Emergency Preparedness and Response Manual - Oakwood Park Lodge

OAKWOOD PARK LODGE
A DIVISION OF CONMED HEALTH CARE GROUP

Emergency Preparedness and Response Manual
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Introduction

Welcome to the Emergency Preparedness and Response Manual. The purpose of this policy manual is to direct departmental staff in implementing Extendicare's national operational standards within the home.

Our policies and procedural Job Action Checklists set out the expectations and requirements that are absolutely essential to delivering quality care, safety and quality of life to our residents. They are intended to assist our homes in achieving Extendicare's mission of "*Helping People Live Better!*"

Extendicare's national policies have been subject to significant review and revision. These policies articulate operational expectations and requirements that are applicable to all Canadian homes regardless of province or jurisdiction.

Our policies are evidence-based and have been developed with the goal of promoting leading practices that will advance care, improve resident outcomes and set a high standard for service delivery. They have been written to meet applicable legislative, accreditation, and professional standards and respect regional differences and other nuances that may exist across jurisdictions.

Policy content was crafted with national operational input to ensure the practicality of implementation within homes.

All policy manuals will be re-evaluated on an ongoing basis. Extendicare's Intranet is the official source of current approved policies, procedures and directives.

ORGANIZATION OF THIS MANUAL

This manual has been edited and formatted with clear language and design principles in mind. Each manual has a unique set of icons that visually identify the policy manual, appendices and key content.

The Table of Contents includes:

- **Policies** – a list of all policies organized by tab
- **Appendices** – a list of all appendices organized by tab
- **Forms** – a list of all forms organized by tab.

Policies are organized thematically by tabs and where applicable, subsections within each tab. Each policy has a unique number that references the policy manual, tab number, section number and policy number. Appendices that go along with each policy are preceded by the letter A. Most tabs also have unique icons for quick browsing. For example, the first policy that appears in this manual has the following icon and reference number:

EP-01-01-01

Policy Manual Name	Tab Number	Section Number	Policy Number
EP	01	01	01

Introduction

Each policy may also include appendices such as:

- **Sample and Mandatory Forms** – electronic versions of these forms can be found on Extendicare's Intranet as word, PDF or excel documents
- **Tools** – job action checklists, toolkits
- **Forms** – mandatory and samples provided
- **Resources** – articles, workbooks, guides, guidelines, education resources for reference purposes

Note: *All forms completed by the home with specific information must be inserted in the appropriate home-specific emergency code-coloured tab. This will facilitate staff to quickly reference required information in the event of an emergency. Mandated government forms supersede any forms in this manual.*

ACCOUNTABILITY FOR UPDATES OR CHANGES TO THIS MANUAL

Updates and changes to policy are the sole responsibility of Extendicare's Corporate Quality and Risk Department. Any home-specific resources or instruction must be kept separate from this policy manual.

The QRI Department follows an iterative policy development cycle that includes research, internal and external expert review, and consultation.

When policies are revised, or new ones introduced, a transmittal will be issued through national communications to inform homes of the change and related education and implementation requirements. The manual will be updated accordingly on Extendicare's Intranet.

Department heads or designated leads are accountable for keeping manuals in the home up to date. This means they are responsible for responding to transmittals by regularly checking Extendicare's Intranet for updates and inserting new content into the print manuals as it becomes available. Please use the Policy Manual Update & Implementation Tracking Sheet on page 4 to track updates or changes in between print releases.

Department heads or designated leads are also responsible for ensuring staff have read and understood the content, received appropriate instruction in how to apply it and demonstrated competence in everyday practice.

The Corporate Quality and Risk team welcomes feedback from the field. If you have any comments or questions about the content of this manual or would like to suggest revisions or additions, please complete the Policy Revisions Request Form (found on Extendicare's Intranet) and forward to the relevant consultant for your home.

Print copies of the manual may be ordered from Data Communications by visiting their website at www.datacm.com

Acknowledgements

A special thanks to our colleagues in Corporate Quality and Risk, Operational Quality and Resident Experience, the Office of the Chief Medical Officer and to the Regional Operational Leads, Administrators, Directors of Care and front-line staff who participated in working groups and provided feedback as part of their contribution to the creation and up-keep of this manual.

Manual Review

Continuous quality improvement is integral to our policy review process and this process enables ongoing evaluation of all policies and procedures. All policies are reviewed and revised to align with current legislation, applicable standards, accreditation requirements and industry best practices.

_____   _____   January 2023

Natasha Milijasevic   Date
Senior Director, Corporate Quality and Risk

Policy Manual Update & Implementation Tracking Sheet

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Code Black – Bomb Threat	EP-11-01-01	January 2023
CODE PURPLE HOSTAGE SITUATION TAB 12		
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CODE SILVER ACTIVE ASSAILANT TAB 13		
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Emergency Preparedness Colour Codes Poster	EP-01-01-01 A20	January 2023
Emergency Response Risk Levels	EP-01-01-04 A1	January 2023
Crisis Communications Process	EP-01-01-04 A2	January 2023
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Natural Disasters and Extreme Weather Events Information Sheet	EP-14-01-02 A2	January 2023

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Fire Drill Observation Evaluation Form – Other Nursing Units Response	EP-02-01-01 A6	January 2023
Transportation Resources List	EP-02-01-06 A1	January 2023
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CODE YELLOW MISSING RESIDENT TAB 6		
Code Yellow Emergency Checklist	EP-06-01-01 A1	January 2023
Code Yellow – Post-Emergency Checklist	EP-06-01-01 A2	January 2023
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CODE BLACK BOMB THREAT TAB 11		
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CODE PURPLE HOSTAGE SITUATION TAB 12		
Code Purple Emergency Checklist	EP-12-01-01 A1	January 2023
Code Purple Post-Emergency Checklist	EP-12-01-01 A2	January 2023
EMERGENCY EVENTS TAB 14		
Natural Disasters and Extreme Weather Events Incident Manager Checklist	EP-14-01-02 A1	January 2023

Policy Manual Update & Implementation Tracking Sheet

Click here to download additional copies from Extendicare's Intranet.

Policy Release /Implementation Date	Policy Reference	Policy Title	Person Accountable	Signature

Policy Revisions Request Form

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... helping people live better

Policy Revisions Request Form

Please email completed form to policy@extendicare.com.

Problem:

Policy Impacted:		
Manual Name	**Policy Reference Number**	**Policy Name**

Proposed Solution:

Additional Comments:

Home Contact Information for Follow-Up			
Name	**Department (if applicable)**	**Home**	**Contact Number**

LAST UPDATED: November 2016   Page 1 of 1

Icon Legend

Icon	Label	Icon	Label
	EMERGENCY PREPAREDNESS		EXTERNAL EMERGENCY
	BOMB THREAT		FIRE
	HAZARDOUS/ CHEMICAL SPILL		HOSTAGE SITUATION
	EVACUATION		VIOLENT SITUATION
	EXTERNAL AIR EXCLUSION		MEDICAL EMERGENCY
	POWER FAILURE/ LOSS OF ESSENTIAL SERVICES		PREPLANNING
	MISSING RESIDENT		PANDEMIC SITUATIONS
	ACTIVE ASSAILANT		TIPS/GUIDELINES
	DEFINITIONS		REFERENCE
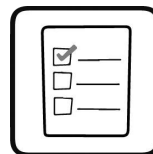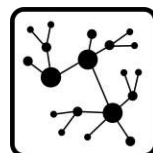
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PROGRAM OVERVIEW
TAB 1

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Incident Management System (IMS) Overview

EP-01-01-01

LAST UPDATED: January 2023

APPENDICES:

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- Appendix 6 – IMS Leader Job Action Checklist – Planning
- Appendix 7 – IMS Leader Job Action Checklist – Administration/Financial
- Appendix 8 – IMS Leader Job Action Checklist – Public Information
- Appendix 9 – IMS Leader Job Action Checklist – Liaison
- Appendix 10 – IMS Leader Job Action Checklist – Safety
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- Appendix 14 – IMS Leader Job Action Checklist – Infrastructure
- Appendix 15 – IMS Leader Job Action Checklist – Information Technology
- Appendix 16 – Emergency Contact List
- Appendix 17 – Equipment Maintenance and Repairs Contact List
- Appendix 18 – Volunteer Skills in the Event of an Emergency
- Appendix 19 – Area of Refuge Contact Information
- Appendix 20 – Emergency Preparedness Colour Codes Poster

POLICY

The home shall have an Emergency Preparedness and Response Program in effect that reflects the model of The Incident Management System (IMS).

For training purposes, the home must practice managing an emergency involving two or more services or departments annually.

Note*: Local municipality disaster/emergency response plans may supersede this manual.*

BACKGROUND

IMS is an internationally accepted system for managing emergency situations. Extendicare adopted the IMS to improve the management of emergencies and to ensure an effective nationwide system is in place. Thoughtful planning and practice before an emergency occurs will provide staff with effective knowledge. Regular in-service sessions in preparing staff to respond in a timely and appropriate manner in emergency situations are required.

Incident Management System (IMS) Overview

PROCEDURES

ADMINISTRATOR/ DESIGNATE

1. Responsible for identifying the location of the Emergency Operations Centre and designating staff to carry out the IMS roles listed below:

   a. **EMERGENCY OPERATIONS CENTRE** – During an emergency situation, the Emergency Operations Centre is the centralized operations centre. Homes must identify the centre(s) in their emergency response plan.

   INCIDENT MANAGER – Responsible for overall management of the home in which the emergency situation occurs. The Incident Manager will assign IMS roles that mimic everyday staff routines and responsibilities as closely as possible.

   i. The Incident Manager may assume all of the roles/functions to meet the needs of the emergency or can designate a person or a team to a role or multiple roles;

   ii. The designated person(s) can assume more than one role/function at a time based on the home's staffing complement; and

   iii. The Incident Manager role must be assigned on all shifts.

   OTHER
   SENIOR COMMAND INCIDENT MANAGER – the Vice President, Operations and/or designate/Regional Director is responsible for the overall management of the home involved in an emergency situation.

   SENIOR COMMAND – This role is initiated in an emergency situation involving more than one home (e.g. pandemic).

   Note: One staff member may hold several positions in the IMS team.

INCIDENT MANAGER

1. The Incident Manager will assign the below Incident Management System roles that mimic everyday staff routines and responsibilities as closely as possible.

