

Emergency Preparedness Manual

Parkview Meadows Christian Retirement Village

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2024



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Introduction

Background

Emergencies have the potential to put the health, safety, security and wellbeing of our persons served, staff, students, volunteers, visitors, and other stakeholders at risk. Being prepared for an emergency starts with having a plan.

Emergency is defined as:

- (1) In Ontario, an "emergency" is defined as: A situation or impending situation caused by the forces of nature, an accident or an intentional act that constitutes a danger of major proportion to life and property.
- (2) An emergency is a serious situation or occurrence that happens unexpectedly and demands some type of emergency response.
- (3) FLTCA Regulation 268 (15) "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.

This plan includes the legislative and regulatory requirements for licensed long-term care homes set out under the *Fixing Long-Term Care Act, 2021 (FLTCA)*, and *Ontario Regulation 246/22 (O. Reg. 246/22)* and other applicable legislation, regulations, and directives.

The objectives of this emergency plan include:

- Assist employees to prepare, understand and ensure that measures are in place when dealing with an emergency.
- Maintain a safe and secure environment for persons served, staff, and visitors.
- Sustain our organization's functional integrity, including our usual service and business functions (continuity of operations); and,
- Integrate into the community's emergency response system as necessary.

Scope

The **scope** of this plan extends to any event that disrupts, or has the potential to disrupt, our normal standards of care or business continuity. This includes the impact due to internal incidents, such as a fire, or external incidents, such as a community loss of power or severe weather emergency.

This emergency plan is in effect for the following:

- Parkview Meadows Christian Retirement Village

The emergency preparedness and response plan ensures that measures are in place and responsibilities assigned to prevent and reduce the consequences of a potential or real emergency. A coordinated response can minimize or prevent an undesirable event resulting in loss.

All staff (and new staff upon their initial assignment) review the emergency plans and when the plan changes, those parts of the plan that the employee must know to protect her/himself in the event of an emergency. All employees are required to review the Emergency Preparedness Plan for their program/location annually so that they may maintain a constant awareness of the procedures including but not limited to, evacuation procedures, use of emergency equipment, and emergency preparedness. Records of these trainings will be submitted to Human Resources.

Emergency Management Process

The emergency management process includes identifying and avoiding or reducing risks, preparing for those that cannot be avoided, activating an emergency plan to respond to an emergency, and returning to normal functioning. This is commonly referred to as the five components of emergency management:



Prevention: actions taken to stop an emergency or disaster from occurring.

Mitigation: actions taken to reduce the adverse impacts of an emergency or disaster that cannot be reasonably prevented.

Preparedness*: actions done in advance to ensure the organization is ready to manage a disaster should it arise.

Response: measures taken immediately before, during, or immediately after an emergency for the purpose of managing the consequences.

Recovery: the process of restoring an affected community to a pre-disaster or higher level of functioning.

*The primary focus of this manual is the **preparedness phase**, including the development, testing, evaluation, and updating of emergency plans.

Emergency Management Structure

The emergency plan clearly outlines delegation of authority regarding positions in which key personnel members are identified and given authority to complete specific tasks. The plan outlines a broad understanding of the essential services, and core functions so the person(s) of authority can make informed and timely decisions. The individuals in authority and any delegates will be trained equally to ensure a seamless transition occurs should the delegates need to take command.

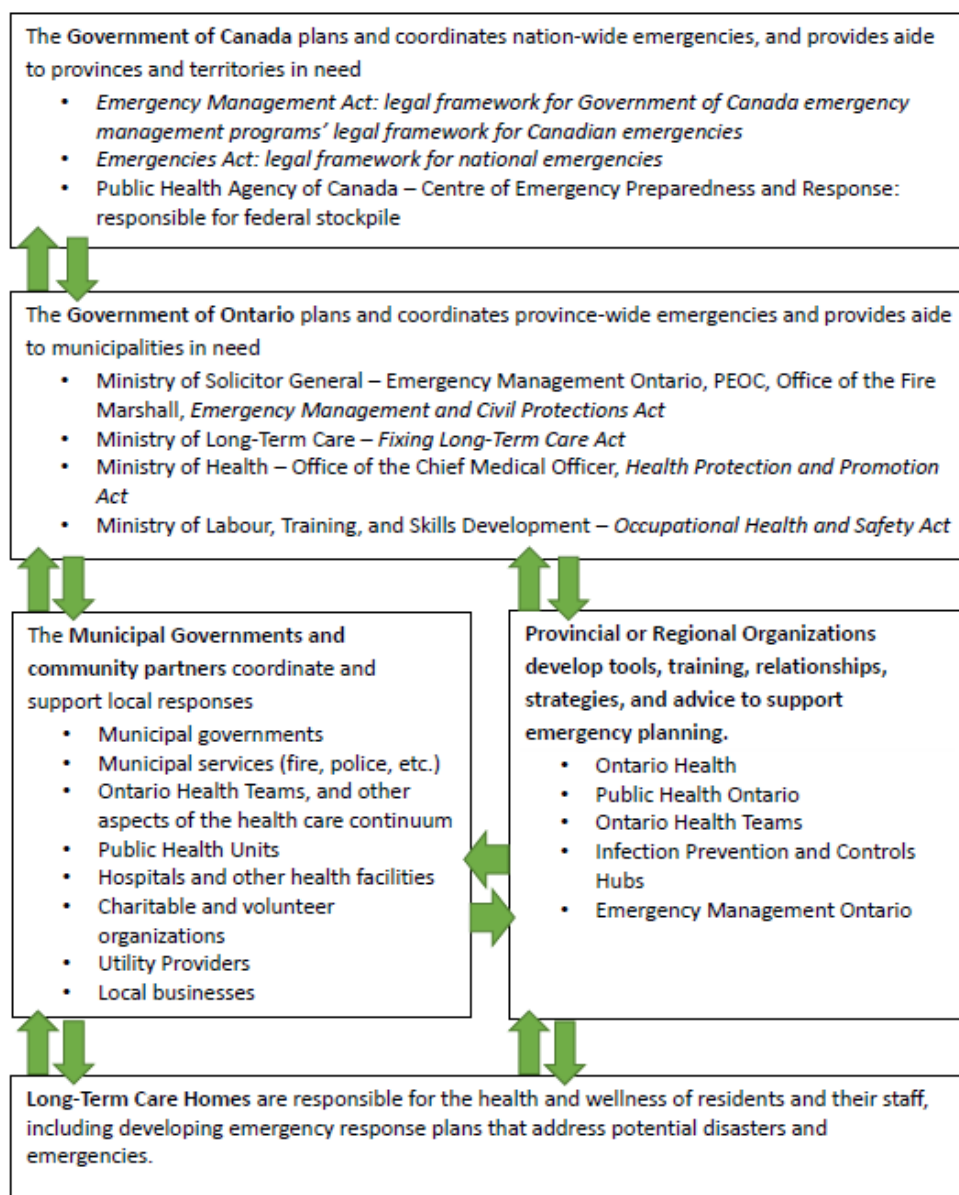
The emergency plan also outline relationships between command structures at emergency services to illustrate how the chain of command will interact with the chain of command of external structure

Lines of Authority

Parkview Meadows is ultimately accountable for the health and safety of those who live and work within. In the event of an emergency, Parkview Meadows is responsible for leading the response as well as coordinating the support from community agencies, system partners, and resources.

If the emergency exceeds part or all the capacity of an organization to effectively respond, the program can request support from community partners and the municipality via their emergency management office, as needed.

The requests for assistance between levels of government generally follow a structure from the “bottom-up”: from community, to provincial, to federal levels of government. All levels of this hierarchy work on different types of tasks and activities, with many jurisdictions and organizations working together in partnership through emergency management structures.



Emergency Management Roles and Responsibilities

Roles and Responsibilities

CEO	<p>Appoint staff as needed to handle:</p> <ul style="list-style-type: none"> • media-related activities • communication with other agencies/facilities • special technical knowledge
The Emergency Management Group	<p>This Emergency Management Group is woven through the emergency plan, but the day-to-day management system is not replaced during emergencies. Instead, the Emergency Management Group forms a “support structure” to the existing management team. The emergency management group is structured similarly to an Incident Management System (IMS) framework in that:</p> <ul style="list-style-type: none"> • Remove and report any barriers to compliance to the CEO • Provide support, advice and direction to the home or program management team • Promote and confirm implementation and application of the policies
Emergency Management Lead	<p>Depending on the emergency, a lead of the Emergency Management Group (called the “Emergency Management Lead” or EML) may be assigned and reports to the CEO to assist in the coordination and implementation of the emergency plan with the day-to-day leadership structure of the program or home.</p> <ul style="list-style-type: none"> • Provides support to the home/program management structure • Provides updates to the CEO • Works with the Emergency Management Committee in the development and communication of the emergency response
LTC Administrator/Clinical Manager	<ul style="list-style-type: none"> • Ensure the Hazard Identification Risk Analysis (HIRA) is completed for the home • Ensure an evaluation of the Emergency Response Plan and Fire Safety Plan in relation to the HIRA is completed annually • Alerting staff and residents • Contacting emergency partners • Communicating with families and substitute decision makers • Ensure existence and accountability of client evacuation procedures and ensure persons served are aware of these procedures • Educate and train all staff regarding the plan • Maintain training records and submit these records to Human Resources • Co-ordinate staff resources • Carry out the specific responsibilities as assigned under each section of the emergency procedures
Emergency Preparedness Owner	<ul style="list-style-type: none"> • The Director of Environmental Services is the Emergency Preparedness owner and will: <ul style="list-style-type: none"> ○ Ensure the plan is updated annually ○ Work with the Emergency Preparedness Planning Committee to complete the annual review
Emergency Leader or delegate	<p>The Emergency Chief/Leader or delegate is a person on site assigned to take charge of the emergency until a supervisor or emergency services can arrive at the site. This role may be pre-defined or assigned by the on-call Leader.</p> <ul style="list-style-type: none"> • Take charge of the evacuation process until emergency services arrive • Account for workers (head count) • Authorize re-entry to the workplace

	<ul style="list-style-type: none"> • Ensuring the evacuation is complete • Sounding the “all clear”
Emergency Preparedness Planning Committee (Comprised of representatives from leadership, clinical team members, facility administration, plant operations and support services)	<ul style="list-style-type: none"> • Ongoing maintenance and improvement of the Emergency Preparedness Plan • Review facility equipment and supply lists from each facility • Ongoing review of the Hazard Risk Assessment process • Review of training and testing processes
All Staff	<ul style="list-style-type: none"> • Be familiar with all emergency and evacuation procedures for the worksite • Carry out the specific responsibilities as assigned under each section of the emergency procedures and plan • Participate in training and drills as required and as per the training schedule • Contact the Emergency Chief/Leader or delegate to inform of an emergency or a situation that may become an emergency
Senior Leadership	<ul style="list-style-type: none"> • Assess, activate, communicate, and monitor the appropriate plan of action for all situations requiring the implementation of this plan • Ensure the development of Parkview Meadows Emergency Response Plan • Ensure the Management Team Members are aware of their responsibilities and have written plans that detail their preparedness responsibilities • Ensure the Emergency Response Plan is understood, reviewed and monitored annually • Provide the resources necessary for emergency planning, training, and general preparation to deal with specific emergencies • Carry out the specific responsibilities as noted under each section of the plan
Facilities	<ul style="list-style-type: none"> • Conduct emergency equipment inspections as required or contract external resources or agencies to inspect or otherwise approve listed equipment as per regulation or code • Log all completed inspections • Properly maintain, test, and verify all emergency equipment • Ensure communications equipment is operational and extra batteries are available • Check and ensure safety of surrounding areas (i.e., secure loose outdoor equipment and furniture) • Secure exterior doors and windows • Check/fuel emergency generator and switch to alternative power as necessary • Ensure readiness of buildings and grounds • Maintain inventory of tools and equipment
Joint Health & Safety Committee	<ul style="list-style-type: none"> • Review all necessary policies and procedures • Participate in safety inspections and hazard identification

Emergency Preparedness and Planning

This section outlines the steps followed in developing, testing, updating, activating, and deactivating the emergency plans.

Developing Emergency Plans

Emergency planning at Parkview Meadows is done collaboratively between the organization and partner organizations. Additional planning is undertaken at the site/program/home level.

When developing emergency plans, our Homes/sites/programs:

- Consult with appropriate emergency service providers in the area, as well as community agencies, health service providers, partner facilities, etc. These consultation exercises are recorded.
- Ensure all hazards or risks that could lead to an emergency are identified and assessed, whether the hazards or risks arise within the home or in the surrounding vicinity or community; and,
- Consult with the Residents, Client and Family Councils (if applicable to the site/program).

Consulting with Stakeholders

Parkview Meadows works collaboratively with stakeholders and external organizations. Each site/program/home individually develops a list of essential services and stakeholders that can support emergency planning activities as well as providing support during an emergency. Understanding the needs of internal staff and resources and support available, the teams determine which organizations may be most helpful to consult with externally.

Some examples of the stakeholders that are consulted include:

- Emergency Preparedness Planning Committee
- Emergency Services
- Pharmacy Partners
- Staffing Agencies
- Vendors for Supplies
- Environmental System Providers
- Medical Officer of Health (or their designate)
- Resident and Client Councils
- Family Councils

Documentation is maintained of consultation on emergency plans with stakeholders. (See Template below for ***“Review of Emergency Plan”***). Agreements are also documented through contracts or memorandums of understanding (MOUs) to ensure clear arrangements with response support (See section below on ***“Agreements with Community Partners”***).

Agreements with Community Partners for Assistance

Parkview will establish and keep current all arrangements with entities that may be involved in or provide emergency services in the area where the site/program/home is located, including, without being limited to, relevant community agencies, health service providers, partner facilities, and resources that will be involved in responding to an emergency.

Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors will be negotiated and formalized into written agreements to be reviewed and renewed annually.

The CEO/Delegate will:

1. Establish and/or ensure written agreements are entered into for the provision of accommodation/temporary shelter in the event of an emergency evacuation.
2. Establish or ensure written agreements are entered into between the location and others for the provision of the following:
 - a. Transportation (to be arranged with both a main and backup provider)
 - b. Resources (food & water)
 - c. Supplies (non-food i.e. cots, blankets, etc.)
 - d. Services (oxygen, medical, etc.)
 - e. Generator (if applicable)
 - f. Any other needs as applicable to location
3. Keep current agreements with the location's Emergency Management Plan.
4. Store contact information for Accommodation Providers with Code Green Evacuation Plan.
5. Store contact information for Transportation Providers with Code Green Evacuation Plan.
6. Store contact information for Resources, Supplies, and Service Providers in with Code Green Evacuation Plan.

Emergency Service Providers

Where possible, emergency service providers will be consulted for their input into the emergency procedures outlined in this plan. These arrangements will be kept current on file. Consultation with a wide variety of stakeholders, including those outside of the community will be undertaken in order to prepare for emergencies which may require homes to evacuate from the region. Where possible, backup options will be included in the event that an emergency impacts one or more emergency service entities.

