Meadows of Dorchester

Emergency Management Plan

Meadows of Dorchester
6623 Kalar Rd.
Niagara Falls, ON
L2H 2T3

Emergency Contact Information

See Appendix ‘C’ – Communication Plan for the following contact information and phone numbers

- Urgent Maintenance Services
- Call-In List
- Fan Out List
- Regional Dispatch

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP00-001
Section: Introduction	**Page:** 1 of 5
Subject: Table of Contents	**Approved By**: Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Commonly Used Abbreviations

Abbreviation	Phrase
EMP	Emergency Management Plan
EOC	Emergency Operations Centre
FLTCA	Fixing Long Term Care Act, 2021
JHSC	Joint Health and Safety Committee
LEW	Life Enrichment Worker
LTCH	Long Term Care Home
MLTC	Ministry of Long Term Care
RN	Registered Nurse
RPN	Registered Practical Nurse
Ont. Reg. 246/22	Ontario Regulation 246/22 made under the Fixing Long Term Care Home Act, 2021
PSW	Personal Support Worker
RHA	Resident Home Area
SDM	Substitute Decision Maker

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Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per *Fixing Long-Term Care Act* and reg 246/22	Manager Long Term Care Facilities
2	02 27 23	Updated EMP03-003 subject wording	Manager Long Term Care Facilities
3	03 14 23	Added A09 Emergency Code Activation Debrief Report	Manager Long Term Care Facilities
4	11 08 23	Updated C01 - Fan Out List Updated C03 - Emergency Call in List	Manager Long Term Care Facilities
5	11 20 23	Annual Review as per fixing Long Term Care Act	Manager Long Term Care Facilities

Disclaimer

Please note that Appendices referenced throughout the document are not included online as they contain confidential and sensitive security information. The full Emergency Management Plan including the appendices are available for review by the Ministry of Long-Term Care and the Fire Department at the long-term care home.

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-001
Section: Introduction	**Page:** 1 of 3
Subject: Urgent Maintenance Services, Fan-Out List and Seniors Service Contact Information	**Approved By**: Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Urgent Maintenance Services Policy

In the event that a home is experiencing an emergency and is in need of urgent maintenance service, e.g. utility failure, building emergency, or any environmental condition immediately affecting resident or staff well-being and safety, the person in charge of the home will ensure the following procedure is followed.

Urgent Maintenance Services Procedure

1. Consult the Call In List in Appendix ‘C’ - Communication Plan, for emergency contact information.

2. If the emergency is weather related such as snowy or icy conditions contact the snow removal contractor listed for the home in the Call In List.

3. If the emergency requires maintenance personnel to be contacted, call the home’s Maintenance Coordinator.

4. If the home’s Maintenance Coordinator is unavailable, do not leave a message and proceed to contact the home’s additional maintenance personnel (if applicable).

5. If the home’s maintenance personnel are unavailable, do not leave a message and proceed to call Regional Dispatch, located in Appendix ‘C’ - Communication Plan. Regional Dispatch staff will contact the Building Services Management person on call.

6. Upon receiving the call the Building Services Management person will immediately:

    a. Call the home that is requesting maintenance assistance

b. After assessing the problem, he/she will either:

    i. Respond to the home in question

    ii. Call maintenance personnel from other homes

    iii. Contact a service company to correct the problem.

To ensure twenty-four hour emergency protection, Building Services Management shall have available to him/her:

1. A list of resources, including Emergency Contact Information as listed in Appendix 'C' of the Emergency Management Plan

    a. Emergency Fan Out System

    b. Seniors Services Contact Information

    c. Call In List

    d. Emergency keys for each home.

Building Services Management shall have the authority to access manpower and material from any Regional Home. This may involve authorizing work to be done by contractors resulting in a cost to the home.

Fan-Out List Location

1. The fan-out list shall be placed in the front of Appendix 'C' - Communication Plan located in the Emergency Management Plan.

2. The fan-out list shall also be posted in the Resident Care Station for easy access.

3. The fan-out list shall be available to all managers at their individual homes.

Fan-Out List Procedure

1. First call is made and the flow continues based on the following diagram.

2. Individuals being called are to notify the next person on the list.

3. If a person cannot be reached, the individual next in line will be called.

4. Management support from other homes may be contacted if home management team not available.

5. Be certain to indicate the location and type of emergency.

6. Upon arrival to the home, Managers are to report to emergency crews/Chief Warden.

Seniors Services Contact Information

See Appendix 'C' - Communication Plan

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-002
Section: Introduction	**Page:** 1 of 2
Subject: Purpose and Locations of Emergency Management And Fire Safety Plans	**Approved By**: Divisional Leadership Team

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Emergency Management Plan

The Emergency Management Plan replaces the Emergency Measures Manual (2014 – 2022).

Purpose of an Emergency Management Plan

Emergency situations require an appropriate, well-co-ordinated response by many people, including staff, residents, visitors and community partners.

The purpose of an emergency plan is to provide an effective, co-ordinated and appropriate plan of action to respond to and recover from an emergency event.

Effective emergency plans:

1. Identify the lines of authority.
2. Identify the assignment of staff.
3. Describe the actions occupants should take during the emergency.
4. Identify the building safety features and systems that pertain to the emergency.
5. Identify community partners and resources needed to assist with the emergency.
6. Describe the actions needed to recover from the emergency at its conclusion.

No amendments to these plans are permissible unless approved by the Seniors Services Divisional Leadership Team (DLT).

These plans have been developed in accordance with the *Fixing Long Term Care Act, 2021* (FLTCA) and Ontario Regulation (Ont. Reg.) 246/22 made under the FLTCA.

Purpose of a Fire Safety Plan

The Ontario Fire Code, Section 2.8 requires the establishment and implementation of a Fire Safety Plan for buildings containing assembly occupancy or care or detention occupancy.

The implementation of a Fire Safety Plan helps to assure effective utilization of life safety features in the building and to protect people from fire.

Ont. Reg. 246/22

s. 268(11): If there is a conflict or an inconsistency between a provision of the fire code under the *Fire Protection and Prevention Act, 1997* and a provision of an emergency plan, the fire code prevails to the extent of the conflict or inconsistency.

Locations – Emergency Management and Fire Safety Plans

See Appendix 'I' – Location of Emergency Plans, Fire Zones and Floor Plans

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-003
Section: Introduction	**Page:** 1 of 2
Subject: Appendices – Supporting Materials	**Approved By**: Divisional Leadership Team

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Purpose

Appendices are supporting materials and information that shall be used and consulted according to the Emergency Management Plan. A summary of the supporting materials in these sections is as follows:

Appendix ‘A’: Emergency Reports and Required Actions

a) Emergency Drill Report (all codes documentation)
b) Required Actions Checklists (applicable codes)

Appendix ‘B’: Emergency Response Plan Summary Sheets and Testing of Emergency Plans Schedule

a) Emergency Response Plan summary sheets
b) Testing of Emergency Plans schedule

Appendix ‘C’: Communication Plan

a) Emergency Fan-Out System for emergencies, after-hours calls
b) Seniors Services Contact Information
c) Call In Lists
    i. Building Services contact information
    ii. On Call Manager contact information
    iii. Regional Dispatch contact information
d) Emergency Management Plan Communication Requirements Log

Appendix ‘D’: Reciprocal Relocation Agreements

a) Alternate shelter arrangements and contact information for an activation of the Code Green Emergency Response Plan

Appendix ‘E’: Transportation Plan

a) Resident transportation arrangements and contact information for activation of the Code Green Emergency Response Plan
b) Transportation arrangements and processes for the movement of medical supplies, PPE and other emergency equipment for residents and staff during a relocation or evacuation.

Appendix ‘F’: Extreme Weather Plan

a) Extreme Weather Plan Checklist in support of EMP01-013

Appendix ‘G’: Emergency Resource Stockpiles

a) Emergency Resource Audit Forms in support of EMP01-016

Appendix ‘H’: Hazard Identification Risk Assessments (HIRA)

a) HIRA template in support of EMP01-017

Appendix ‘I’: Location of Emergency Plans, Fire Zones and Floor Plans

a) Home specific Emergency Management Plan locations
b) Home specific Fire Safety Plan locations
c) Home specific fire zones and floor plans

Appendix ‘J’: Resetting Main Fire Alarm Control and Annunciator Panels Instructions

a) Home specific information on the resetting of fire alarm control systems

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-004
Section: Introduction	
Subject: Definitions	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

For the purpose of this manual the following words, abbreviations and phrases have the following meaning:

Adverse effect means one or more of;

a) Impairment of the quality of the natural environment for any use that can be made of it

b) Injury or damage to property or to plant or animal life

c) Harm or material discomfort to any person

d) An adverse effect on the health of any person

e) Impairment of the safety of any person

f) Rendering any property or plant or animal life unfit for use by man

g) Loss of enjoyment of normal use of property, and

h) Interference with the normal conduct of business

All Other Staff: Any Seniors Services staff member not specifically identified in the emergency plans including but not limited to:

1. Registered Nurse not designated “Chief Warden”
2. Registered Practical Nurse
3. Personal Support Worker (not designated “Area Warden”)
4. Life Enrichment Worker (not designated “Area Warden”)

5. Dietary staff
6. Housekeeping staff
7. Laundry staff
8. Resident and Community Programs staff
9. Administration staff
10. Recreation staff

Area Warden: A staff member responsible for coordinating the efforts of staff assigned to an area of the home, for the purpose of carrying out duties under an emergency plan.

Comprehensive Drill: A simulated emergency whereby emergency systems are activated and staff with responsibilities in the emergency plan will carry out these responsibilities including, in the event of a fire drill, physically evacuating the affected area. Note: staff will not evacuate residents when the health or safety of the resident may be compromised, volunteers may be used as an alternate.

EMP: Emergency Management Plan

EOC: Emergency Operations Center

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. Including, but not limited to;

1. Fire or smoke
2. Evacuation
3. Search for missing resident
4. Loss of essential services e.g. water, heat, electricity, cooling
5. Natural Disaster – flood, tornado
6. Extreme Weather – wind, winter storm
7. Bomb threat
8. Relocation of residents, internally or externally.

9. Acceptance of additional residents and/or other persons into the home, or expansion of services relating to a situation outside the home
10. Violence
11. Medical emergency
12. Lockdown

Fire Safety Coordinator: Manager Long-Term Care Facilities or designate (Supervisor Building Services)

Joint Health and Safety Committee (JHSC): The LTCH's certified labour and management representatives

LEW: Life Enrichment Worker

LTCH: Long-Term Care Home

Major Chemical Spill: Any spill of a pollutant that creates a hazard to the health of a person (i.e.: a chemical that generates hazardous or toxic vapours, corrosive etc.) that occurs in a quantity that requires the response from an emergency service.

Medical Emergency: A serious situation that arises suddenly and threatens the life or welfare of a resident, staff member or visitor.

Minor Chemical Spill: Any spill of a pollutant in a quantity that does not create a hazard to the health of a person other than the hazards associated with the safe handling of the product.

MLTC: Ministry Long-Term Care

NRP: Niagara Regional Police

Occupants: All persons within a building including but not limited to residents, family members, visitors, volunteers, or other staff members.

Owner: Any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property (FC ON Reg 213/07). The home's Administrator is considered the owner.

PSW: Personal Support Worker

RHA: Resident Home Area

RPN: Registered Practical Nurse

RN: Registered Nurse

Silent Drills: Simulated emergencies whereby emergency systems (i.e. fire alarm system) are not activated but staff will respond to the emergency and demonstrate/simulate their emergency response activities.

Supervisory Staff: Any staff member who has some delegated responsibility for the safety of other occupants under the emergency plan.

Table Talk Exercise: Similar to a silent drill but does not involve a physical demonstration/simulation of the emergency response activities. Table talk exercises involve facilitated discussions surrounding example emergency scenarios.

Violent Outburst: When an individual displays a substantial loss of control and aggressive/responsive behaviour is imminent or has erupted and available resources are not sufficient to safely manage the situation

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-005
Section: Introduction	**Page:** 1 of 2
Subject: Authority - Declaration and Chain of Command	**Approved By:** Divisional Leadership Team

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External Emergency (Disaster)

An external emergency will be declared by the mayor of the local municipality or if it is of sufficient scope and magnitude, by the Chair of The Regional Municipality of Niagara or, in exceptional circumstances by a member of the Regional Disaster Co-ordinating Committee, who will declare a "Disaster Alert" and designate a "Disaster Area". In either of these situations, the Commissioner of Community Services, or his/her alternate, will consult with, and receive appropriate direction from the Disaster Co-ordinating Committee and/or related community protection services.

Niagara Region Emergency Operations Centre

The Niagara Region Emergency Operations Centre is activated by an emergency or disaster that appropriate support and direction will be received and/or followed as applicable.

Long-Term Care Home Emergency

An internal emergency can be declared by the Chief Warden, Administrator or in his/her absence, designated personnel, as authorized by the Administrator in succession as follows:

1. Administrator
2. Director of Resident Care
3. Infection Prevention and Control (IPAC) Manager
4. Associate Director of Resident Care
5. Nutritional and Environmental Services Manager, Nutritional Services manager, Environmental Services Manager

Administrator

In the event that the home's Chief Warden is not fulfilling the duties of the role, the Administrator or in his/her absence, designated personnel, as authorized above will assume the role of the Chief Warden.

Chief Warden

The In-Charge Registered Nurse (Charge RN) for the home will be responsible for carrying out the duties of the "Chief Warden" as detailed in the emergency plans herein.

Area Warden - Resident Home Areas

The home will delegate the duties of the "Area Warden" to nursing staff members which may include the Registered Nurse (RN) other than the Charge RN, Registered Practical Nurse (RPN), Personal Support Worker (PSW) or Life Enrichment Worker.

Staff designated "Area Warden" for a Resident Home Area will be posted on staffing schedules and will carry out the duties of the "Area Warden" as detailed in the emergency plans herein.

Area Warden - Central Areas/Administration Areas

The home will delegate the duties of the Area Warden for central areas/administration areas to:

1. A dietary staff member if the dietary space is centrally located, or
2. A member of the home's management team, or
3. The office lead or office assistant.

Table of Revisions

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1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-006
Section: Introduction	**Page:** 1 of 2
Subject: Attestation	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Purpose

Every licensee is required under the *Fixing Long Term Care Act*, *2021* (FLTCA) s. 90(3) to attest to their compliance with FLTCA s. 90 – Emergency plans.

Requirements

According to ss. 270(1) of Ont. Reg. 246/22, this attestation must include:

1. The licensee's legal name.
2. The name of the home.
3. The date of the attestation.
4. The full name and title of the person attesting.
5. A statement attesting that the requirements under s. 90 of the Act, and s. 268 and 269 under this regulation are complied with.
6. A statement attesting that all the information and answers provided in the attestation are complete, true, and correct, and
7. A statement attesting that the licensee understands that any misrepresentation, falsification, or omission of any material facts may render the attestation void.

Documentation

The attestation will be completed by the long-term care home Administrator in a form approved by the Ministry and will be submitted annually to the Director named in the regulation.

A record of attestations shall be maintained on site in the Administrator's Testing of Emergency Plans binder.

Table of Revisions

Revision	Date	Description of Revision	Updated by
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2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-007
Section: Introduction	**Page:** 1 of 2
Subject: Training	**Approved By:** Divisional Leadership Team

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Training

As per Ont. Reg. 213/07, s 2.8.2.1(7), any training of supervisory staff in a care and treatment occupancy carried out under a fire safety plan shall be recorded.

As per Ont. Reg. 246/22, s. 268(14) homes must train staff, volunteers, and students on emergency and evacuation procedures before they perform their work duties. In the event of an emergency or exceptional and unforeseen circumstances, the training set out above must be provided within one week of when the person begins performing their responsibilities. Retraining is to occur annually thereafter.

Training will be conducted in all emergency response plans as per applicable legislation and each long-term care home's Hazard Identification and Risk Assessment (HIRA).

Department Managers will be responsible for ensuring the staff within their department have been trained with respect to their roles and responsibilities as detailed in the approved Fire Safety Plan and Emergency Management Plan.

Mandatory Information for Training:

1. Location of emergency plans (Emergency Management Plans)
2. Content and lay-out of the Emergency Management Plans
    a. Emergency contact information
    b. Emergency Drill Reports and Required Actions Checklists
    c. Floor plans
    d. System Reset Information
3. Code Red -Fire Procedures including:
    a. Roles and responsibilities

b. Location of annunciator panels
c. Location of fire alarm pull stations
d. Location of posted fire exits
e. Location and use of fire extinguishers and blankets
f. Location and use of telephones, communication systems
g. Location of fire doors and identification of the fire zones

4. Code Green - Evacuation Procedures
5. Code Yellow - Missing Resident Procedures
6. Code Grey - Building Emergency, Natural Disaster and Extreme Weather Procedures
7. Code Black - Bomb Threat Procedures
8. Code Brown - Chemical Spill Procedures
9. Code Orange - Community Disaster Procedures
10. Code White - Violent Outburst Procedures
11. Code Blue - Medical Emergency Procedures
12. Code Purple - Lockdown/Intruder Emergency Procedures

Records of Training

All staff training will be documented and recorded; records will be maintained for a minimum of two years. All Code Red Fire Procedure and Code Green Evacuation training records will be maintained by the Maintenance Coordinators in their Testing of Emergency Plans binder for review by the Chief Fire Official at his/her request. Annual training records are also stored by Central Support in a central database for all homes.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-008
Section: Introduction	**Page:** 1 of 4
Subject: Communication Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Description

Communication strategies and requirements are imbedded within the emergency response plans. Additional communication strategies and requirements are as follows:

Ont. Reg. 246/22 s. 268

(2) Every licensee of a long-term care home (LTCH) shall ensure that the emergency plans for the home are recorded in writing.

(3) In developing and updating the plans, the licensee shall,

a) Consult with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers partner facilities and resources that will be involved in responding to the emergency, and keep a record of the consultation; (see Collaboration Log located in Testing of Emergency Plans binder)

b) Ensure that hazards and risks that may give rise to an emergency impacting the home are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community; (see Appendix 'H'), and

c) Consult with the Residents' Council and Family Council, if any (see Testing of Emergency Plans binder).

(4) Identification of entities that may be involved in or that may provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency and the current contact information for each entity. (See Call in List – Appendix 'C')

(8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,

(a) At least annually, including the updating of all emergency contact information of the entities referred to in paragraph four of subsection 268 (4); (see Emergency Management Plan review/revision dates) and;

(b) Within 30 days of the emergency being declared over, after each instance that an emergency plan is activated. (see A09 Emergency Code Activation Debrief Report and Administrator Testing of Emergency Plans binder)

(12) The licensee shall keep current all arrangements with entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service provider's partner facilities and resources that will be involved in responding to the emergency. (See Appendix 'C' – Call In List)

Communication before an Emergency

Advance communication to building occupants and applicable stakeholders will occur where such notice is given, including but not limited to;

a) Extreme weather warnings

b) Planned utility outages

c) Planned water shut-offs

d) Any other applicable planned shutdowns or interruptions of service

All staff will follow their roles, responsibilities and associated communication requirements as noted by the applicable emergency response plan that has been activated in a case where advance notice is provided.

Communication during an Emergency

The Chief Warden will communicate the beginning and end of emergency situations to building occupants and fill out the Emergency Drill Report (Appendix 'A') as per emergency response plan requirements.

All departmental staff, including the Chief Warden, Area Wardens and Managers will follow their roles, responsibilities and associated communication requirements as noted by the applicable emergency response plan that has been activated.

The Administrator (or designate) shall ensure frequent and ongoing communication to residents, substitute decision-makers, if any, staff, volunteers, students, caregivers, the Residents' Council and the Family Council, if any, on the emergency in the home including at the beginning of the emergency, when there is a significant status change throughout the course of the emergency, and when the emergency is over.

In the event the home is experiencing an event that prohibits travel external support will be coordinated with the On Call Manager or Management off site as required. The purpose of this external support will be manage external logistics in support the home through one point of contact and to allow the home to focus on internal issues it may be facing, including but not limited to care, staffing, etc.

Communication after an Emergency

The Chief Warden will fill out the Emergency Drill Report (Appendix 'A') and debrief with building occupants in the area(s) impacted by the emergency as per response plan requirements. Completed Emergency Drill Reports are stored in the Testing of Emergency Plans binder.

Communication will also be issued to other stakeholders from the Administrator or Managers as required based on the impact and duration of the emergency situation. This communication will be noted on the Communication Log.

