



**Department:** Emergency Management

**Section:**

**Subject:** Emergency Management  
Policy and Procedures

**Page:** 1 of 3

**Approval Date:** April 11, 2022

**Revised Date:** July 7, 2022

## **Emergency Management Policy and Procedure**

### **Policy**

It is the policy of Hillcrest Village to provide a safe and secure environment for our residents.

### **Definitions**

Emergency means an urgent or pressing situation or condition presenting an imminent threat to the health or well-being of residents and others attending the home that requires immediate action to ensure the safety of persons in the home.

### **Procedures**

Every Licensee of the home shall ensure that emergency plans for the home are recorded in writing. That the home consults with community agencies, health service providers that may be involved in responding to care and keep a record of the consultation.

Ensure hazards and risks that may result in an emergency and impact the home are identified and assessed, this may include hazards and risks in the home or in the community.

The home must consult with the Resident and Family Council if any.

Emergency plans will include but not be limited to:

- i. Outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics,
- ii. Fires,
- iii. Community disasters,
- iv. Violent outbursts,
- v. Bomb threats,
- vi. Medical emergencies,
- vii. Chemical spills,
- viii. Situations involving a missing resident,
- ix. Loss of one or more essential services,
- x. Gas leaks,
- xi. Natural disasters and extreme weather events,
- xii. Boil water advisories and
- xiii. Floods



**Department:** Emergency Management

**Section:**

**Subject:** Emergency Management  
Policy and Procedures

**Page:** 2 of 3

**Approval Date:** April 11, 2022

**Revised Date:** July 7, 2022

### **Evacuation Plans:**

Plans will include a system to account for the whereabouts of all residents, staff and others in the event that require relocation or evacuation.

Plan should include a safe evacuation location:

**North Simcoe Sports & Recreation Centre – 527 Len Self Blvd., Midland, ON L4R 5N6**

**Phone: 705-526-9395** and transportation plan to move residents, staff, students, volunteers and others and a plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location. Transportation plan includes arrangement with Sharp Bus Lines Limited -705-540-1563.

### **Resources and Supplies**

Resources, supplies, and PPE and equipment vital for emergency response are set aside and readily available at the home including hand hygiene products, cleaning supplies and a process is in place to ensure that supplies and equipment are not expired. See Pandemic supply room.

Identification of entities that may be involved in or may provide emergency service:

Community agencies: Local hospital, Home & Community Care & Support Services, Fire Department, Police

Health Service providers: Medical Mart, Medical Pharmacies, ProResp, Medical Director, Sysco, Bunzl, Diversey

Plan for food and fluids.

Plan for timely access to drugs that have been prescribed.

Plan activation who is responsible for declaring there is an emergency at the home and who declares it over, lines of authority and communication plans, specific staff roles and responsibilities.

### **Communication Plans**

Process to communicate to residents, SDM, staff, volunteers, students, caregivers, Resident Council and the Family Council if any on the emergency in the home from the beginning of the emergency, when a significant status change occurs and when emergency is over.

Emergency Plans must be included on the website and be available in physical copies.

Plans must be evaluated and updated annually, and within 30 days of the emergency being declared over including the updating of emergency contact information of all entities, as well an opportunity be provided to all entities to provide feedback.

### **Testing of plans:**

On an annual basis emergency plans will be tested related to loss of essential services, fires, situation involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters extreme



**Department:** Emergency Management

**Section:**

**Subject:** Emergency Management  
Policy and Procedures

**Page:** 3 of 3

**Approval Date:** April 11, 2022

**Revised Date:** July 7, 2022

weather, weather events, boil water advisory, outbreak of communicable diseases, outbreak of disease of public health significance epidemics, pandemics and floods including the arrangements with entities that may be involved in or provide emergency services in the area home is located and communicated to Community agencies and health service providers.

Conduct a planned evacuation at least once every three years; and keep a written record of the testing of emergency plans and planned evacuation and of the other changes made to improve plans.

### **Recovery**

All emergency plans shall address recovery from an emergency, requiring resident, SDM, staff, volunteers and students be debriefed after the emergency, establish how to resume normal operations and how to support those in the home who experienced distress during the emergency.

### **Training**

The home is responsible to ensure that all staff, volunteers and students are trained on emergency plans before they perform their responsibilities, and at least annually.

### **Additional Requirements**

Every licensee of the home shall ensure that an emergency plan related to outbreaks and communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics identify or includes:

- a) An area of the home to be used for isolating residents as required.
- b) Process to divide staff and residents into cohorts.
- c) Staffing contingency plans during an emergency for all programs required
- d) Policies to manage staff who may have been exposed to an infectious disease.
- e) Process to manage symptomatic residents and staff
- f) Process for outbreak Management Team and identifies and their roles and responsibilities

The home ensures that the local Medical Officer of Health or designate is invited to participate in developing, updating, testing, evaluating reviewing any emergency plan related to public health significance. The IPAC lead is involved in developing updating, evaluating, testing, and reviewing the emergency plans related to outbreaks of a communicable disease.

### **Attestation**

The home will prepare an attestation on a form approved by the Minister, and it will be completed by the Administrator of the home and submitted annually to the Director.



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 1 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

## **Code Black – Bomb Threat**

### **Introduction**

Code Black covers the emergency procedure required when Hillcrest Village is threatened or affected by a bomb or terrorist incident.

### **Procedure**

#### **Threat via Telephone**

#### **Person Receiving the Threat**

In the event that a bomb threat is received by telephone, the following action will be taken:

1. Remain calm and courteous. DO NOT HANG UP.
2. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
3. Attempt to prolong the conversation and extract as much information as possible from the caller.

Ask the following questions:

- When will the bomb explode?
- Where is the bomb? (Specific location)
- What does it look like?
- Why did you place the bomb there?
- What is your name?
- Where are you calling from?

**Note:** Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.

4. Document as much of the conversation and background as possible. Include:

- Date, time and approximate length of the call.
- The exact wording of the threat.
- Any identifying characteristics of the caller:
  - o Sex.
  - o Estimated age group.
  - o Accent.
  - o Voice (e.g., loud, soft, effeminate (feminine)).
  - o Speech (fast, slow, nervous).
  - o Diction (good, nasal, lisp).



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 2 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

- o Command of the language (articulate, poor, words out of context, mispronunciation);
- o Manner (calm, emotional, vulgar); and
- o Mannerisms (pet phrases, uncommon words)

- Anything familiar about the voice.
- Any background noises.
- Whether the caller seemed to be familiar with the area or building.
- What phone line the call was received on; and
- If there was anything showing on the call display screen

5. Be alert of subsequent calls of the same nature.

6. When the conversation with the caller has terminated, immediately notify the Charge Nurse or your direct supervisor (if immediately available), who will assume the role of Incident Manager.

7. Under the direction of the Incident Manager, call the police services 9-1-1 and provide as much detail as possible about the threat received and the caller.

### **RCF/Charge Nurse/Incident Manager**

1. Upon notification of a telephone threat, assume the role of Incident Manager until relieved of the position by a more senior manager.

2. Announce calmly to all visitors and staff (or have announced) a “Code Black” three times.

a. If the caller identified a specific location the announcement will be:

*“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*

*“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*

*“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*

b. Then initiate an evacuation of the identified floor by announcing:

*“Code Green (location)”*

*“Code Green (location)”*

*“Code Green (location)”*

**Note:** as this is not a fire, the elevators may be used for the evacuation (always evacuating to a lower level but not below ground level.)

c. If the caller was not specific as to the location the announcement will be:



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 3 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

*“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”*

*“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”*

*“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”*

3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.
4. Set up a command post in the Administrators Office.
5. Ensure the area used for the command post is searched for a threat before use.

#### **All Staff**

1. Immediately turn off cell and wireless phones and two-way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications.
2. Use the floor plans located in the emergency envelope on each unit and department to document each area searched.
3. Report back to the Incident Manager with your completed audit forms and follow their directions.
4. If you are available, respond to the command post in the Administrators Office. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.

#### **Written or Mailed Threat**

These procedures apply to various types of written threats including letters, emails, texts and social media.

#### **Person Receiving the Threat**

1. If you open a letter and recognize it as a threat avoid handling the document and envelope so fingerprint / DNA evidence will be preserved.
2. If you receive an email, text or social media message that contains a threat, do not delete it.
3. Immediately notify the Charge Nurse or your direct Supervisor (if immediately available) who will assume the role of Incident Manager.
4. Follow the instructions of the Incident Manager.



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 4 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

### **RCF/Charge Nurse/Incident Manager**

1. Upon notification of a written or mailed threat, assume the role of Incident Manager until relieved of the position by a more senior manager.
2. Announce calmly to all visitors and staff (or have announced) a “Code Black” three times.

a. If the threat identified a specific location the announcement will be:

*“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*

*“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*

*“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*

b. Then initiate an evacuation of the identified floor by announcing

*“Code Green (location)”*

*“Code Green (location)”*

*“Code Green (location)”*

**Note:** *as this is not a fire, the elevators may be used for the evacuation (always evacuating to a lower level but not below ground level.)*

c. If the threat was not specific as to the location the announcement will be:

*“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”*

*“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”*

*“Code Black Hillcrest Village. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”*

3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.
4. Set up a command post in the Administrator’s office.
5. Ensure the area used for the command post is searched for a threat before use.



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 5 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

### **All Staff**

1. Immediately turn off cell and wireless phones and two-way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications.
2. Use the floor plans located on the emergency envelope on each unit and department to document each area searched.
3. Report back to the Incident Manager with your completed audit forms and follow their directions.
4. If you are available, respond to the command post in the Administrator's office. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.

### **A Threat to a Specific Location**

#### **Incident Manager**

1. If the threat identified a specific bomb location, announce a "Code Green" for the specific floor/area identified.
2. Call for additional help, as required, using a landline phone.
3. Facilitate evacuation of the identified floor/area according to Code Green procedures.
4. Discuss with police if the evacuation should be expanded to include other floors.

#### **All Staff**

1. Upon announcement of a Code Green, evacuate all residents from the identified location, following Code Green procedures, and close fire doors.
2. Once the area is evacuated stay out of the identified area. The police will initiate the search of that area.
3. If you were not involved in the evacuation or have completed the evacuation, conduct a search of your own work area.
4. If you discover a threat, notify the Incident Manager or Police.





**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 6 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

## **A Non-Specific Threat**

### **Incident Manager**

1. If the threat is non-specific as to location, set up a command post in the Administrator's office.
2. Ensure the area used for the command post is searched for a threat before use.
3. Delegate personnel to initiate the staff call-back list.
4. Request additional help, as needed, using a landline phone.
5. Provide details of the threat and a floor plan of Hillcrest Village to staff to initiate the search for the bomb in order of the checklist. This will include a search of the grounds. It is recommended that staff be assigned to search the area of the Home they are most familiar with.
6. Review the information with the police to determine additional actions to be taken.

### **All Staff**

1. If you are responding to the call back, report to Reception or alternate location.
2. When reporting in from the staff call back list, you will be assigned to assist in the search.
3. Follow search instructions from the Incident Manager.
4. Searches will include closets, bathrooms, toilets, garbage cans, laundry carts, medication carts, cabinets, under chairs, tables, and beds. Rooms should be searched in a counterclockwise rotation and from ceiling to floor.
5. As rooms are searched identify them with a "Searched" indicator.
6. Each search team will report to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting in will be done by physically reporting in.

## **Suspicious Object/Package Located or Received**

### **Person Discovering the Threat**

1. Do not touch, move or open the object.
2. Leave the area immediately.
3. Notify the Incident Manager or Police of the location and external appearance of the suspicious object.



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 7 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

4. Keep residents and other staff members out of the area where the threat is located.
5. Follow the directions of the Incident Manager and Police.

### **Incident Manager**

1. Upon notification of the location of a suspicious object, initiate evacuation of the area by announcing, or having announced, "*Code Green (location)*" (repeat 3 times).
2. Advise the Police of the location and external appearance of the suspicious object.
3. Facilitate evacuation of the floor by following the Code Green procedures.
4. Provide instructions to staff members involved in the evacuations and ensure the area to which residents are being moved is searched before they are moved into it.
5. If the device is confirmed to be an explosive device, initiate a Code Green and coordinate an orderly evacuation of the entire Home, one area at a time, starting with those areas closest to the location of the device.
6. Notify the Administrator immediately.

### **All Staff**

1. Upon announcement of a Code Green, follow evacuation procedures and remove residents, staff and others from the location identified and secure the area.

**Note:** the area to which the residents are being moved must be searched before the residents are moved into it.

2. In the area near the suspicious object do not activate light switches, slam doors, move nearby objects or use portable radios or wireless phones.
3. It must never be assumed that there is only one device. Continue the search in all other areas of Hillcrest Village until thoroughly complete.

### **Administrator**

1. Upon notification of the discovery of a suspicious object immediately establish the senior IMS Team.
2. Notify, or designate a senior staff member to notify, the Ministry of Health and Long-Term Care.



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 8 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

### **After the Threat has Concluded**

#### **Incident Manager**

1. Complete the Ministry of Health Incident Report and forward it to the Administrator or delegate.
2. Conduct a short debriefing at the command post to obtain timely feedback from staff on the handling of the event.
3. Ensure the Incident Manager Checklist – Bomb/Terrorism is complete.
4. Compile a report of all staff in attendance and attach it to the Checklist-Bomb/Terrorism and submit it to the Administrator.

#### **Managers**

1. Provide a short debrief to your team at your next staff meeting, identifying what went well and what needs improvement.

#### **All Staff**

1. Participate in debriefings.
2. Provide feedback to the Incident Manager regarding the response to the threat.
3. Direct any media calls or external inquiries to the Administrator.

#### **Administrator**

1. Review the Incident Report and forward it to the Ministry of Health and Long-Term Care.
2. Receive reports from staff involved in the incident.
3. Conduct a debriefing of all the managers involved in the incident.



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 9 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

**CODE BLACK – BOMB THREAT**  
**INCIDENT MANAGER LOG/TIME SHEET**

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

**Time** (note below)

\_\_\_\_\_ Time original threat received

\_\_\_\_\_ Original Threat reported to Charge Nurse by: \_\_\_\_\_

\_\_\_\_\_ The Charge Nurse becomes the Incident Manager until relieved by a more senior staff member

\_\_\_\_\_ The Incident Manager advises all staff and visitors “Code Black – Please turn off all cell phones and wireless phones.” (Repeat three times)

\_\_\_\_\_ Police notified via 9-1-1, by person who received the threat

\_\_\_\_\_ Command post established

\_\_\_\_\_ If the threat identified a specific location or a suspicious object is located commence an evacuation of the floor - staff assigned to search all other areas to ensure there is not a secondary device

\_\_\_\_\_ If the threat is non-specific, staff assigned to search the entire Home

\_\_\_\_\_ Police arrived at Hillcrest Village

\_\_\_\_\_ Police assess the situation and provide direction \_\_\_\_\_

\_\_\_\_\_ Administrator or delegate notified (initiates Call Back List)

\_\_\_\_\_ \*MOHLTC notified

Administrator will determine if the senior IMS team needs to be organized.



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 10 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

**Time** (note below)

\_\_\_\_\_ Staff assigned to search the *Hillcrest building basement* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search the *Hillcrest building 1<sup>st</sup> floor* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search the *Hillcrest building 2<sup>nd</sup> floor* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search the *Hillcrest building roof* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search the *Heritage building basement* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search the *Heritage building 1<sup>st</sup> floor* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search the *Heritage building 2<sup>nd</sup> floor* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search the *Heritage building roof* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search *grounds & parking* team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search \_\_\_\_\_ team leader \_\_\_\_\_ # \_\_\_\_\_

\_\_\_\_\_ Staff assigned to search \_\_\_\_\_ team leader \_\_\_\_\_ # \_\_\_\_\_



**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 11 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

**Suspicious Package Located**

\_\_\_\_\_ Suspicious package located. Location: \_\_\_\_\_

By whom: \_\_\_\_\_

\_\_\_\_\_ Police notified of suspicious package. Officer: \_\_\_\_\_

\_\_\_\_\_ Police advise what areas need to be evacuated \_\_\_\_\_

\_\_\_\_\_ Code Green initiated for floor where package located, and the area police advise – refer to Code Green policy

\_\_\_\_\_ Searchers updated (continue searching other areas)

\_\_\_\_\_ Administrator or delegate notified

\_\_\_\_\_ MOHLTC notified by Administrator or delegate

**After All Clear Given**

\_\_\_\_\_ Initial debriefing completed at command post

\_\_\_\_\_ MOHLTC Incident Report completed

**Notes:** \_\_\_\_\_





**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 13 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

### CODE BLACK CALL RECEIVER INFORMATION

When a bomb threat is received: Listen, be calm and courteous. Obtain as much information as you can. Try to write out the exact wording of their responses and the threat. Use the back of the page if required.

#### Questions to ask:

When will the bomb explode? \_\_\_\_\_

Where is the bomb? (Specific location):  
\_\_\_\_\_

What does it look like?  
\_\_\_\_\_

Why did you place the bomb there?  
\_\_\_\_\_

What is your name? \* \_\_\_\_\_

Where are you calling from? \* \_\_\_\_\_

*\*Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.*

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

Approximate length of call: \_\_\_\_\_

#### **Identifying characteristics of the caller:**

Sex: \_\_\_\_\_ Estimated age group: \_\_\_\_\_

Accent: \_\_\_\_\_

Voice (e.g., Loud, soft, effeminate):  
\_\_\_\_\_





**Department:** Emergency Management

**Section:**

**Subject:** Code Black – Bomb Threat

**Page:** 14 of 14

**Approval Date:** August 2017

**Revised Date:**

April 12, 2022

**Reviewed Date:** July 6, 2022

Speech (fast, slow, nervous):

---

Diction (good, nasal, lisp):

---

Command of the language (articulate, poor, words out of context, mispronunciation):

---

Manner (calm, emotional, vulgar):

---

Mannerisms (pet phrases, uncommon words):

---

Anything familiar about the voice:

---

Any background noises:

---

Does the caller seemed to be familiar with the area or building?

