
Section 2: Provision of Pharmacy Services

Policy: Disaster/Pandemic Contingency Plans

Policy No: 2.5

Page 1 of 5

Initial Effective Date:

Jul 18, 2022

Revised Date:

Jul 31, 2025

Reviewed Date:Jul 31, 2025

Policy

CareRx provides a solid structure upon which to support preparedness in the event of any emergencies, including pandemic, natural disasters, technological failures, intentional acts, and client homes that are forced to evacuate. In the event of an emergency such as a fire, natural disaster, power interruption, loss of operating capabilities, severe staffing shortage or forced evacuation at CareRx, every effort is made to ensure residents continue to receive their medications.

Hazard Identification and Risk Assessment

This is a key step and systematic way of assessing the amount of risk associated with specific areas in the pharmacy/organization. High-risk areas in the dispensary are identified and an action plan is created to mitigate against the harm and damage these risk areas could produce. The action plan includes any provisions on how to respond if such a risk occurs.

Hazards include any undesirable event or situation that arises from forces of nature (e.g., flood), technological failures or human actions (accidental and intentional). These types of hazards have the potential to harm:

- People
- Property/Infrastructure
- Environment
- Businesses/Economy

CareRx has identified the following categories of hazards that pose the most risk to the organization:

- Natural Disaster (e.g., floods, fires, snowstorms, extreme temperatures, tornadoes)
- Accidents (e.g., hazardous material spills, building collapse, water contamination, transportation accidents)
- Technological failures (e.g., power failures, server failures, phone system interruptions)
- Intentional acts (e.g., crimes, thefts, arson, labour/severe staffing shortages)
- Client/Home forced evacuation(s) (e.g., provincial fires, floods)
- Outbreaks of disease (e.g., bacterial, viral; influenza, COVID - coronavirus)

Section 2: Provision of Pharmacy Services

Policy: Disaster/Pandemic Contingency Plans

Policy No: 2.5

Page 2 of 5

Initial Effective Date:**Revised Date:****Reviewed Date:**

Jul 18, 2022

Jul 31, 2025

Jul 31, 2025

Service Continuity Plan → Pharmacy Disruption**Procedure**

1. CareRx has developed a detailed “**Internal Disaster Plan**” which addresses steps required to ensure continued delivery of medications in the event of a disaster at the Pharmacy.
2. This plan is discussed with pharmacy managers and includes such considerations as:
 - Disaster Team Leaders
 - Assessment of the disaster, impact on services and anticipated timelines
 - Identification of critical services and functions
 - Assessment of service continuity needs
 - Prioritization of staff duties
 - Staff assignments
 - Contact lists for employees, third party suppliers, customers
 - Contingency equipment and supplies
 - Data backup and recovery
 - Alternative/recovery location
 - Data transfer to alternative location(s)
 - Delivery contingencies
 - Alternative communication methods
 - Resumption of full services
3. In the event of a disaster, all resources are directed towards the provision of medication. Administrative, accounting, clinical and other non-essential functions are postponed.
The goal is to ensure that no resident goes without medication.
4. The Home and the Medical Director (when applicable) are notified immediately of the disaster situation and any changes in procedures (communication methods, delivery schedules, etc.) are communicated.
5. The ability to endure a short-term interruption of service (e.g., inclement weather) is built into the weekly delivery schedules for chronic medications (pouch meds). A minimum of one to two days’ supply of pouch medications and emergency stock is on hand in the Home.
6. Data backups are performed daily and stored in a secure and accessible off-site location. Duplication of computer hardware and software is in place.

Section 2: Provision of Pharmacy Services

Policy: Disaster/Pandemic Contingency Plans

Policy No: 2.5

Page 3 of 5

Initial Effective Date:

Jul 18, 2022

Revised Date:

Jul 31, 2025

Reviewed Date:Jul 31, 2025

7. If medications cannot be dispensed from the Pharmacy, data can be transferred (electronically or physically) to another CareRx location for dispensing.
8. CareRx maintains sufficient inventory and supplies to continue to operate during a 30-day disaster. Additional inventory or supplies are available from wholesalers and CareRx network locations as needed.
9. Cross-training of Pharmacy staff ensures continuity of work duties and the ability to reassign staff as necessary.
10. Short-term contingencies are in place – generators for power supply and a plan for their deployment, alternative phone/fax equipment, battery operated lights and radios, portable heaters, fire extinguishers, emergency first aid equipment, etc.
11. Pharmacists work in collaboration with the healthcare staff to determine essential medications for residents and these are dispensed in priority.

Service Continuity Plan → Home Disruption**Procedure**

1. The Home notifies the Pharmacy as soon as possible of any event which has caused a disruption in the Home's ability to carry out normal operations. If the event occurs when the Pharmacy is closed, the on-call Pharmacist must be contacted.
2. The Director of Care and the Pharmacy Manager collaborate to determine the impact on the medication system, including:
 - Availability of medications already dispensed
 - Availability of MARs and Treatment Administration Records (TARs)
 - Availability of the Emergency Stock Box
 - Communication disruptions (phone, fax, eMAR)
 - Changes in the location of the residents (within the Home or evacuation location)
3. A communication plan is outlined (cell phone, two-way radio, fax etc.).

Section 2: Provision of Pharmacy Services

Policy: Disaster/Pandemic Contingency Plans

Policy No: 2.5

Page 4 of 5

Initial Effective Date:

Jul 18, 2022

Revised Date:

Jul 31, 2025

Reviewed Date:Jul 31, 2025

4. If the Home must evacuate, their staff make every effort to:
 - Identify the residents prior to leaving the Home
 - Ensure all resident's identification includes the phone number of CareRx where information regarding resident's medical condition and medications may be obtained
 - Inform Pharmacy of the location of the resident
 - Send medications with the resident
 - Send MARs/TARs and Medical Chart with the resident
 - Notify the Pharmacy of any immediate medication needs
 - Immediate resident needs are identified and prioritized. For instance, the Pharmacy generates medication usage reports identifying residents on insulin, inhalers, and antibiotics to ensure medications are delivered to the resident as soon as possible.
5. Pharmacy may assist with generating paper MARs & TARs and delivering to the requested location if required.
6. Supplies of all medications required (pouch and non-pouch) are dispensed by Pharmacy and delivered to the appointed location. Priority medications (insulin etc.) are delivered immediately and "next medication pass" pouch medications are delivered within a few hours.
7. Additional medication carts can be provided if necessary.
8. Pharmacists assist in prioritizing medication needs by identifying residents' essential medications.
9. Pharmacy staff (Pharmacists and technical support staff) are made available to assist the Home on location if needed.

Seasonal Influenza (A and B) Plan**Policy**

The Home and the Pharmacy cooperate to immediately initiate emergency prophylaxis and treatment of seasonal influenza A or B outbreak if declared in the Home. See **Policy 10.6 Influenza Preparedness policy**.

Section 2: Provision of Pharmacy Services

Policy: Disaster/Pandemic Contingency Plans

Policy No: 2.5

Page 5 of 5

Initial Effective Date:

Jul 18, 2022

Revised Date:

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Section 2: Provision of Pharmacy Services

Policy: Emergency Plan eMAR Backup

Policy No: 2.6

Page 1 of 2

Initial Effective Date:

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Policy

Homes using Electronic Medication Administration Record (eMAR) must have an eMAR backup process to ensure continuity of care, resident safety and accurate documentation in the event of power interruption, loss of internet or loss of eMAR operating capabilities.

Procedure

1. The Home in collaboration with the eMAR vendor and/or CareRx eMAR team sets up eMAR back up on a designated computer in the home. It is recommended that the designated backup computer is plugged into backup power source.
2. Home develops a protocol to complete regular checks of the eMAR backup to ensure it is functional and continuously updated with the current eMAR information.
3. If eMAR is not available due to a power failure or internet/Wi-Fi failure at the Home, the Home prints a hardcopy of their resident MARs using the designated backup computer. A full list of instructions for printing hardcopies of the MARs is to be located with the designated backup computer

If running **Mede-care eMAR** refer to the following procedure:

1. Login to the designated backup computer.
2. Double click the icon 'eMAR Backup Report' on the desktop.
3. There are up to three backup report documents in the folder. Always use the latest one (Find date and time beside the folder- right-click the most recent backup date and time).
4. Double click on the name of the latest PDF file to open the "Paper MAR Report".
5. Use scroll up/down bar to find the client, or;
6. Hit Ctrl-F (hold 'Ctrl' key and hit 'F' key once) for search function. Enter name of client or name of medication, and then hit the Enter key to find.
7. Hit print file icon to print the file or part of the file.

If running **Point Click Care eMAR*** refer to the following procedure:

***For PCC IMM, detailed instructions can be found in Appendix G.**

1. Log into the designated computer. Double click on the "eMar Backups" Icon.
2. Right-Click on the most recent folder in the list. It should be the first one in the list (there is a date and time beside the folder- click the most recent backup date and time).

Section 2: Provision of Pharmacy Services

Policy: Emergency Plan eMAR Backup

Policy No: 2.6

Page 2 of 2

Initial Effective Date:

Jul 4, 2022

Revised Date:

Jul 31, 2025

Reviewed Date:Jul 31, 2025

3. Left-Click "Open With" in the drop-down box.
4. Left-Click "7-Zip File Manager".
5. In the next screen, double click the icon of the file. This brings up the list of e-Mars by unit.
6. Double click the folder you want to print first, however be sure to print all folders.
7. When the list of medications appears on the screen, click "File" in the upper left-hand corner.
8. Click "Print". The files will print to the designated printer that is attached to the laptop.

If running **Catalyst eMAR** refer to the following procedure:

1. Catalyst backup uses an external storage device (IronKey) that automatically downloads MARs as PDFs ensuring up-to-date MARs can always be printed either on-site or remotely during an emergency or loss of internet service.
2. Login to the designated backup computer and follow the retrieval data process with IronKey. (Full instructions are included with the backup computer).
3. Open the directory where the backup files are stored to confirm that all residents have a PDF copy of their MAR.
4. From the IronKey "Control Panel" click on "MAR Backups"; a Windows Explorer window opens with all PDF files that have been backed up on your IronKey

Forms / Appendices

Form/Appendix	Name
2.2.1	Pharmacy Contact Sheet
Appendix G	eMAR Backup Instructions for PCC IMM

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Date	Action Taken
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Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 1 of 12

Approval Date: August 2017

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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.

Types of Threats

Threat may come in via phone, written, emailed or threat may be discovered ex. suspicious package located.

Threat via Telephone: 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. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
2. Attempt to prolong the conversation and extract as much information as possible from the caller.
Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.

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?
3. Document as much of the conversation and background as possible. Include:
 - Date, time and approximate length of the call.
 - The exact wording of the threat. Any identifying characteristics of the caller:
 - Sex.
 - Estimated age group.
 - Accent / Voice (e.g., loud, soft, effeminate (feminine)).
 - Speech (fast, slow, nervous).
 - Diction (good, nasal, lisp).
 - Command of the language (articulate, poor, words out of context, mispronunciation);
 - Manner (calm, emotional, vulgar); and
 - Mannerisms (pet phrases, uncommon words)
 - Anything familiar about the voice.
 - Any background noises.
 - Whether the caller seemed to be familiar with the area or building.
 - What phone line the call was received on; and



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 2 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

- If there was anything shown on the call display screen.
- 4. Be alert of subsequent calls of the same nature.
- 5. 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.

Written or Mailed Threat: These procedures apply to various types of written threats including letters, emails, texts and social media.

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.

Suspicious Object/Package Located

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

Threats can be to a specific location or be non- specific:

A. Threat to a specific location - The Incident Manager will:

1. Announce a “Code Green” (evacuation) 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.

B. A Non-Specific Threat - Incident Manager will:

1. If the threat is non-specific as to location, set up a command post in the front meeting room of the Hillcrest building. Ensure the area used for the command post is searched for a threat before use.
2. Delegate personnel to initiate staff Emergency Notification in SSC.
3. Request additional help, as needed, using a landline phone.
4. 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.
5. Review the information with the police to determine additional actions to be taken.



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 3 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

Procedure

RCF/Charge Nurse/Incident Manager: Upon notification of a threat, assume the role of Incident Manager until relieved of the position by a more senior manager and coordinate the response until relieved by police or emergency services. Evacuation perimeters and threat assessment determinations shall be made in consultation with police.

Incident Manager will:

1. Direct someone to call the police services 9-1-1 and provide as much detail as possible about the threat received and the caller.
2. Announce calmly to all visitors and staff (or have announced) a “Code Black” three times.
 - a. If the caller identified a specific location or a suspicious item is located the announcement will be:
“Code Black (location).
“Code Black (location).
“Code Black (location).

Staff shall follow police direction regarding use of cellular phones, radios, pagers and other wireless devices. If directed to turn off devices announce, “All visitors and staff, please turn off all cell phones and other wireless devices immediately.”

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

- b. Initiate an evacuation of the identified floor by announcing:
“Code Green (location)”
“Code Green (location)”
“Code Green (location)”
 - c. If the caller was not specific as to the location the announcement will be:
“Code Black Hillcrest Village. All staff commence a search of your work area. Thank You”
“Code Black Hillcrest Village. All staff commence a search of your work area. Thank You”
“Code Black Hillcrest Village. 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.



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 4 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

4. Set up a command post in the front meeting room of the Hillcrest building. Ensure the area used for the command post is searched for a threat before use.
5. Notify all employees of the bomb threat, any known hazards and provide direction on emergency protocols, assistance in evacuation and remain on duty and do not leave the building unless directed to do so.
6. Contact Ontario Ministry of Long-Term Care: After hours number 1-888-999-6973 within 2 hours and during regular hours 1-866-434-0144.
7. Contact Municipality - Community Emergency Management Coordinator (CEMC) for the Town of Midland 705-526-4275 within 4 hours.

All Staff:

1. If directed to by the announcement: 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 home area and department to document each area searched. Staff familiar with an area may conduct a visual inspection for items that appear unusual, unfamiliar, or out of place. Staff shall not touch, move, open, investigate, or disturb suspicious items.

Rooms should be searched in a counterclockwise rotation and from ceiling to floor. Identify rooms as searched - on home areas use door magnets. It must never be assumed that there is only one device. Continue the search in all other areas of Hillcrest Village until thoroughly complete.

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 Hillcrest Meeting room. At a minimum, one staff member will remain in each Resident home area to maintain the safety and security of the other residents.

Note: Prior to evacuation, The area that is being considered to be evacuated to shall be inspected. The Incident Manager shall evaluate resident care needs and risks associated with movement and prioritize assistance accordingly. Consider Residents requiring oxygen, palliative care, with responsive behaviours, wanderers and those requiring extensive assistance for mobility or bariatric equipment. Also, consider plans for ongoing medication access, MAR/TAR availability, Resident records access, oxygen and medical equipment access, staffing contingency plans.

5. Upon announcement of Code Green, evacuate all residents from the identified location, following Code Green procedures, and close fire doors.



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 5 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

6. Once the area is evacuated stay out of the identified area. The police will initiate a search of that area.

7. If you were not involved in the evacuation or have completed the evacuation, conduct a search of your own work area.

8. If you are responding to the staff Emergency Notification from SSC, report to Reception or alternate location communicated, you will be assigned to assist in the search. Follow search instructions from the Incident Manager.

9. 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.

Administrator

1. Upon notification of the discovery of a suspicious object / or bomb threat immediately establish the senior IMS Team.
2. Notify, or designate a senior staff member to notify, the Ministry of Long-Term Care.
3. Administrator will direct a staff to notify family and will provide a statement of what information is to be shared.
4. Administrator will be in charge of any Media communication during the evacuation.

After the Threat has Concluded

Conduct a debriefing – what lessons were learned, what went well and what did not go so well and follow up with Joint Health & Safety Committee and Emergency Management Committee.

Incident Manager

1. Complete the Ministry of Long-Term Care 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.



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 6 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

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 Long-Term Care.
2. Receive reports from staff involved in the incident.
3. Conduct a debriefing of all the managers involved in the incident.
4. Report to Residents' Council and Family Council on incident response.

Testing Requirements

Code black will be tested Q3 years as per regulations under Emergency plans 268, 10 (b).

Education

Staff shall be provided emergency management education on orientation and annually thereafter.



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 7 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

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 - Location if provided.”
(Repeat three times) If Directed by police announcement may change or be revised to

“Code Black & location, *All visitors and staff, please turn off all cell phones and other wireless devices immediately.*” Repeat x 3

_____ Police notified via 9-1-1, by person who received the threat.

_____ Command post established

_____ Staff notified of bomb threat and employee rights (Canada Labour Code).

_____ If the threat identified a specific location or a suspicious object is located commence an evacuation of the floor Staff familiar with an area may conduct a visual inspection for items that appear unusual, unfamiliar, or out of place. Staff shall not touch, move, open, investigate, or disturb suspicious items.

_____ 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 staff Emergency Notification in SSC)

_____ *Ontario Ministry of Long-Term Care (MOLTC) notified: 1-866-434-0144



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 8 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

_____ Municipal Emergency Management notified.

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

Time (note below)

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

_____ Staff assigned to search the *Hillcrest building 1st floor* team leader _____ # _____

_____ Staff assigned to search the *Hillcrest building 2nd 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 1st floor* team leader _____ # _____

_____ Staff assigned to search the *Heritage building 2nd 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: 9 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

Suspicious Package Located

_____ Suspicious package located. Location: _____

By whom: _____

_____ Police notified of suspicious package. Officer: _____

_____ Police advise what areas need to be evacuated _____

_____ Prior to evacuation, The area that is being considered to be evacuated to shall be inspected.
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.

_____ MOLTC notified by Administrator or delegate.

After All Clear Given

_____ Initial debriefing completed at command post.

_____ MOLTC Incident Report completed.



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 10 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

Notes: _____



Department: Emergency Management

Section:

Subject: Code Black – Bomb Threat

Page: 11 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

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: 12 of 12

Approval Date: August 2017

Revised Date: August 10, 2026

Review Date: August 10, 2026

Speech (fast, slow, nervous):

Diction (good, nasal, lisp):

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

Manner (calm, emotional, vulgar):

Mannerisms (pet phrases, uncommon words):

Anything familiar about the voice:

Any background noises:

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

What phone line was the call received on:

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: _____

Ontario Ministry of Long-Term Care notified: 1-866-434-0144. Time notified: _____

Municipal Emergency Management notified. Time notified: 705-526-4275 _____

FOLLOW CODE BLACK PROCEDURES



Department: Emergency Management

Section:

Subject: Medical Emergency Code
Blue

Page: 1 of 7

Approval Date: September 2015

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Review Date: March 10, 2026

Code Blue – Medical Emergency

Introduction

To ensure rapid and coordinated response to medical emergencies involving residents, staff visitors, and volunteers in compliance with the **Occupational Health and Safety Act (OHSA)** and the **Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22**.

Definitions

Code Blue – a request for immediate nursing and or medical assistance in an emergency involving life threatening illness or injury.