Communication Log

Any communication as noted above will be documented on the Communication Log. The sender, receiver, message and format delivered will all be logged on the Communication Log template located in Appendix 'C'. Completed Communication Logs will be stored in the Administrator's Testing of Emergency Plans binder.

Communication Equipment and Methods

Each LTCH has multiple forms of communication methods and equipment that staff shall be made aware of in training:

a) Landlines

b) Computers

c) Radios

d) Cell phones

e) Runners (if the need to transfer the message physically arises)

f) Automated care messaging and/or applications

Emergency Contact Information can be found at each Resident Care Station in the Emergency Management Plan, Appendix 'C'.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	03 14 23	Added A09 Emergency Code Activation Debrief Report Added automated care messaging/applications in communication equipment and methods	Manager Long Term Care Facilities
3	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-009
Section: Introduction	**Page:** 1 of 1
Subject: Building Access	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Building Access during an Active Emergency

Access by friends, relatives and the public shall be prohibited during any emergency unless authorized by emergency crews or the Chief Warden in consultation with emergency crews (as applicable).

Long-term care homes under activated emergency situations will maintain the safety of staff and residents and be aware of all building occupants to provide the most effective response. Building access is limited during these situations.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-010
Section: Introduction	**Page:** 1 of 1
Subject: Staff Reporting	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety of residents and continued provision of services staff are expected to report as per their scheduled shifts and/or as per the call out list if a home is in an emergency situation.

Description

Staff may be called into other Niagara Region long-term care homes (LTCH) experiencing emergency situations to fill shifts or offer additional support as authorized by the Administrator or delegate.

Staff may be asked to alter shift start times if an emergency situation is forecast with advance notice (i.e. special weather statements).

Staff may be asked to work at relocation facilities in the provision of resident care if a LTCH is forced to evacuate (Code Green).

Staff are encouraged to make the necessary preparations to report as scheduled in extreme weather, i.e. winter storm warnings, wind warnings, tornado warnings, and flood warnings.

When a LTCH is short staffed during an emergency situation the adverse effect it has on all building occupants is amplified.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per *Fixing Long-Term Care Act* and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per *Fixing Long-Term Care Act*	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-011
Section: Introduction	**PAGE:** 1 of 2
Subject: Food, Fluid And Medication Provision	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

Each long-term care home shall ensure that there are plans for food and fluid provision and to ensure all residents have timely access to all drugs that have been prescribed to them if an emergency response plan has been activated.

Food and Fluid Provision during an Emergency

Food and fluid provision during an emergency response plan activation will be in accordance with the emergency procedures detailed within DAT01-001, located in the Dietary, Programs, and Volunteers policy manual.

Medication Provision during Emergencies

Medication provision during an emergency response plan activation will be in accordance with the emergency procedures detailed within PTH01-028, Medication Management System, SOP 0103 Managing PCC and Power Outage and located in the Resident Care and Services policy manual, 7.7 Disaster Plan and Contact List, 9.15 Contingency Plan for eMAR interruption for PCC CareRX Policy. In the event of relocation, medications, MAR's and supplies will be prepared as required and delivered to the designated location by the pharmacy. Emergency contact information for CareRx Pharmacy can be found in Appendix ‘C’ – Communication Plan.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities

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2	03 14 23	Added SOP-0103 language	Manager Clinical Practice
3	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-012
Section: Introduction	**Page:** 1 of 2
Subject: Emergency Alerts	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

All long-term care home (LTCH) management staff with Niagara Region issued mobile devices or services on their personal device (BYOD) shall have the Alertable Application installed on those devices and programmed to receive all critical alerts, at a minimum. The less severe alerts should be aligned with the emergency response plans in the Emergency Management Plan, (i.e. extreme weather, natural disasters, and utilities).

In the event of an emergency alert broadcast affecting a LTCH, the in home On Call Manager will ensure the building is aware and prepared (as applicable).

Description

Emergency alerts are created and sent by authorized emergency management organizations, such as police departments, Environment and Climate Change Canada, and provincial and territorial bodies. These potentially life-saving warnings, which are area-specific (geo-targeted), are known as emergency alerts. When an alert is issued, it is broadcast on television and radio and sent to mobile devices that are connected to a long-term evolution (LTE) network. They are typically issued for unique or fast forming extreme weather systems. The LTCH will follow the applicable emergency response plan and, in the event the alert deals with weather outside of the Emergency Management Plan, the home should follow the instructions issued with the alert (as applicable) and initiate appropriate communication.

Types of Alerts

The National Public Alerting System is a federal, provincial, and territorial system that enables emergency management organizations across Canada to warn the public about imminent or possible dangers such as floods, tornados, hazardous materials, fires, and other disasters.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-013
Section: Introduction	
Subject: Extreme Weather Plan	**Approved by:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Purpose

The Extreme Weather Plan is a summary of emergency actions and response measures in support of the applicable Code Green or Code Grey Emergency Response Plans or any other extreme weather event. The Extreme Weather Plan Checklist is located in Appendix ‘F’ – Extreme Weather Plan.

Emergency Alerts

Emergency alerts are created and sent by authorized emergency management organizations, such as police departments, Environment and Climate Change Canada, and provincial and territorial bodies. They will give advance warning of extreme weather when possible.

Extreme Weather

Extreme events are occurrences of unusually severe weather or climate conditions that can cause devastating impacts on long-term care homes (LTCH) and surrounding communities. Weather-related extreme events are often short-lived and include heat or cold waves, winter storm warnings, wind, tornadoes and floods. Tornadoes and floods also have the capacity to be classified as natural disasters.

Natural Disaster

Natural disaster means a natural occurrence, such as a flood, winter storm/blizzard, tornado, windstorm, or other event which threatens the public peace, health and safety of the people and/or damages and destroys public and private property.

Urgent Maintenance Services

See Appendix ‘C’ - Communication Plan to locate any of the following:

1. Call In List
2. Emergency Contacts
3. Fan Out List

Transportation Plan

See Appendix 'E' Transportation Plan if required to evacuate the facility and follow the Code Green Emergency Response Plan.

Food Fluid and Medication Provision

Will be provided as detailed in EMP01-011

Staffing

If there is adequate advance notice of the anticipated event given (at least 24 hours) staff should make arrangements to ensure they are able to report for their scheduled shift. The LTCH will also call in extra staff or alter shift times as required to prepare for the possible extreme weather event

If an extreme weather event is impacting travel to and from the LTCH location and the greater community around the LTCH, arrangements (as applicable) will be made to:

1. Accommodate staff at the LTCH to stay beyond their scheduled shift with meal and rest areas if they are unable to leave the facility in a safe manner.

2. In the case of overnight accommodation the LTCH may utilize ADP space, offices or other common locations. The LTCH's shall ensure mattresses and associated bedding (at a minimum) are available.

3. Make arrangements for accommodations in the immediate vicinity of the LTCH with meal and rest areas if able to do so.

It may also be necessary to schedule staff at any Niagara Region LTCH based on their geographic proximity to that LTCH in an emergency situation.

Emergency Response Plans

Code Grey Emergency Response Plans in the Emergency Management Plan (EMP) that detail staff response to extreme weather and/or natural disasters include:

1. Wind Warning
2. Tornado Warning
3. Flood Warning
4. Winter Storm Warning

Code Grey Emergency Response Plans in the EMP detailing staff response to emergency situations effecting a LTCH that extreme weather may cause include:

1. Loss of Heat
2. Loss of Cooling
3. Loss of Water/Boil Water Advisory
4. Loss of Electricity
5. CO (Carbon Monoxide)/Gas Leak

Additional emergency responses within the EMP that may be activated by an extreme weather event include:

1. Code Green - Evacuation
2. Code Orange – Community Disaster
3. Code Blue – Medical Emergency
4. External Air Exclusion

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-014
Section: Introduction	**Page:** 1 of 2
Subject: Transportation Plan	**Approved by:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Description

Ont. Reg. 246/22, s. 268 (4)2: Evacuation Plans For the Home, Including, At a Minimum;

i. A system in the home to account for the whereabouts of all residents in the event that it is necessary to evacuate and relocate residents and evacuate staff and others in case of an emergency (Code Green Emergency Response Plan)

ii. Identification of a safe evacuation location for which the licensee has obtained agreement in advance that residents, staff, students, volunteers and others can be evacuated to (Appendix 'D' - Reciprocal Relocation Agreements)

iii. A transportation plan to move residents, staff, students, volunteers and others to the evacuation location, and

iv. A plan to transport critical medication, supplies and equipment during an evacuation to the evacuation location to ensure resident safety.

Transportation Plan

In the event of the activation by a long-term care home (LTCH) of the Code Green Evacuation Emergency Response Plan;

a) The movement of residents, staff, and volunteers will be coordinated by the Administrator (or designate), and/or the Manager Long-Term Care Facilities (or designate) to relocation facilities. They will contact the transportation provider as noted in Appendix 'E' - Transportation Plan.

b) The movement of critical medication, supplies and equipment will be dependent on the ability to re-enter the LTCH.

c) If re-entry is deemed untenable; the pharmacy shall be contacted by the Administrator, DRC (or designate). Supplies and equipment will be pulled from other Niagara Region LTCH's as needed.

d) Building Services vehicles and enclosed utility trailer will be utilized to transport supplies and equipment.

e) Staff may be asked to transport themselves and drive their personal vehicle to the relocation site if it is at the LTCH and safely accessible.

f) Families may be utilized to transport residents under the direction of the Administrator (or designate).

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-015
Section: Introduction	**Page:** 1 of 2
Subject: Recovery	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Emergency Impacts

An emergency can impact a long-term care home (LTCH) in many ways which in turn will dictate how recovery will look. For drills and minor emergency situations, recovery is short term. For emergencies that impact mental or physical health, force relocation or impact buildings and infrastructure, recovery may become medium to long term.

Recovery – Short-Term

Debriefs are held for participants in the activation of an emergency response plan at the conclusion of each emergency. These debriefs are documented on the Emergency Drill Report and stored in the Testing of Emergency Plans binder and on Vine.

Recovery – Medium and Long-Term

Debriefs are held within 30 days of the activation of each emergency response plan and documented in the Divisional Leadership Team (DLT) minutes.

If residents have been relocated, the infrastructure or LTCH has been damaged and the affects of the emergency continue to impact residents and staff, the provision of resident care, and health and safety of residents and staff shall be closely monitored.

If recovery is medium – long-term, external stakeholders and government agencies will be involved in the response.

Residents

Any resident suffering adverse effects related to mental or physical health and requiring medical treatment due to an emergency situation will be assessed and offered necessary care, services and/or treatment.

Staff

If staff suffer adverse effects related to physical health and requiring medical treatment due to a real emergency situation the employee and employer will complete an employee incident report and follow with assessment by their physician. The employer will ensure transport to hospital as appropriate.

Any staff suffering adverse effects related to mental health may access support through the corporate Employee and Family Assistance Program (EFAP).

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-016
Section: Introduction	**Page:** 1 of 2
Subject: Emergency Resource Stockpiles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

Long-term care homes (LTCH) are required to set aside the resources, supplies, personal protective equipment (PPE), and equipment vital for emergency response. At minimum, the stockpile will include hand hygiene products, cleaning supplies, PPE and a process to ensure that required resources, supplies, PPE, and equipment are not expired.

Description

Ont. Reg. 246/22 S. 268(4): The licensee shall ensure that the emergency plans provide for the following:

3. Resources, supplies, personal protective equipment and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, personal protective equipment and equipment have not expired.

Emergency Resource Stockpiles

Emergency resources identified and embedded within the emergency response plans in the Emergency Management Plan will be maintained to provide an effective emergency response in maintaining the health and safety of building occupants. These resources are catalogued on the Resource Stockpile Checklist.

IPAC Managers at each LTCH shall conduct Resource Stockpile audits on a predetermined basis.

All resource stockpile audits conducted will be documented on the Resource Stockpile Checklist template located in Appendix ‘G’ - Emergency Resource Stockpiles. Completed

Resource Stockpile Checklists will be stored in the Testing of Emergency Plans binder and with the applicable JHSC meeting minutes.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP01-017
Section: Introduction	**Page:** 1 of 2
Subject: Hazard Identification and Risk Assessment (HIRA)	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Purpose

Hazard Identification and Risk Assessments (HIRAs) ensure that hazards and risks that may give rise to an emergency impacting the long-term care home (LTCH) are identified and assessed, whether the hazards and risks arise within the home or in the surrounding vicinity or community.

Description

A Hazard Identification and Risk Assessment (HIRA) is a tool that assists Managers through the analysis of which hazards pose the greatest level of risk in terms of how likely they are to occur and how great their potential negative impact on the LTCH may be. The goal of the HIRA is to address the following questions:

1. What hazards could impact my LTCH or surrounding area?
2. How frequently do they occur?
3. How severe can their impact be on residents, infrastructure, property, the environment, and staff?
4. Which hazards pose the greatest level of threat?

Documentation

The HIRA template and instructions are located in Appendix ‘H’ - Hazard Identification and Risk Assessments.

All completed HIRAs will be stored on site in the Administrator’s Testing of Emergency Plans binder and centrally on the Seniors Services database.

Review

All LTCH HIRAs will be reviewed annually or more frequently as required. New or evolving hazards identified as posing a risk to the LTCH will also be assessed by this method.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP02-001
SECTION: Testing of Emergency Plans	**Page:** 1 of 3
Subject: Testing Requirements	**Approved by:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

Testing Of Plans

(2) The Administrator of the long-term care home (LTCH) shall ensure that the emergency plans are tested, evaluated, updated and reviewed with the staff of the home as provided for in regulation 246/22 s.268 (10) and with the test frequency detailed in this policy and Ontario Fire Code Division B s. 2.8.3.2 (1)

Annual Test

(a) On an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency;

(b) Test all other emergency plans at least once every three years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the *Connecting Care Act, 2019*, partner facilities and resources that will be involved in responding to the emergency;

(c) Conduct a planned evacuation at least once every three years; and

(d) Keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

(11) If there is a conflict or an inconsistency between a provision of the fire code under the *Fire Protection and Prevention Act, 1997* and a provision of an emergency plan, the fire code prevails to the extent of the conflict or inconsistency.

Ont. Reg. 213/07: Ontario Fire Code, Division B

2.8.3.2. (1) Subject to Sentences (2), (3), (4) and (5), a fire drill shall be held for the supervisory staff at least once during each 12-month period.

Supervisory Staff

The training of staff is a critical step in emergency management to ensure the safety of not only residents, but supervisory staff responding to the emergency. The Emergency Management Training Packages are developed to provide comprehensive emergency training for all supervisory staff within Seniors Services, in addition to training packages developed for volunteers and students.

An equally important component of emergency management is regular testing of plans. Regular testing provides staff the opportunity for emergency response training, assists in determining whether designated staff can competently respond to the emergency and can be used to assess the effectiveness of the emergency response plans.

Responsibilities

Administrator

1. Implementation of fire safety/emergency plans.

2. Ensure completion of testing of emergency plans as per the schedule in Appendix ‘B’.

3. Implement follow up actions identified as a result of a drill.

4. Distribute drill documentation pertaining to the drill to the Maintenance Coordinator, Building Services, and post on the Vine.

5. Maintain designated records in Testing of Emergency Plans binder as per EMP02-003.

Departmental Managers

1. Train and implement Fire Safety and Emergency Management Plans in each department and assist in plan implementation.

Manager Long Term Care Facilities and Supervisor Building Services

1. Develop and or revise Fire Safety and Emergency Management Plans.
2. Ensure review and approval of emergency plan(s) by local authorities and the Divisional Leadership Team (DLT) as applicable.
3. Provide emergency plans updates or revisions.
4. Develop staff training and education programs.
5. Develop testing process and schedule.
6. Liaise with local authorities and community partners to ensure participation in drill(s), plan review and/or development
7. Prepare and conduct annual observed fire drills in conjunction with local Fire Services.

Maintenance Coordinator

1. Conduct monthly fire drills as detailed in the Emergency Management Plan and in accordance with the LTCH Administrator.
2. Maintain all drill records and documentation in Testing of Emergency Plans binder as per EMP02-003.

Seniors Services Educator

1. Assist with facilitating exercises as requested.
2. Coordinate staff training and education programs.
3. Facilitate training and staff education.
4. Development of staff training and education programs.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP02-002
Section: Testing of Emergency Plans	**Page:** 1 of 2
Subject: Testing of Emergency Plans Schedule and Scenarios	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

All long-term care homes (LTCH) shall adhere to the following schedule in the testing of emergency plans. If a LTCH experiences a real event that activates an Emergency Response Plan outside of the testing schedule noted below, that event may serve as the required test as long as response, documentation, debrief and follow-up requirements are met.

Testing Of Emergency Plans Schedule

See Appendix ‘B’, B01 – Testing of Emergency Plans Schedule.

Code Red Drills

Code Red drills are an important tool in emergency planning. They provide opportunities for comprehensive fire emergency response training; assist in determining whether staff can competently respond in accordance with the emergency fire and evacuation procedures in a timely manner; and can be used to assess the effectiveness of the emergency procedures under different fire scenario conditions.

Therefore, for the purpose of this Emergency Management Plan the procedures for conducting and documenting monthly Code Red drills as detailed in the Fire Safety Plan will be followed. They are detailed in EMP03-001.

Comprehensive Drills

Comprehensive drills involve partial - full activation of system(s) and staff responses.

Silent Drills

Silent drills do not involve any activation of system(s) and silent simulated staff responses.

Table Talk Drills

Table talk drills focus on facilitated discussion revolving around the activation of an emergency response plan and do not involve physical demonstration/simulation of the emergency response activities.

Drill Documentation

All real and/or tested emergency responses are documented on the Emergency Drill Report located in Appendix ‘A’.

Drill Facilitator Instructions

1. Ensure resources and equipment needed to conduct the exercise are available including the Emergency Drill Report.
2. Initiate the drill.
3. Have staff demonstrate their response according to their role and responsibilities.
4. Monitor drill and record observations on the Emergency Drill Report.
5. Conduct a debriefing with participants.
6. Assemble the home’s management team for debriefing and follow up noting areas of concern and corrective action (if applicable).

Testing Of Emergency Plans Scenarios

The Testing of Emergency Plans Scenarios are located in Appendix ‘B’, B02, and may be utilized in testing emergency plans. Questions are included to support emergency response objectives, staff response and discussion. Additional scenarios and questions may be used at the discretion of the LTCH.

Table of Revisions

Revision	Date	Description of Revision	Updated by
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Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP02-003
Section: Testing of Emergency Plans	**Page:** 1 of 2
Subject: Testing of Emergency Plans Binders	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

Each long-term care home shall maintain two Testing of Emergency Plans binders on site; the Administrator Testing of Emergency Plans Binder and the Building Services Testing of Emergency Plans binder.

Administrator Testing of Emergency Plans Binder

The Administrator Testing of Emergency Plans binder shall be stored in the Administrators Office and will contain the following completed records:

1. Emergency Drill Reports (all)
2. Required Actions Checklists
3. Resource Stockpile Audits
4. Communication and Collaboration Logs
5. Hazard Identification and Risk Assessment (HIRA)
6. Attestations

Building Services Testing of Emergency Plans Binder

The Building Services Testing of Emergency Plans binder shall be stored in the Maintenance Coordinator Office and will contain the following completed records:

1. Code Red Emergency Drill Reports
2. Staff Training Records

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Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

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Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP03-001
Section: Code Red - Fire	**Page:** 1 of 6
Subject: Code Red Fire Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version Seniors Services Policy Library on Vine.

Policy

To ensure the safety of building occupants, a long-term care home (LTCH) will follow the Code Red – Fire emergency response procedures in the event of the activation of the fire alarm or the discovery of smoke or fire.

Procedure

Roles and responsibilities are detailed in this section and on the Code Red Fire Emergency Response Plan, Appendix 'A'.

Fire Drills

Fire drills will be planned, scheduled, carried out, documented and evaluated to ensure participation by all staff and all managers. It is the joint responsibility of the Administrator and Fire Safety Co-ordinator(s) to develop the annual schedule for fire drills, ensure the schedule is adhered to, and the following:

1. The drill schedule includes at least one drill per month per shift (days, afternoons, nights).

2. That 12 comprehensive drills are conducted per year, for the day shift. Announced drills will only be conducted when in home conditions dictate such notice.

3. That 12 comprehensive drills are conducted per year for the afternoon shift. Announced drills will only be conducted when in home conditions dictate such notice.

4. That two comprehensive drills and ten silent drills are conducted for the night shift. Additional staff will be scheduled to attend night shift comprehensive drills to monitor resident safety during drills with minimum staffing levels.