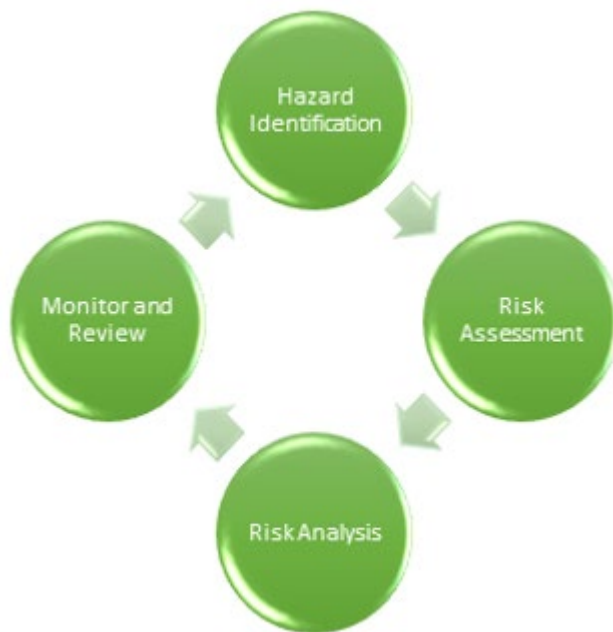
Contact information for our emergency service providers is located in appendix A of this emergency plan.

Hazard Identification and Risk Assessment

A Hazard Identification Risk Analysis (HIRA) ensures that potential risks to the home or program are identified and assessed as to their potential risk to the persons served and staff. The HIRA is used to prioritize prevention, mitigation, and training priorities for the home.

Parkview Meadows will have a HIRA completed to identify and prioritize potential external and internal risks specific to location. (Refer to Appendix – C for procedure and HIRA tool)

There are 4 steps in the creation and the ongoing maintenance of the HIRA program:



1. **Hazard Identification** - Hazards that could impact on the home or program are separated from those that cannot and requires a review of all hazards as well as their causes to determine whether they may be a threat to the home or program.
2. **Risk Assessment** - The risk for each hazard is examined, which includes reviewing past occurrences and possible scenarios. The likelihood of the hazard occurring and the potential impacts of the hazard on people, property, the environment, business, finances, and critical infrastructure are examined.
3. **Risk Analysis** - The information collected in the risk assessment step is analyzed in this step. The desired outcome of the risk analysis is the ranking of the hazards. This highlights the hazards that should be considered a current priority for the emergency management program.
4. **Monitor and Review** - The HIRA is an ongoing process and hazards, and their associated risks will be monitored and reviewed through the Emergency management planning committee.

Orientation, Training and Drills

All Parkview Meadows staff, volunteers and students are trained at orientation and retrained annually on the emergency plan and emergency procedures including fire procedures, evacuation procedures, emergency codes and are responsible for understanding their responsibilities during an emergency.

Practice drills are conducted at least once per year on the emergency plan procedures. Oversight of Code Drills is by the Environmental Service Manager or delegate to ensure all codes are tested and reported to the CEO.

All emergencies and practice drills conducted will have a documented debriefing done to ensure that emergency procedures are evaluated and updated as required.

Further detail is provided in policy 12.0 Emergency Codes, Training and Drills

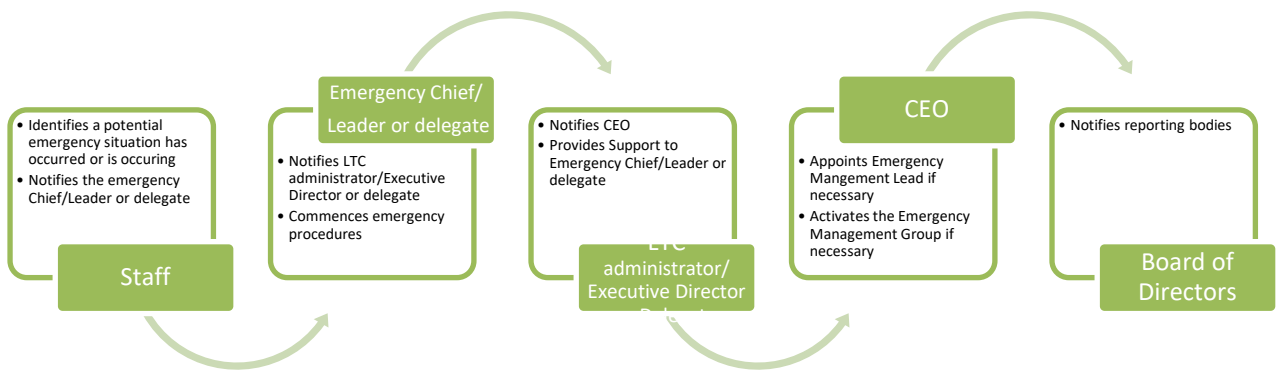
Emergency Plan Components Activation

In some cases, the home or program may receive advance notice or warning of an eminent event, e.g., severe weather. The home or program will respond by taking protective actions to ensure the safety and wellbeing of the persons served, staff, and visitors by following the emergency procedures for the event. The Emergency Management Group may be activated to support the preparatory actions. In other cases, there may be no advance notice prior to an emergency. The element of surprise can significantly add to the stress of dealing with a sudden onset emergency but practicing emergency response via drills and exercises will significantly improve performance during the emergency. Once an incident is recognized that may require activation of an emergency procedure, the person who first recognizes the incident should immediately notify the Emergency Chief/Leader or delegate on site.

Activation of an emergency procedure:

Whenever an incident has the potential to impact the safety and well-being of residents, staff or visitors beyond regular day-to-day operations, the Emergency plan along with the appropriate response elements to effectively manage the emergency and related procedures will be activated by Emergency Chief/Leader or delegate on duty. Each emergency procedure in the emergency plan contains clear criteria as to when a response needs to be initiated as well as when the response should cease. Any part of the plan can be activated at any time by the CEO or delegate. The diagram below shows the activation process.

Although an emergency may be recovered by the Emergency Chief/Leader or delegate, notification of the emergency will always follow the process below.



Recovery:

Disaster and crisis planning are primarily focused on preparing and responding; however, another critical component is the recovery phase. After the immediate and acute crisis has passed, the home or program must focus on returning to standard operations. From the home or program's standpoint, recovery examining the infrastructure of the facility and making determinations if the facility is still operable and capable of taking care of the residents/clients is required. Recovery is coordinated with others such as local emergency service providers or even the municipality, financial personnel, public health, food delivery services, utilities, etc. In other words, recovery involves taking a complete look not just at the physical structure, but also those types of needs that support the safe and effective operation of the home or program.

A recovery checklist should be used prior to resuming normal operations:

Communications Plan

Timely, frequent and ongoing communication is required for stakeholders during an emergency. Stakeholders may include, but are not limited to, persons served/substitute decision makers, families, staff, volunteers, students, contracted services, caregivers, applicable councils (Residents', Family, Client & Caregiver), the Board of Directors, associations and the Ministry of Long-term Care. Having timely and frequent communication keeps stakeholder groups informed and updated on the status of the emergency, decreases fears anxieties and provides an opportunity to seek support/help if needed.

Ensure ongoing communication using the methods noted above to persons served, substitute decision makers (if any), team members, volunteers, students, caregivers, and the Residents' and Family Councils (if any), including:

Communication to Team Members, Volunteers, Students:

1. Autodial system (OpenText or Phonevite)
2. Email
3. Text messages
4. Messaging through scheduling system
5. Others (as applicable)

Directing Incoming Calls: Make a plan to handle incoming calls, preparing to respond with/to:

- Status updates on emergency/location/persons served
- Offers to help/resources or staff coming from other facilities
- Team members calling to find out work schedule
- Medical information

Communication: Persons Served & Family Members

- Prepare a telephone tree and have various team members call family members to assure them of their family member's safety and advise them of the location's plan for the crisis (consider use of autodialer system automated direct messaging system where available)
- The goal is to help family members feel comfortable and confident that we are doing all we can to ensure their loved one's safety.
- The Communications Team from the Emergency Working Group will compile a "key point bulletin" for persons served and family member communication consisting of these basic elements:
 - Type of threat (e.g. ice storm)
 - Estimated time and severity of impact
 - General outlook at the time
 - Expected disruptions to services and routines
 - What the CEO/Administrator has done and is doing to lessen negative outcomes
 - When to expect an updated status report
 - What residents and family members can do to help
- Team members calling will:
 - Remind family members that in crisis such as severe weather, telephone contact may be lost.
 - Advise family members that team will be focused on providing care and protection, so telephone inquiries should be short.
 - Advise that you will keep them up to date and ask for several numbers where they can be reached.
 - Leave voicemail (where no immediate answer) and advise where family members can call or



visit to obtain further information.

- Track calls made and any follow up required on the Family Emergency Contact Record Template on a current resident list.

Based on the nature of the emergency situation, methods of communication may include:

- Announcement in resident/client common area
- Daily updates
- One to one conversation
- Printed text of automated call scripts
- Residents' Council meetings, etc.
- Printed communication such as memo or Q&A documents
- Pre-scripted messaged
 - Direct phone calls
 - Autodialed phone messages for larger scale communication (Phonevite or OpenText)
- Email to distribution lists
- Social media or website site posts
- Team huddles
- Virtual updates
- Consider updating voicemail messaging and automated messages with responses to frequently asked questions

At minimum, communications will include:

- the beginning of the emergency,
- when there is a significant status change,
- and when the emergency is over.

Creating communications materials:

1. Prepare briefing notes:
 - a. Clarify the issue with Incident Manager or CEO/Administrator (or delegate)
 - b. Develop key messages; and
 - c. Consult with stakeholders.
2. Prepare Q&A document for media inquiries.
3. Determine who would be the most appropriate "spokesperson" for the site/program/home and organization.
4. Release all information pertaining to the emergency to the following stakeholders:
 - a. Emergency Response Management Lead
 - b. Administrator or delegate
 - c. Emergency Management Group
 - d. CEO
5. Establish a communications strategy and messaging for the following stakeholder groups:
 - a. Media/general public
 - b. Persons served/substitute decision makers
 - c. Staff
 - d. The Board of Directors; and
 - e. Other necessary stakeholders.
6. Coach spokesperson(s) on how to effectively deliver key messages to public and/or media and review Media Relations policy.

7. Monitor the media (television, radio, print and news outlet websites) and social media (twitter, Facebook, blogs, etc.) for reports, comments and discussions regarding the incident, the site/program/home and Parkview Meadows to assist in preparing messaging and responses.
8. Send out updates as necessary, to keep stakeholders informed of the status of the emergency and any action steps required.
9. Distribute a letter detailing the emergency and the circumstances surrounding it to:
 - a. Persons served
 - b. All staff
 - c. Families/substitute decision makers; and
 - d. Other key stakeholders (e.g. Ministry).
10. After the release of communication material, present key messages to public and/or media, residents/families, staff and other necessary stakeholders.

Evaluation of Emergency Plans

The Emergency Preparedness Owner in collaboration with the Emergency Planning Committee is responsible for ensuring that annual evaluation, revision and updating of the emergency plans and all associated procedures is complete as well as a review specific portions of the emergency plan after an emergency has been declared over.

Administrators, Executive Director, and Directors from all programs are responsible to review the updates and ensure that the plan remains current at each site.

Annual Attestation

The Administrator responsible for long-term care homes attests to the compliance with FLTCA section 90 emergency planning requirements and will submit this annually to the Ministry Director.

LTC – Reporting Requirements – Reporting Critical Incidents to the Ministry of Long-Term Care - (Reg.115)

Long-term care homes must **immediately report** the following types of emergencies to the MLTC via the Critical Incident System (CIS) or via the after-hours emergency contact (if outside of business hours):

1. An emergency within the meaning of section 268, including fire, unplanned evacuation, or intake of evacuees.
2. An unexpected or sudden death, including a death resulting from an accident or suicide.
3. A resident who is missing for three hours or more.
4. Any missing resident who returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.
5. An outbreak of a disease of public health significance or communicable disease as defined in the *Health Protection and Promotion Act*.
6. Contamination of the drinking water supply.

Long-term care homes have **no later than one business day to report** the following types of emergencies to the MLTC via the Critical Incident System (CIS):

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in condition.
2. An environmental hazard that affects the provision of care or the safety, security, or well-being of one or more residents for a period greater than six hours, including,
 - i. a breakdown or failure of the security system,
 - ii. a breakdown of major equipment or a system in the home,
 - iii. a loss of essential services, or
 - iv. flooding.

Emergency Procedures and Plans

Parkview Meadows prepares for the types of emergencies outlined in the LTC legislation as well as other emergencies identified through site-specific risk assessments and hazard identification. A recognized system of codes identified by colour or procedure are used to ensure common understanding of the emergency.

Response to emergencies will first focus on life safety; and ensure necessary actions are taken, including:

- Protecting the health and safety of persons served/team members
- Minimizing damage to the building
- Ensuring continued operations
- Minimizing inconvenience to persons served/team members
- Acknowledging our responsibility to the community

The Emergency Management Plan will provide directions to all team members. Team members will be assigned to specific duties as outlined in the emergency procedure prior to the occurrence of an emergency. At the time of an emergency, the Emergency Chief/Leaders/delegate will, in the absence of pre-designated team members, assign available team members to handle the immediate emergency. Emergency plan(s) include procedures for the following:

Emergency Codes and Procedures

Red – Fire (approved fire plan)

White – Violent Person (risk to self and others)

Brown – Chemical and Biological Spills

Yellow – Missing Resident or Client

Black – Bomb Threat

Orange – External Disaster

Silver – External/Internal Lockdown/ Active Shooter/ Person with a weapon

Green - Evacuation

Blue – Medical Emergency

Grey – Building Emergency – Loss of Essential Corporate Services (ie utilities)

- Loss of power
- Natural gas leak
- Loss of water

- Boil water advisory
- HVAC disruption
- Loss of Life safety systems
- Loss of security system
- Loss of call bell system
- Loss of Mag lock system
- Loss of elevator
- Loss of computer network
- Loss of phone system
- Liquid Leak Response Plan

Emergency Accommodation Plans

Staff Contingency Plans

Business Continuity Plans

Pandemic/Epidemic/Outbreak Management Plans

Outbreak/Epidemic/Pandemic

The importance of infection prevention and control (IPAC) practices were highlighted like never before by the COVID-19 Pandemic. Organizations have worked to develop and implement robust IPAC and outbreak management practices using IPAC best practices and the IPAC standards.

The local Medical Officer of Health (or their designate) is invited to participate in the developing, updating, testing, evaluating, and reviewing any emergency plan associated with outbreaks of communicable diseases, diseases of public health significance, epidemics, and pandemics.

