management (other local LTC & RH homes)
- Community Partners (HCCSS)
- Media
- Ministry of Long-Term Care (MLTC)
- Security Services

The Incident Manager or delegate will:

1. Appoint a staff member to call the Business Services Manager and Scheduling Coordinator to initiate Fan Out System.

Subject: Code Green - Mock Evacuation	Policy ID: 12.4.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The home will complete a Mock Evacuation every three years.

PROCEDURE:

The Emergency Planning Committee will:

1. Establish a date and time for the mock emergency, allowing approximately three months for planning and training for the event;
2. Establish in detail the type and scope of emergency with the assistance of the Occupational Health & Safety Team, Residents' Council, Family Council;
3. Identify team leaders to assist with the development of six key areas for the evacuation: Communications and Relations, Triage, Parking Lot Control, Security and Resident Movement, Resident/Family Liaison, and Training;
4. Follow the Mock Evacuation checklist so as to cover all areas required prior to running the exercise;
5. Hold regular meetings and practice sessions for staff and volunteers leading up to the Mock Evacuation to outline their roles and responsibilities during the drill;
6. Invite participation from the local fire department, police department, emergency medical services (ambulance) and transportation services. These community professionals will add authenticity to the event and act as official observers on the day of the event;
7. Assign observers to complete Mock Evacuation Observer Report
8. Plan a debriefing session for all staff and participants to evaluate the strengths and weaknesses of the drill and make recommendations to improve the evacuation process;
9. Organize a debriefing session for Residents' Council and Family Council

Subject: Code Green - Mock Evacuation	Policy ID: 12.4.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

10. Complete the Emergency Preparedness Evaluation Form

Attachments: Code Green - Mock Evacuation Checklist
Code Green - Mock Evacuation Observer Report
Evacuation Observer Debrief Form
Emergency Preparedness Evaluation Form

CODE GREEN - MOCK EVACUATION CHECKLIST
Date of Evacuation:

Tasks	Comments	Date Completed	Corrective Action if required
Emergency Planning Committee meets to determine type of disaster			
Check for revisions of policy & procedure			
Consider and plan for possibility of real emergency (fire, code blue) during exercise			
Update staff call back list			
Plan scope of exercise			
Letter/communication to third party observers (EMS, transportation services, hospital)			
Renew relocation agreements			
Review roles and responsibilities in event of fire/evacuation with all key personnel			
Plan scenario and script			
Identify residents and/or shadow residents			
Recruit volunteers Shadow residents			
Arrange assessors: <ul style="list-style-type: none"> • Fire • Police • Ambulance • Other facilities • Students 			
Prepare participation badges			
Prepare badges for shadow residents			
Consent forms			

CODE GREEN - MOCK EVACUATION CHECKLIST
Date of Evacuation:

Tasks	Comments	Date Completed	Corrective Action if required
Determine staffing needs			
Assign triage RN and staff for parking lot			
Determine treatment areas – injured / uninjured			
Develop forms for triage and record of transfer of evacuated residents			
Extra blankets – available			
Traffic control			
Arrange lunch			
Arrange debriefing – all participants			
Arrange first aid kits			
Education of all staff regarding roles / responsibilities and type of mock disaster prior to event			
Prepare emergency face sheets for evacuees			
Prepare for sending medications / MAR with evacuees			
Communication: <ul style="list-style-type: none"> • General staff meeting • Memo to all staff • Nursing agencies • Physicians, NPs, Physician's assistant • Residents • Sign for lobby • Residents' Council • Family Council • Billing information • Letters – reallocation, EMS • Board of Directors 			

CODE GREEN - MOCK EVACUATION CHECKLIST
Date of Evacuation:

Tasks	Comments	Date Completed	Corrective Action if required
Invite Medical Director to attend			
Brief volunteers and assessors in advance of and morning of mock evacuation			
Thank you letters to all participants			
Prepare report and follow-up			
Communicate results of mock evacuation to all staff, Residents' Council, Family Council, and the Board of Directors			

Auditor Name:

Comments:

CODE GREEN: MOCK EVACUATION OBSERVER REPORT

Date of Exercise: _____ Time of Exercise: _____

Location of Emergency: _____ Area Observed: _____

Reason for Evacuation: _____

Procedure:

Observe assigned location for the following:

- 1) Proper procedures are being followed.
- 2) Residents are safe.
- 3) Staff are using proper & safe carrying/transfer techniques.
- 4) All areas are checked/evacuated and tagged properly.
- 5) Staff are following instructions of Incident Manager/ Registered Staff/CEO as required.

Y	N	N/A	COMMUNICATION
			1. Was Code Green announced along with the location of the emergency?
			2. Was the evacuation announcement heard everywhere?
			3. Was the fire alarm system activated?
			4. Do staff have a means to communicate with the Incident Manager/Command Post?
			5. Were cell phones and/or walkie talkies and other electronic devices used?
Y	N	N/A	GENERAL PROCEDURES
			1. Did staff from all departments report to their respective work locations?
			2. Was the Code Green announcement heard throughout the building?
			3. Did all residents have ID tags applied with pertinent information?
			4. Did all staff have name tags in place?
			5. Did staff complete a resident census for their unit to ensure all residents are accounted for?
			6. Are staff following procedures according to VVM's emergency procedures? (i.e., hallways free of obstructions, REMARs applied, corridor doors closed)
			7. Were residents evacuated in a safe manner?
			8. Do all participants know where the evacuation location is?
			9. Did staff demonstrate proficiency when using evacuation equipment safely for residents who were immobile?
			10. Did registered staff obtain and transport resident unit census and EMARs to the evacuation location?
			11. Were residents, staff and visitors evacuated to a safe location?
			12. Are there multiple evacuation locations? (i.e., BMC, parking lot, other LTCHs.)
			13. Was a notification system used (i.e., colored cards) to assist with attendance and crowd control at the evacuation location?
			14. Did all emergency equipment function correctly?

			15. Did all building occupants evacuate as required? (i.e., office staff, physio, hairdresser etc.)
			16. Was a resident census completed at the evacuation location?
			17. Was a Command Post identified and utilized?
			18. Was "Code Green" executed correctly?
			19. Was an "All Clear" announcement heard to indicate evacuation was over.

PROCEDURES THAT WENT WELL:

RECOMMENDATION FOR IMPROVEMENT – LESSONS LEARNED

Signature of Observer

Print Name

Subject: Evacuation Observer Debrief Policy	Policy ID: 12.4.4
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: July 19, 2023	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The Emergency Preparedness Committee will provide a framework for organizational debriefing that follows the testing of the Evacuation Emergency Plans every 3 years.

PURPOSE:

The purpose of organizational debriefing is to provide an opportunity for people to communicate their experiences, so that lessons can be identified.

Subsequently, plans, training, logistical support needs and mitigation strategies can be reviewed and modified to reflect these lessons learned thereby improving the organization’s ability to respond to similar incidents in future.

Debriefings ensure that:

- Strengths are built upon and exploited to the maximum.
- Weaknesses are identified and steps taken to redress them.
- Where effective policies, systems, competencies, and facilities already exist, but potential for further improvement is revealed, they are developed to their optimum.
- Best practices are identified, and efforts are made to incorporate them.
- Risks are identified and addressed through risk management processes.
- Those involved in the response to an incident become further connected and have a better understanding of each other’s roles and responsibilities.

Types of Organizational Debriefing:

1. Hot (or Immediate Post-Event) Debriefing

- Held immediately after the incident exercise.
- Allows a rapid “off-load” of a variety of issues and concerns.
- Should address key health and safety issues.
- Provides an opportunity to thank staff and provide positive feedback.
- Maybe facilitated by several people from within the organization.

Subject: Evacuation Observer Debrief Policy	Policy ID: 12.4.4
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- Maybe held simultaneously within an organization following an incident; each department may hold their own debrief to identify local issues.

2. Internal Organizational Debriefing

- If the exercise continues to be managed over medium to long-term it will be necessary to hold regular internal debriefings at key milestones.
- Involves the same key players that were involved in the response to the exercise.
- Addresses organizational, and not personal or psychological issues.
- Looks for strengths and weaknesses as well as ideas for future learning.
- Provides an opportunity to thank staff and provide positive feedback.

3. Multi-Agency debriefing

- Other agencies maybe invited to participate in multi-agency debriefings, depending on site level involvement with the incident.
- Focuses on the effectiveness of inter-agency coordination.
- Addresses multi-agency organizational issues.
- Looks for strengths and weaknesses as well as ideas for future learning.
- Provides opportunity to thank staff and provide positive feedback.

Following the Organizational Debriefing, collect all the observers debrief overviews and compile into a single document under the heading of each of the 4 key questions used in the debriefing.

This **post-incident report** will provide the basis for identifying lessons from the evacuation exercise.

The purpose of the Post-Incident Report is to maintain accountability and transparency, to keep the wider community informed, to gain support and

Subject: Evacuation Observer Debrief Policy	Policy ID: 12.4.4
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assistance and to record an account of response/recovery efforts including lessons identified.

Develop a RACI Matrix that includes Post-Incident Report Actions for Consideration which identifies, by name, the person, or people:

- a. Responsible for ensuring the Action for Consideration is taken forward.
- b. Accountable for ensuring the Action for Consideration is taken forward (i.e., the person to whom the person listed as Responsible reports
- c. Who need to be part of the Consultation process as the Action for Consideration is taken forward (usually members of Senior Management)
- d. Who need to be kept Informed of process/policy changes as the Action for Consideration is taken forward (usually senior members of staff).

The original **Final Report** will be filed with the Chair of the Emergency Preparedness Committee and a copy will be provided to the CEO.

CODE GREEN – EVACUATION OBSERVER DEBRIEF OVERVIEW

Date: _____ Time: _____ Location: _____

What worked well?

What didn't work well?

What would you do differently next time?

What parts of the Evacuation plan were not implemented and why?

Additional general comments/Actions for consideration.

Name of Observer (please print) _____

Signature of Observer: _____

Subject: Code Green - Return to Evacuated site	Policy ID: 12.4.5
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The home will have a plan to ensure the safe and orderly return of residents and staff to the evacuated site.

PROCEDURE:

The CEO/Administrator or designate will:

1. Have the building/site inspected for re-entry by appropriate authorities (fire department, police, MLTC as applicable);
2. Check that all building equipment is operational;
3. Check that the building / site is environmentally comfortable, e.g. temperature normal, no fumes / odors present, clean;
4. Notify (as appropriate) the plan for return to normal operations: MLTC, transportation services, Board of Directors, etc.;
5. Plan a debriefing session for all staff, participants, and EMS to evaluate the strengths and weaknesses and make recommendations to improve the evacuation process.
6. Summarize the total cost of evacuation, including inventory loss (linen, equipment, supplies, etc.) and additional staffing costs (including travel expenses, etc.)

The Director of Nursing or designate will:

1. Assume responsibility or direct staff to notify families re: the time and date of return and the specific schedule for return of their family member;
2. Direct the staff, as appropriate, to notify Medical Director, attending physicians, and pharmacy of resident's return;
3. Maintain close contact with staff and residents to ensure orderly return to normal operations;

Subject: Code Green - Return to Evacuated site	Policy ID: 12.4.5
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: October 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

4. Maintain lists of residents and equipment transferred outside of the Home and ensure their safe return;

5. Assign staff to check and identify returning residents as they disembark from various means of transportation.

The Food Services Manager will:

1. Re-schedule food service and meals to be in place for returning residents.

Staff will:

1. Assist, as directed, in the safe return of residents and equipment, working together to establish normal routines as soon as possible.

Subject: Non-Resident Violence	Policy ID: 12.5.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

There will be a process in place for staff to manage escalating physically violent situations that involve visitors and/or staff in the home.

Procedure:

Employees are trained to recognize and intervene in potentially physically violent situations appropriately.

The following steps are to be taken if confronted with a verbally aggressive staff, volunteer, or another visitor of the Home:

1. Try to diffuse the situation if confronted with the verbally aggressive person(s).
2. Inform the person(s) that if they do not cooperate, they will be asked to leave the premises and 911 will be called.
3. Attempt to isolate the person(s) away from residents and other staff/visitors.

If the situation escalates to physical violence or the aggressive person(s) refuse to leave the premises:

1. Seek immediate assistance via any method immediately available:
 - Pull call bell
 - Announce or have someone else announce “Code White” with the location X3 over the PA system using the emergency button on your portable phone **or** the page button from a desk phone
 - Pull the fire alarm (as a last resort)
2. Registered staff are to send one staff member on their home unit to respond to the area of the Code White once announced, ensuring a minimum of one (1) staff member remains on each floor to monitor the unit.
3. Call or have someone else call 911 for police assistance if unable to diffuse the violent/aggressive person(s).

When it is safe to do so, immediately notify the Director of Nursing/CEO, or designate, who will investigate and document the incident and file appropriate reports to the Ministry of Labour.

Subject: Non-Resident Violence	Policy ID: 12.5.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

Once situation has been diffused or Police have taken over:

1. Regain an atmosphere of calm and control and address any negative impacts that the incident may have caused to others involved.
2. Seek first aid/medical attention if any injuries have occurred.
3. Cooperate fully, if required, in investigations into the incident.

Subject: Violent Resident	Policy ID: 12.5.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

Policy:

The risks associated with residents who have behavioural and psychological symptoms of dementia (BPSD) are managed utilizing a safe and respectful approach. Victoria Village Manor offers training in Gentle Persuasive Approaches (GPA) to care staff, who are encouraged to attend and participate in this philosophy of care.

Procedure:

All Staff will:

- Trained staff will use gentle persuasive approach (GPA) to care for residents.
- Stop what they are doing and safely provide the resident some quiet time if they are being resistive to care.
- Re-approach the resident as directed by the resident's care plan and/or have another staff member approach the resident.
- Utilize any care planned interventions outlined for that resident's specific behaviours.
- Inform the registered staff and document the resident's resistance and any interventions attempted in a progress note.

If confronted with a violent or aggressive resident:

1. Try to diffuse the situation with the aggressive/violent resident. Whenever possible, follow care plan and/or crisis interventions.
2. Seek immediate assistance via any method immediately available (call bell, dialing another staff member using portable phone, paging for assistance using the emergency button on your portable phone and stating the location of the resident). As a last resort, pull the nearest fire pull station - note that this may agitate or further escalate the situation.
3. Attempt to isolate the violent or aggressive resident away from others, ensuring that all other residents are removed to a safe location on the

Subject: Violent Resident	Policy ID: 12.5.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
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unit (sunroom, dining room, etc.) Registered staff will assign a staff member to monitor these residents for safety.

4. Give the violent or aggressive resident space to de-escalate, ensuring constant supervision from a safe distance, monitoring for potentially harmful behaviours.

If unable to de-escalate the violent or aggressive resident:

1. Announce or have someone else announce a “Code White with the location” x3 over the PA system using the emergency button on your portable phone or the page button on a desk phone.
2. Registered staff are to send one staff member on their home unit to respond to the area of the Code White, ensuring a minimum of one (1) staff member remains on each floor to monitor the unit.
3. Upon hearing a “Code White”, second floor staff will report to the reception desk for direction (if during regular business hours).
4. Registered staff will contact physician if PRN/STAT medication is required.
5. Registered staff on the affected unit will call or designate someone to call 911 for police assistance. If care planned interventions fail or situation escalates, putting others at risk of serious harm.
6. Registered staff will notify DON/CEO on off hours of the incident if Police are called.

Attachments: Code White Quick Reference Guide

Code White Quick Reference Guide

If a resident is displaying responsive behaviours and staff are unable to diffuse the situation with Stop and Go techniques, redirection, removal of environmental stimulation, or care plan interventions, etc., all staff on the unit are to be notified of this and respond to the area. One staff member will take charge of the situation and direct other staff of duties/tasks.

Keep in mind when dealing with an aggressive resident:

1. Keep your distance from the resident.
2. DO NOT try to touch the resident.
3. Speak in a soft/calm voice and use their name when addressing them.
4. If speaking to the resident causes further agitation, STOP.
5. Avoid using words such as, “no/stop/can’t/don’t”.
6. Be aware of your body language. Keep your posture relaxed with your arms at your sides and palms facing forward, keep your body at a slight angle to the resident. This is a less threatening position.
7. Never turn your back to an aggressive resident.
8. Avoid being cornered with no escape.
9. Always ensure that you are between the resident and an exit.
10. Avoid having too many staff crowd the resident.
11. Attempt to isolate the resident in a room away from other residents if it is safe to do so. If unable, remove all other residents to a safe location (dining room, sunroom, living room) with the door locked and a staff member assigned to monitor for safety.
12. Registered staff will call physician if an order for PRN/STAT medication is required.
13. Never leave a resident or staff member alone with the aggressive resident. If redirection and de-escalation techniques fail, 2-3 staff will monitor the aggressive resident from a safe distance, only intervening if there is a risk of serious harm to the resident or others.
14. Continue to monitor until the aggressive resident can de-escalate.
15. Announce or have someone else announce a “Code White” and location 3x over PA system if the above tips are not effective.
16. Call 911 for police assistance if required and assign a staff member to meet them in the lobby and escort them to the unit.

Subject: Protests, Demonstrations, Disturbances	Policy ID: 12.5.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The Home is committed to providing an atmosphere free of physical threat for all residents, staff, visitors, and volunteers. In the case of a physical or violent threat, protest, or disturbance on the Home's property, a procedure will be put in place to address the situation and regain a safe atmosphere.

PROCEDURE:

Any person who suspects / sees a protest or disturbance on or around the Home's grounds will:

1. Inform the Incident Manager (6th floor charge RN) immediately.
2. Not confront or attempt to remove strangers who enter the home.

The Incident Manager will:

1. Delegate staff to lock the front and receiving doors to prevent entry into the building. All other doors of the facility should be locked as per the normal, day-to-day security requirements of the Home, while at the same time not inhibiting evacuation of the building should it be necessary.
2. Call 911 and provide as much information as possible relating to the disturbance.
3. Inform reception that no visitors are permitted into the building unless escorted by an employee.
4. Provide direction to relocate residents, staff, visitors, and volunteers away from ground floor windows if there is a possibility that the windows could be broken.

All Staff will:

1. Take direction from the Incident Manager.

Subject: Armed Intrusions or Hostage Taking	Policy ID: 12.5.4
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The Home is committed to providing an atmosphere free of physical threat for all residents, staff, visitors and volunteers. In the case of a physical or violent threat, a procedure will be put in place to address the situation and regain a safe atmosphere.

PROCEDURE:

If a person becomes aware of an intrusion by an armed person or a hostage taking incident, they shall:

1. Evacuate as many residents, staff, visitors, and volunteers as possible from the area, provided this can be done without becoming a hostage or victim themselves.
2. Notify the Incident Manager (CEO or charge nurse in the building).