5. On occasion, in home conditions may dictate the need to hold a table talk drill in lieu of a comprehensive or silent drill.

6. All full-time staff and Registered Nurses have the opportunity to participate in a drill.

7. A range of alarm scenarios are developed, including areas of the building, type of fire, and type of device activated.

8. During announced comprehensive drills, the home's management team will monitor staff response in the unaffected areas of the home and conduct a debriefing with staff in those areas.

9. On a quarterly basis a member of the management team will fill the role of Chief Warden during a drill.

Procedure - Comprehensive Fire Drill

1. The Maintenance Coordinator will contact the Fire Department to advise that the home will be conducting a fire drill and ask that the home is taken out of service. The Maintenance Coordinator will advise the Fire Department that they will be receiving a call from the home during the drill from the Chief Warden.

2. The Maintenance Coordinator will contact Fire Monitoring of Canada (FMC) to advise that the home will be conducting a fire drill and ask that the home is taken out of service. The Maintenance Coordinator will advise FMC that the Fire Department will be receiving a call during the drill from the Chief Warden.

3. The Maintenance Coordinator will switch off the AC power to the fire alarm system to test the system under standby battery power on a quarterly basis (January, April, July, and October). The Maintenance Coordinator will ensure that door system security systems are monitored during this process as applicable.

4. The Maintenance Coordinator may simulate the fire by any of the following means:

    a. Signal a red flashing lantern placed in the pre-selected area.

    b. Activating a smoke detector.

    c. Inform a staff member that a fire exists and its location.

5. The first staff member to arrive at the scene will be expected to remove anyone in immediate danger, ensure the door is closed to confine the fire, activate the nearest pull station (if alarm not activated), communicate the location of the fire to responders and obtain a fire extinguisher placing it near the simulated fire location.

6. Other staff will respond to the fire drill as per their responsibilities.

7. Following the resetting of the fire alarm system and the announcement of the “all clear”, a call will be made to the Fire Department that the drill is completed and to ask that the home is put back in service.

8. Following the resetting of the fire alarm system, the announcement of the “all clear”, and the call to the Fire Department that the drill is completed; a call will also be made to FMC to indicate the drill has been completed and ask that the home is put back in service.

9. All drills will include a de-briefing session by the Chief Warden with those in attendance. The de-briefing will be documented on the Emergency Drill Report.

10. A fire alarm can be counted as a fire drill as long as there is full response to the alarm and a full de-briefing is held and documented.

Procedure – Table Talk Fire Drill

1. Table talk drills are also conducted in addition to comprehensive fire drills. Similar to silent fire drills, table talk exercises are conducted in designated areas of a LTCH.

2. The major difference between a silent drill and table talk drill is that table talk drills do not involve physical demonstration/simulation of the emergency response activities.

3. Table talk drills involve facilitated discussion surrounding example fire scenarios.

4. Staff with assigned roles involved in the table talk drills must describe their proposed response to the given scenario.

5. The facilitator assesses the adequacy of the suggested response in relation to required actions and uses the opportunity to reinforce correct responses expected of staff.

6. On occasion in home conditions may dictate the need to hold a table talk fire drill.

7. Tabletop exercises are discussion-based sessions where team members meet in an informal, group setting to discuss their roles during an emergency and their responses to a particular emergency situation.

8. The Administrator, Manager or Building Services (Maintenance Coordinator) will fill the role of facilitator.

9. All drills will include a de-briefing session by the Chief Warden with those in attendance. The de-briefing will be documented on the Emergency Drill Report.

Procedure – Silent Fire Drill

1. Silent fire drills are scheduled in addition to comprehensive drills.

2. These drills are conducted in designated areas of the LTCH for the purpose of ensuring that all staff participate in fire drills at a desired frequency.

3. Features of silent fire drills include the following;

    a. These drills do not involve the actual activation of the fire alarm system. Fire alarm system activation is only simulated.

4. Managers, Administrators or Building Services monitor the emergency response of individuals in a specific area to a simulated or described fire scenario.

5. Participants involved in the area respond to the simulation in accordance with their roles and responsibilities.

6. The facilitator(s) assesses the adequacy of the suggested response in relation to required actions and uses the opportunity to reinforce correct responses expected of staff.

7. To avoid accidental activation of the fire alarm system during these exercises, the individual initiating and monitoring these drills takes appropriate steps to ensure that the drill remains silent by notifying personnel in the area in advance of the exercise.

8. All drills will include a de-briefing session by the Chief Warden with those in attendance. The de-briefing will be documented on the Emergency Drill Report.

Documentation

1. All drills and alarms will be documented by the Chief Warden on the Emergency Drill Report.

2. Any corrective actions will be documented.

3. The Emergency Drill Report will be available to the Administrator, Management Team, Maintenance Coordinator, Co-Chair of the Joint Health and Safety Committee (JHSC) as requested and applicable.

4. The JHSC shall have Fire Safety as a standing agenda item and discuss drills at each meeting as applicable.

5. Documentation will also include maintaining a listing of staff in attendance at each drill. This documentation will be maintained by the Administration Office staff. Administration Office staff will input staff attendance into PeopleSoft.

6. The Maintenance Coordinator will be responsible for maintaining the original copy of all reports.

7. The Maintenance Coordinator shall be provided the original copy of all reports for in home records.

8. The list of staff attending alarms/drills will be analyzed by the Administration Office staff to develop a sub-list of staff who have not attended a drill or alarm in that calendar year.

9. On or about November 15 of each year, the sub-list will be analyzed to determine those staff who will not have the opportunity to attend a drill by the end of the year. Managers of these staff will be advised and must arrange an appropriate training opportunity or table talk exercise for these staff. The results of the table talk exercise will be provided to the Maintenance Coordinator and the participants will be added to the list of those attending a fire drill within the year.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances:

Immediately

1. An emergency within the meaning of section 268 of the *Fixing Long-Term Care Act, 2021* including fire, unplanned evacuation or intake of evacuees.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry’s

method for after-hours emergency contact. Contact information can be found in Appendix ‘C’ Communication Plan – Call in List.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP03-002
Section: Code Red - Fire	**Page:** 1 of 4
Subject: Code Red Responsibilities	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version Seniors Services Policy Library on Vine.

Responsibilities - Administrator

The Administrator will hold accountability for the overall development and maintenance of the fire safety plan and all other emergency plans. Specifically the Administrator is responsible for:

1. Coordinating fire safety efforts and/or concerns affecting the long-term care home with the Fire Safety Co-ordinator (as noted below).
2. Ensure emergency procedures are available in designated areas and updated accordingly, as well as staff responsibilities being posted in designated areas.
3. Ensure that managers are training all new staff when oriented to the home, and that the home continues to update training to all staff and managers on an on-going annual basis.
4. Ensure fan-out list is kept up to date with all names and phone numbers.
5. Ensure resident lists are updated and maintained by the Administration office.
6. Provision of alternate measures for safety of occupants during shutdown of fire protection equipment.
7. In collaboration with the Manager of Long-Term Care Facilities, arrange for external relocation centres and assess availability of equipment and supplies at these centres.
8. Maintain an updated staff listing and fan-out list at personal residence.

Responsibilities – Building Services Managers

The Manager Long Term Care Facilities or designates (Supervisor Building Services) shall be the designated Fire Safety Co-ordinator(s). Specifically the Building Services Manager is responsible for:

1. Develop plans for testing of various sections of the Emergency Management Plan and,

once approved, implement.

2. Ensure that minutes are taken at all departmental meetings dealing with the Emergency Management Plan.
3. Co-ordinate the fire drills with the Maintenance Coordinators to ensure standards are followed.
4. Review and update Emergency Management Plan Procedures for the Regional homes when warranted and obtain approval from Chief Fire Officials.
5. Ensure community contacts are kept up to date with proper phone numbers/names.
6. Ensure that the annunciator panel is correct for the zones and locations.
7. Ensure that the re-set panel is labelled with instructions for the operation and procedures for resetting alarms.
8. Assist in training staff in emergency response, and help develop plans for such training.
9. Instruction of supervisory staff and other occupants so that they are aware of their responsibilities for fire safety and are able to implement the fire safety plan and all other emergency plans.
10. Testing of emergency generators on an on-going basis.
11. Control of fire hazards in the building.
12. Maintenance of building facilities provided to ensure safety.
13. Ensuring that the check, test and inspections as required by the Fire Code are completed on schedule and that records are retained for no less than two years.
14. Preparation of schematic diagrams, acceptable to the Chief Fire Official, showing type, location and operation of all building fire emergency systems.
15. Ensure that a schematic diagram, showing type, location and operation of all building fire emergency systems (e.g.: location of fire alarm control panel, shut off valves, annunciation and natural gas) is maintained.
16. Ensure that all exits are in proper working order.
17. Ensure the Transportation Plan is current in event of evacuation (as applicable).
18. Be familiar with relocation centres services and facilities.
19. Maintain and establish required communication channels as part of Communication Plan.
20. Assist Administrator in ensuring proper security of premises.
21. Maintain an updated Maintenance Staff listing at personal residence.

22. Ensure Reciprocal Relocation Agreements are current.

Responsibilities – Managers

Managers are responsible for training and the implementation of the fire safety plan and all other emergency plans in their department and to assist in the home's implementation. Specifically the Managers are responsible for:

1. Being familiar with their role and the role of their staff as it pertains to the fire safety plan and all other emergency plans.
2. Designation and assignment of Chief Wardens and Area Wardens.
3. Ensuring all department personnel have been trained and educated on the use of the existing fire safety equipment and in the actions to be taken under the approved fire safety plan and all other emergency plans.
4. Know the operation of fire protection equipment, fire alarm system and fire extinguishers.
5. Maintain an updated staff listing and fan-out list at personal residence.
6. Ensure that staff are called in when required.
7. Assist in co-ordinating and staffing reception area.
8. Be familiar with relocation centres services and facilities.
9. Ensure a list is made of all staff on duty at time of alarm.
10. Participate in all comprehensive Code Red drills for night staff to monitor resident safety during drills occurring with minimum staffing levels.

Responsibilities – All Staff

To ensure a safe environment and to ensure the safety of all building occupants, all staff shall be trained on their responsibilities and role as it pertains to the approved fire safety plan and all other emergency plans before given any responsibility under these plans.

1. All staff shall receive an orientation on their role and responsibilities as it pertains to the approved fire safety plan and all other emergency plans at the time of hire.
2. All staff shall review their role and responsibilities as it pertains to the approved fire safety plan and all other emergency plans at least annually.
3. Specifically all staff are responsible for:
   a) Knowing their role and responsibility as it pertains to the approved fire safety plan and all other emergency plans.

b) Carrying out their duties as described within the emergency plans.

c) Participating in the testing of emergency plans.

d) The reporting of hazards or unsafe practices that diminish the fire safety systems or equipment within a home.

e) Remaining on duty and implementing the emergency procedures should an emergency be activated during a shift change or while on a break.

f) To assist with the control of fire hazards.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP03-003
Section: Code Red - Fire	**Page:** 1 of 4
Subject: Code Red Staff, Resident, Visitor and Volunteer Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

I Found the Fire

Remember "React"

R- Remove anyone in immediate danger

E- Ensure containment-close the door

A- Activate the nearest emergency pull station

C- Communicate the emergency, tell other responders exactly where the fire is

T- Try to extinguish the fire if safe to do so

Chief Warden – After Hearing a Stage 1 Alarm

1. Put on a Chief Warden emergency armband
2. Check the annunciator panel for fire location
3. Announce "Code Red" and the location of the fire three times slowly and clearly
4. Call 911
5. Assign one staff to go to the front entrance to refuse entry to anyone and meet the emergency crews
6. Go to the affected area
7. Confirm the location of the fire
8. Ensure resident and visitors are being evacuated from the affected area (fire zone)
9. Initiate emergency fan out system if required
10. Note the location and number of residents that were unable to be evacuated
11. Follow instructions from the emergency crews

12. Activate stage two alarm if directed by emergency crews and follow Code Green instructions

Chief Warden - When Code Red Is Over

1. Reset fire alarm system-only after instructed to do so by emergency crews
2. Reset door security systems
3. Announce ‘All Clear Code Red’ three times
4. Assign staff to take residents back to their rooms and conduct head count
5. Debrief with staff
6. Complete and distribute Emergency Drill Report

Area Warden – The Fire Is In My Area

1. Return to your area by the safest route, if you are not already on the area
2. Put On the Area Warden emergency armband
3. Confirm the location of the fire
4. Tell staff to move residents and visitors to a location outside of the affected area (fire zone)
5. Tell staff to search rooms, remove any residents, close doors and use red indicator disks when the room is empty in the affected area (fire zone)
6. Tell staff to move med cart and resident charts, if safe to do so
7. Follow instructions from the Chief Warden and emergency crews

Area Warden – The Fire Is Not In My Area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Send one staff with med sleds to the affected area to assist with the evacuation. [In the absence of other staff (eg. night shift) take med sleds and go to the affected area to assist with the evacuation of the affected area.]
4. Tell staff to close windows and doors in your area
5. Tell staff to clear carts and other equipment from hallways
6. Tell staff to monitor doors

All Other Staff – I Hear the Stage One Alarm and Code Red Fire Announcement

1. Shut off all equipment and appliances
2. Listen for Code Red announcement
3. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
4. If directly supervising residents report to the Area Warden where you are
5. Follow instruction from the Area Warden

Administrator – After Being Made Aware of a Code Red Fire

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of Chief Warden if required.
3. Ensure Communication Plan is consulted and followed accordingly

Managers – After Being Made Aware of a Code Red Fire

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

All Staff

1. Remain calm and decisive.
2. For a stage two alarm follow code green instructions
3. Close all windows in unaffected areas
4. In a multi-story building—do not use elevators

Special Note: Deer Park Villa Roles - 22:00hrs to 06:00hrs

Life Enrichment Worker-Supportive Housing (alarm is in long-term care home)

1. Go to the front entrance to ensure the entrance is unlocked and guard the main doors
2. Refuse entry to anyone other than emergency personnel
3. Accompany fire department personnel to the fire alarm area

Personal Support Worker-The Orchards (alarm is in supportive housing)

1. Take Med sleds and go to the affected area
2. Follow instruction from the Area Warden assigned to that area

Personal Support Worker-The Vineyards (alarm is in supportive housing)

1. Go to the front entrance to ensure the entrance is unlocked and guard the main doors
2. Refuse entry to anyone other than emergency personnel
3. Accompany fire department personnel to the fire alarm area

Residents, Visitors and Volunteers – Instructions in case of fire or if you discover a fire

1. Leave the fire area closing all doors behind you.
2. Pull the nearest fire alarm pull station.
3. Inform the staff where the fire is located.
4. Leave the area immediately and go behind another fire door away from the fire.
5. Do not re-enter the area, until declared safe to do so by the Fire Department Officials.
6. If you encounter smoke when exiting the building, use a different exit.

Residents, Visitors and Volunteers – Instructions if you hear the fire alarm

1. Stay where you are unless you are in danger.
2. Listen for the announcement to determine the location of the fire.
3. Await and follow staff instructions.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	02 27 23	Added Resident, Visitor and Volunteer roles	Manager Long Term Care Facilities
3	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP03-004
Section: Code Red - Fire	**Page:** 1 of 2
Subject: Control of Fire Hazards	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

To ensure a safe environment within the home all staff will assist with the control of fire hazards. The following list of practices will be adhered to by all staff.

Procedures

1. If smoking is permitted, smoke in designated areas only.
2. Never empty ashtrays into garbage containers. Ashtrays must be emptied into containers provided for that use.
3. Do not use unsafe electrical appliances, frayed extension cords, extension cords or lamp wire for permanent wiring, and overloaded circuits. Report such situations to Maintenance and follow up with a Maintenance Requisition.
4. Do not leave articles such as carts, tables, chairs, boxes and other obstructions, in building halls, corridors, exits or stairwells.
5. Do not store any items within 18 inches of a ceiling or in a manner that will obstruct the sprinkler system from operating properly.
6. Do not store items in any service room for which the room was not intended to contain.
7. Do not block, nor obstruct fire protection equipment or exits. If you see this type of situation, correct it immediately and report it to your supervisor/manager.
8. Do not prop, wedge or tie fire separation doors open. If you see this type of situation, correct it immediately and report it to your supervisor/manager.
9. Rubbish and other combustible waste materials should not be allowed to accumulate in any area of the building, other than those specifically designed for that purpose. Particular attention must be paid to exits and corridors and stairwells. If you see this type of situation, correct it immediately and report it to your supervisor/manager.
10. Containers of waste materials shall be removed from the building as required

11. Combustible materials (saw dust, dust bane and other combustible absorbents) shall not be used to absorb spills of flammable or combustible liquids.
12. Greasy and oily rags, subject to spontaneous ignition, shall be deposited in a non-combustible receptacle without openings in the side and bottom and provided with a tightly fitting, self-closing lid.

Notify your Supervisor, Manager, or Administrator immediately when you discover a potential fire hazard.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP03-005
Section: Code Red - Fire	**Page:** 1 of 1
Subject: Fire Alarms	**Approved By:** Divisional Leadership Team

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Types of Fire Alarms

The fire alarm system is a two stage alarm system, which has been designed to activate as follows:

First Stage Alarm (Alert Signal)

The first stage alarm is activated by a smoke detector, heat detector, flow switch or manual pull station. The fire alarm bells will ring slowly (20 beats per minute). During this stage, the Code Red Fire Emergency Response Plan will be activated as outlined in the Plan. Evacuate the affected area (fire zone).

Second Stage Alarm (Alarm Signal)

The second stage alarm will be manually activated if the fire is getting "out of control", all fire alarm bells will ring quickly during the second stage alarm (increased beats per minute). Upon initiation of the second stage alarm proceed with "Code Green Evacuation Procedures" as outlined in the Plan. Evacuate the entire building.

Note: Activation of the second stage alarm will be initiated by authorized personnel only (e.g. the Chief Warden as directed by the Chief Fire Official). To activate the second stage alarm, open fire pull station and insert second stage key and turn. Evacuation mode will start instantly once key is turned. The Chief Warden and all managers have this second stage key.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	Index No: EMP03-006
Section: Code Red - Fire	Page: 1 of 2
Subject: Fire Alarm System; Resetting, Detectors and Emergency Equipment	Approved By: Divisional Leadership Team

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Fire Alarm System Reset

1. See Appendix 'J'

Fire Alarm System

1. The fire alarm system is a two-stage alarm system.
2. Manual fire alarm pull stations are located at every exit.
3. Bells are located throughout.
4. Sprinkler protection is throughout (other than Upper Canada Lodge and Gilmore Lodge)

Types of Detectors

1. Smoke detectors are located in resident's rooms, throughout corridors and at the top of stairwells
2. Smoke detectors are "fully addressable" providing exact location of an alarm
3. Heat detectors are located in common spaces, dining rooms, other service rooms.

Other Emergency Equipment:

1. Emergency lighting is located throughout the building and powered by the emergency generator
2. Fire extinguishers are located at all exits
3. Fire blankets are located in the main kitchen, mechanical room and adjacent resident smoking areas

4. Med Sled evacuation equipment is located at each resident home area

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	Index No: EMP03-007
Section: Code Red - Fire	Page: 1 of 3
Subject: Fire Extinguishers and Fire Blankets	Approved By: Divisional Leadership Team

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Types of Fires

There are three types of fires:

1. Class A - wood, paper, fabric, rubbish, etc. – regular combustibles
2. Class B - gasoline, oil, and grease – flammable liquids
3. Class C - electrical, motor, wiring, etc. – energized electrical

Types and Usage of Fire Extinguishers and Blankets

Specific types of fire extinguishers are geared to specific types of fire. There are multiple types of fire extinguishers to fight fires. Careful attention must be paid to the type of fire when selecting the appropriate fire extinguisher.

How to Use a Fire Extinguisher

Remember "pass"

P- Pull out pin (twist the pin to break the seal)

A- Aim at the base of the fire

S- Squeeze the handle

S- Sweep back and forth at the base of the fire

Multi-Purpose ABC Dry Chemical Fire Extinguisher

1. Red coloured cylinder, small ones have a short metal nozzle, and the larger ones have an attached hose with a nozzle on the end

2. Used on Class A, B, and C fires.
3. Has a range of 5-20 feet

Co_2 (Carbon Dioxide)

1. Red coloured cylinder, with an attached hose with a horn on the end.
2. May be used on Class B and C fires.
3. Has a range of 3-8 feet
4. Warning- do not hold horn! Hold the hose with a plastic or wood handle.
5. When CO^2 releases, it can give a freezer burn.