---

---

What phone line was the call received on:

---

*Use the back of the sheet to add as many details as possible.*

Call police 9-1-1. Time called: \_\_\_\_\_

Notify Immediate Supervisor or Charge Nurse. Time notified: \_\_\_\_\_

Notify Administrator or delegate. Time notified: \_\_\_\_\_

**FOLLOW CODE BLACK PROCEDURES**



**Department:** Emergency Management

**Section:**

**Subject:** Medical Emergency Code  
Blue

**Page:** 1 of 4

**Approval Date:** September 2015

**Revised Date:** April 12, 2022

**Reviewed Date:** July 7, 2022

## **Code Blue – Medical Emergency**

### **Introduction**

To mobilize medical and/or nursing staff to the location of an emergency medical situation involving visitors, staff or volunteers to provide immediate intervention and assistance. For medical emergencies involving residents, staff will follow the resident care procedures.

### **Definitions**

Code Blue – a request for nursing and or medical assistance in an emergency involving illness or injury of a resident, visitor, staff member or volunteer.

Emergency medical situation- serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

Critically injured - means an injury of a serious nature that:

- (a) places life in jeopardy.
- (b) produces unconsciousness.
- (c) results in substantial loss of blood.
- (d) involves the fracture of a leg or arm but not a finger or toe.
- (e) involves the amputation of a leg, arm, hand, or foot but not a finger or toe.
- (f) consists of burns to a major portion of the body; or
- (g) causes the loss of sight in an eye.

As defined by Regulation 834 of the Occupational Health & Safety Act.

Where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition of the Occupational Health & Safety Act, the Administrator or delegate will notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the Occupational Health and Safety Act.

First Aid Kit – a kit that meets the requirements under the Occupational Health and Safety Act.

### **Emergency Assistance Required**

#### **Originating Staff**

1. Upon discovery of a medical emergency requiring assistance loudly announce “Code Blue” to request the assistance of nearby staff.
2. Request the nearest staff member to page “Code Blue” three times with the location.



**Department:** Emergency Management

**Section:**

**Subject:** Medical Emergency Code  
Blue

**Page:** 2 of 4

**Approval Date:** September 2015

**Revised Date:** April 12, 2022

**Reviewed Date:** July 7, 2022

3. Contact the Charge Nurse/RCF and request emergency assistance.

### **Registered Staff**

1. If you hear another staff member requesting medical assistance or a “Code Blue” paged, attend the medical emergency bringing the first aid kit from the nursing station.
2. If you are the first arriving Registered Staff assume the role of Incident Manager until relieved by a more senior Registered Nurse.

### **RCF/Incident Manager**

1. Upon notification of a medical emergency, attend the scene and assume the role of Incident Manager.
2. Page "Code Blue (location)" three times.
3. Assess the patient and determine what interventions are required.
4. Ensure the provision of First Aid as needed.
5. Determine if EMS is required. If EMS is required, ensure 9-1-1 is called.
6. Delegate a staff member to meet the paramedics if EMS was called.
7. Ensure the Code Blue Incident Manager Check List is completed.
8. Advise any staff/volunteers not required to return to their duties.
9. Ensure appropriate documentation is completed: i.e. WSIB forms, First Aid log book, Unusual Occurrence reports, Incident Investigation forms.
10. Notify the Administrator or designate if the emergency is a critical injury/incident involving a staff member, volunteer or visitor.
11. Following any Code Blue the Code Blue Checklist will be completed and directed to the Administrator for Quality Assurance purposes.

### **Director of Operations**

Where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition on the Occupational Health & Safety Act, notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the Occupational Health and Safety Act.



**Department:** Emergency Management

**Section:**

**Subject:** Medical Emergency Code Blue

**Page:** 3 of 4

**Approval Date:** September 2015

**Revised Date:** April 12, 2022

**Reviewed Date:** July 7, 2022

**CODE BLUE – MEDICAL EMERGENCY INCIDENT MANAGER CHECK LIST**

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

**Time** (note below)

\_\_\_\_\_ Charge Nurse notified of medical emergency

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

\_\_\_\_\_ "Code Blue (location)" Paged x3

Arrival times and names of the responding nursing staff

Emerg. Kit

_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N
_____	_____	Y / N

The first arriving nurse will become the Incident Manager

A nurse will assess the patient and determine what interventions are required

Summary of Assessment

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

Summary of Interventions

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



**Department:** Emergency Management

**Section:**

**Subject:** Medical Emergency Code  
Blue

**Page:** 4 of 4

**Approval Date:** September 2015

**Revised Date:** April 12, 2022

**Reviewed Date:** July 7, 2022

\_\_\_\_\_ EMS required? (Yes/No)

\_\_\_\_\_ 9-1-1 called by whom: \_\_\_\_\_

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

\_\_\_\_\_ Advise any staff or volunteers not required to return to their normal duties.

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

Critically injured - means an injury of a serious nature that:

(a) places life in jeopardy.

(b) produces unconsciousness.

(c) results in substantial loss of blood.

(d) involves the fracture of a leg or arm but not a finger or toe.

(e) involves the amputation of a leg, arm, hand, or foot but not a finger or toe.

(f) consists of burns to a major portion of the body; or

(g) causes the loss of sight in an eye.

As defined by Regulation 834 of the *Occupational Health & Safety Act*

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

\_\_\_\_\_ Administrator or designate notifies the Ministry of Labour of critical injuries to any staff, contracted staff or volunteer.

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

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

\_\_\_\_\_ Incident Report submitted to MOHLTC where appropriate.

\_\_\_\_\_ First Aid Kit restocked.



**Department:** Emergency Management

**Section:**

**Subject:** Code Brown – Hazardous  
Materials Spill

**Page:** 1 of 7

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **Code Brown – Hazardous Materials Spill**

### **Introduction**

Code Brown covers the emergency response to a situation where hazardous materials may affect the health of the residents or the security of Hillcrest Village.

Where hazardous materials are spilled and the spill is of the size or potential hazard where housekeeping or maintenance staff is unable to carry out safe cleanup, a “Code Brown” will be called.

A spill may include liquids, powders, or even gaseous substances.

### **Procedure**

#### **Originating Staff**

1. Upon discovery of a spill of a hazardous or unknown substance, notify the Charge Nurse or your Supervisor who will assume the role of Incident Manager.
2. Follow the direction of the Incident Manger.
3. Notify the Incident Manager if you have been contaminated or if you are experiencing any health effects related to contamination.

#### **Charge Nurse/Incident Manager**

1. Upon notification of a spill of a hazardous material assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor.
2. Proceed to the location to assess the situation.
3. Cordon off the area and keep people away from the area until the spill is cleaned up.
4. Notify staff in the area of the spill of the “Code Brown” identifying the location (building/area).
5. If the spill is of a flammable material or there are any injuries/illness from the spilled material:
  - Call 9-1-1;
  - Clear the area of all persons;
  - Ensure there are no sources of ignition; and
  - Ventilate the area by opening windows (if safe to do so).



**Department:** Emergency Management

**Section:**

**Subject:** Code Brown – Hazardous  
Materials Spill

**Page:** 2 of 7

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

6. Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes. Clothing must be laundered before reuse.

- Eye wash stations are located in all kitchen areas, housekeeping closets, nursing stations and maintenance shop.
- Showers that can be used for emergency decontamination are located in each tub room on each Resident Home Area.

**Note:** if the product is flammable or highly toxic, then contaminated clothing should be disposed of properly – not laundered.

7. Where safe to do so, determine the name and quantity of the substance spilled.

8. Obtain the Material Safety Data Sheet.

9. Determine if an evacuation is required. If an emergency evacuation of the spill zone or a greater area is required, activate a Code Green and notify the Administrator or delegate.

10. After business hours notify the Administrator or delegate if there are injuries, an evacuation of residents from their home area, or the fire department has been called.

11. Arrange for a commercial spill response team if the spill is outside the capability of the Maintenance staff and initiate the Senior IMS Team.

12. Notify the MOHLTC immediately if any evacuation or displacement of residents occurs or if there is any disruption to the facility operations.

13. If the spill does not create a major difficulty an incident report may be faxed to the MOHLTC.

14. Notify the Ministry of Labour if there are any critical injuries to staff members.

### **Protocol for Spill Clean-up Team**

1. Upon notification of a hazardous material spill report to the Incident Manager.

2. Assess the spill from a safe location to determine if it is within the capability of the team to clean up. The complexity and detail of the cleanup plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.



**Department:** Emergency Management

**Section:**

**Subject:** Code Brown – Hazardous  
Materials Spill

**Page:** 3 of 7

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

3. Review Material Safety Data Sheets (MSDSs) or other references for recommended spill cleanup methods and materials, and the need for personal protective equipment (e.g. masks, goggles, gloves, protective clothing, etc.).
4. Ensure proper Personal Protective Equipment (PPE) is utilized based on the chemical spilled as per the MSDS sheet.
5. Obtain the Spill Kit stored in the maintenance room. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g. brushes, scoops, sealable containers).
6. Protect all floor drains or other means of environmental release.
7. Distribute loose spill control materials over the entire spill area working from the outside, circling to the inside. This reduces the chance of splash or spread of the spilled chemical.
8. When spilled materials have been absorbed, use brush and scoop to place materials in an appropriate container. Polyethylene bags may be used for small spills. Five-gallon pails with polyethylene liners may be appropriate for larger quantities.
9. Complete a hazardous waste label, identifying the material as Spill Debris involving (identify) chemical, and affix onto the container. Spill control materials may need to be disposed of as hazardous waste – refer to municipal public works for specifics based on the type and quantity of the chemical spilled.
10. Decontaminate the surface where the spill occurred using a mild detergent and water when appropriate.





**Department:** Emergency Management

**Section:**

**Subject:** Code Brown – Hazardous  
Materials Spill

**Page:** 4 of 7

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

**CODE BROWN – HAZARDOUS MATERIAL SPILL**  
**INCIDENT MANAGER CHECK LIST**

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

**Time** (note below)

\_\_\_\_\_ Time spill discovered

Person discovering the spill: \_\_\_\_\_

Location of the spill: \_\_\_\_\_

Substance spilled (if known): \_\_\_\_\_

\_\_\_\_\_ Charge Nurse or area Supervisor notified will assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor or delegate

Name of initial Incident Manager: \_\_\_\_\_

\_\_\_\_\_ Cordon off the area and establish a safety perimeter

\_\_\_\_\_ Determine if an evacuation is required: YES NO (circle)

\_\_\_\_\_ Page Code Green (location) x3 if emergency evacuation of area required

\_\_\_\_\_ Administrator or delegate notified if evacuation is required or injuries occurred

\_\_\_\_\_ Incident Manager will notify all staff of the “Code Brown” identifying the location (floor/area)

\_\_\_\_\_ After hours notify the Maintenance Supervisor or delegate to determine if maintenance staff should be called in



**Department:** Emergency Management

**Section:**

**Subject:** Code Brown – Hazardous  
Materials Spill

**Page:** 5 of 7

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

**If the spill is of a flammable material or there are any injuries/illness from the spilled material:**

\_\_\_\_\_ Call 9-1-1

\_\_\_\_\_ Clear the area of all persons

\_\_\_\_\_ Ensure there are no sources of ignition

\_\_\_\_\_ Ventilate the area by opening windows (if safe to do so)

\_\_\_\_\_ Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes.  
Contaminated clothing left to determine disposal or cleaning methods

\_\_\_\_\_ Fire Department arrival (if 9-1-1 called)

\_\_\_\_\_ EMS arrival (if 9-1-1 called)

\_\_\_\_\_ Police arrival (if 9-1-1 called)

**Maintenance Staff Response**

Time arrived

\_\_\_\_\_ Maintenance Staff arrive at the location to assess the situation

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

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

\_\_\_\_\_ Certified worker rep of the Health & Safety Committee

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



**Department:** Emergency Management

**Section:**

**Subject:** Code Brown – Hazardous  
Materials Spill

**Page:** 6 of 7

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Additional team members:

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

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

\_\_\_\_ Name and quantity of the substance spilled determined:  
\_\_\_\_\_

\_\_\_\_ Material Safety Data Sheet(s) obtained

\_\_\_\_ Appropriate Personal Protective Equipment (PPE) for the spill available and utilized

\_\_\_\_ Floor drains and other means of environmental release protected

\_\_\_\_ Public Works notified if spill reaches floor drains or has other environmental release

\_\_\_\_ Maintenance staff initiate clean up (if it is within their capability)

\_\_\_\_ Contaminated material cleaned up properly, contained and labeled

\_\_\_\_ External assistance requested of commercial spill response team (if required)

Name and contact information of external support requested:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Other contact info: \_\_\_\_\_

\_\_\_\_ Administrator or delegate notified of external assistance request

\_\_\_\_ Administrator or delegate initiates the senior IMS Team if external assistance is required

\_\_\_\_ MOHLTC notified immediately of any evacuation

\_\_\_\_ Ministry of Labour notified of any critical injuries to staff

\_\_\_\_ Proper disposal of waste material

Method of disposal: \_\_\_\_\_



**Department:** Emergency Management

**Section:**

**Subject:** Code Brown – Hazardous  
Materials Spill

**Page:** 7 of 7

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Name of Disposal Company: \_\_\_\_\_

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

Date/Time of removal: \_\_\_\_\_

\_\_\_\_\_ Surface of spill area decontaminated

Method of decontamination: \_\_\_\_\_

\_\_\_\_\_ "All clear" given

\_\_\_\_\_ Incident Report completed



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 1 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

## **Code Green – Evacuation**

### **Introduction**

Code Green is to provide guidelines on a safe and efficient evacuation of an area, wing, floor, building or the entire Hillcrest Village.

Examples of circumstances necessitating an emergency evacuation include: fire / explosion, bomb threat, community disaster (e.g. toxic spill, tornado), structural failure (e.g. roof collapse), etc.

### **Types of Evacuation**

**Horizontal Evacuation:** Involves moving from one area of the floor to another area, on the same floor, behind fire barrier doors.

**Vertical Evacuation:** Involves moving from one floor towards the ground floor.

While the preference in a partial evacuation is a horizontal evacuation, due to the risks of moving residents via stairways, this may not be an option where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route)

DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat)

**Total Evacuation:** Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. The emergency services will normally be on location to provide assistance.

### **Decision to Evacuate**

Each emergency situation will have an Incident Manager responsible for the safety of all persons in the building, the initiation of the emergency plan, and delegating responsibilities to ensure the emergency plan(s) are properly activated.

Where possible, the decision to evacuate an area is to be made in consultation with the Administrator or the Director of Care/Assistant Director of Care on call on duty in their absence.



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 2 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

## Procedure

### Originating Staff

1. If discovering an emergency that is potentially life threatening, immediately sound the alarm for the type of emergency, and where safe to do so, remove residents and all others from harm's way.
2. If there are no person(s) in immediate danger, notify the Charge Nurse of the emergency. The Charge Nurse will assume the role of Incident Manager and will make the decision to evacuate, if required.
3. Follow the directions of the Incident Manager.

### Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager until relieved by a more Senior Manager.
2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke (refer to Code Red).
5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a "Code Green" for the specific wing/floor.
7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat). The second stage alarm is activated by using an alarm key, located at nursing stations and reception, at any pull station to activate.
8. Announce, or have announced, a Code Green 3 times.

For a partial evacuation a "Code Green (building)" will be announced and repeated 3 times. Identify the area and the floor number:



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 3 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

*“Code Green (building and floor number)”*

*“Code Green (building and floor number)”*

*“Code Green (location and floor number)”*

In the event of a total evacuation of a building “Code Green Hillcrest / Heritage (select the appropriate building) building” will be announced 3 times

*“Code Green Hillcrest / Heritage building”*

*“Code Green Hillcrest / Heritage building”*

*“Code Green Hillcrest / Heritage building”*

9. Send a staff member to the fire control panels to repeat the page over the fire alarm paging system.
10. Call 9-1-1 stating the type and location of the emergency.

#### **All Staff**

1. All Fire Alarms will be treated as an emergency and evacuation of the fire area will be commenced immediately.
2. When a decision is made for an emergency evacuation **Evacuate Now!**

#### **Priority of Evacuation**

1. Residents in immediate danger will be evacuated first.
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area. If a resident is aggressively resistant move on to the next resident so as to not delay the evacuation process. Staff will return to aggressively resistant residents once others at imminent risk are safe.
3. All wheelchair residents should be assisted to safe fire barriers and, if their wheelchairs are required for other residents, are to be removed from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried or pulled on a blanket to a safe area if necessary. Moving beds will cause congestion and should be a last resort.
5. Residents who aggressively resist the evacuation.



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 4 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

**Note:** Where possible, traffic in the corridors and stairwells will move in one direction for ease of flow. Where two directional traffic flow is necessary, staff will keep to the right to minimize directional conflict.

### **During a Partial Evacuation**

#### **Incident Manager**

1. Initiate the staff call back list and activate the Senior IMS team.
2. Set up a command post at reception, if safe to do so, or alternative location announced to staff.
3. Direct the activities of all Hillcrest Village personnel.
4. Retrieve the "Code Green binder" (kept at reception) containing "Code Green" staff assignments and policies, procedures, name badges, transfer forms, resident information including resident photos, and fan out list.
5. Ensure that all residents are identified with name badges.
6. Transport the Residents' chart to the place where the Residents have been relocated.
7. Remove staff schedules, visitor and volunteer logs to the command post to assist with a safety accountability of all staff.
8. Provide for the continuing care of the residents.
9. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
10. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
11. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
12. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
13. Notify the MOHLTC.

*In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.*





**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 5 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

### **Registered Staff/Supervisors**

1. Ensure one staff member stays in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.
2. Provide direction and guidance to staff participating in the evacuation.
3. Take direction from and report to the Incident Manager or other Incident Management System managers.
4. Ensure that all evacuees are identified with name badges.
5. Be responsible for maintaining a head count of residents and staff, and keeping the Incident Manager informed.
6. Responsible for the removal of the resident charts and medication carts if time and situation permits.
7. Provide for the continuing care of the residents.