The Incident Manager will:

1. Call 911 immediately informing them of the details.
2. Warn others in the immediate area of the danger and prevent anyone from entering the area.
3. Delegate a person, if safe to do so, to meet the police at the front door and provide information required (i.e. location, weapon, hostage, etc.).
4. Direct staff to the most secure room available if they are not able to leave the area, keep calm and do nothing that will attract the intruder's attention.
5. Ensure that any victims receive medical treatment, if this can be provided without putting anyone else in danger.
6. Take direction from police upon their arrival.

All staff will:

1. Take direction from the Incident Manager.

Subject: Missing Resident	Policy ID: 12.6.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

An organized and comprehensive centralized search procedure for a missing resident shall be initiated in the event that a resident cannot be located within 5 minutes of the absence being reported. Individualized interventions/strategies are put in place for residents that are assessed as high risk for wandering.

PROCEDURE:

All Staff will:

1. Notify the charge nurse on the unit immediately when unable to locate a resident.
2. Upon hearing a “Code Yellow” announcement, take direction from the unit charge nurse.
3. Complete a comprehensive search of their unit utilizing the missing resident’s photo on PCC (desktop computers, IPADS, etc.), the Missing Resident Room Search Checklist and REMAR tags to indicate that a room has been checked.
4. Ensure completed checklists are given to the Incident Manager.
 - Life Lease staff will search Life Lease, Commercial spaces, and underground parking areas.
 - Incident Manager will delegate second floor staff to search areas utilizing the Missing resident room search checklist and will use the GM key to access restricted areas.

Charge nurse on the unit will:

1. Direct staff on the home area to thoroughly search their home area, utilizing the missing resident search checklist and REMAR tags to indicate rooms that have been checked.
2. Check the sign out book, and check for the resident with program staff and any uninsured service providers.
3. If unable to locate the missing resident after the initial comprehensive search of the unit, the charge nurse on the unit will announce a “Code Yellow- *insert residents name and unit*” x3, using all announcement systems as applicable (emergency button on portable, page button on a desk phone)
4. Notify the building charge RN/person who will assume the role of Incident

Subject: Missing Resident	Policy ID: 12.6.1
Manual: 12. Emergency Management	Approval: William Krever
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Manager.

The building charge nurse will:

1. Upon notification of the “Code Yellow”, assume the role of Incident Manager.
2. Delegate a staff member on their unit to assume charge of the unit search.
3. Initiate the missing resident communication procedure
4. Ensure completion of the Missing Resident Search Summary Form as information is made available from staff conducting the search.
5. Gather the code yellow file folder located in the emergency manual in the nursing conference room, which includes floor plans, maps, interior/exterior hazards list.
6. Relocate to the 2nd floor reception desk, via stairwell #1, along the route, check the following offices using the GM key:
 - Nurse Practitioner office (Balmoral)
 - RAI Coordinator office (Buckingham)
 - Nursing Resource office (Kensington)
 - PSW Manager office (Windsor)
7. Delegate second floor staff to search areas of the second floor utilizing the missing resident room search checklist and GM key located with Incident Manager and/or reception to gain access to restricted areas.
8. Document the initiation and progression of the search procedures.

If the resident is **NOT** found, the incident manager will:

1. Notify the POA/family of the missing resident.
2. Call 911 for assistance.
3. Update the DON or designate and initiate the emergency fan out list if additional staff are needed on site (XVIII-B-10.20)

If the resident is found, the Incident manager will:

1. Make an announcement, “Code Yellow - Cancelled” x3 using all announcement systems as applicable (emergency button on portable,

Subject: Missing Resident	Policy ID: 12.6.1
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page button on a desk phone)

2. Notify the POA/family, emergency services, DON or designate, and CEO or designate.
3. Ensure a head-to-toe assessment is completed and uploaded into PCC.
4. Notify the medical director of the incident and medical status of the resident and follow any direction provided.
5. Document incident in the risk management section of the resident's chart under "elopement"

The CEO/Administrator will:

1. Inform the Board of Directors (as applicable) of the missing resident search and recovery status throughout the search.

The Director of Nursing or designate will:

1. Inform the Ministry of Long-Term Care (MLTC) as applicable.
 - a. To report immediately:
 - i. A resident who was missing for 3 hours or more
 - ii. Any missing resident who returns to the Home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
 - b. To report within one business day:
 - i. A resident who was missing for less than 3 hours and who returns to the Home with no injury or adverse change in condition.

Attachments: Search for Missing Resident FORM
 Code Yellow - Room Search Checklists
 Code Yellow - Missing Resident Communication
 Personnel Contact Numbers

CODE YELLOW - MISSING RESIDENT SEARCH SUMMARY

RESIDENT'S NAME: _____ Room #: _____

PHYSICIAN'S NAME: _____

1. TIME LAST SEEN: _____ DATE: _____

2. PHYSICAL DESCRIPTION Age: _____ Height: _____ Weight: _____

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

Special Identifying Features: _____

Clothing Last Worn: _____

3. PHOTOGRAPH AVAILABLE (please circle): YES NO

4. LEVEL OF RISK:

Area for Consideration	Scoring	Resident Score	SCORE	RISK LEVEL
Mobility	Independent/Self Propelling	3	2-3	Low
	Short Distances (ex. In room)	2		
	Total Dependence	0		
Cognitive/CPS	Severe (CPS: 5-6)	3	4-6	Moderate
	Moderate (CPS: 3-4)	2		
	Mild (CPS: 0-2)	1		
Exit-Seeking	Daily	3	6+	Serious
	Moderate	2		
	No History	1		
		TOTAL:		

5. AREAS TO BE SEARCHED (EVERY FLOOR INCLUDING ROOF AREA) & SURROUNDING OUTDOOR AREAS. See Missing Resident Search Checklist form

RESIDENT FOUND – Location _____ Time: _____

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

6. NOTIFICATION

	TIME	NOTIFIED BY
Family		
CEO/DON		
Police		

CODE YELLOW - MISSING RESIDENT SEARCH SUMMARY

Physician		
MLTC (if applicable)		

7. POLICE NOTIFICATION Time: _____

Name of Officer _____ Badge # _____

8. NEXT OF KIN Called _____ Time: _____ Initials: _____

Name: _____ Relationship: _____

Address: _____

Telephone #: _____

9. ASSESSMENT OF RESIDENTS CONDITION WHEN FOUND

Location: _____ Time: _____

Assessment: _____

10. PHYSICIAN'S ORDERS RECEIVED _____

11. NOTIFICATION RESIDENT FOUND

	TIME	NOTIFIED BY
CEO/DON		
Family		
Police		
Physician		
MLTC (if applicable)		

12. SAFETY PRECAUTIONS TO PREVENT REOCCURRENCE:

13. INCIDENT REPORT DOCUMENTED (please circle) YES NO

14. CHARTING COMPLETED (please circle) YES NO

Name of Search Co-Coordinator (please print): _____

Signature of Search Co-Coordinator: _____ Date: _____

CODE YELLOW

MISSING RESIDENT ROOM SEARCH CHECKLIST

Location: Balmoral (6th floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Patio x 2		Patio x 2		Stairwell #1	
Resident Room #612		Stairwell #5		Elevator #1	
Resident Room #611		Resident Room #624		Life Lease Suites - locked	
Resident Room #613		Resident Room #623		Sunroom	
Stairwell #4		Resident Room #622		Washroom	
Resident Room #610		Resident Room #625		Resident Room #606	
Equipment Room		Resident Room #621		Resident Room #607	
Resident Room #614		Resident Room #626		Resident Room #605	
Pall. Care/Staff Room		Storage Room		Resident Room #608	
Pall. Care Wash Room		Resident Room #620		Resident Room #604	
Resident Room #615		Elevator #2		Resident Room #609	
Resident Room #616		Equipment Room		Resident Room #603	
Resident Room #617		Storage Room		Clean Utility Room	
Washroom		Living Room		Soiled Utility Room	
Resident Room #618		Conference Room		Resident Room #602	
Activity Room		Stairwell #2 - Evacuchair		Equipment/O2 Room	
Dining Room		Nurses Station		Resident Room # 601	
Servery		Medication Room RPN		Resident Room #600	
Housekeeping		Staff Washroom		Shower Room	
Washroom					
DR/Housekeeping					
Spa					
Laundry					
Patio					

Staff Name(s): _____

CODE YELLOW

MISSING RESIDENT ROOM SEARCH CHECKLIST

Location: Buckingham (5th floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Patio x 2		Patio x 2		Stairwell #1 Evacuchair	
Resident Room #512		Stairwell #5		Elevator #1	
Resident Room #511		Resident Room #524		Life Lease Suites- locked	
Resident Room #513		Resident Room #523		Sunroom	
Stairwell #4		Resident Room #522		Washroom	
Resident Room #510		Resident Room #525		Resident Room #506	
Equipment Room		Resident Room #521		Resident Room #507	
Resident Room #514		Resident Room #526		Resident Room #505	
Pall. Care/Staff Room		Storage Room		Resident Room #508	
Pall. Care Wash Room		Resident Room #520		Resident Room #504	
Resident Room #515		Elevator #2		Resident Room #509	
Resident Room #516		Equipment Room		Resident Room #503	
Resident Room #517		Storage Room		Clean Utility Room	
Washroom		Living Room		Soiled Utility Room	
Resident Room #518		Conference Room		Resident Room #502	
Activity Room		Stairwell #2		Equipment/O2 Room	
Dining Room		Nurses Station		Resident Room # 501	
Servery		Medication Room RPN		Resident Room #500	
Housekeeping		Staff Washroom		Shower Room	
Washroom					
DR/Housekeeping					
Spa					
Laundry					
Patio					

Staff Name(s): _____

CODE YELLOW

MISSING RESIDENT ROOM SEARCH CHECKLIST

Location: Kensington (4th floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Patio x 2		Patio x 2		Stairwell #1	
Resident Room #412		Stairwell #5		Elevator #1	
Resident Room #411		Resident Room #424		Life Lease Suites- locked	
Resident Room #413		Resident Room #423		Sunroom	
Stairwell #4		Resident Room #422		Washroom	
Resident Room #410		Resident Room #425		Resident Room #406	
Equipment Room		Resident Room #421		Resident Room #407	
Resident Room #414		Resident Room #426		Resident Room #405	
Pall. Care/Staff Room		Storage Room		Resident Room #408	
Pall. Care Wash Room		Resident Room #420		Resident Room #404	
Resident Room #415		Elevator #2		Resident Room #409	
Resident Room #416		Equipment Room		Resident Room #403	
Resident Room #417		Storage Room		Clean Utility Room	
Washroom		Living Room		Soiled Utility Room	
Resident Room #418		Conference Room		Resident Room #402	
Activity Room		Stairwell #2		Equipment/O2 Room	
Dining Room		Nurses Station		Resident Room # 401	
Servery		Medication Room RPN		Resident Room #400	
Housekeeping		Staff Washroom		Shower Room	
Washroom					
DR/Housekeeping					
Spa					
Laundry					
Patio					

Staff Name(s): _____

CODE YELLOW

MISSING RESIDENT ROOM SEARCH CHECKLIST

Location: Windsor (3rd floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Patio x 2		Patio x 2		Stairwell #1 Evacuchair	
Resident Room #312		Stairwell #5		Elevator #1	
Resident Room #311		Resident Room #324		Life Lease Suites- locked	
Resident Room #313		Resident Room #323		Sunroom	
Stairwell #4		Resident Room #322		Washroom	
Resident Room #310		Resident Room #325		Resident Room #306	
Equipment Room		Resident Room #321		Resident Room #307	
Resident Room #314		Resident Room #326		Resident Room #305	
Pall. Care/Staff Room		Storage Room		Resident Room #308	
Pall. Care Wash Room		Resident Room #320		Resident Room #304	
Resident Room #315		Elevator #2		Resident Room #309	
Resident Room #316		Equipment Room		Resident Room #303	
Resident Room #317		Storage Room		Clean Utility Room	
Washroom		Living Room		Soiled Utility Room	
Resident Room #318		Conference Room		Resident Room #302	
Activity Room		Stairwell #2		Equipment/O2 Room	
Dining Room		Nurses Station		Resident Room # 301	
Servery		Medication Room RPN		Resident Room #300	
Housekeeping		Staff Washroom		Shower Room	
Washroom					
DR/Housekeeping					
Spa					
Laundry					
Patio					

Staff Name(s): _____

CODE YELLOW
MISSING RESIDENT ROOM SEARCH CHECKLIST

Location: Second Floor

Date:

Time:

am/pm

Reception Area	Inner Hallway	BMC Area	
Reception office	Mechanical room	Main event area	
Special projects office	Records Storage room	Kitchen	
Scheduling office	Hairdresser	Recreation storage room #1	
Business office	Housekeeping storage rm	Central event kitchen/bar	
Reception workroom	Communications room	Recreation storage #2	
Front Lobby	DRFS office	Men's washroom	
LTC entrance vestibule	Computer room	Women's washroom	
Lobby storage room	DON office	Equipment storage area	
Stairwell #1- TO ROOF	Washroom #1	Restorative/Physio office	
Outer Hallway	Rec room office	Men's washroom	
LTC consultant office	Washroom #2	Women's washroom	
ESM office	Coat room	Electrical comms. rm.	
IPAC office	Volunteer lounge	Washroom #1	
ADON office	CEO office	Washroom #2	
Conference room	Library	Housekeeping room	
Government stock room	Health/fitness centre	Garbage/Storage room	
Staff lounge	Telephone/storage area	Exit to Toronto Street	
Men's locker room	Support Services Area	Guest suites foyer	
Women's locker room	DSM office	Guest suite #213	
Storage room	Washroom	Guest suite #214	
Wellness centre	Stairwell #3- TO ROOF	Guest suite #215	
Stairwell #2	Staff entrance	Guest suite #216	
Queens Park Centre	Receiving dock	Cancilla Area	
Washroom	Compressor room	Cancilla Foyer	
Unit #3	Laundry room	Life lease elevator foyer	
Housekeeping storage #1/office	Recycle room	Stairwell to life lease lobby	
Unit #2	Linen storage room	Dining room	
Housekeeping storage #2	ESM storage room	Washroom #1	
Washroom	Kitchen	Washroom #2	
Bewitchin' Stitchin'	Main kitchen area	Lounge area	
	Walk in milk fridge	Exit to Toronto Street	
	Walk in freezer	Entire hallway	
	Walk in produce fridge		
	Dry storage room		
	Dishwashing area		
	Cart wash area		
	Chemical storage room		

Staff Name(s): _____

CODE YELLOW

MISSING RESIDENT SEARCH CHECKLIST

Location: Life Lease Building

Date:

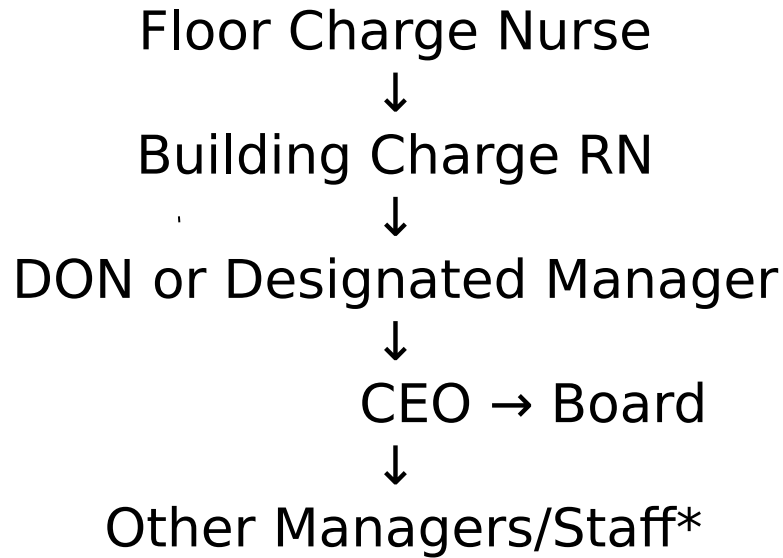
Time:

a.m.

p.m.

Commercial Area		Front Area		Life Lease Living	
Unit 6 hallway		Vestibule - main entrance		2nd floor corridor	
Unit 7 hallway		Admin office		Bob Morton Centre	
Elevator 5 landing		Front lobby area		2nd floor dining hall	
Restroom hallway		Underground parking		2nd floor patio	
Gym		Theatre room		Hall to 146 Toronto Street	
Underground parking		Theatre room bathroom		3rd floor corridor	
Pharmacy hallway		Theatre room kitchen		3rd floor parlor room	
Pharmacy entrance				3rd floor patio	
Café				4th floor corridor	
				4th floor patio	
				5th floor corridor	
				6th floor corridor	
				7th floor corridor	
				8th floor corridor	

Staff Name(s): _____



(*refer to emergency fan out list if additional staff necessary (XVIII-B-10.30a))

Subject: Missing Resident; Systematic Search	Policy ID: 12.6.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: November 24, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

Search procedures need to be completed in a systematic way. By doing systematic searches one ensures that all areas have been observed.

Staff are to start at the end of each hallway and systematically check rooms.

When checking the room.

- Quick scan of room, looking under furniture.
- Check washroom, closet, under bed.
- Check behind curtains.

Common Rooms

- Make a quick scan of room
- Check under and behind furniture

Systematically work your way down the hallway ensuring locked rooms are also checked.

Once back at the nursing station, charge nurse to assign staff to check utility areas including dining room, tub room, etc.

Subject: Medical Emergency	Policy ID: 12.7.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

Victoria Village Manor shall ensure that the emergency plans for the home include a coordinated plan to respond to and manage medical emergencies (Code Blue) involving residents in the home.

The Code Blue policy must be shared with the Residents Council, Family Council and posted on the home's website annually or when changes are made.

Staff will be trained in Code Blue- Medical Emergency annually and there will be a review/evaluation conducted annually or within 30 days of the plan being activated.

PURPOSE:

1. To alert individuals within the home to an acute medical emergency in a particular area of the home.
2. To provide an organized system of response when dealing with a medical emergency when more support is required.

DEFINITIONS:

- a) Cardiac Arrest – is the unexpected loss of heart function in a person (heart stops beating) related to a variety of causes, such as heart disease, suffocation, drug overdose, stroke, electrocution, or injury.
- b) Cardiopulmonary Resuscitation (CPR) is an emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. CPR is designed to sustain breathing and heartbeat to restore blood flow to someone suffering from a cardiac arrest.
- c) Choking – is a reversible condition involving the use of **Abdominal Thrusts** (Heimlich Manoeuvre) and Cardiac Pulmonary Resuscitation (CPR) should be initiated if appropriate until the airway is cleared until paramedics arrive.
- d) Do Not Resuscitate (DNR) – a DNR order is applicable in cardiac arrest but does not pre-empt the application of CPR in reversible conditions such as choking.
- e) Medical Emergency – is defined as an event requiring an urgent response such as a sudden severe injury, acute illness (outside resident normal

Subject: Medical Emergency	Policy ID: 12.7.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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parameters), choking incident, severe chest pain, cardiac/respiratory arrest, or a sudden altered level of consciousness where more assistance may be needed.