Emergency medical situations include but are not limited to serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

Critically injured under Regulation 834 of the OHSA- an injury 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.

First Aid Kit – a kit that meets the requirements under the Occupational Health and Safety Act can be found in First Aid Room of Heritage place.



Department: Emergency Management

Section:

Subject: Medical Emergency Code
Blue

Page: 2 of 7

Approval Date: September 2015

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Procedure

When Emergency Assistance is Required:

Originating Staff: Upon discovery of a medical emergency requiring assistance

1. Loudly announce "CODE BLUE" to request the assistance of nearby staff.
2. Direct the nearest staff to page "CODE BLUE" three times with the location. On the phone system PRESS: "EX PAGE, 0".
3. Contact the Charge Nurse/RCF and request emergency assistance, while staying with the resident/patient.

Registered Staff

1. First Registered staff on scene will assume the role of Incident Manager until relieved by a more senior Registered Nurse.
2. Upon hearing Code Blue - All Registered staff immediately attend the scene.
3. Heritage registered staff "RETRIEVE THE FIRST AID KIT" from first aid room. If Heritage registered staff is the first one on scene direct/re-assign another registered staff to retrieve the First Aid Kit and equipment required.

(A spare concentrator for oxygen and vital machine is stored in the Computer Training Room in the Hillcrest basement.)

RCF/Incident Manager

1. Attend the scene and assume the role of Incident Manager.
2. Assess the resident/patient's condition.
3. Initiate appropriate interventions.
4. Direct staff roles (If EMS is required, ensure 9-1-1 is called, let them know which building to go to, crowd control and documentation).
5. Delegate a staff member to meet EMS at entrance.
6. Clear unnecessary personnel from the area.
7. Ensure appropriate documentation is completed: for staff visitor or volunteer - i.e. WSIB forms, First Aid logbook, Environmental Incident Report, and for resident – UDA, progress notes, and Critical Incident Report if required, and any other Incident Investigation forms.
8. Notify the Administrator or designate if the emergency is a critical injury/incident involving a staff member, volunteer or visitor.
9. Following any Code Blue: Code Blue Checklist will be completed and directed to the Administrator for Quality Assurance purposes. *Note: other applicable documentation may be required.



Department: Emergency Management

Section:

Subject: Medical Emergency Code
Blue

Page: 3 of 7

Approval Date: September 2015

Revised Date: March 10, 2026

Review Date: March 10, 2026

Administrator/Delegate

Critical Injury – OHS Requirements

If a worker, volunteer or visitor sustains a critical injury the Administrator or designate shall:

1. Immediately notify by telephone: (If applicable)

- Ministry of Labour, Immigration, Training and Skills Development
- Joint Health & Safety Committee (JHSC) worker representative
- JHSC management representative
- Union

2. Submit written report within 48 hours to Ministry of Labour.

3. Preserve the scene and do not disturb it except to:

- Save life
- Relieve suffering
- Maintain essential public utility
- Prevent further injury

4. Complete internal investigation.

Documentation Requirements

The following must be completed as applicable:

- Code Blue Checklist
- First Aid Logbook (Reg 1101 requirement)
- WSIB Form 7 (if applicable)
- Critical Incident Report
- Environmental Incident Report
- Internal Incident Investigation Report
- Resident Clinical documentation & progress notes.

All Code Blue reports shall be submitted to the Administrator for Quality Assurance review.

FTCA 246/22 Compliance Requirements

In accordance with Ontario Regulation 246/22 The Home has an:

- Emergency Preparedness Program
- Provide annual training to staff on emergency response procedures
- Conduct mock Code Blue drills at least annually



Department: Emergency Management

Section:

Subject: Medical Emergency Code
Blue

Page: 4 of 7

Approval Date: September 2015

Revised Date: March 10, 2026

Review Date: March 10, 2026

- Maintain records of drills and evaluations
- Review this policy annually

First Aid Requirements

- First Aid kits must meet Regulation 1101 standards.
- Trained First Aid providers must be available on every shift.
- First Aid certificates must remain valid and documented as applicable.

Quality Assurance & Review

- Every Code Blue shall undergo review through the Quality Improvement program.
- Trends shall be analyzed.
- Corrective actions documented.
- Policy reviewed annually or following legislative changes.



Department: Emergency Management

Section:

Subject: Medical Emergency Code
Blue

Page: 5 of 7

Approval Date: September 2015

Revised Date: March 10, 2026

Review Date: March 10, 2026

CODE BLUE – MEDICAL EMERGENCY INCIDENT MANAGER CHECK LIST

Date: _____ Time: _____ Locations (Building/Unit Room Number): _____

Name of Individual: _____

Type of individual Involved:

☐ Resident ☐ Staff ☐ Volunteer ☐ Visitor ☐ Contractor

Emergency Details: Nature of Emergency (check all that apply):

- ☐ Chest pain
- ☐ Difficulty breathing
- ☐ Loss of consciousness
- ☐ Severe bleeding
- ☐ Fall
- ☐ Suspected stroke
- ☐ Seizure
- ☐ Cardiac arrest
- ☐ Critical injury (see Section 7)
- ☐ Other: _____

Brief Description of Incident:

RESPONSE ACTIONS

Code Blue Announced: "Code Blue (state room number, home area)" Repeat 3x

☐ Yes ☐ No Time paged: _____

Incident Manager Assigned:

Name: _____ Time assumed role: _____



Department: Emergency Management

Section:

Subject: Medical Emergency Code
Blue

Page: 6 of 7

Approval Date: September 2015

Revised Date: March 10, 2026

Review Date: March 10, 2026

Interventions Initiated (check all that apply):

- ☐ Airway management
- ☐ Oxygen applied
- ☐ CPR initiated
- ☐ Bleeding controlled
- ☐ Vitals obtained
- ☐ Recovery position
- ☐ Other: _____

Time CPR started (if applicable): _____

EMS INVOLVEMENT

Was 9-1-1 called? ☐ Yes ☐ No Time 9-1-1 called: _____

Staff assigned to meet EMS: _____ EMS Arrival Time: _____

Individual transported to hospital?

☐ Yes ☐ No Hospital Name: _____

EQUIPMENT USED

- ☐ First Aid Kit ☐ Oxygen concentrator
- ☐ Suction
- ☐ Vitals machine

Equipment issues identified?

☐ No ☐ Yes (describe): _____

☐ First Aid Kit restocked

DOCUMENTATION COMPLETED



Department: Emergency Management

Section:

Subject: Medical Emergency Code
Blue

Page: 7 of 7

Approval Date: September 2015

Revised Date: March 10, 2026

Review Date: March 10, 2026

- ☐ Resident progress notes
- ☐ First Aid Logbook entry (Reg 1101 requirement)
- ☐ Incident Report
- ☐ Environmental Incident Report
- ☐ WSIB Form 7 (if staff injury)
- ☐ Critical Incident Report CIS
- ☐ Family/SDM notified (resident)
- ☐ Administrator notified

Completed by: _____

Date: _____



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 1 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

Code Brown – Hazardous Materials Spill

Introduction

Code Brown is the Home's emergency response to a hazardous materials spill that may affect resident health or the security of Hillcrest Village. A code brown is called when a spill — liquid, powder, or gas — is of the size or potential hazard, or involves an unknown substance, that housekeeping or maintenance staff cannot safely clean up, alerting all staff to the situation.

The spill kit is located in the laundry room in the basement of the Hillcrest building. The key to the spill kit is kept in the Georgian Suites housekeeping closet; all Registered staff hold keys to the housekeeping closets and can retrieve the spill kit key when required.

Policy Authority and Integration

This procedure forms part of the Home's Emergency Management Program under the Fixing Long-Term Care Act, 2021 and O. Reg. 246/22, and follows the emergency management cycle of mitigation, preparedness, response, and recovery. It may be escalated to other codes, including Code Green (Evacuation), as needed to protect residents and maintain continuity of care.

Emergency Risk Awareness

Hazardous materials incidents may arise internally (cleaning chemicals, maintenance activities, medications, mechanical equipment) or from external community sources. High-risk areas include chemical storage rooms, medication rooms, mechanical rooms, laundry areas, and any area where cleaning or maintenance products are stored or used. This procedure is reviewed within the Home's Emergency Management risk assessment process.

Procedure

Originating Staff

1. On discovering a spill of a hazardous or unknown substance, notify the Charge Nurse or your Supervisor, who assumes the role of Incident Manager.
2. Follow the direction of the Incident Manager.
3. Report immediately if you have been contaminated or are experiencing any health effects.

Charge Nurse / Incident Manager

1. On notification, assume the role of Incident Manager until relieved by the Maintenance Supervisor or delegate.
2. Proceed to the location and assess from a safe vantage point. Enter only if it is safe to do so.



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 2 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

3. Cordon off the area, post signage at all entrances, and lock the elevator if required. Keep people away until cleanup is complete. (Signage is kept with the spill kit.)
4. Page the Code Brown, identifying the location and who must attend — e.g., “Code Brown, Hillcrest building basement; maintenance and housekeeping supervisor to attend. All other staff stand by.”
5. If the spill involves flammable material, or there are injuries or illness:
 - Call 9-1-1;
 - Clear the area of all persons;
 - Eliminate sources of ignition;
 - Ventilate by opening windows, if safe to do so;
 - **Where a worker or resident is killed or critically injured, do not disturb the scene** — except as necessary to save life, relieve suffering, maintain an essential public utility, or prevent further damage — until released by an MLITSD inspector (OHSA s. 51).
6. Attend to anyone contaminated:
 - Remove contaminated clothing immediately;
 - Flush skin with water for no less than fifteen minutes;
 - Set contaminated clothing aside pending a decision on laundering or disposal;
 - Ensure all affected persons are medically assessed and document any worker exposure.
7. Where safe to do so, determine the name and quantity of the substance spilled.
8. Obtain the Safety Data Sheet (SDS).
9. Determine whether evacuation is required. If the spill zone or a larger area must be evacuated, activate Code Green and notify the Administrator or delegate.
10. After business hours, notify the Administrator or delegate of any injuries, resident evacuation, or fire department attendance.
11. Only WHMIS-trained, competent staff may perform cleanup. If the spill exceeds on-site capability, arrange a commercial spill response team and initiate the Senior IMS Team.
12. Notify the Ministry of Long-Term Care (MLTC) of any evacuation, resident displacement, or disruption to facility operations, and report to the Director in accordance with the Home’s Critical Incident System (CIS) policy where the incident meets a CIS reporting threshold.
13. For a spill not resulting in a critical injury or fatality, document the incident and report to the MLITSD where required, and complete the Home’s incident report.
14. Where a worker or resident is critically injured or killed, the Administrator or delegate notifies the MLITSD **immediately**, followed by a written report within 48 hours (OHSA s. 51). “Critical injury” is defined under O. Reg. 834.



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 3 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

Emergency Equipment Locations

Eyewash stations:

- Georgian / Harbour staff bathrooms;
- Heritage / Centennial hopper rooms;
- Main kitchen chemical room;
- Hillcrest basement staff room.

Resident bathing showers, located in each Resident Home Area and the Hillcrest building locker rooms, may be used to flush or rinse affected persons where appropriate. These are bathing showers, not emergency drench showers.

Resident and Family Communication

During Code Brown, the Incident Manager or delegate ensures residents in affected areas are informed calmly, in a manner appropriate to their cognitive and communication needs. Where the incident results in relocation, evacuation, or disruption to normal operations, families or Substitute Decision-Makers are notified under the Home's Emergency Communication Plan. All communication prioritizes safety, clarity, and continuity of care.

Protocol for Spill Clean-up Team

1. On notification of a hazardous material spill, report to the Incident Manager.
2. Assess from a safe location whether cleanup is within the team's capability. Plan complexity depends on the material's characteristics, volume, toxicity, and potential for environmental release.
3. Review the SDS for recommended cleanup methods, materials, and required PPE (masks, goggles, gloves, protective clothing).
4. Use PPE appropriate to the spilled chemical, as per the SDS.
5. Obtain the spill kit (basement, Hillcrest building), containing absorbents and equipment to disperse, collect, and contain spill materials (brushes, scoops, sealable containers). Cytotoxic spill kits are stored in each medication room (Georgian & Bayview Suites, Heritage and Centennial Place). For cytotoxic or hazardous-drug spills, follow the Home's Cytotoxic /Hazardous Drug Spill procedure.
6. Protect floor drains and other routes of environmental release.



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 4 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

7. Apply absorbent over the spill from the outside, working inward, to limit splashing or spreading.
8. Once absorbed, use a brush and scoop to place material in an appropriate container — polyethylene bags for small spills; lined five-gallon pails for larger quantities.
9. Complete a hazardous-waste label identifying the contents as spill debris involving the named chemical and affix it to the container. Dispose of as hazardous waste where required — confirm with municipal public works based on chemical type and quantity.
10. Decontaminate the surface with mild detergent and water where appropriate.

Training and Education

All staff, students, and volunteers receive education on this procedure at orientation and at least annually. Staff with specific roles — Incident Manager, Maintenance, Housekeeping — receive additional role-specific training in hazardous-material handling and PPE use. Education and training records are maintained per Home policy.

Testing and Evaluation

This procedure is tested at least annually as part of the Home's Emergency Management Plan exercises, either independently or in conjunction with other emergency scenarios. Following any real event or planned exercise, the Incident Manager or designate completes a post-incident review within 30 days of the emergency being declared over, to evaluate the effectiveness of the response, identify opportunities for improvement, and document follow-up actions. The procedure is revised as required based on findings.

Resources and Supplies

In accordance with O. Reg. 246/22, s. 268(4), the Home maintains the resources, supplies, PPE, and equipment required for spill response — including the spill kit, cytotoxic spill kits, and associated PPE. These items are inventoried and checked on a quarterly basis to confirm availability and that no items are expired and are replenished promptly after any use. Responsibility for maintenance and replenishment rests with the Maintenance Supervisor or delegate.

Recovery and All-Clear

All clear is declared only after the Administrator or Maintenance Supervisor has assessed the affected area or assessed by the necessary expert and they have deemed it safe for re-occupancy. Resident care routines are then restored or alternate arrangements implemented, staffing impacts addressed, and spill supplies and equipment replenished.

Documentation and Records



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 5 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

All Code Brown events, including near misses, are documented through Home's incident reporting process. Records of emergency response, training, exercises, evaluations, and external notifications are retained as per legislative and the Home's requirements.

Code Brown- Incident Manager Checklist

Date: _____ Incident Manager: _____

☐ Code Brown activated in accordance with the Home's Emergency Management Plan and Incident Management System.

Initial Response

_____ Time spill discovered

People discovering the spill: _____ Location of the spill: _____

☐ Spill occurred in a known high-risk area (chemical storage, medication room, mechanical, laundry).

☐ If yes, additional controls are implemented as required.

Substance spilled (if known): _____

_____ Charge Nurse or area Supervisor notified; assumes the role of Incident Manager until relieved by the Maintenance Supervisor or delegate.

Name of initial Incident Manager: _____

_____ Cordon off the area and establish a safety perimeter.

_____ Obtain spill kit (basement, Hillcrest building); post signage (kept with the spill kit).

_____ Determine if an evacuation is required: YES / NO

_____ If emergency evacuation is required, page "Code Green (location)" x3.

☐ Residents in affected area notified of Code Brown in a calm, reassuring manner.

☐ Resident needs assessed (cognitive, sensory, mobility).

☐ Residents monitored for distress or symptoms following exposure or relocation.

_____ Administrator or delegate notified if evacuation is required or injuries occurred.



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 6 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

_____ Page Code Brown identifying location and who must attend — e.g., “Code Brown, Hillcrest building basement; maintenance and housekeeping supervisor to attend. All other staff stand by.”

_____ After hours, notify the Maintenance Supervisor or delegate to determine if maintenance staff should be called in.

If flammable material, or any injury / illness from the spill

Time:

_____ 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 anyone contaminated: remove contaminated clothing immediately and flush skin with water for no less than fifteen minutes. Set contaminated clothing aside pending a disposal or cleaning decision.

_____ Where a person is killed or critically injured, preserve the scene until released by an MLITSD inspector (OHSA s. 51).

_____ Fire Department arrival (if 9-1-1 called):

_____ EMS arrival (if 9-1-1 called):

_____ Police arrival (if 9-1-1 called):

_____ If the spill enters or may enter the environment (including drains), immediately report to the Ontario Spills Action Centre under the Environmental Protection Act: 1-800-268-6060.

_____ Notify local municipality if required.

Maintenance Staff Response

Time

_____ Time arrived

_____ Maintenance staff arrive at the location to assess the situation. Name: _____

_____ Certified worker representative of the JHSC. Name: _____

Additional team members: Name: _____

Name and quantity of the substance spilled: _____

Time:

_____ Safety Data Sheet(s) obtained.

_____ Appropriate PPE for the spill available and utilized.



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 7 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

- _____ Floor drains and other means of environmental release protected.
- _____ Public Works notified if the spill reaches floor drains or has other environmental release.
- _____ Maintenance staff initiate cleanup (if within their capability).
- _____ Contaminated material cleaned up properly, contained, and labelled.
- _____ External assistance requested from commercial spill response team (if required).

Company name: _____ Contact person: _____

Telephone: _____

Time:

- _____ Administrator or delegate notified of external assistance request.
- _____ Administrator or delegate initiates the Senior IMS Team if external assistance is required.
- _____ Families / Substitute Decision-Makers notified as required under the Emergency Communication Plan.
- _____ Method of notification documented (e.g., phone, mass notification system).
- _____ Ministry of Long-Term Care (MLTC) notified of any evacuation, displacement, or operational disruption; reported to the Director per CIS policy where applicable.
- _____ MLITSD notified immediately of any critical injury or fatality (written report within 48 hours).

_____ Proper disposal of waste material. Method of disposal: _____

Name of disposal company: _____ Date / time of removal: _____

_____ Surface of spill area decontaminated. Method of decontamination: _____

Recovery and Continuity of Care

- ☐ Administrator or Maintenance Supervisor has assessed the area — or had it assessed by the necessary expertise — and deemed it safe for re-occupancy.
- ☐ Staff responding to the spill were trained and competent for assigned roles (WHMIS / hazard-specific training confirmed).
- ☐ Resident care routines restored or alternate arrangements implemented.
- ☐ Staffing impacts reviewed and addressed.
- ☐ Supplies and spill equipment replenished as required.
- _____ “All clear” given and continuity of care / safe return to normal operations confirmed.
- _____ Incident report completed.



Department: Emergency Management

Section:

Subject: Code Brown – Hazardous
Materials Spill

Page: 8 of 8

Revised Date: May 22, 2026

Approval Date: August 2017

Reviewed Date: May 22, 2026

Post-Incident Review and Evaluation

- ☐ Post-incident review completed by Incident Manager / designate within 30 days of the emergency being declared over.
- ☐ Opportunities for improvement identified.
- ☐ Policy / procedure updates required: YES / NO
- ☐ Findings communicated to leadership as required.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 1 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

Code Green - Evacuation

Purpose

The purpose of Code Green is to provide a coordinated response for the safe evacuation and relocation of residents, staff, visitors, volunteers, students and others from an affected area, floor, building or, when necessary, the entire Hillcrest Village Care Centre during an emergency.