   PUBLIC INFORMATION OFFICER – In consultation with Extendicare's Corporate Communications Department, the Public Information Officer is responsible for the development and release of information about an incident to the public, families, stakeholders and the media.

   Note: The Corporate Communications Department must approve all emergency information released.

   LIAISON OFFICER – Responsible for community liaisons and advising the Incident Manager/Senior Command about issues related to external assistance and support in consultation with Corporate Communications.

   SAFETY OFFICER/COORDINATOR – Responsible for monitoring conditions and developing safety protocol for the overall health and safety of residents and staff/volunteers.

Incident Management System (IMS) Overview

PROCEDURES

     i. The Safety Officer must have the knowledge and professional experience to identify and/or reduce occupational hazards.

INFORMATION TECHNOLOGY LEAD – Responsible for managing IT requirements or issues during an emergency situation at the home level.

     i. Liaises with the corporate IT department, as required; and

     ii. Provides a status report to the Incident Manager/designate.

OPERATIONS MANAGER – Responsible for carrying out the emergency response, evacuation, triage, containment, damage mitigation, recovery and directives of the Incident Manager/designate.

     i. When required, coordinates and ensures ongoing resident care during emergency operations; and

     ii. Monitors operational issues or needs including the implementation of the Emergency Response Plan and Extendicare's operations resources.

PLANNING MANAGER – Responsible for monitoring the incident and developing scenario and resource projections.

     i. Develops plan options for both short-term and long-term incident scenarios; and

     ii. Collects, collates, evaluates and conducts analyses of incident information for the IMS Team.

LOGISTICS MANAGER – Responsible for providing facilities, services and materials to support the emergency situation, including:

     i. Maintaining physical/environmental services of the building;

     ii. Ensuring adequate supplies and support for incident operations; and

     iii. Conducting or collecting information for damage assessments of the home/office.

FINANCE/ADMINISTRATION MANAGER – Responsible for financial and administrative support to an incident, including business processes, cost analysis, financial and administrative aspects, and ensuring compliance with financial policies and procedures.

     i. Provides direction and supervision to finance and administration section staff, including their organization and assignment; and

     ii. Ensures appropriate documentation of all incident activities and administrative support for the IMS Team leaders.

2. The Incident Manager may maintain all of the functions for low to moderate risks. For high risk or critical incidents, as determined by the Incident Manager, teams may be assigned to each function. The Incident Manager will have the authority to cancel any staff leave, if required, based on the nature and extent of the emergency.

Incident Management System (IMS) Overview

DISASTER BOXES

1. Ensure disaster boxes are ready for any emergency situation.

2. Label disaster boxes boldly; ensure they are easily transportable, and store them at separate locations that include at minimum the following:

   a. Designated location of the Emergency Operations Centre; and

   Nursing station.

   Note: Refer to policy EP-02-01-03 for more details regarding the disaster box contents.

3. Assist Administrator organizing the IMS Team Leaders.

IMS LEADERS/ DESIGNATES

1. Be trained on and fully aware of your specific role(s) and responsibility(s) in any emergency situation.

2. Ensure these specifics are communicated to all staff.

ALL STAFF

1. All staff will be trained in evacuation procedures.

2. All staff will review the home's Fire Safety Plan.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

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LAST REVIEWED: January 2022

***Mandatory Form** – Click here to download this document from Extendicare's Intranet.*
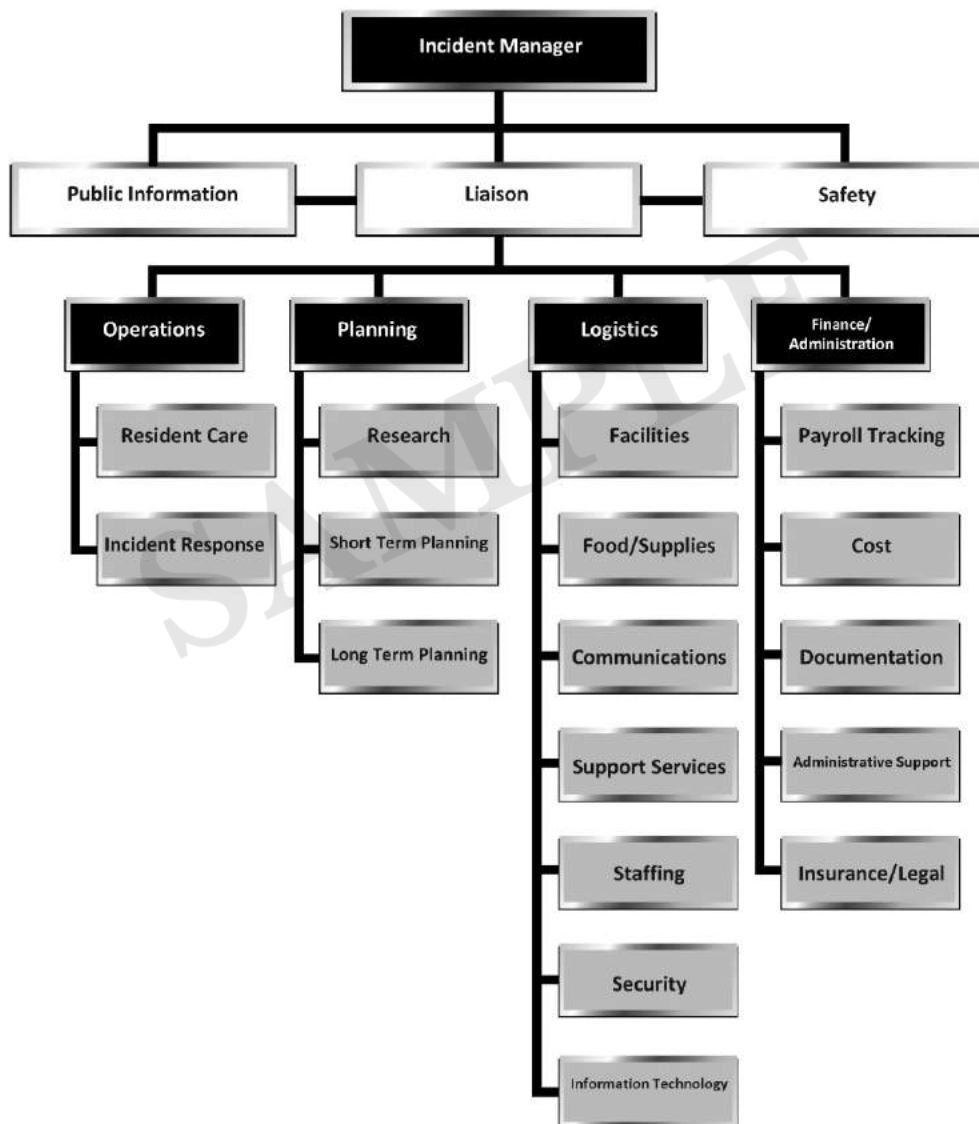
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LAST REVIEWED: January 2023

The Incident Management System (IMS) is the internationally accepted organizational structure for responding to incidents of all scales and all types.

IMS is an expandable system based on functions – <u>not</u> positions.

Each function is assessed to see if it is required for the incident.

A function may be fulfilled by one person or a team of people.

For smaller events, one person may fulfill multiple functions.

The Incident Manager determines the need to appoint a person(s) to be responsible for a function or multiple functions or can maintain responsibility for a function or functions themselves. (For example, the Incident Manager may delegate select functions but remain as a liaison, maintaining direct communications with the emergency services and support agencies.)

When a person is assigned a functional responsibility, the functional titles to be used are as follows:

- Operations Manager
- Logistics Manager
- Planning Manager
- Finance/Administration Manager
- Safety Officer
- Liaison Officer
- Public Information Officer
- Information Technology Lead

These titles are in keeping with the international standards.
Note: **One person may hold more than one position.**

The Incident Manager may maintain all of the functions for low to moderate risks. For high or critical incidents, teams may be assigned to each function; these teams are determined by the Incident Manager/designate.

KEY ACTIONS

INCIDENT MANAGER
- Organizes and directs the emergency response for the emergency/incident.
- Gives overall direction for the residential care home's operations and, if needed, authorizes evacuation.
- There will always be an Incident Manager for every incident on all shifts.
- The Incident Manager role will be assumed by the first supervisor, or the charge nurse arriving on an emergency situation, until relieved by a more senior and/or capable manager.
- The Incident Manager must provide a comprehensive briefing to the new incoming Incident Manager before passing on the function.
- All other IMS Team members must be informed of any change in the Incident Manager or any other IMS functional responsibility.

IMS Leaders Job Action Checklists

- In longer events (more than 2 hours), the Incident Manager will schedule regular meetings of the IMS Team to:
  i)   obtain a status update;
  ii) gather information, assess challenges/needs;
  iii) make decisions on the strategic direction of the response, assign tasks; and
  iv) ensure effective communications.

OPERATIONS
Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager/designate.

Where the incident directly impacts resident care, Operations will coordinate and ensure ongoing resident care during emergency operations.

LOGISTICS
Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water and supplies to support Operations.

It is also responsible for maintaining environment services of the physical building. Logistics will also conduct or collect information for damage assessments of the residential care home.

PLANNING
The planning function develops scenario/resource projections for the IMS Team and undertakes long range planning (more than 2 hours).

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

PUBLIC INFORMATION
The Public Information function organizes communications with the families, stakeholders and the media (as appropriate), and provides information updates. The Public Information Officer must work closely with Corporate Communications or the role may be filled directly by Corporate Communications.

LIAISON
Liaison is the function of communications and acts as the contact for representatives from other agencies.

SAFETY
In every emergency or incident, the health and safety of staff and residents is paramount. The safety function monitors and has authority over the safety of Operations.

INFORMATION TECHNOLOGY
The IT function manages IT requirements or issues during an emergency situation at the home level and acts as a liaison between the corporate IT department and the home, as required.

If the scale of the incident dictates, each of the functions above may have an individual or team to assist in the meeting of their tasks.

Job Action Sheets are guides to assist the staff assigned to the function(s) to fulfill their responsibilities. A full briefing must be given to staff arriving to fill functions or relieving others at the end of a shift.

Click here to download this document from Extendicare's Intranet.

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IMS Leader Job Action Checklist – Incident Manager

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

INCIDENT MANAGER – JOB ACTION SHEET

Role: Organize and direct the emergency operations and ensure ongoing resident care. Give overall direction for home operations and, if needed, authorize evacuation.