PROCEDURE:

Upon discovering the emergency, staff will:

1. Shout to nearby staff “Code Blue” and as applicable pull call bell and phone the unit registered staff.

The Unit Registered Staff will:

1. Respond to the site, assess the resident, and determine the level of intervention required.
2. Direct a staff member to announce **Code Blue and the location 3 times** over the PA system. On a portable phone, unlock the phone, press emergency button and page Code Blue and the location 3 times.
3. Provide interventions as deemed clinically necessary within their scope of practice, and knowledge, skill, and judgement.
4. Confirm DNR status.
5. Direct a staff member to call 911 for an ambulance and call building Charge R.N.
6. Direct staff to retrieve equipment (i.e., AED, Ambu Bag, naloxone, etc.) if required.
7. Appropriate first aid and/or resuscitation procedures are implemented until complete transfer of care to paramedics.

The Building Charge Nurse (Incident Manager) will:

1. Respond to location of Code Blue.
2. Direct and assist with first aid and/or resuscitation procedures (as required) until complete transfer of care to paramedics.
3. Assign a staff member to meet and accompany the paramedics/EMS to the scene.
4. Complete transfer forms (as applicable) and provide them to emergency service staff (paramedics).
5. Notify Power of Attorney for Personal Care /family member of transfer to hospital.

Subject: Medical Emergency	Policy ID: 12.7.1
Manual: 12. Emergency Management	Approval: William Krever
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6. Ensure all resuscitation equipment is replenished and cleaned following the emergency and returned to its original location.
7. Notify Medical Director (Attending Physician)/Nurse Practitioner and Director of Nursing of the activation of the Code Blue emergency plan and transfer to hospital if required.

N.B. Master First Aid Kit and Critical Injury Kit are located on 4th floor. First Aid Kits are also available at the nurse's station/information desk on each unit, LTC Main Kitchen, and the 1st (Life Lease) and 2nd floor reception.

AEDs are located on both the 2nd floor at elevator A (front lobby) and 1st floor (Life Lease) at reception.

Subject: Code Blue - Non-Resident	Policy ID: 12.7.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

Victoria Village Manor shall ensure that the emergency plans for the home include a coordinated plan to respond to and manage medical emergencies (Code Blue) involving **staff/students/visitors/contract workers** in the home.

The Code Blue Non-resident policy must be shared with the Residents Council, Family Council and posted on the home's website annually or when changes are made.

Staff will be trained in Code Blue- Medical Emergency annually and there will be a review/evaluation conducted annually or within 30 days of the plan being activated.

PURPOSE:

1. To alert individuals within the home to an acute medical emergency in a particular area of the home.
2. To provide an organized system of response when dealing with a medical emergency when more support is required.

DEFINITIONS:

- a) Cardiac Arrest – is the unexpected loss of heart function in a person (heart stops beating) related to a variety of causes, such as heart disease, suffocation, drug overdose, stroke, electrocution, or injury.
- b) Cardiopulmonary Resuscitation (CPR) is an emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. CPR is designed to sustain breathing and heartbeat to restore blood flow to someone suffering from a cardiac arrest.
- c) Choking – is a reversible condition involving Abdominal Thrusts (Heimlich Manoeuvre) and Cardiac Pulmonary Resuscitation (CPR) should be initiated if appropriate until the airway is cleared until paramedics arrive.
- d) Do Not Resuscitate (DNR) – a DNR order is applicable in cardiac arrest but does not pre-empt the application of CPR in reversible conditions such as choking.

Subject: Code Blue - Non-Resident	Policy ID: 12.7.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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- e) Medical Emergency – is defined as an event requiring an urgent response such as a sudden severe injury, acute illness, choking incident, severe chest pain, cardiac/respiratory arrest, or a sudden altered level of consciousness where more assistance may be needed.

PROCEDURE:

Upon discovering the emergency, staff will:

1. Shout to nearby staff “Code Blue” and call the unit registered staff by pulling a call bell, using the paging system on phones.

The Unit Registered Staff will:

1. Respond to the site and notify the building charge R.N. (Incident Manager).
2. Staff member(s) who discovered the emergency will give report to the unit registered staff who will assess the individual and determine the level of intervention required.
3. Direct a staff member to announce **Code Blue and the location 3 times** over the PA system. On a portable phone, unlock the phone, press emergency button, and page **Code Blue and location 3 times**.
4. Unit registered staff or designate will call 911, providing details based on the staff member’s report.
5. Provide interventions as deemed clinically necessary within their scope of practice, and knowledge, skill, and judgement.
6. Unit registered staff will designate a staff member to retrieve supplies/equipment (i.e., AED, Ambu Bag etc.) upon assessment if required.
7. Unit registered staff will make the person as comfortable as possible and provide immediate first aid and resuscitation if required until transfer of care to the paramedics has occurred.

The Building Charge Nurse (Incident Manager) will:

1. Respond to location of Code Blue.
2. Obtain initial information from the witnesses/person who discovered and assess the person’s status.

Subject: Code Blue - Non-Resident	Policy ID: 12.7.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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3. Assign a staff member to meet and accompany the paramedics/EMS to the scene.
4. Direct and assist with first aid and/or resuscitation procedures (as required) until the arrival of paramedics.
5. Notify CEO/DON.
6. **For employees only:** notify their emergency contact of the emergency.
7. Ensure all resuscitation equipment is replenished and cleaned following the emergency and returned to its original location.

N.B. Master First Aid Kit and Critical Injury Kit are located on the 4th floor. First Aid Kits are also available at the nurse's station/ information desk on each unit, LTC Main Kitchen, and the 1st (Life Lease) and 2nd floor reception.

AEDs are located on both the 2nd floor at elevator A (front Lobby) and 1st floor (Life Lease) at reception.

Subject: Code Orange - Shelter in Place	Policy ID: 12.8.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

This procedure to protect the safety of residents, staff, and visitors will be implemented in the event of a chemical, biological, radiological accident or extreme environmental event that has potential to require shelter in place measures be implemented.

Extreme Weather: May include hail, heavy rain, heat waves, thunderstorms, tornadoes, or ice storms. Severe storms or extreme weather events may pose a risk of damage to the building or the regular operations of the Home (see Severe Storms).

PROCEDURE:

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

1. Inform the 6th floor charge nurse immediately, and/or CEO/Administrator/designate, who will become the Incident Manager.

The Incident Manager will:

1. Tune into local radio, television, or other media for information and direction from Provincial or community authorities
2. Alert staff that an evacuation may be necessary (Code Green), dependent on instruction from local or provincial authorities.
3. If advised by Provincial authorities to remain in the building, notify staff, residents, and visitors by announcing “Code Orange” and reasons to “shelter in place” (x3)
4. With assistance of the Director of Operations, maintenance on call or designate, seal building so contaminants cannot enter, as required, by:
 - Ensuring that all windows and doors are closed
 - Sealing gaps under doorways, windows, and other building openings in affected area, as possible (supplies in front office emergency bag/on resident units)
 - Ensure that all heating, air conditioning and ventilation systems remain off

Subject: Code Orange - Shelter in Place	Policy ID: 12.8.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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- Limit access to the building
 - In the case of extreme weather or the risk of damage to the exterior of the building, all
 -
 - individuals in the building should move toward the inner core of their unit, away from windows (ex. tornado watch, tornado warning, severe storms).
5. Post or designate a staff member to post Shelter in Place signage at the front reception entrance to alert visitors of shelter in place measures (XVIII-H-10.00(a)).
 6. If advised by Provincial authorities to evacuate the building:
 - Organize an evacuation as per Code Green - LTC Evacuation Plan (XVIII-D-10.00(b))
 - Ensure building is secure
 - Arrange transportation to those who must be transported to alternate health care facilities
 7. Continue to monitor radio and television stations for further updates and remain in shelter until authorities indicate it is safe to come out.

All staff will:

1. Ensure windows and curtains, doors, and other openings to the exterior are closed. Move residents and encourage others to move to interior areas of the building, away from windows and exterior walls of the building.
2. Take direction from the Incident Manager



Subject: Code Orange - Shelter in Place	Policy ID: 12.8.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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Attachments: Code Orange - Shelter in Place Signage
- Severe Storms
- Code Green - LTC Evacuation Plan

**EMERGENCY
PLAN
ENACTED**

Please be advised that there is

**No Entry
Permitted**

until the emergency is resolved.

Subject: Severe Storms	Policy ID: 12.8.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

This procedure is in place to protect the safety of residents, staff, and visitors in response to a severe weather event.

Hazard Analysis:

- Severe weather in the summer months can take a variety of forms and develop in relatively short time, including hail, heavy rain, heat waves, thunderstorms, and tornadoes.
- Damaging hail can result in both property damage and personal injury and requires persons outdoors to seek shelter immediately.
- Heavy rain could produce flooding conditions and require evacuation (Code Green)
- Strong winds can cause property damage and personal injury by turning loose items into dangerous projectiles.
- Straight-line winds that move horizontally along the ground away from thunderstorms, sometimes with tornado-like force, are often mistaken for tornadoes. They may produce swirling dust and debris and cause most summer wind damage.
- A tornado is a violently rotating column of air extending between a cloud base and the surface. While often depicted as a funnel with the narrow end at the bottom, there is no typical tornado. Most tornadoes develop in the late afternoon or early evening but may occur outside this timeframe, including overnight.
- Ice storms may cause equipment to cease functioning and may make traveling hazardous.

Weather Alerts

Environment Canada issues weather alerts in the event of severe weather:

Severe thunderstorm watch outlines a watch zone where conditions are favorable for the development of thunderstorms, some of which could have the potential to become severe.

Severe thunderstorm warning is issued when a thunderstorm that produces hail large enough to produce damage, heavy rain and /or damaging winds is imminent as indicated by radar and/or observation reports

Tornado watch is issued when severe thunderstorms are forecast, and conditions are favorable for one or more tornadoes to be spawned from the

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thunderstorms within a defined watch zone.

Tornado warnings issued when at least one tornado is imminent as indicated by observation, reports and/or radar scan

What to watch for:

- Tornadoes usually only develop in the presence of thunderstorms (though the thunderstorms may be a distance away) so lightning, rain, and hail should put you on guard.
- **In addition, watch for the following:** darkening skies, particularly if the sky appears a greenish colour (indicating hail) or an orange-y colour (dust being blown around by high winds)
- Strong persistent rotation of the cloud base
- Very calm and quiet conditions during or right after a thunderstorm
- A rumble or roar that sounds like continuous thunder, or sometimes a train or jet
- Whirling debris near the ground, even in the absence of a funnel cloud
- Blue green or white flashes at ground level in the distance at night - a sign of power lines being snapped by high winds.

PROCEDURE:

Any person who receives communication that severe weather is being forecasted will:

1. Inform the Incident Manager (6th floor charge nurse) and CEO/Administrator or designate immediately

The Incident Manager will assess the risk and severity of the event, as per information above, and as applicable:

1. Assign a staff member to tune into the weather radio/station for updates on severe weather watches/warnings and to observe the weather conditions outside regularly.
2. Advise staff, residents, and visitors of the severe weather watch/warning by announcing “Code Orange and the type of emergency” (x3) over PA system.
3. Relocate to inner area of building if possible.
4. Keep away from glass windows, doors, and appliances.

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5. Direct staff to move residents away from windows and close windows, blinds, curtains, preventing window glass from shattering onto them or debris from entering through windows etc. (Shelter in Place).
6. Refrain from using computers and electrical equipment as much as possible as well as taking showers.
7. Direct staff to have emergency supplies readily accessible. Radio batteries, flashlights, blankets, pillows for protection from projectiles (available at reception and on the unit)

NOTE: If in dining room for meal service or tub room during severe storm warning, complete your task quickly as is safe to do so. Then, proceed to follow shelter in place guidelines listed above.

For Tornado Watch issued:

1. Listen to media
2. Be alert to changing weather conditions
3. Assign maintenance on-call staff or designate to secure equipment, outdoor furniture etc.
4. Secure articles that may become projectiles and clear hallways (indoors)
5. Alert staff to the need for possible sheltering

For Tornado Warning issued:

1. Seek shelter in designated areas: inner corridors, nursing stations, shower/tub rooms, inner conference rooms as per floor plan on floor
2. Check washrooms and vacant rooms for visitors or stranded residents and escort them to safe area.
3. Announce updates and precautions as available over the PA system.
4. Take position of greatest safety: crouch on knees with head down and hands locked at back of neck.
5. Protect head and body with pillows and blankets as able.
6. Bedridden residents, if unable to be moved to central corridors, should have window blinds or curtains closed and protected as much as possible.
7. Continue to assess risk to determine severity of the threat.

Winter storms:

Subject: Severe Storms	Policy ID: 12.8.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The Director of Operations, maintenance staff on call, or designate will:

1. Secure facility against freezing pipes, as necessary.
2. Check emergency and alternate utility sources.
3. Check emergency generator- that it has 72 hours of fuel.
4. Keep walkways clear of snow.

The Incident Manager/designates will:

1. Conserve utilities - assign staff to adjust thermostats to maintain low temperatures, consistent with health needs and no lower than 22°C in accordance with legislative standards.
 - a. If required, initiate fan out procedure to bring additional staff on site for support (XVIII-B-10.20 - Personnel Contact Numbers).
2. Gather supplies of blankets to keep residents warm.
3. If and when affected by winter storm - refer to policy on "Code Orange - Shelter in Place"

Attachments: Code Orange - Shelter in Place (Chemical, Biological, Radiological Accidents,

Subject: Earthquakes	Policy ID: 12.8.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

This procedure is in place to protect the safety of residents, staff and visitors in response to an earthquake.

Hazard Analysis:

Earthquakes are a sudden, rapid shaking of earth caused by breaking and shifting of rock beneath the earth's surface. Earthquakes strike suddenly, without warning and they can occur at any time of the year.

- Loss of power
- Activation of fire alarm and or sprinkler system
- Damage from falling objects on building structure
- Shaking of building making movement difficult
- Falling of furniture that isn't attached to the wall
- Shattered debris from windows breaking
- After shocks hours, days, weeks and even months after the original earthquake

What to watch for:

- Shaking of objects
- Shaking of the ground under your feet
- Falling debris

PROCEDURE:

The Incident Manager (6th floor charge nurse/CEO/Administrator or designate) will:

- 1.Alert residents, staff and visitors that the fire alarms and sprinklers may activate.
- 2.Instruct residents, staff and visitors to not leave the building as objects could fall on individuals.
- 3.Instruct residents, staff, and visitors to evacuate once the shaking has stopped and move away from the building. Initiate evacuation, if necessary, as outlined in fire/evacuation plan (Code Green)
- 4.Contact emergency services.

Subject: Earthquakes	Policy ID: 12.8.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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5. Arrange for first aid to be administered as necessary. Seriously injured individuals should not be moved unless they are in immediate danger of further injury.
6. Take direction from Emergency Services personnel
7. Continue to assess risk and initiate other codes and procedures as necessary
8. If evacuation is necessary, refer to- LTC Evacuation Plan, and XVIII-A-10.60 - Recovery Plan Policy prior to return to the Home.

Staff will:

1. Attempt to put out small fires quickly, if fire extinguisher trained and if this can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.
2. Have maintenance staff clean up flammable liquid spills as soon as possible.
3. Alert residents, staff and visitors to expect aftershocks
4. Assist with the evacuation of residents as directed by the Incident Manager
5. Alert residents, staff and visitors of fallen power lines and other hazards
6. Take direction from Incident Manager.

Attachments: - Recovery Plan
LTC Evacuation Plan

Subject: Electrical Power Failure	Policy ID: 12.8.4
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The home will have a response plan to an electrical power failure.

PROCEDURE:

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

1. Notify the Incident Manager (6th floor charge nurse and CEO/Administrator or designate) immediately.

The Incident Manager will:

1. Announce x3 over the PA system "CODE ORANGE-ELECTRICAL POWER FAILURE"
2. Notify the Director of Operations and maintenance staff on call.
3. Notify the local hydro service provider of the power failure and ask for the expected restoration time. Contact information is stored in the scheduling binder as well as in each unit conference room.
4. Notify the CEO/DON and/or their designate.
5. Ensure registered staff on each unit have directed all staff to follow the procedures listed for "all staff".
6. Direct second floor staff to monitor exit doors and assist with monitoring home units as needed.
7. Once notified by maintenance staff that power has been restored, announce "CODE ORANGE-ALL CLEAR" x3 over the PA system.
8. Direct staff to monitor all doors, with special attention to exits from the unit, and to monitor high-risk residents for elopement.

NOTE: In the case of a total loss of power, the mag locks will be deactivated, as they are not part of our generator supply.

With Emergency Generator backup, Maintenance Staff will:

1. Ensure the emergency generator is activated immediately and is working correctly.
2. Ensure that all lights and generator powered equipment are working.
3. Check fuel supply and activate procedure for delivery of additional fuel as needed.
4. Once power is restored and systems are operating normally, notify the Incident Manager that power has been restored.
5. Fill out the "Generator Checklist Report" form.

Subject: Electrical Power Failure	Policy ID: 12.8.4
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

All Staff will:

1. Upon hearing the announcement, immediately report to the registered staff on the unit. Second floor staff will report to the reception desk and await directions from the Incident Manager.
2. Monitor all exit doors on their unit/floor as directed by the registered staff and/or Incident Manager.

Registered staff on each unit will direct staff to do the following:

1. Ensure all windows facing the generator are closed.
2. Ensure essential equipment is plugged into the "RED GENERATOR PLUG" outlets. i.e.: air mattresses, oxygen equipment.
3. Ensure there are flashlights and extra batteries readily available (stored at the nursing station).

The CEO/DON or their designate will:

1. Notify the Ministry of Long-Term Care (MLTC) within one business day if the loss of service lasts six hours or more.

Attachments: N/A

GENERATOR CHECKLIST

DATE: _____

OPERATOR: _____

FUEL SYSTEM		ENGINE	
FUEL TANKS		AIR FILTER	
FUEL LINES		GAUGES	
FUEL PUMP			
FUEL LEAKS			
FUEL LEVEL			
LUBRICATION SYSTEM		EXHAUST SYSTEM	
OIL LEVEL		PIPE CLEAR	
OIL LEAKS		RAIN CAP FREE	
COOLING SYSTEM		STARTING SYSTEM	
HEAT EXCHANGER		ELECTROLYTE LEVEL	
PIPES AND HOSES		CHARGER VOLTAGE	
BELTS AND PULLEYS			
BLCOK HEATER WORKING			
COOLANT LEVEL			
COOLANT LEAKS			

S - SATISFACTORY
US - UNSATISFACTORY

Subject: Code Orange - Emergency Reception Plan LTC	Policy ID: 12.8.5
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The Home will act as an Emergency Reception site for other healthcare institutions/residences in crisis and in the event of certain Community Disasters.