A Code Green may be activated where an emergency or hazard requires evacuation, including fire, explosion, hazardous materials, bomb threat, gas leak, severe weather, structural failure, loss of essential services or another situation presenting an immediate risk to health or safety.

This procedure forms part of the Home's Emergency Management Program and shall be implemented together with the applicable emergency plan and the Home's approved Fire Safety Plan. Where there is a conflict or inconsistency between this procedure and the Ontario Fire Code, the Fire Code shall prevail.

Community Consultation Requirement

The Home shall develop and update its emergency plans in consultation with applicable community agencies, emergency service providers, health service providers, partner facilities and other resources that may be involved in an emergency response.

The Residents' Council and Family Council, if any, shall also be consulted as required.

The Home shall maintain current arrangements with entities involved in emergency response and relocation. Records of required consultation shall be maintained as part of the Emergency Management Program.

Types of Evacuation

Horizontal Evacuation

Moving residents, staff, and visitors from one area of a floor to another area on the same floor beyond fire barrier doors.

Vertical Evacuation



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 2 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

Moving residents, staff, and visitors from one floor toward the ground floor using stairwells.

Horizontal evacuation is preferred whenever possible because moving residents through stairwells may present additional risks. However, vertical evacuation may be necessary when a horizontal evacuation route is unsafe or inaccessible. Elevators shall not be used unless authorized by the Fire Department or other responding authority.

Total Evacuation

A total evacuation involves relocating all occupants from the building to a safe external location and will occur only in extreme emergencies. Emergency services will typically be present to provide assistance.

Decision to Evacuate

The Incident Manager is responsible for assessing the emergency, determining the need for evacuation, activating the Code Green response, and coordinating evacuation activities.

Whenever possible, evacuation decisions shall be made in consultation with the Administrator, Director of Care, Assistant Director of Care, emergency services, or other appropriate authorities.

Upon activation of Code Green, the Incident Manager or designate shall:

- Retrieve the Code Green Binder.
- Initiate the Emergency Notification System.
- Establish an Incident Command System (ICS) structure, as required.
- Coordinate accountability for residents, staff, visitors, and volunteers. Procedure

Originating Staff

1. If an immediate life-threatening emergency is identified, activate the appropriate emergency response and, if safe to do so, remove individuals from immediate danger.
2. Notify the Charge Nurse as soon as possible.
3. Follow the directions of the Incident Manager.

Charge Nurse/Incident Manager

1. Assume the role of Incident Manager until relieved by a senior leader.
2. Assess the situation and determine whether a Code Green is required.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 3 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

3. Determine the scope of the evacuation (partial or total).
4. Consult with emergency services when circumstances permit.
5. Signal the evacuation. A Code Green is normally signaled by the paging announcement (below) and the Emergency Notification System — the fire alarm does not have to be activated for every Code Green. The signaling method is matched to the hazard:
 - a. Activate the fire alarm system when the emergency is a fire, when directed by emergency authorities, or when the hazard otherwise warrants it. When the Hillcrest building alarm is activated it goes into Stage 2 evacuation mode automatically after 5 minutes; to move to Stage 2 immediately, use a pull station and insert the evacuation key. The key is located in the Code Green binder in the lab room on Heritage and the lab room in the Hillcrest building.
 - b. Where activating the fire alarm is unnecessary, would not assist the evacuation, or could increase the danger, do not activate it — signal and direct the evacuation using the paging system and the Emergency Notification System, and follow the directions of emergency services and any responding authority (e.g., the gas utility or police). Where there is a risk of ignition, such as a suspected gas leak or explosive atmosphere, staff shall not operate pull stations, switches, or other electrical devices.
6. Announce Code Green three (3) times using the paging system.

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

“Code Green (building and floor number)”

“Code Green (building and floor number)”

“Code Green (building and floor number)”

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

“Code Green Hillcrest / Heritage building”

“Code Green Hillcrest / Heritage building”

“Code Green Hillcrest / Heritage building”

9. Call 9-1-1 and provide the type and location of the emergency.

Priority of Evacuation



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 4 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

Residents shall be evacuated in the following order whenever circumstances permit:

1. Residents in immediate danger.
2. Ambulatory residents under supervision.
3. Residents using wheelchairs should remain with their mobility devices whenever practicable.
4. Residents requiring life-sustaining treatments, specialized equipment, or enhanced support, including:
 - Oxygen-dependent residents.
 - Residents requiring specialized mobility devices.
 - Bariatric residents requiring additional staff or equipment.
 - Residents receiving dialysis or other critical treatments.
 - Residents with responsive behaviours or cognitive impairment requiring enhanced supervision.
5. Residents who continue to resist evacuation despite staff intervention.

Moving beds should be avoided unless absolutely necessary; move a bed only where no safer transfer method is available.

Special Resident Evacuation Considerations

Resident evacuation requirements shall be identified, documented, and maintained through each resident's Plan of Care and Emergency Relocation Profile. Information shall be reviewed regularly and updated following any significant change in a resident's condition, mobility, equipment needs, or level of support required during an emergency evacuation.

When determining evacuation priorities, staff shall consider mobility status, clinical condition, cognitive status, behavioural needs, and dependence on specialized equipment or life-sustaining therapies.

Special consideration may be required for:

- Bariatric residents.
- Oxygen-dependent residents.
- Residents requiring specialized medical equipment.
- Residents receiving dialysis or other essential treatments.
- Residents with responsive behaviours, dementia, or cognitive impairment.
- Residents with communication impairments.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 5 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

Where a total evacuation is required, resident-specific information, medications, mobility aids, treatment requirements, and essential equipment shall accompany the resident whenever feasible to support continuity of care.

ALL STAFF RESPONSIBILITIES DURING ANY EVACUATION

Upon notification of a Code Green:

1. Ensure that all residents and visitors in your work area are in a safe location.
2. Safely shut down equipment in the area (e.g., ovens, laundry equipment) and close all doors.
3. If away from your work area, do not re-enter an unsafe or affected area. Secure equipment and close doors only where it is safe to do so, then report as directed.
4. Proceed directly to the evacuation area using the stairs. Do not use elevators unless approved by emergency authorities.
5. Report to the Incident Manager or designate.
6. Assist with the evacuation beginning with those closest to the affected area.
7. Relocate residents and visitors to a safe area as directed by the Incident Manager.
8. Ensure assigned rooms are thoroughly searched and evacuation indicators are used only when rooms are confirmed vacant.
9. Close doors to help contain fire, smoke, or other hazards.
10. Maintain resident safety, dignity, and accountability throughout the evacuation process.

During a Partial Evacuation

Incident Manager

The Incident Manager shall:

- Initiate the Emergency Notification System.
- Activate the Senior Incident Management System (IMS) Team.
- Establish a command post in a safe location.
- Direct evacuation activities.
- Ensure resident identification and accountability.
- Coordinate communication with emergency services.
- Appoint a Liaison Officer, Safety Officer, and Public Information Officer as required.
- Notify the Ministry of Long-Term Care (MLTC) immediately — the emergency relocation or evacuation of residents must be reported to the Director without delay under O. Reg. 246/22; do not wait for the post-event Critical Incident report.
- Ensure the ongoing care and support of residents.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 6 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

These responsibilities should be delegated appropriately based on available staffing resources

Registered Staff/Supervisors

- Ensure appropriate staff coverage remains on unaffected units. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.
- Provide direction and support to staff participating in the evacuation.
- Maintain accountability of residents and staff. Ensure all evacuees are identified with name badges, maintain a head count
- Remove resident charts and medication carts if conditions permit.
- Ensure continuity of resident care.
- Report regularly to the Incident Manager.

During a Total Evacuation

Incident Manager

The Incident Manager shall:

- Initiate the Emergency Notification System.
- Activate the Senior IMS Team.
- Establish a command post.
- Administrator shall maintain current relocation MOUs and review annually. Confirm relocation facilities are prepared to receive residents.
- Coordinate transportation and resident transfers.
- Designate resident pickup and triage areas.
- Ensure accountability of all residents, staff, visitors, and volunteers.
- Coordinate ongoing communications with emergency services and families.
- Ensure resident records accompany transferred residents whenever possible.
- Notify the Ministry of Long-Term Care (MLTC) immediately.

Communication

Assign a staff member to:

- Notify substitute decision-makers (SDMs) and families as soon as practicable.
- Provide information regarding resident destinations and relocation arrangements.
- Maintain a communication log.
- Coordinate and document ongoing updates.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 7 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

- Communicate with residents, substitute decision-makers, and families at the onset of the emergency, upon any significant change in status, and when the emergency has been declared over, consistent with O. Reg. 246/22, s. 268(6).

Resident Pickup Areas

Two external pickup areas shall be established:

Area One: Stable and non-injured residents.

Area Two (Triage): Residents requiring emergency medical assessment or treatment.

These responsibilities should be delegated appropriately based on available staffing resources.

Registered Staff/Supervisors

- Provide direction and guidance to staff participating in the evacuation.
- Ensure emergency Code Green binders leave the building with the first resident evacuated.
- Prepare resident transfer information, Resident tracking forms, destination records, transportation records and medication transfer records.
- Maintain accountability records.
- Track resident destinations.
- Support continuity of care throughout relocation activities.

Emergency Supplies Stockpile

Emergency preparedness requirements include maintaining:

- Emergency go kits.
- Medication contingency supplies. Contact Care RX, communicate all requirements.
- Resident comfort supplies. Prepare what you can and contact suppliers as needed.
- Personal protective equipment (PPE).
- Infection prevention and control supplies.

Debrief

Incident Manager

The Incident Manager shall:

1. Ensure all documentation is completed.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 8 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

2. An operational debrief will be initiated within 24 hours. As part of recovery, residents, SDMs, staff, and volunteers will be provided with an opportunity to participate in debriefing, as applicable.
3. Coordinate staffing plans if building operations are disrupted.

Evaluation and Review

In addition to the debrief, the emergency plan shall be evaluated and updated:

- at least annually, including the updating of applicable emergency contact information; and
- within 30 days after an emergency has been declared over, following each instance in which the emergency plan was activated.

Following each test or planned evacuation, the Home shall maintain a written record of the test or evacuation and any changes made to improve the emergency plans.

When evaluating and updating an emergency plan following an actual emergency, entities involved in the emergency response shall be provided an opportunity to offer feedback, in accordance with O. Reg. 246/22, s. 268.

Administrator

The Administrator shall complete and submit all required Critical Incident reports to the Ministry of Long-Term Care following the event.

Recovery and Reoccupation

Recovery activities shall include:

- Building safety verification, and written authorization to re-enter and reoccupy the building obtained from the Fire Department or other authority having jurisdiction, before residents return.
- Resident return planning.
- Family notification.
- Staff redeployment as required.
- Documentation review and follow-up actions.

Training Requirements and Exercises



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 9 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

All staff, volunteers and students if applicable shall receive orientation to Code Green responsibilities before assuming duties and annually thereafter

All Emergency plans are on surge for staff review and checklists are available on the unit in Hillcrest phone books.

Mock evacuation exercises shall occur at least once every three years, or more frequently as determined by the home's risk assessment and emergency preparedness priorities. Detailed records of all exercises shall be maintained, including participating staff, evacuation times, lessons learned, and improvement opportunities. Any revisions to the evacuation plan shall be communicated to staff as soon as possible.

Mock evacuation exercises are distinct from fire drills. Fire drills are conducted at the frequency required by the Ontario Fire Code and the Home's approved Fire Safety Plan; completing the three-year planned evacuation does not satisfy the separate fire-drill requirement.

References and Legislative Authority

- Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1.
- O. Reg. 246/22 (General) under the FLTCA, 2021 — s. 268 (emergency plans: consultation, delegation of authority, communications, testing, evaluation) and s. 269 (plan content).
- Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4.
- Ontario Fire Code, O. Reg. 213/07, Division B, Section 2.8 (Fire Safety Plans).
- Hillcrest Village Care Centre Fire Safety Plan and Emergency Management Program.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 10 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

CODE GREEN INCIDENT MANAGER CHECKLIST

INCIDENT MANAGER CHECKLIST

Initial Incident Manager: _____ **Date:** _____

Initial Assessment

___ Time

___ Determine the type and location of the emergency.

___ Determine whether a Code Green evacuation is required.

___ Determine the scope of the evacuation:

- Partial Evacuation
- Total Evacuation

___ Consult with emergency services and available leadership, when circumstances permit.

Emergency Activation

___ Activate the Fire Alarm System if directed by emergency authorities or required by the emergency

___ Activate Stage 2 evacuation:

- Hillcrest Building: obtain evacuation key from the lab room and activate Stage 2
- Heritage Place: obtain evacuation key from the Code Green Binder and activate Stage 2
 - ☐ Announce Code Green (location/building/floor) three (3) times using the paging system.
 - ☐ Call 9-1-1 and provide the type and location of the emergency.

___ Initiate the Emergency Notification System through the Nursing Administrative Support Coordinator or designate.

___ Retrieve the Code Green Binder and Incident Manager vest.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 11 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

Incident Command

- ___ Establish the Incident Command Post in a safe location.
- ___ Activate the Senior Incident Management System (IMS) Team.
- ___ Appoint a Liaison Officer.
- ___ Appoint a Safety Officer.
- ___ Appoint a Public Information Officer.
- ___ Establish additional IMS functions as required.

Resident Accountability & Care

- ___ Ensure residents are identified with name bands or evacuation identification tags.
- ___ Assign responsibility for resident accountability and resident tracking.
- ___ Ensure a current resident evacuation log is maintained.
- ___ Assign responsibility for tracking resident destinations.
- ___ Ensure transfer information accompanies each evacuated resident.
- ___ Ensure medications, essential equipment, mobility aids, and resident records accompany residents whenever feasible.
- ___ Assign staff to provide ongoing resident care and supervision.

Total Evacuation Only

- ___ Contact receiving facilities and confirm capacity to accept residents:
 - Georgian Village
 - Villa Care Centre
 - Other designated receiving locations

Refer to Emergency Contact List in the Code Green Binder.

- ___ Arrange transportation resources as required.
- ___ Establish two resident pickup areas:

Area One

- Stable/non-injured residents

Area Two (Triage)

- Residents requiring urgent medical assessment or treatment

- ___ Designate a supervisor for each pickup area.
- ___ Confirm resident counts at each pickup area.
- ___ Coordinate transportation and relocation activities.



Department: Emergency Management

Section:

Subject: Code Green - Evacuation

Page: 12 of 12

Revised Date: September 21, 2026

Approval Date: August 2017

Review Date: September 21, 2026

Staff, Visitors & Volunteers Accountability

- ☐ Track staff on site and staff responding through the Emergency Notification System.
- ☐ Remove visitor and volunteer sign-in logs to the Command Post.
- ☐ Maintain accountability for residents, staff, visitors, and volunteers.
- ☐ Notify emergency responders of any persons unaccounted for and provide last known location information.

Communications

- ☐ Assign a staff member to notify substitute decision-makers (SDMs) and families.
- ☐ Provide resident destination and relocation information to families
- ☐ Ensure a communication log is maintained.
- ☐ Coordinate ongoing updates to residents, families, staff, and external partners.

Regulatory Notification

- ☐ Notify the Ministry of Long-Term Care (MLTC) as required.
- ☐ Document all decisions, actions, and communications throughout the event.

Recovery & Debrief

- ☐ Verify resident, staff, visitor, and volunteer accountability.
- ☐ Confirm continuity of care arrangements.
- ☐ Conduct a Code Green debrief within 24 hours.
- ☐ Identify corrective actions and improvement opportunities.
- ☐ Complete all required Ministry and organizational reporting
- ☐ Ensure the emergency plan is evaluated and updated within 30 days after the emergency is declared over.

Date Completed: _____ **Facilitator:** _____

Incident Closed By: _____ **Date:** _____

Signature: _____



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 1 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

Code Grey – Infrastructure Loss/Failure

Purpose

The Home is committed to ensuring the safety and well-being of residents, staff, visitors, and volunteers during any infrastructure failure or loss of essential services. A Code Grey will be activated whenever an internal or external event disrupts normal operations and may compromise resident care, safety, or business continuity. This policy provides a standardized response to minimize risks, maintain critical services, and restore operations as quickly and safely as possible.

A **Code Grey** is declared when there is an actual or imminent loss or disruption of infrastructure, utilities, equipment or essential services that significantly affects normal operations or may threaten the health, safety or well-being of residents or others in the Home.

Examples include, but are not limited to:

- Electrical power failure
- Water supply interruption
- Heating or cooling system failure
- Medical gas interruption (if applicable)
- Information technology outage
- Telephone or communication failure
- Elevator malfunction
- Sewage backup
- Structural damage
- Utility disruption
- Fuel shortage
- Mechanical system failure
- Gas leak

Activation

A Code Grey may be initiated by:

- Administrator
- Director of Care
- Charge Nurse
- Maintenance Supervisor
- On-call Manager

The person identifying the emergency will immediately notify the Administrator or designate.

If immediate action is required to protect life or safety, staff shall initiate emergency procedures without delay.



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 2 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

Emergency Notification

Upon activation:

1. Announce three times:

"Code Grey, Code Grey, Code Grey – [Location or Description]."

2. Notify:

- Administrator
- Director of Care
- Maintenance
- Environmental Services
- Dietary Services
- Infection Prevention and Control (when applicable)
- Emergency services if required
- Utility provider if appropriate

Roles and Responsibilities

Administrator

- Assume overall command.
- Liaise with external agencies.
- Authorize evacuation or relocation if necessary.
- Coordinate communications with families and regulatory authorities.

Director of Care

- Coordinate resident care activities.
- Assess resident risks.
- Ensure adequate staffing.
- Prioritize clinical care.

Nurse Manager

- Maintain resident safety.
- Conduct resident assessments.
- Report emerging concerns.
- Coordinate unit-specific response.

Maintenance Manager

- Investigate cause.
- Shut down unsafe equipment.
- Coordinate repairs.



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 3 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

- Communicate estimated restoration timelines.
- Contact utility companies or contractors.

Environmental Services

- Maintain safe environment.
- Manage spills or contamination.
- Assist with temporary service arrangements.

Dietary Services

- Implement emergency meal plan.
- Protect food safety.
- Monitor refrigeration and freezer temperatures.
- Arrange alternative food preparation if required.

All Staff

- Remain calm.
- Follow supervisor instructions.
- Continue essential resident care.
- Report hazards immediately.
- Document unusual events.

Response Procedures

Initial Assessment

Determine:

- Nature of disruption
- Areas affected
- Safety risks
- Estimated duration
- Impact on resident care

Resident Safety Priorities

Staff shall:

- Assess residents in affected areas and residents at increased risk as soon as practicable based on the nature of the disruption.
- Monitor resident's dependent on powered medical equipment.
- Ensure emergency lighting is available (i.e. approved flashlights).
- Maintain hydration if water service is interrupted.
- Relocate residents if necessary.