Name: _____

Record the time action was initiated (note on the line below):

_____	Initiate the Incident Management System.
_____	Read this entire Job Action Sheet.
_____	Don the Incident Manager (safety) vest.
_____	Appoint an Operations Manager (if required).
_____	Appoint a Planning Manager (if required).
_____	Appoint a Logistics Manager (if required).
_____	Appoint an Administration/Finance Manager (if required).
_____	Appoint an Information Officer (if required).
_____	Appoint a Safety Officer.
_____	Appoint a Liaison Officer (if required).
_____	Announce a status/action plan meeting of the IMS Team.
_____	Receive a status report and discuss the initial action plan with the team.
_____	Receive the initial home damage survey report (Logistics function).
_____	Obtain census (residents, staff, volunteers, visitors) and status from the Planning Manager.
_____	Direct the Liaison Officer to establish contact with:

- ❑ The Regional Director
- ❑ The Corporate Communications Department
- ❑ Ministry of Health/provincial health authorities
- ❑ Ministry of Labour where applicable
- ❑ Municipal authorities
- ❑ Other agencies
- ❑ Other homes (as appropriate)

_____	Authorize resources as requested by the IMS Team.
_____	Establish a meeting cycle and ensure the team meets as per the meeting cycle.
_____	Communicate status to the Regional Director or designate.
_____	Ensure Corporate Communications has approved all media releases.

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Extendicare | CONMED HEALTH CARE GROUP

IMS Leader Job Action Checklist – Operations

APPENDIX 4

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IMS Leader Job Action Checklist – Operations

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

OPERATIONS – JOB ACTION SHEET

Role: Operations is the function of carrying out:

a. The emergency response;
b. Evacuation;
c. Triage;
d. Containment;
e. Damage mitigation;
f. Recovery; and
g. The directives of the Incident Manager.

Where the incident directly impacts resident care, Operations will coordinate and ensure ongoing resident care throughout the emergency.

Name: _____

Record the time action was initiated (note on the line below):

_____ Receive appointment and briefing from the Incident Manager.

_____ Read this entire Job Action Sheet.

_____ Appoint teams for each area of the operation (e.g. search, evacuation, nursing), as needed.

_____ Brief all teams for each area of the operation.

_____ Provide direction to the teams.

_____ Determine which teams are involved in the emergency and which teams are maintaining normal operations (normal operations may be assigned to one team leader).

_____ Provide direction regarding the emergency response actions for the incident (e.g. evacuation, search, reception).

_____ Coordinate staffing requirements with the Logistics Manager who will arrange for additional staff as required.

_____ Receive, coordinate and forward all requests for personnel and supplies to the Logistics Manager.

_____ Establish an advisory group, as required (e.g. Medical Director).

_____ Attend the IMS Team meeting.

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IMS Leader Job Action Checklist – Logistics

APPENDIX 5

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IMS Leader Job Action Checklist – Logistics

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

LOGISTICS – JOB ACTION SHEET

Role: Logistics is the function of:

a. Organizing and supplying additional staff;

b. Maintaining the physical environment, food, water and supplies to support the operations;

c. Maintaining the physical environment services of the building;

d. Conducting or collecting information for damage assessments of the residential care home.

Name: _____

Record the time action was initiated (note on the line below):

_____ Receive appointment and briefing from the Incident Manager.

_____ Read this entire Job Action Sheet and attached sub-function check lists. (HR, Food/Dietary, Facilities Management, IT, Security, Purchasing)

_____ Appoint leaders, as required (insert names).

_____ Operations leader(s):

    _____ Nursing Department _____

    _____ Housekeeping _____

    _____ Laundry _____

    _____ Maintenance _____

_____ Human Resources Leader _____

_____ Infrastructure Leader _____

_____ Security Leader _____

_____ Brief leaders on the situation and action plan.

_____ Establish a regular meeting cycle of Logistics Team members.

_____ Ensure life safety systems are operating (fire alarm, sprinkler, lighting, call bell systems and door security).

_____ Have the Security Leader initiate a fire watch EVERY HOUR if the fire alarm is out of service.

_____ Obtain a damage assessment from the Facilities Management Leader.

_____ Consult with the IMS Team regarding the need for staff/volunteer food and shelter.

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IMS Leader Job Action Checklist – Planning

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IMS Leader Job Action Checklist – Planning

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

PLANNING – JOB ACTION SHEET

Role: The planning function develops scenario/resource projections for the IMS Team and undertakes **long range planning** (more than 2 hours).

Name: _____

Record the time action was initiated (note on the line below):

_____ Receive appointment and briefing from the Incident Manager.

_____ Read this entire Job Action Sheet.

_____ Establish a status board and keep it current.

_____ Ensure all IMS Team members have appropriate policies/plans.

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

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

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

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

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

_____ Prepare a plan/strategy to restore the home to normal operations.

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

_____ Attend IMS Team meetings.

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IMS Leader Job Action Checklist – Administration/Financial

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IMS Leader Job Action Checklist – Administration/Financial

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

ADMINISTRATION/FINANCIAL – JOB ACTION SHEET

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

Name: _____

Record the time action was initiated (note on the line below):

_____ Receive appointment and briefing from the Incident Manager.

_____ Read this entire Job Action Sheet.

_____ Appoint Administration/Finance support staff, as required.

_____ Ensure documentation of all IMS Team meetings, discussions, decisions and actions daily.

_____ Receive a copy of all documentation/reports from all IMS managers and organize the documentation daily.

_____ Ensure a copy of all outgoing and incoming faxes/emails is maintained.

_____ Obtain a copy of all resident transfer charts for documentation protection.

_____ Maintain a chronological chart of all key incidents, actions etc.

Determine and provide administrative support for each IMS team:

_____ ❑ Incident Manager _____

_____ ❑ Operations _____

_____ ❑ Planning _____

_____ ❑ Logistics _____

_____ ❑ Safety _____

_____ ❑ Liaison _____

_____ ❑ Public Information _____

_____ Appoint administrative support staff/volunteers as required.

_____ Consider appointing runners for messaging, as required.

_____ Monitor and document all purchases and expenditures.

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IMS Leader Job Action Checklist – Public Information   APPENDIX 8

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IMS Leader Job Action Checklist – Public Information

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

PUBLIC INFORMATION – JOB ACTION SHEET

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

Name: _____

Record the time action was initiated (note on the line below):

_____ Receive appointment and briefing from the Incident Manager.

_____ Read this entire Job Action sheet.

_____ Coordinate all communications with the Corporate Communications Department.

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

_____ Issue the initial incident information report to the news media as per directives from Corporate Communications.

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

_____ Obtain a progress report from IMS Team, as appropriate.

_____ Establish communications with family members/residents/staff.

_____ Assist Corporate Communications in preparing responses for anticipated questions.

_____ Attend IMS Team meetings.

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IMS Leader Job Action Checklist – Liaison

APPENDIX 9

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IMS Leader Job Action Checklist – Liaison

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

LIAISON – JOB ACTION SHEET

Role: The Liaison functions as the incident contact person for representatives from other agencies.

Name: _____

Record the time action was initiated *(note on the line below):*

_____ Receive appointment and briefing from the Incident Manager.

_____ Read this entire Job Action sheet.

_____ Establish a list of key contacts from other agencies:

- Ministry of Health / AHS / provincial authorities:
  _____

- Public Health:
  _____

- EMS: 9-1-1
  _____

- Municipal Emergency Operation Center (EOC):
  _____

- Other agencies:
  _____

- Other homes (as appropriate):
  _____

_____ **Code Orange** – obtain information on the number of incoming residents that can be received and the type of care that can be provided.

_____ **Code Green** – obtain information on the number of residents that need to be transferred and the type of care required.

_____ Keep the applicable health authority contacts updated as per their directives and requirements.

_____ Request assistance from other residential care homes or agencies, as required.

_____ Request assistance from municipal agencies, as required.

_____ Respond to requests and concerns from the IMS Team regarding organizational issues.

_____ Assist the Operations and Logistics managers in soliciting additional staffing resources from other agencies, as required.

_____ Appoint Liaison support staff, as required.

_____ Attend IMS Team meetings

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IMS Leader Job Action Checklist – Safety

APPENDIX 10

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IMS Leader Job Action Checklist – Safety

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

SAFETY – JOB ACTION SHEET

Role: The Safety function monitors and has authority over the safety of operations.

Name: _____

Record the time action was initiated (note on the line below):

_____ Receive appointment and briefing from the Incident Manager.

_____ Read this entire Job Action Sheet.

_____ Don a Safety Officer vest (high visibility vest for ease of identification).

_____ Communicate with the IMS Team to determine safety / security concerns.

_____ Advise the Incident Manager and IMS Team immediately of any at risky, hazardous or security conditions. Ensure the Joint Health and Safety Committee is consulted.

_____ Appoint Assistant Safety Officers, as required, to assist with monitoring site safety.

_____ Provide direction to any person performing a task in a hazardous manner to ensure all staff is working in a safe manner.

_____ Ensure appropriate response to injuries / illness (EMS / Fire, as needed).

_____ Investigate any injuries or illnesses related to the incident.

_____ Notify the applicable labour authorities (WSIB/WCB/provincial Occupational Health and Safety) of any critical injuries.

_____ Attend IMS Team meetings.

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IMS Leader Job Action Checklist – Human Resources

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

HUMAN RESOURCES – JOB ACTION SHEET

Role: The Human Resources function will:

a. Collect, inventory and assign staff and volunteers as needed;
b. Provide for long term scheduling for extended events;
c. Document scheduling and hours worked;
d. Report to the Logistics Manager.

Name: _____

Record the time action was initiated *(note on the line below):*

_____ Collect and inventory available staff at a central point.

_____ Receive requests and assign available staff, as required.

_____ Call back off-duty staff and volunteers, in consultation with IMS Leader/Administration, as required.

_____ Establish a pool of volunteers, identifying skill levels.

_____ Ensure the home has a current list of all volunteers including names and contact information.

_____ Brief the Logistics Manager frequently as to staff/volunteer availability.

_____ Ensure documentation of all staff arriving and leaving, time sheets etc.

_____ Provide time sheet tabulations to the Administration/Finance Manager.

_____ Provide for staff rest and relief; establish a staff rest area, as required.

_____ Work out scheduling for long term events to maximize staff utilization.

_____ Monitor staff and volunteers for signs of stress/inappropriate behaviour and report to IMS Leader.

_____ Provide for an Employee Assistance Program, as required.

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IMS Leader Job Action Checklist – Food and Dietary   APPENDIX 12

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IMS Leader Job Action Checklist – Food and Dietary

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

FOOD AND DIETARY – JOB ACTION SHEET

Role: The Food and Dietary function will:

a. Ensure continuity of food services throughout the emergency event for both residents and staff;

b. Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage;

c. Report to the Logistics Manager.