PROCEDURE:

The staff member who receives a request to use the home as an Emergency Reception site will:

1. Notify the Incident Manager (6th floor charge nurse or designate) immediately.

The Incident Manager will:

1. Contact CEO/DON or designate.
2. In reference to the “Emergency Reciprocal Agreements” folder on the F:Drive and the guidance of the CEO/DON or designate, assess the type of persons the Home can receive and inform the caller if the home can accept them if they are a “reception partner” (if we share a “Reciprocal Agreement”).
3. In reference to the “Emergency Reciprocal Agreements” folder on the F:Drive and the guidance of the CEO/DON or designate, if they are **not** a “reception partner” (no Reciprocal Agreement), assess the type of persons the Home can receive and inform the caller if the home can accept them.
4. Inform staff of the upcoming reception by initiating the Staff Fan Out procedure
5. Consult the Logistics Coordinator, typically the Associate Director of Nursing, on the number of staff that should be called back to support the emergency.
6. Meet or designate a staff to meet the evacuated public or residents in the main lobby upon their arrival.
7. Delegate staff to designated areas of the home where public/residents will be accommodated:
 - Bob Morton Centre
8. Appoint one staff to complete the Emergency Reception Registration Log
9. As authorized staff are available, assist in transportation of the evacuees by shuttling them using the Victoria Village bus.

Subject: Code Orange - Emergency Reception Plan LTC	Policy ID: 12.8.5
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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10. Appoint staff members/volunteers to escort individuals to the Bob Morton Centre.
11. Food Services Manager, Supervisor, and/or staff to make necessary adjustments to eating times, meal numbers and eating locations to accommodate extra individuals within the home.
12. Dietary staff will direct staff to provide beverages and a light snack to evacuated public or residents.
13. Direct care and support staff as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).
14. CEO to notify the Board of Directors President and others as appropriate (MLTC and HCCSS).

The Staff will:

1. Take direction from the Incident Manager.

Attachments: Code Orange – Emergency Reception Registration Log FORM

Subject: Total Loss of Heating System	Policy ID: 12.8.6
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The home will have a response plan in place to address a total heating system failure that may be caused by a total electrical power failure, single point failure within the heating or electrical distribution systems, or component thereof.

PROCEDURE:

Any person who becomes aware of a major or total failure of the Home's heating system will immediately notify the Incident Manager, a position that will be assumed by the 6th floor charge nurse.

The Incident Manager will:

1. Immediately notify the Director of Operations and maintenance staff.
2. Review and implement on all units the policy on required interventions during winter storms/extreme cold conditions (
3. Review the evacuation plan (Code Green) and prepare to initiate if the estimated time of repair is greater than 6 hours or if the building temperature drops below 22°C.

The CEO/Administrator will:

1. Notify the Board of Directors President.
2. Ensure the Director of Nursing or designate notifies the Ministry of Long Term Care (MLTC) within one business day if the loss of heating is sustained for six hours or more, and as required.

The Director of Operations or designate will:

1. Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
2. Request an estimated time to correct the problem following the initial investigation by the heating contractor.
3. Notify the CEO or their designate
4. Monitor or direct staff to monitor and document the building temperatures every 30 minutes to ensure that the temperature does not drop below 22°C in any occupied area until the heating system is fully restored.

Subject: Total Loss of Heating System	Policy ID: 12.8.6
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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5. Notify the Incident Manager, CEO and/or DON when the heating system has been restored.

All staff will:

1. Take direction from the charge nurse on your unit and/or the Incident Manager.
2. Ensure that all exterior windows are closed and curtains are drawn/closed.
3. Move residents to the inner core of the building away from exterior walls and windows.
4. Close all resident room doors.
5. Provide residents with warm clothing/sweaters.
6. Gather a supply of blankets to keep residents warm.
7. Be prepared to evacuate (Code Green) if directed by the Incident manager or their designate.

Attachments:- Code Orange - Severe Storms

Subject: Total Loss of Cooling System	Policy ID: 12.8.7
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The home will have a response plan to address a total cooling system failure that may be caused by a total electrical power failure, or electrical distribution systems failure.

PROCEDURE:

Any person who becomes aware of a major or total failure of the home's cooling system will immediately notify the incident manager.

The Incident Manager will:

1. Immediately notify the Director of Operation and maintenance staff.
2. Review and implement on all units the policies and procedures outlined in *Section K: Heat Management*.
3. Review and implement the evacuation plan (Code Green) if time to correct the issue is greater than 6 hours.

The CEO or their designate will:

1. Notify the Board of Directors President
2. Ensure the Director of Nursing or their designate notifies the Ministry of Long Term Care (MLTC) if the loss of cooling is sustained for six hours or more, or as required.

The Director of Operations or their designate will:

1. Notify the local HVAC system contractor service provider of the failure and ask for an expedited service call to correct.
2. Request an estimated time to correct following the initial investigation by the contractor.
3. Notify the CEO or their designate.
4. Direct staff to monitor and document building temperatures every 30 minutes to ensure humidex does not exceed 26°C in any occupied area until the cooling system is fully restored.
5. Direct staff to place in operation any fans available to provide additional comfort to residents, ensuring they are plugged into the red electrical outlets. Air flow should be aimed in the direction of the residents and upward, avoiding the smoke detectors. Air flow should not be directed towards the door of the room or across environmental surfaces.

Subject: Total Loss of Cooling System	Policy ID: 12.8.7
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

6. Notify the Incident Manager, CEO and/or DON when the cooling system has been restored.

All Staff will:

1. Take direction from the charge nurse on their unit and/or the incident manager.
2. Ensure all exterior windows are closed and curtains are drawn/closed.
3. Move residents to the inner core of the building away from exterior walls.
4. Close all resident room doors.
5. Implement procedures outlined in "Heat Management".

Subject: Total Loss of Cooling System	Policy ID: 12.8.7
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 27, 2020	Next Review Date: April 5, 2026
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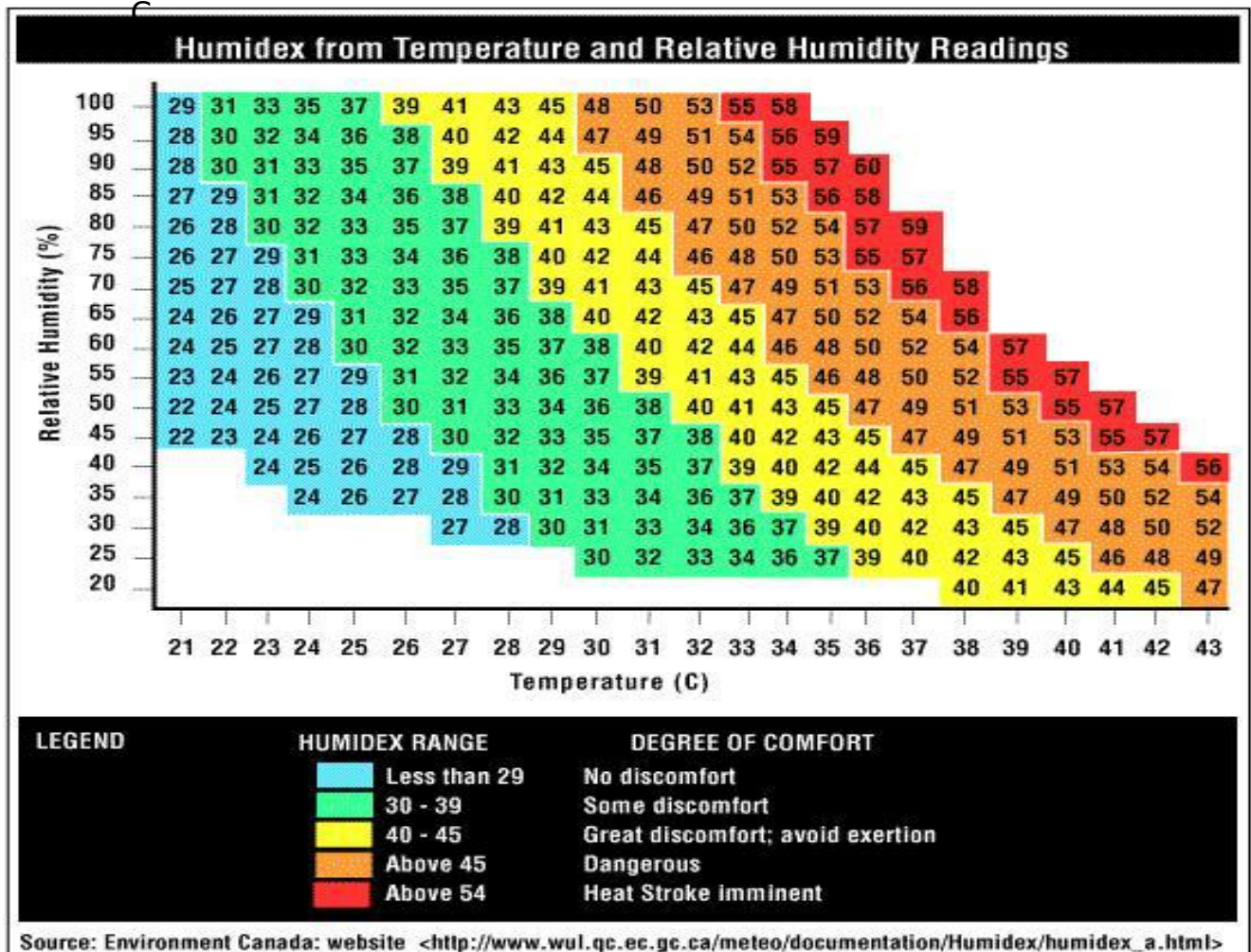
Humidex Chart:

Intervention Alert:

Relative Humidity is greater than 50% and the temperature is 26 Degrees C OR
 Relative Humidity is less than 50%, but the temperature is 28 Degrees C

Emergency Alert:

Relative Humidity is greater than 50% and the temperature is 32 Degrees C OR
 Relative Humidity is less than 50%, but the temperature is 34 Degrees C



Subject: Boil Water Advisory	Policy ID: 12.8.8
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 12, 2022	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The Home will have a response plan to address a Boil Water Advisory issued by the Simcoe Muskoka District Health Unit (SMDHU) or City of Barrie.

PROCEDURE:

Any person who receives communication from the SMDHU or City of Barrie or otherwise becomes aware of a Boil Water Advisory will immediately notify the CEO/Administrator, Director of Operations or designate, and 6th floor charge nurse.

The Incident Manager (6th floor charge nurse or designate) will:

1. Announce or have someone else announce over the PA system “Code Orange, Boil Water Advisory in Effect” x3 to notify all staff to immediately halt use of tap water for any purposes until further direction is received from the SMDHU.
2. Designate a staff member to post “Do Not Use, Boil Water Advisory in Effect” signage, stored in the Emergency Manual on each floor, at all water faucets and appliances with water line connections on each unit, using the Code Orange – Boil Water Advisory Signage Checklist
3. Contact or designate a staff to contact the City of Barrie and SMDHU to request additional information regarding the severity, cause, and expected duration of the water contamination, and any healthcare-specific directions to inform further decisions.
4. Contact the maintenance staff on-site or on-call, or their designate, to instruct them to initiate turning individual water sources off at the source/valve.
5. Notify the medical director and/or nurse practitioner and request that they begin symptom monitoring as appropriate, dependent on the suspected contaminant or as directed by the SMDHU.

Subject: Boil Water Advisory	Policy ID: 12.8.8
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 12, 2022	Next Review Date: April 5, 2026
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6. Ensure the Director of Nursing or designate immediately notifies the Ministry of Long-Term Care (MLTC) of the contamination of the drinking water supply through the Critical Incident Systems (CIS).
7. Assign staff members to retrieve water from the backup water supply from the Bob Morton Centre (BMC) kitchen.
 - o If necessary, contact the Food Services Manager or designate to arrange for delivery of bottled water and bulk potable water containers with local wholesalers.
8. Ensure that all staff are aware and reminded upon start of shifts that tap water is not to be used for drinking, preparing food, making beverages, washing food, washing dishes, or personal care such as brushing teeth. For the duration of a boil water advisory, tap water should be considered unsafe.
9. All resident baths and showers will be postponed until the boil water advisory is lifted, or according to guidance from the SMDHU.

The maintenance staff on-site or on-call will:

1. Turn off the water for the sinks in each resident room, and in each public washroom that does not require key/fob/passcode entry (excluding those on the second/main floor).
2. Refer to the Boil Water Advisory Signage Checklist as needed to ensure each water faucet and/or appliance with water line connection is turned off if water can be shut off independently.
3. Assign staff to assist with this process as necessary.

The Dietary Department, if requiring small quantities of water will:

1. Heat tap water until boiling
2. Once the water reaches a rolling boil, let it boil for at least one minute
3. Turn off the heat source and let the water cool
4. Pour the water into a clean container with a cover for storage or use immediately

All Departments, including the Dietary Department, using water from a bulk

Subject: Boil Water Advisory	Policy ID: 12.8.8
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 12, 2022	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

water source, such as a water truck will:

1. Only use clean containers to collect water (remembering that containers cannot be cleaned using tap water)
2. Only use food grade water storage containers for any water to be consumed
3. Only use durable containers to store water (not glass)
4. Not repurpose containers that have been used to hold hazardous materials to store water (such as cleaning product jugs)
5. Not store water containers on the floor in the event of a flood related boil water advisory as flood waters can contaminate stored water

After the Boil Water Advisory:

The SMDHU will lift boil water advisories after laboratory tests have confirmed that the water is free from contamination and safe to drink. Once the SMDHU has lifted the advisory, the following must be done before tap water is safe to use within the organization:

The CEO/Administrator, Director of Operations or designate will:

1. Direct staff to run water faucets for an absolute minimum of five minutes before using the water or until the water is no longer cloudy.
2. Direct staff to dispose of any ice or beverages made during the boil water advisory.
3. Direct maintenance staff to follow manufacturer's direction for all appliances with water line connections (including water filtration devices, water treatment devices, water softeners, water heaters, ice making machines). These instructions should include:
 - a. Running water softeners through regeneration cycles
 - b. Replacing filters on reverse osmosis and water filtering units
 - c. Flushing, cleaning, and sanitizing appliances with water line connections
 - d. Draining and refilling hot water heaters
 - e. Draining and flushing all ice making machines

Subject: Boil Water Advisory	Policy ID: 12.8.8
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 12, 2022	Next Review Date: April 5, 2026
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4. Follow any other directions provided by the SMDHU or City of Barrie
5. Announce or have someone else announce over the PA system "Code Orange - All Clear" x3

Attachments: Boil Water Advisory Sign
 Code Orange - Boil Water Advisory Signage Checklist

DO NOT USE

Please be advised that a

Boil Water

Advisory

is in effect.

Immediately halt use of tap water for any purposes until further direction is received.

CODE ORANGE

BOIL WATER ADVISORY – SIGNAGE CHECKLIST

Location: Balmoral (6th floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Resident Room #612		Resident Room #624		Washroom	
Resident Room #611		Resident Room #623		Resident Room #606	
Resident Room #613		Resident Room #622		Resident Room #607	
Resident Room #610		Resident Room #625		Resident Room #605	
Resident Room #614		Resident Room #621		Resident Room #608	
Pall. Care Wash Room		Resident Room #626		Resident Room #604	
Resident Room #615		Resident Room #620		Resident Room #609	
Resident Room #616		Medication Room RPN		Resident Room #603	
Resident Room #617		Staff Washroom		Clean Utility Room	
Washroom				Soiled Utility Room	
Resident Room #618				Resident Room #602	
Activity Room				Resident Room # 601	
Dining Room				Resident Room #600	
Servery - incl. ice machines				Shower Room	
Housekeeping					
Washroom					
DR/Housekeeping					
Spa					
Laundry					

Staff Name(s): _____

CODE ORANGE

BOIL WATER ADVISORY – SIGNAGE CHECKLIST

Location: Buckingham (5th floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Resident Room #512		Resident Room #524		Resident Room #506	
Resident Room #511		Resident Room #523		Resident Room #507	
Resident Room #513		Resident Room #522		Resident Room #505	
Resident Room #510		Resident Room #525		Resident Room #508	
Resident Room #514		Resident Room #521		Resident Room #504	
Pall. Care Wash Room		Resident Room #526		Resident Room #509	
Resident Room #515		Resident Room #520		Resident Room #503	
Resident Room #516		Medication Room RPN		Clean Utility Room	
Resident Room #517		Staff Washroom		Soiled Utility Room	
Washroom				Resident Room #502	
Resident Room #518				Resident Room # 501	
Activity Room				Resident Room #500	
Dining Room				Shower Room	
Servery - incl. ice machines					
Housekeeping					
Washroom					
DR/Housekeeping					
Spa					
Laundry					

Staff Name(s): _____

CODE ORANGE

BOIL WATER ADVISORY – SIGNAGE CHECKLIST

Location: Kensington (4th floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Resident Room #412		Resident Room #424		Nursing Resource Office	
Resident Room #411		Resident Room #423		Washroom	
Resident Room #413		Resident Room #422		Resident Room #406	
Resident Room #410		Resident Room #425		Resident Room #407	
Resident Room #414		Resident Room #421		Resident Room #405	
Pall. Care Wash Room		Resident Room #426		Resident Room #408	
Resident Room #415		Resident Room #420		Resident Room #404	
Resident Room #416		Medication Room RPN		Resident Room #409	
Resident Room #417		Staff Washroom		Resident Room #403	
Washroom				Clean Utility Room	
Resident Room #418				Soiled Utility Room	
Activity Room				Resident Room #402	
Dining Room				Resident Room # 401	
Servery - incl. ice machines				Resident Room #400	
Housekeeping				Shower Room	
Washroom					
DR/Housekeeping					
Spa					
Laundry					

Staff Name(s): _____

CODE ORANGE

BOIL WATER ADVISORY – SIGNAGE CHECKLIST

Location: Windsor (3rd floor)

Date:

Time:

a.m.

p.m.