Essential Services



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 4 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

Maintain:

- Medication administration
- Resident monitoring
- Nutrition and hydration
- Infection prevention measures
- Fire safety
- Security

Specific Response Guidelines

Power Failure – See Utilities Disruption - Power Failure Policy

- Activate emergency generator.
- Reduce electrical demand.
- Use flashlight.
- Monitor refrigerator temperatures.
- Check oxygen concentrators and medical equipment.

Water Failure – See Utilities Disruption – Water Supply Disruption

- Use bottled or emergency water supply.
- Suspend bathing if required.
- Implement water conservation.
- Use disposable dishes if necessary.
- Follow public health guidance.

Heating or Cooling Failure – See Utilities Disruption – HVAC System Failure

Monitor indoor temperatures.

If temperatures become unsafe:

- Relocate residents.
- Increase hydration.
- Use cooling or warming centres.
- Monitor vulnerable residents closely.

Communication Failure – See Loss of Communication Policy

Implement alternate communication methods such as:

- Cell phones
- Portable radios
- Runners
- Satellite phones (if available)

Information Technology Failure



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 5 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

Use downtime procedures:

- Paper documentation
- Manual medication records
- Printed resident care plans
- Manual admissions and transfers

Evacuation – see Code Green – Evacuation Policy

Evacuation may be required if:

- Building becomes unsafe.
- Essential services cannot be restored.
- Ordered by emergency services.

Follow the home's evacuation policy.

Gas Leak – see Utilities Disruption - Gas Leak Policy

Communication

The Administrator or designate will communicate with:

- Residents
- Families
- Staff
- Public Health (when required)
- Ministry of Long-Term Care (as required)
- Emergency responders
- Media (through designated spokesperson)

Only authorized individuals may speak with the media.

Documentation

The reporting requirement for Critical Incidents / Certain Matters, depends on the nature of the incident. The home is to conduct an investigation and update the original report with the findings within 10 business days.

The Home shall ensure that the Director is immediately informed, in as much detail as is possible in the circumstances, of each of the following incidents in the home, followed by the report required:

- An emergency within the meaning of section 268, including fire, unplanned evacuation or intake of evacuees.
- An unexpected or sudden death, including a death resulting from an accident or suicide.



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 6 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

- Contamination of the drinking water supply. O. Reg. 246/22, s. 115 (1).

Where a licensee is required to make a report immediately under subsection (1) and it is after normal business hours, the licensee shall make the report using the Ministry's method for after hours emergency contact. An environmental hazard that affects the provision of care or safety security or well-being of one or more residents for a period greater than 6 hours, including a breakdown or failure of the security system, a breakdown of major equipment or a system in the home, a loss of essential services or flooding must be reported to the Director as a Critical Incident within one business day after the occurrence of the incident.

Document:

- Time Code Grey declared
- Nature of disruption
- Actions taken
- Residents affected
- Transfers or evacuations
- Equipment failures
- Communications made
- Time Code Grey ended

Complete incident reports according to the Home's policy.

Recovery

Following restoration of services:

- Verify all systems are operational.
- Inspect affected equipment.
- Restock emergency supplies.
- Resume normal operations.
- Conduct safety checks.
- Debrief staff.
- Identify improvement opportunities.
- Update emergency plans if needed.

Education and Training

All staff, volunteers, and students will:

- Receive training on applicable emergency plans before performing their responsibilities and at least annually thereafter.
- Participate in applicable emergency exercises, drills, and exercises as required.
- Demonstrate an understanding of their roles and responsibilities during a Code Grey and knowledge of applicable emergency procedures.



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 7 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

Quality Improvement

After every Code Grey event or exercise:

- Conduct a review.
- Identify strengths and opportunities.
- Develop corrective action plans.
- Monitor completion of improvements.



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 8 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

CODE GREY – Infrastructure Loss/Failure
INCIDENT MANAGER'S CHECKLIST

Date: _____ Incident Manager: _____

Time (note below)

_____ Notification received from: _____

Agency: _____

Contact Information: _____

Known information: _____

_____ Assess the nature, location and extent of the disruption.

_____ Determine whether there is an immediate threat to resident/staff safety.

_____ Initiate immediate life-safety measures, if required.

_____ Notify all staff of the Code Grey Repeat x3. "Code Grey, Code Grey, Code Grey – [Location or Description]."

If on break return to your home area immediately to assist with emergency procedures in Resident home areas.

_____ Administrator or designate notified

_____ Director of Care notified

_____ Maintenance Supervisor notified

_____ Environmental Services notified

_____ Dietary Services notified

_____ Infection Prevention and Control notified (When applicable)

_____ Emergency Services contacted (if required)



Department: Emergency Management

Section:

Subject: Code Grey – Infrastructure
Loss/Failure

Page: 9 of 9

Revised Date: August 12, 2026

Approval Date: September 2015

Reviewed Date: August 12, 2026

_____ Utility provider contacted (if appropriate)

_____ Ministry of Long-Term Care notified (if appropriate)

_____ Determine estimated duration of the disruption, if possible

Activate Applicable Procedure

_____ Power Failure / Emergency Generator

_____ Water Supply Disruption

_____ Heating/Cooling (HVAC) Failure

_____ IT/System Downtime

_____ Telephone/Communication Failure

_____ Elevator Failure

_____ Sewage Backup/Flooding

_____ Medical Gas/Oxygen System Failure

_____ Structural/Mechanical Failure

_____ Fuel Supply Disruption

_____ Other: _____

Follow the applicable emergency/utility disruption procedure.

Recovery / Code Grey Termination

_____ Confirm affected service/system has been safely restored.

_____ Confirm critical equipment and systems are operational.

_____ Complete environmental and resident safety checks.

_____ Return relocated residents when safe to do so.

_____ Resume normal documentation/processes following downtime.

_____ Restock emergency supplies used.

_____ Notify staff/residents that Code Grey has ended.

_____ Notify families/SDMs or external agencies of resolution, where appropriate.

Time Code Grey Ended: _____

Code Grey terminated by: _____



Department: Emergency Management

Section:

Subject: Code Orange – External
Emergency

Page: 1 of 7

Revised Date: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

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 incoming patients. While most of these people 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:



Department: Emergency Management

Section:

Subject: Code Orange – External
Emergency

Page: 2 of 7

Revised Date: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

- Full contact information of the caller
- Time frame to anticipate patients
- Where the patients are coming from
- Demographics of the incoming patients (Long Term Care, Retirement, Group Home, Community etc.)
- Anticipated numbers of patients
- Resources accompanying the patients (e.g. nursing staff, volunteers, etc.)
- Anticipated duration of the stay
- Physical/medical/emotional condition of the patients

2. 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.



Department: Emergency Management

Section:

Subject: Code Orange – External
Emergency

Page: 3 of 7

Revised Date: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

2. Review the information collected and evaluate the capability of Hillcrest Village to assist in the incident.
3. Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available.
4. Initiate calling in staff using the Emergency Notification System or Mass Messaging 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: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

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 Emergency Notification system initiated

_____ First IMS Meeting – 20 minutes after Code Orange paged



Department: Emergency Management

Section:

Subject: Code Orange – External
Emergency

Page: 5 of 7

Revised Date: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

Function assignments:

o Operations	Name: _____
o Logistics	Name: _____
o Planning	Name: _____
o Administration/Finance	Name: _____
o Safety	Name: _____
o Liaison	Name: _____
o 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



Department: Emergency Management

Section:

Subject: Code Orange – External
Emergency

Page: 6 of 7

Revised Date: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

Name(s): _____

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

Name(s): _____

_____ Support staff assigned to patient triage/assessment area to maintain documentation

Name(s): _____

_____ ID Tags for incoming patients

_____ Location to house patients determined.

Location(s):

Staff assigned to patient housing areas

_____ Nursing staff

Name(s): _____

_____ Social Work/Activation staff

Name(s):

_____ Housekeeping staff

Name(s):

_____ Dietary staff

Name(s):



Department: Emergency Management

Section:

Subject: Code Orange – External
Emergency

Page: 7 of 7

Revised Date: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

____ Laundry staff
Name(s):

____ Administration support (documentation)
Name(s):

____ Clergy
Name(s):

____ Feeding plan determined

____ Overnight accommodations/facilities plan determined
Cots/Mattresses required
Blankets required

Assistance requested from:

____ MOLTC

____ Home and Community Care Support Services

____ Emergency Management

____ Public Health



Department: Emergency Management

Section:

Subject: Code Orange – External
Emergency

Page: 8 of 7

Revised Date: September 19, 2025

Approval Date: September 2015

Review Date: August 12, 2026

_____ Red Cross

_____ Local Grocery Suppliers: _____

_____ Local Bedding / Linen Suppliers: _____

_____ Other: _____ : _____



Department: Emergency Management

Section:

Subject: Code Orange –Flooding/
Water Incident

Page: 1 of 5

Approval Date: June 2026

Revised Date: June 19, 2026

Review Date: June 19, 2026

Code Orange –Flooding / Water Incident

Purpose

To ensure a coordinated response to internal flooding events (e.g., sprinkler discharge, burst pipe, sewer backup) that:

- Protects resident health, safety, and rights
- Meets legislative requirements under FLTCA and O. Reg. 246/22
- Supports continuity of care and services.

This policy aligns with the FLTCA, 2021, O. reg 246/22 and emergency planning obligations.

Policy Statement

The home will maintain and implement a **written emergency procedure for internal flooding/water incidents**, ensuring:

- Immediate protection of residents
- Rapid containment of hazards
- Compliance with IPAC standards and reporting obligations
- Documentation and post-incident review

Procedure

Any staff identifying flooding must **immediately activate the emergency response**.

Charge Nurse/Incident Manager

1. Upon being notified of an incident or potential hazard to Hillcrest Village, the charge nurse will assume the role of the incident Manager until relieved by a more senior manager.
2. Announce Code Orange three times to all staff and direct all available staff to report to the affected area. Staff on break must return to their home area for further instructions.
3. Remove residents from affected area immediately and ensure supervision and continuity of care. Maintain dignity, privacy, and comfort. Relocate residents safely and in an area where med admin, nutrition and hydration and personal care can be maintained.
4. Notify the maintenance supervisor or delegate and the administrator. If not on site.
5. Shut off water source if safe, Isolate area and address electrical hazards



Department: Emergency Management

Section:

Subject: Code Orange –Flooding/
Water Incident

Page: 2 of 5

Approval Date: June 2026

Revised Date: June 19, 2026

Review Date: June 19, 2026

For sewer backups or contaminated water:

1. Treat as **biohazard and** Implement IPAC precautions:
 - PPE use
 - Controlled access to zones
2. Follow **Director-issued IPAC standards**

External Reporting

Reporting to the Director

- **Director (Ministry)** as required under the FLTCA, 2021 subsection 28(1) Reporting matters to the Director, or 0. Reg 246/22 subsection 115(1) Subsection 115(3) Reports of critical incidents
- **Public Health** (sewage contamination)
- **Emergency Services** (if hazard present)

Environmental Safety & Cleanup

- Remove water promptly
- Prevent mold and further contamination
- Ensure:
 - Safe air quality
 - Plumbing repairs
 - Structural safety

Environmental safety is required under “safe and secure home” provisions.

Documentation

Document: In checklist records must be **kept and available for inspection**.

- Incident details
- Actions taken
- Resident impact
- Staff involved
- Notifications

Training, Drills, and Evaluation



Department: Emergency Management

Section:

Subject: Code Orange –Flooding/
Water Incident

Page: 3 of 5

Approval Date: June 2026

Revised Date: June 19, 2026

Review Date: June 19, 2026

- Staff must receive training on emergency procedures on hire and annually
- Flood scenarios incorporated into annual drills/testing
- Annual evaluation and attestation of emergency plan required

Post-Incident Review

Conduct debriefs, identify root cause and update policies if needed. Integrate into continuous quality improvement processes.



Department: Emergency Management

Section:

Subject: Code Orange –Flooding/
Water Incident

Page: 4 of 5

Approval Date: June 2026

Revised Date: June 19, 2026

Review Date: June 19, 2026

CODE ORANGE-Flooding/ Water Incident

Incident Managers Checklist

Date: _____ Incident Manager: _____

Time (note below)

_____ Time the flood was identified.

_____ Time event reported to the Charge Nurse

The Charge Nurse becomes the incident manager until relieved by a more senior staff member.

Immediate response

_____ The Incident Manager advises all departments of the Code Orange

Announce Code Orange- flooding and the location x 3

_____ Identify source of water

_____ Remove residents from affected area, and have staff account for all residents. Provide warmth, dignity, and supervision of residents.

_____ Notify Administrator/designate, and maintenance & Environmental Services if after hours.

Safety control

_____ Block off the area, Post signage

_____ Assess electrical hazard before entering the flood area. (Wait for maintenance if unsure)

_____ Shut off water (if safe/trained)

_____ Determine if water is contaminated (sewage)

_____ Notify IPAC lead Implement if not on shift, provide PPE: Gloves, Gown, Mask/eye protection

_____ Determine if Evacuation is required.

Resident Care Ongoing

_____ Relocate residents internally, if evacuation required initiate Code Green

_____ Continue essential care (meds, food, hygiene)- determine which care partners are required to be notified - Pharmacy, Medline care supplies, Public Health and dietary service providers)

_____ Monitor for distress

_____ Communicate with families



Department: Emergency Management

Section:

Subject: Code Orange –Flooding/
Water Incident

Page: 5 of 5

Approval Date: June 2026

Revised Date: June 19, 2026

Review Date: June 19, 2026

Communication & Reporting

If required:

- ☐ Report to Ministry/Director
- ☐ Notify Public Health
- ☐ Contact Emergency Services
- ☐ Time Flood and emergency under control

CLEAN UP & RESTORATION

- ☐ Stop water source confirmed
- ☐ Remove standing water
- ☐ Remove damaged materials
- ☐ Dry area (fans/dehumidifiers)
- ☐ Disinfect (especially for sewage)
- ☐ Arrange repairs/restoration

DOCUMENTATION (REQUIRED)

- ☐ Record: Time, location, cause, Actions taken, Resident impact, Notifications
- ☐ Submit incident report

FOLLOW-UP

- ☐ Area declared safe before reuse
- ☐ Was root cause identified
- ☐ Debrief completed- was plan followed, what IPAC measures added, was resident safety maintained, were reporting obligations met, any further staff education required, evaluate plan are updates required,
- ☐ Corrective actions implemented



Department: Emergency Management

Subject: Code Orange – Natural
Disasters/Extreme Weather

Section:

Page: 1 of 7

Approval Date: June 2026

Revised Date: September 9, 2026
Reviewed Date: September 9, 2026

EM-CODE ORANGE

NATURAL DISASTER AND EXTREME WEATHER PROCEDURE

Policy Statement & Purpose

The Home shall maintain and implement a Natural Disaster and Extreme Weather Procedure to ensure a coordinated, safe, and effective response to environmental emergencies, including but not limited to:

- Wind hazards (e.g., tornadoes, severe storms, hurricane remnants)
- Winter events (e.g., snowstorms, ice storms, extreme cold)
- Severe weather conditions (e.g., thunderstorms, lightning, environmental alerts)

This policy is designed to:

- Protect the health, safety, dignity, and rights of residents
- Ensure continuity of care and essential services
- Support staff preparedness and coordinated response
- Meet legislative requirements under the Fixing Long-Term Care Act, 2021 (FLTCA) and O. Reg. 246/22

This policy forms part of the Home's overall Emergency Management **Program** and shall be implemented in conjunction with:

- The Emergency Management Plan
- Code Green Evacuation Plan
- Communication Protocol
- Hazard Identification and Risk Assessment (HIRA)

Scope

This policy applies to:

- All staff, agency staff, volunteers, students
- Residents and visitors

Definitions:

Weather Watch

Conditions are favourable for hazardous weather to develop. Action: Monitor conditions and prepare.

Weather Warning

Hazardous weather is occurring or imminent. Action: Immediate protective measures required.



Department: Emergency Management
Subject: Code Orange – Natural
Disasters/Extreme Weather

Section:

Page: 2 of 7

Approval Date: June 2026

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Activation & Notification

This procedure is activated when:

- A weather warning is issued by Environment Canada
- A weather watch escalates risk to the Home
- The Incident Manager/Charge Nurse determines there is a threat to resident safety

All staff who become aware of a potential or actual natural disaster must:

- Immediately notify the Charge Nurse/Incident Manager
- Follow direction per the Emergency Management Plan

General Emergency Procedures

During any natural disaster, the Home shall:

- Maintain continuous monitoring of weather alerts
- Ensure staff coordination and communication
- Maintain resident supervision and accountability at all times
- Protect residents from environmental hazards
- Maintain continuity of care and essential services
- Follow Emergency Communication and Code Green Evacuation Plan as required
- Document all actions and decisions

Hazard-Specific Procedures

Wind Hazards (Tornado, Severe Storms)

- Monitor Environment Canada alerts
- Secure windows, doors, and outdoor objects
- Move residents away from windows and exterior walls
- Provide protective positioning (blankets, pillows if needed)
- Maintain supervision and care
- Prepare for internal relocation if required
- Contact emergency services as needed

Winter Storms, Ice & Extreme Cold

- Post weather warnings and restrict outdoor access
- Maintain safe indoor temperatures
- Ensure availability of warm clothing and blankets



Department: Emergency Management
Subject: Code Orange – Natural
Disasters/Extreme Weather

Section:
Page: 3 of 7

Approval Date: June 2026

Revised Date: September 9, 2026
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- Monitor and maintain building systems (pipes, heating)
- Ensure exits, driveways, and access routes are cleared
- Activate staffing contingency plans
- Prepare for extended staff presence if travel is restricted
- Verify generator readiness and fuel supply

Severe Weather Events (Thunderstorms, Lightning, High Winds)

- Suspend outdoor activities
- Secure outdoor hazards
- Protect sensitive electrical equipment
- Maintain resident location tracking
- Identify and monitor high-risk residents
- Ensure continuity of clinical and personal care

Resident Safety Considerations

Special attention shall be given to residents who have mobility and cognitive impairment, and oxygen-dependent or medically fragile.

The Home shall ensure continuous supervision, safe positioning during hazards and preservation of dignity, privacy, and comfort.