Outbreak Management Plans

Outbreak management plans are tools created and updated as directives, guidelines and best practices change. These plans cover outbreaks of infectious diseases such as COVID-19, respiratory viruses, gastric viruses, and monkey pox. Our outbreak management plans outline all routine precautions and additional precautions required for the type of disease outbreak. Outbreak management plans include but are not limited to the following information:

- Isolation approaches to isolation of persons served, including spaces and rooms that have been identified for isolation. Also, the type of precautions such as PPE and environmental controls are outlined for each type of outbreak
- A process to divide staff and persons served into cohorts
- Staffing contingency plans to ensure continuity of all required programs under the Act and regulations
- Processes to manage staff who may be exposed to infectious disease
- A process to manage symptomatic persons served and staff
- Information about vaccination and antiviral treatments (if applicable) and,
- Outbreak Management Teams, including identification of members and their roles and responsibilities

Infection Prevention and Control Supplies

Preparing for and responding to an outbreak, epidemic, or pandemic requires critical supplies outlined in appendix XX. The location should determine its daily usage and use a risk factor to calculate minimum quantities to have on hand; consider increased usage when calculating this (e.g. more frequent cleaning).

In addition, supplies for which demand will surge once there are positive cases should be identified and minimum

quantities secured (e.g. disposable cutlery).

Authorities may require reporting of inventory on hand for critical supplies (PPE, ABHR, etc.) – ensure processes are in place.

Parkview Meadows stockpiles are available to access additional supplies in the event of an outbreak.

Note: Recommended quantities serve as guidance and should be adapted to a location’s specific needs and experience.

Emergency Supplies, Resources and Stockpile

Food, Fluid, and Drug Provision

Depending upon the type, length or the impact of the emergency, ensuring ongoing access to food, fluids and medications is critical for our persons served. Planning for required supplies and staffing is done to ensure these critical services are maintained.

Our programs set aside and maintain a rotation of the resources/supplies, personal protective equipment (PPE), hand hygiene products cleaning supplies, equipment vital for emergency response. These supplies and resources also include food supplies.

Food and Fluids: Access to food and fluids are maintained to ensure the needs of our persons served are met in emergency situations that may impact human resources, accesses to utilities, access to clean water and functioning kitchen equipment.

Medication and drugs: Agreements exist with pharmacy providers to ensure supply and support with emergency planning, pandemic planning, and disaster recovery. This includes measures to provide continuous medication support, and re-establishment of normal medication routines in an event of internal/external disaster or in the case of an evacuation.

Transportation: Parkview Meadows has a resident bus that can support moving supplies or human resources from site to site.

Personal protective equipment: We keep a two-week outbreak-level/four-week non-outbreak level supply of PPE resources available at each site with additional stockpile stored off site. PPE is monitored for expiry dates and is rotated as necessary.

Emergency Supplies and storage locations – Appendix B
Food services contingency plan Appendix I


Emergency Procedures

Code Orange -External Disaster

Emergency Procedure	External Disasters (Code Orange)
Background:	<ul style="list-style-type: none"> • Code Orange is when we receive individuals displaced from another facility related to an external disaster. • We would provide food & shelter for a short duration until they can return to their own facility or more permanent arrangements can be made.
Activation:	
Response:	<ul style="list-style-type: none"> • We will provide essential care until staff arrive from the evacuated facility who are knowledgeable in the care for these temporary residents or clients. • We will be receiving individuals • We will also complete documentation which includes: <ul style="list-style-type: none"> ○ Record of individuals received ○ Checking ID bracelets and recording names ○ If they have no ID bracelet /or can't give their name – issue an ID # (starting at #1) ○ Record this number & provide a bracelet • The Emergency Chief, Leader, or delegate must notify the Administrator or Director and the leader on call • They will delegate a staff member to record names of the individuals received • Delegate staff to set up accommodations (such as a sitting area or beds, etc.) • Assign staff to escort or porter individuals to various designated areas • Request staff or maintenance (if available) to monitor main entrance, direct arriving vehicles, and open locked doors. • Request Food Services to provide or plan for meal service • Request Maintenance to source supplies and also move furniture or other items for the temporary holding areas for misplaced individuals. • Request Health Information from the sending facility • Assign a Registered Nurse (if applicable) to the gathering area and they will screen arriving individuals • And provide regular status reports to the Administrator, Director or delegate – • The RN in the gathering area will screen arriving individuals • They will organize the individuals into two groups: <ul style="list-style-type: none"> ○ Group 1: Accommodation only for sleep, rest or nutrition ○ Group 2: Advanced care/requiring further assessment ○ The RN will assess and document health statuses • If the individual is stable – they will be moved to the assigned Gathering Area • If the individual is unstable – they will have an assessment by a doctor and arrangements to transfer to acute care will be made • Possible Holding Areas could include: <ul style="list-style-type: none"> ○ The lobby ○ Program areas ○ Common spaces ○ Lounges

	<ul style="list-style-type: none"> ○ And gathering areas
Recovery:	<ul style="list-style-type: none"> ● All staff should return to their work area to confirm attendance ● The Organization should consider how to address any operations that may be impacted by the emergency post-incident. ● As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Response Debriefing Report. ● As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) ● Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. ● Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy

Code Orange - Checklist

		<h2>Natural Disaster Checklist</h2>	
Date:		Emergency Chief/Leader or delegate:	
<i>Record the time action was initiated on line below</i>			
✓	Action	Time	Initials
Severe Electrical Storms			
	Contact LTC Administrator/CEO and/or delegate		
	Relocate to inner areas of building as possible.		
	Keep away from glass windows, doors, skylights and appliances.		
	Refrain from using phones, taking showers.		
	Stay away from computers		
Tornado (WATCH ISSUED)			
	Contact LTC Administrator/CEO and/or delegate		
	Listen to local radio and TV stations for further updates. Check that radio batteries are available and charged		
	Be alert to changing weather conditions.		
	Secure equipment, outdoor furniture.		
	Send "tornado spotters" to look out locations.		
	Secure articles which may act as projectiles.		
	Alert staff to the need for possible sheltering of residents		
Tornado (WARNING ISSUED)			
	Contact LTC Administrator/CEO and/or delegate		
	Seek shelter in designated area (i.e. safe room, basement, first floor interior hallways, restrooms or other enclosed small areas.		
	Check restrooms or vacant rooms for visitors or stranded residents and escort to shelter area.		
	Take position of greatest safety:		
	If possible, crouch down on knees with head down and hands locked at back of neck, or:		
	Protect head/body with pillows or mattress		
	Residents in beds, if unable to be moved to central corridors,		


Winter Storms			
	Contact LTC Administrator/Community Director and/or delegate		
	Secure facility against frozen pipes.		
	Check emergency and alternate utility sources.		
	Check emergency generator: Does it start? Is there fuel?		
	Conserve utilities - maintain low temperatures, consistent with health needs and regulations		
	Keep sidewalks clear.		
Flooding (External Sources)			
	Contact LTC Administrator/Community Director and/or delegate		
	Shut off water main to prevent contamination.		
	Prepare to evacuate residents.		
Flooding (Internal Sources) – Major			
	Contact LTC Administrator/CEO and/or delegate		
	Shut off water to area or building if necessary		
	Turn off building electricity		
	Move residents as required.		

Code Brown - Chemical and Biological Spills

Emergency Procedure	Chemical and Biological Spills (Code Brown)
Background:	<ul style="list-style-type: none"> • Code Brown is a chemical or biological (or bodily fluid) spill • Hazardous spills are considered a workplace incident and must be reported to: <ul style="list-style-type: none"> ○ Supervisor/HR/Leadership ○ Health & Safety representative • A biological spill can include blood or other bodily fluids. You must follow careful steps and act immediately if a biological spill occurs. <p>Consider the following questions when evaluating the hazards and risks:</p> <ul style="list-style-type: none"> • What has spilled? - can it be identified • Hazards of the material? - as per SDS • Where has it spilled? - resident area, common space, kitchen • Quantity spilled? - Minor vs. Major spill (see below) • Are there any injuries? • Minor Spill <ul style="list-style-type: none"> ○ A minor spill is small enough that it can be safely cleaned up using the materials on site. • Major Spill <ul style="list-style-type: none"> ○ A major spill is one that cannot be contained safely with the materials on site and/or threatens to enter the sewer system or travel beyond the boundaries of the facility to endanger the environment. <p>Major Spill Examples</p> <ul style="list-style-type: none"> • Fire or potential for fire or explosion • The spill possesses immediate danger to life or health • There are injuries requiring medical attention • Leaking oils or petroleum products • Coolant from machines from heating and cooling systems • Any unidentified spill encountered
Activation:	Upon discovery of a biological or chemical spill
Response:	<p>Follow the steps below if you discover a chemical or biological spill:</p> <ol style="list-style-type: none"> 1. Always assume that the spill could be hazardous. 2. Isolate the immediate area/deny entry. Move people away to prevent exposure. (Be aware that odourless gases or vapours may exist and be harmful) 3. Refer to the Safety Data Sheet (SDS) for information pertaining to the chemical. 4. If substance is unknown, protect yourself and others from exposure and notify your Supervisor/HR/Leadership. (Most chemicals should be identifiable in our workplace). 5. Seek/Provide medical attention if necessary 6. If the spill does not present immediate personal danger, turn off the source/try to contain/control the spread or the volume 7. Notify others in the area of the spill 8. Control all ignition sources (sparks, smoking, electrical equipment) 9. Control entry/access to area 10. Secure supplies and personal protective equipment and use the site "Spill Kit" (if applicable) to clean up the spill.

	<ol style="list-style-type: none"> 11. Turn on exhaust ventilation, and/or open windows if required and safe to do so. 12. Gather necessary supplies and materials 13. Look for splatters and splashes 14. Restrict the area until the spill has been cleaned, disinfected & dried 15. Apply gloves (If you anticipate splashing or sprays, apply gown, mask and eye protection) 16. Confine and contain the spill by covering with absorbent material that are disposable and dispose in regular waste container. **If absorbent materials are very wet (e.g. can wring fluids out) –dispose in biomedical waste container (yellow bag) 17. Flood entire spill area with a hospital grade disinfectant. Wait full contact time 18. Wipe up area again using disposable towels and dispose in regular waste receptacle 19. Avoid splashing or generating aerosols 20. Remove PPE 21. Carry out hand hygiene 22. Remove waste bags 23. Document the spill incident
Recovery:	<ul style="list-style-type: none"> • Complete the documentation form and submit following normal processes. • This process is used to support quality improvements and Health & Safety practices. • As directed, the emergency chief/leader/delegate will confirm the code is clear or that the hazard is resolved • All staff should return to their work area to confirm attendance • If a major spill occurs, the Emergency Chief/Leader/delegate should conduct a debriefing as soon as possible and complete the Emergency Response Debriefing Report including participation of any responding emergency services or environmental officer. • As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy

Code Brown - Checklist

		<h2>Code Brown Checklist</h2>	
Date:		Emergency Chief/Leader or delegate:	
<i>Record the time action was initiated on line below</i>			
✓	Action	Time	Initials
Actions taken when spill is found			
	Reporting staff		
	Actions taken when spill is found		
	Person who located spill		
	Location of spill		
	Identified spill		
	Code Brown called		
	Contact LTC Administrator/Community Director and/or delegate		
	ES notified		
	Emergency Services required?		
	If yes, what type		
	Any exposure during spill		
	Was H&S notified		
Scene Evaluation			
	Was Safety Data Sheet sheet verified?		
	Was person wearing PPE (if applicable)?		
	Drains covered (if applicable)		
	If spill went down drain were external services notified?		
	Was Code Brown kit used		
	Contaminated substance bagged and properly labelled?		
	Was code green required		
	If so, provide details.		
	Were there any injuries to report?		
	If so, provide more detail		
	Was an incident report completed?		
	Code Brown all clear completed		
Notifications			
	Contact LTC Administrator/Community Director and/or delegate		
	Health & Safety		
	Ministry of LTC		
	MECP		

Code Black – Bomb Threat (Public Version)

Emergency Procedure	Bomb Threat (Code Black)
Background:	<ul style="list-style-type: none">• If a Code Black is declared, that means there has been a bomb threat or the discovery of/or search for a suspicious object or package and a search needs to occur.• Code Black represents two specialized responses:<ul style="list-style-type: none">○ Bomb threat or○ Suspicious/unexpected letter or parcel
Activation:	Please contact the Administrator for details of this emergency plan
Response:	Please contact the Administrator for details of this emergency plan
Recovery:	Please contact the Administrator for details of this emergency plan

Code Silver - External/Internal Lockdown/Active Shooter (Public Version)

Emergency Procedure	External/Internal Lockdown (Code Silver)
Background:	<ul style="list-style-type: none"> • A person with a Weapon <ul style="list-style-type: none"> ○ Is an emergency response to support safety at the Parkview Meadows location when an individual is in possession of a weapon • Code Silver should be called if there is a threat, attempt, or active use of a weapon to cause harm (regardless of the type of weapon)
Activation:	Please contact the LTC Administrator/CEO for details of this emergency plan
Response:	Please contact the LTC Administrator/CEO for details of this emergency plan
Recovery:	Please contact the LTC Administrator/CEO for details of this emergency plan

Code White - Violent Person (Risk to Self and Others)

Emergency Procedure	Risk to Self and Others (Code White)
Background:	<ul style="list-style-type: none"> ● A person who exhibits a responsive action including: <ul style="list-style-type: none"> ○ Residents/Clients ○ Visitors/Family Members ○ Volunteers ○ Staff Members ○ Contractors
Activation:	<ul style="list-style-type: none"> ● When someone has unmanageable, responsive, aggressive, or violent behaviours that may pose a risk to themselves or to others, declare a Code White. ● Violent Behaviour is defined as: ● acts of violence such as (but not limited to) choking, punching, hitting, shoving, pushing, biting, spitting, shouting, swearing, verbal threats, groping, pinching, kicking, throwing objects, shaking fists, and threatening assault. ● Initiate the “Code White” by using the alerting system(s) in place at your program. Examples may include: <ul style="list-style-type: none"> ○ Contact 911 if there is an immediate risk ○ Loudly announce: “Code White / room 226, I require assistance.” ○ Use whistle or personal alarm ○ Activate the staff alert or intercom system in the room
Response:	<ul style="list-style-type: none"> ● Team Member Duties <ol style="list-style-type: none"> 1. If you hear Code White being announced (or alerted through alerting system), the response team (if specified) will proceed immediately to the location of the emergency with caution. 2. Do not respond to threats and avoid making counter-threats 3. Report and provide updates directly to the Emergency Chief, leader or delegate for the Code White call, and receive your instructions from them. 4. Be prepared to take direction from the Emergency Chief, leader or delegate at the scene, assist if asked, and try to de-escalate the situation if able to do so safely. 5. Remain calm, refrain from speaking during an intervention unless otherwise delegated. 6. Attend the debriefing session following the Code White. ● Emergency Chief, leader or delegate <ol style="list-style-type: none"> 1. Assesses the situation and develop an action plan with the team. 2. Assign team members to assist with any of the following interventions: <ol style="list-style-type: none"> a. Avoid being perceived as a threat b. Increase distance from Person c. Keep hands above waist in case blocking is required d. Ensure there is a clear exit route e. Remove others from immediate area f. Remove objects from area that can be used as weapons g. Stay away from Person until help arrives h. Clinical interventions as appropriate and/or prescribed (if applicable) i. Try to distract and redirect resident and/or diffuse situation. 3. Chairs a debriefing session with staff.