Hallway B		Hallway C		Hallway A	
Resident Room #312		Resident Room #324		PSW Manager Office	
Resident Room #311		Resident Room #323		Washroom	
Resident Room #313		Resident Room #322		Resident Room #306	
Resident Room #310		Resident Room #325		Resident Room #307	
Resident Room #314		Resident Room #321		Resident Room #305	
Pall. Care Wash Room		Resident Room #326		Resident Room #308	
Resident Room #315		Resident Room #320		Resident Room #304	
Resident Room #316		Medication Room RPN		Resident Room #309	
Resident Room #317		Staff Washroom		Resident Room #303	
Washroom				Clean Utility Room	
Resident Room #318				Soiled Utility Room	
Activity Room				Resident Room #302	
Dining Room				Resident Room # 301	
Servery - incl. ice machines				Resident Room #300	
Housekeeping				Shower Room	
Washroom					
DR/Housekeeping					
Spa					
Laundry					

Staff Name(s): _____

CODE ORANGE

BOIL WATER ADVISORY – SIGNAGE CHECKLIST

Location: Second Floor

Date:

Time:

am/pm

Reception Area		Inner Hallway		BMC Area	
Reception workroom		Hairdresser		Kitchen	
Lobby storage room		Housekeeping storage rm		Central event kitchen/bar area	
		DRFS office		Men's washroom	
Outer Hallway		Washroom #1		Women's washroom	
Staff lounge		Washroom #2		Men's washroom	
Men's locker room		CEO office		Women's washroom	
Women's locker room				Washroom #1	
Wellness centre		Support Services Area		Washroom #2	
		Washroom		Guest suite #216	
Queens Park Centre		Laundry room			
Washroom				Cancilla Area	
Washroom		Kitchen		Washroom #1	
Bewitchin' Stitchin'		Main kitchen area		Washroom #2	
		Dishwashing area			
		Cart wash area			

Staff Name(s): _____

Subject: Flooding	Policy ID: 12.8.9
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 12, 2022	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

This procedure is in place to protect the safety of residents, staff, and visitors in response to imminent or current flooding in the building and/or on the property or surrounding area.

Hazard Analysis:

- Floods include the inflow of water due to surface or storm water, rising water, storm surge, the release of water from natural or man-made boundaries, and sewer backup resulting from any of the foregoing.
- Victoria Village’s site-specific flood risk is variable throughout the property. Water running from higher elevation to lower elevation may enter the building or flood the North-East side of the property while the South-West side of the property is at risk of water pooling. Basement and ground level floors and lower level or ground level parking spaces are at greater risk of flooding than upper floors or elevated parking and entrances. All home areas are at reduced risk of flooding due to higher elevation.
- Flooding conditions may impact available evacuation (Code Green) routes and limit the accessibility of the property for emergency services.

Warnings:

- **Be aware of the risk of electrocution, do not touch electrical equipment if it is wet or submerged or if you are standing in water**
- **Avoid wading in floodwater, which can contain dangerous debris, contamination, or be electrically charged by submerged power lines or electrical equipment**

Weather Alerts:

Environment Canada issues rainfall warnings including

Short Duration Rainfall (Heavy Downpour) Warning: When 50 mm or more of rain is expected within one hour.

Long Duration Rainfall Warning in the Summer: When 50 mm or more of rain is expected within 24 hours; or When 75 mm or more of rain is expected within 48 hours.

Subject: Flooding	Policy ID: 12.8.9
Manual: 12. Emergency Management	Approval: William Krever
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Long Duration Rainfall Warning in the Winter: When 25 mm or more of rain is expected within 24 hours.

What To Watch For:

- Water pooling around storm drains
- Large volumes of water running down streets or hills
- Water entering the building through doors or windows

PROCEDURE:

Any person who receives communication that flooding is expected or occurring, or who observes flooding, will:

1. Inform the Incident Manager (6th floor charge nurse) and CEO/Administrator or designate immediately

The Incident Manager will assess the risk and severity of the event, as per information below, and as applicable:

1. Notify the Director of Operations/maintenance staff on-call to help assess the flooding
2. Assign a staff member to tune into the weather radio/station for updates on severe weather watches/warnings and flooding reports from the City of Barrie or other authorities
3. If flooding is not being reported by media or authorities, call Service Barrie (Number in emergency contact list) to report the flooding
4. If property is being affected by flooding, advise staff, residents, and visitors by announcing or designating staff to announce, "Code Orange - Flooding" and the location of the flood (x3) over PA system and if necessary, call 911 for assistance from emergency services. Provide additional information over PA as necessary.
5. Direct staff to have emergency supplies readily accessible (Radio batteries, flashlights, blankets) and be prepared for concurrent emergencies (including but not limited to electrical power failure, total loss of heating system, total loss of cooling system, or boil water advisories) as well as the potential of an imminent Code Green evacuation.
6. If deemed necessary by the Incident Manager, Director of Operations, or local authorities, conduct a Code Green evacuation - Flooding conditions

Subject: Flooding	Policy ID: 12.8.9
Manual: 12. Emergency Management	Approval: William Krever
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may change rapidly, and evacuations should be initiated proactively or as directed by emergency services

- a. Code Green evacuation procedures may require modifications at the discretion of the Incident Manager if floors, entrances, parking lots, or roads are inaccessible or unsafe
7. If an evacuation is not possible, or if advised by emergency services to shelter in place, direct staff to move residents and themselves to the higher areas of the home using closed door and tag procedures as appropriate.

The Director of Nursing or designate will:

1. Notify the Ministry of Long-Term Care within one business day of the flood if the flooding affects the building and its operations for six hours or more using the Critical Incident System.

The Director of Operations/maintenance staff on-call will:

1. Monitor flooding conditions on the property and in the building; flood conditions may change rapidly.
2. Move critical equipment to higher floors/areas of the home.
3. Disconnect power to equipment that can't be moved from flood areas or areas at risk of flooding; Keep a list of disconnections so that equipment can be inspected and re-connected when normal operations resume.
4. Monitor gas service and gas appliances as Enbridge Gas representatives will shut off natural gas supply in flood affected area when necessary and when gas meters can be safely accessed.
5. If safe to do so, protect the property by clearing storm drains of debris, redirecting water away from building entrances (Note that the City of Barrie is responsible for the on the ground flood response within the city limits and in the event of a flood emergency may provide resources such as sandbags).

After a flood:

The CEO/Administrator, Director of Operations or designate will:

1. Instruct maintenance staff to survey the home, equipment, and property for damage.
2. Instruct staff to stay away from damaged areas unless assistance has been specifically requested by emergency services.

Subject: Flooding	Policy ID: 12.8.9
Manual: 12. Emergency Management	Approval: William Krever
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3. Instruct the Director of Operations or designate to contact Enbridge to request restoration or inspection of gas service as necessary.
4. Contact restoration company to begin drying efforts immediately.
5. Once flood water has receded, flood water is no longer limiting operations, and the building and property have been deemed safe by Director of Operations or appropriate authorities announce over the PA system "Code Orange" and "All Clear" x3.
6. If an evacuation was ordered, follow Code Green policy for safely ending an evacuation.

The CEO/Administrator, Director of Nursing, or designate will:

1. Inform the Ministry of Long-Term Care within one business day of the flood, if it affected the provision of care or the safety, security, or well-being of one or more residents for a period greater than six hours.

References and Resources:

- [Floods | ontario.ca](https://www.ontario.ca/floods)
- [Drains, Sewers, & Flooding \(barrie.ca\)](https://www.barrie.ca/drainage/drainage-services/drainage-services)
- [Important Information on What You Should Do in the Event of Flooding | Enbridge Gas](https://www.enbridge.com/gas-safety/important-information-on-what-you-should-do-in-the-event-of-flooding)

Attachments: Code Green - Evacuation

Subject: Elevator Malfunction	Policy ID: 12.9.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The home will have a response plan in the event of an elevator malfunction. The repair service contract will include priority response time.

PROCEDURE:

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

1. Inform the 6th floor charge nurse immediately, who will assume the role of Incident Manager.

The Incident Manager will:

1. Contact the CEO/Administrator, Director of Operations, maintenance staff on call, or designate.
2. Call or designate staff to call 911/emergency services as deemed necessary and dependent on the response time of the elevator service company.
3. If there is an occupant, designate a staff member to be stationed outside of the elevator door on the floor where it has stopped to reassure occupant(s) that help is on the way.
4. Instruct occupants not to force the doors open, and to remain calm
5. Designate a staff member to be stationed outside of the elevator door on the base / lowest floor the elevator services to monitor the doors and elevator.

The Director of Operations, maintenance staff on-call, or designate will:

1. Call the elevator service company immediately and inform them whether someone is trapped to determine their estimated response time. The service company phone number is available on the emergency contact sheet at the scheduling desk and in each unit conference room (OTIS).
2. Attempt to determine where the elevator is stopped.
3. **Prevent anyone from overriding the system.** Overriding the

Subject: Elevator Malfunction	Policy ID: 12.9.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
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system may put the occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.

4. Follow the directions of the elevator service technician or Fire Department when they arrive on scene.
5. Take the elevator out of service until the necessary repairs are made.

Subject: Roof Collapse	Policy ID: 12.9.2
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The home will provide for the safety and security of their residents, staff, visitors, and volunteers in the event that a roof collapse occurs. Such occurrence may result from severe weather events (tornados, snow, water, ice).

PROCEDURE:

In the event of a roof collapse, any person who discovers a collapse will:

1. Immediately inform the CEO/Administrator and 6th floor charge nurse, who will assume the role of Incident Manager

The Incident Manager will:

1. Announce an initial "Code Brown" and the location of the collapse x3 over the PA system.
2. Contact Director of Operations or maintenance on-call/designate to immediately assess the situation - i.e., snow or ice on roof needing to be removed immediately etc.
3. Announce a "Code Green" and the level of evacuation necessary x3 over the PA system.
4. Direct staff to relocate residents, visitors, and themselves from the affected area of the building following the emergency evacuation procedures (Code Green).
5. Call 911/emergency services from a phone located well away from the area affected.
6. Take directions from Emergency Services personnel.

All staff will:

1. Take direction from the Incident Manager.

Attachments: LTC Evacuation Plan

Subject: Natural Gas Leak, Carbon Monoxide	Policy ID: 12.9.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

A procedure will be in place for the detection and safe response to a suspected natural gas leak. If a natural gas leak is suspected, do not enter the area/leave the area immediately.

DO NOT USE CELL PHONES, ELECTRICAL DEVICES IN THE CASE OF A GAS LEAK; DO NOT SMOKE.

Natural gas produces a smell of rotten eggs or a sulphur-like odour. Other signs that there may be a hazardous or potentially hazardous concentration of natural gas /carbon monoxide in the air in the facility include:

- Stale, stuffy air
- Occupants have symptoms of CO exposure (see below)
- The pilot light on gas-fired equipment keeps going out
- A sharp smell of natural gas occurs when equipment turns on
- CO detectors alarm

Symptoms of Carbon Monoxide (CO) Exposure:

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

Carbon Monoxide detectors are located in:

- Main Kitchen (Manor)
- Laundry (main floor)
- BMC Kitchen
- Mechanical rooms (floor 3 and 9)

PROCEDURE:

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

1. Leave the area immediately, and will **not use any electrical devices, including cell phones.** Close the doors in the immediate area.
2. Inform the 6th floor charge nurse who will assume the role of Incident

Subject: Natural Gas Leak, Carbon Monoxide	Policy ID: 12.9.3
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
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Manager immediately, as well as the Director of Operations/maintenance on call and the CEO/Administrator.

The Incident Manager will:

- 1.** Notify the building maintenance personnel or maintenance staff on-call immediately to initiate their procedures.
- 2.** Announce “Code Brown – Suspected Gas Leak/Carbon Monoxide alarm triggered” and the affected area x3 over the PA system. Staff are advised to evacuate/avoid the immediate area and otherwise shelter in place.
- 3.** Contact or designate a staff to contact Enbridge and 911/emergency services from a phone located well away from the source of the leak. Contact information is stored at the scheduling desk and in each unit conference room.
- 4.** Instruct staff to relocate residents, visitors, and themselves from the affected area of the building, if applicable, following the fire emergency/evacuation procedures (Code Green).
- 5.** Place or assign a staff member to place Code Brown – Carbon Monoxide Natural Gas Signage posters on any exterior doors of the affected area (XVIII-J-10.30(a))
- 6.** Assign staff to provide medical attention to those that need help, if applicable, paying particular attention to anyone with a respiratory ailment (i.e., asthma)
- 7.** Take direction from Emergency Services personnel

Maintenance personnel will:

- 1.** Immediately shut off the gas at the main valve and any secondary valves if necessary. Main shut off valves are located on the exterior of the Life Lease lobby area. Secondary shut off valves are painted yellow and tagged, and are located in:
 - Manor laundry (x3, behind dryers)
 - Main kitchen (Manor)
 - 3rd floor mechanical room (x2, Manor)
 - BMC kitchen

Subject: Natural Gas Leak, Carbon Monoxide	Policy ID: 12.9.3
Manual: 12. Emergency Management	Approval: William Krever
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- 9th floor mechanical room (x2, Life Lease)

2. Take directions from Enbridge and/or emergency services personnel.

All staff will:

1. NOT smoke or use electrical devices including cell phones.

2. Refrain from turning any power on and off.

3. Advise visitors and volunteers to not to smoke or use electrical devices **including cell phones.**

4. Take direction from the Incident Manager.

Attachments: LTC Evacuation Plan

Shelter in Place

Carbon Monoxide Natural Gas Signage

DO NOT ENTER

Please be advised that there is a
potential

Carbon

Monoxide/

Natural Gas Leak

in effect.

Entry of this area is not permitted until signage has
been removed or an all clear is called through the
building.

Subject: Biological, Chemical Threat	Policy ID: 12.9.4
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

The home will have a plan in place to provide for the safety of residents, staff, visitors, and volunteers in the event of a biological, radiological, and/or chemical threat.

PROCEDURE:

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

1. Immediately ensure that all persons are relocated to an area away from the release, as possible.
2. Immediately inform the 6th floor charge nurse who will assume the role of Incident Manager, the CEO/Administrator, and Director of Operations or designate.

The Incident Manager will:

1. Call 911.
2. Direct staff to evacuate as many residents from the contaminated area as possible if this can be done without putting themselves in danger.
3. Direct staff to evacuate residents, visitors, and staff outside if it is safe to do so.
4. Organize a calm evacuation as per fire plan/Code Green - LTC Evacuation process. Follow policy and procedure as necessary.
5. If an evacuation outside of the building is not possible, move all residents, visitors, and staff upwards to an interior room on a higher floor (since many agents are heavier than air) or to an adjacent safe zone past the fire doors if movement to a higher floor is not practical.
6. Take direction from emergency services personnel.

Subject: Biological, Chemical Threat	Policy ID: 12.9.4
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
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Maintenance Personnel will:

1. Direct staff to seal off the contaminated area: seal gaps under doorways, windows, and other building openings with supplies stored on second floor/reception.
2. Turn off heating, air conditioning, and ventilation systems in the building to prevent the spread of potentially threatening materials.
3. Take directions from Emergency Services personnel.

All staff will:

1. Take directions from the Incident Manager.
2. If splashed with a chemical agent, immediately review Safety Data Sheet (SDS)/container instructions and follow first aid instructions from SDS.

Attachments: LTC Evacuation Plan

Subject: Liquid, Chemical, Gas Spill/Leak	Policy ID: 12.9.5
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

A procedure will be in place to reduce risk of personal injury to residents, staff, volunteers, and visitors in the event of a liquid chemical/gas spill.

Spills Kits locations include:

- The Operations office in the Life Lease building
- The main laundry room (2nd floor)
- Housekeeping room of each resident unit

PROCEDURE:

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

1. Inform the CEO/Administrator and 6th floor charge nurse, who will assume the role of Incident Manager immediately.

The Incident Manager will:

1. Secure the area, i.e. keep staff, residents, volunteers and visitors clear of the area;
2. Contact the Director of Operations, maintenance staff on call or designate to investigate and together determine the appropriate actions:

NOTE: If maintenance personnel are not available, and as required, contact emergency services.

3. If required, call, or designate a staff member to call "Code Brown" and location of spill (x3). This may involve evacuation (Code Green) of the affected area;
4. If required, call 911 to get Emergency Services (Fire department) assistance;
5. Take direction from the emergency services personnel;
6. When the situation is under control, advise reception to

Subject: Liquid, Chemical, Gas Spill/Leak	Policy ID: 12.9.5
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
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announce “Code Brown – All Clear” 3x;

7. Complete Incident Report (with assistance from maintenance personnel involved);
8. Call Waste Solutions (as per Emergency Numbers listing) and they will arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

The Director of Operations, maintenance personnel or designate will:

1. Attend scene of spill/leak as directed by the Incident Manager;
 - Investigate the leak;
 - Instruct maintenance personnel to shut off liquid chemical/gas at main valve of container;
 - Determine the nature, extent and cause of the spill/leak;
 - Instruct maintenance personnel to use the nearest Spills Kit to contain the leak.
2. If required, assist with announcing “Code Brown” and location x3 and “All Clear” 3x once resolved;
3. Assist emergency services (Fire department) as required;
4. Assist Incident Manager in completion of Incident Report.

Staff in the affected area will:

1. Secure the area and keep all staff, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the Incident Manager or Maintenance Manager/designate
2. Take directions from the Incident Manager

All staff will:

1. Take directions from the Incident Manager;
2. Keep out of the area;

Subject: Liquid, Chemical, Gas Spill/Leak	Policy ID: 12.9.5
Manual: 12. Emergency Management	Approval: William Krever
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3. Reassure residents, visitors, and volunteers as appropriate.

NOTE: Spill kit contents include:

- Instructions
- 10x15x19" Sorbent Pads
- 10x3"x4' Sorbent Socks
- 1x Pair Nitrile Gloves
- 26.5x31" 3mil Disposal Bag
- 5 Gal. UN screw top pail
- Protective booties
- **Eye protection and protective aprons stored in rooms alongside spills kits.**

Attachments: XVIII-J-10.50(a) Code Brown - Spill Kit Instructions
XVIII-D-10.00(b) - LTC Evacuation Plan

What to do When a Spill Occurs

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

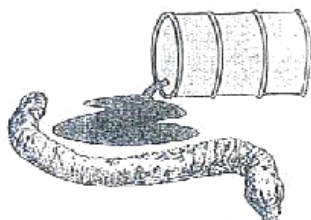


1. Risk Assessment

Evaluate the type of material spilled and identify the source.

2. Protective Clothing

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



3. Containment

Contain the liquid and seal drains

4. Stop the Source

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



5. Begin Clean Up

Use the absorbent materials to clean up spilled liquids.

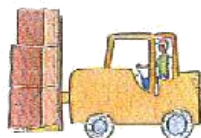


6. Contact Authorities

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

7. Disposal of Used Material

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



8. Decontaminate

Clean all tools and reusable materials properly before reuse.

9. Restock Materials

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



10. Review Contingency Plans and Procedures!

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

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

Subject: Fire Protection System Failure	Policy ID: 12.9.6
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

A procedure will be in place to ensure the detection and safe response to the failure of the Fire Protection System.