Supplies & Operational Continuity

The Home shall maintain:

- Minimum **72-hour supply** of food, water, and essential items
- Medications and medical supplies
- Emergency lighting and communication tools
- Functional generator and backup systems

Continuity measures include:

- Staffing contingency planning
- Maintaining essential services (heat, food, care delivery)

Communication

All communication shall follow the Emergency Communication Protocol, including:



Department: Emergency Management

Section:

Subject: Code Orange – Natural
Disasters/Extreme Weather

Page: 4 of 7

Approval Date: June 2026

Revised Date: September 9, 2026

Reviewed Date: September 9, 2026

- Internal staff notification and coordination
- Updates to residents and Substitute Decision-Makers (SDMs)
- Communication with emergency services, hospitals and public health authorities

Evacuation & Relocation

If conditions require relocation:

- The Home shall follow the **Code Green – Evacuation plan**
- Residents shall be safely transferred using established procedures
- Pre-identified alternate care locations shall be utilized
- Resident tracking and documentation shall be maintained

Documentation & Reporting

The Home shall:

- Document all actions, decisions, and communications
- Maintain records of resident status and interventions
- Report critical incidents in accordance with legislative requirements

Recovery & Post-Incident Actions

Following a natural disaster event, the Home shall:

- Restore normal operations as soon as safely possible
- Assess resident and staff impacts
- Conduct staff debriefing
- Review effectiveness of response
- Identify and implement corrective actions within the Quality Improvement Program

The emergency plan shall be evaluated and updated following the event.

Training & Testing

The Home shall ensure:

- Staff receive emergency preparedness training upon hire and annually
- Drills (including severe weather scenarios) are conducted regularly
- Participation is documented
- Emergency procedures are accessible to st



Department: Emergency Management

Section:

Subject: Code Orange – Natural
Disasters/Extreme Weather

Page: 5 of 7

Approval Date: June 2026

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Emergency Management Checklist Code Orange -Natural Disaster/ Extreme Weather

Date: _____ Incident Manager: _____

Time (note below)

IMMEDIATE ACTION (First 1–5 minutes)

- _____ Time Event/ Emergency identified.
- _____ Stay calm and ensure personal safety
- _____ Notify **Charge Nurse / Incident Manager immediately**
- _____ Confirm type of emergency (watch vs warning)
- _____ Announce/communicate situation to team
- _____ Stop non-essential activities
- _____ Monitor **Environment Canada / alerts continuously**
- _____ Identify immediate risks (wind, cold, flooding, power loss)
- _____ Report any hazards (broken windows, leaks, unsafe areas)

RESIDENT SAFETY (PRIORITY)

- _____ Account for all residents immediately
- _____ Move residents:
 - ☐ Away from windows/exterior walls (storms/tornado)
 - ☐ Away from cold drafts or unsafe areas
- _____ Identify high-risk residents:
 - ☐ Mobility impaired
 - ☐ Cognitive impairment
 - ☐ Oxygen/medical dependency
- _____ Ensure continuous supervision, maintain dignity, warmth, and comfort

SECURE THE ENVIRONMENT

- _____ Close and secure windows and doors
- _____ Remove/secure loose outdoor objects (if safe)
- _____ Ensure exits and hallways are clear
- _____ Check for hazards:
 - ☐ Ice/snow buildup
 - ☐ Water leaks or flooding
- _____ Protect equipment (unplug/surge protect if needed)



Department: Emergency Management
Subject: Code Orange – Natural
Disasters/Extreme Weather

Section:
Page: 6 of 7

Approval Date: June 2026

Revised Date: September 9, 2026
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ESSENTIAL SERVICES CHECK

- ___ Confirm power supply / generator status
- ___ Maintain safe indoor temperature
- ___ Ensure access to:
 - ☐ Food and fluids
 - ☐ Medications
- ___ Prepare for possible service disruption

STAFFING

- ___ Activate staffing contingency plan if needed. If directed by Administration.
- ___ Prepare for staff to remain onsite
- ___ Reassign staff based on priority needs
- ___ Ensure clear role assignments

COMMUNICATION

- ___ Follow Emergency Communication Protocol
- ___ Update:
 - ☐ Staff
 - ☐ Residents (as appropriate)
 - ☐ Families/SDMs (as directed)
- ___ Contact emergency services if required
- ___ Report any critical concerns to leadership

ESCALATION / RELOCATION (IF REQUIRED)

- ___ Monitor for conditions requiring relocation:
 - ☐ Structural damage
 - ☐ Loss of power/heat
 - ☐ Safety risk to residents
- ___ Notify Incident Manager for decision
- ___ Follow **Code Green Evacuation Plan** if activated
- ___ Ensure resident tracking during movement

DOCUMENTATION

- ___ Record:
 - ☐ Time of event
 - ☐ Actions taken



Department: Emergency Management
Subject: Code Orange – Natural
Disasters/Extreme Weather

Section:
Page: 7 of 7

Approval Date: June 2026

Revised Date: September 9, 2026
Reviewed Date: September 9, 2026

☐ Resident status

_____ Document incidents or injuries

_____ Report per critical incident requirements

RECOVERY (Once safe)

_____ Continue monitoring residents

_____ Restore normal routines as able

_____ Report equipment or building damage

_____ Participate in staff debrief

_____ Identify any issues for follow-up



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 1 of 8

Approval Date: August 18, 2026

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Review Date: October 21, 2026

Code Silver Person with a Weapon

Policy

Hillcrest Village Care Centre, 'the home', is committed to providing a safe and secure environment for residents, staff, visitors, volunteers, students, and contractors. A Code Silver will be initiated when a person is known or suspected of possessing a weapon, is threatening violence, or is actively causing harm within or around the home.

The home will take immediate actions to protect residents and staff, maintain continuity of essential resident care, coordinate with emergency responders, and comply with the requirements of the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22 regarding emergency management and resident safety.

Purpose

To establish a standardized response to:

- A person displaying, or suspected of possessing, a weapon.
- An armed intruder.
- A violent individual making threats.
- An active attacker situation.

Any situation where police intervention is required due to a weapon-related threat.

Scope

This policy applies to:

- All employees
- Physicians
- Contracted service providers
- Volunteers
- Students
- Visitors while on home property

Definition

A Code Silver is declared when an individual is in possession of a weapon, is threatening violence with a weapon, or is actively using a weapon, creating an immediate risk to life and safety.

Weapons may include:

Firearms

Knives

Improvised weapons



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 2 of 8

Approval Date: August 18, 2026

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Review Date: October 21, 2026

Blunt objects
Any item used to threaten or inflict serious harm.

Roles and Responsibilities

Originating Staff

Upon discovering or becoming aware of a situation the immediate supervisor will become the incident manager until relieved by a more senior staff.

Administrator/Incident Manager

1. Assume overall command of the response.
2. Call 911, liaise with police and emergency services.
3. Implement emergency communication procedures.
4. Coordinate recovery activities following the incident.
5. Ensure required reporting and documentation are completed.

Registered Staff

1. Ensure resident safety.
2. Secure residents in protected areas where safe to do so.
3. Continue essential care activities when possible.
4. Report relevant information to the Incident Manager.

All Staff

1. Follow Code Silver procedures immediately.
2. Do not attempt to confront an armed individual unless necessary for immediate self-defense.
3. Follow police directions upon their arrival.
4. Assist residents according to their cognitive and mobility needs when safe.
5. Announce Code Silver. "Attention everyone Code Silver -location" Repeat x3
6. Contact 911 immediately.
7. Provide location details and updates to emergency responders.

Procedure

Discovery of a Weapon or Armed Person

Any person who observes a weapon, threats involving a weapon, gunshots, violent behavior suggesting a weapon, shall immediately:

1. Move to a safe location if possible.
2. Call 911.



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 3 of 8

Approval Date: August 18, 2026

Revised Date: October 21, 2026

Review Date: October 21, 2026

3. Provide:
 - Exact location
 - Description of individual
 - Description of weapon
 - Direction of travel
 - Number of individuals involved
 - Any injuries observed
4. Code Announcement
5. Notify Administrator if off site.

The following overhead announcement shall be made:

"Code Silver, Location: _____." Repeat x3

Additional announcements may be made as information becomes available.

Response Actions

RUN (Evacuate) If safe to do so:

- Leave the immediate danger area.
- Move residents away from the threat.
- Use alternate exits when available.
- Proceed to a secure location.
- Prevent others from entering the danger area.

Staff must consider:

Resident mobility limitations.

Wheelchair and lift requirements.

Cognitive impairments.

Oxygen-dependent residents.

HIDE (Shelter in Place) If evacuation is not possible:

- Move into a lockable room.
- Lock and barricade doors.
- Turn off lights.
- Silence phones and devices.
- Move residents away from doors and windows.
- Remain quiet.
- Resident care activities should continue only if safe to do so.



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 4 of 8

Approval Date: August 18, 2026

Revised Date: October 21, 2026

Review Date: October 21, 2026

DEFEND (Last Resort):

- Only when faced with imminent danger and no safe alternative.
- Take actions necessary to protect yourself and others.
- Use available objects to create distance or disrupt an attack.
- Work collectively where appropriate.

Resident Care Continuity (when safe to do so)

During a Code Silver event, staff shall:

- Prioritize life safety.
- Maintain supervision of residents when safe.
- Monitor residents requiring oxygen, medications, or medical equipment.
- Ensure residents with dementia receive reassurance and direction.

Following the incident:

- Complete resident assessments.
- Identify any injuries, emotional distress, or care concerns.
- Update care plans if required.

Police Response

Upon arrival of police:

- Staff shall immediately follow all instructions.
- Keep hands visible.
- Avoid sudden movements.
- Provide information only when requested.
- Do not interfere with police operations.
- Police become the lead authority for managing the active threat.

Communications

Only authorized individuals may communicate with media representatives or the public. Do not call, text or post any information to others except directly to the police or HVCC management.

The Incident Manager shall:

- Coordinate internal communications.
- Notify management as required.
- Notify substitute decision-makers/families when appropriate.
- Coordinate media inquiries through designated spokespersons.



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 5 of 8

Approval Date: August 18, 2026

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Review Date: October 21, 2026

Incident Termination

The Code Silver shall only be declared over by:

- Police, or
- The Incident Manager after consultation with police.

Announcement:

"Code Silver All Clear." Repeat x3

Recovery and Debrief

Following the event:

- Conduct resident and staff wellness checks.
- Arrange counselling or employee assistance support if required.
- Conduct a formal debrief.
- Identify lessons learned.
- Revise emergency plans as necessary.
- Document corrective actions. Document any interruptions to care.
-

Reporting Requirements

The Administrator shall ensure:

- Internal incident reports are completed.
- Serious occurrences are reported as required.
- Occupational health and safety reporting obligations are met.
- Ministry notifications are completed when required.
- All records are retained according to home policy and legislation.

Training and Testing

The home shall:

- Provide orientation on Code Silver procedures.
- Educate staff annually.
- Conduct regular emergency exercises and drills.



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 6 of 8

Approval Date: August 18, 2026

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Review Date: October 21, 2026

- Evaluate drill outcomes and implement improvements.
- Emergency plans, staff training, testing, and evaluation are key requirements of Ontario LTC emergency preparedness programs.

References

Fixing Long-Term Care Act, 2021.

Ontario Regulation 246/22, General.

Ontario Long-Term Care Emergency Preparedness Manual.

Emergency Response Checklist Code Silver (Person with a Weapon)

Date: _____ Time Code Initiated: _____ Location: _____

Incident Manager: _____

Immediate Response

Person Identifying Threat Notify Charge Nurse immediately. Charge nurse becomes the Incident Manager until relieved by someone more senior.

- _____ Time
- _____ Move to safety if possible
- _____ Call 911 immediately- Provide exact location, describe individual and weapon.
- _____ Notify Charge Nurse/Supervisor
- _____ Report on direction of travel
- _____ Report any injuries

Code Activation

- _____ Code Silver announced overhead (3 times)
- _____ Specific location identified
- _____ Administrator/Designate notified
- _____ Incident Manager established
- _____ Emergency response team activated

Police advised of:

- _____ Home address
- _____ Entry point
- _____ Threat location
- _____ Number of individuals involved
- _____ Resident vulnerabilities

Resident Safety Actions



Department: Emergency Management

Section:

Subject: Code Silver-Person with a
Weapon

Page: 7 of 8

Approval Date: August 18, 2026

Revised Date: October 21, 2026
Review Date: October 21, 2026

In Immediate Danger Area

- ☐ Evacuate residents if safe to do so
- ☐ Move residents away from threat
- ☐ Account for evacuated residents

Shelter in Place

- ☐ Lock doors
- ☐ Barricade doors if necessary
- ☐ Close blinds/curtains
- ☐ Turn off lights
- ☐ Silence phones and devices
- ☐ Keep residents low and away from windows
- ☐ Maintain calm environment
- ☐ Continue essential care only when safe

Unit Accountability

For Each Home Area:

- ☐ Resident census verified
- ☐ Missing residents identified
- ☐ Staff accounted for
- ☐ Missing residents identified
- ☐ Visitors accounted for where possible

Vulnerable Residents Identified:

Dementia, Wandering risk, Oxygen dependent, Bariatric, Palliative
Behavioral Supports

Notes:

Communication

- ☐ Internal leadership notified
- ☐ Owner notified
- ☐ Families updated when appropriate
- ☐ Media inquiries redirected to designated spokesperson
- ☐ Ongoing communication maintained with police

Police Arrival

- ☐ Staff advised: police have assumed command



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 8 of 8

Approval Date: August 18, 2026

Revised Date: October 21, 2026

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- _____ Staff instructed to follow police directions
- _____ Keys/access cards provided if requested
- _____ Floor plans provided if requested
- _____ Security camera access provided if available

Code Silver All Clear

- _____ Confirmation received from police
- _____ Announce "*Code Silver All Clear*" Repeat x3
- _____ Residents returned to normal operations safely
- _____ Services restored
- _____ Environmental safety check completed

Post-Incident Actions / Clinical Considerations

- _____ Urgent resident care reviewed/ attention to injuries
- _____ Essential treatments when safe- focus on oxygen dependent residents, med pass as required
- _____ Physician/NP notified if required
- _____ Staff wellness checks completed
- _____ Family notifications completed
- _____ Critical Incident Report completed
- _____ Health and Safety notified
- _____ WSIB reporting completed if applicable
- _____ Ministry reporting completed if required

- _____ Debrief completed
- _____ Corrective actions identified (record below)
- _____ Policy reviewed for improvement

Debrief Summary

What went well: _____

Opportunities for Improvement: _____

Action Required	Responsible Person	Due Date

Debrief Date: _____ Completed By: _____

Signature: _____



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 1 of 8

Approval Date: August 18, 2026

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Code Silver Person with a Weapon

Policy

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The home will take immediate actions to protect residents and staff, maintain continuity of essential resident care, coordinate with emergency responders, and comply with the requirements of the Fixing Long-Term Care Act, 2021 (FLTCA) and Ontario Regulation 246/22 regarding emergency management and resident safety.

Purpose

To establish a standardized response to:

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Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 2 of 8

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Roles and Responsibilities

Originating Staff

Upon discovering or becoming aware of a situation the immediate supervisor will become the incident manager until relieved by a more senior staff.

Administrator/Incident Manager

1. Assume overall command of the response.
2. Call 911, liaise with police and emergency services.
3. Implement emergency communication procedures.
4. Coordinate recovery activities following the incident.
5. Ensure required reporting and documentation are completed.

Registered Staff

1. Ensure resident safety.
2. Secure residents in protected areas where safe to do so.
3. Continue essential care activities when possible.
4. Report relevant information to the Incident Manager.

All Staff

1. Follow Code Silver procedures immediately.
2. Do not attempt to confront an armed individual unless necessary for immediate self-defense.
3. Follow police directions upon their arrival.
4. Assist residents according to their cognitive and mobility needs when safe.
5. Announce Code Silver. "Attention everyone Code Silver -location" Repeat x3
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Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 3 of 8

Approval Date: August 18, 2026

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Response Actions

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- Use alternate exits when available.
- Proceed to a secure location.
- Prevent others from entering the danger area.

Staff must consider:

Resident mobility limitations.

Wheelchair and lift requirements.

Cognitive impairments.

Oxygen-dependent residents.

HIDE (Shelter in Place) If evacuation is not possible:

- Move into a lockable room.
- Lock and barricade doors.
- Turn off lights.
- Silence phones and devices.
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- Resident care activities should continue only if safe to do so.



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 4 of 8

Approval Date: August 18, 2026

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DEFEND (Last Resort):

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Resident Care Continuity (when safe to do so)

During a Code Silver event, staff shall:

- Prioritize life safety.
- Maintain supervision of residents when safe.
- Monitor residents requiring oxygen, medications, or medical equipment.
- Ensure residents with dementia receive reassurance and direction.

Following the incident:

- Complete resident assessments.
- Identify any injuries, emotional distress, or care concerns.
- Update care plans if required.

Police Response

Upon arrival of police:

- Staff shall immediately follow all instructions.
- Keep hands visible.
- Avoid sudden movements.
- Provide information only when requested.
- Do not interfere with police operations.
- Police become the lead authority for managing the active threat.

Communications

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The Incident Manager shall:

- Coordinate internal communications.
- Notify management as required.
- Notify substitute decision-makers/families when appropriate.
- Coordinate media inquiries through designated spokespersons.



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 5 of 8

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Incident Termination

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Announcement:

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Recovery and Debrief

Following the event:

- Conduct resident and staff wellness checks.
- Arrange counselling or employee assistance support if required.
- Conduct a formal debrief.
- Identify lessons learned.
- Revise emergency plans as necessary.
- Document corrective actions. Document any interruptions to care.
-

Reporting Requirements

The Administrator shall ensure:

- Internal incident reports are completed.
- Serious occurrences are reported as required.
- Occupational health and safety reporting obligations are met.
- Ministry notifications are completed when required.
- All records are retained according to home policy and legislation.

Training and Testing

The home shall:

- Provide orientation on Code Silver procedures.
- Educate staff annually.
- Conduct regular emergency exercises and drills.



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 6 of 8

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- Evaluate drill outcomes and implement improvements.
- Emergency plans, staff training, testing, and evaluation are key requirements of Ontario LTC emergency preparedness programs.

References

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Emergency Response Checklist Code Silver (Person with a Weapon)

Date: _____ Time Code Initiated: _____ Location: _____

Incident Manager: _____

Immediate Response

Person Identifying Threat Notify Charge Nurse immediately. Charge nurse becomes the Incident Manager until relieved by someone more senior.