### **All Staff**

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

**Note:** One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.

2. If you are responding to the emergency call back, report to the command post for further instruction.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof collapse).



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 6 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

6. If you are not in your work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.
10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated indicators used identifying that the room is vacant. Do not use an evacuated indicator if a person is still in the room.

### **During a Total Evacuation**

#### **Incident Manager**

1. Initiate the staff call back list and activate the Senior IMS team.
2. Set up a command post at reception, if safe to do so, or alternative location announced to staff.
3. If necessary, designate a staff member to contact the transfer facilities to advise that residents will be coming and confirm that these alternate facilities are prepared to receive residents. Confirmation of facilities to be communicated to the Incident Manager.
4. Direct the activities of all Hillcrest Village personnel.
5. Retrieve the Code Green Binder and Resident Lanyards, (kept in Heritage Lab room and in the Hillcrest Photocopy Room). The highly visible vest for the Incident Manager is stored in the Heritage lab room.
6. Designate two outside exit areas as safe resident pickup sites to bring residents from the evacuation prior to being transferred to another facility or with family.

Area one – will be for non-injured and stable residents.

Area two (triage) – will be for resident(s) requiring emergency care, either as a result of the emergency itself or due to some pre-existing medical condition(s).



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 7 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

7. Designate Registered Staff or a Department Head to supervise the pickup site. Delegate additional staff/volunteers to assist as resources are available.
8. Communicate with the Registered Nursing staff on the nursing units the list of residents to go to each holding area.
9. Confirmation of residents at each pickup site will be made with designated staff member supervising the area.
10. Ensure that all residents are identified with name badges.
11. Residents will be prioritized for transportation to the hospital or other temporary facilities, with ambulance directed to the most seriously injured, in order of severity.
12. Alternative transportation will be arranged for ambulatory residents and other residents who do not require an ambulance for transport (i.e. relative of residents, staff and volunteers).
13. Log each Resident's destination, who they left with and how they were transported.
14. Transport the Residents' charts to the place where the Residents have been relocated.
15. Remove staff schedules, visitor and volunteer logs to the command post to assist with a safety accountability of all staff.
16. Provide for the continuing care of the residents.
17. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
18. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
19. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
20. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
21. Notify the MOHLTC.

*In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.*



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 8 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

### **Registered Staff/Supervisors**

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Incident Manager or other Incident Management System managers.
3. Ensure the emergency Code Green binders are removed from the building with the first resident.
4. Ensure that all evacuees are identified with name badges.
5. Prepare relevant transfer information for each resident.
6. Be responsible for maintaining a head count of residents and staff, and keeping the Incident Manager informed.
7. Responsible for the removal of the resident charts and medication carts if time and situation permits.
8. Be responsible for tracking the destinations of the residents.
9. Provide for the continuing care of the residents.
10. If the "Code Green" is isolated to another wing/floor, one staff member will stay in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.

### **All Staff**

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

**Note:** One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.

2. If you are responding to the emergency call back, report to the command post for further instruction.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 9 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof collapse).
6. If you are not in your work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.
10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated indicators used identifying that the room is vacant. Do not use an evacuated indicator if a person is still in the room.
11. Staff assigned to the pickup sites will assist in monitoring the residents and preparing the name badges and transfer information sheets.

### **Debrief**

#### **Incident Manager**

1. Ensure that all documentation is completed.
2. Chair a Code Green Evacuation Debrief session within 24 hours of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement.
3. If Hillcrest Village is un-operational for a period of time contact staff and inform them of when they will be expected to return.

#### **Administrator**

1. Complete the Critical Incident Form and submit it to the Ministry of Health & Long Term Care when the incident is over.



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 10 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

### **Training Exercises**

Training exercises for a “mock” evacuation will take place at least once every three years or more often as determined by the priorities of the home.

The Administrator will keep a detailed log of all Emergency Exercises including which area of the building was evacuated, who initiated the exercise, what time of day the exercise occurred, how many staff were on site, how long the evacuation of the affected area took, debriefing of staff and comments on improvement. A report of all staff in attendance will be forwarded to the Administrator.

Any changes to the evacuation plan will be communicated to staff as soon as possible.



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 11 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

**CODE GREEN  
INCIDENT MANAGER CHECKLIST**

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

**Time** (note below)

\_\_\_\_\_ Determine the type of emergency \_\_\_\_\_

\_\_\_\_\_ Determine the need for a Code Green (persons in danger)

\_\_\_\_\_ Determine the extent of a Code Green (partial or total evacuation)

\_\_\_\_\_ Activate Stage 1 Fire Alarm

\_\_\_\_\_ Activate Stage 2 Fire Alarm for a total evacuation

\_\_\_\_\_ Advise all staff of the location of the "Code Green"

\_\_\_\_\_ Delegate a staff member to announce "Code Green (location)" x3 on the paging system

\_\_\_\_\_ Call 9-1-1 stating the type and location of the emergency

\_\_\_\_\_ Initiate the staff call back list

\_\_\_\_\_ Contact transfer facilities, ensure they have the appropriate resources to accept residents

\_\_\_\_\_ Retrieve Code Green Binder from Heritage lab room (includes vest for Incident Manager) or Hillcrest photocopy room

\_\_\_\_\_ Designate two outside exits for safe Resident pickup sites

\_\_\_\_\_ Delegate Registered Staff or Department Head for each pickup site to supervise and be responsible for liaison with the Incident Manager

\_\_\_\_\_ Direct the activities of all Hillcrest Village personnel

\_\_\_\_\_ Maintain a record of evacuees (attached Evacuation Log)

\_\_\_\_\_ Notify the Fire Department (9-1-1) or appropriate agency of persons not accounted for and their last known location



**Department:** Emergency Management

**Section:**

**Subject:** Code Green - Evacuation

**Page:** 12 of 12

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 7, 2022

- \_\_\_\_\_ Ensure all residents are identified with name badges and a transfer information sheet
- \_\_\_\_\_ Coordinate the transportation of residents
- \_\_\_\_\_ Be responsible for listing the residents' destinations
- \_\_\_\_\_ Transport the residents' charts to the place where residents have been relocated
- \_\_\_\_\_ Remove staff schedules, visitors and volunteer logs to the command post to assist with a safety accountability of all staff
- \_\_\_\_\_ Provide for the continuing care of the residents
- \_\_\_\_\_ Establish a meeting of the senior IMS team
- \_\_\_\_\_ Appoint a Liaison Officer to maintain communications with Emergency Services
- \_\_\_\_\_ Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies
- \_\_\_\_\_ Appoint a Safety Officer to monitor the safety of all personnel in the building other than emergency service personnel
- \_\_\_\_\_ Appoint a Public Information Officer
- \_\_\_\_\_ Establish other IMS team functions as necessary
- \_\_\_\_\_ Notify the MOHLTC





**Department:** Emergency Management

**Section:**

**Subject:** Code Grey – Air Exclusion

**Page:** 1 of 2

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

### **Code Grey – Air Exclusion**

#### **Purpose**

To provide an effective and efficient procedure for restricting the entry of outside air into Hillcrest Village in the event of hazardous gases/fumes being present in outside air.

External air exclusion is only put into action where evacuation into the open air would be more hazardous to the health and safety of residents and staff (e.g. external chemical cloud, considerable smoke from local fire, abnormally high outside ambient temperatures).

#### **Procedure**

##### **Charge Nurse/Incident Manager**

1. Upon being notified of an incident or potential incident producing hazardous fumes external to Hillcrest Village, the Charge Nurse will assume the role of the Incident Manager until relieved by a more senior manager.
2. Advise all staff of the “Code Grey” advising them to “close all open windows and exterior doors.”
3. Notify the Maintenance Supervisor or delegate and the Administrator.
4. Have residents that are outside return inside.
5. Instruct Maintenance to ensure that the ventilation system is turned off.
6. Ensure residents, staff and visitors are monitored for abnormal breathing difficulties.
7. Establish contact with the local emergency services (Fire / Police), as appropriate, to gather information on the extent of the hazard and provide an update on the status of the Home.

##### **All Staff**

1. Upon notification of a Code Grey, close all open windows and exterior doors in your area.
2. If outside, move staff and residents indoors.
3. Follow the instructions of the Incident Manager.
4. Report any abnormal breathing difficulties to the Incident Manager.



**Department:** Emergency Management

**Section:**

**Subject:** Code Grey – Air Exclusion

**Page:** 2 of 2

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

**CODE GREY – AIR EXCLUSION**  
**INCIDENT MANAGER'S CHECKLIST**

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

**Time** (note below)

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

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

Contact Information: \_\_\_\_\_

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

\_\_\_\_\_ Notify all staff of the Code Grey  
"Code Grey – please close all open windows and exterior doors"

\_\_\_\_\_ Maintenance Supervisor notified

\_\_\_\_\_ Administrator or designate notified

\_\_\_\_\_ Ventilation system shutdown

\_\_\_\_\_ Assign staff to each entrance to restrict the exit of residents, staff and visitors from the facility to reduce harmful effects from outside air. Ensure that each door closes completely before opening the next door in the vestibules. (Although you cannot legally prevent a person from exiting the building, you can explain the potential hazards of the outdoor air quality.)

\_\_\_\_\_ Monitor residents, staff and visitors for abnormal breathing difficulties

\_\_\_\_\_ Establish contact with the local emergency services (Fire / Police) as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility



**Department:** Emergency Management

**Section:**

**Subject:** Code Orange – External  
Emergency

**Page:** 1 of 7

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

## **Code Orange – External Emergency**

### **Introduction**

Code Orange is the code alerting all staff of the potential for a large volume of incoming patients or residents. Its primary use will be the acceptance of residents from another Long-Term Care or Retirement facility that is being evacuated.

However, Code Orange could also be used if the Town has requested that the facility be used as a reception center for community members being evacuated from a major event, hospital evacuations, etc. While Long Term Care facilities are not the primary destination or facility of choice for emergency planners, the fact that they have commercial kitchen facilities, larger spaces to accommodate people and alternative electricity sources makes them a viable option.

It should be noted that in the reception of residents from other Long-Term Care or Retirement facilities, this evacuation and relocation of the elderly and those requiring special care is a traumatic event. These persons cannot be treated simply as other incoming residents as many will have an increased level of complications (medical, psychological, behavioral, social, and dietary) due to their evacuation and relocation. In addition, incoming residents may or may not have medical charts, medications, accompanying staff or family members. For these reasons we will refer to incoming persons as patients in this policy.

Further, the facility will have to plan for the associated influx of family members and friends of the incoming patients. While most of these persons will be helpful in reception of the patients, it must be anticipated that some will bring additional anxiety and relationship dynamics into the situation.

### **Procedure**

#### **Originating Staff**

All calls received by the facility for incoming patients will be directed to the senior staff member present in the facility (e.g. Administrator during business hours or Charge Nurse after hours) who will assume the role of Incident Manager.

#### **Incident Manager**

1. Upon receiving a phone call indicating the potential for incoming patients, assume the role of Incident Manager, until relieved by a more senior manager or the Administrator, and ascertain the following information:
  - Full contact information of the caller



**Department:** Emergency Management

**Section:**

**Subject:** Code Orange – External  
Emergency

**Page:** 2 of 7

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

- Time frame to anticipate patients
  - Where the patients are coming from
  - Demographics of the incoming patients (Long Term Care, Retirement, Group Home, Community etc.)
  - Anticipated numbers of patients
  - Resources accompanying the patients (e.g. nursing staff, volunteers, etc.)
  - Anticipated duration of the stay
  - Physical/medical/emotional condition of the patients
2. Notify the Administrator/delegate
  3. If the patients are expected to arrive in less than 3 hours (180 minutes), notify all staff of a “Code Orange”.
  4. Assign the Incident Management Team functions:
    - Operations
    - Logistics
    - Planning
    - Administration/Finance
    - Safety
    - Liaison
    - Communications
  5. If the patients are expected to arrive in 180 minutes or later, the information will immediately be relayed to the Administrator or designate who will call together the Senior IMS (Incident Management System) Team.

#### **All Staff**

1. Upon being notified of a Code Orange all staff will return to their assigned stations and report to their Supervisor.

#### **Supervisors**

1. Proceed to the Terrace Room in the Hillcrest building (basement) for instructions as soon as possible of being notified of the Code Orange.

#### **Incident Management Team**

1. Reconfirm the data on incoming patients.
2. Review the information collected and evaluate the capability of Hillcrest Village to assist in the incident.



**Department:** Emergency Management

**Section:**

**Subject:** Code Orange – External  
Emergency

**Page:** 3 of 7

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

3. Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available.
4. Initiate a staff call in to provide additional staffing for the incoming persons.
5. Establish a receiving area where patients can be triaged/assessed.
6. Establish patient documentation.
7. Establish patient identification tags.
8. Establish an area(s) for housing the incoming patients (e.g. Celebration Hall).
9. Ensure an RN is available to provide assessments on the incoming patients.
10. Assign personnel to act as security (this may be staff members or contracted security service) to direct incoming patients, families, etc. and ensure that the arriving persons do not access normal resident areas.
11. Establish washrooms to be used by incoming patients.
12. Arrange for clergy to provide spiritual support.



**Department:** Emergency Management

**Section:**

**Subject:** Code Orange – External  
Emergency

**Page:** 4 of 7

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

**CODE ORANGE – EXTERNAL EMERGENCY**  
**INCIDENT MANAGERS CHECK SHEET**

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

**Time** (note below)

\_\_\_\_\_ Call Received

Caller's Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Contact email: \_\_\_\_\_

Estimated number of incoming patients: \_\_\_\_\_

Demographics of incoming patients: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circumstances of relocation: \_\_\_\_\_

Where patients are arriving from: \_\_\_\_\_

Estimated time of arrival:

ETA less than 3 hours (180 minutes) – immediately notify all staff Code Orange

ETA greater than 3 hours (180 minutes): call together the Senior IMS team

\_\_\_\_\_ Staff notified of Code Orange

\_\_\_\_\_ Notify the Administrator or designate

\_\_\_\_\_ Staff Call Back List initiated

\_\_\_\_\_ First IMS Meeting – 20 minutes after Code Orange paged

Function assignments:

o Operations

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

o Logistics

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



**Department:** Emergency Management

**Section:**

**Subject:** Code Orange – External  
Emergency

**Page:** 5 of 7

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

- Planning Name: \_\_\_\_\_
- Administration/Finance Name: \_\_\_\_\_
- Safety Name: \_\_\_\_\_
- Liaison Name: \_\_\_\_\_
- Communications Name: \_\_\_\_\_

Tasks to be addressed by the IMS Team

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

Information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Evaluate the capability of Hillcrest Village to assist in the incident

\_\_\_\_\_ Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available

\_\_\_\_\_ Security assigned to reception entrance

Name(s): \_\_\_\_\_

\_\_\_\_\_ Access controlled – lock all exterior entrances

\_\_\_\_\_ Receiving area for patient assessment determined

Location: \_\_\_\_\_

\_\_\_\_\_ RN(s) assigned to patient triage/assessment area

Name(s): \_\_\_\_\_

\_\_\_\_\_ Dietitian (if available) assigned to patient triage/assessment area

Name(s): \_\_\_\_\_

\_\_\_\_\_ Social Worker (if available) assigned to patient triage/assessment area

Name(s): \_\_\_\_\_

\_\_\_\_\_ Support staff assigned to patient triage/assessment area to maintain documentation



**Department:** Emergency Management

**Section:**

**Subject:** Code Orange – External  
Emergency

**Page:** 6 of 7

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

Name(s): \_\_\_\_\_

\_\_\_\_\_ ID Tags for incoming patients

\_\_\_\_\_ Location to house patients determined

Location(s):

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

Staff assigned to patient housing areas

\_\_\_\_\_ Nursing staff

Name(s): \_\_\_\_\_

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

\_\_\_\_\_ Social Work/Activation staff

Name(s):

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

\_\_\_\_\_ Housekeeping staff

Name(s):

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

\_\_\_\_\_ Dietary staff

Name(s):

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

\_\_\_\_\_ Laundry staff

Name(s):





**Department:** Emergency Management

**Section:**

**Subject:** Code Orange – External  
Emergency

**Page:** 7 of 7

**Revised Date:** April 12, 2022

**Approval Date:** September 2015

**Reviewed Date:** July 7, 2022

---

---

---

---

\_\_\_ Administration support (documentation)

Name(s):

---

---

---

\_\_\_ Clergy

Name(s):

---

---

---

---

\_\_\_ Feeding plan determined

\_\_\_ Overnight accommodations/facilities plan determined

Cots/Mattresses required

Blankets required

**Assistance requested from:**

\_\_\_ MOHLTC

\_\_\_ Home and Community Care Support Services

\_\_\_ Emergency Management

\_\_\_ Public Health

\_\_\_ Red Cross

\_\_\_ Local Grocery Suppliers: \_\_\_\_\_

\_\_\_ Local Bedding / Linen Suppliers: \_\_\_\_\_

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



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 1 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## Fire Plan

### **Introduction**

Code Red covers the emergency response to fire.

The *Ontario Fire Code*, Section 2.8, requires the establishment and implementation of a fire safety plan for every building containing a group (A) or (B) occupancy and to every building required by the building code to have a fire alarm system.

The Ontario Fire Code (O. Reg. 388-97) “as amended” states that every person who contravenes any provision of the fire code and every director or officer of a corporation who knowingly concurs in such contravention is guilty of an offense, and on conviction is liable to a fine of not more than \$50,000.00 or to imprisonment for a term of not more than one year, or to both,” also, “where a corporation is convicted of an offense under” the above “the maximum penalty that may be imposed upon the corporation is \$100,000.00.”