PROCEDURE:

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

1. Inform the Director of Operations/designate and 6th floor charge nurse, who will assume the role of Incident Manager immediately

The Incident Manager will:

1. Initiate a building wide page at the fire panel to notify all staff that a fire watch has been initiated. Refer to Fire Plan watch procedure.
2. Notify or designate staff to notify Director of Operations and maintenance staff on call, as needed
3. Notify the Director of Support Services and CEO/Administrator
4. Assign staff to monitor all areas of the building by doing fifteen-minute walk about for the duration of the fire watch.
5. Assign one staff person to post Fire Watch signs (Fire Watch Sign) at all entrance doors, nursing stations, main kitchen, laundry, and in elevators.

All staff will:

1. Complete monitoring as assigned.
2. Take direction from the Incident Manager.

Director of Operations or CEO/Administrator will:

1. Obtain immediate assistance (service) from Fire Protection service supplier, security, alarm service providers, emergency services as needed. Contact information stored at scheduling desk and in each unit conference room.

Attachment: Fire Watch Sign

Please be advised our
Fire Alarm System is down and

Fire Watch is in place.

The building is being patrolled by
designated fire watch persons.

Call 911 if a fire is observed and
alert staff.

Subject: Magnetic Locks Failure	Policy ID: 12.9.7
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

POLICY:

A procedure will be in place to ensure the detection and safe response to the failure of the Mag locks.

PROCEDURE:

Any person who suspects that the Mag locks are not working will:

1. Immediately inform the 6th floor charge nurse, who will assume the role of Incident Manager

The Incident Manager will:

1. Assign staff to monitor exit doors until the problem is resolved.
2. Check to ensure that doors are unlocked and if so, try to reset mag locks at panel in Life Lease front lobby
3. Notify Director of Operations and maintenance staff on call (immediately if problem is not resolved, by the next day if problem is resolved).
4. Assign staff to complete resident room checks and to do ongoing walk about every fifteen minutes until system is reactivated.

All staff will:

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

Director of Operations or designate will:

1. Obtain immediate assistance (service response) from mag lock (security system) supplier using information on contact list, stored at scheduling desk and in each unit conference room.

Attachments: N/A

Subject: Bomb Threat	Policy ID: 12.10.1
Manual: 12. Emergency Management	Approval: William Krever
Original Issue: December 17, 2020	Next Review Date: April 5, 2026
Past Revision: April 5, 2025	Current Revision Date: April 5, 2025

The Home will have a response plan in the event of a bomb threat.

PROCEDURE: *DO NOT USE CELL PHONE OR WALKIE-TALKIE RADIOS TO COMMUNICATE*****

Individual receiving the threat via mail/email will:

1. Remain calm
2. Note the delivery method and location of the threatening piece of mail, package
1. Inform the 6th floor charge nurse, who will assume the role of Incident Manager immediately.

Individual receiving the threat by telephone will:

2. **DO NOT** put the caller on hold
3. Be calm and courteous
4. Not interrupt the caller
5. Keep the caller on the line as long as possible
6. Obtain as much information as possible, take notes, and if possible complete the Bomb Threat Information form XVIII-I-10.00(a)
7. Notify the Incident Manager immediately.

The Incident Manager (6th floor charge nurse or CEO/Director of Nursing/designate) will:

1. Announce "Code Black - all staff return to home unit nursing station" and the location of the threat, if available, 3x over PA system.
2. Call or assign a staff to call 911/emergency services (EMS)
3. Follow the direction of emergency services.
4. If the location of the package / bomb is described in the threat, alert staff to begin horizontal evacuation procedures, past the fire door on the affected unit(s) via PA system.
5. Delegate a staff member (second nurse, unless unavailable) to assume charge of the unit.
6. Obtain Bomb Threat information form from the person who received the threat / found the suspicious object.
7. Relocate to front lobby and assign staff member(s) to monitor the entrances of the Home, not allowing anyone entry, except for EMS
8. Do a visual search of the area of the bomb's location and

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confirm its presence. **DO NOT TOUCH THE OBJECT IF FOUND - IMMEDIATELY INITIATE HORIZONTAL EVACUATION IF NOT ALREADY UNDER WAY.**

9. Once cleared by EMS, announce “Code Black - All Clear” x3 over the PA system

All staff will:

1. Notify the Incident Manager if a suspicious object or package is found, or if otherwise made aware of a bomb threat.
2. **Do Not Touch the Object**
3. Take direction from the Incident Manager or Emergency Services Personnel

In the event of an explosion, the Incident Manager or Emergency Services Personnel will:

1. Provide medical treatment for any residents, staff, visitors, or volunteers injured as a result of the emergency (Code Blue).
2. Initiate a Code Green evacuation as required, taking direction from emergency services as available.

The CEO/Administrator will:

1. Notify the Ministry of Labour, Ministry of Long-Term Care, and others as appropriate.
2. Conduct a general meeting within a week to debrief staff, residents, visitors and volunteers on the outcomes and recommendations following the emergency.
3. Implement the recommendations resulting from the debriefing sessions as well as from Emergency Services who responded to the emergency.
4. Respond to all Media Inquiries.

Attachments: LTC Evacuation Plan
Bomb Threat Information FORM



Code Black-Bomb Threat Information Form

Instructions: Remain calm, Listen and DO NOT interrupt the caller. Gather as much information as possible. Contact the CEO or designate and the 6th floor charge nurse.

Date:	Time:	Caller ID:
Exact wording of threat:		

Bomb Information

When will the bomb go off?	Where is the bomb located?
What type of bomb? <input type="checkbox"/> Timer <input type="checkbox"/> Clock <input type="checkbox"/> Remote <input type="checkbox"/> Radio	What does the bomb look like?
When was the bomb planted?	Did you plant the bomb? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who are you?	Are you an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Why did you plant a bomb?	

Identifying Characteristics

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Approximate age: <input type="checkbox"/> Young <input type="checkbox"/> Old
Voice:	Speech:

<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Nervous <input type="checkbox"/> Pleasant <input type="checkbox"/> Deep <input type="checkbox"/> Raspy	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distorted <input type="checkbox"/> Slurred <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp
Language: <input type="checkbox"/> Easily understood <input type="checkbox"/> Difficult to understand	Accent: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:
Manner: <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Emotional <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Other:	Background Noise: <input type="checkbox"/> Traffic <input type="checkbox"/> Aircraft <input type="checkbox"/> Machinery <input type="checkbox"/> Voices <input type="checkbox"/> Music <input type="checkbox"/> Other:

Other

Was voice familiar? <input type="checkbox"/> Yes <input type="checkbox"/> No	Caller familiar with area? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Name of person receiving call: _____ Date: _____

Reported immediately to: _____ Time: _____

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The Home will have a response plan in the event of a bomb threat.

PROCEDURE: *DO NOT USE CELL PHONE OR WALKIE-TALKIE RADIOS TO COMMUNICATE*****

Individual receiving the threat via mail/email will:

1. Remain calm
2. Note the delivery method and location of the threatening piece of mail, package
1. Inform the 6th floor charge nurse, who will assume the role of Incident Manager immediately

Individual receiving the threat by telephone will:

2. **DO NOT** put the caller on hold
3. Be calm and courteous
4. Not interrupt the caller
5. Keep the caller on the line as long as possible
6. Obtain as much information as possible, take notes, and if possible complete the Bomb Threat Information form
7. Notify the Incident Manager immediately

The Incident Manager (6th floor charge nurse, CEO/Director of Nursing, or designate) will:

1. Announce "Code Black - all staff return to home unit nursing station" and the location of the threat, if available, 3x over PA system
2. Call or assign a staff member to call 911/emergency services (EMS)
3. Follow the direction of EMS
4. If the location of the package/bomb is described, alert staff to begin horizontal evacuation procedures, past the fire door on the affected unit(s), via PA system
5. Delegate a staff member (second nurse, unless unavailable) to assume charge of the unit
6. Obtain Bomb Threat information form from the person who received the threat/found the suspicious object
7. Relocate to the front lobby and assign staff member(s) to monitor the entrances of the Home, not allowing anyone entry except for EMS
8. Do a visual search of the area of the bomb and confirm its

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presence. **DO NOT TOUCH THE OBJECT IF FOUND - IMMEDIATELY INITIATE HORIZONTAL EVACUATION IF NOT ALREADY UNDER WAY**

9. Once cleared by EMS, announce “Code Black - All Clear” x3 over the PA system

All staff will:

1. Notify the Incident Manager if a suspicious object or package is found, or if otherwise made aware of a bomb threat.
2. **Do Not Touch the Object**
3. Take direction from the Incident Manager or Emergency Services Personnel

In the event of an explosion, the Incident Manager or Emergency Services Personnel will:

1. Provide medical treatment for any residents, staff, visitors, or volunteers injured as a result of the emergency (Code Blue)
2. Initiate a Code Green evacuation as required, taking direction from emergency services as available

The CEO/Administrator will:

1. Notify the Ministry of Labour, Ministry of Long-Term Care, and others as appropriate.
2. Conduct a general meeting within a week to debrief staff, residents, visitors and volunteers on the outcomes and recommendations following the emergency.
3. Implement the recommendations resulting from the debriefing sessions as well as from Emergency Services who responded to the emergency.
4. Respond to all Media Inquiries.

Attachments: LTC Evacuation Plan
Bomb Threat Information FORM

Subject: Management of Heat Related Illnesses	Policy ID: 12.11.1
Manual: 12. Emergency Management	Approval: Loree Carter
Original Issue: August 26, 2021	Next Review Date: April 5, 2026
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POLICY:

The Home's heat related illness prevention and management plan will be implemented between May 15th and September 15th each year and any other time the temperature is 26°C (78.8°F) or above indoors or outdoors to minimize the risk for heat related illness in residents and staff.

INTRODUCTION:

Hot weather conditions affect everyone, and the summer months can present a tremendous challenge to Long-Term Care Home (LTCH) residents. Elderly individuals are more prone to heat conditions and illness than younger individuals for several reasons. For instance, elderly people do not adjust as well to sudden changes in temperature, they are more likely to have a chronic medical condition that upsets the body's normal response, and they are more likely to take prescription medications that impair the body's ability to regulate temperature.

BACKGROUND:

Normal summer (May to September) temperatures in Ontario, depending on the region, can range between 13-30 degrees Celsius. When humidity levels are factored in, the temperature can feel like 20-50°C. The "humidex" has been developed to warn people when conditions pose increased risks for heat-related illness.

The humidex is an index (a computed value as opposed to a measured value) developed to describe how hot or humid weather feels to the average person. The humidex combines the temperature and humidity into one number to reflect a perceived temperature. The higher the relative humidity, the greater the discomfort experienced since perspiration evaporates less readily and the body feels hotter and stickier.

A Heat Warning Information System (HWIS) was implemented by Environment and Climate Change Canada (ECCC) on May 31, 2016, to standardize timely heat health messaging to reduce the avoidable human health consequences of extreme heat.

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HOT WEATHER-RELATED ILLNESS and CONDITIONS

Heat stress may occur under those conditions that include high temperatures and humidity, exposure to direct sun or heat, limited air movement, physical exertion and existence of poor physical condition, certain medications, and inadequate ability to adjust to hot environments. Heat induced illness may include heat rash, heat cramps, heat exhaustion and heat stroke.

Heat Rash (Prickly heat)

- This is a skin irritation caused by excessive sweating during hot, humid, weather, sweat glands become clogged and sweat trapped beneath the skin surface unable to evaporate causing a mild inflammation or rash. The rash appears as a cluster of red bumps and may feel itchy, or sore with prickly sensation. It is more likely to occur on the neck, upper chest, groin, under breasts and elbow creases. The best treatment for a heat rash is to provide a cooler, less humid environment and keep the affected area dry. Creams and lotions SHOULD NOT be used.

Heat Cramps

- Are muscle pains or spasms usually in the abdomen, arms, or legs that may occur in association with strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. To alleviate heat cramps, stop all activities and sit quietly in a cool place. Drink clear juice or a sports beverage. If the person has heart problems or is on a low-sodium diet seek medical attention.

Heat Exhaustion

- Is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are elderly people, those with high blood pressure, and those working or exercising in a hot environment.

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Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. Seek medical attention if symptoms worsen or last longer than one hour.

Heat Stroke

- Is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 41.1°C or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 39.4°C)
- Red, hot, and dry skin (no sweating)
- Rapid, **STRONG PULSE**
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

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These signs suggest you may be dealing with a life-threatening emergency. Call for immediate medical assistance and begin cooling the person. Heat stroke can result in death or permanent disability if emergency treatment is not provided in a timely manner.

RESIDENT RISK ASSESSMENT:

Residents’ risk of developing adverse effects due to heat exposure is subject to a few variables such as ambient temperature and humidity in the home, health and functional status, clothing and level of activity, hydration & nutrition. Older adults may not recognize the signs of thirst, may not drink sufficient fluids to maintain adequate hydration, may have difficulty regulating body temperature and may have decreased awareness of their body’s needs.

Heat related illness is preventable, it requires an interdisciplinary approach to the provision of resident care.

DEPARTMENTAL PROCEDURES:

Refer to the “Heat Related Checklist” in the Emergency Management Manual Section K, Policy # 10.20 for additional information.

Central Air Conditioning is in place throughout the Home.

Administration will:

1. Develop a communication plan that will be used to communicate to residents, staff and visitors regarding heat advisories and humidex readings through electronic means via e-mail; PCC home page for Registered Staff; and written memo to all departments and resident home areas.
2. Ensure education is provided annually to residents, staff, volunteers, substitute decision makers (SDMs), Residents’ Council and Family Council on prevention and management of

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heat related risks for residents along with Victoria Village Manor's Heat Related Illness Prevention and Management Plan.

3. Implement resident care and health & safety policies and procedures related to hot weather conditions.
4. Determine when emergency contingency plans are to be implemented.
5. Develop, review, and revise policies & procedures to respond to issues related to Hot Weather situations.

All staff will:

1. Attend annual staff education and training program on prevention and management of heat related illness.
2. Contribute to interdisciplinary care plans for heat related illness.
3. Monitor indoor climate for overall comfort and report resident discomfort/and or temperature changes that would affect overall resident well-being and safety.
4. Keep windows, shades, drapes, blinds, and balcony doors closed.
5. If at any time the indoor temperature exceeds 26°C (78.8°F) notify the Director of Operations and maintenance for further direction.
6. Upon receipt of an Intervention Alert or an Emergency Alert, Managers from each department will implement specific departmental procedures (refer to Checklist) to prevent heat-related illness in residents and staff.

Medical/Nursing will:

1. Complete resident risk assessments for seasonal risk relating to hot weather (April each year and when resident conditions change).
2. Identify residents who are at an increased risk of or potentially at risk of heat related illness and communicate to interdisciplinary team members.
3. Develop interdisciplinary resident care plans for seasonal risk related to hot weather.

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4. Update bedside Kardex with sun logo to identify high risk residents.
5. Monitor residents for signs & symptoms of heat related illness.
6. Assess need for and provide additional fluids to residents 24 hours per day, and seven days a week based on assessed need.
7. Refer residents at increased risk due to poor fluid intake to the Registered (RD) for further assessment and action.
8. Assess and implement body cooling strategies as required i.e., fan, covered ice to head, neck armpits and groin areas.
9. Assess and provide additional skin care in response to hygiene requirements of each resident.
10. Dress residents in suitable clothing and accessories (hats when outdoors) that are appropriate for the weather conditions.
11. Notify physician of any resident suspected or assessed to have heat related illness.
12. Notify resident, SDM and families of the importance of appropriate hot weather clothing.
13. Develop, review, and revise policies & procedures to respond to issues related to Hot Weather situations.

Food Service/ Nutritional Care will:

1. Monitor, evaluate and reassess fluid requirements as needed on sign & symptoms in all residents with a particular focus on those assessed as being high risk, including residents receiving enteral feeds, thickened fluids, fluid restrictions, and those residents who require assistance with eating and drinking.
2. Develop enhanced hydration protocols including the type, amount, and frequency of fluids to be offered to residents during hot weather conditions including but not limited to implementing additional beverage passes and/or provision of additional beverages in accessible locations. (large thermos of water).

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3. Ensure assistance is provided for residents who are unable to access fluids independently i.e., feeding assistance and adaptive devices.
4. Have a protocol for residents with dysphasia who require thickened fluids.
5. Determine the need to provide interventions to correct electrolyte imbalances.
6. Plan alternate menus to replace hot entrees and support the reduced use of heat generating equipment.
7. Offer water, popsicles, a variety of beverage choices frequently to all residents at meals/snacks and in accessible locations.
8. Maximize the use of ice machines and ensure they are in good working order.
9. Develop, review, and revise policies & procedures to respond to issues related to Hot Weather situations.

Housekeeping will:

1. Develop, review, and revise policies & procedures to respond to issues related to Hot Weather situation.
2. Upon entering each resident's room for cleaning, note the temperature of the thermostat on the wall. If the temperature is less than 22°C or 26°C and above notify the Director of Operations and maintenance for further direction.

Recreation will:

1. Develop seasonal recreational program or modify existing programs for hot weather to decrease physical exertion.
2. Identify cooler areas of the home interior and protected outdoor areas for programs.
3. Incorporate frequent rest breaks and seated activities into programs.

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4. Limit outdoor activities to cooler times of the day and provide those activities in areas that are shaded.
5. Ensure residents are dressed in appropriate clothing (hats) and provide sun blocking lotion.
6. Plan for distribution of additional fluids during programs with input from dietary staff.
7. Collaborate with nursing to advise resident/SDM and families of the requirements of appropriate hot weather clothing.
8. During programs notify registered staff immediately if a resident's status changes to obtain assistance as necessary to implement heat illness interventions.
9. Plan community outings that are in appropriate cool settings and include the use of air-conditioned transportation.
10. Develop, review, and revise policies & procedures to respond to issues related to Hot Weather situations.

Maintenance will:

1. Ensure the generator is functional with back-up fuel supplies.
2. Receive Indoor temperatures and humidity levels that are electronically monitored hourly, and alerts forwarded to the Director of Operations and CEO/Administrator.
3. Respond to Intervention and Emergency Alerts to determine cause of increased temperatures and implement required interventions to resolve the situation.
4. Ensure the HVAC system is performing to capacity.
5. Implement strategies to maximize ventilation.
6. Reduce the heat generating equipment from kitchen, laundry, and other areas to alternate times during the day (night/evenings).
7. Turn off unused electrical appliances and equipment as appropriate.
8. Ensure windows/doors (balcony) are closed to allow for the air conditioning to perform effectively.
9. Review and update the home's hot weather contingency plan.

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10. Review and update the building and equipment audit program including a review of strategies for keeping the building as cool as possible.
11. Review and update agreements with external contractor's responsibility for building systems to support preventative maintenance of cooling systems.
12. Develop, review, and revise policies & procedures to respond to issues related to Hot Weather situations.