- In the Community/Outreach
 1. Assess the situation and develop an action plan.
 2. Action plan may include the following interventions:
 - a. Avoid being seen as a threat
 - b. Keep hands above waist in case blocking is required
 - c. Leave home or area immediately or put a barrier between yourself and a responsive person
 - d. Go to a safe place, such as a room with a door or outside of the residence or your car
 - e. Activate personal safety response device to attract attention
 - f. Call 911/police if at immediate risk
 - g. When in a safe place, call Community Director and/or delegate
 - h. Do not respond to threats and avoid making counter-threats
 - i. Stay in safe place until help arrives
 - j. Be available to police should they have questions
 3. Complete any documentation and debrief emergency with the Community Director and/or delegate

- Client Resident follow up
 - Has the situation been resolved?
 - If yes:
 - Assess for any injuries that may have happened.
 - Complete documentation as required in electronic health record (PCC/Alayacare) and debrief form.
 - Notify the LTC Administrator/Community Director and/or Delegate and debrief on the situation.
 - Debrief staff involved during the situation and consider emotional wellbeing
 - If No:
 - Call the physician –ask for a support, intervention or to be transferred to hospital (where applicable)
 - Notify the LTC Administrator/CEO and/or Delegate and debrief on the situation.
 - Call 911 if it is warranted.
 - Complete documentation as required in electronic health record (PCC) and debrief form.

 - Can the person be managed with available resources in the home/program?
 - If Yes:
 - Contact the LTC Administrator/CEO and/or Delegate
 - If Not:
 - Contact the LLTC Administrator/CEO and/or Delegate
 - Call police

 - Documentation:
 1. Staff Injuries:
 - a. Fill out an Employee Incident/Accident Report
 2. Resident/client Involved:
 - a. Complete a Resident/Client Incident Report

	<ul style="list-style-type: none"> b. Document in electronic health record (PCC/) c. Document any additional information (i.e. property damage) on the Emergency Response Debrief Report <p>3. Non-Resident/Client Involved:</p> <ul style="list-style-type: none"> a. Complete an Incident Report – Hazard/Unusual Incident Report b. If Police are involved, then obtain the police report/incident number c. Document any additional information (i.e. property damage) on the Emergency Response Debrief Report
Recovery:	<ul style="list-style-type: none"> • When the Code White has ended, (or as directed by the police if applicable), the emergency chief will announce “Code White, All Clear” • All staff should return to their work area to confirm attendance • The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. • As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the CODE WHITE Emergency Debrief Report (PSHSA) including participation of any responding law enforcement if applicable. • Document any additional information (i.e. property damage) on the Emergency Response Debrief Report • As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy

Code Blue -Medical Emergency

Emergency Procedure	Medical Emergency (Code Blue)
Background:	
Activation:	<p>Upon discovering a medical emergency, Team Members will:</p> <p>Shout to nearby team members “Code Blue” and as applicable pull call bell and phone Nurse/First Aider.</p>
Response:	<p>The Nurse/Manager in charge/First Aider will:</p> <ul style="list-style-type: none"> • Respond to site. • Direct a team member to call 911 for an ambulance and notify substitute decision maker (SDM) • Direct appropriate resuscitation procedures until arrival of paramedics. • In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles. • <u>For persons served</u>, confirm DNR order/status to find out if individual requires CPR or not. • Continue resuscitation procedures or comfort measures as applicable until arrival of 911. <p>The Nurse or designate will:</p> <ul style="list-style-type: none"> • Complete transfer forms (as applicable) and give to ambulance attendants (paramedics). • Notify SDM / family member of transfer to hospital. • Ensure all resuscitation equipment is replenished and cleaned following the emergency. <p>All Team Members will:</p> <ul style="list-style-type: none"> • Keep nearby persons served and visitors away from the scene and help maintain calm. <p>NOTE: Choking incidents will be treated as a medical emergency and the use of Code Blue emergency procedures will apply.</p>
Recovery:	

Choking Procedure

Emergency Procedure	Medical Emergency - Choking (Code Blue)
Background:	
Activation:	Persons served who experiencing choking will be treated as a medical emergency and a Code Blue emergency response will be initiated.
Response:	<p>The Nurse or designate will:</p> <ul style="list-style-type: none"> • Assess the situation to determine if the resident/client is able to breathe. Look for signs that the resident is suffering from total airway obstruction. These signs include the resident being unable to make any sounds above a wheeze, the face turning blue, and hands clutching the throat is the universal symbol for choking. • If the resident is not able to speak, cough, or breathe, or is making high-pitched noise, immediately begin care for choking. <p>A trained nurse/healthcare provider will perform abdominal thrusts to clear airway.</p> <ul style="list-style-type: none"> • If the resident becomes unconscious, call for medical help using 911. • If CPR is required as per residents' goals of care, ensure that the resident is lying on a hard surface to enable ease when doing CPR. • Continue providing emergency care until EMS arrives on scene. • Notify POA/SDM, most responsible physician/Nurse Practitioner, and Director of Care of the incident and actions taken. <p>Post Choking Incident:</p> <ul style="list-style-type: none"> • Following a choking event, the nurse or designate will: • If the resident expels the object, continue to monitor resident's vital signs q shift x48hrs after the choking episode, watching the residents for symptoms of aspiration pneumonia by conducting a chest assessment. • Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, discomfort. • Contact the Dietitian via phone/virtual for consultation post incident. • Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist. • Review and update the residents' plan of care to ensure risks are identified and based on resident individualized care needs. • Document incident in the resident electronic health record. <p>The PSW will:</p> <ul style="list-style-type: none"> • Immediately report any signs of chewing or swallowing difficulties during snack, mealtimes, and when consuming any other food or fluids to the nurse. <p>The Director of Care or designate will:</p> <ul style="list-style-type: none"> • Complete a critical incident report as per provincial health authority requirements for transfers to hospital.
Recovery:	

Narcotic Overdose Procedure

Emergency Procedure	Medical Emergency – Narcotic Overdose (Code Blue)
Background:	An opioid overdose can happen to anyone taking an opioid
Activation:	<p>Upon discovering a medical emergency, all team members will call “Code Blue” and as applicable pull call bell and phone Nurse/CPR-First Aider.</p> <p>Signs of narcotic overdose include:</p> <ul style="list-style-type: none"> • Cannot wake up/stay awake, unresponsive to voice or pain • Slow, irregular breaths or not breathing • Body is limp • Tiny pupils (pinpoint) or eyes rolled back • Snoring or gurgling • Vomiting • Blue/purple lips or fingernails
Response:	<p>CPR-First Aider/Nurse/Leader in Charge:</p> <ol style="list-style-type: none"> 1. Shout and Shake 2. Call 911 3. Give Naloxone – 1 spray into nostril or inject 1 vial or ampule into arm or leg 4. Perform CPR 5. If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them. Await EMS.
Recovery:	<ul style="list-style-type: none"> • All staff should return to their work area to confirm attendance. • The Organization should consider how to address any operations that may be impacted by the emergency post-incident. • As soon as possible, the Emergency Chief/Leader/delegate should announce that “Code Blue has ended, all clear”, conduct a debriefing and complete the Emergency Response Debriefing Report. • As part of the recovery process, the home/program may consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • The Ministry of Labour should be informed of a critical incident should a staff member require code blue assistance. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy

Code Yellow Missing Resident

Emergency Procedure	Missing Resident (Code Yellow)
Background:	<ul style="list-style-type: none"> • Code Yellow is if a resident or client goes missing.
Activation:	<ul style="list-style-type: none"> • Client is determined missing if: <ul style="list-style-type: none"> ○ They cannot be located on their Home Area ○ They are not present at an activity or on the property ○ They are not on a leave of absence ○ They are not on a community outing
Response:	<ul style="list-style-type: none"> • Staff will conduct a: <ul style="list-style-type: none"> ○ Unit/Immediate Area Search and then a, ○ Building Search ○ • Home Area Warden or designated staff will complete the following steps: <ol style="list-style-type: none"> 1. Check the sign-out binder to see if the Resident/Client or their family has signed them out for the day 2. Delegate staff members to conduct search of home area using the floor plan <p>If the resident is still not found:</p> <ul style="list-style-type: none"> • Staff on the home area will: <ol style="list-style-type: none"> 1. Communicate to all other home areas to conduct a search for the possible missing Resident/Client (in long-term care, this would be Registered Staff) 2. Each home area follows the same search procedure using the Search Area Checklist. 3. Assigned staff are to communicate back once search is complete on each of the home areas. 4. Home area wardens/ designated staff bring completed Search Area Checklists to the Emergency Chief/Leader/Delegate, at command centre if applicable. • Designated staff: <ol style="list-style-type: none"> 1. Refer to the floor plan. Designated staff will obtain the floor plan from the emergency code binder. 2. Using the Search Area Checklist, staff are to search all rooms on the home area 3. Staff should mark on the checklist which rooms have been searched and also rooms that could not be searched because they are locked • Resident/Clients identified as having wandering/exit seeking behaviour must: <ol style="list-style-type: none"> 1. Notify their Physician 2. Have the behaviour strategies noted in the care/service plan 3. Have documentation of ongoing assessment and discussion of potential risks with the substitute decision maker 4. The home must also have the following information available: 5. Current photos of clients/residents who are at risk of exit seeking This should be included in an Electronic Health Record (EHR), binder or posted at reception) 6. List of all wander guard numbers (if applicable) 7. Wandering registry information (if applicable) • The Emergency Chief/Leader/Delegate are responsible for the following steps in a

	<p>Code Yellow:</p> <ol style="list-style-type: none"> 1. Accessing the code yellow resources at reception and print off photo of Resident/Client. 2. Report to the emergency command centre or reception/office 3. The Emergency Chief/Leader or Delegate will then delegate a staff member to complete the following tasks: 4. Search all locked rooms on the Search Area Checklist 5. Interview staff, Resident/Clients, and visitors to determine: 6. when the Resident/Client was last seen 7. And if there are any possible destinations. This could include obtaining information such as: <ol style="list-style-type: none"> 8. special care needs, such as responsive behaviours and medications 9. if they are registered on the Safely Home Alzheimer’s Wandering Registry (this should be listed on the Resident/Client profile page in their Electronic Health Record or EHR) 10. For programs located in a hospital setting, the Emergency Chief/Leader or delegate will make a call to the switchboard to initiate a hospital-wide search <ul style="list-style-type: none"> • * Please note: In long-term care, the Registered Nurse or RN is responsible for the home area of the missing individual • if the individual is not found after 10 minutes, the emergency chief/leader/delegate will: <ol style="list-style-type: none"> 1. Notify the Substitute Decision Maker (SDM) 2. Notify long-term care Administrator/Community Director or delegate 3. Request Maintenance (if available) to search the grounds and periphery of the residence, including the parking lot and the roof. If unavailable, Emergency Chief/Leader or delegate will assign a staff person to search (excluding search of roof). • Staff should: <ol style="list-style-type: none"> 1. resume regular duties and remain vigilant for the missing Resident/Client until the “all clear” is given • The Emergency Chief/leader/delegate <ol style="list-style-type: none"> 1. coordinate with reception/administrative clerk or designated person in charge of the lobby to complete the below steps: 2. Call the Police 911 and ask for the radio dispatch 3. Notify local public transit, if applicable, and local taxi companies 4. And delegate a staff member who knows the Resident/Client to initiate a search of the neighborhood using a car. <p>Contact Information Taxi Companies can be found in Emergency Contact Information section.</p>
Recovery:	<ul style="list-style-type: none"> • When the resident/client is found, the emergency chief/leader/delegate will notify: <ul style="list-style-type: none"> ○ Resident/Client’s home area ○ Substitute Decision Maker (SDM) ○ Long-term care Administrator/Community Director/delegate ○ Police & Public Transit & Taxi service ○ Hospital switchboard (if applicable) • Long-term care homes must submit a Critical Incident Report immediately to the Ministry of Health if the following scenarios occur: <ul style="list-style-type: none"> ○ A resident is missing for three (>3) hours or more, or

	<ul style="list-style-type: none">○ Any missing resident returns to the home with an injury or any adverse change in condition regardless of the length of time the resident was missing.● Long-term care homes must submit a Critical Incident Report within one (1) business day to the Ministry of Health if:<ul style="list-style-type: none">○ A resident who is missing for less than three (<3) hours and who returns to the home with no injury or adverse change in condition.● As directed, the emergency chief/leader/delegate, will communicate to staff to return to their work area to confirm attendance● As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Response Debriefing Report including participation of any responding law enforcement.● As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.)● Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.● Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy
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Code Red – Fire (Approved Fire Plan)

Emergency Procedure	Fire (Code Red)
Background:	<ul style="list-style-type: none"> All staff must be familiar with the Fire Safety Plan and their individual responsibilities during a fire emergency. Each home is required by law to have a Fire Safety Plan that meets provincial and national Fire Code standards.
Activation:	<ol style="list-style-type: none"> Upon discovery of fire or smoke Upon hearing the fire alarm
Response:	<ul style="list-style-type: none"> Please contact the Administrator/CEO for details of this emergency plan
Recovery:	<ul style="list-style-type: none"> Please contact the Administrator/CEO for details of this emergency plan

Code Green - Evacuation

Emergency Procedure	Evacuation (Code Green)
Background:	<ul style="list-style-type: none"> A Code Green Emergency is a critical incident that requires evacuation. The longer it takes to evacuate the area of hazard, the greater the risk to residents, staff and others in the home. All staff must be familiar with the processes of emergency evacuations. An evacuation drill is required every year. The Emergency Chief/Leader or delegate will determine if an evacuation is required. Staff will follow all instructions and procedures required during a Code Green.
Activation:	<ul style="list-style-type: none"> Determine evacuation level (internal vs. external) is based on the type and severity of the emergency. Emergencies, such as a fire/explosion, bomb threat, community disaster (e.g. toxic spill, tornado), or structural failure (e.g. roof collapse), the evacuation of all or a portion of the building may be required to protect the health and safety of the residents, staff and visitors. Code Green can be ordered by: <ul style="list-style-type: none"> LTC Administrator/CEO or delegate Emergency Chief/Leader or delegate Emergency personnel such as Police and Fire department
Response:	<ul style="list-style-type: none"> Code Green has three main strategies: <ol style="list-style-type: none"> Horizontal Evacuation – <ul style="list-style-type: none"> All persons in a zone/wing are moved beyond a corridor fire separation door to an adjacent area on the same floor. Only the affected area will move at this point. Vertical Evacuation – <ul style="list-style-type: none"> All persons on the affected floor are moved down a floor. Main floor residents/clients are prepared to move out of the building if required. Facility wide evacuation –

- All persons are moved from the affected building to the outside, and possibly another building if required. The various response strategies are dependent on the emergency and will be determined by the Fire Department, LTC Administrator/CEO and/or Delegate.