The Ontario Fire Code (O. Reg. 388-97) “as amended” is the provincial regulation governing all aspects of fire prevention and protection, within the province of Ontario. This code requires the owner to be responsible for carrying out the provisions of this code, and defines “owner” as “any person, firm, or corporation controlling the property under consideration.”

This plan is required to be acceptable to the chief fire official.

The implementation of a fire safety plan helps to assure effective utilization of life safety features in a building and to protect people from fire. The required fire safety plan should be designed to suit the resources of each individual building or complex of buildings.

Fire safety plans are intended to assist with the basic essentials for the safety of all occupants. They are also designed to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 2 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## ALARMS

There are two distinctive fire alarm rings that sound on the fire alarm system.

### First Stage

A slow intermittent ring is a fire alarm.

### Second Stage

A steady continuous ring is the second stage alarm indicating the incident has been escalated and immediate evacuation is required.

The alarm system can be manually placed into the Second Stage using an alarm key at any pull station. Should complete evacuation of the building be required the building supervisory staff are to activate the 2<sup>nd</sup> stage in coordination with the Midland Fire Department.

### Annunciator

The fire annunciator is an electronic panel indicating the status of the fire alarm system and the system activators which include smoke detectors, heat detectors, pull stations, sprinkler alarms, and other devices.

The fire alarm annunciator panel is located behind the desk at reception.

Secondary annunciator panels are at the nursing station at every resident home area in the Heritage building and in the front vestibule in Hillcrest building.

Each location has two statuses: **Clear** or **Alarm**.

The Clear status is indicated by a **green light**.

The Alarm status is indicated by a **red light**.

The **Amber light** indicates there is **trouble** and the alarms system may not be functioning properly.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 3 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **Reset**

The fire alarm system is to be reset only under the direction of the Fire Department.

After investigation of the alarm finding that the alarm is false or that the emergency has been successfully dealt with, and following a minimum time delay of one minute, the alarm system may be silenced by depressing the alarm silence switch on the control panel for a minimum of three seconds. When this occurs an alarm silence LED will flash on the panel and activate the trouble sequence.

Once the activated device is reset or returned to a normal condition, then the panel can be reset by depressing the reset button. This will place the system back into normal operations.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 4 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## EVACUATION

### Horizontal Evacuation

Horizontal evacuation involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

Fire separations, such as fire doors, are designed with a 45 minute or 2-hour fire rating. Therefore, a horizontal evacuation may often address all but the most serious situations.

For example, if the fire or alarm is in Block A the residents of Block A are to be evacuated to Block B. If the fire or alarm is in Block B the residents of Block B are to be evacuated to Block A.

E.g.

- 1<sup>st</sup> floor – \_\_\_\_\_ to \_\_\_\_\_ or vice versa
- 2<sup>nd</sup> floor – \_\_\_\_\_ to \_\_\_\_\_ or vice versa
- 3<sup>rd</sup> floor – \_\_\_\_\_ to \_\_\_\_\_ or vice versa

### Vertical Evacuation

Vertical evacuation involves moving from one floor towards the ground floor.

The preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents / clients via stairways. However, there may be situations where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route) and therefore a vertical evacuation of those persons is required.

### Total Evacuation

Total evacuation involves the evacuation of the entire building to the outside and would be carried out only in an extreme emergency.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 5 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **FIRE INSTRUCTIONS**

### **If you discover fire or smoke R E A C T:**

Remove the persons in immediate danger

Ensure the door(s) is closed to confine the fire and smoke

Activate the fire alarm system using the nearest pull station

Call the Fire Department (9-1-1), confirm their response, and provide information on the alarm

Try to continue evacuation or extinguish the fire

### **If you hear the alarm:**

#### **DO NOT**

- Use telephones unless you have important information to relay
- Panic
- Shout "Fire"
- Use the elevators

#### **DO**

- Return to your work area and turn all equipment off and close all doors
- Report to the Incident Manager/Fire Warden
- Be prepared to give assistance if requested

## **Procedure**

### **Duties of the Incident Manager / Fire Warden**

The Charge Nurse/Supervisor in the area of alarm activation will assume the role of Incident Manager / Fire Warden until relieved from the task by a more senior manager.

The Incident Manager / Fire Warden will:

### **During the incident**

1. Determine the source of the fire (alarm) or smoke.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 6 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

2. Ensure the fire alarm system has been activated.
3. Ensure a staff member proceeds to the annunciator panel to identify the location of the fire.
4. Ensure the location of the fire is announced to all staff.
5. Ensure evacuation of the risk area has been initiated.
6. Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm.
7. Appoint a person to meet firefighters at the front door, ensure door is unlocked and call the elevators to the first floor.
8. Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g., smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate. The Administrator or designate will initiate the senior IMS team in the event of a true emergency.

#### **At the fire area**

1. Direct and monitor the activities of all personnel until the Fire Department arrives.
2. Ensure evacuation of the fire area begins immediately starting with the rooms closest to the fire location.
3. Maintain a record of residents evacuated.
4. Assign staff to monitor exit doors and account for all residents and visitors in the area.
5. Delegate a person to be responsible for tracking the residents from their assigned wing and report to the Incident Manager / Fire Warden the status of the residents (i.e. all residents accounted for or residents not accounted for).
6. Assist the Fire Department as requested.
7. If further evacuation is required beyond the initial risk area advise all staff of a "Code Green".

#### **After the incident has concluded**

1. Once the incident has concluded, advise all staff of an "All Clear".
2. Reset the fire alarm system(s), mag lock system, and elevators.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 7 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

3. Ensure that the maintenance department is advised of any fire equipment that was used.
4. Complete the appropriate incident reports and forward a copy to the Administrator.
5. Document staff in attendance and forward the list to the Administrator.

### **Duties of All Other Staff**

- Listen for location of the fire or check the annunciator panel located at the nursing station.
- If you are close to the annunciator panel, immediately check the annunciator for the location of the alarm and advise the Charge Nurse.
- One staff member is to remain on their floor to supervise the residents. All other staff will proceed to the fire location.
- Assure the residents and visitors in your work area are in a safe location. For example, remove any resident/client that is bathing from the tub.
- Properly shut down any equipment in the area (e.g., ovens, laundry equipment, etc.) and close all doors.
- Proceed directly to the area of the fire. Use the stairs – DO NOT use the elevators (unless approved by the Fire Department).
- If you are not in your work area when the fire alarm sounds (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Red location.
- Report to the Incident Manager / Fire Warden.
- Remove residents and visitors from the fire area to an area behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
- Close all unlocked doors to contain the fire and smoke.

**Note:** If smoke is encountered, keep close to the floor as the air is clearer and cleaner.

- Clear the corridors of carts, walkers, wheelchairs, etc.
- If the fire is small and all persons are safe, consider extinguishing the fire (refer to firefighting considerations below), if trained to do so.





**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 8 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

- Resume normal duties only after "Code Red All Clear" has been announced.

Once the Fire Department assumes control of the elevator, they will maintain authority over the use of the elevators until the all clear is given.

The Administrator or designate will provide managerial assistance to the Incident Manager / Fire Warden, Fire Department, Emergency Medical Services, Police Services or other agencies in ensuring the safety and well-being of the residents, visitors, volunteers and staff.

The Administrator or designate will advise the Ministry of Health and Long-Term Care and other appropriate agencies as needed.

### **Evacuation of The Fire Area**

Hillcrest Village Care Centre has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close and the ventilation system will shut off.

### **Description**

- Hillcrest has been built with fire containment features, and in most situations, residents can be safely evacuated to another wing or area that is separated by fire doors.
- For a horizontal evacuation, residents and visitors can be safely evacuated to another wing or area that is separated by fire doors.
- Residents are to be moved into a lounge or room outside of the fire zone in order to avoid congestion in the hallways.
- Residents and visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the firefighters.
- In the event of a vertical evacuation, the elevators will not be used unless approved by the Fire Department. Vertical evacuation using the stairs will require all available staff to assist and will only be used in the event of a confirmed risk (fire, smoke, etc.). The Incident Manager / Fire Warden will discuss the use of the elevators with the Fire Department as soon as possible.
- Visitors can be permitted to assist in the area to which residents have been evacuated in small numbers where they are of assistance. Visitors are not to be permitted in the fire area or allowed to congregate in the hallways. Any visitors not assisting are to be asked to leave the building until the "All Clear" has been given.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 9 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

- Any events that are taking place with large numbers of guests are to be evacuated outside immediately at the sound of the fire alarm.
- The evacuation of the fire area is to start with the rooms closest to the source of the fire and smoke and then work outwards.
- Ambulatory and wheelchair residents should be evacuated first, as they can be moved quickly.
- Slow-walking residents and clients can be pushed in a wheelchair to speed evacuation. Residents are not to be evacuated in their beds unless absolutely necessary, as beds will cause congestion in the halls.
- A “VACANT” indicator will identify the rooms that are vacant and clear of smoke or fire.

**Note:** “VACANT” indicators will not be placed on doors in a Code Red if a person is in the room.

- After all residents have been evacuated, with time and safety permitting, the registered nursing staff is to move the medication cart from the fire area to the evacuation area. The medication cart will contain the emergency resident identification tags.
- The Incident Manager / Fire Warden will delegate a person to be responsible for tracking the residents from their assigned wing/floor and reporting to the Incident Manager / Fire Warden the status of the residents (i.e. all residents accounted for or residents not accounted for).
- If a more extensive or total evacuation of the building is required, a **Total Code Green** will be announced and the second stage alarm (steady continuous ringing) will sound at the direction of the Incident Manager / Fire Warden. Total evacuation starts with the area closest to the event that is causing the evacuation.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 10 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **CONSIDERATIONS AND POLICIES**

### **Fire Fighting Considerations**

Once all residents and visitors are safe, circumstances will dictate whether the staff responding to the fire area should attempt to fight the fire. In many instances, if the fire is discovered early, it may be relatively easy to extinguish. Staff must assess the situation before attempting to extinguish the fire. Examples where attempting to fight a fire may be possible; include a small garbage can fire or a person whose clothes are on fire (stop, drop and roll).

Staff should only use the firefighting equipment they have been trained to use (e.g., portable fire extinguishers). Any person who has not been trained in the use of portable fire extinguishers should not attempt to extinguish a fire using the equipment.

### **Fire Safety Policies**

Fire safety is everyone's responsibility. The following policies will assist in ensuring fire risks are minimized.

#### **Smoking**

Hillcrest is a non-smoking facility. Smoking is not permitted within the building.

- Violation of this policy by staff will result in disciplinary action being taken.
- Violation of the policy by a resident/client will result in a meeting with the resident, power of attorney, and facility administration to review the smoking policy and follow up actions for repeat offences.
- Any visitor that is seen smoking inside the facility will be directed to take their cigarette outside a minimum of 9 metres from any doorway.
- All repeat violations of this policy will be reported to the Administrator.

#### **Space heaters**

Portable space heaters or appliances that generate heat are not permitted in resident rooms.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 11 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

The use of candles or other open flames are not permitted in the facility. The only exception is those situations that have the specific prior approval of the Administrator or designate in controlled and supervised circumstances, such as birthday cakes. A staff member must be present in these situations.

### **Extension cords and power bars**

Extension cords and power bars must be used in a safe manner. An extension cord or power bar attached to multiple appliances could overheat and cause a fire so check the approved load of the cord or power bar. Extension cords and power bars will never be spliced. Extension cords should not be run under rugs, through doorways, or fastened to walls or ceilings except in the event of a power failure or equipment emergency, and then only on a temporary basis.

### **Electrical appliances**

All electrical equipment brought into the facility, including residents', is to be inspected to ensure it is CSA certified and bears the CSA label.

### **Combustible material**

Combustible materials are not to be placed in close proximity to heating appliances or lamps. Lamps, including night lights, are not to be positioned so as to come into contact with bedding, furniture, room decorations, etc.

When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen equipment must be stored in suitable locations.

The use of flammable and combustible liquids must be controlled. Their use must be reviewed by the Health and Safety committee and safety precautions followed. Flammable liquids must never be used as cleaning solvents. Flammable liquid vapors can be ignited by various sources of ignition including smokers' materials, matches and lighters, electrical equipment, and pilot lights from furnaces and hot water heaters.

Grounds maintenance equipment such as gasoline-fueled lawn mowers, leaf blowers and snow blowers are only to be fueled when the equipment is cold and a minimum of 10 meters from the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building.

**Warning:** Smoking is not permitted in areas where refueling takes place.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 12 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **HOUSEKEEPING**

This section refers to general building housekeeping and applies to all staff (not just Housekeeping staff).

In the kitchen, ducts and filters will be cleaned regularly to remove deposits of grease. Kitchen ducts will be professionally cleaned every 6 months.

Laundry filters, ducts and other areas will be regularly cleaned to prevent a buildup of lint.

Waste material must be disposed of regularly and not permitted to accumulate in locations that would create a fire hazard.

Never permit any objects to block or impede an exit, corridor or other passageway. Obstructions of any nature could interfere with evacuation. Exterior fire routes must be monitored regularly to ensure that Ambulances and Fire Department vehicles can use them at all times. Fire routes and sidewalks must be cleared of snow to facilitate evacuation from the building and provide unobstructed access for fire fighters.

If an exit is blocked or unavailable because of construction or renovation, temporary exit signs shall be installed to identify an alternate exit. Temporary emergency evacuation procedures will be posted addressing exit facilities.

Do not place objects that could prevent persons from locating or accessing fire pull stations, fire extinguishers, fire hose cabinets or other emergency equipment.

Do not place objects in front of doors that are intended to close automatically upon the activation of the fire alarm system. Ensure that articles are not used to temporarily interfere with the self-closing feature of any door within the facility.

## **Staff knowledge**

All employees must know how to shut down the equipment in their work area safely.

Kitchen and laundry room staff must be familiar with the safe use, maintenance, and cleaning of the equipment.

Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts, and filters.

Maintenance staff and contractors must implement safe welding and cutting practices.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 13 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

- Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding.
- Portable extinguishers must be provided, and a person trained in the use of the extinguisher be posted as fire watch.
- The fire watch will not be withdrawn until there is confidence that no further hazard exists.
- The maintenance supervisor or designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

## **TRAINING AND MAINTENANCE**

### **Fire Safety Training**

Fire drills shall occur once a month on each shift (days, afternoons, and nights). The Administrator and (Maintenance) shall implement the fire drill.

The (Maintenance) will keep a detailed log of all fire drills including:

- which area of the building was evacuated;
- who initiated the fire exercise;
- what time of day the drill occurred;
- how many staff were on site;
- how long the evacuation of the affected area took;
- debriefing of staff; and
- comments on improvement.

A report of all staff in attendance will be forwarded to the (maintenance).

All staff will participate in an in-service training on fire safety at least once a year. This training shall, at a minimum, include; a review of the policy, staff roles and responsibilities, how to activate the alarm, evacuation, and fire prevention.

RNs, RPNs, department managers, supervisors, and maintenance staff will receive specific in-service training reviewing their roles in the event of an emergency, and the roles of the Incident Manager / Fire Warden.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 14 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### **Fire Drills Using the Alarm System**

Prior to the fire drill the (staff) running the drill will:

- Notify the Midland Fire Department approximately 5 minutes before the fire drill is to commence, notifying them of the approximate time for the drill. Obtain the ID number of the person you are speaking with for confirmation.
- Call the fire alarm monitoring company to advise of the drill.
- Use a device (flashing red light) or sign (fire in room) to indicate the location of the fire. Currently home is using an orange cone.

Staff noticing the fire should remove those in immediate "danger" and activate the fire alarm.

Staff will then follow the Code Red procedures.

#### At the conclusion of the drill:

- Reset the manual pull station on annunciator panel.
- Use the Voice Communications System to announce "All Clear" three times.
- Notify the fire alarm monitoring company that the drill has been completed and confirm that the alarm was activated during the drill.
- Notify the Midland Fire Department that the drill has been completed.
- Hold a debriefing meeting with the participants to determine what went well during the drill, what challenges were encountered and what steps could be taken to improve response.
- Confirm that all required fire protection equipment functioned as designed. All deficiencies must be forwarded immediately to the (insert title).
- Have staff sign the attendance form following the drill.
- Completed fire drill documentation will be forwarded to the (insert title).



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 15 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **FIRE SAFETY EQUIPMENT MAINTENANCE**

### **Monthly**

All fire extinguishers and hose cabinets will be given a visual check monthly by the maintenance staff of Hillcrest. This visual check should include checking that the extinguisher is charged, all equipment is in place and that there is no visible damage.

The fire extinguisher tag is to be initialed monthly if the extinguisher is active.

### **Semi-annually**

A qualified service contractor will check the fire extinguisher system for the stoves in the main kitchen every six months.

### **Annually**

All fire extinguishers and hose cabinets will be checked annually by a qualified service contractor. Fire extinguishers will be checked hydrostatically every six years or as required by the manufacturer.

A qualified service contractor will check the fire alarm system, including smoke and heat detectors throughout the building and in the ventilation system annually.

The Building Owner will contract with relevant contractors to perform checks, tests, and inspections as described below.

The Building Owner is responsible for confirming that fire alarm technicians working on the building's fire alarm system have completed a fire alarm training course acceptable on the Ontario Fire Marshal.

Fire alarm technicians will be able to provide a card that includes the name and photo of the technician, the program provider's name with an authorization signature and an expiry date. In addition, the card will state "This program is deemed acceptable to the Ontario Fire Marshal and satisfied the requirements of Clause 1.1.5.3 (1) (A) of the Ontario Fire Code.

**IT WILL BE THE RESPONSIBILITY OF THE (Administrator/Maintenance) TO ENSURE PERFORMANCE OF THE FOLLOWING REQUIRED CHECKS, TESTS, AND INSPECTIONS.**

The Ontario Fire Code requires that records of all tests and corrective measures are retained for a period of 2 years on site and available to the Chief Fire Official upon request.





**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 16 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Fire Prevention Officers may check to ensure that the necessary checks, inspections and tests are being completed.