Director of Operations (or designate) will:

- Receive Indoor temperatures and humidity levels that are electronically monitored hourly, and alerts forwarded to the Director of Operations, Special Projects Manager, and CEO/Administrator.
- At designated times throughout the 24 hrs. period, the Director of Operations will obtain air temperature and humidity levels and plot them on the Humidex from Temperature and Relative Humidity Readings graph to determine the Humidex every morning, afternoon (between 12P.M. and 5 P.M.) and once every evening or night.
- The temperature/humidity/humidex is to be measured and documented on the sheet provided for the following areas:
 - o 2 resident bedrooms in different parts of the building
 - o 1 resident common area on every floor of the home, which may include a lounge, dining area or corridor.
- An intervention alert will be sent to the Managers and staff via email when Humidex Readings range from 30°C to 38°C (green section on the Humidex from Temperature and Relative Humidity Readings chart).
- An Emergency Alert will be sent to the Managers and staff via email when Humidex Readings range from 39°C to 45°C (yellow section on the Humidex from Temperature and Relative Humidity Readings chart).
- Maintain a record of temperatures for a period of at least 1 year.

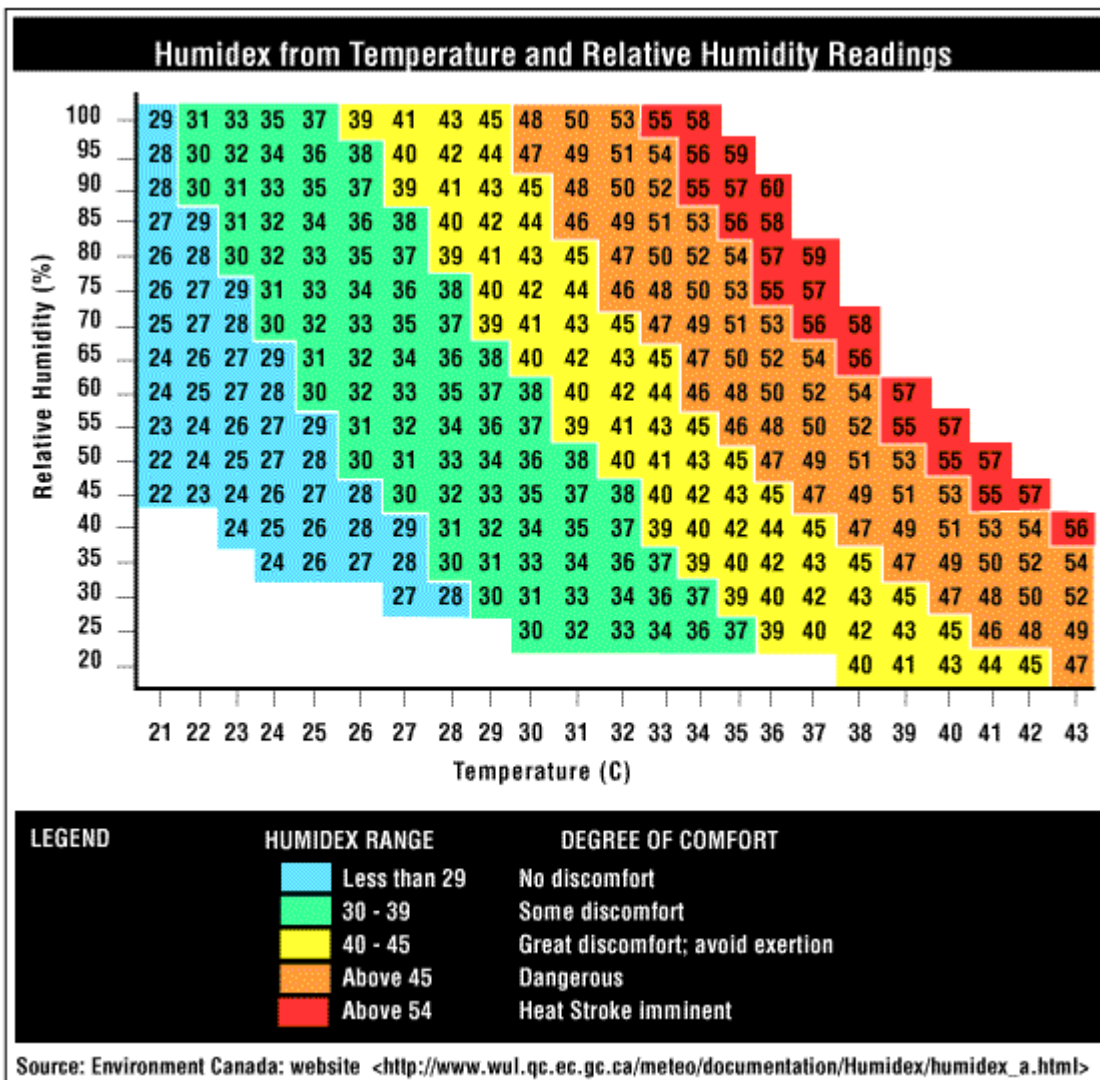
PROCEDURE to DETERMINE HUMIDEX READINGS

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The humidex is an index (a computed value as opposed to a measured value) developed to describe how hot or humid weather feels to the average person. The humidex combines the temperature and humidity into one number to reflect a perceived temperature. The higher the relative humidity, the greater the discomfort experienced since perspiration evaporates less readily and the body feels hotter and stickier.

1. The Temp Stick system will assess indoor temperatures and humidity levels every hour in the areas listed below:
 - 2 resident bedrooms in different locations in the home.
 - 1 resident common area on every floor of the home, i.e., living room, sunroom as directed.
2. Upon receipt of the air temperature and humidity in each of the identified areas the Director of Operations (or designate) will plot both readings on the Humidex from Temperature and Relative Humidity Readings chart below to determine the Humidex for each location.
3. These readings will be taken at least every morning, once in the afternoon and in the evening or night.
4. Record the readings on the electronic excel sheet located on the ?? drive.
5. An intervention alert will be sent to staff via email when Humidex Readings range from 30°C to 38°C (green section).
6. An Emergency Alert will be sent by email to staff when Humidex Readings range from 39°C to 45°C (yellow section).
7. The written report of the readings must be kept for 1 year.

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NOTE: The humidex can be determined by using the calculator at the web site below.

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<http://www.ohcow.on.ca/edit/files/generalhandouts/heat-stress-calculator.html>.

Resource

1. *Guidelines for the Prevention and Management of Hot Weather-Related Illness in Long-Term Care Homes, Ministry of Health, Long-Term Care Branch, reviewed June 2020.*
2. *Ontario Regulation 246/21 under the LTCHA, 2007, amending Subsection 20(1) and 21 (2) Cooling Requirements - April 2021.*



HEAT RELATED ILLNESS PREVENTION & MANAGEMENT PLAN

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Heat Related Illness Prevention and Management Plan

PURPOSE:

The home's heat related illness prevention and management plan will be implemented between May 15th and September 15th each year and any other time the temperature is 26°C (78.8°F) or above indoors or outdoors to minimize the risk for heat related illness in residents and staff.

INTRODUCTION:

Hot weather conditions affect everyone, and the summer months can present a tremendous challenge to Long-Term Care Home (LTCH) residents. Elderly individuals are more prone to heat conditions and illness than younger individuals for several reasons. For instance, elderly people do not adjust as well to sudden changes in temperature, they are more likely to have a chronic medical condition that upsets the body's normal response, and they are more likely to take prescription medications that impair the body's ability to regulate temperature.

LTCH residents are more vulnerable than the general population because most often they exhibit multiple health conditions, decreased mental capacity, and physical limitations which combine to affect the body's ability to cool itself. For these reasons, the LTCH residents are at increased risk of developing one or more hot weather-related illness.

BACKGROUND:

Normal summer (May to September) temperatures in Ontario, depending on the region, can range between 13-30 degrees Celsius. When humidity levels are factored in, the temperature can feel like 20-50°C. Temperature and humidity levels will vary depending on factors such as dew point, wind speed, wind direction, cloud cover and geographical location within the province. The "humidex" has been developed to warn people when conditions pose increased risks for heat-related illness.

The humidex is an index (a computed value as opposed to a measured value) developed to describe how hot or humid weather feels to the average person. The humidex combines the temperature and humidity into one number to reflect a perceived temperature. The higher the relative humidity, the greater the discomfort experienced since perspiration evaporates less readily and the body feels hotter and stickier.

A Heat Warning Information System (HWIS) was implemented by Environment and Climate Change Canada (ECCC) on May 31, 2016, to standardize timely heat health messaging to reduce the avoidable human

health consequences of extreme heat. Depending on the local Public Health Unit (PHU), VVM may receive a “heat warning” via social media, traditional media etc. During a severe or prolonged heat event lasting more than 2 days, some PHUs may use the term “extended heat warning” or a “prolonged heat event” or a “heat emergency”.

STANDARDS:

- Victoria Village Manor will have a written heat related illness prevention and management plan for the home that meets the needs of the residents and is developed in accordance with evidence-based practices and, if there are none, in accordance with prevailing practices and is implemented when required to address the adverse effects on residents related to heat. (O.Reg.79/10 s.20(1)).
- Victoria Village Manor will implement the heat related illness prevention and management plan every year during the period from May 15 to September 15 and it shall also be implemented,
 - a) Any day on which outside temperature forecasted by Environment and Climate Change Canada for the area in which the home is located is 26°C or above at any point during the day; and
 - b) Anytime the temperature in an area of the home measured by the licensee in accordance with subsections 21 (2) and (3) reaches 26°C or above, for the remainder of the day and the following day. (O. Reg. 79/10 s.20 (1) (1.3) (a) (b))
- **Victoria Village has central air conditioning throughout the building** (O. Reg. 79/10 s.20(2)).11.
- Victoria Village Manor will ensure that the home is maintained at a minimum temperature of 22°C. (O.Reg.79/10 s.21).
- Victoria Village Manor shall ensure the temperature is measured and documented in writing at a minimum in the following areas of the home:
 1. At least two resident bedrooms in different parts of the home.
 2. One resident common area on every floor of the home, which may include a lounge, dining area or corridor. (O. Reg, 79/10 s.21 (2) (1)(2))
- The temperature required to be measured under subsection (2) shall be documented at least, once every morning, once every afternoon between 12 p.m. and 5 p.m. and once every evening or night. (O. Reg, 79/10 s. 21(2)(3))
- Victoria Village Manor will maintain a written record of the temperatures in the home on a daily basis in accordance with subsections 21 (2) and (3). This licensee shall keep this record for at least one year. (O. Reg. 79/10 s.21 (2) (4)).

- Victoria Village Manor will ensure a plan of care is based on a minimum, an interdisciplinary assessment of the following with respect to the resident:
 - 11. Seasonal risk relating to hot weather
 - 14. Hydration status and any risks relating to hydration (O. Reg.79/10 s.26(3)).
- Victoria Village Manor will ensure a registered dietitian who is a member of the staff of the home,
 - Completes a nutritional assessment for all residents on admission and whenever there is a significant change in the resident's health condition; and
 - Assesses the nutritional status, including height, weight and any risks relating to nutrition care and hydration status and any risks relating to hydration. (O. Reg. 79/10 s.26(4)).

HEAT RELATED ILLNESS and CONDITIONS

Heat stress may occur under those conditions that include high temperatures and humidity, exposure to direct sun or heat, limited air movement, physical exertion and existence of poor physical condition, certain medications, and inadequate ability to adjust to hot environments. Heat induced illness may include heat rash, heat cramps, heat exhaustion and heat stroke.

Heat Rash (Prickly heat)

- This is a skin irritation caused by excessive sweating during hot, humid, weather, sweat glands become clogged and sweat trapped beneath the skin surface unable to evaporate causing a mild inflammation or rash. The rash appears as a cluster of red bumps and may feel itchy, or sore with prickly sensation. It is more likely to occur on the neck, upper chest, groin, under breasts and elbow creases. The best treatment for a heat rash is to provide a cooler, less humid environment and keep the affected area dry. Creams and lotions SHOULD NOT be used.

Heat Cramps

- Are muscle pains or spasms usually in the abdomen, arms, or legs that may occur in association with strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. To alleviate heat cramps, stop all activities and sit quietly in a cool place. Drink clear juice or a sports beverage. If the person has heart problems or is on a low-sodium diet seek medical attention.

Heat Exhaustion

- Is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. Those most prone to heat exhaustion are elderly people, those with high blood pressure, and those working or exercising in a hot environment.

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness
- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. Seek medical attention if symptoms worsen or last longer than one hour.

Heat Stroke

- Is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 41.1°C or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Warning signs of heat stroke vary but may include the following:

- An extremely high body temperature (above 39.4°C)
- Red, hot, and dry skin (no sweating)
- Rapid, STRONG PULSE
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

These signs suggest you may be dealing with a life-threatening emergency. Call for immediate medical assistance and begin cooling the person. Heat

stroke can result in death or permanent disability if emergency treatment is not provided in a timely manner.

RESIDENT RISK ASSESSMENT:

Residents’ risk of developing adverse effects due to heat exposure is subject to a few variables such as ambient temperature and humidity in the home, health and functional status, clothing and level of activity, hydration & nutrition. Older adults may not recognize the signs of thirst, may not drink sufficient fluids to maintain adequate hydration, may have difficulty regulating body temperature and may have decreased awareness of their body’s needs. Many residents in LTCHs are likely to suffer from one or more medical conditions or take medications that may increase fluid loss, affect sweat production, or impair the body’s ability to regulate internal temperature. In addition, residents’ risk of having an adverse reaction to heat is also subject to environment variables including air temperature, humidity, radiant temperature, and air movement.

Some additional risk factors that place some residents at an increased risk of hot weather-related illness are as follows:

Risk Category	Risk Description
History of Heat Related Illness or Heat Intolerance:	History of: <ul style="list-style-type: none"> • Heat related illness or heat intolerance • Infection with or without fever • Poor fluid intake or dehydration • Failure to thrive or malnourishment
Functional Status:	<ul style="list-style-type: none"> • Dysphagia • Severe general debility/bedridden • Significant decline in activities of daily living • Cognitive impairment including poor judgement • Enteral/tube feeds
Medical Status	<ul style="list-style-type: none"> • Obesity • Cardiovascular disease • Respiratory disease • Endocrine disorders • Renal disease • Skin disease • Combinations of 2 or more of the following medications:

	diuretics, anticholinergic drugs, psychotropic medications, tricyclic anti-depressants, and antihypertensive medications
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PREPARATION & PLANNING:

Victoria Village will prepare a plan in advance of the hot weather season (in April of each year). This plan will be implemented for the period from May 15th to September 15th and any other time when the temperature outside and any area inside the home reaches 26°C (78.8°F) or above. The plan will be reviewed and updated annually.

Heat related illness is preventable, it requires an interdisciplinary approach to the provision of resident care.

Listed below are the actions that each department in Victoria Village should undertake in preparation and planning for hot weather conditions.

Departments	Actions
Administration	<ul style="list-style-type: none"> • Develop policies & procedures relating to preparation, planning prevention and management of resident heat illness and that incorporates the individual attributes of the home environment. • Develop a communication protocol to convey hot weather action plan (including humidex readings) to residents, staff, volunteers, family, visitors, and others as required. • Implement annual staff education & training program on prevention and management of heat related illness and hot weather plan. • Maintain appropriate cooling equipment and other resources. • Establish linkages with

	community-based services which can assist as necessary with temporary heat relief strategies during extreme hot weather conditions.
All Staff	<ul style="list-style-type: none"> • Attend annual staff education and training program on prevention and management of heat related illness. • Contribute to interdisciplinary care plans for heat-related illness. • Review policies & procedures for health-related emergencies. • Identify need for additional cooling resources as warranted.
Medical/Nursing	<ul style="list-style-type: none"> • Complete resident risk assessments for seasonal risk relating to hot weather (April each year and when resident conditions change. • Identify residents who are at an increased risk of or potentially at risk of heat related illness and communicate to interdisciplinary team members. • Update bedside Kardex with sun logo to identify high risk residents. • Develop interdisciplinary resident care plans for seasonal risk related to hot weather. • Notify resident/substitute decision-maker (SDM) and families of the requirement for appropriate hot weather clothing and accessories.
Food Service/Nutritional Care	<ul style="list-style-type: none"> • Develop enhanced hydration protocols including the type, amount, and frequency of fluids to be offered to

	<p>residents during hot weather conditions.</p> <ul style="list-style-type: none"> • Plan alternate menus to replace hot entrees and support the reduced use of heat generating equipment. • Develop protocol for residents with dysphagia who require thickened fluids. • Assess and develop a plan for each resident's hydration status and determine any risks related to hydration i.e., altered fluid requirements including those residents on enteral feeds, fluid restrictions etc. • Ensure plans include those residents who are unable to access fluids independently (feeding assistance and adaptive aids).
Recreation	<ul style="list-style-type: none"> • Develop seasonal activation program or modify existing programs for hot weather to decrease physical exertion. • Identify cooler areas of the home interior and protected outdoor areas for programs. • Plan for distribution of additional fluids during activity programs with input from dietary staff. • Plan community outings that are in appropriate cool settings and include the use of air-conditioned transportation. • Plan for availability of cool rest/break area during outdoor activities especially during peak hot times. • Collaborate with nursing to advise resident/SDM and families of the requirements of appropriate hot weather clothing.

Physical Plant	<ul style="list-style-type: none"> • Review and update the home’s hot weather contingency plan. • Review and update the building and equipment audit program including a review of strategies for keeping the building as cool as possible. • Review and update agreements with external contractor’s responsibility for building systems to support preventative maintenance of cooling systems. • Review and update the Home’s “Preventative Maintenance Plan”. • Ensure generator is functional with back-up fuel supplies. • Indoor temperatures and humidity levels are electronically monitored hourly, and alerts forwarded to the Director of Operations and CEO/Administrator.
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PREVENTION:

Prevention is a deliberate action-oriented process that can significantly reduce the likelihood of serious resident hot weather-related illness. The actions listed below are resident focused and incorporate environmental considerations.

Departments	Actions
Administration	<ul style="list-style-type: none"> • Implement policies and procedures. • Monitor and assess the need to declare heat related emergency.
All Staff	<ul style="list-style-type: none"> • Implement, evaluate, and monitor the results of a hot weather-related plan. • Monitor residents for sign & symptoms of heat-related illness.