Name: _____

Record the time action was initiated (note on the line below):

_____ Meet with dietary staff who are not involved in emergency operations.

_____ Estimate the number of meals which can be served with existing inventory.

_____ Inventory the supply of emergency drinking water.

_____ Update the Logistics Manager regularly.

_____ Coordinate the acquisition of food supplies.

_____ Anticipate what is needed for staff breaks.

_____ Project the needs of any incoming residents (Code Orange).

_____ Arrange for dietary assessment of any incoming residents.

_____ With the Logistics and Administration Managers, make arrangements for outside food services, if required.

_____ Screen food received from alternate sources to ensure all food is safe and comes from an approved source.

_____ Inform your dietary consultant

SAMPLE

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IMS Leader Job Action Checklist – Security

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

SECURITY – JOB ACTION SHEET

Role: The Security function will:

a. Organize and establish scene / home security;

b. Report to the Logistics Manager.

Name: _____

Record the time action was initiated (note on the line below):

_____ Appoint security staff to monitor safety and security. (This can be staff from all departments.)

_____ Coordinate with contracted security services, if applicable.

_____ Implement a lockdown of the home, except for staff and emergency personnel, if required.

_____ Remove unauthorized persons from restricted areas.

_____ Ensure fire routes and ambulance loading areas are clear at all times.

_____ Assist the Information Officer with establishing a media area.

_____ Initiate contact with fire / police / EMS agencies through the Liaison Officer.

_____ Provide vehicle and pedestrian traffic control.

_____ Ensure security of food, water, medical / vaccine supplies, fuel and other resources.

_____ Ensure all safety and security appointed staff document all actions and observations.

_____ Establish a fire watch / patrol **30 minutes (*or as directed by your local fire department*)** if the fire alarm is out of service

_____ Complete the fire watch log if the fire protection systems are off-line. Refer to Appendix EP-03-01-01 A2, Fire Watch Log and Appendix EP 13-01-02 A2, 24-Hour Resident Check Log.

_____ Post signage at main entrance to all floors that fire system is out of order (Found in Fire Safety, Section 17)

_____ Ensure regular briefings with safety and security personnel.

_____ Provide regular briefings to the Logistics Manager.

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IMS Leader Job Action Checklist – Infrastructure

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Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

INFRASTRUCTURE – JOB ACTION SHEET

Role: The Infrastructure function will:
  a. Maintain the integrity of the physical building and provide adequate environmental controls;
  b. Report to the Logistics Manager.

Name: _____

Record the time action was initiated (note on the line below):

_____ Coordinate facilities' maintenance staff who are not involved in emergency operations.

_____ Confirm status of the telephone and computer systems with the Information Technology Lead

_____ Assess the status of the call bell system.

_____ Assess the status of door security throughout the building.

_____ Notify the Logistics Manager immediately if the fire alarm system is out of service and a fire watch is required.
  ❑ Coordinate the efforts of IT, telephone and fire alarm service companies.
  ❑ Conduct a damage/operational assessment for:
  ❑ Structural
  ❑ Electrical
  ❑ Generator
  ❑ Water and sanitary waste management
  ❑ Heating/Cooling
  ❑ Natural Gas
  ❑ Fuel supply
  ❑ Elevators
  ❑ Other _____

_____ Control observed hazards, leaks, and contamination and/or notify emergency services (9-1-1), as appropriate.

_____ Ensure the Safety Officer is notified of any hazardous situations.

_____ Coordinate with home maintenance contractors and utilities.

_____ Identify areas for immediate repair and report to Incident Manager.

_____ Arrange for a structural engineer to assess the building, if required.

_____ Photograph and document all damage

_____ Identify areas where immediate salvage could save critical services and equipment.

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

_____ Provide regular briefings to the Logistics Manager.

_____ Refer to home-specific Loss of Essential Services plans when necessary

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IMS Leader Job Action Checklist – Information Technology

APPENDIX 15

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IMS Leader Job Action Checklist – Information Technology

Note: All documentation during the emergency must be given to the Administrator daily and kept on file for a minimum of three years.

INFORMATION TECHNOLOGY – JOB ACTION SHEET

Role: The Information Technology function will:

   a. Manage IT requirements or issues during an emergency situation at the home level;

   b. Act as a liaison between the corporate IT department and the home, as required;

   c. Report to the Logistics Manager.

Name: _____

Record the time action was initiated (note on the line below):

_____ Ensure a main communication system (telephone) is operating as effectively as possible.

_____ Ensure location is properly equipped (including telephone, computer systems, etc.)

_____ Coordinate with the Corporate IT Department, if required.

_____ Coordinate with security to prevent unauthorized access to electronic equipment and/or any information contained therein.

_____ Appoint additional staff who have sufficient technical experience to maintain equipment and troubleshoot problems at the home level.

_____ Create and maintain an inventory of community and private sector communications equipment and facilities within the community, which could be used to augment existing communications systems.

_____ Make arrangements to acquire additional communications resources as needed.

_____ Arrange for the operation and integration of all fax machines, computers, wi-fi routers and other technological resources as required.

_____ Provide regular briefings to the Logistics Manager.

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Emergency Contact List

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Emergency Contact List

Position	Name	Contact Information
Administrator		
Director of Care		
Assistant Director of Care		
Office Manager		
Dietary Manager		
Food Service Supervisor		
Maintenance Supervisor		
LTC Consultant		

Service	Name	Contact Information
Fire/Ambulance/Police		911
Ambulance		
Police		
Fire Department		
Hydro/Electric Company		

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Equipment Maintenance and Repairs Contact List

APPENDIX 17

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Equipment Maintenance and Repairs Contact List

Service	Company	Contact Information
Electrical Problems		
Plumbing Problems		
HVAC Problems		
Elevators		
Fire Alarm System		
Nurse call System		
Door Alarms		
Phone Systems		
Kitchen/Gas Fired Cooking Equipment		
Kitchen/Juice/Coffee Machines		
Kitchen Refrigeration Units		
Laundry Dryers/Washers		
Power Interruptions		
Low Water Pressure		
Outside Gas Lines/Leaks		
Sewage/Backup		

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Volunteer Skills in the Event of an Emergency

APPENDIX 18

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Volunteer Skills in the Event of an Emergency

Name: _____   Phone: _____   Date: _____

SKILLS/EXPERIENCE		Provide Details
Provide Care	❑ Yes ❑ No	
Food Service	❑ Yes ❑ No	
Transportation	❑ Yes ❑ No	
Security	❑ Yes ❑ No	
Recreation	❑ Yes ❑ No	
Child Care	❑ Yes ❑ No	
Emotional Support	❑ Yes ❑ No	
Logistics Support	❑ Yes ❑ No	
Administrative Support	❑ Yes ❑ No	

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Area of Refuge Contact Information

APPENDIX 19

LAST REVIEWED: January 2023

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Area of Refuge Contact Information

NAME OF FACILITY	ADDRESSS & CONTACT INFORMATION	NUMBER OF RESIDENTS THAT CAN BE ACCOMMODATED	NOTES/COMMENTS:

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Emergency Preparedness Colour Codes Poster

APPENDIX 20

LAST UPDATED: January 2023

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Emergency Preparedness Colour Codes

Colour	Emergency
Red	Fire
Blue	Medical Emergency
White	Violent Situation
Orange	External/Natural Disaster
Black	Bomb Threat
Green	Evacuation
Yellow	Missing Resident
Grey	Infrastructure Disruption/ Failure
Brown	Hazardous/ Chemical Spill
Silver	Active Assailant
Purple	Hostage Situation

Other Emergencies:
- Pandemic Management
- Natural Disasters and Extreme Weather Events

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Emergency Operations Centre Designation

EP-01-01-02

LAST UPDATED: January 2023

APPENDICES:
Appendix 1 – Emergency Operations Centre Equipment Checklist

REQUIRED DOCUMENTS:
SITUATION REPORT, EP-01-01-03 A1 – Use to document the details of the emergency.

POLICY

An Emergency Operations Centre (EOC) must be designated at the home as a central place for meetings and to coordinate the emergency response. An alternate EOC must also be designated outside the home in the event of a total evacuation.

The Incident Manager will coordinate the functions of the Incident Management System (IMS) Team from the EOC. If required, the EOC must support 24/7 staffing and provide adequate space for the IMS Team to work comfortably.

The Administrator/Designate will pre-designate the primary and alternate EOC locations at each home.

PROCEDURES

INCIDENT MANAGER

OPERATION OF THE EMERGENCY OPERATIONS CENTRE (EOC)

1. Assume responsibility for the IMS Team and for the safety and well-being of the residents, staff and organizational assets.
2. Appoint the IMS leaders and delegate IMS functions as required.
3. Establish a system of regular meetings for the IMS leaders daily.

   Note: Meetings are brief and intended for IMS leaders to report on their activities and set priorities for coordination purposes only.

4. Set priorities and provide direction and authorization for the IMS Team.
5. Issue a Situation Report at the end of every EOC meeting and share information relevant to stakeholders, regional directors and Corporate Communications.
6. Ensure discussions, decisions, actions and communications within the EOC are documented.

IMS LEADERS

1. Work independently on issues that relate to their area of responsibility and report back to the Incident Manager and other IMS leaders at meetings.
2. Provide frequent updates to the Incident Manager to keep them aware of critical information.
3. Document all meetings, conversations, concerns and incidents that affect their duties.