Where a deficiency is discovered in any fire safety equipment as a result of these maintenance requirements, the owner or his authorized agent must take corrective action. If any fire protection equipment requires to be shutdown, refer to the Fire Watch procedures above.

The list has been prepared in accordance with the Ontario Fire Code (O.Reg.388/97) as amended.

### **DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:**

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

**TEST** means operation of the device or system to ensure that it will perform in accordance with its intended function.

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

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

**SUPERVISORY STAFF** means those occupants of a building who have some delegated responsibility for the fire safety or other occupants under the fire safety plan.

### **ONTARIO FIRE CODE, IMPORTANT REFERENCES**

#### **Article 1.1.1.1**

Unless otherwise specified, the **owner** shall be responsible for the carrying out for the provisions of this Code.

#### **Article 1.1.1.2**

Where **tests**, repairs or alternation are made to fire protection installations, including sprinkler and standpipe systems, a procedure of notification shall be established, and the procedure shall include notifying the **fire department** and the **building** occupants where necessary for safety in the event of a fire emergency.

#### **Article 1.1.1.3**



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 17 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Any **appliance**, device or component of a device that does not operate or appear to operate as intended when **checked, inspected** or **tested** as required by this code shall be repaired if failure or malfunctioning of the **appliance**, device or component would adversely affect fire or life safety.

#### **Sentence 1.1.2.1 (1)**

Except as required in Sentence (2) written records shall be kept of **tests** and corrective measures for two years after they are made, and the records shall be available upon request to the **Chief Fire Official**.

#### **Note:**

Bold words are defined terms as per the Ontario Fire Code. Please refer to the Ontario Fire Code (O.Reg 388/97) as amended for exact wordings. The above is for reference only.

### **FIRE ALARM SYSTEM**

Reference should be made to CAN/ULC – S536-97

The building owner is responsible for confirming that fire alarm technicians working on the building's fire alarm system have completed a fire alarm training course acceptable to the Ontario Fire Marshal.

Technicians will be able to provide a card that includes the name and photo of the technician, the program provider's name with an authorized signature and an expiry date. In addition, the card will state "This program is deemed accepted to the Ontario Fire Marshall and satisfies the requirements of Clause 1.1.5.3. (1) (A) of the Ontario Fire Code.

#### **Fire Code**

<b>Reference No.</b>		<b>Frequency</b>	<b>By</b>
6.3.2.3.	Check central alarm & control facility including alarm AC power lamp & trouble light.	Daily	Maintenance
6.3.2.2	Check all fire alarm components including batteries.	Daily	Maintenance
6.3.2.2.	Test fire alarm system Mag locks.	Monthly	Maintenance
2.3.2.1	Test fire alarm system by persons acceptable to the Toronto Fire Services.	Annually	Contractor



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 18 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Where the fire alarm system or any part of thereof is shutdown, the supervisory staff shall be notified in accordance with the buildings fire safety plan.

## **PORTABLE FIRE EXTINGUISHERS**

Reference should be made to NFPA 10-1994 for exact details.

### **Fire Code**

<b>Reference No.</b>		<b>Frequency</b>	<b>By</b>
6.2.7.2	Check all portable extinguishers.	Monthly	Maintenance
6.2.7.1	Subject to maintenance.	Annually	Contractor
6.2.7.1	Hydro-statically test carbon dioxide Water type extinguishers.	Every 5 Yrs	Contractor
6.2.7.1	Empty storage pressure type extinguishers and subject to maintenance.	Every 6 Yrs	Contractor
6.2.7.1	Hydro-statically test dry chemical extinguishers.	Every 12 Yrs	Contractor
6.2.7.6.	Recharge extinguishers after use.	As required	Contractor

## **FIRE DEPARTMENT ACCESS**

### **Fire Code**

<b>Reference No.</b>		<b>Frequency</b>	<b>By</b>
2.5.1.2. (1)	Fire access route or access panels or windows provided to facilitate access for firefighting operations are not obstructed by vehicle, gates, fences, building materials, vegetation, signs or other form of obstruction.	As required	Maintenance
2.5.1.2. (2)	The fire department sprinkler and standpipe connection shall be maintained free of obstructions.	As required	Maintenance
2.5.1.3.	Fire access routes shall be maintained so as to be for use at all times by fire department vehicles.	As required	Maintenance



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 19 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## MEANS OF EGRESS

### Fire Code

#### Reference No.

		<b>Frequency</b>	<b>By</b>
2.2.3.4.	Inspect all doors in fire separations.	Monthly	Maintenance
2.2.3.5.	Check all fire doors are closed.	As required	Maintenance
2.7.3.1.	Maintain exit sign legibility.	As required	Maintenance
2.7.3.2.	Ensure exit lights are illuminated.	As required	Maintenance
2.7.1.7.	Maintain corridors free of obstructions.	As required	Maintenance

## SERVIVE EQUIPMENT, DUCTING, AND CHIMNEYS

### Fire Code

#### Reference No.

		<b>Frequency</b>	<b>By</b>
2.6.1.3 (1)	Check hoods, filters & ducts subject to combustible deposits; clean as required.	Weekly	Maintenance
2.2.3.7.	Inspect all fire dampers and fire stop flaps.	Annually	Contractor
2.6.1.4.	Inspect chimneys, flues, and pipes and clean as necessary.	Annually	Contractor
2.6.1.8.	Inspect disconnect switch for mechanical air-conditioning and ventilation.	Annually	Contractor

## EMERGENCY LIGHTING

### Fire Code

#### Reference No.

		<b>Frequency</b>	<b>By</b>
2.7.3.1	Check exit lights.	Daily	Maintenance
2.7.3.3 (1)	Check pilot lights on emergency lighting equipment.	Monthly	Maintenance
2.7.3.3 (2)	Inspect emergency lighting equipment.	Monthly	Maintenance
2.7.3.3 (3)	Test emergency lighting unit equipment for operation upon failure of primary power.	Monthly	Maintenance
2.7.3.3 (3)(b)	Test emergency lighting unit equipment for design duration.	Annually	Contractor



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 20 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## SPRINKLER SYSTEM

### Fire Code

### Reference No.

		<b>Frequency</b>	<b>By</b>
6.6.1.2	Inspect valves controlling water supply for sprinkler systems.	Weekly	Maintenance
6.5.5.2	Test sprinkler alarms using connection.	Monthly	Contractor
6.5.5.7	Test sprinkler supervisory and other sprinkler and fire protection system supervisory devices.	Every 2 mths	Contractor
6.5.5.7	Test gate valve supervisory and other sprinkler and fire protection system supervisory devices.	Every 6 mths	Contractor
6.5.3.2	Check sprinkler system hangers.	Annually	Contractor
6.5.3.5	Check all sprinkler heads.	Annually	Contractor
6.5.4.4 (2)	Remove plugs or caps on fire dept. connections and inspect for wear, rust or obstructions.	Annually	Contractor
6.5.5.3	Test water flow on wet sprinkler systems using most remote test connection.	Annually	Contractor
6.5.5.5	Test flow of water supply using main drain valve.	Annually	Contractor

**Note:** In accordance with the Ontario Fire Code, repair, replacement and alterations of sprinkler system components shall be in accordance with NFPA 13-1994, "Standard for Installation of Sprinkler Systems".



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 21 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## EMERGENCY GENERATOR

The emergency generator shall be inspected, tested, and maintained in conformance with CSA-C282, "Emergency Electrical Power Supply for Buildings".

Refer to CAN/CSA – C282-M89 for exact requirements.

### Fire Code

#### Reference No.

		<b>Frequency</b>	<b>By</b>
6.7.1.1 (1)	Test/inspect generator set operated at 50% of rated load for 30 minutes.	Weekly	Maintenance
6.7.1.1 (1)	Test and clean crankcase breathers, governors, and linkages on emergency generators.	Bi-Annually	Contractor
6.7.1.1 (1)	Inspect and service emergency generator and engine set. Test generator at full load for at least 2 hours.	Annually	Contractor
6.7.1.5 (1)	Liquid fuel tanks shall be drained and refilled with a fresh supply at least once a year.	Annually	Contractor
6.7.1.5 (2)	The requirements of Sentence (1) may be achieved as a result of the normal weekly test program.	Annually	Contractor
6.7.1.1 (1)	Inspect and service injector nozzles and valve adjustments on diesel engine.	Every 2 Yrs	Contractor
6.7.1.1 (1)	Check insulation on generator windings.	Every 5 Yrs	Contractor



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 22 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## STANDPIPE AND HOSE SYSTEMS

Reference should be made to NFPA 14-1994 for exact details.

### Fire Code

#### Reference No.

		<b>Frequency</b>	<b>By</b>
6.4.2.1	Inspect hose cabinets to ensure hose position and that equipment in place and operable.	Monthly	Maintenance
6.4.2.4	Hose valves shall be inspected annually to ensure that they are tight so that there is no water leakage into the hose.	Annually	Contractor
6.4.2.5 (1)	Remove and re-rack hose and replace worn gaskets, hose.	Annually	Contractor
6.4.2.5 (2)	When hose is re-racked as required in Sentence 6.4.2.5. (1), it shall be done so that any folds will not occur at the same places.	Annually	Contractor
6.4.1.3 (2)	Plugs or caps shall be removed annually and the threads inspected for wear, rust or obstruction.	Annually	Contractor
6.4.3.1.	Hydro-statically test standpipe systems that have been modified, extended or are being restored to use.	As required	Contractor
6.4.3.5	Flow and pressure tests shall be conducted at the (cont') (cont') highest and most remote hose valve or hose connection to ensure that the water supply for standpipes is provided as originally designed.	Annually	Contractor



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 23 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **FIRE EXTINGUISHING SYSTEMS FOR COOKING EQUIPMENT**

Refer to NFPA 96-1994 and NFPA 17A-1994 for exact details

### **Fire Code Reference No.**

The Ontario Fire Code, Clause 6.8.1.1 (1)(i), makes reference to NFPA 17A, “Wet Chemical Extinguishing Systems”. NFPA 17A states that on a monthly basis, inspection shall be conducted in accordance with the manufacturers listed installation and maintenance manual or the owner’s manual. As a minimum this “check” or inspection should include the following in accordance with NFPA 17A-1994.

**Note:** This is for reference purposes only. Consult NFPA 17A for full details.

- The extinguisher system is in its proper location.
- The manual actuators are unobstructed.
- The tamper indicators and seals are intact.
- The maintenance tag certificate is in place.
- No obvious physical damage or condition exists that might prevent operation.
- The pressure gauges if provided are in operable range.
- The nozzle blow off caps are in place and undamaged.
- If any deficiencies are found, corrective action to be taken immediately.
- Inspection records to be kept.
- The date the inspection was performed and initials of the person performing inspection shall be recorded.

❖ The above monthly “check” will be conducted by Maintenance.

### **The Ontario Fire Code Sentence 2.6.1.13 states:**

Commercial cooking equipment exhaust and fire protection systems shall be maintained in conformance with NFPA 96, “Ventilation Control and Fire Protection of Commercial Cooking Operations”.

An approved contractor in accordance with NFPA 96-1994 will perform this maintenance every 6 months.





**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 24 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **FIRE ALARM / SPRINKLER SHUTDOWN**

In the event of shutdown of the Fire Alarm System or Sprinkler System, the Midland Fire Department and monitoring station will be notified.

All residents and building staff will be notified by posting notices at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown.

During such shutdowns, the Administrator or designate will organize staff to patrol all unprotected areas every half-hour until such times as the system is restored.

If the fire alarm system is out of service due to maintenance or other reasons, notices will be posted at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown. The staff will be reminded every 3 hours and at general shift change times until the system is restored.

A fire watch will be initiated including resident care staff and maintenance staff:

Resident care staff under the direction of the nurse designate will make rounds of the resident home area(s) that do not have an active fire alarm system every 30 minutes to check for potential signs of a fire emergency (i.e. check for the odor or sight of smoke or flame).

These rounds will include the active checking of resident/client rooms, lounges, storage rooms, closets, washrooms, tub rooms, dining/serving areas, and all other rooms. The staff will sound the alarm verbally, communicate with the charge nurse and call 9-1-1 in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

Maintenance staff or designated personnel (e.g. security) will make rounds of all non-resident home areas every 30 minutes to check for potential signs of a fire emergency (i.e. check for the odor or sight of smoke or flame). These rounds will include the active checking of all rooms and closets including lounges, kitchens, storage areas, mechanical rooms, locker rooms, offices and all other areas. The staff will immediately sound the alarm and communicate with the charge nurse in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

In the event that the fire watch is required when maintenance personnel are not present, the charge nurse will delegate a staff member (which may include contracted Security staff), to fulfill the rounds normally made by maintenance staff and notify the Administrator on call.

Appropriate staff will be called in or assigned as per the decision of the Administrator or designate.

The persons conducting the patrol must be provided with a means of communication should an emergency arise.



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 25 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Each tour of the building by the fire safety patrol must be recorded by the time and date. As well, any deficiencies noted and any measures taken to correct the deficiencies must also be recorded.

Occupants will be instructed to advise Fire Services immediately at 9-1-1 of any fire situation and to warn other occupants of imminent danger verbally.

In the event the fixed extinguishing system is shutdown, no cooking involving grease/laden vapors will occur.

**THE FIRE DEPARTMENT IS TO BE NOTIFIED IN WRITING OF SHUTDOWNS LONGER THAN 24 HOURS.**



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 26 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

**CODE RED- FIRE**  
**INCIDENT MANAGER / FIRE WARDEN CHECK LIST**

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

**Time**

- \_\_\_\_\_ Determine the source of the fire (alarm) or smoke
- \_\_\_\_\_ Ensure the fire alarm system has been activated
- \_\_\_\_\_ Ensure all staff are notified of the location of the fire
- \_\_\_\_\_ Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm
- \_\_\_\_\_ Appoint a person to meet firefighters at the front door, ensure the front door is unlocked and call the elevators to the first floor
- \_\_\_\_\_ Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g. smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate

**At the fire area:**

- \_\_\_\_\_ Ensure evacuation of the fire area begins immediately after the announcement of the "Code Red" for that area starting with the rooms closest to the fire location
- \_\_\_\_\_ Maintain a record of residents evacuated
- \_\_\_\_\_ Assign staff to monitor exit doors and account for all residents and visitors in the area
- \_\_\_\_\_ Provide assistance to the Fire Department as requested

**In the evacuation area:**

- \_\_\_\_\_ Complete an accounting (head count) of evacuated residents and staff
- \_\_\_\_\_ Ensure all persons are accounted for
- \_\_\_\_\_ If persons are missing notify the Fire Department

**After the incident has concluded:**



**Department:** Emergency Management

**Section:**

**Subject:** Code Red - Fire Plan

**Page:** 27 of 27

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Once the incident has concluded, the Incident Manager / Fire Warden will:

\_\_\_\_\_ Have "All Clear" announced to all staff

\_\_\_\_\_ Reset the fire alarm system(s), mag lock system, and elevators

\_\_\_\_\_ Ensure that the (insert title) or designate is advised of any fire equipment that was used

\_\_\_\_\_ Complete the appropriate incident reports and forward a copy to the Administrator

\_\_\_\_\_ Document staff in attendance and forward the list to the (insert title)



**Department:** Emergency Management

**Section:**

**Subject:** Code White - Violence

**Page:** 1 of 4

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **Code White - Violence**

### **Introduction**

Code White covers the procedures required during an uncontrolled violent situation that may result in serious injury.

### **Purpose**

To ensure Code White is used every time immediate response is needed to manage violent/aggressive behaviors. A staff member assessing a situation as posing an immediate danger to themselves and/or others can call a "Code White" at any time. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff will use non-violent interventions (Gentle Persuasive Approach). The primary aim is to remove all persons from the situation to minimize the risk of injury.

### **Procedure**

This procedure will provide direction in a situation where there is a potential for serious injury or uncontrollable behavior. (For controllable situations, the same procedure will be followed omitting the steps which involve contact with police services.) In the event that a serious violent or potentially uncontrollable situation occurs, the following action will be taken:

### **Potentially Violent Situation**

#### **Originating Staff**

1. If you identify a crisis situation remove yourself from the confrontation and immediately notify the police services by calling 9-1-1 and provide as much detail as possible.
2. Announce a Code White (repeat 3 times), identifying the location of the incident:  
*"Code White (location)"*  
*"Code White (location)"*  
*"Code White (location)"*

**Note:** the announcement will not include if a weapon is involved.

3. Notify the Charge Nurse or your direct Supervisor (if immediately available) of the situation, providing as much information as possible.



**Department:** Emergency Management

**Section:**

**Subject:** Code White - Violence

**Page:** 2 of 4

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### **Charge Nurse/Incident Manager**

1. Upon notification of a potentially violent situation take lead as the Incident Manager.
2. Call back the police (9-1-1) with an update of the situation within 5 minutes.
3. Delegate a staff member to meet the police at the main entrance and provide directions to the scene as well as alternative access to the area (e.g. location of the stairways and the elevator).
4. Delegate a staff member to call the Administrator or designate.

### **All Staff**

1. Upon notification of a Code White, if you are in the area of the emergency or able to respond to the situation, assist by evacuating residents from the area of the threat. The Incident Manager may send you back to your duties if further assistance is not necessary.
2. Reception (or if after hours, a designate chosen by the Incident Manager) will direct visitors/residents entering Hillcrest Village away from the area until the incident has been confirmed safe by the Incident Manager.
3. Use tactical verbal communication and non-violent interventions to de-escalate the situation if it is safe to do so.
4. If the aggressor has a weapon, do not attempt to remove the weapon or to subdue the person. The only goal will be to remove others from the situation.
5. If any injuries are incurred, provide first aid in a safe location and notify EMS 9-1-1.

### **Administrator**

1. In a serious situation, determine the need to establish the Senior IMS team.

## **Incident Concluded**

### **Incident Manager**

1. Once an incident has been controlled and the concerned area is safe for everyone to enter, announce, or have announced an "All Clear" (repeat 3 times):

*"Code White All Clear"*

*"Code White All Clear"*



**Department:** Emergency Management

**Section:**

**Subject:** Code White - Violence

**Page:** 3 of 4

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

*“Code White All Clear”*

2. At the conclusion of the incident complete the Incident Report and forward it to the Administrator or designate.
3. Contact resident POAs who were involved/affected by the incident.