- _____ Time
- _____ Move to safety if possible
- _____ Call 911 immediately- Provide exact location, describe individual and weapon.
- _____ Notify Charge Nurse/Supervisor
- _____ Report on direction of travel
- _____ Report any injuries

Code Activation

- _____ Code Silver announced overhead (3 times)
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- _____ Administrator/Designate notified
- _____ Incident Manager established
- _____ Emergency response team activated

Police advised of:

- _____ Home address
- _____ Entry point
- _____ Threat location
- _____ Number of individuals involved
- _____ Resident vulnerabilities

Resident Safety Actions



Department: Emergency Management

Section:

Subject: Code Silver-Person with a
Weapon

Page: 7 of 8

Approval Date: August 18, 2026

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In Immediate Danger Area

- ☐ Evacuate residents if safe to do so
- ☐ Move residents away from threat
- ☐ Account for evacuated residents

Shelter in Place

- ☐ Lock doors
- ☐ Barricade doors if necessary
- ☐ Close blinds/curtains
- ☐ Turn off lights
- ☐ Silence phones and devices
- ☐ Keep residents low and away from windows
- ☐ Maintain calm environment
- ☐ Continue essential care only when safe

Unit Accountability

For Each Home Area:

- ☐ Resident census verified
- ☐ Missing residents identified
- ☐ Staff accounted for
- ☐ Missing residents identified
- ☐ Visitors accounted for where possible

Vulnerable Residents Identified:

Dementia, Wandering risk, Oxygen dependent, Bariatric, Palliative
Behavioral Supports

Notes:

Communication

- ☐ Internal leadership notified
- ☐ Owner notified
- ☐ Families updated when appropriate
- ☐ Media inquiries redirected to designated spokesperson
- ☐ Ongoing communication maintained with police

Police Arrival

- ☐ Staff advised: police have assumed command



Department: Emergency Management

Section:

Subject: Code Silver-Person with a Weapon

Page: 8 of 8

Approval Date: August 18, 2026

Revised Date: October 21, 2026

Review Date: October 21, 2026

- _____ Staff instructed to follow police directions
- _____ Keys/access cards provided if requested
- _____ Floor plans provided if requested
- _____ Security camera access provided if available

Code Silver All Clear

- _____ Confirmation received from police
- _____ Announce "*Code Silver All Clear*" Repeat x3
- _____ Residents returned to normal operations safely
- _____ Services restored
- _____ Environmental safety check completed

Post-Incident Actions / Clinical Considerations

- _____ Urgent resident care reviewed/ attention to injuries
- _____ Essential treatments when safe- focus on oxygen dependent residents, med pass as required
- _____ Physician/NP notified if required
- _____ Staff wellness checks completed
- _____ Family notifications completed
- _____ Critical Incident Report completed
- _____ Health and Safety notified
- _____ WSIB reporting completed if applicable
- _____ Ministry reporting completed if required

- _____ Debrief completed
- _____ Corrective actions identified (record below)
- _____ Policy reviewed for improvement

Debrief Summary

What went well: _____

Opportunities for Improvement: _____

Action Required	Responsible Person	Due Date

Debrief Date: _____ Completed By: _____

Signature: _____



Department: Emergency Management

Section:

Subject: Code White - Violence

Page: 1 of 5

Approval Date: August 2017

Revised Date: October 22, 26

Review Date: October 22, 26

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 situation that may escalate to violence or see someone at immediate risk, prioritize safety by removing yourself and others, from the area, if safe to do so, **and if required**, contact police services (9-1-1), providing clear and detailed information.
2. Announce a Code White (repeat 3 times), identifying the location of the incident:
"Code White (location)"
"Code White (location)"
"Code White (location)"

Note: If a weapon is involved call a Code Silver.

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 5

Approval Date: August 2017

Revised Date: October 22, 26

Review Date: October 22, 26

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 Code White: The priority is moving residents away from the area of threat.
2. Reception (or 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"
"Code White All Clear"
2. At the conclusion of the incident complete the Incident Report and forward it to the Administrator or designate.



Department: Emergency Management

Section:

Subject: Code White - Violence

Page: 3 of 5

Approval Date: August 2017

Revised Date: October 22, 26

Review Date: October 22, 26

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 suffer 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. Where possible the report should be completed before leaving the facility.

Training, Drills, and Documentation

Code White – Violence training will be conducted **on orientation and at least annually thereafter**, and whenever procedures are revised or following a significant incident. Training will include recognition of violent behaviour, roles and responsibilities, activation procedures, non-violent interventions, staff safety, evacuation, and reporting requirements.

Code White drills will be conducted **at least annually** as part of the Emergency Preparedness Program. Drills may include simulated or tabletop exercises and will be followed by a debrief to identify opportunities for improvement. Outcomes will be used to update training and procedures as required.

Documentation will be maintained for Code White training, drills, incidents, and post-incident reviews. Records will be retained in accordance with legislative and organizational requirements and used to support continuous improvement and regulatory compliance



Department: Emergency Management

Section:

Subject: Code White - Violence

Page: 4 of 5

Approval Date: August 2017

Revised Date: October 22, 26

Review Date: October 22, 26

CODE WHITE – VIOLENCE SITUATION
INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time (note below)

_____ If you identify a situation that may escalate to violence or see someone at immediate risk, prioritize safety by removing yourself and others from the area, if it is safe to do so.

_____ **if required**, contact police services (9-1-1), provide clear and detailed information.

_____ Announce Code White 3 times

 "*Code White (location)*"

 "*Code White (location)*"

 "*Code White (location)*"

_____ *Charge Nurse becomes the incident manager*

_____ Direct staff to remove all persons from the area of the threat. Allow the aggressor some space, overwhelming them with many staff in immediate areas as this may escalate the person further.

_____ Identify (if possible) the identity of the person(s) involved

_____ Determine if any weapons are involved> If weapon involved call a code silver.

_____ Only as a last resort to stop an ongoing attack (and no weapons are involved), assemble a team to put the person in prone position and hold them until police can arrive.

_____ If **required** assign a staff member to meet 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

_____ **If required** Update the police within 5 minutes of the first call



Department: Emergency Management

Section:

Subject: Code White - Violence

Page: 5 of 5

Approval Date: August 2017

Revised Date: October 22, 26

Review Date: October 22, 26

_____ 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.



Department: Emergency Management

Section:

Subject: Code Yellow – Missing Resident

Page: 1 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

Code Yellow – Missing Resident

Policy

To establish a site-specific emergency plan that ensures the immediate, coordinated, and effective response to a missing resident (Code Yellow), in order to protect resident safety and meet legislative requirements under the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22.

A “Code Yellow” procedure will be implemented immediately upon discovering a Resident is missing. A resident shall be considered missing when their whereabouts are unknown and they are not located in an area where they are expected to be.

The Home shall:

- Initiate an immediate and systematic search
- Escalate the response in accordance with defined timelines
- Notify police without delay where required
- Notify substitute decision-maker/family
- Maintain documentation of all actions taken
- Conduct debriefing and quality improvement review
- Ensure staff training and annual testing of this plan

INCIDENT MANAGEMENT STRUCTURE

The Home shall utilize an Incident Management System (IMS) structure during Code Yellow events.

Incident Manager

The first Registered Nurse (RN/RPN) notified of missing person, shall assume the role of Incident Manager until relieved by the Charge Nurse or Administrator.

The Incident Manager is responsible for:

- Directing search activities
- Maintaining documentation
- Coordinating communication
- Establishing command post
- Liaising with police and external agencies

Command Post

Upon escalation to full Code Yellow, Reception shall serve as the Command Post.

Senior IMS Team

Where required, the Administrator shall activate the Senior IMS Team to support operations, planning, logistics, and communication functions.



Department: Emergency Management

Section:

Subject: Code Yellow – Missing Resident

Page: 2 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

Procedure

PHASE ONE - Immediate Response (0-5-minute time frame)

Originating Staff

Immediately notify the RN/RPN and remain available to assist in search.

Incident Manager (RN/RPN)

1. Initiate a systematic search of the home area.
2. Question staff and review sign-in/sign-out records.
3. Direct staff to search home area, checking all areas where resident may be.
4. Utilize the Code Yellow Incident Manager Checklist.
5. Document actions and times.

All Staff

- Search assigned areas.
- Use floor plans and search tools.
- Report findings immediately.

If the resident is not located within 5 minutes, escalate to Phase Two.

PHASE TWO – Escalated Internal Search (5–15 Minutes)

Incident Manager

1. Announce (calmly, three times): “**Attention please, would (Resident Name) please return to (Home Area) immediately.**”
2. Repeat announcement after 3 minutes if necessary.
3. All areas when you hear the announcement for resident to return to home area: Immediately start a search of your areas and report to nurse on the home area the outcome of search. Nurse will communicate findings to the Incident Manager.
Direct expanded search of:
 - All home areas
 - Frequently visited areas
 - External sitting areas/basement
4. Elevators and stairwells. Reg Nurse has keys to lock elevator on main floors. Heritage building has 2 elevators the service elevator will be locked in the basement by Maintenance.
5. Confirm with visitors and family if resident may have left with them.
6. Notify all home areas and departments.
7. Prepare Resident Profile, chart, and photograph.

This phase shall not exceed 10 additional minutes. If the resident remains unlocated at 15 minutes total elapsed time, initiate Phase Three.



Department: Emergency Management

Section:

Subject: Code Yellow – Missing
Resident

Page: 3 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

PHASE THREE – FULL CODE YELLOW (15 Minutes)

Announcement Page three times: “Code Yellow (Resident Name) (Home Area).” Repeat after 5 minutes.

Police Notification

The Incident Manager shall immediately call 9-1-1 and provide:

- Resident description
- Photograph
- Clothing description
- Known medical conditions
- Time last seen
- Actions taken

Police shall be notified regardless of search completeness.

Search Protocol

1. Establish Command Post at Reception.
2. Initiate Emergency Notification system (outside peak staffing hours).
3. Assign staff in pairs for external searches. (provide description and photos as noted above)
4. Provide maps for off-site search zones.
5. Search shall include:
 - All resident rooms (including under beds)
 - Bathrooms
 - Utility rooms
 - Linen closets
 - Stairwells
 - Elevators
 - Service areas
 - All keyed/secured areas
6. Each room shall be searched twice and marked accordingly. (Pull the magnet down to eye level to indicate room searched.)
7. Maintenance shall inspect elevators.
8. Video surveillance shall be reviewed.
9. Staff shall report back every 10 minutes.
10. At least one staff member shall remain in each home area to ensure resident safety.

Notifications

The Incident Manager shall notify:

- Administrator
- Family/POA
- Director of Care



Department: Emergency Management

Section:

Subject: Code Yellow – Missing Resident

Page: 4 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

- Medical Director
- Ministry of Long-Term Care (if required as a Critical Incident)

WHEN RESIDENT IS LOCATED

Incident Manager

1. Notify: Announce on phone system “code yellow all clear” 3x
 - Police (if previously contacted)
 - Administrator
 - Family/POA
2. Document time and condition.

Charge Nurse

1. Conduct and document full assessment.
2. Arrange physician assessment within 24 hours where indicated.
3. Arrange transfer to Emergency Department if required.

DOCUMENTATION REQUIREMENTS

The following documentation shall be completed:

- Code Yellow Incident Manager Checklist
- Search maps and area logs
- Missing Person Report
- Progress notes in resident record
- Critical Incident Report (where required)
- Ministry notification documentation
- Police report reference number
- All documentation shall be retained in accordance with legislative requirements.

TRAINING

1. All staff shall receive education on Code Yellow procedures during orientation.
2. All staff shall receive annual refresher training.
3. Training attendance shall be documented.

TESTING AND EVALUATION

1. The Code Yellow emergency plan shall be tested at least annually through a simulated drill.
2. Drills shall evaluate:
 - Timeliness of response
 - Communication effectiveness
 - Staff role clarity



Department: Emergency Management

Section:

Subject: Code Yellow – Missing
Resident

Page: 5 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

- Documentation compliance
- 3. Drill outcomes shall be documented and retained.

DEBRIEFING AND QUALITY IMPROVEMENT

1. A debrief shall occur within 24 hours of any actual Code Yellow event.
2. A formal review shall occur within one week where police or Ministry were notified.
3. Findings shall be reviewed through the Home's Quality Improvement Program.
4. Corrective actions shall be tracked to completion.
5. The emergency plan shall be revised as required based on findings.

ANNUAL REVIEW

Emergency plan shall be reviewed at least annually and updated as necessary to ensure compliance with legislation and best practice.

The review shall include:

- Legislative updates
- Incident trends
- Drill outcomes
- Staff feedback



Department: Emergency Management

Section:

Subject: Code Yellow – Missing
Resident

Page: 6 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

CODE YELLOW - MISSING / LOST RESIDENT RESPONSE
INCIDENT MANAGER LOG/TIME SHEET

Resident Name: _____ Date: _____

RN/RPN notified by: _____ Time: _____

RN/RPN assumes role of Incident Manager until relieved by more senior staff.

Phase 1- Immediate Response (0-5 Min)

Start Time: _____

Time: Note below

_____ Search of the home area

_____ Check resident sign in/out sheets

_____ Question staff about whereabouts -Advise all staff that you are looking for a specific resident (
Rooms, bathrooms, common areas)

_____ Floor plan/map initiated for documentation

Time Phase 1 completed: _____

Outcome: _____

Phase 2- Escalated Internal Search (5-15 min total time)

Start Time: _____

_____ Announce, or have announced (Repeat 3x)

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

All areas when you hear the announce for resident to return to home area. Immediately start a search of your areas and report to nurse on the unit the outcome of search. Nurse will communicate findings to the Incident manager.

_____ 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

_____ Elevator checked and secured

_____ stairwells checked

_____ Resident profile, chart and photo obtained.

Time 15-Minute Mark Reached: _____ (10 minutes after RN/RPN notification; total 15 minutes since resident identified missing) If resident not located → initiate Phase 3.



Department: Emergency Management

Section:

Subject: Code Yellow – Missing
Resident

Page: 7 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

Phase 3- Full code yellow (15 min)

Start Time: _____

- _____ Advise all staff of a “Code Yellow” including the wing and resident name
- _____ Police notified 9-1-1 Information Provided: _____
- _____ Missing Person’s Report Complete
- _____ Police arrived at facility Report Number: _____
- _____ 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 Emergency Notification System (if outside peak staff time)
- _____ Notify the Administrator or delegate
- _____ Notify the Director of Resident Care
- _____ Notify the Physician
- _____ Ministry of Long-Term Care (MLTC) notified
- _____ Family of missing resident notified.

Family member name: _____ by whom: _____

SEARCH COORDINATION

- ☐ Command Post established
- ☐ Photo obtained and distributed
- ☐ Staff Emergency notification system initiated.
- ☐ Internal search zones assigned
- ☐ External search initiated (pairs)
- ☐ Surveillance video reviewed
- ☐ Maintenance checked elevators
- ☐ Staff reporting back every 10 minutes

RESIDENT LOCATED

Time Resident Located: _____ Location Found: _____ Found By: _____

Resident Condition Discovery:

- ☐ EMS required Time: _____
- ☐ Police notified of recovery. Time: _____
- ☐ “All Clear” announced (3 times) Time: _____
- ☐ Family notified of recovery Time: _____



Department: Emergency Management

Section:

Subject: Code Yellow – Missing Resident

Page: 8 of 8

Revised Date: March 16, 2026

Approval Date: August 2017

Reviewed Date: March 16, 2026

INCIDENT SUMMARY

Total Duration of Code Yellow: _____

Brief Summary of Incident and Actions Taken:

POST-INCIDENT REQUIREMENTS

- ☐ Full nursing assessment completed
- ☐ Physician follow-up arranged (within 24 hrs if indicated)
- ☐ Progress notes completed
- ☐ Critical Incident Report completed
- ☐ Debrief scheduled (within 24 hrs)
- ☐ Quality Improvement review initiated

SIGNATURES

Incident Manager Name: _____

Signature: _____ Date: _____

Administrator Review: _____ Date: _____



Department: Emergency Management

Section:

Subject: Crisis Communications

Page: 1 of 6

Approval Date: August 2017

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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 designate, 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 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, notepad).

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 in 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 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.



Department: Emergency Management

Section:

Subject: Crisis Communications

Page: 2 of 6

Approval Date: August 2017

Revised Date: June 16, 2026

Reviewed Date: June 16, 2026

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 Administrator or 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 the 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 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.

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.



Department: Emergency Management

Section:

Subject: Crisis Communications

Page: 3 of 6

Approval Date: August 2017

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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 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 whiteboard/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.



Department: Emergency Management

Section:

Subject: Crisis Communications

Page: 4 of 6

Approval Date: August 2017

Revised Date: June 16, 2026

Reviewed Date: June 16, 2026

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

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

On-camera Interviews

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

1. Obtain authorization from the Administrator.
2. Ask the reporter to provide the questions beforehand and plan a properly phrased response. Be prepared however, to be asked questions that are not provided.
3. Listen to each question carefully and take a moment to compose an answer that is factual, concise and grammatically correct.
4. Understand there is no obligation to answer every question.
5. Be conscious of appearance and body language.
6. Avoid humor as it is incompatible with the seriousness of the situation.

COMMUNICATIONS PLAN **PUBLIC INFORMATION OFFICER CHECK LIST**

Date: _____ Time Public Information Officer designated: _____

Incident: _____



Department: Emergency Management

Section:

Subject: Crisis Communications

Page: 5 of 6

Approval Date: August 2017

Revised Date: June 16, 2026

Reviewed Date: June 16, 2026

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:

Issues of contention identified:

Time (note below)

_____ Briefing with Administrator or Director of Nursing



Department: Emergency Management

Section:

Subject: Crisis Communications

Page: 6 of 6

Approval Date: August 2017

Revised Date: June 16, 2026

Reviewed Date: June 16, 2026

_____ 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 recur:

Other points:

Identify questions the media may ask:

Q: _____

A: _____

Q: _____

A: _____

Q: _____

A: _____

_____ Briefing/press release approved by Administrator/designate

_____ Copies of press release printed for distribution to press

_____ Record all interviews, briefings, or other discussions with the media



Department: Emergency Management

Section:

Subject: Crisis Communications

Page: 7 of 6

Approval Date: August 2017

Revised Date: June 16, 2026

Reviewed Date: June 16, 2026

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

CODES	EMERGENCY CODE DEFINITION
	BLACK- BOMB THREAT
	BLUE – MEDICAL EMERGENCY
	BROWN- HAZARDOUS MATERIALS SPILL
	GREEN- EVACUATION
	GREY- INFRASTRUCTURE LOSS / FAILURE Utilities disruption: Water, Power, HVAC and Gas Loss of communications
	ORANGE- EXTERNAL EMERGENCY Flood/ Water incident and Natural Disasters
	RED- FIRE
	SILVER- PERSON WITH A WEAPON
	WHITE- VIOLENCE
	YELLOW- MISSING RESIDENT

Emergency Management Manual

Located in the Hillcrest copy room and the Heritage lab room.

***See phone books for code checklists.*



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 1 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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. While the Incident Management System (IMS) is designed for use with incidents of all sizes, scales, and types, it would not typically be activated for routine events. Rather, it would only be implemented during a prolonged or significant emergency and would form part of the planning process to help organize, coordinate, and prioritize response and recovery actions.

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 directions for facility operations and if needed, authorize evacuation. There will be an Incident Manager for every type of 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).



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 2 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

Administration/Financial

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

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.