Emergency Operations Centre Designation

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

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Emergency Operations Centre Equipment Checklist

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Emergency Operations Centre Equipment Checklist

Date: _____   Name: _____

MANDATORY EQUIPMENT

- ☐ Telephone communication
- ☐ Emergency power supply/where applicable
- ☐ Emergency disaster box
- ☐ Home floor plans
- ☐ Site drawings and area maps where available
- ☐ Emergency Response Plan
- ☐ Notepads and pens

OPTIONAL EQUIPMENT

- ☐ Computer with email/internet access and/or smart phone
- ☐ Computerized resident charts (e.g. Point Click Care)
- ☐ Whiteboard/flip charts
- ☐ Computer printer/photocopier
- ☐ External communications will be centralized at the EOC. The intercom, nursing phones or home walkie-talkies (if available) will be used for internal communication. If telephone communications are inoperative, designate employee(s) as a runner.

HOME INFORMATION:

- • Primary EOC location:_____
- • Telephone #/ext.:_____
- • Alternate EOC location:_____
- • Telephone #/ext.:_____

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Required Documentation During Any Emergency   EP-01-01-03

LAST UPDATED: January 2023

APPENDICES:

Appendix 1 – Situation Report

Appendix 2 – Incident Tracking Sheet

REQUIRED DOCUMENTS:

EMERGENCY CODE-SPECIFIC JOB ACTION CHECKLISTS – Use Emergency Code Job Action Checklists for their assigned functions during the emergency situation. Refer to corresponding home-specific emergency code coloured tab found in this manual.

POLICY

All Extendicare homes, regional and corporate offices will have a system for recording and tracking the flow of information, decisions and expenditures during an emergency situation.

The Situation Report and the Tracking Sheet must be used to record and track information during an emergency situation.

BACKGROUND

Tracking of information will ensure that:

Processes taken are documented in order to respond, save lives and mitigate damage;
Reports are sent to government agencies, insurance companies and other agencies;
The home/organization is protected from litigation and unfounded claims;
Any associated costs from government agencies/ministries are recovered; and
Outcomes of the emergency situation are evaluated.

PROCEDURES

INCIDENT MANAGER

1. Must use Emergency Code job action checklists and include in documentation, where applicable.

IMS LEADERS

1. Must have a blank Situation Report template during an emergency situation. It is used to:

   a. Document the time and details of significant events;

   b. Provide a report to other IMS leaders of significant events to be presented during Emergency Operations Centre meetings; and

   c. Summarize actions taken before and after the emergency situation.

Required Documentation During Any Emergency

2. Must have a blank copy of the Tracking Sheet during an emergency situation. The Tracking Sheet ensures IMS leaders can easily prioritize their needs and quickly file service requests. It is used to:

   a. Document all information and/or requests for services that come through the EOC; and

   b. Follow through on requests for information.

3. Use the Emergency Code Job Action Checklists for their assigned functions. The checklists will be used to record the times actions were taken and to provide updates during the transition of responsibilities between people – see appendices.

4. Must complete and retain copies of their required documentation and forms.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

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Situation Report

LAST REVIEWED: January 2023

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... helping people live better

Situation Report

Use this report to document the time and details of significant events. Provide this report to other IMS leaders of during Emergency Operations Centre meetings.

Date: _____   Incident _____

Period Covered _____ to _____
Time and Date   (d/m/y)   Time and Date   (d/m/y)

REPORT

Initial: _____   Current: _____

Resources Committed: _____

Response/Mitigation Objectives:

_____

Total Injuries: _____   Total Fatalities: _____

Emergency service involvement (i.e. police, fire, EMS): _____

Problems Encountered:

_____

Solutions:

_____

Outstanding Issues: _____

Weather watches and warnings (if applicable): _____

Actions/Objectives (to be accomplished before the next meeting):

_____

Operations: _____

Planning: _____

Logistics: _____

Finance/Administration: _____

Safety: _____

Liaison: _____

Public Information: _____

NEXT MEETING:

Date/Time: _____

Distribution (specify): _____

LAST UPDATED: January 2021   EP-01-01-03 A1   Page 1 of 1

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Extendicare CONMED

Incident Tracking Sheet

LAST REVIEWED: January 2023

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Incident Tracking Sheet

Originator: _____

Date: _____ Time: _____

Phone/Fax: _____ Received by: _____

A. ISSUE/CONCERN/REQUEST	B. ACTION REQUIRED

C. OPTIONS CONSIDERED	D. ACTION TAKEN

E. REFERRED TO	F. RESOLVED BY
Date:	TIME:	Date:	TIME:

G. ANTICIPATED COSTS	H. ACTUAL COSTS

I. PROBLEMS ENCOUNTERED	J. DETAIL OUTSTANDING, UNRESOLVED OR INCOMPLETE REQUESTS

ADDITIONAL COMMENTS

LAST UPDATED: November 2016   EP-01-01-03 A2   Page 1 of 2

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Communications Protocol for Emergencies

EP-01-01-04

LAST UPDATED: January 2023

APPENDICES:

Appendix 1 – Emergency Response Risk Levels

Appendix 2 – Crisis Communications Process

Appendix 3 – Communications Log Requirements

Appendix 4 – Crisis Communications Plan Checklist

POLICY

The Incident Management System Communication Protocol is to be enacted for all emergency situations and is to be followed precisely.

PROCEDURES – STAGE 1 AND STAGE 2 EMERGENCIES – LOW AND MODERATE RISK

INCIDENT MANAGER

1. Contact the Corporate Communications department to prepare communication material.

CORPORATE COMMUNICATIONS DEPARTMENT

1. Prepare briefing notes:
   a. Clarify the issue with the Public Information Officer (or Incident Manager);
   b. Develop key messages;
   c. Consult with stakeholders; and
   d. Prepare Q&A document for media inquiries.

2. Establish a communications strategy and messaging for the following stakeholder groups:
   a. Media/general public;
   b. Residents/families;
   c. Staff; and
   d. Other necessary stakeholders (e.g., provider associations, Ministry of Health, regional government).
   Note: This outreach may include preparing a bulletin detailing the circumstances of the incident/situation to be posted in the home.

3. Release all information to the following stakeholders:
   a. Incident Manager;
   b. Public Information Officer;
   c. Administrator (if different from Incident Manager); and
   d. Regional Director.

4. Coach appropriate person(s) on how to effectively deliver key messages to public and/or media.

Communications Protocol for Emergencies

PROCEDURES – STAGE 1 AND STAGE 2 EMERGENCIES – LOW AND MODERATE RISK

5. Monitor the media (television, radio, print, and news outlet websites) and social media (Twitter, Facebook, blogs, etc.) for reports, comments, and discussions regarding the incident, the home, and Extendicare to assist in preparing messaging and responses.

PUBLIC INFORMATION OFFICER

1. After release of communication material, present key messages to public and/or media, residents/families, staff and other necessary stakeholders (e.g., provider associations, Ministry of Health, regional government).

PROCEDURES – STAGE 3 EMERGENCY – HIGH RISK

INCIDENT MANAGER

1. Contact the Corporate Communications Department to prepare communication material.

CORPORATE COMMUNICATIONS DEPARTMENT

1. Prepare briefing notes:
   a. Clarify the issue with Public Information Officer (or Incident Manager);
   a. Develop key messages;
   b. Consult with stakeholders; and
   c. Prepare Q&A document for media inquiries.

2. Determine who would be the most appropriate "spokesperson" for the incident at both local and national levels.

3. Release all information to the following stakeholders:
   a. Incident Manager;
   b. Public Information Officer;
   c. Administrator (if different from Incident Manager);
   d. Regional Director;
   e. VP, Operations; and
   f. If necessary, the CEO of Extendicare.

4. Establish a communications strategy and messaging for the following stakeholder groups:
   a. Media/general public;
   b. Residents/substitute decision makers;
   c. Staff; and

Communications Protocol for Emergencies

PROCEDURES – STAGE 3 EMERGENCY – HIGH RISK

    d.   Other necessary stakeholders (e.g. provider associations, Ministry of Health, regional government).

5.   If necessary, prepare a bulletin detailing the circumstances of the emergency situation to be posted in the home.

6.   Coach appropriate person(s) on how to effectively deliver key messages to public and/or media.

7.   Monitor the media (television, radio, print and news outlet websites) and social media (twitter, Facebook, blogs, etc.) for reports, comments and discussions regarding the incident, the home and Extendicare.

SENIOR COMMAND (LED BY COMMUNICATIONS)	1. Prepare a Risk Alert and distribute to the Regional Director(s) and homes involved in the emergency situation. 2. Post Risk Alert to Extendicare internal website. 3. Send out updates, as necessary, to keep the homes informed of the status of the emergency situation and any action steps required. 4. If necessary, hold teleconference for homes that received the risk alert.
PUBLIC INFORMATION OFFICER	1. After release of communication material, present key messages to public and/or media, residents/families, staff and other necessary stakeholders (e.g. provider associations, Ministry of Health, regional government) or assist designated spokesperson in doing so.

PROCEDURES – STAGE 4 EMERGENCY – CRITICAL RISK

INCIDENT MANAGER	1. Contact the Corporate Communications Department to prepare communication material.

CORPORATE COMMUNICATIONS DEPARTMENT	2. Prepare briefing notes:
	   a. Clarify the issue with Public Information Officer (or Incident Manager);
	   b. Develop key messages; and
	   c. Consult with stakeholders.
	   d. Prepare Q&A document for media inquiries.
	
	3. Determine who would be the most appropriate "spokesperson" for the home at both the local and national level.

Communications Protocol for Emergencies

PROCEDURES – STAGE 4 EMERGENCY – CRITICAL RISK

4. Release all information to the following stakeholders:
   a. Incident Manager;
   b. Public Information Officer;
   c. Administrator (if different from Incident Manager);
   d. Regional Director;
   e. Director, Quality, Risk and Innovation; and
   f. VP, Operations; and
   g. CEO of Extendicare.

5. Establish a communications strategy and messaging for the following stakeholder groups:
   a. Media/general public;
   b. Residents/substitute decision makers;
   c. Staff; and
   d. Other necessary stakeholders.

6. Coach appropriate person(s) on how to effectively deliver key messages to public and/or media.

7. Monitor the media (television, radio, print and news outlet websites) and social media (twitter, Facebook, blogs, etc.) for reports, comments and discussions regarding the incident, the home and Extendicare to assist in preparing messaging and responses.

8. Prepare a Risk Alert and distribute to the Regional Director(s) and homes involved in the emergency situation.

9. Post Risk Alert to the Extendicare internal website on the homepage.

10. Send out updates as necessary, to keep homes informed of the status of the emergency situation and any action steps required.