Emergency Chief/Leader/Delegate Responsibilities

- Delegate staff to change alarm to stage 2 and announce code green x 3 times
- Contacts the LTC Administrator/CEO or delegate
- Delegate to responsible person or person in charge (i.e. RN): ensure evacuation is underway, med carts are being moved with residents.
- Liaises with Emergency Response staff (i.e. Police, Fire Department) and follow s instructions from the Emergency response team
- Works with LTC Administrator/CEO or delegate to
 - Contact outside facilities for relocation of residents using facility partners list
 - Contact emergency transportation providers listed in emergency manual at reception (HSR, DARTS, OPT, Ambulance, etc.)
 - When emergency is over, reset the system, the mag lock doors, and announce all clear x 3.
 - Assign staff to return residents to their home areas and complete a head count

LTC Administrator or delegate Responsibilities

- Contact the CEO and Emergency Management Group members
- Provides support and direction to the Emergency Chief/Leader/Delegate

Responsible Persons (i.e., Home Area Warden) if assigned:

- Assist with providing identification to persons served and check off on census as they leave the unit.
- Direct staff of the designated holding area and direct to nearest exit.
- Ensure staff take Mars, Tars, and med carts
- Follow instructions from emergency chief and emergency crews

Emergency Response Staff:

- Once the emergency chief declares an evacuation:
 - Receive instructions from Responsible People (i.e., Fire Wardens)
 - Start with the room/area the emergency is in, then
 - Evacuate rooms on either side, room across the hall and then continue to spread out around the home area.

Designated Holding Areas:

- Internal
 - Common Areas
 - Gathering Space
 - Other

Relocating Residents:

- Listen for the announcement of designated holding area
- Complete resident census and apply resident identification stickers
- Always take MARS and TARS

	<ul style="list-style-type: none"> • DO NOT USE ELEVATORS – unless directed to do so • Move residents to holding area by the safest means possible <p>Internal Evacuation:</p> <ul style="list-style-type: none"> • In the designated Holding Area, ensure the residents continue to be monitored for their care. • Divide residents into two groups <ul style="list-style-type: none"> ○ Group 1 – Urgent: requires advanced care ○ Group 2 – Non-Urgent: requires custodial care <p>External Holding Area:</p> <ul style="list-style-type: none"> • In the designated Holding Area, ensure the residents continue to be monitored for their care. • Divide the residents into two Groups <ul style="list-style-type: none"> ○ Group 1 – Urgent: requires advanced care <ul style="list-style-type: none"> ▪ Arrange transport to a receiving facility (including HSR, Darts, taxi’s, ambulance, OPT, etc.) ▪ Send residents’ medication and treatment records ▪ Access evacuation binders. Apply name badge and check off on the census sheet when they are exiting the building. ○ Group 2 – Non-urgent: requires custodial care <ul style="list-style-type: none"> ▪ Arrange transfer to alternate facility. ▪ Send residents’ medication and treatment records ▪ Access evacuation binders. Apply name badge to resident and check off on the census sheet when they are exiting the building
Recovery:	<ul style="list-style-type: none"> • As part of the recovery process, review and complete the <i>Prior to Re-Opening Post Extended Evacuation</i> and the <i>Post Re-opening Evacuation checklists</i> • When emergency is over, reset the system, the mag lock doors, and announce all clear x 3. • Assign staff to return residents to their home areas and complete a head count • The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. • As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. • Document any additional information (i.e. property damage) on the Emergency Response Debrief Report • As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy

Code Grey – Building Emergency – Loss of Essential Corporate Services (i.e. Utilities)

Any type of building emergency or loss of infrastructure services from an external source which may affect the entire building or may be a result of equipment failure which may only affect some portion of the building including:

- Loss of Power
- Natural Gas Leak
- Loss of Natural Gas (HVAC, kitchen, laundry)
- Loss of Water
- Boil Water Advisory
- HVAC System Disruption
- Life Safety System Offline (fire system, emergency lights, generator)
- Loss of Security System (call bells, card readers at doors, pin pads, magnetic locks (maglocks), wander alert)
- Loss of Elevator
- Loss of Computer Network
- Loss of Phones

Code Grey Procedure (Loss of Power)

Emergency Procedure	Loss of Essential Services (Code Grey – Loss of Service)
Background:	Loss of power may be from an external source which may affect the entire building or may be a result of equipment failure which may only affect some portion of the building
Activation:	Equipment malfunction/failure, power loss, gas disruption, water disruption, extreme weather
Response:	<p>Emergency Chief/Leader or delegate</p> <ul style="list-style-type: none"> • Upon discovery or notification of a power failure within the home, assume responsibility for emergency response. • Delegate staff to check/reset the mag locks when the generator starts and assign staff to monitor all mag-lock doors that may be deactivated. <ul style="list-style-type: none"> ○ If necessary, assign a person to supervise all doors leading to the outside and stairwells until power is restored. • Determine if the power failure is limited to within the home/program or involves the immediate community. • Evaluate what areas have power within the home and what areas do not. • If the power failure involves the immediate community contact the local utility to determine: <ul style="list-style-type: none"> ○ Extent of the power failure; and ○ Approximate time frame for power outage. • Communicate with staff to maintain essential care and dietary services and instruct staff to turn off any non-essential operating equipment. • Ensure that life safety systems are operating. <ul style="list-style-type: none"> ○ Initiate a Fire Watch if necessary • Notify the LTC Administrator/CEO or delegate if the power will be out for more than 1 hour and provide an update on the home’s status (e.g., building temperatures, life safety systems, resident care issues, etc.). • Direct maintenance staff to check the generator and fuel levels if the generator has been running for more than four hours. <p>Dietary Services</p> <ul style="list-style-type: none"> • Monitor/record the fridge/freezer temperatures during power failures. Refrigerated food must be discarded if the power failure causes any food to exceed 5°C (40°F). • Porter meals in a safe and sanitary manner, as needed. <p>Care Staff</p> <ul style="list-style-type: none"> • If call bells are not working, resident checks must be completed and documented every 15 minutes. • Use designated cell phone to notify families. <p>Maintenance Staff</p> <ul style="list-style-type: none"> • Determine the: <ul style="list-style-type: none"> ○ Cause of the power failure. ○ Extent of the power failure; and, ○ Approximate time frame for power outage. • Report back to the Emergency Chief/Leader or delegate. • Arrange contractor repairs to equipment if necessary • Ensure that the generator is operating and providing emergency electrical power to all life safety and other systems on emergency back-up, where applicable. • Check the generator and fuel levels every four (4) hours to ensure it is operating within normal parameters and that there is adequate fuel, where applicable. • Ensure the fuel tank for the generator is refilled when it approaches 50% capacity.

Recovery:	<ul style="list-style-type: none">• Determine all services have been restored to pre-emergency levels• As directed, the emergency chief/leader/delegate, will communicate to staff to return to their work area to confirm attendance• As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Response Debriefing Report including participation of any responding law enforcement.• As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.)• Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.• Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy
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Loss of Power Checklist

Date:

Emergency Chief/Leader or
delegate:

Record the time action was initiated on line below

✓	Action	Time	Initials
	Contact LTC Administrator/CEO and/or delegate		
	If temperature falls below 22°C or above 26°C refer to Preventing Heat-Related Illnesses Procedure		
	Contact service provider to determine restoral time:	Time:	
	Reason for disruption Reason:		
	Assign staff to monitor stairwell and exit doors		
	Communicate with staff to ensure essential services are maintained		
	Ensure vital equipment is on generator power (ventilators, oxygen concentrators, air mattresses, feeding pumps, IVs etc.)		
	Consider code green		
	Assign staff to ensure equipment is turned off		
	Recovery		
	Ensure timers (light, etc) have been restored to correct time		

Code Grey Procedure (Natural Gas Leak)

Emergency Procedure	Loss of Essential Services (Code Grey – Natural Gas Leak)
Background:	A gas leak may be from an internal or external source which may affect the entire building or may be a result of equipment failure which may only affect some portion of the building
Activation:	Equipment malfunction/failure, power loss, gas disruption, water disruption, extreme weather
Response:	<p>Emergency Chief/Leader or delegate</p> <ul style="list-style-type: none"> Announce 3 times “Code Grey, Code Grey, natural gas leak” using either the PA system or the Fire Panel Annunciator Call 911 immediately and prepare for (Code Green) evacuation at the direction of emergency services Inform the LTC Administrator/Executive Director or delegate. Inform the Environmental Services Manager or on-call delegate Contact utility company immediately If possible and safe, shut off main valve If possible and safe, open windows Complete the loss of essential services – Natural Gas Leak Checklist (see Emergency Plan) Coordinate the response from the utility company and/or emergency services. Communicate with staff to maintain essential care and dietary services and instruct staff to ensure appliances and equipment are set to the off position. <p>Dietary Services</p> <ul style="list-style-type: none"> Turn off all natural gas equipment. Porter meals in a safe and sanitary manner, as needed. <p>LTC Administrator/Community Director or delegate</p> <ul style="list-style-type: none"> Determine when the emergency plan and communication plan is activated if required. Consider the need to initiate the Emergency Management Group. <p>The Maintenance/Facilities Team or on-call maintenance</p> <ul style="list-style-type: none"> Contact the natural gas provider to advise them of the situation. Keep communication channels open with provider. Delegate staff to shut down gas-powered equipment and turn off gas supply valves. Keep the Emergency Chief/leader or delegate informed and continue to monitor the situation
Recovery:	<ul style="list-style-type: none"> Re-enter the building only at the discretion of utility officials. Determine all services have been restored to pre-emergency levels As directed, the emergency chief/leader/delegate, will communicate to staff to return to their work area to confirm attendance As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Response Debriefing Report including participation of any responding law enforcement. As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. Reminder: All requests by media should be handled by those authorized by Parkview Meadow's Media Relations Policy



Natural Gas Leak Checklist

Date:

Emergency Chief/Leader or
delegate:

Record the time action was initiated on line below

✓	Action	Time	Initials
	Evacuate the building immediately (Code Green)		
	Contact LTC Administrator/Community Director and/or delegate		
	Contact utility immediately		
	Determine if anyone is in the elevator when it failed		
	If possible and safe, shut off main valve		
	If possible and safe, open windows		
	Re-enter building only at the discretion of utility officials.		

Code Grey Procedure (Loss of Natural Gas)

Emergency Procedure	Loss of Essential Services (Code Grey – Loss of Natural Gas)
Background:	A loss of Natural gas may be from an internal or external source which may affect the entire building or may be a result of equipment failure which may only affect some portion of the building
Activation:	Equipment malfunction/failure, power loss, gas disruption, water disruption, extreme weather
Response:	<p>Emergency Chief/Leader or delegate</p> <ul style="list-style-type: none"> • Communicate with staff to maintain essential care and dietary services and instruct staff to ensure appliances and equipment are set to the off position. • Complete the loss of essential services – Loss of Natural Gas Checklist (see Emergency Plan) • Inform the LTC Administrator/CEO or delegate. • Inform the Environmental Services Manager or on-call delegate • Coordinate the response. <p>Dietary Services</p> <ul style="list-style-type: none"> • Use paper/plastic products for meal service to minimize hot water usage. • Check menus/adjust meals as needed. • Use electric appliances such as microwaves and kettles. • Turn off all natural gas equipment. <p>LTC Administrator/Community Director or delegate</p> <ul style="list-style-type: none"> • Determine when the emergency plan and communication plan is activated if required. • Consider the need to initiate the Emergency Management Group. <p>Laundry Staff</p> <ul style="list-style-type: none"> • Restrict laundry services if dryers are gas-powered. Supply additional stock of towels and linen from storage to staff. <p>All Staff</p> <ul style="list-style-type: none"> • Close windows, pull down shades and limit opening of exterior doors to maintain internal temperatures. • Reduce the use of hot water by eliminating all non-essential bathing, showering, laundering and dishwasher use. • Relocate residents/staff to areas with electric heating where applicable. <p>The Maintenance/Facilities Team or on-call maintenance</p> <ul style="list-style-type: none"> • Complete the loss of essential services – Loss of Natural Gas Checklist (see Emergency Plan) • Inform the LTC Administrator/Executive Director or delegate. • Inform the Environmental Services Manager or on-call delegate
Recovery:	<ul style="list-style-type: none"> • Re-enter the building only at the discretion of utility officials. • Determine all services have been restored to pre-emergency levels • As directed, the emergency chief/leader/delegate, will communicate to staff to return to their work area to confirm attendance • As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Response Debriefing Report including participation of any responding law enforcement. • As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy



Loss of Natural Gas Checklist

Date:

Emergency Chief/Leader or
delegate:

Record the time action was initiated on line below

✓	Action	Time	Initials
	Evacuate the building immediately (Code Green)		
	Contact LTC Administrator/Community Director and/or delegate		
	Contact utility immediately		
	Determine if anyone is in the elevator when it failed		
	If possible and safe, shut off main valve		
	If possible and safe, open windows		
	Re-enter building only at the discretion of utility officials.		

Code Grey Procedure (Loss of Water)

Emergency Procedure	Water Supply Disruption (Code Grey – Loss of Water)
Background:	<ul style="list-style-type: none"> • In the event of a water supply disruption, appropriate action will be taken to ensure adequate drinking water as well as address the accompanying hygiene issues. • A water system failure creates sanitary and hygiene issues, such as inability to flush toilets, bathe, etc. • Water for cooking and drinking should be available or accessible in adequate amounts through bottled water. • In the event of a city water supply disruption, it is vital to provide an alternate supply of water and initiate a plan of water conservation within the home.
Activation:	<ul style="list-style-type: none"> • Water supply disruptions can be triggered by literally hundreds of unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> ○ municipal water line failure; municipal boil water order; irrigation water line failure; loss of domestic water booster pumps; failure of water softener; contamination of potable water system; domestic water line rupture or leak; domestic water storage tank rupture or leak; fire-protection water storage tank rupture or leak; fire sprinkler-head damage or sprinkler- line rupture; on-site fire hydrant damage; waste line rupture or leak. • Level of Activation outlined in the response
Response:	<p>Emergency Chief/Leader or delegate</p> <ul style="list-style-type: none"> • Announce 3 times “Code Grey, Code Grey, Loss of Water” using either the PA system or the Fire Panel Annunciator • Complete the loss of essential services – Loss of Water Checklist (see Emergency Plan) • Contact the local Public Works Department for information regarding the severity and duration of the disruption. • Inform LTC Administrator/CEO or delegate and departments of the loss of water to adjust routines and conserve existing supplies <p>Maintenance staff</p> <ul style="list-style-type: none"> • Ensure emergency water supplies (bottles of water) are available to the staff and residents/clients and kitchens and food preparation areas • Contact emergency backup water supplier if an extended outage is anticipated (> 12 hours) <p>Care staff</p> <ul style="list-style-type: none"> • Use pre-moistened wipes for care and hygiene <p>DISRUPTION LASTING LESS THAN 4 HOURS</p> <ol style="list-style-type: none"> 1. If the water disruption is expected to be less than four (4) hours, current reserves of bottled water will be distributed to each of the resident areas. 2. Consider canceling non-essential programs/events/services, especially those involving outside visitors. <p>DISRUPTION LASTING MORE THAN 4 HOURS</p> <ol style="list-style-type: none"> 1. If the water disruption is expected to exceed four (4) hours, notify the LTC Administrator/CEO and/or delegate, who may activate Emergency Management Group