K-Class Fire Extinguisher

1. Silver coloured cylinder with an attached rubber hose
2. Used on cooking type fires usually associate with higher temperatures
3. Initially activate extinguisher from a distance of not closer than ten ft.

Fire Blankets

1. Special fire blankets are located in the main kitchen, mechanical room and adjacent resident smoking areas
2. A fire blanket is used to put out a fire on a person's clothing by smothering the fire
3. Remove the blanket from the plastic bag; open the blanket completely
4. Place the blanket over the victim by:
    a) Draping the blanket over your non-dominant arm (left arm if you are right-handed)
    b) Positioning the elbow of your arm with the blanket on the victim's nearest shoulder
    c) Lay the blanket across the person, covering the complete body from neck down. This ensures that no smoke or gas will escape into the victim's face or airway
    d) Smooth out air pockets, moving from the victim's neck down toward the feet, to smother the fire

Confining, Controlling & Extinguishing the Fire

This is primarily the responsibility of the Fire Services. The production of toxic fumes in buildings makes firefighting potentially dangerous, particularly if a large amount of smoke is being generated.

Only after ensuring everyone has evacuated the area, the alarm has been raised and the Fire Services have been notified, should an experienced person (familiar with fire extinguisher operation) attempt to extinguish a small fire.

This is a voluntary act.

Never attempt to fight a fire alone.

If it cannot be easily extinguished with the use of a portable fire extinguisher, leave the area and confine the fire by closing the door.

Leave the affected area (fire zone) and await the arrival of the Fire Services.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	Index No: EMP03-008
Section: Code Red - Fire	Page: 1 of 2
Subject: Room Indicators	Approved By: Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Purpose

1. Red Room Indicators are used to indicate when a room has been searched and fully evacuated.
2. Indicators will be placed in all resident bathrooms throughout the home. The indicator is a round, one-inch red plastic disc, with a magnet on the back.

Procedure

1. During non-emergency conditions, (i.e. normal operations) the disc will be magnetically mounted on the interior hinge side of the bathroom door frame of a resident room and the interior hinge side of the door frame for all other rooms.
2. When an evacuation is initiated, the indicator is to be magnetically mounted on the exterior door hand side of the doorframe, approximately the same height as the hallway railing. This is to be done after residents, visitors or any other person is evacuated from the room. Close the door once the room is evacuated.
3. Use indicator when checking rooms that are empty (i.e. bedroom, housekeeping closet, utility rooms, tub room, washrooms, offices, etc.)

Maintenance of System

1. Housekeeping staff will ensure an indicator is present in every resident bathroom and other rooms in the home and will replace any missing or damaged indicators.
2. The Maintenance Coordinator will maintain an adequate supply of indicators for replacement when necessary.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP03-009
Section: Code Red - Fire	**Page:** 1 of 2
Subject: Fire Watch	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Purpose

To provide for active safety monitoring in the event of malfunction of the fire alarm system in any part of a Regional Long Term Care Home. In the event of any shutdown or failure of fire alarm/protection equipment and systems, or any part thereof, a fire watch will be implemented in the area or areas affected. The fire watch will be maintained and documented for the duration of the event.

All homes will have at least two portable radios or mobile phones suitable for communication throughout the home for fire emergency use.

Fire Watch Procedure

In the event of the shutdown or failure of a fire alarm system/protection equipment and systems, or any part thereof, the procedures noted below are to be followed. Fire watch duties must be conducted on a 24 hour basis until the fire alarm system is fully back in service. At least one person must be assigned to fire watch duties.

Documentation

All Fire Watch duties will be documented on the Fire Watch Checklist located in 'Appendix A'

Person Initiating Fire Watch

1. Notify the Fire Department, Administrator, and Building Services Manager/Maintenance Coordinator.
2. Notify all building occupants that the fire alarm system is not fully functional, specifically; the area(s) affected, and that a fire watch has been started for their protection and warning.
3. Ensure the person responsible for the fire watch has a phone or radio for communication.

4. Ensure all staff are aware that they must call switchboard or Charge Registered Nurse (RN) (Chief Warden) who then calls 9-1-1 if an emergency arises, and the pull stations are not functioning.

Staff Responsible for Fire Watch:

1. Each staff on fire duty should have a suitable means of communication, a flashlight, pen, copy of fire watch duties and check list, and a key to provide entry to all rooms and spaces.
2. Check all unprotected parts of the building on an hourly basis for any fire risk condition.
3. Record his/her patrols of the building on the Fire Watch Checklist - (Appendix 'A')
4. If a fire is discovered in (one of) the affected area(s), the fire alarm must be sounded by pulling a fire pull station
5. If the pull stations are not functional, notify the Charge RN (Chief Warden) who will then announce the alarm.
6. In the event of a total system shutdown, notify the Ministry of Long Term Care by completing the Critical Incident Report.

Conclusion of Fire Watch Condition:

1. Once fire protection equipment and systems are fully restored by the fire alarm service company and confirmation is received from them by the Chief Warden of the building, the Chief Warden will remove fire watch and notify the Fire Department, Administrator, and Building Service Manager/Maintenance Coordinator.
2. A general announcement is to be made, to inform all persons in the building of restoration of normal conditions.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP03-010
Section: Code Red - Fire	**Page:** 1 of 1
Subject: Fire Zone Locations and Floor Plans	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Fire Zones

1. A fire zone is an area between two fire doors.
2. If a fire occurs in one zone- this area is the first area to evacuate beyond the fire doors away from the fire.

Fire Zone Locations and Floor Plans

1. See Appendix 'I'

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP04-001
Section: Code Green - Evacuation	**Page:** 1 of 7
Subject: Code Green - Evacuation Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents a long-term care home (LTCH) will follow the Code Green - Evacuation Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences an emergency situation forcing the complete evacuation of the home.

Authority to Order Evacuation

The Administrator (or designate as authorized by the Administrator), or the Chief Warden in consultation with emergency crews has the authority to order a total building evacuation.

Circumstances Forcing an Evacuation

- Fire or smoke
- Gas leak
- Bomb threat
- Occurrences outside the home, for example:
    - Environmental spill
    - Toxic or flammable gas escape
- Natural disaster, for example:
    - Flood
    - Tornado
- Major mechanical problems, for example:
    - Loss of heat
    - Loss of water/boil water advisory
    - Loss of electricity
- Chemical spill

Procedure

Roles and responsibilities are detailed in this section and on the Code Green Evacuation Emergency Response Plan, Appendix 'A'.

Evacuation Signal

Evacuation of the building due to a Code Red emergency will be signalled by the Chief Warden by activating the stage 2 alarm for the fire alarm system and followed by a "Code Green" announcement.

1. The Chief Warden will activate the stage 2 alarm by inserting the evacuation key into a nearby fire alarm pull station and turning the key to activate the stage 2 alarm.
2. Once activated, the stage 2 alarm for the fire alarm system will sound at a more rapid pace (120 strokes beats per minute (temporal pattern).

An order to evacuate will follow any of the other emergency codes when the situation requires a full evacuation of the building. This will be communicated to the occupants of the building by the Chief Warden by announcing "Code Green" over the public address system.

Sequence of Evacuation

In order to ensure a timely evacuation of residents the following sequence of evacuation will be followed if practical.

1. Residents in immediate danger
2. Ambulatory residents
3. Non-ambulatory residents, including wheelchair users
4. Resistive residents

Guidelines

1. Evacuate away from the area of concern. Do not go through an unsafe zone
2. Direct visitors to the nearest exit
3. Determine the best sequence for evacuating residents
4. Ensure Room Indicators are being used to identify rooms that have been evacuated
5. Assess the most appropriate methods of evacuation for each resident
6. All areas of the home may be used as temporary holding areas during a horizontal evacuation
7. Do not use elevators during an evacuation due to a Code Red emergency unless

directed by the Chief Fire Official

Advanced Emergency Evacuation Techniques

During a Code Green Evacuation every effort shall be made to evacuate residents as quickly and safely as possible.

There are a number of advance emergency evacuation techniques that can be used to safely assist in the evacuation of residents requiring additional assistance including:

1. Gentle Persuasive Approach (GPA) techniques
2. Emergency lifts and carries
   i. Side-by-Side technique for semi-ambulatory residents
   ii. Bear Hug technique for semi-ambulatory residents
   iii. Cradle Drop, Blanket Pull for non-ambulatory residents
   iv. Extremity Carry for non-ambulatory residents
3. The use of evacuation aids (Med sleds)

Only staff trained in the use of advanced emergency evacuation techniques should be assigned to evacuate residents requiring additional assistance such as non-ambulatory or resistive residents.

Never use the resident’s bed during an emergency Code Green evacuation.

Emergency Operations Centre

Immediately upon implementation of a Code Green evacuation, an Emergency Operations Centre (EOC) will be established to control evacuation and communication.

The EOC will be established in a safe area having ready access to major resident areas, ease of exit and surveillance of same, and access to major communication and life-safety system controls.

The reception area of the home will serve as the default location for the EOC.

In the event that the reception area is not a safe location the Chief Warden will establish an alternate location for the EOC.

Communication

See Appendix ‘C’ Communication Plan

Building Access

Access by friends and relatives and the public shall be prohibited during the emergency.

Emergency Management Plan

1. Evacuate an emergency management plan if possible to be referenced outside as needed

Office Records

Office records are to be evacuated only as time and circumstances allow in the following order:

1. Time and attendance/exception sheets
2. Cash and un-deposited cheques
3. Invoices and accounts payable files
4. Receipt books
5. Administrator's personal files
6. Manager files –including employee files

Resident Care Records

Resident Care Records must be evacuated with the resident in the following priority order:

1. Resident Admission Record Binder
2. Medication Records
3. Clinical Records
4. Electronic Medical Administration Record (EMARS) and Electronic Treatment Administration Record (ETARS) documentation will acquired from an alternate site (LTCH)

Resident Identification

Residents will be identified by the following:

1. Each resident should be wearing an identification wrist band or resident specific placard on evacuation.
2. Each home will ensure they have a supply of temporary wrist bands resident specific placards in the event that a resident is not already wearing one.
3. The identification of the resident should include the resident’s name, the home and the resident’s home area (RHA)

Medications

All emergency drugs, narcotics, and stock drugs will be removed by the Registered Nurse from their stored location and transferred to a safe holding area.

Meeting Areas

Outside meeting areas will be established for each RHA and administration area in the home. The outside meeting area established by the home should be:

1. Easily accessible from the home's emergency exits
2. Easily accessible for emergency transportation
3. Clear of egress for emergency crews responding to the home
4. Easy to monitor residents (clear of bushes, trees or other obstructions that hinder visually monitoring a group of residents with minimal staff)

Primary Relocation Centres

See Appendix 'D' Reciprocal Relocation Agreements

Emergency Transportation

See Appendix 'E' Transportation Plan

Relocation Guidelines

1. Residents shall be relocated to receiving facilities in the order of priority as assessed by the Chief Warden and in home staff. Those demonstrating increased anxiety, intolerance or medical need will be relocated first.
2. Handoff procedures between the evacuating and receiving home shall include staff from the evacuating facility remaining with each group of evacuated residents.
3. Resident emergencies during transport will be first responded to by staff on the transport and by calling 911 if required or the situation increases in urgency.
4. Infection control, information security and privacy shall be maintained at all times.
5. Psychosocial support will be offered throughout the emergency.
6. Staff shall be re-assigned to relocation facilities as part of their regular position for the duration of resident relocation.

Temporary Emergency Licenses

A Temporary Emergency Licence (TEL) is issued by the Director set out in section 115 of the *Fixing Long Term Care Act*, *2019* (FLTCA), either by email or letter, where there are emergency situations affecting a licensed LTCH that makes it necessary to move one or more residents from a "source home" to a "recipient home" to protect the health and safety of the residents.

A TEL is issued to a recipient home in two circumstances:

1. If residents are accommodated above the licensed capacity of a licensed LTCH.
2. At a New Stand Alone Temporary LTC Unit:

A TEL will be issued if residents are expected to be out of their source home for more than 24 hours. In the event of an emergency and temporary housing is needed, this temporary emergency licence remains effective until such time as the source home is safe for residents to return (for a maximum term of up to a one year).

The Director of Seniors Services (or authorized designate) will arrange Temporary Emergency Licences as required.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response.

Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

Immediately

1. An emergency within the meaning of section 268 of the FLTCA, including fire, unplanned evacuation or intake of evacuees.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is

after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP04-002
Section: Code Green - Evacuation	**Page:** 1 of 3
Subject: Code Green Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – After Being Told To Call Code Green

1. Put on the Chief Warden emergency armband if you are not already wearing one
2. Activate fire alarm system stage two alarm if evacuation is due to fire emergency
3. Announce "Code Green" three times slowly and clearly
4. Ensure emergency crews are on site. If not call 911
5. Initiate the emergency fan out system
6. Ensure residents and visitors are being evacuated
7. Ensure med carts and resident charts are being removed with the residents
8. Follow instructions from the emergency crews
9. Contact the relocation facility to request assistance (see Appendix 'D' - Reciprocal Relocation Agreements located in the Emergency Management Plan)
10. Contact the emergency transportation provider (see Appendix 'E' Transportation Plan located in the Emergency Management Plan)

Chief Warden – When the Code Green Is Over

1. If Code Green was due to a Code Red; reset fire alarm system only after instructed to do so by emergency crews
2. Reset door security systems
3. Announce 'All Clear Code Green" three times
4. Assign staff to take residents back to their rooms and conduct head count
5. Debrief with staff
6. Complete and distribute Emergency Drill Report

Area Warden – After Being Made Aware of a Code Green Evacuation

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to ensure residents have identification wrist bands on
4. Remind staff of the designated meeting area outside
5. Tell staff to evacuate residents and visitors using the nearest emergency exit
6. Tell staff to search rooms, remove any residents, close doors and use red indicator disks when the room is empty
7. Tell staff to move med cart and resident charts, if safe to do so
8. Ensure all residents from your area are accounted for and report any missing residents to the Chief Warden immediately
9. Follow instructions from the Chief Warden and emergency crews

All Other Staff – After Being Made Aware of a Code Green Evacuation

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instructions from the Area Wardens, Chief Warden and emergency crews
4. Help residents and visitors to the nearest emergency exit
5. Use alternate exit if you encounter smoke or other danger
6. For a vertical evacuation use med sleds or alternate evacuation techniques to evacuate non-ambulatory residents
7. Go to the designated meeting area outside the building
8. Stay with the residents from your area

Administrator - After Being Made Aware of a Code Green Evacuation

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of Chief Warden if required.
3. Ensure Communication Plan is consulted and followed accordingly

Managers - After Being Made Aware of a Code Green Evacuation

1. Return to your assigned area by the safest route, if you are not already on the area

and report to the Area Warden

2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP05-001
Section: Code Yellow - Missing Resident	
Subject: Code Yellow - Missing Resident Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

Each Long Term Care Home (LTCH) must have an established practice to ensure an effective and thorough response is activated when a resident is missing. Therefore, to ensure the safety of residents, a LTCH will follow the Code Yellow Missing Resident Emergency Response Plan procedures located below and in Appendix 'B' if a resident is deemed missing. If a LTCH is equipped with a resident global positioning system (GPS) tracking system that shall be utilized first and foremost to locate the missing resident.

Search

If a resident is suspected missing, staff will:

1. Check the resident in/out board (sign out)
2. Initiate a search of the Resident Home Area (RHA) by staff
3. Make an announcement on the public address system; "Mr/Mrs/Ms _______ please return to your area". This is announced two times at one minute intervals.

If there is no response to the above announcement, repeat: "Code Yellow, Mr/Mrs/Ms ________, Resident Home Area: __________;" "Code Yellow, Mr/Mrs/Ms _________, Resident Home Area: _____________."

At this point the search is expanded to whole home with a quick check around the parking areas outside the home. Staff will be assigned to conduct a search throughout the LTCH using the floor plans located in the Emergency Management Plan (EMP), Appendix 'I'.

Staff to mark "S" in all rooms searched, time and initial, and mark "L" in all locked, inaccessible rooms, time and initial and return to the Command Center. Start at one side and systematically search all areas

At no time shall staff be requested to use their cars to search in the community. If staff wish to leave the home to search off the property they must report to the Chief Warden and leave a cell phone number where they can be reached or so they can reach the home if the resident is found.

Emergency Operations Center

Immediately upon implementation of a Code Yellow-Missing Resident, an emergency operations center (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Communication

See Appendix 'C' Communication Plan

Role of Family

Inform them of the situation and request their assistance in possible places to search. Keep the family informed throughout the search and reassure them of all progress and effort being used in the search

Role of Police

Upon their arrival Niagara Regional Police (NRP) Officers are to be provided with all information collected, including the resident's photo. The NRP Officers will assume command of the search and the Regional Staff shall assist as required and requested and may request to see any video surveillance that may be available on the homes surveillance system(s).

Resident Photo

Print resident photo – Photos are located on the L: drives on the computer

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances:

Immediately

1. Critical Incidents.
2. For a resident who is missing three hours or more
3. For 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.

No Later than One Business Day

1. A resident who is missing for less than three hours and who returns to the home with no injury or adverse change in conditions.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long-Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP05-002
Section: Code Yellow - Missing Resident	**Page:** 1 of 3
Subject: Code Yellow Missing Resident Staff Roles	**Approved by:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – After Being Made Aware of a Missing Resident

1. Put on an a Chief Warden emergency armband
2. Go to the emergency operations center (EOC)
3. Announce “Code Yellow-Mr/Mrs/Ms__________ Resident Home Area_______
4. Assign staff to search the immediate grounds
5. Collect marked floor plans from Area Wardens
6. Assign staff to search any rooms marked “L” on floor plans
7. Contact family to inform them and ask for places that should be searched
8. Call Niagara Regional Police (NRP) to request assistance
9. Initiate the emergency fan out system for your home if required.
10. Print resident photo
11. Complete the Code Yellow Missing Resident Report, located in Appendix ‘A’
12. Assign a staff member to go and meet NRP at front entrance
13. Upon arrival provide NRP with all information
14. Report the incident to the Ministry of Long-Term Care (MLTC) as required

Chief Warden – When Code Yellow Is Over

1. Inform family the resident is found
2. Announce “All Clear Code Yellow” 3 times
3. Report to the MLTC that the resident has been found (as required)
4. Update resident care plan (as required)

5. Complete and distribute Emergency Drill Report

Area Warden – After Being Told a Resident Is Missing

1. Check the resident in and out board
2. Tell staff to conduct a search of the resident home area
3. Use the Public Address (PA) system to announce “Mr/Mrs/Ms_____ please return to your area (two times at one minute intervals)
4. If no response report to the Chief Warden (if safe to leave residents)

Area Warden – After Being Made Aware of a Code Yellow Missing Resident

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Hand out floor plans of the area you are assigned to and tell staff to search all rooms including closets and under beds, including closets, under beds and in any space large enough to accommodate any person larger than a toddler.
4. Tell staff to mark an “S” on the floor plans for all rooms searched or “L” for any locked rooms that could not be searched
5. Once search is complete report to the Chief Warden at the EOC with the marked floor plans
6. If resident is found report to the Chief Warden

All Other Staff – After Being Made Aware of a Code Yellow Missing Resident

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - After Being Made Aware of a Code Yellow Missing Resident

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of Chief Warden if required.
3. Ensure Communication Plan is consulted and followed accordingly

Managers - After Being Made Aware of a Code Yellow Missing Resident

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	01 17 23	Added search language to Area Warden responsibilities	Manager Long Term Care Facilities
3	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.0-001
Section: Code Grey	**Page:** 1 of 1
Subject: Code Grey Emergency Response Plans Overview	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Purpose of a Code Grey Emergency Response Plan

Code Grey Emergency Response Plans are divided into three categories:

- Building Emergency
- Extreme Weather
- Extreme Weather/Natural Disaster

The above emergency situations are grouped together under Code Grey as they all pose threats to residents, staff, vital infrastructure and systems within each building.

Staff shall respond according to the appropriate Code Grey Emergency Response Plan roles and responsibilities.