11. Distribute a letter detailing the emergency situation and the circumstances surrounding it to:
    a. Residents;
    b. All staff;
    c. Families/substitute decision makers; and
    d. Other key stakeholders (e.g. Ministry).

12. If necessary, hold a teleconference for homes that received the risk alert.

13. After the release of communication material, present key messages to public and/or media, residents/families, staff and other necessary stakeholders.

Communications Protocol for Emergencies

BRIEFING NOTES
An internal communications document containing key messages for the media and/or public during an emergency situation.

Q&A DOCUMENT
An external communications document that provides factual answers to questions the media and/or public might ask.

RISK ALERT
An internal communications document that outlines a real or potential risk and required action steps.

AWARENESS ALERT
An internal communication that is shared with homes as information that may require surveillance or an understanding of potential risk.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

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Emergency Response Risk Levels

LAST REVIEWED: January 2023

The Emergency Response Plan provides a protocol in defining risk and the action steps required to manage an emergency situation. The Incident Management System (IMS) identifies four levels of risk:

STAGE 1: LOW – An emergency situation has occurred or is anticipated at a home that:
- Has not resulted in serious injury to residents or staff;
- Poses minimal to no threat to the home and/or Extendicare's reputation and/or operations;
- Affects only one home; and
- Has little to no potential for media coverage.

Example: An elevator in a home breaks down.

STAGE 2: MODERATE – An emergency situation has occurred or is anticipated at the home that:
- Poses a potential threat to resident and/or staff safety;
- Poses a potential threat to the home and/or Extendicare's reputation and/or operations;
- Poses no immediate risk to any other home; and
- Has potential for broader media coverage.

Example: A mechanical lift or sling, used in the majority of homes, malfunctions and causes a non-life threatening injury to a resident.

STAGE 3: HIGH – An emergency situation has occurred or is anticipated that:
- May harm or has the potential to harm residents or staff;
- Will affect the home and/or Extendicare's reputation and/or operations;
- May potentially pose a risk to other homes regionally or nationally; and
- May pose a potential risk to numerous homes and media coverage is expected.

Examples: Physical assault to resident/employee; resident elopement in bad weather; inclement weather is preventing food deliveries and power outages are being experienced.

STAGE 4: CRITICAL – A major emergency situation has occurred or is anticipated that:
- Has caused harm to residents or staff;
- Has affected operations and/or severely damaged the home and/or Extendicare's reputation; and
- Has resulted in media contacting the home(s) and/or corporate office.

Examples: A resident dies as a result of asphyxiation from a restraint; resident is seriously injured; sexual assault of a resident; an explosion, gas leak or fire is forcing the immediate evacuation of the home.

ACCOUNTABILITIES

The IMS Team will make decisions at every risk level of the emergency situation. Escalation and management of risk may require the Senior Command Incident Manager and Corporate Team to be involved.

RISK

Any emergency situation that may actually or potentially threaten the health and safety of residents and/or staff as well as the home and/or Extendicare's reputation and/or operations.

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Crisis Communications Process

APPENDIX 2

LAST REVIEWED: January 2023

INTRODUCTION

This process provides definitions of levels of risk and communication protocols to follow in crisis situations in order to minimize confusion and inform our stakeholders of necessary information.

DEFINITION OF A RISK

Risk for this purpose is defined as any incident which may actually or potentially threaten the health and safety of residents or staff as well as Extendicare's reputation, with potential for and significant loss of community, customer and investor or employee confidence.

FOUR LEVELS OF A RISK

STAGE 1: LOW
- An event has occurred at a home that has not resulted in serious injury to residents or staff and poses minimal threat to Extendicare's reputation/operation.
- Only one home is affected and there is little to no potential for media coverage.
  Example: An elevator in a home breaks down.

STAGE 2: MODERATE
- A home-specific issue has occurred but poses no immediate risk of occurring at another home.
- The event or issue poses a potential threat to resident safety and Extendicare's reputation/operations.
- There is potential for broader media coverage.
  Example: A mechanical lift or sling, used in the majority of homes, malfunctions and causes a non-life threatening injury to a resident.

STAGE 3: HIGH
- An incident has occurred that may harm or has the potential to harm residents or staff, affect operations, ***and/or*** severely damage the organization's reputation.
- The issue may pose a potential risk to numerous homes and media coverage is expected.
  Examples: Physical assault to resident/employee; resident elopement in bad weather; inclement weather is preventing food deliveries and power outages are being experienced.

STAGE 4: CRITICAL
- A major crisis which has already caused harm to residents and/or staff, affected operations, and/or severely damaged the organization's reputation.
- Media has been contacting the home(s) and/or corporate office.
  Example: A resident dies as a result of asphyxiation from a restraint; resident is seriously injured; sexual assault of a resident; an explosion, gas leak or fire is forcing the immediate evacuation of the home.

Crisis Communications Process

INCIDENT MANAGEMENT COMMUNICATION TEAM ORGANIZATION AND STRUCTURE

The crisis communications process aligns with the Emergency Response Plan.

The Incident Manager will assume primary responsibility for determining the level of risk facing the organization. The Incident Manager will determine need to call the IMS Team/specific members based on the companion document 'Risk Management Communications Process for Regional Directors'.

An IMS Team will be organized by the Incident Manager at the onset of a STAGE 3: High or STAGE 4: Critical.

The roles on the team will be consistent with the IMS Model. The people that fill those roles may vary so that the team has the expertise to properly manage the crisis/issue at hand. The roles on the IMS Team include the following:

- Incident Manager
- Public Information Officer
- Liaison Officer
- Safety Officer
- Information Technology Lead
- Operations Manager
- Planning Manager*
- Logistics Manager
- Finance/Administration Manager

*The role of Planning Manager will be assumed by an individual with a nursing background.

Note: *A Senior Operations designate, East, West and Extendicare Assist, will be assigned to the IMS Team at the Stage 3 level.*

DEALING WITH ASCENDING LEVELS OF RISK

STAGE 1: LOW	**Definition:** An event has occurred at a home that has not resulted in serious injury to residents or staff and poses minimal threat to Extendicare's reputation/operation. Only one home is affected and there is little to no potential for media coverage.

Involvement:
- Incident Manager (Administrator or designate at the home level)
- Manager, Internal Communications
- The Regional Director responsible for the impacted home
- The Long-Term Care (Nursing) Consultant for the home
- Director of Operations
- Director, SGP (if necessary)
- Environmental Consultant (if necessary)
- Infection Prevention and Control Consultant (if necessary)

Crisis Communications Process

Communication Deliverables:

Product	Prepared By	Audience
Key messages and associated products Messages to be used for internal and external response to the issue	Communications	Administrator Regional Director Ops/VP QRI Media Residents and families

STAGE 2: MODERATE	**Definition:** A home-specific issue has occurred but poses no immediate risk of occurring at another home. The event or issue poses a potential threat to Extendicare's reputation/operations. There is potential for broader media coverage.

Involvement:
- The Administrator of the impacted home
- Incident Manager (Regional Director)
- The Long-Term Care (Nursing) Consultant for the home
- Director of Operations
- Dietitian Consultant (if necessary)
- Senior Director, Operational Quality and Risk
- Senior Director, Corporate Quality and Risk
- Operations Vice President
- Manager, Corporate Communications
- Director, SGP (if necessary)
- Environmental Consultant (if necessary)
- Infection Prevention and Control Consultant (if necessary)

Communication Deliverables:

Product	Prepared By	Audience
Key messages and associated products Messages to be used for internal and external response to the issue	Communications	Administrator Regional Director Ops/VP QRI Media Residents and families

Crisis Communications Process

STAGE 3: HIGH	**Definition:** A risk has emerged that may harm or has the potential to harm residents or staff, affect operations, and/or severely damage the organization's reputation. The issue may pose a potential risk to numerous homes and media coverage is expected.

Involvement:
- Incident Management Team (National)
- CEO alerted
- The Administrator of the impacted home
- Incident Manager (Regional Director)
- The Long-Term Care (Nursing) Consultant for the home
- Dietitian Consultant (if necessary)
- Operations Vice President
- Senior Director, Operational Quality and Risk
- Senior Director, Corporate Quality and Risk
- Manager, Internal Communications
- Director, SGP (if necessary)
- Environmental Consultant (if necessary)
- Infection Prevention and Control Consultant (if necessary)
- Fire and Life Safety Consultant (if necessary)

Communication Deliverables:

Product	Prepared By	Audience
Key messages and associated products Messages to be used for internal and external response to the issue	Communications	Impacted homes Media Administrator Regional Director Ops/ VP QRI CEO Residents and families

RISK ALERT
    Explanation of the issue and required actions
    Regional Directors will be advised that a RISK ALERT is being distributed so they are able to field questions from Administrators
 	
If the ALERT is sent nationally it will also be posted on FLOW
	IMS Team	All homes at risk

Teleconference If deemed necessary by IMS Team	IMS Team	All homes that received the RISK ALERT

Crisis Communications Process

Product	Prepared By	Audience
Held by members of the IMS Team to provide further explanation of the RISK ALERT and the required actions		
Updates Sent out as deemed necessary by the IMS Team To keep homes informed of the issues status and of any additional required actions	IMS Team	All homes that received the RISK ALERT
Email to provincial or regional authorities (i.e. MOHLTC, Regional Health Authority, AHS, Zone, LHIN)	Regional Director	Appropriate authorities

STAGE 4: CRITICAL	**Definition:** A major risk which has already caused direct harm to residents or staff, affected operations and/or severely damaged the organization's reputation. Media has been contacting the homes and/or Head Office.

Involvement:
- Incident Management Team (National)
- CEO alerted
- The Administrator of the impacted home
- Incident Manager (Regional Director)
- The Long-Term Care (Nursing) Consultant for the home
- Senior Director, Operational Quality and Risk
- Senior Director, Corporate Quality and Risk
- Dietitian Consultant (if necessary)
- Operations Vice President
- Manager, Internal Communications
- Director, SGP (if necessary)
- Environmental Consultant (if necessary)
- Infection Prevention and Control Consultant (if necessary)
- Fire and Life Safety Consultant (if necessary)

Crisis Communications Process

Communication Deliverables:

Product	Prepared By	Audience
Key messages and associated products Messages to be used for internal and external response to the issue	Communications	All homes

RISK ALERT
    Explanation of the issue and required actions
    Regional Directors will be advised that a RISK ALERT is being distributed so they are able to field questions from Administrators
    If the ALERT is sent nationally it will also be posted on FLOW
	IMS Team	All homes at risk

Teleconference
    If deemed necessary by the IMS Team Lead
    To provide further explanation of the RISK ALERT and the required actions
	IMS Team	All homes that received the RISK ALERT

Updates To keep homes informed of the issues status and of any additional required actions	IMS Team	All homes that received the RISK ALERT
Letters To distribute to residents and families and other key constituents	IMS Team (compiled by Communications Lead)	All homes

Crisis Communications Process

RISK MONITORING AND CESSATION

It is the responsibility of the Incident Manager and/or emergency services to determine when a risk issue has ended. Various actions are required dependent on the level of the risk issue.