	<ul style="list-style-type: none"> • Monitor indoor climate for overall comfort and report resident discomfort and/or temperature changes that would affect overall resident well-being health & safety. • Keep windows, shades, drapes, blinds, window coverings and balcony doors closed.
Medical/Nursing	<ul style="list-style-type: none"> • Assess need for and provide additional fluids to residents 24 hours per day, and seven days per week based on assessed need. • Refer residents at increased risk due to poor fluid intake to the Registered Dietitian (RD) for further assessment and action. • Assess and implement body cooling strategies as required. • Assess and provide additional skin care in response to hygiene requirements of each resident. • Dress residents in suitable clothing and accessories (hats when outdoors etc.) that are appropriate for the weather conditions.
Food Service/Nutritional Care	<ul style="list-style-type: none"> • Assess the need to implement all or part of the alternate menu plans or modify menus including reducing the use of heat generating equipment. • Assess the hydration status of residents and ensure the provision of additional fluids, including but not limited to implementing additional beverage passes and/or provision of additional beverages in accessible locations. • Offer a variety of beverage

	<p>choices at meals and snacks.</p> <ul style="list-style-type: none"> • Implement enhanced hydration protocols for those residents at increased risk for hot weather-related illness. • Ensure assistance is provided for residents who are unable to access fluids independently i.e., feeding assistance and adaptive devices.
Recreation	<ul style="list-style-type: none"> • Carry out activity programs inside in cooler areas of the home. • Refrain from moderately intense physical activity. • Incorporate frequent rest breaks and seated activities into programs. • Provide additional fluids (i.e., popsicles) • Limit outdoor activities to cooler times of the day and provide those activities in areas that are shaded from the sun. • Ensure residents are dressed in appropriate clothing (hats) and provide sun blocking lotion when outdoors.
Physical Plant Maintenance	<ul style="list-style-type: none"> • Implement strategies to maximize ventilation. • Ensure the HVAC system is performing to capacity. • Maximize the use of an ice machine to support a continuous supply of ice. • Indoor temperatures and humidity levels are electronically monitored hourly, and alerts forwarded to the Director of Operations and CEO/Administrator.
Support Services	<ul style="list-style-type: none"> • Indoor temperatures and humidity levels are

	<p>electronically monitored hourly, and alerts forwarded to the Director of Operations and CEO/Administrator when the temperature reaches 26°C or above.</p> <ul style="list-style-type: none">• At designated times throughout the 24 hrs. period the DSS/Designate will obtain air temperature and humidity levels and plot then on the Humidex from Temperature and Relative Humidity Readings graph to determine the Humidex. This will be completed every morning, afternoon (between 12P.M. and 5 P.M.) and once every evening or night.• The temperature/humidity/humidex is to be measured and documented on the sheet providing for the following areas:<ul style="list-style-type: none">- 2 resident bedrooms in different parts of the building- 1 resident common area on every floor of the home, which may include a lounge, dining area or corridor.• An intervention alert will be sent to Managers and staff via email when Humidex Readings range from 30°C to 38°C (green section).• An Emergency Alert will be sent by email to Managers and staff when Humidex Readings range from 39°C to 45°C (yellow section).• Record of temperatures will be kept for a period of at least 1 year.
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INTERVENTION:

The following information identifies interventions that are recommended during prolonged severe hot weather and are not considered a substitute for medical advice, and a physician should always be consulted.

Department	Actions
Administration	<ul style="list-style-type: none">• Implement resident care policies & procedures related to hot weather conditions.• Implement environmental policies & procedures related to hot weather conditions.• Determine when emergency contingency plans are to be implemented.
All Staff	<ul style="list-style-type: none">• Each department will implement measures to respond to the identified Alert Level to reduce risk of heat related illness in residents and staff.• Monitor residents' responses to interventions implemented.
Medical/Nursing	<ul style="list-style-type: none">• Notify physician of any resident suspected or assessed to have heat related illness.• Request consultation with Registered Dietitian (RD) for those residents experiencing any degree of hot weather illness.
Food Service/Nutritional Care	<ul style="list-style-type: none">• Monitor, evaluate and reassess fluid requirements as needed on sign & symptoms in all residents with a particular focus on those assessed as being high risk, including residents receiving enteral feeds, thickened fluids, fluid restrictions, and those residents who require

	<p>assistance with eating and drinking.</p> <ul style="list-style-type: none"> • Determine the need to provide interventions to correct electrolyte imbalances.
Recreation	<ul style="list-style-type: none"> • Avoid/cancel programming in areas that do not provide for air-conditioned transport to air-conditioned indoor settings. • During programs, if resident status changes, immediately notify registered staff and obtain assistance; administer first aid as necessary and implement heat illness interventions.
Physical Plant/Maintenance	<ul style="list-style-type: none"> • Reduce the heat generating equipment from kitchen, laundry, and other areas to alternate times during the day (night/evenings) • Turn off unused electrical appliances and equipment as appropriate. • Ensure windows/doors are closed to allow for the Air conditioning to perform effectively.
Support Services	<ul style="list-style-type: none"> • An intervention alert will be sent to staff via email when Humidex Readings range from 30°C to 38°C (green section). • An Emergency Alert will be sent by email to staff when Humidex Readings range from 39°C to 45°C (yellow section). • Each department will implement measures to respond to the identified Alert Level to reduce risk of heat related illness in residents and staff.

Taking Indoor Humidity and Temperature Readings

It is good to take indoor temperature and humidity levels for staff to be on heightened alert for symptoms of resident distress. Identify locations within the home area where measurements can be taken and will not be affected by direct ventilation, air conditioning heat sources, or sunlight and monitor several times per day, especially as the air temperature approaches 26°C. (78.8°F) Humidity levels and temperatures fluctuate throughout the day and night. According to the chart below, humidex levels between 30 and 39 will result in people feeling uncomfortable and some may begin to present with signs and symptoms of heat related illness.

Intervention Alert:

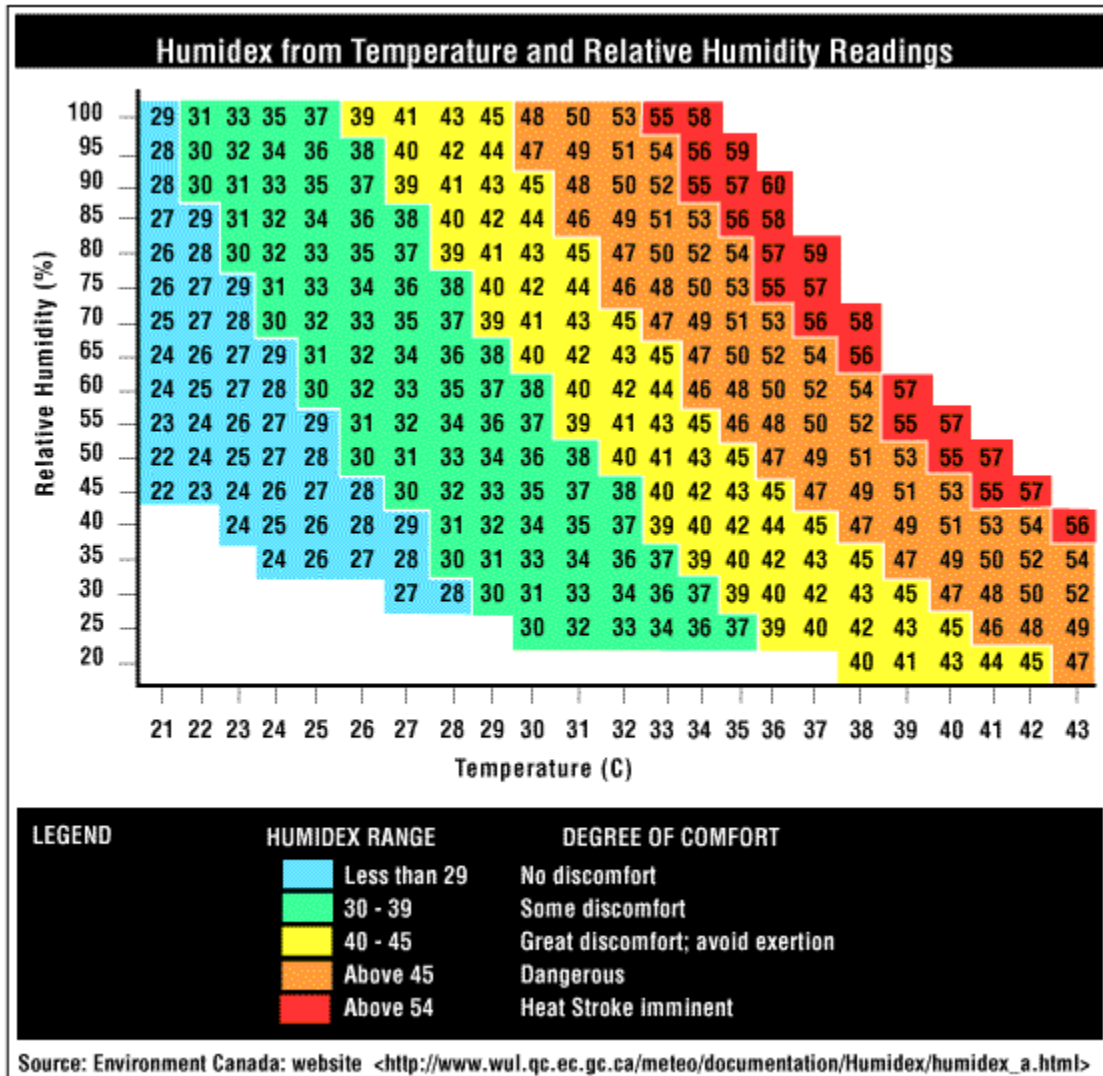
Relative Humidity is greater than 50% and the temperature is 26° C (green area) **OR**

Relative Humidity is less than 50%, but the temperature is 28°C (green area)

Emergency Alert:

Relative Humidity is greater than 50% and the temperature is 32°C (yellow area) **OR**

Relative Humidity is less than 50%, but the temperature is 34° (yellow area)



NOTE: The humidex can be determined by using the calculator at the web site below.

<http://www.ohcow.on.ca/edit/files/generalhandouts/heat-stress-calculator.html>

Resource

1. *Guidelines for the Prevention and Management of Hot Weather-Related Illness in Long-Term Care Homes, Ministry of Health, Long-Term Care Branch, reviewed June 2020.*
2. *Ontario Regulation 246/21 under the LTCHA, 2007, amending Subsection 20(1) and 21 (2) Cooling Requirements - April 2021.*

HEAT RELATED ILLNESS and CONDITIONS - FACT SHEETS

Heat stress may occur under those conditions that include high temperatures and humidity, exposure to direct sun or heat, limited air movement, physical exertion and existence of poor physical condition, certain medications, and inadequate ability to adjust to hot environments. Heat induced illness may include heat rash, heat cramps, heat exhaustion and heat stroke.

Heat Rash (Prickly heat)

- Is skin irritation caused by excessive sweating during hot, humid weather. Sweat glands become clogged and sweat trapped beneath the skin surface unable to evaporate causing a mild inflammation or rash. The rash appears as a cluster of red bumps and may feel itchy, or sore with prickly sensation. It is more likely to occur on the neck, upper chest, groin, under breasts and elbow creases. **The best treatment for a heat rash is to provide a cooler, less humid environment and keep the affected area dry. Creams and lotions SHOULD NOT be used.**

Heat Cramps

- Are muscle pains or spasms usually in the abdomen, arms, or legs that may occur in association with strenuous activity. This sweating depletes the body's salt and moisture. The low salt level in the muscles causes painful cramps. Heat cramps may also be a symptom of heat exhaustion. **To alleviate heat cramps, stop all activities and sit quietly in a cool place. Drink clear juice or a sports beverage. If the person has heart problems or is on a low-sodium diet, seek medical attention.**

Heat Exhaustion

- Is a milder form of heat-related illness that can develop after several days of exposure to high temperatures and inadequate or unbalanced replacement of fluids. **Those most prone to heat exhaustion are elderly people, those with high blood pressure, and those working or exercising in a hot environment.**

Warning signs of heat exhaustion include the following:

- Heavy sweating
- Paleness
- Muscle cramps
- Tiredness
- Weakness

- Dizziness
- Headache
- Nausea or vomiting
- Fainting

The skin may be cool and moist. The pulse rate will be fast and weak, and breathing will be fast and shallow. If heat exhaustion is untreated, it may progress to heat stroke. **Seek medical attention if symptoms worsen or last longer than one hour.**

Heat Stroke

- Is the most serious heat-related illness. It occurs when the body becomes unable to control its temperature: the body's temperature rises rapidly, the sweating mechanism fails, and the body is unable to cool down. Body temperature may rise to 41.1°C or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided.

Warning signs of heat stroke vary but may include the following:

- High body temperature (above 39.4°C)
- Red, hot, and dry skin (no sweating)
- Rapid, STRONG PULSE
- Throbbing headache
- Dizziness
- Nausea
- Confusion
- Unconsciousness

These signs suggest you may be dealing with a life-threatening emergency. **Call for immediate medical assistance and begin cooling the person. Heat stroke can result in death or permanent disability if emergency treatment is not provided in a timely manner.**

HEAT RELATED CHECKLIST

The following interventions will be implemented in the following situations:

1. On any day when the outside temperature forecasted by Environment and Climate Change Canada for the area in which Victoria Village Manor (VVM) is located is 26° Celsius (C) or above at any point during the day; and
2. Any time the temperature in an area in VVM reaches 26° C or above, for the remainder of the day and the following day.
3. The checklist will be implemented by VVM every year during the period from May 15 to September 15, and it will be implemented at any time the temperatures meet the designated temperatures as listed in number 1 and 2 above.

<p>Administrati on</p>	<p><input type="checkbox"/> Implement Heat-Related P&Ps and communicate to ALL departments that residents', are at health risk due to hot weather.</p> <p><input type="checkbox"/> Implement environmental policies & procedures related to hot weather conditions.</p> <p><input type="checkbox"/> Determine when emergency contingency plans are to be implemented.</p> <p><input type="checkbox"/> Develop a communication protocol to convey hot weather action plan (including humidex readings) to residents, staff, volunteers, Residents' Council, Family Council, and substitute decision-makers.</p>
<p>Medical/Nurs ing</p>	<p><input type="checkbox"/> Ensure all residents' assessments have been completed to identify those residents at high risk of heat-related illness and develop interdisciplinary care plans for seasonal risk related to hot weather.</p> <p><input type="checkbox"/> Inform the interdisciplinary team of all residents that are at potential risk or risk of heat-related illness.</p> <p><input type="checkbox"/> Insert a logo of the sun to the bedside Kardex for residents who have been assessed as a high risk for hot related illness.</p> <p><input type="checkbox"/> Monitor, evaluate and reassess fluid requirements as needed on signs & symptoms in all residents with a particular focus</p>

	<p>on those assessed as being high risk i.e., enteral feeds, thickened fluids, fluid restrictions and those residents who require assistance with eating and drinking.</p> <p>___ Educate staff about possible signs & symptoms of heat-related illness.</p> <p>___ Notify physician of any resident suspected or assessed to have heat - related illness.</p> <p>___ Request consultation with Registered Dietitian (RD) for those residents experiencing any degree of hot weather illness and those who are not meeting their hydration goals.</p> <p>___ Ensure residents are dressed appropriately (remove layers, sweaters).</p> <p>___ Offer additional fluids i.e., water, popsicles throughout the 24 hours and complete documentation of food & fluid intake.</p> <p>___ Implement routine checks to assess indoor temperatures and humidex between 1 a.m. and 2 a.m. and record these temperatures listed below:</p> <ul style="list-style-type: none"> - 2 resident rooms in different locations in the home. - 1 resident common area on every floor of the home, i.e., living room, sunroom as directed. <p>___ Ensure a written record is maintained of the temperatures and location where the temperature was taken along with the date.</p>
<p>Food Service Nutritional Care</p>	<p>___ Monitor, evaluate and reassess fluid requirements as needed on signs & symptoms in all residents with a particular focus on those assessed as being high risk i.e., enteral feeds, thickened fluids, fluid restrictions and those residents who require assistance with eating and drinking.</p> <p>___ Enhance hydration protocols including the amount and frequency of fluids.</p> <p>___ Offer water, popsicles frequently to all residents at</p>

	<p>meal- times, additional beverage passes and beverages in accessible locations.</p> <p>___ Have a protocol for residents with dysphasia who require thickened fluids.</p> <p>___ Alter menu during the heat alerts. Remove “hot foods” i.e., soup from the menu and add cold foods i.e., salads, ice cream.</p> <p>___ Evaluate and provide for electrolyte replacement.</p> <p>___ Maximize the use of the ice machines and ensure they are in good working order.</p>
Recreation	<p>___ Modify existing programs.</p> <p>___ Identify and use cooler areas at VVM for activities.</p> <p>___ Offer fluids throughout the activity.</p> <p>___ If resident status changes during programs, notify registered staff immediately and obtain assistance.</p> <p>___ Limit outdoor activities and ensure residents are wearing appropriate clothing for the weather, hats, and sun block lotions. Programs should be provided in areas that are shaded from the sun.</p> <p>___ Reschedule programs in areas that do not provide for air-conditioned transport.</p>
Physical Plant/ Maintenance	<p>___ Implement routine checks to assess indoor temperatures and humidex between 3.30 to 4:30 p.m. each day and record these temperatures listed below:</p> <ul style="list-style-type: none"> - 2 resident rooms in different locations in the home. - 1 resident common area on every floor of the home, i.e., living room, sunroom as directed. <p>___ Ensure a written record is maintained of the temperatures and location where the temperature was taken along with the date.</p> <p>___ Implement strategies to maximize ventilation.</p> <p>___ Reduce the heat generating equipment from kitchen, laundry and other</p>

	<p>areas to alternate times during the day (night/evenings).</p> <p>___ Turn off electrical appliances and equipment as appropriate.</p> <p>___ Ensure windows/doors are closed to allow for the Air Conditioning to perform effectively (i.e., Balcony doors also).</p> <p>___ Ensure the HVAC system is performing to capacity.</p> <p>___ Ensure generator is functional with back-up fuel supplies.</p> <p>___ Review and update the building and equipment audit program including a review of strategies for keeping the building at a minimum of 22° C.</p> <p>___ Review and update agreements with external contractor's responsibility for building systems to support preventative maintenance of cooling systems.</p>
Housekeeping	<p>___ Implement routine checks to assess indoor temperatures and humidex between 9 a.m. to 10 a.m. each day and record these temperatures listed below:</p> <ul style="list-style-type: none"> - 2 resident rooms in different locations of the home. - 1 resident common area on every floor of the home, i.e., living room, sunroom as directed. <p>___ Ensure a written record is maintained of the temperatures and location where the temperature was taken along with the date.</p>
All Staff	<p>___ Ensure windows/doors are closed to allow for the Air Conditioning to perform effectively (i.e., Balcony doors also).</p> <p>___ Keep shades, blinds, window coverings closed.</p> <p>___ Monitor residents for signs & symptoms of heat related illness. (refer to fact sheets.</p> <p>___ Report any resident discomfort to the registered staff.</p>