Special Weather Statements

If a Special Weather Statement is issued staff shall activate the appropriate Code Grey Emergency Response Plan. Staff shall follow any instructions for Special Weather Statements if it is a first time occurrence or outside of any established Code Grey Response Plans in the Emergency Management Plan.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.0-002
Section: Code Grey	**Page:** 1 of 7
Subject: Code Grey – Additional Building Emergencies	**Approved By:** Divisional Leadership Team

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Purpose

Additional Building Emergency Response situations, associated roles, responsibilities and testing are as noted below;

Resident Communication and Response System

- Each long-term care home (LTCH) has a portable resident communication and response system capable of being distributed into a resident's home area of up to 30 units.
- Additional mitigation measures on the failure of a resident communication and response system may include the calling in of extra staff and the placement of bells in resident rooms in addition to following Urgent Maintenance Services (Appendix 'C') protocol.

The Resident Communication and Response System will be inspected annually to ensure proper operation of the system under;

Testing - PM02-028 - Nurse Call System (Documented In Maintenance Care)

One person is required to verify incoming calls to:

- The nurse call annunciator panel (if applicable)
- The nurse call console (if applicable)
- The nurse call marquis (if applicable)
- Staff pagers (if applicable)

Second designated person moves from room to room sending in a call from each:

- Bed station

- Washroom pull station
- Duty station (located in all common areas, corridors, family rooms, dining rooms etc.)
- During each activation of a station check the following:
  - Dome light outside the room illuminates
  - Call cord is in good condition
  - Washroom/shower pull cords are not more than 6 inches from the floor
  - Communicate from one person to another that the call has been received and verify the call designation
- Repair or replace any components not working
- Document work performed
- Maintain records for no less than two years unless otherwise indicated

Internal Building Flooding

Finding the Flood

- Isolate water source if possible – shut-offs are commonly located under sinks and toilets – turn clockwise to shut off
- If it is a small flood and can be corrected (i.e. plugged toilet, sink overflow) – stop water flow and clean up area
- If it is a large flood and cannot be corrected (i.e. broken toilet, burst pipe), contact maintenance during business hours and the Chief Warden shall follow Urgent Maintenance Services (Appendix ‘C’) protocol for after-hours response
- Utilize floor machines and/or mops to clean/contain flooded areas as best as possible

Building Services

- Arrange for repair and/or remediation of the system that caused flooding
- Dispose of contaminated items that cannot be dried
- Flooring that has been soaked by flood water should be removed and discarded.
- Dispose of all insulation materials, drywall that have been exposed to flood water and cannot be thoroughly cleaned and dried.
- Ensure interior spaces are thoroughly dried

- Arrange for mould remediation contractor if needed

Environmental Services

- Clean the affected area

Preventative maintenance will be completed annually on plumbing fixtures to ensure the proper operation as well as ensuring water conservation by preventing leaky or bypassing fixtures under;

Testing - PM01-011 - Plumbing Fixtures (Documented In Maintenance Care)

- Check all faucets, faucet connections, porcelain fixtures, drainage lines, for wear or damage.
- Repair or replace as necessary.
- Document work performed and maintain records for no less than 2 years unless otherwise indicated.

External Air Exclusion

In the event of an external emergency (i.e. fire, chemical spill, etc.) affecting the indoor air quality of a Long Term Care home;

- The decision to shut down air handling units bringing fresh air into a home will be made by emergency crews, the Administrator (or designate), the Manager Long Term Care Facilities or Supervisor Building Services only
- Building Services will be contacted and will arrange the shutdown of the applicable air handling units
- Communication will be put out to the building regarding the disruption of service and expected timeline for resolution (if known)
- Residents and building temperatures will be monitored
- Upon conclusion of the emergency all air handling systems will be re-instated

Air Handling Unit Preventative Maintenance (Units Are Shut-Down and Operation Verified)

Testing - Pm02-005 - Air Handler Units

Preventative maintenance will be completed on all air handling units semi-annually to ensure compliance with current legislation and optimal efficiency of the equipment.

Semi Annually in accordance with the Semi Annual Inspection for the Ventilation Systems and Prevention of Respiratory Illness for Residential facilities.

1. Disconnect, lock-out and tag energy source (refer to energy lock out policy)
2. When performing maintenance on equipment where dust or organic material will be disturbed staff should wear appropriate personal protective equipment (i.e. respirator, N95 mask, eye protection etc.)

The Maintenance Coordinator will ensure that the following occurs:

1. Fans:
   - (a) Clean buildup, dust, and dirt from fan blades.
   - (b) Clean inside of fan housing and casing, noting structural irregularities, condition of insulation, loose bolts, foundation and vibration isolation.
2. Bearings: (With pillow blocks, sleeve or ball bearings)
   - (a) Lubricate bearings, change oil, perform pressure lubrication according to manufacturer's instructions. Take care not to over-lubricate.
   - (b) Remove top housing and examine retainers and slings.
3. Drives: (Belt and direct)
   - (a) Inspect for excessive belt wear indicating misalignment, overloading, or improper belt tension.
   - (b) If belts are worn they should be replaced to prevent untimely breakdown. (Multi-belt drives should be replaced in matched sets.) Adjust belt tension with a scale and straight edge.
   - (c) Check rigid couplings for alignment on direct drives, and for tightness of assembly.
   - (d) Inspect flexible couplings for alignment and wear.
4. Coils
   - (e) Examine coils for leakage at joints and bends.
   - (f) Clean coil exterior by brushing, vacuuming, blowing, or chemical cleaning.
   - (g) Humidifiers (city water, spray, steam pan grids, etc.) will require additional attention to avoid scaling, odors, biological contaminants.
5. Freeze Protection and Controls

(h) Check pitch of coil to drainage point and blow down with compressed air.

(i) Inspect test controls, linkage and control motors used for freeze protection.

(j) Clean face bypass dampers and lubricate damper operators.

(k) Clean and lubricate as necessary.

6. Document work performed as required by the Semi Annual Ventilation Systems and Prevention of Respiratory Illness for Residential Facilities Checklist.
7. Maintain records for a minimum of two years or as directed.

Testing - PM02-010 - Exhaust Fans

Preventative maintenance will be performed on exhaust fans semi-annually to ensure compliance with legislation and optimal efficiency of the equipment.

Semi Annually in accordance with the Semi Annual Inspection for the Ventilation Systems and Prevention of Respiratory Illness for Residential Facilities

The Maintenance Coordinator will ensure the following is conducted semi-annually:

1. Disconnect, lock-out and tag energy source (refer to energy lock out policy).
2. Check over unit thoroughly. Look for signs of rust, corrosion or deterioration.
3. Check insulation, repair if needed.
4. Check structural members, vibration eliminators and flexible connections.
5. Check bearings, shaft, pulley, and alignment with motor (if vibration is excessive - check balance of motor).
6. Perform required lubrication as required.
7. Change/replace belts.
8. Document work performed as required by the semi- annual Ventilation Systems and Prevention of Respiratory Illness for Residential Facilities Checklist.
9. Maintain records for minimum of 2 years unless otherwise identified.

Elevators

Someone Is Trapped In the Elevator

- The Chief Warden will call the elevator maintenance company for the home located in the Call In List (Appendix ‘C’)
- The Chief Warden will activate Urgent Maintenance Services and/or the Manager On Call accordingly
- The Chief Warden (or designate) will make contact with the person(s) in the elevator, encouraging them to remain calm and until help arrives

Testing - PM02-052 Elevator Phones

To ensure the safe working condition and proper operation elevator emergency phones will be tested weekly.

The Maintenance Coordinator will ensure that the following is carried out weekly

1. Activate the emergency phone in each elevator
2. Ensure the call is answered by a staff member within the home
3. Ensure that if the call is unanswered by a staff member within the home the call is escalated and responded to by Regional Dispatch
4. Document work performed and maintain records for no less than 2 years unless otherwise indicated

Food Preparation Equipment

- Failure of food preparation equipment will be responded to in accordance with DAT01-001 in the Dietary Policy Manual.

Testing - PM02-026 - Mixers, Blenders/Food Processors

To ensure the safe working condition and proper operation, mixers, blixers/food processors will be inspected on a monthly basis.

Testing - PM02-011 - Combi-Ovens

To ensure the safe working condition and proper operation, combi-ovens will be inspected on a semi-annual basis.

Testing - PM02-012 - Convection Oven

To ensure the safe working condition and proper operation, convection ovens will be inspected on an annual basis.

Testing - PM02-042 - Conventional Oven/Range

To ensure the safe working condition and proper operation, conventional style oven/ranges will be inspected on an annual basis.

Cyber Security

In the event of a cyber-threat or cyber emergency affecting one or more Long Term Care homes;

- Those who become aware of the breach should report it immediately to;
    - A Manager during business hours
    - The Chief Warden after hours
        - The Chief Warden will then contact the Manager On Call
- The Manager shall contact the Service Desk and/or the Infrastructure and Telecom (IT) person on call through Regional Dispatch
- The Administrator will follow up with Risk Management (as applicable).
- Contact and alert Director of Seniors Serivices

Documentation

All real emergency events shall be documented on the Emergency Drill Report located in Appendix ‘A’. Testing Records as noted above also shall be kept in the Seniors Services Maintenance Management System (MMS).

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.1-001
Section: Code Grey Building Emergency - Loss of Heat	**Page:** 1 of 2
Subject: Code Grey Building Emergency - Loss of Heat Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents a long-term care home (LTCH) will follow the Code Grey - Building Emergency Loss of Heat Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a loss of heat.

Description

The loss or interruption of heat for a LTCH can affect the safety and provision of care/services for the residents of a home.

Loss of All Heating Systems

1. In the event that the heating system is not functional, immediate steps must be taken to conserve and preserve body heat.
2. All residents and staff should congregate in one area of the home (if possible), close all doors to other areas, and use all available blankets and bed clothing for warmth.
3. Develop a contingency plan to deal with a prolonged shortage of heat on each unit.

Emergency Operations Center

Immediately upon implementation of a Code Grey-Building Emergency, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix ‘A’.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

No Later than One Business Day

1. 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:
    a. A breakdown or failure of the security system,
    b. A breakdown of major equipment or a system in the home,
    c. A loss of essential services

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry’s method for after-hours emergency contact. Contact information can be found in Appendix ‘C’ Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.1-002
Section: Code Grey Building Emergency - Loss of Heat	**Page:** 1 of 3
Subject: Code Grey Building Emergency - Loss of Heat Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – After Being Made Aware of a Loss of Heat

1. Put on a Chief Warden emergency armband
2. Announce "Code Grey-Loss of Heat" three times slowly and clearly
3. Initiate the Protocol for Urgent Maintenance Services if required
4. Initiate the emergency fan out system for your home if required.
5. Go to the Emergency Operations Center (EOC)
6. Assign staff to close non-resident area doors to conserve heat
7. Assign staff to inventory emergency supplies (portable heaters)
8. Collect the inventory of surplus supplies from Area Wardens
9. Assess residents at risk
10. Assign staff to install portable heaters for residents at high risk
11. Call in additional staff as required
12. Notify residents and visitors of disruption of service (Disruption of Services Protocol)
13. Contact Ministry of Long-Term Care (MLTC) as required

Chief Warden - If the Situation Requires Relocation of Residents to another Facility

1. Determining relocation of residents will be authorized by the home's Administrator or emergency crews
2. Activate & follow the Code Green Emergency Response Plan

Chief Warden – When Code Grey Loss of Heat Is Over

1. Announce 'All Clear Code Grey-Loss of Heat" three times
2. Debrief with staff,
3. Complete and distribute Emergency Drill Report
4. Report to the MLTC as required

Area Warden – After Being Made Aware of a Code Grey Loss of Heat

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to close windows in your area
4. Tell staff to inventory surplus supplies such as sheets, blankets
5. Report to the Chief Warden at the EOC with the inventory of surplus supplies if safe to leave residents
6. Follow instruction from the Chief Warden

All Other Staff – After Being Made Aware of a Code Grey Loss of Heat

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - After Being Made Aware of a Code Grey Loss of Heat

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required

Managers - After Being Made Aware of a Code Grey Loss of Heat

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Building Services - Code Grey Loss of Heat

1. Work to ensure systems are operational and/or repaired
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities)
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.2-001
Section: Code Grey Building Emergency – Loss of Water/Boil Water Advisory	**Page:** 1 of 3
Subject: Code Grey Building Emergency - Loss of Water/Boil Water Advisory Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents a long-term care home (LTCH) will follow the Code Grey - Building Emergency Loss of Water/Boil Water Advisory Response Plan procedures located below and in Appendix ‘B’ if a LTCH experiences a loss, interruption and/or contamination of water services.

Description

The loss, interruption and/or contamination of water services for a LTCH can affect the safety and provision of care/services for the residents of a home.

The services that may be affected include fire protection systems (i.e. sprinkler systems, hose and stand pipe systems etc.), the preparation of meal service (i.e. equipment such as steamers, combi ovens, coffee machines and water cooled refrigeration equipment will not function), and bathing or personal care for the residents.

There are varying interruptions that a home may be faced with such as:

- A planned shutdown or interruption of water services, which provides the home an opportunity to pre-plan for the event. A planned interruption or loss of water service may be initiated by the municipal water service provider due to repairs/upgrades of local water mains etc. A planned shutdown or interruption may also be scheduled by the home for maintenance or to make repairs/alterations to systems within the home.
- An emergency shutdown or loss of municipal water service that requires immediate actions to be taken by the home’s staff.

- A potential contamination of the municipal water service that requires immediate actions to be taken by the home's staff.

Emergency Operations Center

Immediately upon implementation of a Code Grey-Building Emergency, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Loss of Water/Boil Water Advisory Required Actions Checklist

The checklists were developed to assist the Chief Warden in determining the actions required to be taken and are located in Appendix 'A'. Additional actions may be required as dictated by the circumstances of the emergency, subsequently some actions may not be required.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response.Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

Immediately

1. An emergency within the meaning of section 268 of the *Fixing Long-Term Care Act, 2021* including fire, unplanned evacuation or intake of evacuees.
2. Contamination of the drinking water supply.

No Later than One Business Day

1. 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;
    a. A breakdown or failure of the security system,
    b. A breakdown of major equipment or a system in the home,

c. A loss of essential services

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.2-002
Section: Code Grey Building Emergency – Loss of Water/Boil Water Advisory	**Page:** 1 of 3
Subject: Code Grey Loss of Water/Boil Water Advisory Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – After Being Made Aware of a Loss or Contamination of Water

1. Put on a Chief Warden emergency armband
2. Announce "Code Grey-Loss of Water/Boil Water Advisory" three times slowly and clearly
3. Initiate the Protocol for Urgent Maintenance Services if required
4. Initiate the Emergency Fan out System for your home if required.
5. Go to the Emergency Operations Centre (EOC)
6. Review the Required Actions Checklist located in the Emergency Management Plan, (Appendix 'A'), Emergency Reports and Required Actions Checklists) and determine appropriate action
7. Assign staff to duties as described in the Required Actions Checklist (as required)
8. Notify residents and visitors of disruption of service

Chief Warden - If the Situation Requires Relocation of the Residents to another Facility;

1. Determining relocation of residents will be authorized by the home's Administrator or emergency crews
2. Activate and follow the Code Green Emergency Response Plan

Chief Warden – When Code Grey Loss of Water/Boil Water Advisory Is Over

1. Announce "All Clear Code Grey Loss of Water/Boil Water Advisory" three times
2. Assign staff to turn on and flush water lines throughout the home if required.

3. Ensure proper notification to required personnel that the emergency is over.
4. Collect the emergency supplies.
5. Audit remaining bottled water inventory and notify Food Services Manager so stock can be reordered.
6. Debrief with staff and residents,
7. Complete and distribute Emergency Drill Report.
8. Report to the Ministry of Long-Term Care, Public Health etc. as required

Area Warden – After Being Made Aware of a Code Grey Loss of Water/Boil Water Advisory

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Report to the Chief Warden at the EOC if safe to leave residents
4. Follow instruction from the Chief Warden

All Other Staff – After Being Made Aware of a Code Grey Loss of Water/Boil Water Advisory

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - After Being Made Aware of a Code Grey Loss of Water/Boil Water Advisory

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required

Managers - After Being Made Aware of a Code Grey Loss of Water/Boil Water Advisory

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.3-001
Section: Code Grey Building Emergency – Loss of Electricity	**Page:** 1 of 3
Subject: Code Grey Building Emergency – Loss of Electricity Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Grey Building Emergency Loss of Electricity Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a loss of electricity.

Description

Each LTCH has an emergency backup generator to supply power to critical systems and equipment in the event of a loss of electricity. The home's emergency generator may be natural gas or diesel powered.

The emergency generators in each home will provide power for critical systems such as:

- Fire alarm systems
- Door security systems
- Nurse call systems
- Elevators
- Heating, Ventilation, Air Conditioning (HVAC) systems
- Lighting systems
- Dietary equipment
- Refrigeration equipment
- Selected outlets throughout the home (indicated with a red outlet)

In addition to the emergency generator each home maintains a supply of emergency equipment including flashlights, batteries, extension cords, portable battery backup, as well as portable generators (or have access to portable generators located at other LTCH) that will be distributed by staff as required.

Emergency Operations Centre

Immediately upon implementation of a Code Grey Building Emergency, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Loss of Electricity Required Actions Checklist

The checklists were developed to assist the Chief Warden in determining the actions required to be taken and are located in Appendix 'A'. Additional actions may be required as dictated by the circumstances of the emergency, subsequently some actions may not be required.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

Immediately

1. An emergency within the meaning of section 268 of the *Fixing Long-Term Care Act, 2021* including fire, unplanned evacuation or intake of evacuees

No later than one business day

1. 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:
    a. A breakdown or failure of the security system
    b. A breakdown of major equipment or a system in the home
    c. A loss of essential services

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.3-002
Section: Code Grey Building Emergency – Loss of Electricity	
Subject: Code Grey Building Emergency – Loss of Electricity Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – after being made aware of a loss of electricity

1. Put on a Chief Warden emergency armband
2. Announce "Code Grey Loss of Electricity" three times slowly and clearly
3. Initiate the protocol for Urgent Maintenance Services if required
4. Initiate the emergency fan out system if required
5. Go to the Emergency Operations Centre (EOC)
6. Review the Required Actions Checklist (Appendix 'A'), located in the Emergency Management Plan and determine appropriate action
   - If nurse call system is not functional assign staff to monitor residents
   - If door security system is not functional assign staff to monitor doors
7. Assign staff to duties as described in the Required Actions Checklist (as required)
8. Notify residents and visitors of disruption of service

Chief Warden - if the situation requires relocation of the residents to another facility

1. Determining relocation of residents will be authorized by the home's Administrator or emergency crews
2. Activate and follow the Code Green Emergency Response Plan

Chief Warden - when Code Grey loss of electricity is over

1. Ensure that magnetic locks are reset.
2. Verify the door security, fire alarm and nurse call systems are operational
3. Ensure a head count is completed for each resident area
4. Collect the emergency supplies issued to staff such as flashlights, batteries, extension cords, etc.
5. Ensure that special mattresses are re-inflated.
6. Announce 'All Clear Code Grey Loss of Electricity" three times
7. Debrief with staff and complete and distribute Emergency Drill Report
8. Report to the Ministry of Long-Term Care as required

Area Warden – after being made aware of a Code Grey loss of electricity

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to get emergency supplies (flashlights, extension cords etc.)
4. Tell staff to identify residents with oxygen (O_2) and air surfaces, and ensure equipment is plugged into a red receptacle
5. Report to the Chief Warden at the EOC if safe to leave residents
6. Follow instruction from the Chief Warden

All Other Staff – after being made aware of a Code Grey loss of electricity

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - after being made aware of a Code Grey loss of electricity

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required

Managers - after being made aware of a Code Grey loss of electricity

1. Return to your assigned area by the safest route, if you are not already on the area and

report to the Area Warden

2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Building Services - Code Grey loss of electricity

1. Work to ensure systems are operational and/or repaired
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.4-001
Section: Code Grey Building Emergency – CO (Carbon Monoxide)/Gas Leak	**Page:** 1 of 3
Subject: Code Grey Building Emergency – CO (Carbon Monoxide)/Gas Leak Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Grey Building Emergency CO (Carbon Monoxide)/Gas Leak Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a CO or natural gas leak emergency.

Description

Carbon monoxide is a colourless, odourless, tasteless, toxic gas; usually the product of incomplete combustion from a fuel fired appliance.

Natural gas is odourless in its pure state. An odorant is added to give natural gas a distinctive rotten egg smell.

Symptoms of carbon monoxide and / or natural gas exposure

Exposure to CO or natural gas can cause a number of serious symptoms including flu-like symptoms such as headaches, nausea and dizziness, as well as confusion, drowsiness, loss of consciousness and even death.