	<ol style="list-style-type: none"> 2. Consider initiating the staff call back list to provide additional staff. 3. If it is anticipated there will be a long-term water outage, the Emergency Management Group members may consider the emergency backup water provider or alternate arrangements for residents/clients (stay with family or arrange for non-emergency relocation) for the duration of the water disruption, where practical. 4. Consideration will be given to providing staff extended breaks to use washroom facilities with running water (e.g. designated emergency location). <p>DISRUPTON MORE THAN 24 HOURS</p> <ol style="list-style-type: none"> 1. If the water disruption is expected to exceed twenty-four (24) hours, the Emergency Management Group will consider a non-emergency relocation of residents. <p>ADVANCED NOTICE</p> <ol style="list-style-type: none"> 1. In the event the water disruption has advanced notice (e.g. during water line construction), all departments will be notified in advance. 2. Plans should anticipate a water outage of up to double the anticipated time (e.g. if public works advises water will be out for 2 hours, plan for 4 hours). 3. Consider canceling all non-essential programming when there is advanced notice of a water disruption. <p>CONSIDERATIONS:</p> <ol style="list-style-type: none"> 1. Under the direction of the Emergency Chief/Leader or Delegate, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to four (4) liters per person per twelve (12) hours, for cooking and drinking water. 2. Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair accessible with heating and air conditioning. 3. A water tanker can be used to provide water for flushing toilets using a pump/hoses or trolleys/pails to transport the water. This is a labour intensive effort and has the added risk of wet floors causing a slip and fall hazard; therefore, caution needs to be exercised. <p>❖ LTC: The Administrator, CEO and/or delegate of LTC on call must submit a Critical Incident System report where a system</p> <ul style="list-style-type: none"> ❖ failure extends beyond 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.
Recovery:	<ul style="list-style-type: none"> • When the water disruption has been restored: • The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. • As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any

	<p>responding emergency services if applicable.</p> <ul style="list-style-type: none">• Document any additional information (i.e. property damage) on the Emergency Response Debrief Report• As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.)• Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.• Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy
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Loss of Water Checklist

Date:		Emergency Chief/Leader or delegate:	
<i>Record the time action was initiated on line below</i>			
✓	Action		Time
	Contact LTC Administrator/Community Director and/or delegate		
	Contact municipal office to determine restoral time:	Time:	
	Reason for disruption	Reason:	
	Distribute bottled water to units for residents use		
	Activated the Emergency Management Group		
	Consider temporary increase of staff		
	Contact community partners to use of their washroom for staff		
	Consider alternate arrangements for residents		
Water Main Break			
	Contact LTC Administrator/CEO and/or delegate		
	Call Facility Maintenance		
	Shut off valve at primary control point.		
	Relocate articles which may be damaged by water.		
	Check flooding occurs, check flood protocols		
	Recovery:		
	Check for open taps and running water is closed		

Code Grey Procedure (Boil Water Advisory)

Emergency Procedure	Boil Water Advisory (Code Grey)
Background:	<ul style="list-style-type: none"> • A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make residents, team members, and visitors sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.
Activation:	<ul style="list-style-type: none"> • Boil water advisories can be placed in effect by: <ul style="list-style-type: none"> ○ Local health unit, water utility provider, Municipality or LTC Administrator/CEO or delegate
Response:	<ul style="list-style-type: none"> • In the event of a boil water advisory, the location will use boiled water, bottled water, or water from another safe public supply not affected by the advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub. The location will contact the Public Health Unit that issued the boil water advisory for more information as needed. <ul style="list-style-type: none"> ○ Do not use tap water to: Drink, prepare foods, make juice, make ice, wash fruits or vegetables, brush teeth, give to pets or animals in pet therapy programs • The LTC Administrator/CEO or delegate will: <ul style="list-style-type: none"> ○ Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over. ○ Advise Support Services and implement the location’s Leadership Team for the duration of the advisory. ○ Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking. • The Infection Prevention & Control Lead or designate will: <ul style="list-style-type: none"> ○ Post signage at entrance to the location and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink. ○ Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. ○ Conduct enhanced resident infectious disease surveillance observing for signs of illness. • The Building Environmental Services Manager or designate will: <ul style="list-style-type: none"> ○ Disconnect all drinking water fountains, soda dispensers with post-mix service, and ice making machines from the affected water supply. • The Maintenance Team will: <ul style="list-style-type: none"> ○ Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks. • The Dietary Manager or designate will: <ul style="list-style-type: none"> ○ Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays. ○ Direct team to prepare boiled water as needed: <ul style="list-style-type: none"> ▪ Bring water to a rolling boil for at least one minute. ▪ Use an electric kettle if possible. ▪ Only boil as much water as you can safely lift without spilling. ▪ If boiling water on the stove, place the pot on the back burner.

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Take all precautions as needed to avoid burns. ○ If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory. • The Nursing Team will: <ul style="list-style-type: none"> ○ Use boiled water that has been cooled to room temperature, or use sterile water, to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile). ○ Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents. ○ Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems. • NOTE: Water filtration devices cannot be relied on to make tap water safe to drink or cook with. Do not use water unless it has been boiled first.
Recovery:	<ul style="list-style-type: none"> • The Maintenance Team will: <ul style="list-style-type: none"> ○ Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time). ○ In multi-storey buildings, begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed. ○ Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations. • The Environmental Services Manager or designate will: <ul style="list-style-type: none"> ○ Flush, drain, clean, and disinfect cisterns that contained the affected water source. ○ Run water softeners through a regeneration cycle according to the manufacturer's recommendations. ○ Replace the filters on any water filtration devices and flush the fixture according to manufacturer's directions. ○ Drain and refill hot water heaters that have been set below 45oC/110oF. The Executive Director or designate will: <ul style="list-style-type: none"> ○ Communicate to all team members, residents, and visitors that the Boil Water Advisory has ended. ○ Conduct a debrief with the team to review procedures and make any adjustments to site specific practices/Emergency Management Plan as needed. • The Infection Prevention & Control Lead or designate will: <ul style="list-style-type: none"> ○ Remove signage.



Boil Water Advisory Checklist

Date:		Emergency Chief/Leader or delegate:	
<i>Record the time action was initiated on line below</i>			
✓	Action	Time	Initials
	Contact LTC Administrator/CEO and/or delegate		
	Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.		
	Advise Support Services and implement the location's Leadership Team for the duration of the advisory.		
	Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking.		
	Post signage at entrance to the location and at all faucets, including the kitchen area, washrooms, and hand sinks.		
	Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks).		
	Conduct enhanced resident infectious disease surveillance observing for signs of illness.		
	Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks		
	Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.		
	Direct team to prepare boiled water as needed:		
	Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.		

Code Grey Procedure (HVAC Systems Disruptions)

Emergency Procedure	HVAC Systems Disruptions (Code Grey – Loss of Heating or Cooling)
Background:	<ul style="list-style-type: none"> • All equipment within the home will have regularly scheduled maintenance as per the Preventative Maintenance Program, recommended by the manufacturers and/or as prescribed under provincial legislation. • The HVAC system must be maintained as per the manufacturer's specifications to protect residents, families, staff, volunteers and property from potential emergencies related to severe heat or cold caused by an HVAC malfunction. • The home will have an agreement for 24/7 HVAC repair in the event of a failure. • Engineering controls and preventative maintenance logs will be kept on all devices and equipment. • HVAC (Heating, Ventilation, Air Conditioning) systems provide fresh air, exhaust stale air, and provide heating and cooling. An HVAC failure can result in building temperature fluctuations, air becoming stale, and odours building up.
Activation:	<ul style="list-style-type: none"> • Water supply disruptions can be triggered by literally hundreds of unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> ○ Power failure, mechanical failure, gas line disruption and fire. • Level of Activation outlined in the response
Response:	<ul style="list-style-type: none"> • In the event of an HVAC system malfunction or breakdown, contact the Emergency Chief/leader or delegate. • Notify the LTC Administrator/CEO and/or delegate when the malfunction or breakdown is extended, and temperatures create an uncomfortable situation for residents. • Complete an Incident Report, outlining the cause and length of the outage and the solutions implemented to restore the HVAC. • Complete reports for all HVAC failures that last more than two hours and/or where the temperature drops below 22°C or exceeds 26°C. • Administrator will notify the CEO and/or members of the Emergency Management Group for all HVAC failures that last more than 8 hours and/or where the temperature drops below 22°C or exceeds 26°C <p>COOLING FAILURE (EXTENDED)</p> <ol style="list-style-type: none"> 1. Monitor conditions to ensure the safety of residents and staff when a cooling failure is extended. 2. Ensure an adequate number of cold beverages and snacks are available for residents and staff. 3. Limit exterior door use if the outdoor temperature is higher than the indoor temperature. 4. Notify the LTC Administrator/Community Director and/or delegate to discuss alternate climate control options. 5. Initiate non-emergency evacuation in situations where the temperature becomes a health or safety risk. 6. Care Staff: <ol style="list-style-type: none"> a. Provide cold beverages and snacks (popsicles, ice cream, etc.) to residents. b. Ensure curtains and blinds are closed to areas exposed to the sun. c. Move residents out of rooms where the exterior walls are exposed to the sun. d. Open windows and exterior doors, with proper supervision, during cooler

	<p>night-time hours.</p> <p>e. Ensure clinical assessments have been completed that identify which residents are most at risk during extreme hot weather</p> <ul style="list-style-type: none"> Note: Refer to Preventing Heat-Related Illnesses Procedure <p>HEATING FAILURE (EXTENDED)</p> <ol style="list-style-type: none"> 1. Monitor conditions to ensure the safety of residents and staff when a heating failure is extended. If a heating failure will be extended, monitor conditions to ensure the safety of residents and staff. 2. Ensure there are adequate blankets for residents. 3. Notify the Administrator to discuss alternate heating options. 4. Discharge appropriate residents to family until the heat is restored. 5. Initiate non-emergency evacuation in situations where the temperature becomes a health or safety risk. 6. All Staff: <ol style="list-style-type: none"> a. Provide extra blankets to residents. b. Ensure all curtains and blinds are closed. c. Limit exterior door use. d. Move residents into a lounge or other room where multiple people will provide warmth. e. Use supplemental heating units (e.g. electric heaters) in closely supervised situations. f. Serve warm beverages and encourage residents to drink them. <p>LTC Administrator/Community Director and/or delegate</p> <ol style="list-style-type: none"> 1. Initiate the Emergency Management Group in extreme situations or during lengthy outages where additional staffing or resident discharge / evacuation is considered. 2. Ensure the safety of all building occupants. 3. Assess the potential restoration time and impact of the outage in consultation with the Maintenance Supervisor/designate, service contractor and / or utility. 4. Follow the cooling/heating failure procedure below as it pertains to the situation. <p>Maintenance Staff</p> <ol style="list-style-type: none"> 1. Investigate the cause of the malfunction / break down, report findings to the Incident Manager, and contact the local service contractor or utility as appropriate.
Recovery:	<ul style="list-style-type: none"> • When the HVAC disruption has been restored: • The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. • As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. • Document any additional information (i.e. property damage) on the Emergency Response Debrief Report • As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy



HVAC Disruption Checklist

Date:		Emergency Chief/Leader or delegate:	
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Record the time action was initiated on line below

✓	Action	Time	Initials
	Contact LTC Administrator/Community Director and/or delegate		
	Contact HVAC contractor to determine restoral time:	Time:	
	Reason for disruption		
	For outages that last more than 2 hours complete an incident report		

For extended Cooling Failure

	Ensure all staff is monitoring residents to ensure safety		
	Determine how this monitoring is documented (See Preventing Heat-Related Illnesses Procedure)		
	Ensure adequate amounts of cold drinks and snacks are available to residents and staff		
	Ensure blinds are closed and external door use is limited		

For Extended Heating Failure

	Ensure all staff is monitoring residents to ensure safety		
	Ensure adequate amounts of extra blankets are available for residents		
	Explore alternate heating options		
	Discuss changes in menu with dietary		
	Initiate non-emergency code green		

Code Grey Procedure (Failure of Life Safety Systems)

Emergency Procedure	Life Safety Systems offline (Code Grey – Loss of Life Safety Systems)
Background:	<ul style="list-style-type: none"> The failure of Life Safety System (fire system, emergency lights, generator) This system is sometimes taken offline- which is not an emergency, however, should an emergency happen during this time, additional measures would be necessary
Activation:	<ul style="list-style-type: none"> Failure of the Life Safety System can be triggered by unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> Extended Power failure, mechanical failure and fire.
Response:	<p>All Staff</p> <ul style="list-style-type: none"> If you notice any system is not functioning, notify Maintenance staff or designate the Emergency Chief/Leader or delegate immediately. <p>Emergency Chief/Leader delegate</p> <ul style="list-style-type: none"> Announce 3 times “Code Grey, Code Grey, (indicate system that is offline, ie. Fire system offline– initiate fire watch)” using either the PA system or the Fire Panel Annunciator Contact LTC Administrator/Community Director and/or delegate Contact the Environmental Services Manager or delegate Follow the Life Safety System Offline checklist Initiate a Firewatch if necessary (based on sites fire plan) <p>Environmental Services Manager or delegate</p> <ul style="list-style-type: none"> Report the outage to the Fire Department using the non-emergency reporting line Contact Life Safety vendor <p>❖ LTC: The Administrator/Director or leader of LTC on call must submit a Critical Incident System report where a system</p> <ul style="list-style-type: none"> failure extends beyond 6 hours including: <ul style="list-style-type: none"> 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.
Recovery:	<ul style="list-style-type: none"> When the Life Safety System has been restored: The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. Document any additional information (i.e. property damage) on the Emergency Response Debrief Report As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy



Life Safety System Offline Checklist (fire system, emergency lights, generator)

Date:		Emergency Chief/Leader or delegate:	
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Record the time action was initiated on line below

✓	Action	Time	Initials
	Contact LTC Administrator/Community Director and/or delegate		
	Consult Emergency Plan and review with LTC Administrator/Community Director and/or delegate		
	If temperature falls below 22°C or above 26°C refer to Preventing Heat-Related Illnesses Procedure		
	Contact service provider to determine restoral time:	Time:	
	Reason for disruption Reason:		
	Assign staff to monitor stairwell and exit doors		
	Initiate a Fire Watch and assign staff and document		
	Communicate with staff to ensure essential services are maintained		
	Consider code green		
	Contact Life Safety Vendor/Contractor for repairs		

Code Grey Procedure (Loss of Security Systems)