#### **Administrator**

1. Notify the Health & Safety Committee and the Ministry of Labour if any staff suffers a critical injury (as defined by the *Occupational Health & Safety Act*).
2. Determine if the Ministry of Health and Long Term Care should be notified.
3. Schedule a detailed review within one week of any Code White incident where the police are involved.

#### **All Staff Involved**

1. If you were involved in the situation, complete a written report of the details of the incident and submit it to the Administrator within 24 hours of the incident. The report should be completed before leaving the facility.



**Department:** Emergency Management

**Section:**

**Subject:** Code White - Violence

**Page:** 4 of 4

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

**CODE WHITE – VIOLENCE SITUATION**  
**INCIDENT MANAGER CHECKLIST**

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

Reporting Staff Member: \_\_\_\_\_

**Time** (note below)

\_\_\_\_\_ Call police 9-1-1

\_\_\_\_\_ Announce Code White 3 times

*"Code White (location)"*

*"Code White (location)"*

*"Code White (location)"*

\_\_\_\_\_ Direct staff to remove all persons from the area of the threat

\_\_\_\_\_ Identify (if possible) the identity of the person(s) involved

\_\_\_\_\_ Determine if any weapons are involved

\_\_\_\_\_ Only as a last resort to stop an ongoing attack (and no weapons are involved), assemble a team to restrain the threat – 5 to 6 people to simultaneously intervene)

\_\_\_\_\_ Confirm that a staff member is meeting the police at the main entrance with directions and alternate access to the situation

\_\_\_\_\_ Delegate a person to notify the Administrator or Director of Resident Care/Assistant Director of Resident Care on call

\_\_\_\_\_ Update the police within 5 minutes of the first call

\_\_\_\_\_ Ensure first aid is provided (when safe to do so) and EMS is called for any injuries. Injured staff are to report to the First Aid Room if possible

\_\_\_\_\_ Ensure WSIB reports are completed for any injured staff

\_\_\_\_\_ Ensure all staff involved in the incident (including those involved in evacuating the area) complete an Incident Report on their observations and actions – prior to leaving



**CODE YELLOW - MISSING / LOST RESIDENT RESPONSE**

**INCIDENT MANAGER LOG/TIME SHEET**

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

Resident Name: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

**Time:** (note below)

\_\_\_\_\_ RN/RPN notified within 5 minutes of resident being noticed missing (current time)

Missing resident reported to RN/RPN by: \_\_\_\_\_

Time noticed missing by the staff member: \_\_\_\_\_

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

RN/RPN becomes the Incident Manager until relieved by a more senior staff member

\_\_\_\_\_ Search of wing initiated

\_\_\_\_\_ Check resident sign in/out sheets

\_\_\_\_\_ Advise all staff that you are looking for a specific resident

\_\_\_\_\_ Announce, or have announced

*"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

*"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

*"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

\_\_\_\_\_ Contact visitors who may have been visiting the resident

\_\_\_\_\_ Call other units/program areas in both buildings to determine if the resident is on another unit

\_\_\_\_\_ Delegate a staff member to check external sitting areas

10 minutes after RN/RPN notified (total of 15 minutes since resident went missing) regardless of the completeness of the current search for the resident:

\_\_\_\_\_ Advise all staff of a “Code Yellow” including the wing and resident name

\_\_\_\_\_ Police notified 9-1-1

\_\_\_\_\_ Complete Missing Persons Report

\_\_\_\_\_ Police arrived at facility

\_\_\_\_\_ Advise the police if the resident is registered with the Alzheimer’s Society Wandering Registry so the police can access the file on their CPIC (computer) system

\_\_\_\_\_ Activate the staff call back list if outside of weekday business hours

\_\_\_\_\_ Notify the Administrator or delegate

\_\_\_\_\_ Notify the Medical Director and Director of Resident Care

\_\_\_\_\_ Obtain and distribute photo of the resident to all searchers

\_\_\_\_\_ Ministry of Health and Long Term Care notified

\_\_\_\_\_ Family of missing resident notified.

Family member name: \_\_\_\_\_

By whom: \_\_\_\_\_

**Initial Search of the Facility and Grounds**

**Time** (note below)

- \_\_\_\_\_ Staff assigned to search the **Hillcrest building basement** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Hillcrest building 1<sup>st</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Hillcrest building 2<sup>nd</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Hillcrest building roof** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building basement** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building 1<sup>st</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building 2<sup>nd</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building roof** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search **grounds & parking** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search \_\_\_\_\_ team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search \_\_\_\_\_ team leader \_\_\_\_\_ # \_\_\_\_\_

**Second Search of the Facility and Grounds**

Assign different staff to search each area.

**Time** (note below)

- \_\_\_\_\_ Staff assigned to search the **Hillcrest building basement** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Hillcrest building 1<sup>st</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Hillcrest building 2<sup>nd</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Hillcrest building roof** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building basement** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building 1<sup>st</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building 2<sup>nd</sup> floor** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search the **Heritage building roof** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search **grounds & parking** team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search \_\_\_\_\_ team leader \_\_\_\_\_ # \_\_\_\_\_
- \_\_\_\_\_ Staff assigned to search \_\_\_\_\_ team leader \_\_\_\_\_ # \_\_\_\_\_

**Initial Surrounding Community Search**

1. Community Search must be done in pairs. Searchers must have cell phone contact.
2. The search will be made from safe locations (e.g. sidewalk) and not put the search teams at risk.
3. The police will do a more thorough search of the areas.

**Search zones**

Zone 1 -     Glouster St. to the North  
              Russell St. to the East  
              Dominion Ave. to the South  
              Queen St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_

Zone 2 -     Glouster St. to the North  
              George St. to the East  
              Barnett St. to the South  
              Russell St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_

Zone 3 -     Dominion Ave. to the North  
              Russell St. to the East  
              Elizabeth St. to the South  
              Queen St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_

Zone 4 -     Barnett Ave. to the North  
              George St. to the East  
              Elizabeth St. to the South  
              Russell St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_

**Second Search of the Surrounding Community**

1. Community Search must be done in pairs. Searchers must have cell phone contact.
2. The search will be made from safe locations (e.g. sidewalk) and not put the search teams at risk.
3. The police will do a more thorough search of the areas.

Community Search must be done in pairs. Searchers must have cell phone contact.

**Search zones**

Zone 1 -     Glouster St. to the North  
              Russell St. to the East  
              Dominion Ave. to the South  
              Queen St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_

Zone 2 -     Glouster St. to the North  
              George St. to the East  
              Barnett St. to the South  
              Russell St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_

Zone 3 -     Dominion Ave. to the North  
              Russell St. to the East  
              Elizabeth St. to the South  
              Queen St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_

Zone 4 -     Barnett Ave. to the North  
              George St. to the East  
              Elizabeth St. to the South  
              Russell St. to the West

Search team \_\_\_\_\_ Contact # \_\_\_\_\_



**Resident Located**

**Time** (note below)

\_\_\_\_\_ Resident Located      Where: \_\_\_\_\_

By whom: \_\_\_\_\_

Resident condition: \_\_\_\_\_

\_\_\_\_\_ Medical assistance or EMS (paramedics) required: \_\_\_\_\_

\_\_\_\_\_ Family advised

\_\_\_\_\_ Police advised (9-1-1)

\_\_\_\_\_ Searchers advised

\_\_\_\_\_ Administrator advised

\_\_\_\_\_ Director of Resident Care advised

\_\_\_\_\_ Medical Director advised

\_\_\_\_\_ Ministry of Health and Long Term Care notified\*

\_\_\_\_\_ Initial Debriefing

\_\_\_\_\_ Ministry of Health and Long Term Care Incident Report completed

Comments:

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

\* asterisk notes calls made by the Administrator or delegate





**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 1 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

### **Code Yellow – Missing Resident**

#### **Policy**

A “Code Yellow” procedure will be implemented immediately upon discovering a Resident is missing. A Resident is considered missing when they are not in a location where staff would expect to find them. Staff members will conduct a short search, as defined in the procedure below, before a Code Yellow is announced.

#### **Procedure**

In the event that a Resident is missing, the following action will be taken:

#### **First phase (5-minute time frame)**

##### **Originating Staff**

1. If you realize a resident is unaccounted for inform the Registered Nurse (RN/RPN) for the unit.
2. Assist in the search process under the direction of the Registered Nurse / Incident Manager.

##### **Registered Nurse/Incident Manager**

1. Upon notification that a resident is unaccounted for, assume the role of Incident Manager and direct staff to begin a systematic search of the wing, checking areas the resident may have gone, querying other staff and checking sign in/sign out sheets. Staff will use the Emergency Response audit forms located in the emergency envelopes on each unit.
2. Utilize the Incident Manager Check List – Code Yellow to track actions and log the times of the response.
3. If the resident is still unaccounted for after the initial 5-minute search, inform the Charge Nurse who will take over as Incident Manager.

##### **All Staff**

1. As directed, search the unit, check areas the resident may have gone, query other staff and check sign in/sign out sheets.
2. Use the floor plans located in the emergency envelope on each unit and department to document each area searched.



**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 2 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

3. Report back to the RN/RPN with the completed audit forms and follow their directions.

#### **Charge Nurse**

1. Upon notification that a resident has been unaccounted for 5 minutes, assume the role of Incident Manager until relieved by a more senior staff member.
2. Use the Code Yellow Incident Manager Check List.

#### **Second phase (10-minute time frame)**

#### **Incident Manager**

1. Announce / page calmly to all visitors and staff (or have paged), three times.

*"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

*"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

*"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

Repeat this announcement again after 3 minutes if the resident/client does not return.

2. Organize the unit staff to do a follow up search of the unit and areas of the Home where the resident may routinely visit; recheck the sign in/out sheets; and follow up with visitors that may have visited the resident that day.
3. If it is suspected that the resident has left the building with a family member, delegate a staff member to call the family to confirm.
4. Notify all staff on other units/program areas in both buildings to determine if the resident is on other floors or areas.
5. Direct staff to check external sitting areas.
6. If the Resident is not located within 10 minutes, have the area RN / RPN complete the Resident Profile and bring it to Reception along with the Resident's chart and picture.

**Note:** This stage shall last no longer than 10 minutes for a total of 15 minutes after the first indication that resident/client was missing

#### **All Staff**



**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 3 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

1. Follow the direction of the Incident Manager.
2. Assist with the follow up search and contacting visitors/family members, as requested by the Incident Manager.
3. Be on the lookout for the missing resident. If you do not know what the missing resident looks like, be alert to persons in your area that seem lost or are unknown to you.
4. Report to the Incident Manager any person in your area that you do not know and fits the description of the missing resident or who appears lost.

**Third phase (initiated 15 minutes after the first indication the resident was missing)**

If the resident has not been located within 10 minutes of the Incident Manager being notified, regardless of the completeness of the current search, the following tasks will be completed:

**Incident Manager**

1. Commence paging for a "Code Yellow". Announce calmly to all visitors and staff (or have announced) a "Code Yellow" three times:

*"Code Yellow (Resident/Client name) (Resident Home Area)."*

*"Code Yellow (Resident/Client name) (Resident Home Area)."*

*"Code Yellow (Resident/Client name) (Resident Home Area)."*

The announcement will be repeated after 5 minutes.

2. Notify the police 9-1-1, providing a description of the resident/client.
3. Complete a Missing Person Report.
4. Move to reception which will become the command post where all responding staff will report for instruction.
5. Give staff a description of the resident (physical description and clothing), including photo and a search floor plan/area map for them to initiate the search of the resident. Where possible, assign staff to search areas that they are most familiar with (e.g. dietary staff to search kitchen and support areas, nursing staff search the unit they are working on) for the initial search.



**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 4 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

6. Direct maintenance staff to bring the elevators down to the main floor and put on service with the doors open to confirm no one is stuck in an elevator. Once checked they can be put back in service.
7. When Police arrive, provide them with a photo of the resident/client, a copy of the Missing Person Report and a summary of the actions taken prior to their arrival. The staff search will continue in supplement to the police action.
8. Notify the Administrator / delegate.
9. Outside of peak staffing hours initiate the staff call back list.
10. The search will include a search of the grounds. Any search external to the building (including on the grounds) will be done in pairs.
  - a. If it is suspected that the resident may have left the building, you may direct specific staff to start an external facility search at the same time an internal search is being performed.
  - b. Provide maps for all the designated search areas beyond the grounds of the Home.
11. Direct staff to report back to you at a minimum every 10 minutes.
12. After staff have reported back that their assigned search is complete, reassign them to another search area.
13. Assign staff members, who are reporting in from the staff call back list, to search in pairs beyond the grounds of the Home and provide them with maps.
14. When sufficient staff is present, commence a second search of the Home and the grounds.
  - a. Determine if the search area should be expanded further.
15. Review video surveillance.
16. Notify the family of the resident.

#### **All Staff**

1. Following the announcement of a Code Yellow, if you are available for the search, respond to the command post at reception.

**Note:** At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.



**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 5 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

2. Conduct a search of both buildings in an organized fashion, using the floor map by checking:
  - a. Each room, on/under beds
  - b. Each bathroom
  - c. Utility rooms
  - d. Linen closets
  - e. Stairwells
  - f. Elevators
  - g. Service areas
  - h. All keyed doors
3. When conducting a search of a floor start the search at the Nursing Station and complete the search, ensuring that each room has been searched twice.
4. As rooms are searched, identify them with “Searched” indicators and mark them on the search map. Then search the stairwells.
5. Report back to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting can be done either by physically reporting in, by cell phone, or by another device.
6. Once your assigned search area is complete, return to the Incident Manager for further assignment.
7. Notify the Incident Manager immediately upon the location of the missing resident.

#### **Administrator**

1. Establish the Senior IMS Team in the Board Room.
2. Contact the Ministry of Health and Long-Term Care.

### **After the Incident Has Concluded**

#### **Incident Manager**

1. Once the Resident has been located notify:
  - a. The Police Services (9-1-1)
  - b. Resident POA
  - c. Administrator
  - d. Director of Resident Care



**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 6 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

e. Medical Director

f. All units and departments by paging an “All Clear” 3 times

*“Code Yellow, (Resident Name), All Clear”*

*“Code Yellow, (Resident Name), All Clear”*

*“Code Yellow, (Resident Name), All Clear”*

2. Advise all searchers and authorities that have been contacted that the resident/client has been located. (Administrator, Police, Ministry of Health and Long-Term Care.)
3. Contact the resident’s family to advise them that the resident has been found.
4. Complete appropriate progress notes and incident form.

#### **Charge Nurse**

1. Complete an assessment of the Resident’s condition. Document and indicate follow-up. The Physician will see the resident within 24 hours, where appropriate.
2. If required, the resident may need to be sent to ER for assessment (e.g., exposure to cold).

#### **Debrief**

#### **Incident Manager**

1. Ensure that all documentation is completed.
2. Chair a Code Yellow Debrief session within 24 hours of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement.

#### **Administrator / Director of Resident Care**

1. Complete the Critical Incident Form and submit to the Ministry of Health & Long-Term Care.
2. Schedule a more detailed review within one week of any incident where police were notified.



**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 7 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

**CODE YELLOW - MISSING / LOST RESIDENT RESPONSE**

**INCIDENT MANAGER LOG/TIME SHEET**

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

Resident Name: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

**Time:** (note below)

\_\_\_\_\_ RN/RPN notified within 5 minutes of resident being noticed missing (current time)

Missing resident reported to RN/RPN by: \_\_\_\_\_

Time noticed missing by the staff member: \_\_\_\_\_

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

RN/RPN becomes the Incident Manager until relieved by a more senior staff member

\_\_\_\_\_ Search of wing initiated

\_\_\_\_\_ Check resident sign in/out sheets

\_\_\_\_\_ Advise all staff that you are looking for a specific resident

\_\_\_\_\_ Announce, or have announced

*“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”*

*“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”*

*“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”*

\_\_\_\_\_ Contact visitors who may have been visiting the resident

\_\_\_\_\_ Call other units/program areas in both buildings to determine if the resident is on another unit

\_\_\_\_\_ Delegate a staff member to check external sitting areas



**Department:** Emergency Management

**Section:**

**Subject:** Code Yellow – Missing Resident

**Page:** 8 of 8

**Revised Date:** April 12, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 11, 2022

10 minutes after RN/RPN notified (total of 15 minutes since resident went missing) regardless of the completeness of the current search for the resident:

\_\_\_\_\_ Advise all staff of a “Code Yellow” including the wing and resident name

\_\_\_\_\_ Police notified 9-1-1

\_\_\_\_\_ Complete Missing Person’s Report

\_\_\_\_\_ Police arrived at facility

\_\_\_\_\_ Advise the police if the resident is registered with the Alzheimer’s Society Wandering Registry so the police can access the file on their CPIC (computer) system

\_\_\_\_\_ Activate the staff call back list if outside of weekday business hours

\_\_\_\_\_ Notify the Administrator or delegate

\_\_\_\_\_ Notify the Physician and Director of Resident Care

\_\_\_\_\_ Obtain and distribute photo of the resident to all searchers

\_\_\_\_\_ Ministry of Health and Long-Term Care notified

\_\_\_\_\_ Family of missing resident notified.

Family member name: \_\_\_\_\_

By whom: \_\_\_\_\_





**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 1 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

## **Crisis Communications**

### **Introduction**

All communications to the public and the media will be accurate, concise, coordinated and respect the privacy of staff/residents and their families. In order to maintain a consistent and clear message, all communications with the public and media will be approved by the Administrator or the Incident Manager during a major event.

### **Procedure**

#### **All Staff and Volunteers**

All staff and volunteers must understand that it is critical to the reputation of the organization that opinions and inaccurate information do not taint the reality of the situation. Therefore, all staff and volunteers are asked not to comment to the media during an emergency.