Signs of a natural gas leak

Sight - Damaged connections to natural gas appliances

Sound - Hissing or whistling.

Smell - A distinctive rotten egg or sulphur-like odour.

Ventilation

During a Code Red (fire emergency) it is important to close windows and doors in unaffected areas to prevent the spread of fire and or smoke from entering these areas.

During a Code Grey CO (Carbon Monoxide)/Gas Leak the opposite is true. Opening windows and doors in unaffected areas will ventilate these areas and prevent any potential carbon monoxide from spilling over and accumulating in these spaces.

Carbon Monoxide Detectors

Carbon monoxide detectors have been installed in areas of the home where fuel burning appliances/equipment have been located and adjacent resident sleeping areas. In some homes the detectors have also been installed within the resident room.

If a CO detector detects a dangerous level of CO, the red alarm light-emitting diode (LED) will flash, the detector will emit a loud alarm pattern (four quick beeps, five second pause and repeats) and the digital display will indicate the level of CO present in the form of parts per million (PPM).

Low levels - Generally below 50 PPM

Mid-levels - Generally between 50 PPM to 100PPM

High levels - Generally above 100PPM

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix ‘A’.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances:

No later than one business day

1. 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:

a. A breakdown or failure of the security system,
b. A breakdown of major equipment or a system in the home,
c. A loss of essential services, or
d. Flooding

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List.

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.4-002
Section: Code Grey Building Emergency – CO (Carbon Monoxide)/Gas Leak	**Page:** 1 of 3
Subject: Code Grey Building Emergency – CO(Carbon Monoxide)/Gas Leak Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

All Staff - I discovered the alarm or leak and/or smell natural gas

1. Remove or evacuate any residents or visitors from the affected area
2. Ensure containment – close the door(s)
3. Tell staff to report the alarm to the Chief Warden
4. If no other staff are nearby go to the closest location to find a staff member and then return to the area
5. Open windows or doors to ventilate the unaffected areas
6. Follow instructions from the Area Warden

Chief Warden – after being made aware of a CO (carbon monoxide) alarm or presence of natural gas

1. Put on the Chief Warden emergency armband
2. Announce "Code Grey CO" and the location of the alarm three times slowly and clearly
3. Go to the affected area
4. Confirm the alarm and/or presence of gas
5. Ensure resident and visitors have been removed from affected areas
6. Call 911
7. Ensure windows and doors are opened to provide ventilation in the unaffected areas
8. Assign one staff to the front entrance to meet the emergency crews

9. Initiate the protocol for Urgent Maintenance Services if required
10. Initiate the emergency fan out system if required.
11. Follow instructions from emergency crews

Chief Warden - if the situation requires relocation of the residents to another facility

1. Determining relocation of residents will be authorized by the home's Administrator or emergency crews
2. Activate and follow the Code Green Emergency Response Plan

Chief Warden - when Code Grey CO/gas leak is over

1. Announce "all clear Code Grey CO/Gas Leak" three times
2. Assign staff to take residents back to their rooms and conduct head count
3. Debrief with staff
4. Complete and distribute Emergency Drill Report

Area Warden – after being made aware of a Code Grey CO (carbon monoxide)/gas leak in my area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Confirm the location of the alarm
4. Ensure residents and visitors have been removed from the affected area
5. Follow instructions from the Chief Warden and emergency crews

Area Warden – after being made aware of a Code Grey CO (carbon monoxide)/gas leak outside of my area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Send a staff member to the affected area to assist (in the absence of other staff (ex. night shift) go to the affected area to assist)
4. Tell staff to open windows and doors in your area

All Other Staff – after being made aware of a Code Grey CO (carbon monoxide)/gas leak

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - after being made aware of a Code Grey CO (carbon monoxide)/gas leak

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required

Managers - after being made aware of a Code Grey CO (carbon monoxide)/gas leak

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.5-001
Section: Code Grey Extreme Weather – Loss of Cooling	**Page:** 1 of 3
Subject: Code Grey Extreme Weather – Loss of Cooling Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Grey Extreme Weather Loss of Cooling Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a loss of mechanical cooling system(s) leading to a rise in building temperatures above 26° C and resident duress or discomfort according to the Heat Related Illness Prevention and Management Plan (Ont. Reg. 246/22).

Heat Related Illness Prevention and Management Plan

The Heat Related Illness Prevention and Management Plan for the home shall be implemented every year during the period from May 15 to September 15, and it shall also be implemented:

- Any day on which the outside temperature forecasted by Environment Canada for the area in which the home is located is 26°C or above at any point during the day; and
- Anytime the temperature in an area in the home measured by the licensee in accordance with Ont. Reg. 246/22 reaches 26°C or above, for the remainder of the day and the following day.

Heat Warning – Environment Canada

A Heat Warning is issued by Environment Canada when two or more consecutive days of daytime maximum temperatures are expected to reach 31°C or warmer and nighttime minimum temperatures are expected to fall to 20°C or warmer, or;

A heat warning is issued when two or more consecutive days of humidex values are expected to reach 40°C or higher. This may also be communicated as a heat advisory by other issuing agencies.

Cooling Areas

In the event of system failure impacting resident comfort and central air conditioning is not available in one or more areas of the LTCH, separate designated cooling areas for every 40 residents will be established.

The resident home area dining rooms will serve as the default resident cooling areas (as required) until cooling systems are functional and/or air temperatures begin to drop. The LTCH may consider other areas for cooling areas as long as capacity does not exceed 40 residents.

If central air conditioning is not available in one area of the home, residents will be relocated to areas of the home where cooling systems are maintaining legislated temperatures.

Each LTCH shall have a spare stock of air conditioners on site with more units available at other LTCH's if required.

Emergency Operations Centre

Immediately upon implementation of a Code Grey Building Emergency, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances:

No later than one business day

1. 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:
    a. A breakdown or failure of the security system,
    b. A breakdown of major equipment or a system in the home,
    c. A loss of essential services.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.5-002
Section: Code Grey Extreme Weather – Loss of Cooling	
Subject: Code Grey Extreme Weather – Loss of Cooling Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – after being made aware of indoor temperatures rising above 26 degrees Celsius or of a cooling system failure

1. Put on a Chief Warden emergency armband
2. Confirm temperature
3. Announce “Code Grey Loss of Cooling” three times slowly and clearly
4. Initiate the Protocol for Urgent Maintenance Services
5. Initiate the emergency fan out system for your home if required.
6. Go to the Emergency Operations Centre (EOC)
7. Assign staff to prepare portable air conditioners for the areas where mechanical cooling system(s) have failed and residents are experiencing duress
8. Continually assess residents at risk
9. Prepare cooling area on resident’s home area dining room (or alternate location)
10. Move at risk residents to cooling area if the space they are in is unable to be cooled.
11. Call in additional staff as required
12. Notify residents and visitors of disruption of service
13. Contact the Ministry of Long-Term Care (MLTC) as required

Chief Warden - if the situation requires relocation of residents to another facility

1. Determining relocation of residents will be authorized by the home’s Administrator or emergency crews
2. Activate and follow the Code Green Emergency Response Plan

Chief Warden – when Code Grey loss of cooling is over

1. Announce 'All Clear Code Grey-Loss of Cooling" three times
2. Debrief with staff
3. Complete and distribute Emergency Drill Report
4. Report to the MLTC as required

Area Warden – after being made aware of a Code Grey loss of cooling affecting your area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to ensure windows are closed in your area
4. Tell staff to monitor residents
5. Report resident status
6. Establish cooling area as directed
7. Follow instruction from the Chief Warden

Area Warden – after being made aware of a Code Grey loss of cooling outside of your area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to ensure windows are closed in your area
4. Tell staff to monitor residents
5. Report resident status
6. Follow instruction from the Chief Warden

All Other Staff – after being made aware of a code grey loss of cooling

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - after being made aware of a Code Grey loss of cooling

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of Chief Warden if required.
3. Ensure Communication Plan is consulted and followed accordingly
4. Ensure Extreme Weather Plan is consulted and followed accordingly
5. Ensure the Heat Related Illness Prevention and Management Plan for and Hot Weather Guidelines are active and in place

Managers - after being made aware of a Code Grey loss of cooling

1. Ensure staff are aware of responsibilities
2. Ensure departmental equipment required for the emergency response is in a state of readiness
3. Assume the role of Area Warden or Chief Warden if required

Building Services - Code Grey loss of cooling

1. Work to ensure systems are operational and/or repaired
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.6-001
Section: Code Grey Extreme Weather – Winter Storm Warning	**Page:** 1 of 2
Subject: Code Grey Extreme Weather – Winter Storm Warning Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Grey Extreme Weather Winter Storm Warning Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a winter storm warning or blizzard warning.

Description

A Winter Storm Warning is issued by Environment Canada when severe and potentially dangerous winter weather conditions are expected, including;

A major snowfall (25 cm or more within a 24 hour period) or a snowfall warning (15cm or more within a 12 hour period) combined with other cold weather precipitation types such as: freezing rain, strong winds, blowing snow and/or extreme cold. Blizzard conditions may be part of an intense winter storm, in which case a blizzard warning is issued instead of a winter storm warning.

Emergency Operations Centre

Immediately upon implementation of a Code Grey Extreme Weather, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances:

No later than one business day

1. 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:
    a. A breakdown or failure of the security system,
    b. A breakdown of major equipment or a system in the home,
    c. A loss of essential services

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.6-002
Section: Code Grey Extreme Weather – Winter Storm Warning	**Page:** 1 of 3
Subject: Code Grey Extreme Weather Winter Storm Warning Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Administrator (or designate) - after being made aware of a Code Grey winter storm warning being issued

1. Announce "Code Grey Winter Storm Warning" to the building
2. Assume the role of Chief Warden if required
3. Ensure Communication Plan is consulted and followed accordingly
4. Ensure Extreme Weather Plan is consulted and followed accordingly

Administrator (or designate) - when the Code Grey winter storm warning is over

1. Debrief with staff and residents, complete and distribute Emergency Drill Report.
2. Announce "All Clear Code Grey: Winter Storm Warning" to the building

Managers - after being made aware of a Code Grey winter storm warning

1. Ensure staff are aware of responsibilities
2. Ensure departmental equipment required for the emergency response is in a state of readiness
3. Assume the role of Area Warden or Chief Warden if required

Building Services - after being made aware of a Code Grey winter storm warning

1. Ensure systems are operational
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

Chief Warden – after being made aware of Code Grey winter storm warning

1. Monitor residents and systems
2. If the situation increases in urgency put on the Chief Warden armband and respond accordingly
3. Prepare for the activation of other emergency codes and respond accordingly, i.e. loss of electricity,
4. Initiate the Protocol for Urgent Maintenance Services if required and /or outside of business hours
5. Initiate the emergency fan out system for your home if required.
6. Prepare portable heaters for distribution if needed
7. Notify residents and visitors of disruption of service if any systems fail

Chief Warden - when the Code Grey winter storm warning is over

1. Ensure proper notification to required personnel that the emergency is over (as needed).
2. Collect emergency supplies as needed
3. Report to the Ministry of Long-Term Care, Public Health etc. as required

Area Warden – after being made aware of a Code Grey winter storm warning

1. Ensure exterior windows and doors are securely closed in your area
2. Monitor residents for comfort and safety.
3. Ensure residents are not accessing exterior areas impacted by winds
4. Report to Chief Warden or management any areas where systems seem to not be functioning or where wind is entering the building or causing damage
5. If the situation increases in urgency put on the Area Warden armband and respond accordingly

All Other Staff – after being made aware of a Code Grey winter storm warning

1. Ensure exterior windows and doors are securely closed in your area
2. Monitor residents for comfort
3. Ensure residents are not accessing exterior areas impacted by winds

4. Report to Area Warden, Chief Warden or management any areas where systems seem to not be functioning, or where snow is entering the building or causing damage

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.7-001
Section: Code Grey Extreme Weather/Natural Disaster - Tornado Warning	**Page:** 1 of 3
Subject: Code Grey Extreme Weather/Natural Disaster - Tornado Warning Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Grey Extreme Weather/Natural Disaster Tornado Warning Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH is located in a geographic area that a tornado warning has been issued for.

Description

Tornadoes are rotating columns of high winds. Tornadoes can be hard to predict and can move up to 70 km/hour and leave a long path of destruction including uprooted trees, overturned cars, and demolished houses. Beware of flying debris. Even small objects such as sticks and straw can become dangerous.

Tornado Watch – Issued when conditions are favourable for the development of severe thunderstorms with one or more tornadoes. Tornado watches are also issued when the possibility of cold core funnel clouds is likely, and poses a threat to people on the ground. If there is a land spout on the ground, a tornado warning will be issued.

Tornado Warning – Issued when one or more tornadoes are occurring in the area specified or rotation is detected on weather radar, or when someone spots a supercell tornado or a land spout on the ground. The exact location of the tornado or storm will be given in the statement

Warnings are issued when severe weather is either imminent or occurring.

Tornado warning signs

1. Severe thunderstorms.
2. An extremely dark sky, sometimes highlighted by green or yellow clouds.
3. A rumbling or whistling sound similar to the sound of a freight train.
4. A funnel cloud at the rear base of a thundercloud, often being a curtain of heavy rain or hail.

Emergency Operations Centre

Immediately upon implementation of a Code Grey Extreme Weather/Natural Disaster, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix ‘A’.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances:

Immediately

1. An emergency within the meaning of section 268 of the *Fixing Long-Term Care Act, 2021* including fire, unplanned evacuation or intake of evacuees

No later than one business day

1. 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:
    a. A breakdown or failure of the security system,

b. A breakdown of major equipment or a system in the home,

c. A loss of essential services, or

d. Flooding.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.7-002
Section: Code Grey Extreme Weather/Natural Disaster - Tornado Warning	**Page:** 1 of 3
Subject: Code Grey Extreme Weather/Natural Disaster – Tornado Warning Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – after being made aware of a declared tornado warning

1. Put on an Chief Warden emergency armband
2. Announce “Code Grey Tornado Warning” three times slowly and clearly to the building
3. Go to the Emergency Operations Centre (EOC)
4. Initiate the emergency fan out system if required
5. Initiate the Extreme Weather Plan ‘Appendix F’ if the warning is not imminent
6. Establish communication with each resident home area
7. Ensure residents are moved away from windows into central areas of the building
8. Ensure windows and doors are closed throughout the building
9. Prepare for loss of electricity
10. Call 911 if a tornado impacts the home
11. Shelter in place until the tornado warning has ended
12. Follow instructions from emergency crews if they are on site

Chief Warden - if the situation requires relocation of the residents to another facility

1. Determining relocation of residents will be authorized by the home’s Administrator or emergency crews

2. Activate and follow the Code Green Emergency Response Plan

Chief Warden - when the Code Grey tornado warning has ended

1. Return residents to their rooms if able
2. If the home has been affected, initiate other Emergency Response Plans as needed.
3. Complete and distribute Emergency Drill Report

Area Warden – after being made aware of a Code Grey tornado warning

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to move residents into hallways and central areas of the building away from skylights, windows and exterior walls. Use bathrooms if needed
4. Tell staff to close all windows and doors, including fire doors
5. Keep residents aligned in an orderly fashion to continue moving to alternate areas if necessary
6. Prepare for loss of electricity
7. Follow instructions from the Chief Warden and emergency crews if they are on site

All Other Staff – after being made aware of a Code Grey tornado warning

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - after being made aware of a Code Grey tornado warning

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required
3. Ensure Communication Plan is consulted and followed accordingly
4. Ensure Extreme Weather Plan is consulted and followed accordingly

Managers - after being made aware of a Code Grey tornado warning

1. Return to your assigned area by the safest route, if you are not already on the area and

report to the Area Warden

2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.8-001
Section: Code Grey Extreme Weather/Natural Disaster – Wind Warning	**Page:** 1 of 3
Subject: Code Grey Extreme Weather/Natural Disaster – Wind Warning Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Grey Extreme Weather/Natural Disaster Wind Warning Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH is located in a geographic area that a wind warning has been issued for.

Description

A wind warning is issued by Environment Canada for sustained winds of 70 km/h or more and/or gusts to 90 km/h or more

Preparing for the wind warning

1. Ensure staffing levels are appropriate
2. Ensure windows and doors are secure
3. Ensure loose items around the exterior of the building are secure
4. Ensure garbage enclosures are secure
5. Staff should avoid parking near trees where possible

After the wind warning

1. Ensure there is no damage to the exterior of the building
2. Ensure all systems are functioning as intended

Emergency Operations Centre

Immediately upon implementation of a Code Grey Extreme Weather/Natural Disaster, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances:

Immediately

1. An emergency within the meaning of section 268 of the *Fixing Long-Term Care Act, 2021* including fire, unplanned evacuation or intake of evacuees

No later than one business day

1. 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:
    a. A breakdown or failure of the security system,
    b. A breakdown of major equipment or a system in the home,
    c. A loss of essential services, or
    d. Flooding.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's

method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP06.8-002
Section: Code Grey Extreme Weather/Natural Disaster – Wind Warning	**Page:** 1 of 3
Subject: Code Grey Extreme Weather/Natural Disaster – Wind Warning Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Administrator (or designate) - after being made aware of a wind warning being issued

1. Announce “Code Grey Wind Warning” to the building
2. Assume the role of Chief Warden if required.
3. Ensure Communication Plan is consulted and followed accordingly
4. Ensure Extreme Weather Plan is consulted and followed accordingly

Administrator (or designate) - when the Code Grey wind warning is over;

1. Debrief with staff and residents, complete and distribute Emergency Drill Report.
2. Announce “All Clear Code Grey Wind Warning” to the building

Managers - after being made aware of a Code Grey wind warning

1. Ensure staff are aware of responsibilities
2. Ensure departmental equipment required for the emergency response is in a state of readiness
3. Assume the role of Area Warden or Chief Warden if required

Building Services - after being made aware of a Code Grey wind warning

1. Ensure systems are operational
2. Ensure generator is in a state of readiness
3. Ensure departmental emergency equipment and materials are in a state of readiness

Chief Warden – after being made aware of a Code Grey wind warning

1. Monitor residents and systems
2. If the situation increases in urgency put on the Chief Warden armband and respond accordingly
3. Prepare for the activation of other emergency codes and respond accordingly, i.e. loss of electricity
4. Initiate the Protocol for Urgent Maintenance Services if required and /or outside of business hours
5. Initiate the emergency fan out system for your home if required.
6. Prepare portable heaters for distribution if needed
7. Notify residents and visitors of disruption of service if any systems fail

Chief Warden - when the Code Grey wind warning is over;

1. Ensure proper notification to required personnel that the emergency is over (as needed).
2. Collect emergency supplies as needed
3. Report to Ministry of Long-Term Care, Public Health, etc. as required

Area Warden – after being made aware of a Code Grey wind warning

1. Ensure exterior windows and doors are securely closed in your area
2. Monitor residents for comfort and safety
3. Ensure residents are not accessing exterior areas impacted by winds
4. Report to Chief Warden or management any areas where systems seem to not be functioning or where wind is entering the building or causing damage
5. If the situation increases in urgency put on the Area Warden armband and respond accordingly

All Other Staff – after being made aware of a Code Grey wind warning

1. Ensure exterior windows and doors are securely closed in your area
2. Monitor residents for comfort
3. Ensure residents are not accessing exterior areas impacted by winds
4. Report to Area Warden, Chief Warden or Management any areas where systems

seem to not be functioning, or where wind is entering the building or causing damage

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP07-001
Section: Code Black – Bomb Threat	**Page:** 1 of 4
Subject: Code Black – Bomb Threat Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Black Bomb Threat Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a bomb threat.

Description

A bomb threat is defined as a threat to detonate an explosive or incendiary device to cause property damage, death, or injuries, whether or not such a device actually exists. All bomb threats are to be taken seriously.

Although very few bomb threats are real, a threat of this nature must be taken seriously. Generally speaking anyone actually wishing to do harm by placing a bomb at a location usually will not call to provide warning however, this is not always the case and it must be assumed that any threat received is an actual threat.

If received by mail

The first person to read the document will immediately protect it for fingerprints, notify the Administrator (or designate) and/or the Chief Warden. Do a quick visual inspection of your area. Do not touch or move suspicious objects or packages. Do not use radios or cell phones as they can trigger an explosive device.