Emergency Procedure	Life Safety Systems offline (Code Grey – Loss of Security Systems)
Background:	<ul style="list-style-type: none"> The failure of a security system in the building. Systems include call bell system, card readers at doors, pin pads, magnetic locks (maglocks), wander alert
Activation:	<ul style="list-style-type: none"> Failure of the Life Safety System can be triggered by unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> Extended Power failure, mechanical failure and fire.
Response:	<p>All Staff</p> <ul style="list-style-type: none"> If you notice any system is not functioning, notify Maintenance staff or designate the Emergency Chief/Leader or delegate immediately. <p>Emergency Chief/Leader delegate</p> <ul style="list-style-type: none"> Follow Loss of Security System Checklist Announce 3 times “Code Grey, Code Grey, (indicate system that is offline, ie. Mag locks offline)” using either the PA system or the Fire Panel Annunciator Assign someone to stay at the location to monitor the area as requested as there is a risk of unauthorized exit/entry by others until the Code GREY All Clear signal is called. Once security systems have been restored, will announce “Code GREY – loss of security systems – All Clear”. Repeat 3 times. Inform the LTC Administrator/CEO or delegate MAGNETIC LOCKS (MAG LOCKS) <ul style="list-style-type: none"> Magnetic locks are located on doors and keep doors always locked. The maglock is released, allowing the door to open, after a card is swiped, a code is entered on a pin pad, or an exit release button is pressed. During a fire alarm, all maglocks automatically unlock, creating a risk of people leaving the facility unnoticed. Reset the mag lock system on the fire panel. If the reset does not lock all doors with a mag lock, contact maintenance and the mag lock vendor. If a door must be accessed, and there is a risk of unauthorized entry/exit, designate staff to monitor the door(s) until the issue is resolved. WANDER ALERT <ul style="list-style-type: none"> Reset the system. There is a risk of unauthorized entry/exit. Designate staff to monitor the door(s) until the issue is resolved. <p>❖ LTC: The Administrator/Director of Care or delegate of LTC on call must submit a Critical Incident System report where a system</p> <ul style="list-style-type: none"> failure extends beyond 6 hours including: <ul style="list-style-type: none"> 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.
Recovery:	<ul style="list-style-type: none"> When the Security System has been restored: The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. Document any additional information (i.e. property damage) on the Emergency

	<p>Response Debrief Report</p> <ul style="list-style-type: none">• As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.)• Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.• Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy
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Loss of Essential Services Checklist Mag Lock System

Date:		Emergency Chief/Leader or delegate:	
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Record the time action was initiated on line below

✓	Action	Time	Initials
	Contact LTC Administrator/Community Director and/or delegate		
	Contact service provider for repair: restoral time: Time:		
	Reason for disruption Reason:		
	Communicate status to staff		
	Assign staff to monitor stairwell and exit doors		

Code Grey Procedure (Loss of Call Bell System)

Emergency Procedure	Life Safety Systems offline (Code Grey – Loss of Security Systems)
Background:	<ul style="list-style-type: none"> The failure of a security system in the building. Systems include call bell system, card readers at doors, pin pads, magnetic locks (maglocks), wander alert
Activation:	<ul style="list-style-type: none"> Failure of the Life Safety System can be triggered by unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> Extended Power failure, mechanical failure and fire.
Response:	<p>All Staff</p> <ul style="list-style-type: none"> If you notice any system is not functioning, notify Maintenance staff or designate the Emergency Chief/Leader or delegate immediately. <p>Emergency Chief/Leader delegate</p> <ul style="list-style-type: none"> Follow Loss of Call Bell System Checklist Announce 3 times “Code Grey, Code Grey, (indicate system that Call Bell System is offline)” using either the PA system or the Fire Panel Annunciator Once security systems have been restored, will announce “Code GREY – loss of Call Bell systems – All Clear”. Repeat 3 times. Inform the LTC Administrator/Community Leader or delegate <ul style="list-style-type: none"> Complete an initial assessment to determine locations of residents Assign staff to check persons served rooms every 15 minutes Assign staff to check common areas every 15 minutes Complete an hourly assessment to determine residents location WANDER ALERT <ul style="list-style-type: none"> Reset the system. There is a risk of unauthorized entry/exit. Designate staff to monitor the door(s) until the issue is resolved.
Recovery:	<ul style="list-style-type: none"> When the Call Bell System has been restored: The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. Document any additional information (i.e. property damage) on the Emergency Response Debrief Report As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy



Loss of Essential Services Checklist Call Bell System

Date:		Emergency Chief/Leader or delegate:	
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Record the time action was initiated on line below

✓	Action	Time	Initials
	Contact LTC Administrator/Community Director and/or delegate		
	Contact service provider to determine restoral time:	Time:	
	Reason for disruption Reason:		
	Complete an initial assessment to determine locations of residents		
	Assign staff to check persons served rooms every 15 minutes		
	Assign staff to check common areas every 15 minutes		
	Complete an hourly assessment to determine residents location		

Code Grey Procedure (Loss of Elevator System)

Emergency Procedure	Loss of Elevator System (Code Grey – Loss of Elevator System)
Background:	<ul style="list-style-type: none"> The loss of service or malfunction of elevators in the facility.
Activation:	<ul style="list-style-type: none"> Failure of the Elevator System can be triggered by unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> Extended Power failure, mechanical failure, and fire.
Response:	<p>All Staff (If you become aware that an elevator is not working):</p> <ul style="list-style-type: none"> Check if someone is trapped in the elevator by speaking loudly through the doors. If so, reassure the occupant(s) and tell them help is coming. If the trapped occupant(s) require medical assistance, call 9-1-1. Designate a staff member to stay at the elevator doors to communicate with occupants. Notify the Emergency Chief/Leader or delegate, Building Environmental Services Manager or Designate or maintenance staff of the situation with the location of the elevator. Prevent people from using the elevator. Use signage if necessary <p>Emergency Chief/Leader delegate</p> <ul style="list-style-type: none"> Follow Loss of Elevator System Checklist Consider the need for an announcement or posting signage. If needed, Announce 3 times <i>“Code Grey, Code Grey, loss of “XYZ” elevator service”</i> using either the PA system or the Fire Panel Annunciator Call the elevator service company and provide the home location and elevator # or location. Advise if there are trapped occupants. Obtain the estimated arrival time for an elevator technician. Determine where the elevator is stopped (if possible). Do not attempt to open the elevator doors. Advise the <i>LTC Administrator/Community Director or designate</i>. Determine if the problem affects all elevators and if required, lock down the remaining elevators. Each elevator is independent. Consider diverting / delaying deliveries to other floors. Communicate with trapped occupant(s): <ul style="list-style-type: none"> Advise to remain calm. Do not panic. Ask if anyone needs immediate medical assistance. If it is a resident and you cannot confirm who it is, designate staff to check the home’s sign-out binder. If occupants are in serious distress, call the Fire Department or 9-1-1 for assistance. Estimated elevator technician arrival time. Advise not to attempt to pry or force doors open. Support the Elevator Technician upon arrival. Ensure the elevator is taken out of service until the necessary repairs are made and post an ‘Out of Service’ notice. Advise the <i>LTC Administrator/CEO or delegate</i> once all clear. If a resident/client, the most appropriate staff member to contact the Substitute Decision Maker and document the incident in health record.

	<ul style="list-style-type: none"> • ❖ LTC: <i>The Administrator/Director of Care or delegate of LTC on call</i> must submit a Critical Incident System report where a system <ul style="list-style-type: none"> ○ failure extends beyond 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.
Recovery:	<ul style="list-style-type: none"> • When the Security System has been restored: • The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. • As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. • Document any additional information (i.e. property damage) on the Emergency Response Debrief Report • As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy



Loss of Elevator System Checklist

Date:		Emergency Chief/Leader or delegate:	
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Record the time action was initiated on line below

✓	Action	Time	Initials				
	Contact LTC Administrator/Community Director and/or delegate						
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Contact service provider for repair restoral time:</td> <td style="width: 50%;">Time:</td> </tr> <tr> <td>Reason for disruption</td> <td>Reason:</td> </tr> </table>	Contact service provider for repair restoral time:	Time:	Reason for disruption	Reason:		
Contact service provider for repair restoral time:	Time:						
Reason for disruption	Reason:						
	Determine if anyone is in the elevator when it failed						
	Notify Family and Resident councils of status and contingency plan						
	If an alternate elevator is available, assign staff as an elevator operator						
	Review techniques to move residents off floor if necessary						
	Review plans to porter or deliver food, laundry, garbage etc.,						

Code Grey Procedure (Loss of Computer Network)

Emergency Procedure	Loss of Computer Network (Code Grey – Loss of Computer Network)
Background:	<ul style="list-style-type: none"> • The loss of computer network service in the building is managed by local our ISN Information Technology Team
Activation:	<ul style="list-style-type: none"> • Failure of the Computer System can be triggered by unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> ○ Extended Power failure, mechanical failure, and fire.
Response:	<p>Emergency Chief/Leader delegate</p> <ul style="list-style-type: none"> • Follow Loss of Computer Network Checklist • Call Maintenance Supervisor x.405 to report the problem. IT will keep you informed of progress. • Notify staff (options include directly or phone paging if available) • Inform the LTC Administrator/Community Director or delegate. • Test if key electronic systems are working (PCC/emar/telephone) • Initiate business continuity plans for documentation, communication and other workflows
Recovery:	<ul style="list-style-type: none"> • When the Computer System has been restored: • The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. • As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. • Document any additional information (i.e. property damage) on the Emergency Response Debrief Report • As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) • Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. • Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy



Loss of Computer Network Checklist

Date:		Emergency Chief/Leader or delegate:	
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Record the time action was initiated on line below

✓	Action	Time	Initials				
	Contact LTC Administrator/Community Director and/or delegate						
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Contact service provider for repair: restoral time:</td> <td style="width: 50%;">Time:</td> </tr> <tr> <td>Reason for disruption</td> <td>Reason:</td> </tr> </table>	Contact service provider for repair: restoral time:	Time:	Reason for disruption	Reason:		
Contact service provider for repair: restoral time:	Time:						
Reason for disruption	Reason:						
	Follow Loss of Computer Network Checklist						
	Call Maintenance Supervisor to report the problem. IT will keep you informed of progress.						
	Notify staff (options include directly or phone paging if available)						
	Inform the LTC Administrator/CEO or delegate.						

Code Grey Procedure (Loss of Phone System)

Emergency Procedure	Loss of Phone System (Code Grey – Loss of Phone System)
Background:	<ul style="list-style-type: none"> The loss of telephone service in the building which is managed by Parkview Meadows IT Team and NEWT (third party vendor)
Activation:	<ul style="list-style-type: none"> Failure of the Computer System can be triggered by unforeseen events. Here are some of the more common scenarios: <ul style="list-style-type: none"> Extended Power failure, mechanical failure, and fire.
Response:	<p>Emergency Chief/Leader delegate</p> <ul style="list-style-type: none"> Follow Loss of Phone System Checklist Notify staff onsite (options include –directly, overhead paging, fire system paging or phone paging if available) Notify the LTC Administrator/CEO or delegate. Contact the Maintenance Supervisor to request support. Use a cell phone or on-site emergency analogue phone or fax line (and they will notify Parkview Meadows wide about the outage) Obtain status updates from IT. Determine alternate phone number to direct outside calls to and inform IT. Notify staff when the service resumes <p>All Staff</p> <ul style="list-style-type: none"> Use cell phones that are work issued or personal cell phones if necessary. <p>❖ LTC only - If the telephones are inoperable for longer than 6 hours, complete a MLTC Critical Incident System Report.</p>
Recovery:	<ul style="list-style-type: none"> When the Phone System has been restored: The Organization should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use. As soon as possible, the Emergency Chief/Leader/delegate should conduct a debriefing and complete the Emergency Debrief Report including participation of any responding emergency services if applicable. Document any additional information (i.e. property damage) on the Emergency Response Debrief Report As part of the recovery process, the home/program will consider the physical and mental health needs of all workers, residents/clients etc. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counselling, and workers compensation, as necessary.) Workers should speak with their supervisor regarding any specific concerns, needs, or considerations. Reminder: All requests by media should be handled by those authorized by Parkview Meadows Media Relations Policy



Loss of Phone System Checklist

Date:		Emergency Chief/Leader or delegate:	
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Record the time action was initiated on line below

✓	Action	Time	Initials
	Contact LTC Administrator/Community Director and/or delegate		
	Contact service provider for repair: restoral time: Time:		
	Reason for disruption Reason:		
	Communicate status to staff		
	Follow Loss of Phone System Checklist		
	Notify staff onsite (options include –directly, overhead paging, fire system paging or phone paging if available)		
	Notify the LTC Administrator/CEO or delegate.		



Appendices:



Appendix A: Emergency Contact Numbers

(Available on site)



Appendix B: Emergency Supplies and Storage Locations

Site Specific Items

Item	Quantity	Location	Expiry/Notes
Non-electric telephone			
First Aid Kits			
Defibrillator			
Naloxone/Narcan			
Spare batteries			
Flashlights			
Battery operated radios			
Manual Can Opener			
Battery operated smoke detectors			
Extra blankets/sweaters etc.			
Towels			
Hand & body soap			
Toothpaste & toothbrushes			
Feminine protection			
Wet Wipes			
Toilet paper			
Paper towels			
Garbage bags			
Shovel			
Basic Tool set			
Duct Tape			
Cleaning and disinfecting products			
Extension Cords			
Extra clothing			
Portable fans			
Non-electric telephone			
First Aid Kits			
Spare batteries			
Flashlights			



Battery operated radios			
Manual Can Opener			
Battery operated smoke detectors			
Extra blankets/sweaters etc.			
Towels			
Hand & body soap			
Toothpaste & toothbrushes			
Feminine protection			
Wet Wipes			
Toilet paper			
Paper towels			
Garbage bags			
Shovel			
Basic Tool set			
Duct Tape			
Cleaning and disinfecting products			
Extension Cords			
Battery operated car charger for electronic devices			
Shop/Wet vacuum			
Spill Kit			

Item	Quantity	Location	Expiry/Notes
Submersible pumps			
Portable Heaters			
Portable Air Conditioners			
Cell Phones			
Tablets			
Bus			
Hepa Filters			



PPE Supply

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
PPE	Surgical Masks		
	N95 respirators		
	Gloves (all sizes)		
	Gowns – reusable and disposable (all sizes)		
	Face shields – reusable and disposable		
	Goggles – reusable and disposable		

Dining/Food Service Supply

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
In-room dining supplies	Individual tables / overbed tables		
	Paper / disposable plates, cups and cutlery		
	Trays		
	Additional carts to allow use of separate equipment for each floor / home area		
	Hot carts		
	Additional food containers		
Food supplies	Pandemic menu		
	Thickeners		
	Supplements		
	Bottled water		
	Canned beans		
	Peanut butter (if no allergies)		
	Jam		
	Canned soup		
	Powdered milk		
	Cereal		
	Canned fruit		
	Food supplements		
	Honey		
	Crackers		
	Nuts		
	Dried fruit		
	Canned fish		
	Fruit juice (tetra paks)		
Granola bars			



Nursing and Care Supply

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
Supplies and Equipment	Government stock		
	Thermometers (no contact preferred)		
	Thermometer tip covers (account for higher usage) (if applicable)		
	Bloodwork equipment		
	Wound care supplies		
	Tube feeding equipment		
	Oxygen tanks (if applicable)		
	Pre-moistened wipes		
	Additional equipment (e.g., pressure cuffs, oximeters, etc.) to allow use of separate equipment for each floor / home area and positive / negative residents		
Pharmacy	Symptom management medication		
	Medication carts		
Emergency Supplies	Swab kits / Testing kits		
	Palliative kits		
	Shrouds		
	Body bags		
In-room Supplies	Bedside commodes (if required to avoid sharing bathrooms or for isolation plans)		
	Personal basin for each resident (for bedside bathing)		
	Basin for each resident		
	Plastic bins for personal belongings if resident needs to be relocated / distanced or storage of belongings		

Environmental Supply

Category	Supplies	Recommended Min. Quantity	Expiry Date if Applicable
Cleaning / disinfectant products	High level disinfectant (account for higher consumption)		
	Disinfecting wipes (account for higher consumption)		
	Other cleaning / disinfecting agent used in the home		



Laundry products	Laundry chemicals		
	Laundry hamper liner / plastic bags		
	Laundry bags / hampers		
Hand Hygiene supplies	Hand soap		
	Alcohol based hand rub (ABHR) min 70% alcohol		
	ABHR dispensers (extra may be required to put in all recommended locations)		
	Paper towels		
	Paper towel dispensers (extra may be required to put in all recommended locations)		
	Batteries if dispensers are battery powered		
Linen	Extra bed linen		
	Extra towels		
Supplies and Equipment	Positive particle disinfectant sprayers		
	No touch receptacles for PPE, min. 12L capacity		
	PPE plastic carts		
	Plastic bags – clear, biohazard		
	Walk behind floor scrubber (recommended over mops / vacuums)		
	Additional cleaning supplies to account for higher consumption and use of separate equipment for each floor / home area (e.g. cloths, wipes, etc.)		
	Additional carts to allow use of separate equipment for each floor / home area (for cleaning team, nursing/wellness team, laundry team, recreation/resident engagement team, etc.)		
	Physical barriers (e.g. curtains, Plexiglas, etc.)		