STAGE 1: LOW Communication Deliverables:

Product	Prepared By	Audience
Communications Log • To catalogue the communication requested and released regarding the issue • Any media requests (print, television, radio)	Communications	IMS Team

STAGE 2: MODERATE Communication Deliverables:

Product	Prepared By	Audience
Communications Log • To catalogue the communication released and request(s) regarding the issue such as: a. Briefing Note, Media Q&As, Bulletins Any media requests (print, television, radio)	Communications	IMS Team

STAGE 3: HIGH Communication Deliverables:

Product	Prepared By	Audience
Communications Log • To catalogue the communication released and request(s) regarding the issue such as: b. Briefing Note, Media Q&As, Bulletins, Risk Alerts Updates, letters, any media requests (print, television, radio)	Communications	IMS Team

Crisis Communications Process

STAGE 3: HIGH	Communication Deliverables:	
Product	**Prepared By**	**Audience**
Final Update • Sent to the homes to indicate the cessation of the crisis, outline any final actions, and thank everyone for their cooperation	IMS Team (to be compiled by Communications)	All homes involved
Debrief Held with the IMS Team to discuss lessons learned and to review potential changes that can improve the organization's operations	IMS Team (organized by the Incident Manager Lead)	IMS Team, SLT

STAGE 4: CRITICAL	Communication Deliverables:	
Product	**Prepared By**	**Audience**
Communications Log • To catalogue the communication released and request(s) regarding the issue such as: c. Briefing Note, Media Q&As, Bulletins, Risk Alerts, Updates, letters Any media requests (print, television, radio)	Communications	IMS Team
Final Update • Sent to the homes to indicate the cessation of the crisis, outline any final actions, and thank everyone for their cooperation	IMS Team (to be compiled by Communications Lead)	All homes involved
Debrief Held with the IMS Team to discuss lessons learned and to review potential changes that can improve the organization's operations	IMS Team (organized by the Incident Manager)	IMS Team, SLT

Crisis Communications Process

PRIMARY ACCOUNTABILITIES

Decisions relating to the management of a risk, irrespective of level, will be vested in the Incident Manager. Escalation of risk and management of that risk may require a concurrent escalation to a more senior IMS Team Lead in the organization.

The following diagram is an example of and suggested management accountabilities in response to that risk.
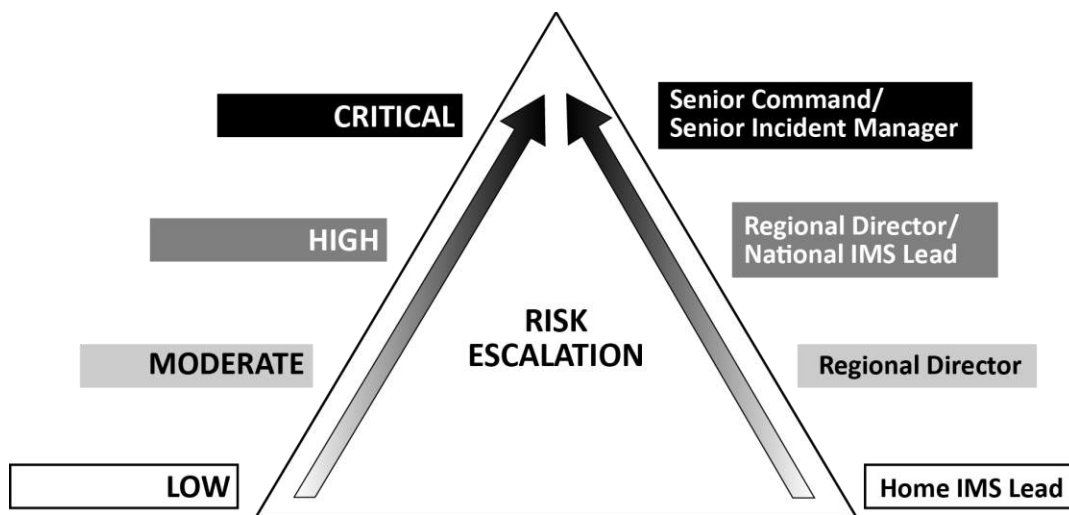
Decisions: Authority for decisions is vested in the IMS lead. This lead position may escalate according to the severity of the presenting situation and may skip stages. Expeditious response and management of issues is the desired outcome of this assignment of Leadership.

RISK MANAGEMENT COMMUNICATIONS PROCESS
FOR REGIONAL DIRECTORS

1. RD and Communications receive notification from home regarding potential issue.
2. RD determines level of risk based on 4 stages outlined in Crisis Communications Process.
3. RD sends email to relevant people (see chart below) with the title "Risk Issue Stage X: Home Name – Brief Summary".
4. Email should contain a brief overview of the situation and copy the Administrator/Designate.
5. If stage 3 or 4, the email should suggest members of the Corporate Incident Management System (IMS) Team (always including Corporate Communications).
6. If a Corporate IMS Team is to be enacted (stages 3 or 4), the Regional Director should facilitate a teleconference with the available suggested members of the IMS Team.

Crisis Communications Process

	Communications	Ops VP	VP, QRI/ Director	Relevant Consultants	CEO	IMS Team Enacted
Stage 1: Low	X					
Stage 2: Moderate	X	X	X	X		
Stage 3: High	X	X	X	X	X	X
Stage 4: Critical	X	X	X	X	X	X

POTENTIAL ISSUES AND THE MEMBERS OF THE IMS TEAM
(To enact the IMS Team, all of these must be STAGE 3 OR STAGE 4 CRISES)

Issue	IMS team Members (titles)	IMS Team Members (for illustration purposes only)
Environmental issues Low: Slips and falls, blocked emergency exit due to snow/ice Moderate: Mold growth High: Fire & Flood Critical: Serious injury or death of resident or employee due to environmental factor	Incident Manager	
	Public Information Officer	
	Liaison Officer	
	Safety Officer	
	Information Technology Lead	
	Operations Manager	
	Planning Manager	
	Logistics Manager	
	Finance/Administration Manager	
Equipment issues (e.g. lift malfunction, toaster fires, etc.) Low: Toaster Moderate: malfunction lift with no injury High: Fire Critical: Asphyxiation due to side rails, lift failure, serious injury or loss of life of staff/resident	Incident Manager	
	Public Information Officer	
	Liaison Officer (representative from LTC group purchasing)	
	Safety Officer	
	Information Technology Lead	
	Operations Manager	
	Planning Manager	
	Logistics Manager	

Crisis Communications Process

Issue	IMS team Members (titles)	IMS Team Members (for illustration purposes only)
Infectious Disease Low: Outbreak –Enteric/Respiratory Moderate: Food poisoning High: High incidence of antibiotic resistant cases Critical: Pandemic	Incident Manager	
	Public Information Officer	
	Liaison Officer	
	Safety Officer	
	Information Technology Lead	
	Operations Manager	
	Planning Manager	
	Logistics Manager (representative from LTC group purchasing)	
Product Alert/Recall Low: Product not used in homes but subject to general public alert Moderate: Possible use of a product High: Food product is a product used/sourced Critical: Product is used in homes and has resulted in significant injury/death of staff/resident	Incident Manager	
	Public Information Officer	
	Liaison Officer	
	Safety Officer	
	Information Technology Lead	
	Operations Manager	
	Planning Manager	
	Logistics Leader (representative from LTC group purchasing)	
	Dietitian (to offer advice on what to replace the product with, if necessary)	
Abuse/Assault/Intruder NO LOW OR MODERATE definition Reports of same or reports of intruders, alleged theft Moderate – alleged only, investigation in play High – actual	Incident Manager	
	Public Information Officer	
	Liaison Officer	
	Safety Officer	
	Information Technology Lead	
	Operations Manager	
	Planning Manager	
	Logistics Manager (representative from LTC group purchasing)	

Crisis Communications Process

Issue	IMS team Members (titles)	IMS Team Members (for illustration purposes only)
Strike/Potential Labour Unrest Low: Excess sick calls Moderate: Information picket lines High: Work to rule Critical: No report to work	The team members will be the same as the "Strike Committee" as outlined in the *Strike Handbook 2003*	
	HR Senior Lead	
	Human Resources Director	
	Administrator(s) of impacted homes	
	RD(s) of impacted homes	
	Member of Communications	
CRITICAL ONLY	Liaison Officer	
	Safety Officer	
	Information Technology Lead	
	Operations Manager	
	Planning Manager	
	Logistics Manager	
	Finance/Administration Manager	

Communications Log Requirements

LAST REVIEWED: January 2023

STAGE 1 EMERGENCY: LOW RISK

Prepare Communication Log which must include:

1. Catalogue of communications materials released during the emergency situation;
2. A complete briefing note; and,
3. Any media coverage about the emergency situation.

STAGE 2 EMERGENCY: MODERATE RISK

Prepare Communication Log which must include:

1. Catalogue of communications materials released during the emergency situation;
2. Any internal memos released during the emergency situation;
3. A complete briefing note; and,
4. Any media coverage about the emergency situation.

STAGE 3 EMERGENCY: HIGH RISK

- Prepare Communication Log which must include:

    1. Catalogue of communications materials released during the emergency situation;
    2. Any internal memos released during the emergency situation;
    3. All risk alerts;
    4. All IMS meeting minutes that occurred during the emergency situation;
    5. Debriefing results;
    6. A complete briefing note; and,
    7. Any media coverage about the emergency situation.

- Prepare a final update document that outlines the details of the emergency situation, any final actions that must take place and appreciation for cooperation from all parties involved.