If received by telephone

The person receiving the call, shall use the Code Black Alarm Report located at each landline business related phone and in Appendix 'A' to help summarize the following information:

1. Record the time of the call

2. Establish the location of the bomb if possible and when it was placed
3. Establish when the bomb is set to go off, ask if it is an electrical or mechanical device
4. Ask why the bomb was put here, (i.e. personal, property, etc.).
5. Endeavour to establish the origin of the call (background noises, traffic, equipment, voices, weather)
6. Endeavour to determine the language dialect or distinguishing feature of the caller's voice
7. Ask questions that might assist in identifying the caller i.e. "What is your name?"
8. Endeavour to determine the caller's state of mind, (i.e. calm, irrational, rational, intoxicated, etc.).
9. Endeavour to establish the sex and approximate age of the caller
10. Complete Code Black Alarm Report as the call is in progress
11. Dial 911; inform of bomb/threatening call
12. Forward the Code Black Alarm Report to the Administrator (or designate) and/or the Chief Warden

Answer all questions in the report as fully as possible during the phone call. Write down as much detail as possible. Remember that strong emotions will accompany this type of threat and it is easy to forget details you might have observed. Stay calm and try to obtain as much information about the bomb and about the caller as possible.

Emergency Operations Centre

Immediately upon implementation of a Code Black, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Role of Police

1. Police will respond to the LTCH after the 911 call is placed. They may arrive quietly as to not draw any more attention to the situation.
2. Police will be limited in the LTCH search since they are not familiar with the LTCH's floor plan and equipment; and would not know what was foreign or normal. Staff may be required to assist in a visual search of the building with police due to their familiarity with the LTCH.
3. The police should be informed of extremely vulnerable areas - both inside and outside

the LTCH (i.e. fuel storage, electrical sources, etc.).

4. If a bomb or suspected bomb is found, it then becomes the complete responsibility of the police department to deactivate it or remove it to where it can be safely detonated.

Evacuation (Code Green)

Evacuation is not required unless:

1. Police order it
2. A suspicious item is found
3. The caller has indicated the location and/or time of explosion
4. If a bomb or suspected bomb is found, police will instruct staff to evacuate residents in the immediate vicinity of the bomb.
5. If an evacuation is ordered follow Code Green Evacuation procedures
6. After a decision has been made with regard to the evacuation route, the area will be evacuated. The shortest route may not necessarily be the safest. This will be the police decision, assisted by the Chief Warden.

Media communication

1. Staff at the LTCH should not speak with the media.
2. Any communication to the media will be handled according to Corporate Policy, in consultation with the police.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix ‘A’.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

Immediately

1. An emergency within the meaning of section 268 of the *Fixing Long-Term Care Act, 2021*, including fire, unplanned evacuation or intake of evacuees.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP07-002
Section: Code Black – Bomb Threat	**Page:** 1 of 3
Subject: Code Black – Bomb Threat Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – after being made aware of a bomb threat

1. Put on a Chief Warden emergency armband
2. Call 911
3. Announce "Code Black" three times slowly and clearly
4. Initiate the emergency fan out system if required
5. Go to the Emergency Operations Centre (EOC)
6. Investigate the severity of the threat
7. Assign a staff member to go and meet emergency crews at front entrance

Chief Warden - if the location of the bomb is known

1. Announce "Code Green" three times
2. Follow Code Green Emergency Response Plan

If the location of the bomb is not known

1. Instruct staff to search the building looking for anything suspicious—visual search only
2. Collect marked floor plans from Area Wardens
3. Provide police with floor plans noting the areas marked "L" that were inaccessible
4. Follow instructions from emergency crews including activating Code Green Emergency Response Plan

Chief Warden when Code Black bomb threat is over

1. Announce "All Clear Code Black" three times
2. Debrief with staff

3. Complete and distribute Emergency Drill Report

Area Warden – after being made aware of a Code Black bomb threat

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden armband
3. Tell staff to ensure residents have identification wrist bands on
4. Tell staff to prepare to move resident charts and med carts

Area Warden - if instructed to search the building

1. Hand out floor plans (from emergency management plan) of your area and tell staff to conduct a visual search of all rooms including closets and under beds
2. Staff should look for anything suspicious, i.e. back packs, suspicious packages etc.
3. Tell staff to mark an “S” on the floor plans for all rooms searched or “L” for any locked rooms that could not be searched
4. Once search is complete report to the Chief Warden at the EOC with the marked floor plans

All Other Staff – after being made aware of a Code Black bomb threat

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - after being made aware of a Code Black bomb threat

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required
3. Ensure Communication Plan is consulted and followed accordingly

Managers - after being made aware of a code

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP08-001
Section: Code Brown – Chemical Spill	**Page:** 1 of 5
Subject: Code Brown – Chemical Spill Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Brown Chemical Spill Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a chemical spill. The chemical spill response will meet current standards as defined by the Ministry of Environment and any other current legislation.

Description

Chemical spills are the uncontrolled release of a hazardous chemical, either as a solid, liquid or a gas.

These spills need to be minimized as much as possible. If a chemical spill should occur, a quick response with a stocked chemical spill kit will help minimize potential harm to personnel, equipment and laboratory space.

Emergency Spill Kits

Each home will maintain at least one emergency chemical spill kit to manage and control a spill.

The chemical spill kit will contain the following:

1. Instructions for the use of the spill kit.
2. Personal protective equipment (PPE) including; two sets of goggles (eye protection), an apron, two sets of chemical resistant gloves.
3. At least 5 - 3 inch x 4 foot absorbent socks
4. At least 1 – 3 inch x 8 foot absorbent sock
5. At least 50 – 15 inch x 19 inch absorbent pads

6. Rubber sheeting large enough to cover a catch basin or storm sewer gate
7. A quantity of 4 millimetre disposable bags to collect and dispose of contaminated materials.
8. One roll of caution tape

The Administrator will ensure the location(s) of the emergency chemical spill kit(s) will be in a place determined by the home that allows easy access for staff in a Code Brown Chemical Spill. The location(s) of the emergency spill kit(s) will be communicated to the Joint Health and Safety Committee (JHSC) of the home and all other staff.

The JHSC will inspect the emergency chemical spill kit(s) as part of their regular inspection cycle.

Building Services will be responsible for maintaining the contents of the emergency chemical spill kit(s). All staff will be responsible to report to the Maintenance Coordinator any materials and quantities that have been used from the kit(s).

If the spill is a “major spill” and affects the health or safety of any occupants in the home, Emergency Medical Services (EMS) and Fire Services will be notified to respond by calling 911.

If the spill requires additional resources for remediation (spills that require the assistance from a qualified contractor for containment and clean up) see Call In List, Appendix ‘C’.

Note: Proper PPE shall be worn by all staff when handling any contaminated material in any of the above situations and according to Safety Data Sheet (SDS) requirements.

Minor Chemical Spill Indoors

1. The Safety Data Sheets must be consulted prior to handling any contaminated material.
2. Eliminate all ignition sources if the spill is flammable.
3. If possible, stop the flow at the source.
4. Contain the spill and do not allow the spill to spread or migrate. This can be done by:
    i. Placing “absorbent socks”, obtained from the emergency spill kit, around the spill.
    ii. Placing the rubber sheeting, obtained from the emergency spill kit, over floor drains or storm drains etc.
5. Remove other materials, or equipment from the path of the spill.
6. Soak up spill with absorbent padding, obtained from the emergency spill kit.

7. Place all contaminated materials in the bags provided in the emergency spill kit.
8. If the spill is water soluble, wash the area with warm soapy water to remove any residue.
9. Contact Maintenance for disposal of contaminated materials and to replenish the emergency spill kit.
10. Complete an Employee Incident Report.

Major Chemical Spill Indoors

1. Evacuate the affected area.
2. Notify the Chief Warden
3. Wait in a safe area for the Chief Warden to report to the scene.
4. Do not allow unauthorized persons to enter the contaminated area.

Chemical Spill Outdoors

1. Notify the Chief Warden
2. The Material Safety Data Sheets must be consulted prior to handling any contaminated material.
3. Eliminate all ignition sources if spill is flammable liquids
4. If possible, stop the flow at the source.
5. Contain the spill and do not allow the spill to spread or migrate. This can be done by:
    a. Placing “socks”, obtained from the emergency spill kit, around the spill.
    b. Diking with earth/soil or other material.
    c. Placing the rubber sheeting, obtained from the emergency spill kit, over storm drains, sewer manholes etc. to prevent contaminating ground water or sewer system.
6. Remove other materials, or equipment from the path of the spill.
7. Soak up spill with absorbent padding, obtained from the emergency spill kit.
8. Place all contaminated materials in the bags provided in the emergency spill kit.

First Aid – Always Consult Safety Data Sheet

Eye Contact:
If a chemical has been splashed into the eyes, immediately wash the eye and inner surface of the eyelid with copious amounts of water for 15 minutes. Check for and remove any contact lenses at once. Seek medical attention immediately.

Ingestion:
Consult SDS or call Ontario Poison Center (OPC) 24/7 at 1-800-268-9017. Follow directions and seek medical attention immediately.

Minor Skin Contact:
Promptly flush the affected area with water and remove any contaminated clothing. If symptoms persist after washing, seek medical attention.

Major Skin Contact:

If chemicals have been spilled over a large area of the body, quickly remove all contaminated clothing and rinse body with water. Seek medical attention immediately.

Note: Remember that for some chemicals, effects resulting from exposure may not become apparent until hours or days later. Consult the SDS for any chemical to which someone has been exposed, even if no immediate injury is apparent.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

If the spill is not exempt from the reporting guidelines as noted in Appendix 'A', owners of pollutants reporting spills are required to contact the Spills Action Centre by telephone:

- 416-325-3000
- Toll-free: 1-800-268-6060
- TTY: 1-855-889-5775

Owners should be prepared with the following information:

- Their name and phone number
- Name and phone number of the person or company in control of the product spilled
- Date, time and location of the spill
- Duration of the spill (if known) and whether the spill is ongoing
- Type and quantity of pollutant spilled, including hazard level or toxicity information
- Source of the spill and information on the cause
- Description of adverse effects
- Environmental conditions that affect the spill (weather, traffic, etc.)
- Actions being taken to respond
- Other agencies and parties responding

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

No later than one business day

1. 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;
    a. A breakdown or failure of the security system,
    b. A breakdown of major equipment or a system in the home,
    c. A loss of essential services, or
    d. Flooding.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP08-002
Section: Code Brown – Chemical Spill	**Page:** 1 of 3
Subject: Code Brown – Chemical Spill Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – After being made aware of a chemical spill

1. Put on the Chief Warden emergency armband
2. Announce "Code Brown" and the location of the spill three times slowly and clearly
3. Go to the affected area
4. Confirm the location of the spill
5. Ensure resident and visitors have been removed from the affected area
6. Call 911 if necessary
7. Call spill response contractor if necessary
8. Assign one staff to go to the front entrance to meet the emergency crews
9. Initiate the emergency fan out system if required
10. Follow instructions from emergency crews

Chief Warden - When Code Brown is over

1. Announce "All Clear Code Brown" three times
2. Report the spill if required
3. Assign staff to take residents back to their rooms and conduct head count
4. Debrief with staff
5. Complete and distribute Emergency Drill Report

Area Warden – After being made aware of a Code Brown chemical spill that is in my area

1. Return to your area by the safest route, if you are not already on the area

2. Put on the Area Warden emergency armband
3. Confirm the location of the spill
4. Get the Safety Data Sheet
5. Ensure residents and visitors have been removed from the affected area
6. Tell staff to get the emergency spill kit
7. Follow instructions from the Chief Warden and emergency crews

Area Warden – After being made aware of a Code Brown chemical spill that is not in my area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Send a staff member to the affected area to assist

All Other Staff – After being made aware of a Code Brown chemical spill

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - After being made aware of a Code Brown chemical spill

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required

Managers - After being made aware of a Code Brown chemical spill

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP09-001
Section: Code Orange – Community Disaster	**Page:** 1 of 2
Subject: Code Orange – Community Disaster Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and continued provision of services for residents, a long-term care home (LTCH) will follow the Code Orange Community Disaster Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences an influx of residents being relocated from another facility that has had to evacuate.

Description

Code Orange Community Disaster is an influx of residents or patients from another facility due to a community disaster, facility disaster etc.

Due to the influx of additional people menus may need to be changed or altered during the emergency.

Each home is to having sleeping arrangements for the number of residents they have identified they can accommodate in the LTCH's Reciprocal Relocation Agreement.

The Administrator (or designate) will ensure the evacuating facility has obtained temporary licenses as required by the Ministry of Long Term Care.

The Administrator (or designate) will be responsible for announcing "All Clear Code Orange" once all residents or patients have returned to their home facility at the conclusion of the emergency.

Emergency Operations Centre

Immediately upon implementation of a Code Orange Community Disaster, an Emergency Operations Centre (EOC) will be established by the Chief Warden. The reception area of the home will serve as the default location for the EOC.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix ‘A’.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

Immediately

1. An emergency within the meaning of section 268 of the *Fixing Long-Term Care Act, 2021* including fire, unplanned evacuation or intake of evacuees.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry’s method for after-hours emergency contact. Contact information can be found in Appendix ‘C’ Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP09-002
Section: Code Orange – Community Disaster	**Page:** 1 of 3
Subject: Code Orange – Community Disaster Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – after being made aware of a community disaster

1. Put on an Chief Warden emergency armband
2. Announce "Code Orange" three times slowly and clearly
3. Go to the Emergency Operations Centre (EOC)
4. Initiate the emergency fan out system if required
5. Call in additional staff if required
6. Collect surplus inventory info from staff reporting from other resident home areas
7. Assign staff to prepare a receiving area
8. Assign staff to prepare
   - Extra sheets and blankets
   - Mattresses and beds
   - Towels and face cloths
   - Incontinence products
   - Hygiene supplies
   - Emergency identification wrist bands

Chief Warden - when residents/patients arrive

1. Assign staff to ensure each person has identification
2. Assign staff to review each person's medical records if available, if not available

interviewing each person or care giver responsible for the person

3. Document each residents needs
4. Assign staff to take and record each person's vitals
5. Complete and distribute Emergency Drill Report

Note: The Administrator (or designate) will be responsible for announcing "All Clear Code Orange" once all residents or patients have been relocated from the receiving long-term care home (LTCH) at the conclusion of the emergency.

Area Warden – after being made aware of a Code Orange community disaster

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Tell staff to inventory surplus supplies in the area you are assigned to
    - Sheets, blankets, pillows
    - Face clothes, towels
    - Incontinence products
    - Mattresses, empty beds

Send available staff to the EOC to report surplus supply inventory to the Chief Warden

All Other Staff – after being made aware of a Code Orange community disaster

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents, report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator -after being made aware of a Code Orange community disaster

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required

Managers - after being made aware of a Code Orange community disaster

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden

2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required
4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP10-001
Section: Code White – Violent Outburst	**Page:** 1 of 4
Subject: Code White – Violent Outburst Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

To ensure the safety and security of residents, staff and visitors, a long-term care home (LTCH) will follow the Code White Violent Outburst Emergency Response Plan procedures located below and in Appendix 'B' if a LTCH experiences a violent outburst.

Description

A violent outburst is a violent expression of feeling and/or an outburst of anger.

Common Law Duty – S.39, Fixing Long Term Care Act, 2021

Common Law Duty

39 (1) Nothing in this Act affects the common law duty of a caregiver to restrain or confine a person when immediate action is necessary to prevent serious bodily harm to the person or to others.

Restraining by physical device under common law duty

39 (2) If a resident is being restrained by a physical device pursuant to the common law duty referred to in subsection (1), the licensee shall ensure that the device is used in accordance with any requirements provided for in the regulations and that any other requirements provided for in the regulations are satisfied.

Restraining by administration of drug, etc., under common law duty

39 (3) A resident may not be restrained by the administration of a drug pursuant to the common law duty referred to in subsection (1) unless the administration of the drug is ordered by a physician or other person provided for in the regulations.

Same

39 (4) If a resident is being restrained by the administration of a drug pursuant to the common law duty referred to in subsection (1), the licensee shall ensure that the drug is used in accordance with any requirements provided for in the regulations and that any other requirements provided for in the regulations are satisfied.

Purpose

1. To provide a standard response for staff to obtain assistance in managing episodes involving a violent person.
2. To preserve the safety of staff, residents and visitors.
3. To communicate an episode of violence to other staff members working in the building.
4. To assist the person displaying violence to regain control over their behaviour.
5. To ensure a debrief occurs following every activation of the plan and to evaluate areas for improvement.

Violent Outburst - Resident

1. A crisis response may be necessary when a resident displays a substantial loss of control and responsive behavior is imminent or has erupted. The behaviors may include a resident who is verbally and /or physically threatening towards self, residents, staff, family, volunteers and /or visitors and:
    a) The resident is not responding to verbal de-escalation techniques, negotiating, redirection, limit setting and problem solving techniques by the staff.
    b) A resident may require an emergency restraint (chemical, physical, environmental) and is, or is anticipated to be resistive to the restraining procedure.
    c) Immediate assistance is required.
2. Where any of the above occurs, a staff member shall not approach the resident alone to provide any type of personal care.
3. If a staff member is being confronted or harmed by a resident they should:
    a) Attempt all previously taught gentle persuasive approach techniques.
    b) If the behavior of the resident is escalating keep the resident in full view but do not approach.

c) Do not turn your back to the resident. Speak in a calm, reassuring and quiet voice.

Violent Outburst – Non Resident

If the emergency involves a non-resident (other staff member, family member, visitor, trespasser etc.) staff should;

1. Notify others of the emergency by:
    a. Using the Code White whistle
    b. Announcing the Code White over the phone/PA system
    c. Calling 911
2. Not approach or confront the person
3. Remove others from immediate danger
4. Wait in a safe location for emergency crews

Emergency Contacts

Where possible, the substitute decision maker should be called to see if the individual(s) can assist in de-escalation of situation

The Chief Warden will assess the situation and call 911 if a response is required by Niagara Regional Police (NRP)

If NRP are called the Chief Warden shall provide the police with relevant health information to ensure safety and to address the situation.

Restraints

The Charge Nurse may contact the physician for an immediate order for a chemical restraint and a possible Form 1 situation and/or implement Emergency Situation under "Common Law Duty" *Fixing, Long-Term Care Act, 2019* s.39 (as noted above), initiating emergency physical restraints

Implement 1:1 staffing for resident and monitor effect of restraint (every 15 minutes) if applied.

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This

debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Every licensee of a LTCH shall ensure that the Director is informed in as much detail as is possible under the following timelines and in the associated circumstances;

1. The incident must be documented in progress notes identifying any precipitating factors prior to the incident, the type of behavior exhibited, a summary of the crisis situation, a listing of staff responding to the Code White and the outcome.
2. If the resident has negative outcomes or is transferred to hospital the Critical Incident Form must be completed and submitted to the Director of Care.
3. An Employee Incident Report must be completed if any injuries were incurred and submitted to the employee's respective manager.
4. Immediately after the Code White has been declared 'All Clear' the Chief Warden will meet with the respondents to the violent outburst to debrief and complete the Code White Violent Outburst Responsive Behaviour Debrief Tool located in Appendix 'A'.

Report Submission

Where a licensee is required to make a report immediately as identified above and it is after normal business hours, the licensee shall make the report using the Ministry's method for after-hours emergency contact. Contact information can be found in Appendix 'C' Communication Plan – Call in List

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP10-002
Section: Code White – Violent Outburst	**Page:** 1 of 3
Subject: Code White – Violent Outburst Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – after being made aware of a violent outburst

1. If the emergency has not been announced, announce "Code White" and the location three times slowly and clearly
2. Go to the location of the incident and investigate the severity of the incident

Chief Warden - if the Code White involves a resident

1. Call 911 if required
2. Assign one staff to go to the front entrance and meet the emergency crews
3. If required, contact the physician for an immediate order for a chemical restraint/possible Form one situation. Refer to PTH02-008 - Chemical Restraint Policy
4. Implement 1:1 staffing for resident
5. Monitor effect of restraint every 15 minutes

Chief Warden - if the Code White involves a person other than a resident

1. Call 911
2. Assign one staff to go to the front entrance and meet the emergency crews
3. Help residents, visitors and staff to safety
4. Wait in a safe location for emergency crews

Chief Warden - when Code White is over

1. Announce 'All Clear Code White" three times
2. Document the incident as required
    a. Progress notes

b. Critical Incident

c. Employee incident

d. Responsive Behavior Debrief Tool

3. Complete and distribute Emergency Drill Report

Area Warden – after being made aware of a Code White violent outburst in your area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Help other residents and visitors to safety
4. Wait in a safe location for the Chief Warden, emergency crews

Area Warden – after being made aware of a Code White violent outburst outside of your area

1. Return to your area by the safest route, if you are not already on the area
2. Put on the Area Warden emergency armband
3. Send a staff member to the affected area to assist (In the absence of other staff (ex. night shift) go to the area of the incident)

All Other Staff – after being made aware of a Code White violent outburst

1. If not directly supervising residents, return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. If directly supervising residents report to the Area Warden where you are
3. Follow instruction from the Area Warden

Administrator - after being made aware of a Code White violent outburst

1. Assist the Chief Warden with carrying out the duties of the Chief Warden
2. Assume the role of the Chief Warden if required

Managers - after being made aware of a Code White violent outburst

1. Return to your assigned area by the safest route, if you are not already on the area and report to the Area Warden
2. Follow instruction from the Area Warden, Chief Warden and emergency crews
3. Assume the role of the Area Warden if required

4. Assume the role of the Chief Warden if required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP11-001
Section: Code Blue – Medical Emergency	**Page:** 1 of 5
Subject: Code Blue – Medical Emergency Response Plan	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Policy

In the event of a medical emergency, the Registered Nurse will be immediately notified to report to the area to provide the appropriate assessment and response to the situation. Cardiopulmonary resuscitation (CPR) will be provided by staff certified and competent in CPR.