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 3 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

Incident Manager – Job Action Sheet

Role: Organize and direct the emergency operations and ensure ongoing resident care. Give overall directions 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 or Hillcrest Photocopy Room

_____ Appoint an operations Manager (if required)

_____ Appoint a Planning Manager (if required)

_____ Appoint a Logistics Manager (if required)

_____ Appoint an Administration/Finance Manager (if required)

_____ Appoint an Information Officer (if required)

_____ Appoint a Safety Officer

_____ Appoint a Liaison Officer (if required)

_____ Announce a status/action plan meeting of the IMS Team

_____ Receive status report and discuss the initial action plan with the team

_____ Receive initial facility damage survey report (Logistics function)



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 4 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

_____ Obtain patient census and status from the planning manager

_____ Direct the Liaison Officer to establish contact with

- MOLTC (1-866-434-0144), After Hours (1-888-999-6973)
- 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 Administration 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: 5 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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 directions 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: 6 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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 communications 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: 7 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

- _____ 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 communication devices where required
- _____ Obtain needed supplies with the assistance of the Administration/Finance Manager
- _____ Attend IMS Team meetings



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 8 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

Planning – Job Action Sheet

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

Name: _____

Time (Note Below) Task

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action Sheet

_____ Establish a status board and keep it current

_____ Research the factors surrounding the emergency

_____ Ensure all IMS team members have appropriate policies/plans

_____ Monitor the external influences (e.g. weather, utilities, staffing, supplies etc.)

_____ Project the possible situation(s) in 2 hours (short term)

_____ Prepare options to respond to the possible short-term situation

_____ Project the possible situation(s) in more than 2 hours (long term)

_____ Prepare options to respond to the possible long-term situation

_____ Prepare a plan / strategy to restore the facility to normal operations

_____ Estimate the resource requirements and financial implications (in cooperation with the Administration/Finance Manager) to return to normal operations

_____ Attend IMS Team meetings



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 9 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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)

_____ Monitor and document all purchases and expenditures and 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.



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 10 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

_____ 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



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 11 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

Public Information – Job Action Sheet

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

Name: _____

Time (Note Below) **Task**

_____ Receive appointment and briefing from the Incident Manager

_____ Read this entire Job Action sheet

_____ Identify restrictions in contents of news releases from the Incident Manager

_____ Coordinate communications strategy for family members / stakeholders

_____ If media are on-site, or expected, establish a Public Information area away from the area where the response is being coordinated and resident home areas. Inform on-site media of the physical areas which they have access to and those which are restricted. (coordinate with security)

_____ Issue an initial incident information report to the news media

_____ Contact other involved agencies to coordinate released information. Keep the Liaison Officer informed on actions

_____ Obtain a progress report from the IMS Team as appropriate

_____ Establish communications with family members

_____ Notify the media about casualty status

_____ Establish a news briefing cycle as approved by the Incident Manager

_____ Contact a media / communications expert, as required



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 12 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

_____ 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: 13 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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

- MOLTC: 1-866-434-0144, After hours number 1-888-999-6973
- 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 MOLTC 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: 14 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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 directions 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: 15 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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: 16 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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: 17 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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 for emergency operations
- _____ Remove unauthorized people 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: 18 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

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

_____ Establish alternate sanitation systems (portable toilets, hand washing areas) if required



Department: Emergency Management

Section:

Subject: Incident Management System
Senior IMS Checklists

Page: 19 of 19

Approval Date: August 2017

Revised Date: July 13, 2026

Review Date: July 13, 2026

_____ Provide regular briefings to the Logistics Manager



Department: Emergency Management

Section:

Subject: Loss of Communication

Page: 1 of 5

Approval Date: August 12, 2026

Revised Date: August 12, 2026

Review Date: August 12, 2026

Loss of Communication

Introduction

The home shall ensure that communication systems essential to resident care and safety are maintained and that immediate contingency measures are implemented during any disruption.

The home will:

- Promptly identify, assess, and respond to communication failures.
- Maintain alternative communication methods to support operations.
- Ensure residents always have a reliable means to summon assistance.
- Implement increased monitoring where safety systems are affected.
- Comply with critical incident reporting requirements.
- Document and review all incidents as part of quality improvement.

Policy

When communication is lost, you must first determine whether the loss of communication service is specific to your property or is a regional /provincial loss of service. Communication outages affecting critical systems (e.g., nurse call) are considered high-risk events requiring immediate action.

Communication Services Contracts

Telephone system/ Equipment and Lines Services

Company:	Advanced Voice & Data Networks
Location:	Barrie
Telephone Number:	(705)730-6996

Procedure

Identification & Notification

- Staff immediately report failures to Registered Staff or Reception.
- Registered Staff assess the scope and type of failure including telephone outage, nurse call failure, internet or network outage (room, home area, building, local or external).
- Notify Administrator/designate and Maintenance (or on-call after hours).

Alternate Communication & Systems



Department: Emergency Management

Section:

Subject: Loss of Communication

Page: 2 of 5

Approval Date: August 12, 2026

Revised Date: August 12, 2026

Review Date: August 12, 2026

When primary systems are unavailable.

Communication:

- Use cell phones, tablets, or in-person communication

Internet outage (specific measures):

- Access downtime procedures for:
 - Electronic medical records (EMR)
 - Medication administration systems (eMAR)
 - Email and internal messaging
- Switch to:
 - Paper documentation and MARs (if applicable)
 - Printed resident care information (if available)
- Limit non-essential internet use once restored to prioritize clinical systems.

Nurse Call System Failure

Assess scope (room, home area, whole home)

Immediate actions:

- Replace/test equipment if isolated
- Notify all units if widespread

Resident safety:

- Provide alternate signaling devices (e.g., bell, whistle)
- Implement safety checks at least every 15 minutes (or more frequently as needed)

Escalation

- Maintenance contacts service providers
- Leadership monitors impact
- If outage > 6 hours, assess need for Critical Incident Reporting

Communication

- Keep staff informed
- Notify residents and families if care or safety is impacted



Department: Emergency Management

Section:

Subject: Loss of Communication

Page: 3 of 5

Approval Date: August 12, 2026

Revised Date: August 12, 2026

Review Date: August 12, 2026

Documentation

Record on checklist:

- Type of outage (including internet/network disruption)
- Time, duration, and scope
- Systems affected (e.g., phone, call bell, EMR, email)
- Actions taken and resident safety measures
- Notifications and resolution

Resolution

- Confirm all systems (including internet and electronic systems) are fully functional
- Resume normal documentation and communication processes
- Remove temporary measures
- Notify staff, residents, and families

Review & Training

- Conduct post-incident review
- Update practices as needed
- Provide staff training and periodic drills

Refer to Checklist on next page.



Department: Emergency Management

Section:

Subject: Loss of Communication

Page: 4 of 5

Approval Date: August 12, 2026

Revised Date: August 12, 2026

Review Date: August 12, 2026

Loss of Communication Checklist

Date: _____ **Time:** _____ **Incident Manager:** _____

Time: *Note Below*

_____ Report issue immediately to Registered Staff / Reception

_____ Determine type:

- ☐ Phone
- ☐ Nurse call system
- ☐ Internet / Wi-Fi / EMR

Determine scope:

- ☐ Room / home area / entire home / regional outage

Notify

_____ Inform Charge Nurse / Registered Staff

_____ Notify Administrator/designate

_____ Contact Maintenance / IT (or on-call after hours)

Activate Backup Systems

_____ Use alternate communication:

- ☐ Cell phones
- ☐ Tablets
- ☐ In-person communication

If Internet is Down

_____ Switch to downtime procedures:

- ☐ Paper documentation
- ☐ Paper MARs (if applicable)
- ☐ Access printed resident information (if available)
- ☐ Communicate updates manually (verbal / written)
-

If Nurse Call System Fails (HIGH PRIORITY)

_____ Assess extent of outage

_____ Provide residents with alternate alert devices (bell/whistle)

_____ Implement safety checks:

_____ Minimum: every 15 minutes (or more frequent as needed)



Department: Emergency Management

Subject: Loss of Communication

Approval Date: August 12, 2026

Section:

Page: 5 of 5

Revised Date: August 12, 2026

Review Date: August 12, 2026

Maintain Safety & Care

- ☐ Ensure all residents can summon help
- ☐ Follow unit-specific workflows

Escalation

- ☐ Maintenance/IT contacted service provider
- ☐ Monitor duration of outage
- ☐ If >6 hours → consider Critical Incident reporting

Communication

- ☐ Update staff regularly
- ☐ Inform residents (as appropriate)
- ☐ Notify families if care is impacted

Documentation

Record:

- ☐ Time & type of outage
- ☐ Systems affected (phone, call bell, internet, EMR)
- ☐ Actions taken
- ☐ Resident safety measures
- ☐ Notifications & resolution

Resolution

- ☐ Confirm systems fully restored
- ☐ Resume normal processes
- ☐ Remove temporary measures
- ☐ Notify staff, residents, families

After the Event

- ☐ Participate in review
- ☐ Identify improvements
- ☐ Update practices if needed



Department: Emergency Management

Section:

Subject: Utilities Disruption
Gas Leak

Page: 1 of 2

Revised Date: August 12, 2026

Approval Date: August 2017

Review Date: August 12, 2026

Utilities Disruption – Gas Leak

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. Announce to all staff, "Code Grey" x3 advising them to "close all open windows and lock them, turn off all bathroom fans and bring any residents who are sitting outside in and close exterior doors." ***If on break return to your home area immediately to assist with emergency procedures in Resident home areas.***
3. Notify the Maintenance Supervisor, or delegate, and the Administrator. If not on site.
4. **Duties:** In the absence of any of the department's assignments will need to be reassigned.

Nursing staff: Go room to room, Residents rooms, tub, rooms, shower rooms, housekeeping closets, linen rooms and serveries. "close all open windows and lock them, turn off all bathroom fans and bring any residents who are sitting outside in and close exterior doors." Reg staff on each unit will report off to the Incident Manager once each unit has been checked.

Kitchen Staff: to turn off all cooking operations, all exhaust fans in main kitchen/dish pit, and to reach out to Nutrition Manager or delegate if not on site. (Doors can remain open inside building just close doors leading to outside.)

Dietary Aides: go to assigned areas close any windows and lock them, turn off exhaust fans if not yet completed and report to Reg staff once completed that your area is secure and assist as assigned on the unit.

Housekeeping staff: turn off all exhaust fans in housekeeping closet. Report to Reg. staff on the unit when completed and assist as required.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Gas Leak

Page: 2 of 2

Revised Date: August 12, 2026

Approval Date: August 2017

Review Date: August 12, 2026

5. Instruct Maintenance to ensure that the HVAC system is turned off. This requires entry on to the roof.

(Bring a second staff with you wear an N95 mask and goggles. Second staff stay indoors and will alert Incident manager once system is turned off.)

6. Program Manager- co-ordinate with Admin assist/nursing support clerk to check all rooms in the basement ensure windows closed/ locked and that any exhaust fan is turned off. (Both Buildings). Report to Incident Manager once completed.

7. Ensure residents, staff and visitors are monitored for abnormal breathing difficulties.

8. 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.

In Summer: Air conditioning would need to be turned off, consider using Hillcrest basement as a cooling station.

Reporting Requirements

Reporting requirements shall be completed in accordance with the current FLTCA and Ministry Critical Incident System guidance.

Investigation and Follow-Up:

Investigate and report the findings of the investigation via an amendment to the original CIS report within ten (10) business days. If complete information is not available within 10 days, submit a preliminary report with available information; the final report must be submitted within twenty-one (21) days of becoming aware of the incident.



Department: Emergency Management

Section:

Subject: Utilities Disruption
HVAC System Failure

Page: 1 of 2

Revised Date: August 11, 2026

Approval Date: August 2017

Review Date: August 11, 2026

Utilities Disruption – HVAC System Failure

Statement of Intent

The home will maintain a safe comfortable environment for residents and implement measures necessary to protect residents from risk related to loss of heating, cooling, or ventilation in accordance with FLTCA, 2021 and O.Reg.246/22.

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 22C or higher than 26C), notify the Administrator.
3. All HVAC systems are on back-up generator power. In the event of a power outage confirm that the back-up generator is operational and supplying emergency power to the HVAC system and all essential services. All systems at Hillcrest Village are on generator back-up power in accordance with O. Reg. 246/22, s. 22.

Administrator/Incident Manager (obtain Sr. Incident Manager checklist)

1. Ensure the home's Heat-Related Illness Prevention and Management Plan in accordance with O.Reg.246/22 s.23 when cooling systems are impaired or indoor temp places residents at risk, this includes monitoring of temperatures in the home in accordance with O.Reg.246/22 s.23(1)(b), and monitoring of residents for signs and symptoms of heat related illness.
2. Upon notification of an HVAC system failure that is anticipated to be extended, assume the role of Incident Manager and assess the situation.
3. In consultation with the Maintenance Supervisor, service contractor, and/or utility, assess the potential restoration time and impact of the outage.
4. Notify residents, families/SDM, and staff when an HVAC disruption is expected to affect comfort safety, or service delivery.



Department: Emergency Management

Section:

Subject: Utilities Disruption
HVAC System Failure

Page: 2 of 2

Revised Date: August 11, 2026

Approval Date: August 2017

Review Date: August 11, 2026

5. 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
- Use supplemental heating units, * note: only approved supplemental heating equipment in accordance with fire safety requirements manufacturer instructions and facility policy in closely supervised situations
- Moving residents to the alternate building (e.g. Heritage building to Hillcrest building or vice versa) OR moving residents to warmer area in the same building
- Consider 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
- 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) OR moving residents to cooler area in the same building
- Discharging appropriate residents to family until the cooling is restored
- Non-emergency evacuation in situations where the temperature becomes a health or safety risk

Reporting Requirements

Reporting requirements shall be completed in accordance with the current FLTCA and Ministry Critical Incident System guidance."

Investigation and Follow-Up:

Investigate and report the findings of the investigation via an amendment to the original CIS report within ten (10) business days. If complete information is not available within 10 days, submit a preliminary report with available information; the final report must be submitted within twenty-one (21) days of becoming aware of the incident.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Power Failure

Page: 1 of 6

Approval Date: August 2017

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Review Date: August 14, 2026

Utilities Disruption – Power Failure

Purpose

To provide staff with guidance for ensuring resident safety, continuity of care, and continuity of operations during an electrical power failure when the facility is supplied by an emergency standby generator system.

Procedure

Hillcrest Village is equipped with an automatic standby diesel generator system designed to provide emergency power to the entire facility during a utility power interruption. Resident care services, lighting, receptacles, and essential building systems will continue to operate during generator operation.

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. All lighting will operate.
3. Both buildings have back up power to all outlets.
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 until relieved by a more senior staff.
2. Confirm that the emergency power has been activated and all functions are operating normally.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Power Failure

Page: 2 of 6

Approval Date: August 2017

Revised Date: August 14, 2026

Review Date: August 14, 2026

In the event that the Back up Generator is not functioning:

1. Notify the administrator/ Maintenance or delegate of the outage.
2. Locate the Power Outage binders in the photocopy room across from Hillcrest Reception.
3. Flashlights will be kept at each nursing station to assist in the event of a power failure.
4. If a power failure lasts for more than 2 hours, initiate the senior incident management checklist and contact the local utility for an estimate on when power will be restored.

Registered Staff

1. Complete nursing documentation on the appropriate back-up forms until the computers are operational again (if required).
2. Assess all residents for actual or potential health and safety concerns, continue to provide all essential nursing, personal care, dietary and hydration, medical needs and recreation.
3. Increase monitoring of residents
4. Monitor indoor environmental conditions related to temperatures and report concerns.
5. Once the power returns take steps to ensure documentation is added to appropriate computer files.

Reporting Requirements

Reporting requirements shall be completed in accordance with the current FLTCA and Ministry Critical Incident System guidance."

Generator Testing & Monitoring

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.
3. Verify generator operations following any power interruption.
4. Monitor Generator performance and check fuel every 8-12 hours during extended outages.
5. Arrange fuel delivery when capacity reaches 50%
6. Inspect generator operations, conditions including temperatures, pressure, alarms, and overall performance.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Power Failure

Page: 3 of 6

Approval Date: August 2017

Revised Date: August 14, 2026

Review Date: August 14, 2026

7. Maintain communication with Incident Manager

Communication

Provide regular updates for residents, staff and visitors as required. Communicate with community partners, emergency services and utility providers as needed and maintain written records of significant decisions, issues and actions taken during outage.

Restoration of Normal Operations

When utility power or the generator is restored maintenance staff will verify electrical services have been restored and if generator has returned to standby mode and verify operation of all critical building systems and equipment.

Resolve any service interruptions or equipment concerns identified during the outage.

Documentation

Complete all required incident documentation conduct post incident review for outages involving significant operational impact.

Power Failure Emergency Response Checklist

Date: _____

Time of Outage: _____

Incident Manager: _____

Immediate Actions

Charge Nurse / Incident Manager

Time to be added below

____ Assume role of Incident Manager until relieved by senior staff.

____ Confirm emergency generator has activated.

____ Verify lighting is functioning throughout the facility.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Power Failure

Page: 4 of 6

Approval Date: August 2017

Revised Date: August 14, 2026

Review Date: August 14, 2026

- ____ Verify critical equipment and systems are operating normally.
- ____ Notify Administrator and Maintenance if generator fails.
- ____ Retrieve Power Outage Binder from photocopy room across from Reception if needed.
- ____ Ensure flashlights are available and distributed as required.
- ____ If outage exceeds 2 hours:
 - Initiate Senior Incident Management Checklist.
 - Contact local utility provider for restoration estimate.
- ____ Provide regular updates to residents, staff, and visitors.
- ____ Maintain written log of decisions, issues, and actions taken.

In the event the Generator fails to come on

Resident Care Actions

Registered Staff

____ **Time**

- ____ Assess all residents for immediate safety concerns including:
 - Check exits and stairwell doors. Add Names of staff assigned to monitor if mag locks not engaged Both Buildings:

 - Check Low air loss surfaces and get residents up out of bed if mattress not inflated
 - Check all residents on oxygen provide portable if concentrators not working
 - Check phones, call bells and Wi-Fi connections communicate anything not working to Maintenance or delegate



Department: Emergency Management

Section:

Subject: Utilities Disruption
Power Failure

Page: 5 of 6

Approval Date: August 2017

Revised Date: August 14, 2026

Review Date: August 14, 2026

- Check elevators ensure all staff, residents are cleared from the elevators and communicate any concerns if they are not working.

- ___ Increase resident monitoring and observation.
- ___ Continue essential nursing care.
- ___ Continue personal care services.
- ___ Ensure dietary and hydration needs are met.
- ___ Continue required medical treatments.
- ___ Continue recreation and support activities where possible.
- ___ Monitor and record indoor temperatures and environmental conditions.
- ___ Report environmental concerns to Incident Manager.
- ___ Use backup documentation forms if electronic systems are unavailable.
- ___ Transfer all paper documentation into electronic records once systems are restored.

Generator Monitoring

Maintenance Staff

- ___ **Time**
- ___ Confirm generator is operating properly.
- ___ Monitor fuel level every 8 to 12 hours.
- ___ Check generator performance every 8 to 12 hours during extended outage.
- ___ Inspect:
 - Temperature readings
 - Pressure readings
 - Alarm indicators
 - Overall performance
- ___ Communicate generator status to Incident Manager.
- ___ Order fuel when tank reaches 50% capacity.
- ___ Record fuel levels and monitoring activities.