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

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

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

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

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

#### **Administrator**

In an emergency event, the Administrator determines if there is a need to designate a Public Information Officer and who will fill that role.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through



**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 2 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer should be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

Notify the Administrator of any contentious issues that may be in the media.

The Administrator may consider contacting a professional firm to fill the role of the Public Information Officer for major or contentious issues. This firm would not be the public spokesperson, which should be a representative of Hillcrest Village, but would provide crisis communications support and guidance.

### **Public Information Officer (PIO)**

The Public Information Officer(s) must work closely with the organization to ensure that a single consistent message is communicated.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

The PIO will inform the Incident Manager and Administrator of any contentious issues that may be in the media.

### **News Briefings**

When a press release is made, copies should be made available either in hard copy or electronically to all Hillcrest Village personnel. This ensures that everyone is aware of the same information that is being released to the media in the event that the media follows up with someone else within the organization.



**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 3 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Prior to releasing information, it is critical to ensure that the facts have been confirmed rather than making a premature statement and having to retract or correct it later. Only confirmed facts should be presented. At no time should personal opinions, speculations, feelings or comments regarding the incident or the response be made in public or to the media. Statements should never be made that you would not want quoted in the media.

All media releases must conform to confidentiality policies and legislation.

All media statements should be made using plain English, not using media or medical terminology either written or verbally.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer will be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

The spokesperson for news briefings may be someone other than the Public Information Officer, such as the Director of Resident Care, Administrator etc. In these situations, the role of the Public Information Officer is to assist this person with their statements, anticipate potential questions, and draft answers in advance. During the news briefing, the Public Information Officer acts as the mediator and ends the briefing as soon as the allotted time is done.

If multiple agencies are involved in the incident, the Public Information Officer should work closely with those filling the Public Information Officer role for the other agencies. Working together with other agencies and staff within your facility will ensure that information released is coordinated, sending a single message.

News media staff should be asked for their credentials (e.g. I.D. Cards) before they are included in a media briefing or tour.

Where possible, record all interviews, briefings or other discussions with the media to create a "record" of the interaction for both quality assurance and training purposes.

Keep media outside of the emergency area or zone, or from areas where their presence may cause clients, families and volunteers to feel uncomfortable.

When setting up a media area, it should have easy access without traveling through the Home or area where emergency operations are occurring. Media personnel may want to take pictures (either video or still photos) of the "action", and therefore a guided tour to an area where they can take photos may be appropriate if deemed appropriate by the Administrator, and as long as it is not detrimental to the



**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 4 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

incident response or facility operations. By offering a media tour in a coordinated manner, it should reduce the media's drive to get into areas that may disrupt operations.

A white board/bulletin board should be set up to display information such as the next briefing time and approved information.

Additional staff should always be present in the media room while any news conference is in session to provide security and ensure the safety of all visitors. Uniformed security staff should be avoided so as to not provide the impression of "controlling" the media.

The Public Information Officer and any assigned speaker to the media will:

1. Be knowledgeable and provide the basic facts of the incident being covered.
2. Briefly respond to questions by providing essential information only.
3. State only the facts and avoid speculation about causes and long-term effects of the incident.
4. Avoid comment on areas that are not within their field of expertise or responsibility by advising that you do not know but will follow up and obtain further information. Do not use "no comment" or "we cannot comment", but use words such as, "*that is out of my personal knowledge and we will get back to you with more information*" or "*we will provide information as soon as it is available*", or "*as you understand, personal client information cannot be released*".
5. Provide reassurance that appropriate resources are being used to resolve the incident and provide the best possible safety and security to residents, family members, volunteers, staff and others involved in the incident.
6. Do not speak for or comment regarding other organizations unless previously agreed to.

### **On-camera Interviews**

If a staff member is asked to participate in an interview, they will:

1. Obtain authorization from the Administrator.
2. Ask the reporter to provide the questions beforehand and plan a properly phrased response. Be prepared however, to be asked questions that are not provided.



**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 5 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

3. Listen to each question carefully and take a moment to compose an answer that is factual, concise and grammatically correct.
4. Understand there is no obligation to answer every question.
5. Be conscious of appearance and body language.
6. Avoid humor as it is incompatible with the seriousness of the situation.



**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 6 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

**COMMUNICATIONS PLAN**  
**PUBLIC INFORMATION OFFICER CHECK LIST**

Date: \_\_\_\_\_ Time Public Information Officer designated:

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

Public Information Officer: \_\_\_\_\_

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

Director of Resident Care on location: \_\_\_\_\_

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

**Time** (note below):

Briefed by Incident Manager.

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

Time incident started: \_\_\_\_\_

Services on location or involved in responding to the incident.

EMS: 9-1-1

Police: 9-1-1

Fire: 9-1-1

Public Health

Public Works

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

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

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

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

General actions being taken:

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



**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 7 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

Issues of contention identified:

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

**Time** (note below)

\_\_\_\_\_ Briefing with Administrator or Director of Nursing

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

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

\_\_\_\_\_ Location for interview/briefing identified: \_\_\_\_\_

\_\_\_\_\_ Length of interview / briefing: \_\_\_\_\_

\_\_\_\_\_ Briefing notes

Key points to communicate:

The priority is the health and safety of our residents, volunteers and staff  
All available resources required are being deployed  
Working closely with emergency/allied agencies (identify key agencies)

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

Working to ensure that the incident will not reoccur:

Other points:

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

Identify questions media may ask:

**Q:** \_\_\_\_\_

**A:** \_\_\_\_\_

**Q:** \_\_\_\_\_



**Department:** Emergency Management

**Section:**

**Subject:** Crisis Communications

**Page:** 8 of 8

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

A: \_\_\_\_\_

Q: \_\_\_\_\_

A: \_\_\_\_\_





\_\_\_\_\_ Briefing/press release approved by Administrator/designate

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

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

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



<b>CODES</b>	<b>EMERGENCY CODE DEFINITION</b>
	<b>BLUE</b> – MEDICAL EMERGENCY and CRITICAL INJURY – <u>RESIDENT or NON-RESIDENT</u>
	<b>GREY</b> – AIR EXCLUSION
	<b>ORANGE</b> – EXTERNAL EMERGENCY
	<b>GREEN</b> – EVACUATION
	<b>BROWN</b> – HAZARDOUS SPILL
	<b>BLACK</b> – BOMB THREAT
	<b>YELLOW</b> – MISSING RESIDENT
	<b>WHITE</b> – AGGRESSION/VIOLENCE
	<b>RED</b> - FIRE

# EMERGENCY PHONE NUMBERS

DESCRIPTION	NAME	PHONE NUMBER
POLICE	911	1-888-310-1122
FIRE	911	After hours 705-526-2201
AMBULANCE	911	705-526-5466
Midland Hospital	Georgian Bay General Hospital (GBGH)	705-526-1300
Orillia Hospital	Orillia Soldiers Memorial Hospital	705-325-2201
Barrie Hospital	Royal Victoria Regional Health Centre (RVH)	705-728-9802
Transportation	SHARP Bus Lines - Midland	705-540-1563
Transportation	Community Reach	705-528-6999
Pharmacy	Care Rx	705-721-4616 705-722-4444
Pharmacy	Consultant Pharmacist Sheri Kidson	705-220-2787
Pharmacy	Shopper's Drug Mart (Back-up)	705-526-7855
Oxygen	Royal ProResp	705-730-0818
MOH	Ministry of Health & Long Term Care	1-866-434-0144
MOH	Emergency Response	1-866-212-2272
MOH	(CIATT) Regular Business Hours	905-546-8295 or 1-855-819-0879
MOH	(CIS) After-Hours Communication Protocol	1-888-999-6973
NSM LHIN	Home and Community Care Support Services	705-721-8010
Public Health	Public Health Barrie	1-877-721-7520
Hazardous Spills	Report to the Spills Action Centre	1-800-268-6060
Poison	Ontario Poison Control Centre	1-800-268-9017
Health & Safety	Ministry of Labour	1-877-202-0008
Environment	Ministry of Environment & Climate	1-800-565-4923
LTC Facilities	The Villa Care Centre	705-526-4238
LTC Facilities	Georgian Village and Manor	705-549-3166
Alarms	Huronian Alarm & Fire Security	705-527-9311
Elevator	Hytrac Elevator Co. Ltd.	705-739-7633
Gas	Enbridge	1-866-763-5427
Hydro	Newmarket-Tay Hydro (NT Power)	705-526-9361, Press 5 for Emergency
Water	Midland Public Works	705-526-4275 After hours 705-527-4424
Media	104.1 the Dock	Office Line: 705-720-1991 News Line: 705-526-9851

## Location to go to if a Total Evacuation:

North Simcoe Sports & Recreation Centre – 527 Len Self Blvd., Midland, ON L4R 5N6  
Phone: 705-526-9395



**Department:** Emergency Management      **Section:**  
**Subject:** Incident Management System      **Page:** 1 of 16  
Senior IMS Checklists      **Revised Date:** April 11, 2022  
**Approval Date:** August 2017      **Reviewed Date:** July 6, 2022

### **Senior IMS Checklists**

#### **Incident Management System**

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

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

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

#### **Key Functions**

##### **Incident Manager**

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

There will always be an Incident Manager for every incident.

##### **Operations**

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

##### **Logistics**

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

##### **Planning**

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

##### **Administration/Financial**



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 2 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

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

**Public Information**

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

**Liaison**

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

**Safety**

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

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

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

**Incident Manager – Job Action Sheet**

**Role:** Organize and direct the emergency operations and ensure ongoing resident care. Give overall direction for facility operations and if needed, authorize evacuation.

Under normal circumstances, the Administrator/delegate will fulfill this role when the Senior IMS team is called together.

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

\_\_\_\_\_ Initiate the Incident Management System

\_\_\_\_\_ Read this entire Job Action Sheet

\_\_\_\_\_ Put on the Incident Manager (safety) vest located at Heritage Reception

\_\_\_\_\_ Appoint an Operations Manager (if required)



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 3 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

\_\_\_\_\_ Appoint a Planning Manager (if required)

\_\_\_\_\_ Appoint a Logistics Manager (if required)

\_\_\_\_\_ Appoint an Administration/Finance Manager (if required)

\_\_\_\_\_ Appoint an Information Officer (if required)

\_\_\_\_\_ Appoint a Safety Officer

\_\_\_\_\_ Appoint a Liaison Officer (if required)

\_\_\_\_\_ Announce a status/action plan meeting of the IMS Team

\_\_\_\_\_ Receive status report and discuss the initial action plan with the team

\_\_\_\_\_ Receive initial facility damage survey report (Logistics function)

\_\_\_\_\_ Obtain patient census and status from the planning manager

\_\_\_\_\_ Direct the Liaison Officer to establish contact with

- MOHLTC (1-866-434-0144)
- Home and Community Care Support Services (705-721-8010)
- Other agencies \_\_\_\_\_

\_\_\_\_\_ Authorize resources as requested by the IMS team

\_\_\_\_\_ Establish a meeting cycle and ensure team meets as per meeting cycle

\_\_\_\_\_ Communicate status to **President** or designee

\_\_\_\_\_ Consult with the IMS Team on needs for staff and volunteer food and shelter

\_\_\_\_\_ Approve media releases submitted by the Information Officer



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 4 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Operations – Job Action Sheet

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

**Name:** \_\_\_\_\_

#### Time (Note Below) Task

\_\_\_\_\_ Receive appointment and briefing from the Incident Manager

\_\_\_\_\_ Read this entire Job Action Sheet

\_\_\_\_\_ Appoint Teams for each area of the operation (e.g. search teams, evacuation teams, nursing teams, as needed)

\_\_\_\_\_ Brief all Teams for each area of the operation

\_\_\_\_\_ Provide direction to the teams

\_\_\_\_\_ Determine which teams are involved in the emergency and which teams are maintaining normal operations (Normal operations may be assigned to one team leader)

\_\_\_\_\_ Provide direction regarding the emergency response actions for the incident (e.g. evacuation, search, reception etc.)

\_\_\_\_\_ Coordinate staffing requirements with the Logistics Manager who will arrange for additional staff as required

\_\_\_\_\_ Receive, coordinate and forward all requests for personnel and supplies to the Logistics Manager

\_\_\_\_\_ Establish an advisory group as required (e.g. **medical director**)

\_\_\_\_\_ Attend IMS Team meetings



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 5 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Logistics – Job Action Sheet

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

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

\_\_\_\_\_ Receive appointment and briefing from the Incident Manager

\_\_\_\_\_ Read this entire Job Action Sheet and attached sub-function check lists  
(HR, Food/Dietary, Facilities Management, Security, Purchasing)

\_\_\_\_\_ Establish a system of runners to convey important messages

\_\_\_\_\_ Appoint assistants *as required* (insert names)

- Human Resources \_\_\_\_\_
- Food / Dietary Leader \_\_\_\_\_
- Facilities Management Leader \_\_\_\_\_
- Security Leader \_\_\_\_\_

\_\_\_\_\_ Brief assistants on the situation and action plan

\_\_\_\_\_ Establish a regular meeting cycle of Logistics Team members

\_\_\_\_\_ Document discussions, decisions, and actions from IMS Meetings

\_\_\_\_\_ Receive a copy of all documentation/reports from all IMS Managers and organize the documentation

\_\_\_\_\_ Ensure a copy of all outgoing and incoming faxes are maintained

\_\_\_\_\_ Obtain a copy of all resident transfer charts for documentation protection

\_\_\_\_\_ Maintain a chronological chart of all key incidents, actions etc.



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 6 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

- \_\_\_\_\_ Obtain a damage assessment from the Facilities Management Leader
- \_\_\_\_\_ Contact each department to determine equipment and supply needs
- \_\_\_\_\_ Create lists of available suppliers, pricing, etc.
- \_\_\_\_\_ Coordinate with the Finance Leader for purchasing
- \_\_\_\_\_ Assess the status of telephone and computer systems
- \_\_\_\_\_ Assess the status of the fire alarm system
- \_\_\_\_\_ Coordinate efforts of IT, telephone and fire alarm service companies
- \_\_\_\_\_ Provide 2 way radios where required
- \_\_\_\_\_ Obtain needed supplies with the assistance of the Administration/Finance Manager
- \_\_\_\_\_ Attend IMS Team meetings

### Planning – Job Action Sheet

**Role:** The planning function develops scenario/resource projections for the senior management team and undertakes long range planning (more than 2 hours).

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

- \_\_\_\_\_ Receive appointment and briefing from the Incident Manager
- \_\_\_\_\_ Read this entire Job Action Sheet
- \_\_\_\_\_ Establish a status board and keep it current
- \_\_\_\_\_ Research the factors surrounding the emergency
- \_\_\_\_\_ Ensure all IMS team members have appropriate policies/plans





**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 7 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

\_\_\_\_\_ Monitor the external influences (e.g. weather, utilities, staffing, supplies etc.)

\_\_\_\_\_ Project the possible situation(s) in 2 hours (short term)

\_\_\_\_\_ Prepare options to respond to the possible short term situation

\_\_\_\_\_ Project the possible situation(s) in more than 2 hours (long term)

\_\_\_\_\_ Prepare options to respond to the possible long term situation

\_\_\_\_\_ Prepare a plan / strategy to restore the facility to normal operations

\_\_\_\_\_ Estimate the resource requirements and financial implications (in cooperation with the Administration/Finance Manager) to return to normal operations

\_\_\_\_\_ Attend IMS Team meetings

### **Administration/Financial – Job Action Sheet**

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

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

\_\_\_\_\_ Receive appointment and briefing from the Incident Manager

\_\_\_\_\_ Read this entire Job Action Sheet and attached sub-functions (documentation, finance, legal, administrative support)

\_\_\_\_\_ Appoint Administration/Finance Support staff as required

\_\_\_\_\_ Ensure documentation of all IMS Team meetings, decisions and actions

\_\_\_\_\_ Monitor all expenditures and provide financial reports

\_\_\_\_\_ Notify insurance companies and the facility lawyer of the incident. (document time and who was spoken to)



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 8 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

- \_\_\_\_\_ Monitor and document all purchases and expenditures
- \_\_\_\_\_ Maintain written reports summarizing financial data relative to personnel costs, supplies and miscellaneous expenses
- \_\_\_\_\_ Monitor current financial balances and credit limits
- \_\_\_\_\_ Request approval to extend lines of credit or other banking services as required
- \_\_\_\_\_ Negotiate terms of payment for supplies and emergency purchases
- \_\_\_\_\_ Document expenditures for reimbursement submissions – MOHLTC and/or insurance provider
- \_\_\_\_\_ Receive and document alleged claims. Use photographs and video to document where appropriate.
- \_\_\_\_\_ Obtain statements from all claimants and witnesses
- \_\_\_\_\_ Enlist the assistance of the Safety Officer and Security Leader where appropriate to investigate claims
- \_\_\_\_\_ Update the facility's legal services and enlist their counsel as required.
- \_\_\_\_\_ Review contracts or agreements being negotiated on short notice with vendors
- \_\_\_\_\_ Provide a summary of all alleged claims for the legal counsel and Administrator
- \_\_\_\_\_ Attend IMS Team meetings

### **Public Information – Job Action Sheet**

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

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 9 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

- \_\_\_\_\_ Receive appointment and briefing from the Incident Manager
- \_\_\_\_\_ Read this entire Job Action sheet
- \_\_\_\_\_ Identify restrictions in contents of news releases from the Incident Manager
- \_\_\_\_\_ Coordinate communications strategy for family members / stakeholders
- \_\_\_\_\_ If media are on-site, or expected, establish a Public Information area away from the area where the response is being coordinated and resident home areas. Inform on-site media of the physical areas which they have access to and those which are restricted. (coordinate with security)
- \_\_\_\_\_ Issue an initial incident information report to the news media
- \_\_\_\_\_ Contact other involved agencies to coordinate released information. Keep the Liaison Officer informed on actions
- \_\_\_\_\_ Obtain a progress report from the IMS Team as appropriate
- \_\_\_\_\_ Establish communications with family members
- \_\_\_\_\_ Notify the media about casualty status
- \_\_\_\_\_ Establish a news briefing cycle as approved by the Incident Manager
- \_\_\_\_\_ Contact a media / communications expert, as required
- \_\_\_\_\_ Brief and prepare the Administrator or spokesperson speaking to the media
- \_\_\_\_\_ Prepare a list of possible questions anticipated from media, families etc.
- \_\_\_\_\_ Prepare responses for anticipated questions
- \_\_\_\_\_ Manage any media conferences
- \_\_\_\_\_ Attend IMS Team meetings