Consent must be obtained from the capable resident or the resident's substitute decision maker (SDM) if the resident is incapable when any treatment is being proposed

Purpose

To ensure that the wishes of the capable resident or incapable resident's SDM are met if a resident suffers a cardiac arrest, which meets the criteria for resuscitation

Background

Residents who reside in a long-term care home may experience a medical emergency from time to time. The current treatment plan, which can include medical directives, reflects the most recent plan for which consent was received

Visitors and staff may occasionally experience a medical emergency. CPR will most commonly be initiated unless the individual's wishes are known that CPR should not be started.

Definition

Cardiopulmonary Resuscitation (CPR)

An emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped. CPR is designed to sustain breathing and heartbeat and combines rescue

breathing and chest compressions to restore blood flow to someone suffering from cardiac arrest

Cardiac Arrest

The unexpected loss of heart function in a person (heart stops beating) related to a variety of causes, such as heart disease, suffocation, drug overdose, stroke, electrocution, or injury

Medical Emergency

There is an emergency if the person for whom the treatment is proposed is apparently experiencing severe suffering or is at risk if the treatment is not administered promptly, of sustaining serious bodily harm. May include, but not limited to: cardiac arrest, respiratory arrest, burn, and fracture, loss of consciousness, chest pain, allergic response, choking, asthma attack, cerebral vascular accident (CVA), and seizure

Respiratory Arrest

The sudden and complete cessation of breathing

Code Blue emergency involves a resident

1. The first responder (staff/visitor who discovers the resident) will:
   a) Initiate a Code Blue
   b) Request emergency assistance
   c) Remain with the resident and wait for instructions from the Registered Nurse (RN)/ Registered Practical Nurse (RPN)
2. All RNs on duty will respond immediately to a “Code Blue” paging. If the Code Blue occurs on an RPN’s unit, the unit RPN will also respond immediately to a “Code Blue” paging
3. The unit RPN or charge RN (whoever arrives first – when the charge RN arrives, they will take over the Code Blue response) will:
   a) Assess the resident to determine unresponsiveness, including the following:
      - The environment
        - Assess the visibility and safety of the situation prior to responding
      - Level of consciousness
        - Response to voice, touch or painful stimuli

        - Papillary response
        - Unconscious
    - Airway
        - Presence of respiration
        - Presence of foreign object in the mouth or airway
    - Breathing
        - Respiration rate, depth and character
    - Circulation
        - Presence of carotid pulse, strength and rhythm
        - Presence of haemorrhage
        - Skin colour, temperature, moisture

4. In the event that it involves a resident, the unit RPN or charge RN will initiate CPR if vital signs are absent and if:
    - The resident's last known capable wishes to receive CPR are known and documented in Point Click Care
    - The resident's wish is not documented but the SDM has provided informed consent for CPR during notification of the emergency
    - It is an emergency situation and there is no information on record for the resident's wishes, SDM consent or the information is not available
5. The charge RN will assign a staff member to initiate a call to 911:
    - Provide as much privacy to the individual as able
    - Notify the SDM of the current situation and status of the resident
    - Notify the attending physician/nurse practitioner and Director Resident Care (DRC) as required
    - The Director Resident Care (DRC) /Associate Director Resident Care/Administrator or designate will notify the Ministry of Long-Term Care, if applicable
    - Initiate the required report to the Ministry of Long-Term Care (MLTC) as required
6. In the event that it involves a resident, the unit RPN or charge RN will not initiate CPR if vital signs are absent and if:

- The capable resident's expressed and/or documented wishes indicate no CPR that apply to this particular situation
- The resident is currently incapable and the SDM communicates the resident's previously expressed capable wishes for no CPR and these wishes apply to this particular situation
- The resident exhibits obvious signs of death (death as determined by physical assessment, i.e. cardiac and respiratory vital signs have ceased)
- There is current, documented and consent to plan of treatment that includes no CPR or the attending physician/nurse practitioner has ordered no CPR following notification of intent to the capable resident/incapable resident's SDM (within a reasonable amount of time) to ensure they are not opposed to the decision not to initiate emergency measures and CPR
- Upon direction of an attending physician/nurse practitioner that CPR will not benefit the resident and is not part of the treatment plan

Note: If the resident is deceased, see policy PCS02-002 Death and Palliation – Death of Resident – Procedure to Follow after Death

Code Blue emergency involves a staff/student/visitor/contract worker

1. In the event that the emergency situation involves a staff/student/visitor/contract worker:
2. Based upon the assessment of the situation the Registered Nurse may direct that 911 is to be contacted and initiate immediate assistance, if safe to do so
3. Provide as much privacy to individual as able
4. Notify next of kin as able or requested
5. Notify Administrator, DRC as soon as possible
6. In the event that the situation involves the Registered Nurse, the Registered Practical Nurse will provide the direction for the Code Blue situation. In the event that an RPN is not working the shift, a HCA/PSW may contact 911 directly

Documentation

All real and simulated emergency events shall be documented on the Emergency Drill Report located in Appendix 'A'.

All formal activations of Emergency Response Plans shall include a formal debrief and review of the response plans within 30 days of the conclusion of the emergency. This

debrief shall be documented separately from the original emergency response. Completed Emergency Drill Reports shall be logged in the Testing of Emergency Plans binder for a period of two years.

Reporting

Once situation is stabilized, initiate reports to MLTC and Ministry of Labour as required

Table of Revisions

Revision	Date	Description of Revision	Updated by
1	06 02 22	Updated as per Fixing Long-Term Care Act and reg 246/22	Manager Long Term Care Facilities
2	10 11 23	Reviewed as per Fixing Long-Term Care Act	Manager Long Term Care Facilities

Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP11-002
Section: Code Blue – Medical Emergency	
Subject: Code Blue – Medical Emergency Staff Roles	**Approved By:** Divisional Leadership Team

A printed copy of this document may not reflect the current policy. Refer to the electronic version located in the Seniors Services Policy Library on Vine.

Chief Warden – after being made aware of a medical emergency

1. Put on a Chief Warden emergency armband
2. Announce “Code Blue” and the location of the victim three times slowly and clearly
3. Assign staff member to meet emergency crews at main entrance
4. Go to the location of the victim

If the victim is a resident

1. Consult the resident’s last known wishes documented in Point Click Care (PCC) to determine the response
2. Call 911 if required
3. Provide as much privacy to the victim as possible
4. Notify the Substitute Decision Maker as required
5. Notify the attending physician/nurse practitioner as required
6. Notify the Director of Resident Care as required
7. Notify the Ministry of Long-Term Care (MLTC) as required
8. Initiate the required report to the MLTC as required

Chief Warden – if the victim is a staff/visitor/contractor

1. Call 911 if required
2. Provide as much privacy to the victim as possible
3. Notify next of kin as required

4. Notify Administrator, Director of Resident Care as soon as possible
5. Initiate required reports which may include critical incident report, Ministry of Labour, MLTC

Chief Warden - when Code Blue medical emergency is over

1. Announce 'All Clear Code Blue" three times
2. Debrief with staff
3. Complete and distribute Emergency Drill Report

RN/RPN – after being made aware of a Code Blue medical emergency

1. Report to the location of the Code Blue

RN/RPN - If the victim is a resident

1. Consult the resident's last known wishes documented in PCC to determine the response
2. Conduct an assessment of the situation including
    a. The victim's airway, breathing and circulation
    b. The victim's level of consciousness
    c. The environment
3. Provide medical assistance as required

RN/RPN - if the victim is a visitor/staff/contractor

1. Conduct an assessment of the situation including
    a. The victim's airway, breathing and circulation
    b. The victim's level of consciousness
    c. The environment
2. Provide medical assistance as required

All Other Staff – finding the victim

1. Initiate Code Blue by announcing "Code Blue" and the location of the victim three times slowly and clearly

2. Request emergency assistance of the closest staff member to stay with victim. The staff member will then initiate the Code Blue by announcing "Code Blue" and the location of the victim three times slowly and clearly
3. Return to the location of the victim and offer as much comfort and reassurance to the victim until an RN arrives

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Niagara Region

Seniors Services Policies and Procedures

Manual: Emergency Management Plan	**Index No:** EMP13-001
Section: Outbreaks – Communicable Disease, Public Health Significance, Epidemics and Pandemics	
Subject: Infection Control Manual and Pandemic Plan	**Approved By:** Divisional Leadership Team

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Policy

All reasonable actions to reduce risk to residents, staff and visitors will not await scientific certainty. The policy abides by the precautionary principles of where there is reasonable evidence of an impending threat to public health, it is inappropriate to require proof of causation beyond a reasonable doubt before taking steps to avert the threat. As such, the long-term care homes (LTCH) will always ensure an abundance of caution.

Purpose

To ensure a coordinated response that ensures the safety of all residents, staff, families and visitors of a LTCH, in the event that the home is faced with an outbreak of a communicable disease, outbreak of a disease of public health significance, epidemic or pandemic.

Procedure

Activation of the Emergency Response

Upon notification of a pandemic threat level change, the regional Medical Officer of Health (MOH) or Emergency Management Ontario may declare or recommend the activation of local emergency response plans.

The Premier may declare a provincial emergency in response to the arrival and/or spread of a pandemic influenza virus.

The local public health unit may declare an outbreak of a communicable disease and/or of public health significance in response to infection cases in the home that exceeds predicted amount.

Termination of an Emergency Response

The local public health unit may declare an outbreak of a communicable disease and/or of public health significance over in consultation with the LTCH. Public Health will use the most current available epidemiological data and best practices/guidance documents to determine when an outbreak can be declared over. The local medical officer of health retains the final authority to determine if an outbreak is over.

Preparation of the Regional Emergency Response

Each LTCH will conduct annual drilling and testing of the home's plan for responding to infectious disease outbreaks in collaboration with local Public Health Units (PHU) and health partners

- Results of these annual drills and tests are reported to the Ministry of Long-Term Care (MLTC) and PHU as part of the compliance and inspection regime

Each home will post their infectious disease outbreak plan, any other relevant plans and the contact information of the Administrator to the Niagara Region website.

Evaluation of Emergency Response

Within 30 days of the emergency response being declared over, the LTCH will complete an evaluation of the emergency plan and ensure that all entities that have been involved in the emergency response are provided an opportunity to offer feedback.

Recovery from Emergency Response

The LTCH will debrief residents and their substitute decision maker(s) (SDM) (if any), staff, volunteers and students after the emergency.

The LTCH will resume normal operations in the home following the emergency unless otherwise instructed by the local PHU, MOH or MLTC.

Outbreak Management Team

- Infection Prevention and Control (IPAC) Lead
- Administrator
- Director Resident Care (DRC)

- Public Health
- Registered Staff
- Medical Director
- Programs Manager
- Nutrition and Environmental Manager

Upon Activation of Emergency Response

Responsible	Action/ Task
IPAC Program Manager or Designate	• Initiate Outbreak Management Guide • Lead outbreak management for the LTCH • Briefs team of pandemic condition as reported by Public Health • Provide IPAC training to staff at the outset and during any infectious disease outbreak • Ensure isolation precautions are being followed • Conduct audits for PPE usage, IPAC measures, cleaning & disinfection, hand hygiene and any other audits deemed necessary • Carry out infectious disease surveillance in LTCHs and analyze the resulting data • Consult with local Public Health Unit about potential outbreaks in LTCHs and provide PHUs with information on the infected individuals • Ensures control measures are in place as per the direction of Public Health (e.g. screeners, screening tables)

Responsible	Action/ Task

	• Ensures the set up at entrance surveillance to prevent persons with symptoms of illness identified from entering the home. The monitor will use a case finding surveillance tool as directed by Public Health, the MOH or MLTC. The monitor shall use personal protective equipment (PPE) as required
	    o Restrict access to only approved entrances (ex. one for all staff & visitors to enter)
	• Work with local Public Health Unit and Registered Nursing staff to plan to cohort residents to avoid transmission of infection with appropriate staffing for each cohort and include a plan for moving residents to another site or sites (“decanting”) if cohorting measures are deemed unlikely to contain an outbreak
	    o LTCHs will review relocation agreements with community partners annually
	• Collaborates with local PHU to make provision for safe, in-person access to residents by essential caregivers
	• Determines in collaboration with Public Health if public gatherings, programs or special events should be cancelled
	• Audit home’s stockpile of PPE and other necessary supplies and check that they are not expired

Responsible	Action/ Task
	• Ensure PPE is available to all staff and visitors as appropriate • Collaborate with Dietary, Housekeeping and Laundry (DHL) manager to select disinfectants to be used for resident care equipment, supplies, devices, and contact surfaces • Monitors the proper use of PPE • Monitors N95 mask fit testing status for all staff • Monitors influenza or other novel immunization for staff and residents • Ensures hand hygiene is practice by all staff, residents, visitors and volunteers • Create, maintain and audit resident immunization records • Conduct immunization clinics for residents and staff as required • Administer and document staff immunizations and screening tests in accordance with policies and procedures and legislative and regulatory requirements • Facilitate annual drilling and testing of home's plan for responding to infectious disease outbreaks • Participate in the annual review of the pandemic plan • Monitor PPE in storage – swap out items close to expiration date and use those before expiring o Expired PPE may be used for educational purposes

Responsible	Action/ Task
	○ Expired PPE should not be used unless the manufacturer was contacted to use beyond expiry date in extreme PPE shortages
Administrator	• Ensures that there are alternates planned for each manager in case of illness • Ensures communication to key stakeholders (families, staff, physicians, pharmacy, other LTC homes, Nurse Practitioner, student placements, service providers and local hospitals) • Provides regular, proactive, timely communication with residents and their families, SDM's, essential caregivers, etc: ○ At the outset of any infectious disease outbreak ○ During an outbreak, including proactive updates regarding the status of the home in general ○ Whenever new management is introduced ○ In response to requests for information ○ When the outbreak/emergency is declared over • Sets specific communication briefs/meeting times and locations with team • Reviews staffing plan to ensure adequate staffing levels with potential for increased staffing on hand to provide additional

Responsible	Action/ Task
	assistance for increased care needs • Ensures each department has the required supplies available • Keeps Director of Seniors Services informed of any influenza activity • Ensures home maintains a four week pandemic stockpile of PPE and other necessary items with sufficient supply to respond during an outbreak
DRC/ ADRC	• Meets with nursing staff to ensure all staff are aware of expectations • Works with Public Health for heightened surveillance • Ensures nursing supplies are available for at least four weeks • Reviews and prepares for adequate staffing levels • Collaborates with Pharmacy for medication education, intervention and supplies • Ensure annual drilling and testing of the home's plan for responding to infectious disease outbreaks is occurring
Registered Nursing Staff	• Conduct daily active surveillance to identify resident cases • Initiates isolation precautions as required if resident cases meet case definitions • Obtains testing specimens as per requirements set by MLTC, local PHU. MOH, etc. (i.e. nasopharyngeal, etc.) • Provide regular, proactive and timely communication/ updates

Responsible	Action/ Task
	regarding the health status of affected residents including significant changes • Follow outbreak measures outlined in IC003-005 or other specific policies as required • Ensure resident cohorting is being practiced and isolation precautions are being followed
Medical Director	• Continually assess the impact on quality of life of the residents and work with relevant health partners to make adjustments as necessary in the event residents are confined to their rooms • Physically attend to residents when needed and within 24 hours of the request for care
Programs Manager	• Meet with programs staff to ensure all staff is aware of expectations • Communicate with volunteers and hairdresser(s) about IPAC measures, outbreak status, etc. regularly • Monitor current planned activities for possible rescheduling • Reassign staff to other duties as required, dependent on adequate staffing levels • Contact supplier for release of required pandemic supplies • Ensure regular virtual visits between residents and their families are available during an outbreak • Oversee screener(s) if applicable

Responsible	Action/ Task
DHL Manager	• Meets with DHL staff to ensure all staff are aware of expectations • Heightened cleaning and disinfecting to prevent the spread of infection in high touch areas • Ensures supplies for all departments are available for at least seven days • Plan for the provision of meals to staff if working extended hours • Collaborate with IPAC program manager when discussing new products for disinfection
Maintenance	• Determine engineering controls such as containment (closing resident home areas), increased monitoring of HVAC and possible adjustments to Building Automation Systems (BAS) to decrease recirculation of air with common spaces
CDI	• Supports the home management team with surveillance, monitoring and planning • Supports the front-line staff with care planning
Office Lead/ Office Assistant	• Supports the home management team with inputting vaccination data into related portals as required (ex. COVAX)
Central Support	• Update/revise IPAC assessments to support homes with surveillance and monitoring • Monitor MOH and/or MLTC directives, guidance documents and update policies and procedures as required

Responsible	Action/ Task
	• Provide IPAC education, at minimum, annually for all staff • Offer support services for staff who experience distress during the emergency (Employee and Family Assistance Program – EFAP)
Resident and Family Support Worker	• Support residents, visitors, families, staff, etc. who experience distress during the emergency

Additional Measures

Isolation Beds

The Home will make every attempt to ensure residents who require isolation are provided a private accommodation unless they are able to be cohorted with their roommate

Each Resident Home Area (RHA) will establish a room designated for isolation in the event of activation of the emergency response. The isolation room for each area will be posted of the Response Plan location at each RHA and administration area

Staff Cohorting

The Home will make every attempt to ensure staff are cohorting to one unit and one home for the duration of the outbreak. In the event of low staffing levels, the home may work in collaboration with the local PHU to determine if they may break cohorting to ensure adequate staffing levels.

If possible, exposed staff who are able to continue to work (ex. test-to-work) should remain caring for symptomatic cases on a daily basis and avoid transferring to an unaffected unit/floor during the outbreak

If possible, assign staffing to either look after ill residents and others looking after well residents

Allied health professionals (e.g. physiotherapists, recreational therapists, etc.) should be cohorted to the outbreak unit where possible, or provide care on non-outbreak units before entering the outbreak unit (preferably on a one-on-one basis)

Resident Cohorting

Residents should be cohorted according to their infective status:

- Symptomatic positive with symptomatic positive

- Asymptomatic positive with asymptomatic positive
- Symptomatic negative with symptomatic negative
- Asymptomatic negative with asymptomatic negative

Residents will be cohorted to the unit for the duration of the outbreak. If dining resumes, residents will be cohorted to tables in the dining room within the same cohort

Staffing Contingency Plans

Refer to HR00-013

Staff Exposures

Staff who meet outbreak definition should not return to the facility for the duration of their isolation period, as determined by the cause of the infection, unless under extreme staffing shortages where a test-to-work method is implemented with additional public health measures

If it has been determined that the staff member acquired an occupational illness, the Ministry of Labour will be contacted

Managing Symptomatic Residents

Registered staff will keep the attending physician or nurse practitioner up-to-date on resident's who are symptomatic and/or have tested positive for the infection

Registered staff will follow direction from the practitioner to determine what treatment options will be prescribed (ex. Tamiflu for confirmed influenza outbreak, Paxlovid for COVID-19, etc.)

Managing Symptomatic Staff

Staff who are symptomatic and/or have tested positive will remain out of the workplace until their period of isolation is complete

In extreme staffing shortages, homes will follow direction from the MOH, MLTC, and/or local public health unit to determine if test-to-work can be facilitated – preference for staff who are asymptomatic and isolating due to work-place exposure

Staff will follow direction from their primary prescriber and/or Medical Director for treatment options depending on the type of infection (ex. Tamiflu)

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