Appendix C: Blank HIRA Template

Priority of Risk = Probability * Consequence

Comprehensive emergency management includes four phases: preparedness, mitigation, response and recovery and a critical component of the preparedness phase is identifying and assessing risks. A common tool used for this purpose is the HIRA. For this reason, our facility has completed a HIRA that will be reviewed annually. Hazards that are likely to impact long-term care operations have been included in the HIRA as emergencies which require emergency planning. These include things such as medical emergencies, floods, loss of essential services like electricity and water, etc.

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

1. Hazard Identification is a determination of the various hazards that are pertinent to a home's/program's specific location. This is completed by assessing what types of emergencies could occur within the home/program and in the community.
2. Risk assessment determines the probability of a potential emergency occurring and the consequence of the emergency should it occur.
 - a) In the Probability column, the likelihood of the emergency's occurrence is rated. A simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest.
 - b) In the consequence column, the severity of the emergency's occurrence is rated. A simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest.
 - c) These two numbers are multiplied together to determine the priority and compared to the charts below.

When calculating consequence, the effect of a hazard on structures, people, the environment, and reputation are considered. When calculating likelihood, past, present, and potential future trends are considered to understand the chances of that hazard will occur. Likelihood and consequence are given number values to provide an overall risk score for a hazard using the equation below. The use of external resources such as utilities service providers, fire departments and environment Canada will be considered in the calculation of each risk.

Location:	HIRA					
	Code	Hazard	Likelihood (0-5)	Consequence (0-5)	Priority	Notes
White (Physical Threat / Violence)		Violent Situation – Visitor				
		Violent Situation – Team Member				
		Violent Situation – Resident				
		Labour Disruption				
		Active Shooter				
Yellow (Missing Resident)		Missing Resident				
		Medical Emergency – Resident				
		Medical Emergency – Team Member				



Blue (Medical)	Medical Emergency – Visitor				
Orange (External Emergency)	Emergency Refuge for Community				
	Severe Electrical Storm				
	Ice Storm/Hail				
	Earthquake				
	Hurricane				
	Tornado				
	Severe Heat				
	Severe Cold (prolonged)				
	Flood				
	Snowstorm / Blizzard				
	External Fires				
	Contaminated Drinking Water				
	Air Exclusion				
	Nuclear Incident				
	Hazardous Materials Incident				
Boil water advisory					
Code Grey (loss of infrastructu re services	Building Collapse/Instability				
	Transportation Incident				
	Hazardous Materials spill				
	Loss of Life Safety/Security System				
	Cyber Attack				
	Loss of Internet				
	Loss of Telephone communication				
	Loss of Nurse Call System				
	Loss of Natural Gas				
	Heating System Failure				
	Air Conditioning Failure				
	Sewage/drainage/waste disposal				
Fuel Shortage					
Loss of Water					
Gas Line Rupture					



	External Power Failure				
	Gas leaks				
	Boil water advisories				
	Loss of power				
	Loss of elevators				
	Loss of food preparation				
Code Red (Fire)	Internal Fire				
Code Black (Bomb Threat)	Hazardous/Suspicious packages				
	Threat – in person or called in				
Code Silver (External/Internal Lockdown)	Person with a weapon				
	Neighbourhood Violence				
	Civil Disturbance				
Disease Outbreak	Pandemic/epidemic				
	Seasonal				



LIKELIHOOD	
1	Rare: Once every 10 years
2	Unlikely: Occurs every 6 – 10 years
3	Moderate: Occurs every 2 – 5 years
4	Likely: Occurs once per year
5	Almost Certain: Occurs more than once per year

L I K E L I H O O D	5	10	15	20	25
	4	8	12	16	20
	3	6	9	12	15
	2	4	6	8	10
	1	2	3	4	5
	CONSEQUENCE				

	High Risk
	Medium Risk
	Low Risk

CONSEQUENCE	
1	Insignificant: No injuries, minor damage to corporate assets, no damage to corporate infrastructure, no disruption to delivery of services.
2	Minor: Minor injuries to staff or visitors that are non-life threatening (cuts and bruises) and that do not require acute medical care; minor damage to corporate assets and/or corporate infrastructure – home can still function, and problem can be handled by maintenance staff; minor disruption to service delivery, such as short-term power failure, critical operations can function fully, other operations can function with some accommodations.
3	Moderate: Some serious injuries such as fractures or loss of consciousness that require acute medical care and removal from the workplace; higher number of minor injuries; more widespread damage to assets; longer disruption in service delivery.
4	Major: Some loss of life; higher number of serious injuries; more serious asset and infrastructure damage that compromises the integrity of a building and that requires an alternate work location for some staff which affects multiple departments.
5	Catastrophic: Widespread loss of life and serious injuries; serious and widespread damage to corporate property and destruction of infrastructure; financial devastation to the extent that the corporation may never recover – assets destroyed, unrecoverable loss of data, loss of key personnel.

PROCEDURE:

The Emergency Preparedness Planning Committee will:

- Complete the Hazard Identification & Risk Assessment Form for the location.
- Store completed Hazard Identification & Risk Assessment Tool with the location’s Emergency Management Plan.
- Use the HIRA to assess which hazards pose the greatest risk in terms of how likely they are to occur and how great their impact will be, categorizing and rating known hazards and risks that may lead to an emergency occurrence.
- Review their Municipality’s Emergency Plan for Community or Geographic hazards and risks as identified in that document.
- Consult the HIRA when developing location-specific code response procedures and when prioritizing code exercises and training.
- Review and update the Hazard Identification & Risk Assessment Form annually or more frequently as required.



Appendix D: Review of Emergency Management Plan

Between

(Name of Organization(s))

And

(Service Provider)

Purpose

The purpose of the Emergency Management Plan Review is to provide our emergency services partners an opportunity to consult with the LTC home regarding their involvement, roles, and responsibilities, as well as an opportunity to provide feedback when evaluating and updating plans.

Comments/Concerns/Recommendations	
Emergency Services Partner:	
Name of Representative:	
Signature:	
Title:	
Date:	
Internal use only	
Received by:	
Date:	

This document will be reviewed annually.



Appendix E: Letter of Understanding Regarding the Provision of Emergency Services

Between

 _ (Name of Organization(s))

And

 (Service Provider)

Purpose

The purpose of this letter of understanding is to establish a list of contractors to allow for continuation of services within the Parkview Meadows site, program, or home in the event of an emergency.

Business Contact Information:

Company Name:	
Contact during regular business hours:	
Contact after regular hours of business:	

Able to provide the following services(s):

Electrical	Dishwasher Repairs
HVAC – Heating/Cooling	Fridge/Freezer/Ice Machine
Water	Other Kitchen Equipment
Potable Water	Dryer Repairs
Plumbing	Washing Machine Repairs
Propane	Nurse Call/Wander Guard
Other:	
Transportation for Persons Served	
Type: (Stretcher, wheelchair, walk on)	
# of individuals that can be accommodated	



Comments/Concerns/Recommendations	
Emergency Services Partner:	
Name of Representative:	
Signature:	
Title:	
Date:	
Internal use only	
Received by:	
Date:	

This letter of understanding will be **reviewed annually** to ensure current information is maintained.



Appendix F: Vendor Agreements

Company	Point of Contact	Phone Number	Emergency contract in place? Y/N



Appendix G: Emergency Codes – Orientation Checklist for Leaders

Program/Site/Home: _____ Position: _____

Team _____ Member/Student _____ Name: _____

Date of Hire: _____ Orientation Date: _____

ORIENTATION	TRAINER'S INITIALS	COMMENTS
Review responsibility of: <ul style="list-style-type: none"> Designate in charge of emergency Charge person on home areas/neighbourhoods 		
Location Emergency Plan <ul style="list-style-type: none"> Read and review Location Emergency Plan Location of Emergency Plan in building 		
Emergency Codes/Policies and Procedures <ul style="list-style-type: none"> Red (Fire) Yellow (Missing Person) Green (Evacuation) Blue (Medical Emergency) White (Physical Threat/Violence) Orange (External Emergency) Black (Bomb Threat) Brown (Internal Emergency (Spill/Leak/Hazard) Grey (Infrastructure Loss/Failure) Silver (Active Shooter/Armed Intrusion/Hostage Situation) Boil Water Advisory Building Lockdown Outbreaks, Epidemics, Pandemics Staffing Contingency 		
Hazard Identification & Risk Assessment Form (location-specific)		
Building Map Profile (location-specific)		
Emergency Power Supply Inventory (location-specific)		
Communication: <ul style="list-style-type: none"> Announcing code (code + location 3x) Practice using communication tool (i.e., Fire panel notifier, 2-way radios, PA system, etc.) Critical updates to Emergency Chief/Leader or delegate Emergency Chief/Leader or delegate critical communication with emergency personnel (fire department, police department) Fan Out List (who is on it, why, how initiated?) Announcing all clear 		
<ul style="list-style-type: none"> Location of evacuation bag and contents Procedure for triage set up/evacuation tags 		



ORIENTATION	TRAINER'S INITIALS	COMMENTS
How to locate and read annunciator panels located at Information Stations (where applicable)		
How to read Fire Panel i.e., alarms/trouble lights		
During an alarm what happens to the following building functions/systems: <ul style="list-style-type: none"> • Fire doors close • Fire door ratings • Elevators – what happens in your location? • Stairwell doors release • Location of water shut off valves for emergency shut off/Sprinkler Shut off valves • Positioning of tags on resident doors (where applicable) 		
Explain stages of fire alarm <ul style="list-style-type: none"> • First stage • Second stage • How do you turn alarm into 2nd stage if needed? 		
Pull Stations <ul style="list-style-type: none"> • Locations of pull stations • How to pull a station • How to reset an activated pull station 		
Keys for fire systems – where are they kept <ul style="list-style-type: none"> • What do they open, etc. • 2nd stage key/how to use (as applicable) 		
How to reset systems after Alarm is over <ul style="list-style-type: none"> • Pull station • Main Fire Panel • Mag Locks • Elevators • Calls to monitoring company 		
Emergency Safety Systems <ul style="list-style-type: none"> • Lock Out/Tag Out – Location • Spill kits – Location of kits • Evacuation door tags 		
WHMIS Safety Data Sheet (SDS) <ul style="list-style-type: none"> • Location of binders 		
First Aid Stations <ul style="list-style-type: none"> • Who can give first aid treatment • Where is your first aid box located • Naloxone and Defibrillator 		
Team members comments:		
Team Member Name (Print)		Team Member Signature
Administrator/Director Signature		Date



Appendix H: Emergency Codes – Orientation Checklist Staff and Students

Program/Site/Home: _____ Position: _____

Team _____ Member/Student _____ Name: _____

Date of Hire: _____ Orientation Date: _____

ORIENTATION	TRAINER'S INITIALS	COMMENTS
Responsibility of: <ul style="list-style-type: none"> • Emergency Chief/Leader or delegate in-charge of emergency • Charge person on resident home areas / neighbourhoods 		
Location Emergency Plan <ul style="list-style-type: none"> • Read and review Location Emergency Plan • Location of Emergency Plan in building 		
Emergency Codes & Situations – Roles <ul style="list-style-type: none"> • Red (Fire) • Yellow (Missing Person) • Green (Evacuation) • Blue (Medical Emergency) • White (Physical Threat/Violence) • Orange (External Emergency) • Black (Bomb Threat) • Brown (Internal Emergency/Spill/Leak/Flood) • Grey (Infrastructure Loss/Failure) • Silver (Active Shooter/Armed Intrusion/Hostage Situation) • Boil Water Advisory • Building Lockdown • Outbreaks, Epidemics, Pandemics 		
Hazard Identification & Risk Assessment Form (Location-specific)		
Building Map Profile (Location-specific)		



<p>Communication:</p> <ul style="list-style-type: none"> • Announcing code (code + location 3x) • Practice using communication tool (PA System, 2-way radios, etc.) • Critical updates to Emergency Chief/Leader or delegate • Critical communication with Emergency Chief/Leader or delegate to assist emergency personnel (fire department, police department) • Fan out List (who is on it, why, how initiated?) 		
ORIENTATION	TRAINER'S INITIALS	COMMENTS
<ul style="list-style-type: none"> • Announcing all clear 		
Location of evacuation supplies		
How to read Annunciator Panels located at Information Stations (if applicable)		
How to read and identify alarms / trouble lights on Fire Panel		
<p>What happens to the following building functions/systems when alarm is triggered:</p> <ul style="list-style-type: none"> • Fire doors close • Elevators – what happens in your location? • Stairwell doors release • Exit doors release • Mag locks release 		
<p>Explain stages of fire alarm</p> <ul style="list-style-type: none"> • First stage • Second stage 		
<p>Pull Stations</p> <ul style="list-style-type: none"> • Locations of pull stations • How to pull a station 		
<p>Emergency Safety Systems and locations</p> <ul style="list-style-type: none"> • Lock Out/Tag Out: • Spill kits • Evacuation door tags – Instruct on how to use tags 		
<p>First Aid Stations</p> <ul style="list-style-type: none"> • Who can give first aid treatment • Where is your first aid box located • Naloxone and Defibrillator 		
<p>WHMIS Safety Data Sheet (SDS)</p> <ul style="list-style-type: none"> • Location of binders 		

TEAM MEMBER'S COMMENTS:



Team Member Name (Print)

Team Member Signature

Leaders Signature

Date

Appendix I: Food Service Contingency Plans

(Available on site)

APPENDIX J: Code Black Worksheet

(Available on site)

APPENDIX K: Code Black Guidelines

(Available on site)

APPENDIX L: Code Black Site-Specific Checklist

Placeholder for site specific checklists

APPENDIX M: Code Black Site Floor Plans

Placeholder for site specific checklists