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 10 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Liaison – Job Action Sheet

**Role:** Function as incident contact person for representatives from other agencies

**Name:**

**Time (Note Below)    Task**

\_\_\_\_\_ Receive appointment and briefing from the Incident Manager

\_\_\_\_\_ Read this entire Job Action sheet

\_\_\_\_\_ Establish a list of key contacts from other agencies

- MOHLTC: 1-866-434-0144
- Home and Community Care Support Services (705-721-8010)
- Public Health:
- EMS:
- Municipal Emergency Operation Center (EOC):
- Other agencies

\_\_\_\_\_ Code Orange - obtain information on the number of incoming persons that can be received and the type of care that can be provided

\_\_\_\_\_ Code Green - obtain information on the number of residents that need to be transferred and the type of care required

\_\_\_\_\_ Keep MOHLTC contacts updated

\_\_\_\_\_ Request assistance from other LTC facilities or agencies

\_\_\_\_\_ Request assistance from municipal agencies

\_\_\_\_\_ Respond to requests and issues from the IMS team regarding organizational issues

\_\_\_\_\_ Assist the Operations and Logistics Managers in soliciting additional staffing resources from other agencies (as required)

\_\_\_\_\_ Appoint Liaison support staff as required

\_\_\_\_\_ Attend IMS Team meetings



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 11 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Safety – Job Action Sheet

**Role:** Monitor and have authority over the safety of operations.

**Name:** \_\_\_\_\_

#### Time (Note Below) Task

\_\_\_\_\_ Receive appointment and briefing from the Incident Manager

\_\_\_\_\_ Read this entire Job Action Sheet

\_\_\_\_\_ Put on a Safety Officer vest located at Heritage Reception

\_\_\_\_\_ Communicate with the IMS team to determine safety / security concerns

\_\_\_\_\_ Advise the Incident Manager and IMS team immediately of any unsafe, hazardous or security conditions

\_\_\_\_\_ Appoint Assistant Safety Officers, as required, to assist in monitoring site safety

\_\_\_\_\_ Provide direction to any person performing a task in a hazardous manner to ensure all workers are working in a safe manner

\_\_\_\_\_ Investigate or coordinate the investigation of any injuries to residents, staff, visitors, volunteers, or others

\_\_\_\_\_ Work closely with the Joint Health and Safety Committee

\_\_\_\_\_ Notify the Ministry of Labour of any critical injuries to staff or volunteers

\_\_\_\_\_ Attend IMS Team meetings



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 12 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Human Resources Check Sheet

**Role:** Collect, inventory and assign staff and volunteers as needed. Provide for long term scheduling for extended events. Document scheduling and hours worked. Reports to the Logistics Manager.

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

\_\_\_\_\_ Collect and inventory available staff at a central point

\_\_\_\_\_ Receive requests and assign available staff as required

\_\_\_\_\_ Call back off duty staff and volunteers as required

\_\_\_\_\_ Establish a pool of volunteers identifying skill levels

\_\_\_\_\_ Credential and provide orientation for all spontaneous volunteers arriving

\_\_\_\_\_ Brief the Logistics Manager frequently as to staff/volunteer availability

\_\_\_\_\_ Ensure documentation of all staff arriving and leaving, time sheets etc.

\_\_\_\_\_ Provide time sheet tabulations to the Administration / Finance Manager

\_\_\_\_\_ Establish staff rest area as required

\_\_\_\_\_ Work out scheduling for long term events to maximize staff utilization

\_\_\_\_\_ Monitor staff and volunteers for signs of stress / inappropriate behaviour

\_\_\_\_\_ Provide for Employee Assistance Program as required

\_\_\_\_\_ Provide for staff rest and relief



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 13 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Food / Dietary Check Sheet

**Role:** Ensure continuity of food services throughout the emergency event for both residents and staff. Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage. Reports to Logistics Manager.

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

\_\_\_\_\_ Meet with dietary staff not involved in emergency operations

\_\_\_\_\_ Estimate the number of meals which can be served with existing inventory

\_\_\_\_\_ Inventory the supply of emergency drinking water

\_\_\_\_\_ Update the Logistics Manager regularly

\_\_\_\_\_ Coordinate the acquisition of food supplies

\_\_\_\_\_ Anticipate the need of staff breaks

\_\_\_\_\_ Project needs for any incoming patients (Code Orange)

\_\_\_\_\_ Arrange for dietary assessment of any incoming patients

\_\_\_\_\_ Working with the Logistics and Administration Manager, make arrangements for outside food services (if required)

\_\_\_\_\_ Screen food received from alternate sources (e.g. volunteers or donations)



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 14 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Security Check Sheet

**Role:** Organize and establish scene / facility security. Reports to Logistics Manager.

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

\_\_\_\_\_ Appoint security personnel to monitor safety and security

\_\_\_\_\_ Coordinate with contracted security service

\_\_\_\_\_ Implement a lockdown of the facility except from emergency operations

\_\_\_\_\_ Remove unauthorized persons from restricted areas

\_\_\_\_\_ Ensure fire routes and ambulance loading areas are clear

\_\_\_\_\_ Assist the Information Officer with establishing a media area

\_\_\_\_\_ Initiate contact with fire / police agencies through the Liaison Officer

\_\_\_\_\_ Provide vehicle and pedestrian traffic control

\_\_\_\_\_ Ensure security of food, water, medical / vaccine supplies, fuel, and other resources

\_\_\_\_\_ Ensure all safety and security personnel document all actions and observations

\_\_\_\_\_ Establish fire watch / patrol if the fire alarm is out of service

\_\_\_\_\_ Ensure regular briefings with safety and security personnel

\_\_\_\_\_ Provide regular briefings to the Logistics Manager





**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 15 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### Facilities Management Check Sheet

**Role:** Maintain the integrity of the physical facility and provide adequate environmental controls. Reports to Logistics Manager

**Name:** \_\_\_\_\_

**Time (Note Below)      Task**

\_\_\_\_\_ Coordinate facilities maintenance staff who are not involved in emergency operations

\_\_\_\_\_ Conduct a damage/operational assessment

- Structural
- Electrical
- Generator
- Water and sanitary waste management
- Heating / Cooling
- Natural Gas
- Fuel supply
- Elevators
- Other

\_\_\_\_\_ Control observed hazards, leaks, and contamination or notify emergency services (9-1-1) as appropriate.

\_\_\_\_\_ Ensure the Safety Officer is notified of any hazardous situations.

\_\_\_\_\_ Coordinate with contracted facility maintenance contractors and utilities

\_\_\_\_\_ Identify areas for immediate repair

\_\_\_\_\_ Arrange for a structural engineer to assess the facility if required

\_\_\_\_\_ Photograph and document all damage

\_\_\_\_\_ Identify areas where immediate salvage could save critical services and equipment

\_\_\_\_\_ Assign staff to repair efforts



**Department:** Emergency Management

**Section:**

**Subject:** Incident Management System  
Senior IMS Checklists

**Page:** 16 of 16

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

\_\_\_\_\_ Establish alternate sanitation systems (portable toilets, hand washing areas) if required

\_\_\_\_\_ Provide regular briefings to the Logistics Manager



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
HVAC System Failure

**Page:** 1 of 2

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### **Utilities Disruption – HVAC System Failure**

#### **Statement of Intent**

To ensure adequate heating, cooling and ventilation is maintained throughout Hillcrest Village.

#### **Procedure**

##### **Originating Staff**

1. In the event of a HVAC system malfunction or breakdown, contact the Maintenance Supervisor.

##### **Maintenance Supervisor**

1. Investigate the cause of the malfunction/breakdown and contact the mechanical services company or utility as required.
2. Where the malfunction/breakdown is anticipated to be extended and temperatures are such that it will create an uncomfortable situation for residents (i.e. less than 18C or higher than 26C), notify the Administrator.

##### **Administrator/Incident Manager**

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



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
HVAC System Failure

**Page:** 2 of 2

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

- Ensuring all curtains and blinds are closed to areas exposed to the sun
  - Moving residents out of rooms where the exterior walls are being exposed to the sun
  - Limiting exterior door use if the outdoor temperature is higher than the indoor temperature
  - Opening windows and exterior doors, with proper supervision, during cooler nighttime hours
  - Moving residents to the alternate building (e.g. Heritage building to Hillcrest building or vice versa)
  - Discharging appropriate residents to family until the cooling is restored
  - Non-emergency evacuation in situations where the temperature becomes a health or safety risk
6. Complete an unusual incident report outlining the cause and length of the outage and the solutions implemented to restore the HVAC for all HVAC failures that last more than 2 hours where the temperature drops below 20C or exceeds 26C.



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
Power Failure

**Page:** 1 of 2

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

### **Utilities Disruption – Power Failure**

#### **Purpose**

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

#### **Procedure**

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

In the event of an electrical power failure the facility's Standby Diesel Power system will be automatically activated.

The expected sequence of events will be as follows:

1. When the electrical power to Hillcrest Village is interrupted, there will be up to a ten second delay during which time the Home will be in darkness, then the lights will be restored. The ten second delay is the time required for the diesel engine to start.
2. There will be emergency lighting throughout the building. Not all lighting will operate.
3. Heritage building has back up power to all outlets, Hillcrest building emergency outlets are in the hallways.
4. When the outside power comes back on, the diesel generator will automatically shut off after a short cool down period.

#### **Maintenance Staff**

1. The diesel fuel tank holds enough diesel fuel to last 24-48 hours; however, fuel consumption must be monitored every 8 to 12 hours. Order fuel when it reaches ½ tank.

#### **Charge Nurse/Incident Manager**

1. During a power failure, assume the role of Incident Manager.
2. Locate the Power Outage binders in the photocopy room across from Hillcrest Reception.
2. If a power failure lasts for more than 2 hours, contact the local utility for an estimate on when power will be restored.
3. Provide the information gathered to the Administrator.



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
Power Failure

**Page:** 2 of 2

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Reviewed Date:** July 6, 2022

4. If a power failure lasts for more than 2 hours, notify the maintenance staff who will set up a time to inspect the generator to ensure it is running within specification (e.g. temperature) and ensure adequate fuel.
5. If a power failure lasts more than 2 hours notify the Manager, Nutritional Services so that an alternate meal can be planned if required and the fridge/freezer temperatures can be monitored and recorded.
6. Notify the Administrator or delegate if additional staff are required to assist with tasks due to the power failure.
7. Consider cancelling programs, special events and non-essential activities and reassigning staff in these departments to assist with essential services.
8. If the power failure lasts more than two hours the Incident Management System and team may be activated.

#### **Registered Staff**

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

#### **Generator Testing**

#### **Maintenance Staff**

1. The diesel generators will be tested by Maintenance staff at full load on a monthly basis, at minimum.
2. Arrange for the diesel generators to be inspected and tested by an authorized service company twice per year.



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
Water Supply Disruption

**Page:** 1 of 5

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Review Date:** July 6, 2022

## **Utilities Disruption – Water Supply Disruption**

### **Statement of Intent**

To provide an alternate supply of water in the event of a water supply disruption in the Town and initiate a plan of water conservation within Hillcrest Village.

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

### **Procedure**

#### **Director**

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

#### **Registered Nurse**

In the event of a water supply disruption contact the Administrator or Director of Care/Assistant Director of Care on call.

#### **Administrator**

Designate the maintenance person or an alternate staff member to contact the Public Works Department for information regarding the severity and duration of the disruption. The staff member who contacts the Public Works Department will communicate this information to the Charge Nurse, Director of Resident Care, Nutrition Manager, and Administrator.

#### **In the event of a boil water advisory:**

1. Incident Manager will immediately communicate with all departments that:  
All water used for drinking; preparing food, hot and cold beverages, and ice cubes; washing fruit and vegetables and dental hygiene must be boiled.
2. Any ice cubes, beverages, or uncooked foods that have been prepared using possibly contaminated tap water should be thrown out.
3. In the event that boil water is not practical, the local PHU or other responsible authority will be able to give directions for disinfection of water or the use of an alternative supply known to be safe.



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
Water Supply Disruption

**Page:** 2 of 5

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Review Date:** July 6, 2022

4. Research indicates that holding water at a rolling boil (defined as vigorous boil where bubbles appear at the center and do not disappear when water is stirred for 1 minute will inactivate waterborne pathogens, including bacteria (Bandres et al.,1988; Pointius,1994; Harp; etal.,1996), protozoa (Fayer,1994: CDC1997) and virus (Krugman et al.,1970 Larkin, 1983). Water can be boiled in a heat-resistant container on a stove or in an electric kettle. Water should then be cooled and poured into a clean container with a cover and refrigerated until needed. Water should be boiled for 2 minutes.

Under most circumstances it is not necessary to boil tap water used for other purposes such as bathing, showering, laundry, or washing dishes. Authorities may advise sponge baths if contamination is human sewage.

**Handwashing:** Hands can continue to be washed using tap water. Handwashing technique includes rubbing all parts of the hands with soap and water for 20 seconds followed by alcohol-based hand gel disinfectant containing more than 60% alcohol. Do not dry with a towel.

**Dishes:** if hand washed, should be washed and rinsed in hot tap water, then soaked in diluted solution of unscented bleach (20 ml unscented bleach in 10L of water for 1 min then left to air dry for a minimum of 4 hours. Dishwashers that use hot water final rinse of at least 65°C or a sanitizing cycle

**See Table attached for specific guidelines.**

### **Disruption Lasting Less than 4 hours**

#### **Incident Manager**

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

#### **Director of Nursing**

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

#### **All Staff**

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

### **Disruption Lasting More than 4 hours**

#### **Administrator**

1. If the water disruption is anticipated to exceed four (4) hours, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to 4 Liters per person per 12





**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
Water Supply Disruption

**Page:** 3 of 5

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Review Date:** July 6, 2022

hours (estimating the number of residents, staff and volunteers on site - e.g. 164 people = 656 liters).

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

### **Disruption Lasting More than 24 hours**

#### **Administrator**

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

### **Advanced Notice of a Disruption**

#### **Administrator**

1. In the event the water disruption has advanced notice (e.g. during water line construction) notify all departments in advance. Plans should anticipate a water outage of up to double the anticipated time (e.g. public works advises water will be out for 2 hours, plan for 4 hours).
2. Consider cancelling all non-essential programming when there is advanced notice of a water disruption.
3. For resident home areas, instruct staff to fill tubs up with water and make pails available for the purpose of flushing toilets. Tub room doors will be locked to prevent resident accidents involving a full tub.
4. Ensure bottled water and canned juices are distributed to each floor and program area.



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
Water Supply Disruption

**Page:** 4 of 5

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Review Date:** July 6, 2022

5. Portable toilets can be rented – including wheelchair accessible toilets in trailers with heating and air conditioning

### Optional Suppliers

#### Bottled Water Suppliers:

- The Water Store: 1004 King St., Midland (705) 527-5900
- The Water Stop: 780 Balm Beach Rd. E, Midland (705) 526-6665
- Foodland: 795 Balm Beach Rd., Midland (705) 527-4067
- Food Basics: 9226 County Rd 93, Midland (705) 526-7671
- Real Canadian Superstore: 9292 County Rd 93, Midland (705) 527-0388

#### Portable Toilet Suppliers:

- Georgian Bay Sanitation 705-549-7181
- Winter Sanitation 705-327-0042
- B.J.'s Portable Toilet Rentals, Creemore 705-466-2929
- Barrette's Portable Toilets, Collingwood 705-444-1220

#### Water Tanker Services:

- Bright Water Services 1-877-696-3609

#### Specific Guidance during boil water advisory

Use	Non outbreak situation	Waterborne outbreak situation
<b>Drinking</b>	Use boiled tap water	Use boiled tap water
<b>Brushing teeth</b>	Use boiled tap water	Use boiled tap water
<b>Washing hands</b>	Can continue to be washed using tap water and a proper handwashing technique that includes rubbing all parts of the hands with soap and water for a minimum of 20 seconds.	Can continue to be washed using tap water and a proper handwashing technique followed by use of an alcohol hand-based gel disinfectant containing more than 60% alcohol. Alcohol should be rubbed into all areas of the hands until hands are dry. Hands should not be towel dried.
<b>Ice cubes</b>	Use boiled tap water	Use boiled tap water
<b>Preparing food</b>	Use boiled tap water	Use boiled tap water



**Department:** Emergency Management

**Section:**

**Subject:** Utilities Disruption  
Water Supply Disruption

**Page:** 5 of 5

**Revised Date:** April 11, 2022

**Approval Date:** August 2017

**Review Date:** July 6, 2022

<b>Beverages</b>	Use boiled tap water	Use boiled tap water
<b>Washing fruits and vegetables</b>	Use boiled tap water	Use boiled tap water
<b>Laundry</b>	May be washed in tap water either by hand or machine	Wash laundry in detergent in hot water at maximum cycle length, and then machine (hot air) dry
<b>Showers and Baths</b>	Sponge bath to in order to reduce the chance of swallowing water.	Sponge bath only
<b>Washing dishes</b>	May be washed in tap water either by hand or by machine	Dishes if hand washed should be washed and rinsed in hot tap water, than soaked in dilute solution of unscented bleach ( 20 unscented bleach in 10L of water for 1 min then left to air dry for a minimum of 4 hours. Dishwashers that use hot water final rinse of at least 650C or a sanitizing cycle

**From Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supply. Jan 12, 2021**