External Communication

- ___ Contact utility provider if required.
- ___ Coordinate with community partners as necessary.
- ___ Coordinate with emergency services if required.
- ___ Document all significant communications.

Restoration of Normal Operations



Department: Emergency Management

Section:

Subject: Utilities Disruption
Power Failure

Page: 6 of 6

Approval Date: August 2017

Revised Date: August 14, 2026

Review Date: August 14, 2026

Maintenance Staff

- ____ Verify utility power has been restored.
- ____ Confirm generator has returned to standby mode.
- ____ Verify operation of:
 - Lighting systems
 - Electrical outlets
 - Resident care equipment
 - Building mechanical systems
 - Other critical systems
- ____ Resolve any service interruptions.
- ____ Address equipment concerns identified during outage.

Registered Staff

- ____ Resume normal electronic documentation.
- ____ Enter all backup documentation into resident records.
- ____ Verify resident care routines have returned to normal.
- ____ Ensure all system identified under if the generator is not working are function normally again

Post-Incident Documentation

- ____ Complete required incident documentation.
- ____ Complete Critical Incident reporting as required.
- ____ Conduct post-incident review if outage caused significant operational impact.
- ____ Identify lessons learned and corrective actions.

Incident Closure

Power Restored: _____

Generator Returned to Standby: ☐ Yes ☐ No

Incident Closed By: _____

Date/Time Closed: _____

Source: Emergency Management Policy – Utilities Disruption: Power Failure.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 1 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

Utilities Disruption – Water Supply Disruption

Statement of Intent

The home will manage water supply disruptions in accordance with the Fixing Long-Term Care Act, 2021, Ontario Regulation 246/22, the home's Emergency Management Program, Infection Prevention and Control Program, and applicable Public Health Unit guidance.

To provide an alternate supply of water in the event of a water supply disruption in the Town of Midland and initiate a plan for water conservation within Hillcrest Village.

The major issue with 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

Originating Staff

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.

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.

Review Ministry of Long-Term Care (MLTC) Guidelines for reporting of Contaminated Drinking Water or loss of services for greater than 6 hours to determine reporting requirements. Reg 115(3) Loss of services for a period greater than 6 hours requires reporting within 1 Business Day. Reg 115(1) contamination of drinking water requires immediate reporting through the Critical incident system.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 2 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

Registered Staff/RCF

Resident Risk Assessment

Identify high-risk residents and implement individualized interventions to prevent dehydration, infection, skin breakdown, and adverse health outcomes.

- Require dialysis.
- Have swallowing disorders.
- Are receiving enteral feeding.
- Require extensive skin care.
- Have cognitive impairment and may drink unsafe water.
- Are receiving palliative care.
- Are at risk for dehydration.

Hydration Monitoring

Nursing staff will monitor resident fluid intake, assess for signs of dehydration, and document interventions in accordance with the home's clinical policies.

- Hydration rounds.
- Intake monitoring.
- Escalation process for poor intake.
- Documentation requirements.

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 boiled water is not practical, the local PHU or other responsible authorities will be able to give directions for disinfection of water or the use of an alternative supply known to be safe.
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;



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 3 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

etal.,1996), protozoa (Fayer,1994:CDC 1997) and viruses (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 be boiled for 2 minutes. Water should then be cooled and poured into a clean container with a cover and refrigerated until needed.

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. **Review communication provided at the time of advisory.**

Handwashing: Review communication provided with the Advisory as it may differ depending on the circumstances. A Boil Water Advisory (BWA) if hands are visibly soiled, clean them with a disposable wipe, then follow with alcohol based handrub. If hands are not visibly soiled, use an alcohol-based hand rub.

If disposable wipes are not available, hands can continue to be washed with soap and water, dried and then followed with an alcohol-based hand rub.

Housekeeping: Review communication provided with the Advisory as it may differ depending on the circumstances. During BWA boiled water is required for cleaning purposes. i.e. high touch surfaces.

Bathing: Review communication provided with the Advisory as it may differ depending on the circumstances. During a BWA adults and teens **may** use water that has not been boiled for baths and showers. Those who are not able to understand the boil water advisory requirements that include, “do not swallow water” should sponge bath.

Dishes: Review communication provided with the Advisory as it may differ depending on the circumstances. i.e. PHU may determine that use of the sanitizer cycle in the dishwasher may suffice. Dishes will be washed in the dishwasher to remove debris, then rinsed in boiled water, soaked in boiled water/bleach mixture of (30 ml of unscented bleach in 4 L of boiled water) for 1 minute then rinsed again in boiled water and let dry.

See Table attached for specific guidelines.

Disruption Lasting Less than 4 hours

Incident Manager

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

Director of Nursing



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 4 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

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. All food and drinks prepared with contaminated water will be discarded and all containers will be washed as per BWA.
3. Continue your normal work duties.

Communication Requirements

Residents, families, and substitute decision-makers will receive timely updates regarding the disruption, protective measures implemented, and any impact on resident services.

- Notification of residents and substitute decision-makers when disruptions are prolonged.
- Updates to families during ongoing events.
- Documentation of communications.

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:

$$164 + 100 = 264 \text{ persons}$$

$$264 \times 4 \text{ litres} = 1,056 \text{ litres/ 12 hours.}$$
2. Consider initiating a mass message using the emergency notification system 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.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 5 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

5. Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair accessible 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.

The Incident Management Team will conduct a formal risk assessment to determine whether sheltering in place remains safe or whether relocation is required. If the water disruption is expected to exceed 24 hours consider a non-emergency evacuation, consider the following:

- Water availability.
- Toileting capacity.
- Infection prevention risks.
- Resident care capability.
- Environmental conditions.
- Public Health recommendations.

Advanced Notice of 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.
5. Portable toilets can be rented – including wheelchair accessible toilets in trailers with heating and air conditioning.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 6 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

Documentation Requirements

- Start and end times.
- Actions taken.
- Communications made.
- Water distribution.
- Resident safety concerns.
- Reporting to external agencies.

Post-Incident Debrief

Following resolution of the disruption, the Emergency Management Team will conduct a debrief, identify lessons learned, and revise plans as required.

Environmental Services and Infection Control

- Enhanced cleaning frequencies.
- Prioritization of high-touch surfaces.
- Consultation with the IPAC Lead and Public Health Unit.

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
- Brian & Ricki's No Frills: 277 King St. Midland 705-526-5140
- 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:



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 7 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

- Bright Water Services 1-877-696-3609

Specific Guidance during boil water advisory *anywhere boiled water can be used, bottled may be substituted initially. Review communication provided with the Advisory as it may differ depending on the circumstances.

Use	Non outbreak situation	Waterborne outbreak situation
Drinking	Use boiled tap water	Use boiled tap water
Brushing teeth	Use boiled tap water	Use boiled tap water
Washing hands	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.
Ice cubes	Use boiled tap water	Use boiled tap water
Preparing food	Use boiled tap water	Use boiled tap water
Beverages	Use boiled tap water	Use boiled tap water
Washing fruits and vegetables	Use boiled tap water	Use boiled tap water
Laundry	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
Housekeeping	Use boiled tap water (for high touch surfaces)	Review communication provided with the Advisory as it may differ depending on the circumstances. During BWA boiled water is required for cleaning purposes.
Showers and Baths	Sponge bath in order to reduce the chance of swallowing water.	Sponge bath only



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 8 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

Use	Non outbreak situation	Waterborne outbreak situation
Washing dishes	May be washed in tap water either by hand or by machine	Review communication provided with the Advisory as it may differ depending on the circumstances. Dishes will be washed in the dishwasher to remove debris, then rinsed in boiled water, soaked in boiled water /bleach mixture of (30 ml of unscented bleach in 4L of boiled water) for 1 minute then rinsed again in boiled water and let dry.

From Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supply. Jan 12, 2021

[Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies - Canada.ca](#)

See: EM – Boil Water Advisory Checklist – Emergency Management Manual



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 9 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

Emergency Management Checklist

Water Supply Disruption / Boil Water Advisory

Home: _____ **Date:** _____

Incident Manager: _____

Time Disruption Identified: _____ **Estimated Duration:** _____

Initial Response (0 to 30 Minutes)

_____ **Time**

_____ Confirm disruption/advisory with the municipal water authority or Public Health Unit.

_____ **Notify:**

- ☐ Administrator
- ☐ Director of Care
- ☐ RN Charge Nurse
- ☐ Nutrition Manager
- ☐ Maintenance Manager
- ☐ IPAC Lead
- ☐ Environmental Services

_____ Activate the Incident Management Team, as required.

_____ **Determine:**

- ☐ Complete loss of water
- ☐ Reduced water pressure
- ☐ Boil Water Advisory
- ☐ Drinking water contamination

_____ Document incident start time.

_____ Assess anticipated duration.

_____ Review Ministry reporting requirements.

_____ Initiate incident checklist.

_____ Assess supplies on hand and order additional supplies as required.

Reception

_____ Post signage on all entrance doors communicating the nature of the disruption to visitors.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 10 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

- ☐ Prepare a written statement for residents and families.
- ☐ Prepare signage for juice machines, coffee dispensers, and tea stations, if required.
- ☐ Consider cancelling private dining experiences. Contact affected families.
- ☐ Prepare notices to families.

Infection Control

- ☐ Contact Public Health to determine any special requirements for bathing, handwashing, cleaning, dishwashing, and food preparation.
- ☐ Communicate requirements to all departments.
- ☐ Prepare and distribute a communication memo.

Programs

- ☐ Consider cancelling programs and redeploying program staff to assist nursing, as required.
- ☐ For a Boil Water Advisory, remove beverages from residents' rooms and communicate the advisory to all residents.

Dietary

- ☐ Meet with department staff and communicate all required procedures.
- ☐ During a Boil Water Advisory, discard all prepared food and beverages made with unsafe water.
- ☐ Wash all dishes, utensils, and beverage equipment using approved dishwashing and bleach sanitizing procedures as directed by Public Health.
- ☐ Discard all ice.
- ☐ Determine cleaning protocols. Oxivir is not food-grade and must not be used in food preparation areas.

Dishwashing Procedures

- ☐ Run dishes through a high-temperature dishwasher to remove debris.
- ☐ Rinse with boiled water.
- ☐ Soak in approved bleach solution for 2 minutes.
- ☐ Rinse again with boiled water.
- ☐ Allow dishes to air dry.
- ☐ Implement emergency menu, as required.
- ☐ Use bottled water to prepare juices, coffee, tea, and other beverages until boiled water is available.
- ☐ Continue serving hot beverages in mugs.
- ☐ Dispense instant coffee and tea, as required.

Maintenance



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 11 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

- _____ Distribute water to the kitchen, serveries, and nursing units.
- _____ Distribute Oxivir wipes for cleaning, as required.
- _____ Distribute wet wipes, hair-washing kits, and paper medication cups from emergency stock.
- _____ Deliver disposable dishes and utensils to the kitchen and serveries, as required.

Nurse Managers

- _____ Communicate disruption procedures to staff.
- _____ Complete resident risk assessments.
- _____ Initiate removal of beverages from resident rooms and communicate the advisory to residents with assistance from program staff.

Resident Safety Assessment

- _____ Identify residents at elevated risk:
 - ☐ Dysphagia
 - ☐ Tube feeding
 - ☐ Dialysis
 - ☐ Risk of dehydration
 - ☐ Palliative care
 - ☐ Cognitive impairment
 - ☐ Extensive skin care needs
- _____ Implement individualized care measures.
- _____ Distribute wet wipes and hair-washing kits as required.
- _____ Commence hydration monitoring.
- _____ Monitor for signs of:
 - ☐ Dehydration
 - ☐ Delirium
 - ☐ Heat-related illness
 - ☐ Skin integrity concerns
- _____ Ensure all residents have access to safe drinking water.
- _____ Provide drinking assistance as required.

Safe Drinking Water Management

- _____ Verify bottled water inventory.
- _____ Current inventory: _____ Litres
- _____ Confirm minimum emergency water supply is available.
- _____ Distribute bottled water to resident home areas and staff break areas.
- _____ Arrange additional water supplies if the disruption is expected to exceed 4 hours.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 12 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

____ Supplier contacted. Time: _____
____ Monitor ongoing water consumption.

Boil Water Advisory Actions

____ Stop the use of tap water for:

- ☐ Drinking
- ☐ Food preparation
- ☐ Beverages
- ☐ Ice production
- ☐ Oral medications requiring water
- ☐ Brushing teeth
- ☐ Washing fruits and vegetables

____ Ensure water is boiled according to current Public Health guidance.

____ Remove and discard prepared food and beverages made with unsafe water.

____ Discard:

- ☐ Ice
- ☐ Hot and cold beverages
- ☐ Prepared foods made with unsafe water

____ Post "Do Not Use" signage on juice, coffee, and tea machines in kitchens and serveries.

____ Communicate advisory requirements to all departments.

Infection Prevention and Control (IPAC)

____ Consult the IPAC Lead.

____ Follow Public Health Unit guidance.

____ Review hand hygiene requirements.

____ Ensure alcohol-based hand rub is readily available.

____ Review environmental cleaning requirements.

____ Implement enhanced environmental cleaning measures.

____ Ensure dietary staff follow safe food-handling procedures.

____ Distribute Oxivir wipes for approved cleaning areas.

Toileting and Hygiene

____ Assess toilet flushing capability.

____ Fill tubs and pails if advance notice of the disruption is provided.

____ Secure tub rooms when tubs are filled.

____ Consider portable toilet requirements.

Vendor Contacted: _____



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 13 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

- ☐ Assess resident bathing requirements.
- ☐ Implement sponge bathing if necessary.

Communications

Internal

- ☐ Notify all departments.
- ☐ Provide shift-to-shift updates.
- ☐ Maintain Incident Action Log.

Residents and Families

- ☐ Inform residents.
- ☐ Notify substitute decision-makers, as required.
- ☐ Update families if the disruption exceeds 4 hours.
- ☐ Document all communications.

External

- ☐ Contact Public Health Unit.
- ☐ Contact municipal water authority.
- ☐ Complete Ministry reporting, if required.

Date/Time: _____

Staffing and Operations

- ☐ Assess staffing requirements.
- ☐ Consider emergency staffing call-outs.
- ☐ Cancel non-essential activities.
- ☐ Cancel external programs, if required.
- ☐ Assess the need for additional off-site staff breaks.
- ☐ Consider volunteer support.

If Disruption Exceeds 24 Hours

- ☐ Convene the Incident Management Team.
- ☐ Complete relocation/evacuation risk assessment.

Evaluate

- ☐ Drinking water availability
- ☐ Sanitation capability
- ☐ Resident care capacity
- ☐ Food service capability
- ☐ Staffing levels
- ☐ Environmental risks
- ☐ Public Health recommendations



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 14 of 14

Approval Date: August 2017

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Decision

☐ Shelter in Place

☐ Partial Relocation

☐ Full Evacuation

Approved By: _____

Documentation

☐ Incident log maintained.

☐ Resident concerns documented.

☐ Water distribution documented.

☐ All communications documented.

☐ Ministry reporting documented.

☐ Corrective actions documented.

Recovery Phase

☐ Water service restored.

Date/Time: _____

☐ Municipal/Public Health Unit clearance received.

☐ Flush water systems if required. Run cold-water faucets for 5 minutes. If water does not run clear after 5 minutes, contact the municipality. High-volume users may need to flush water for a longer period.

☐ Run water softeners through a regeneration cycle.

☐ Replace carbon water filters in water jugs located in serveries and patio rooms.

☐ Drain and refill hot water heaters set below 45°C (113°F). Normal operating temperature is 60°C (140°F).

☐ Drain, clean, and flush ice machines, juice dispensers, coffee machines, and tea equipment.

☐ Resume normal operations.

☐ Replenish emergency water supplies.

☐ Notify residents, families, and staff that the incident has been resolved and remove all signage.

Post-Incident Debrief

☐ Debrief completed within 14 days.

☐ Lessons learned identified.

☐ Improvement actions assigned.

☐ Emergency plan revised, as required.

☐ Quality Improvement Committee informed.



Department: Emergency Management

Section:

Subject: Utilities Disruption
Water Supply Disruption

Page: 15 of 14

Approval Date: August 2017

Revised Date: August 18, 2026

Review Date: August 18, 2026

Date Completed: _____ **Facilitator:** _____

Incident Closed By: _____ **Date:** _____

Signature: _____



Department: Emergency Management

Section:

Subject: Emergency Management
Policy and Procedures

Page: 1 of 4

Approval Date: April 11, 2022

Revised Date: June 30, 2026

Review Date: June 30, 2026

Emergency Management Policy and Procedure

Policy

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

Purpose: The purpose of the plan is to provide direction in the event of a disaster that affects normal operation of the home.

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. Section 267 (4)

Procedure

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 4

Approval Date: April 11, 2022

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Evacuation Plans

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

Plan should include a safe evacuation location:

Bourgeois Community Centre – 527 Len Self Blvd., Midland, ON L4R 5N6

Phone: 705-526-9395

Transportation

A 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, PPE and equipment vital for emergency response are set aside and readily available at 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 / Nursing stock room.

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

Community agencies: Local hospital, Ontario Health at Home, Fire Department, Police

Health service providers: Medline, Care Rx, ProResp, Medical Director, Sysco, Bunzl, Diversey

Plan for food and fluids: Have menus available including production sheets, recipes, print updated resident profiles that include food preferences, nutritional risk, needs and interventions. Prepare to transport emergency food and supplies otherwise reach out to restaurants, community services.

Plan for timely access to drugs that have been prescribed:

If feasible transport medication carts to evacuation site, otherwise reach out to Care Rx for medication management and supplies.

Plan activation: The incident manager / administrator will be responsible for declaring there is an emergency at the Home and declaring it over.

Communication Plans

Staff Emergency Notification system will be initiated to communicate and provide direction to all staff. Notification of Relatives/ Next of Kin: When all staff are accounted for and it is considered safe to do so, the Senior Incident Manager will direct the communication to contact SDM/ Next of Kin of all residents. SDM/ Next of Kin will be kept up to date through regular communication (telephone or email communication) at regular intervals and at the conclusion of the emergency.



Department: Emergency Management

Section:

Subject: Emergency Management
Policy and Procedures

Page: 3 of 4

Approval Date: April 11, 2022

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In The Event of a Disaster

Emergency management is discussed with families at care conferences, including whether they could temporarily take their loved one home during a disaster. This information is documented in the Admission Record. Reports can be generated by unit in PCC under Clinical Reports > Admission Record.

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 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 weather, weather events, bomb threat, 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.

Test all other emergency plans at least once every 3 years, including arrangements with entities that may be involved in providing emergency services in the area ex. community agencies, health service providers as defined by Connecting Care Act 2019, partner facilities and resources that will be involved in responding to the emergencies.

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 for ensuring 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 include:

- 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.



Department: Emergency Management

Section:

Subject: Emergency Management
Policy and Procedures

Page: 4 of 4

Approval Date: April 11, 2022

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- 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; identifies 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.