STAGE 4 EMERGENCY: CRITICAL RISK

- Prepare Communication Log which must include:

    1. Catalogue of communications materials released during the emergency situation;
    2. Any internal memos released during the emergency situation;
    3. All risk alerts;
    4. All IMS meeting minutes that occurred during the emergency situation;
    5. Debriefing results;
    6. A complete briefing note; and,
    7. Any media coverage about the emergency situation.

- Prepare a final update document that outlines the details of the emergency situation, any final actions that must take place, and appreciation for cooperation from all parties involved.

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Crisis Communications Plan Checklist

LAST REVIEWED: January 2023

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EXTENDICARE®
... helping people live better

Crisis Communications Plan Checklists

Name: _____   Date: _____

Record the time action was initiated (note on the line below):

_____	Public Information Officer designated: _____
_____	Public Information Officer _____
_____	Incident: _____
_____	Incident Manager: _____
_____	Senior Manager on location: _____
_____	Administrator on location: _____
_____	Briefed by Incident Manager
_____	Type of incident _____
_____	Services on location or involved in responding to the incident

- _____ ☐ EMS: 9-1-1
- _____ ☐ Police: 9-1-1
- _____ ☐ Fire: 9-1-1
- _____ ☐ Public Health _____
- _____ ☐ Public Works _____
- _____ ☐ Transit _____
- _____ ☐ Other _____

_____	Any injuries or deaths _____
_____	General actions being taken _____
_____	Issues of contention identified _____
_____	Briefing with Administrator or Senior Manager
_____	Spokesperson identified
_____	Interview or press briefing time scheduled _____
_____	Location for interview/briefing identified _____
_____	Length of interview/briefing _____
_____	Briefing notes

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Post-Emergency Response

EP-01-01-05

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Post-Emergency Checklist
- Appendix 2 – Post Emergency Debrief Report

POLICY

Each home will ensure that a Post-Emergency Response procedure is in place to appropriately debrief and perform a post-emergency evaluation of the incident, acknowledge the notable contribution of staff or other individuals and take inventory of the expenses incurred as a result of the emergency incident.

PROCEDURES

ADMINISTRATOR / DESIGNATE

1. Thank everyone that participated in the emergency.
2. Revise emergency plan as necessary.
3. Provide formal letters of commendation to staff or other individuals whose performance during the emergency was extraordinary.
4. Complete Post-Emergency Checklist and send to your Regional Director.

INCIDENT MANAGER

1. Complete the Post Emergency Debrief Report using an interdisciplinary approach including everyone involved in the emergency.
2. Save the completed Post Emergency Debrief Report in the Home Status Report Folder.
3. Provide copies of the completed report to the Administrator/Designate and department managers.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

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Post-Emergency Checklist

APPENDIX 1

LAST REVIEWED: January 2023

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EXTENDICARE®
... helping people live better

Post-Emergency Checklist

Date: _____   Completed by: _____

Incident: _____

THANK YOU CHECKLIST	YES	NO	COMMENTS:
Residents that have been inconvenienced	❏	❏	
Staff that helped	❏	❏	
Volunteers	❏	❏	
Families	❏	❏	
Media	❏	❏	
Government agencies	❏	❏	
Receiving facilities/homes	❏	❏	
Ambulance	❏	❏	
Transportation	❏	❏	
other	❏	❏	

INVENTORY CHECKLIST	YES	NO	
Take linen inventory to determine loss/costs	❏	❏	
Take dietary inventory to determine loss /costs	❏	❏	
Take equipment inventory to determine loss or repairs	❏	❏	
Take inventory of nursing supplies to determine loss/costs	❏	❏	
other	❏	❏	

FINANCIAL CHECKLIST	YES	NO	
Establish additional Staffing costs	❏	❏	
Reimburse staff for expenses (traveling etc.)	❏	❏	
Establish total cost of emergency	❏	❏	
other	❏	❏	
	YES	NO	
Write formal report and submit to Regional Director	❏	❏	

SAMPLE

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LAST UPDATED: January 2023

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POST EMERGENCY DEBRIEF

Include staff, residents, visitors, SDMs, students, volunteers and community partners involved in the emergency.

HOME:_____ DATE:_____

| Please save this report in the Home Status Report Emergency Debrief folder. Location of Emergency: _____ Time of Emergency:_____ Time of All Clear:_____ Time of Debrief:_____ | ❑ RED ❑ ORANGE ❑ GREEN ❑ PURPLE ❑ YELLOW ❑ BLUE ❑ WHITE ❑ SILVER ❑ BLACK ❑ EXTREME WEATHER ❑ BROWN EVENT ❑ GREY ❑ No Code Called ❑ Other Emergency Event | Nature of event: ❑ Real ❑ Table Top Exercise ❑ Drill |

Section A

Can be completed by the Administrator or Incident Manager and then shared with all others involved.

Provide a description of the event (attach any related documents).

_____
_____
_____
_____
_____

Identify community partners that responded or participated:

_____
_____

Were individuals assigned any specific tasks?	Yes	No	N/A
Incident Manager:			
•	❑	❑	❑
Administrator/Designate:			
•	❑	❑	❑
Receptionist/Designate:			
•	❑	❑	❑
Registered Nurse			
•	❑	❑	❑

	Yes	No	N/A
Other Nursing Staff			
•	❑	❑	❑
Housekeeping Staff			
•	❑	❑	❑
Maintenance Staff			

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Emergency Drills and Education

EP-01-01-06

LAST UPDATED: January 2023

POLICY

Each home will ensure that annual emergency drills and education will be conducted.

PROCEDURES

ADMINISTRATOR/
DESIGNATE/
STAFF EDUCATOR

OVERVIEW

1. Provide Emergency Preparedness training to all staff on orientation.
2. Incorporate Emergency Preparedness training into staff development programs.
3. Ensure staff is trained in the procedures listed below. Emergency codes must be practiced annually during the designated code of the month, including the following:
   a. Fire drills;
   b. Evacuation;
   c. R.E.A.C.T.; and
   d. Emergency lifts and carries.
   Note: Practicing these emergency procedures must include tabletop exercises or drills of at least two (2) services or departments annually.

MONTHLY FIRE AND ANNUAL EVACUATION DRILLS

1. Three fire drills (one drill on each shift) must be conducted and recorded every month regardless of the homes outbreak situation.
2. A debriefing session must be held after each fire drill using the Post Emergency Debrief Report.
3. Provide regular in-service sessions as part of staff meetings or debriefing sessions following regular fire drills. The in-service session must:
   a. Provide a review to improve employees' knowledge and skill in fire safety procedures;
   b. Identify areas of improvement in the existing program; and
   c. Ensure timely and appropriate responses to an emergency situation.
4. Review on an annual basis the responsibilities of the Incident Manager with staff who may be deemed as "designate". (This can be incorporated into regular meeting agendas.)
5. One evacuation drill must be conducted and recorded annually including all staff.

Emergency Drills and Education

MAJOR EMERGENCY EXERCISE

1. Every three (3) years the home must conduct a major emergency preparedness exercise involving at least two or more services in the home. Community response agencies should be included if possible. Consider creating a mock disaster, with possible partial evacuation, for a major emergency preparedness exercise.

2. The mock disaster could include:
   a. Loss of utility(s);
   b. Fire; and
   c. External disaster.

   Homes are encouraged to plan the exercise in conjunction with regional ministry/health authority personnel and/or the local emergency response group.

EMERGENCY DRILLS

1. Test the Colour Code portions of the emergency plan with drills and exercises annually in the corresponding Emergency Code month. Emergency Scenario's are provided. Include community response agencies such as police or fire as well as families and visitors where possible.

2. An annual drill must be completed that includes at least two (2) areas of service. Examples include:
   a. Emergency fan out list (to be practiced 2 times a year);
   b. Triage;
   c. Assessment treatment centre;
   d. Code Brown;
   e. Code Orange (acting as a receiving centre); and
   f. Code Green (mock disaster with partial evacuation).

LOCAL FIRE DEPARTMENT

1. Ensure fire department has received and approved the home's fire safety plan. Invite fire department personnel to your home on an annual basis to:
   a. Acquaint them thoroughly with the home's layout and assist them with pre-planning and tactical surveys; and
   b. Request assistance with in-service programs for your staff, especially in the use of fire extinguishers, fire blankets, evacuation practices, lifts and carries.

ORIENTATION OF NEW STAFF

1. Provide new staff with an orientation to the Emergency Preparedness Manual.

a. Ensure new staff reads and understands the Emergency Preparedness Plan applicable to their work area;

b. Orient staff transferring to a new position to the fire safety procedures for that area.

FIRE SAFETY EDUCATION

1. Ensure the fire safety education includes at a minimum instruction in:

   a. Basic steps taken in response to a fire emergency;

   b. Evacuation procedures (involve the fire and police departments in these sessions when possible);

   c. Emergency carries of residents;

   d. Location and use of the fire alarm system, annunciator panel, fire extinguishers, fire blankets;

   e. Use of communication systems such as telephones, 2-way radios, and intercom systems during an emergency, as applicable; and

   f. Explanation of layout of the home and location of all exits and related stairways.

2. Review staff procedures as outlined in the home's Fire Safety Plan.

3. Ensure staff complete the electronic learning modules (Surge) annually.

RECORDS

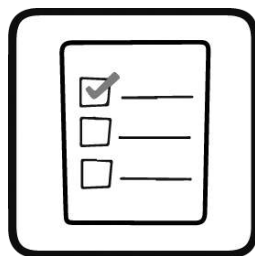1. Keep copies of individual staff attendance at fire safety training and emergency code drills as well as records of annual Emergency Preparedness Plan reviews.

VOLUNTEERS/FAMILIES/RESIDENTS

1. Invite volunteers, families and residents to attend all fire safety and emergency preparedness in-services.
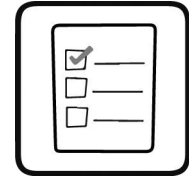
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PREPARE
TAB 2

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Emergency Response Plan and Fire Safety Plan   EP-02-01-01

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Hazard Identification and Risk Analysis (HIRA) Guide and Process
- Appendix 2 – Fire Safety Plan
- Appendix 3 – Fire Safety Inspection Action Plan
- Appendix 4 – Fire Drill Evaluation Form – Scene of Fire Alarm
- Appendix 5 – Fire Drill, Fire Alarm, Fire Alarm Test or Fire Alarm Equipment Repairs
- Appendix 6 – Fire Drill Observation Evaluation Form – Other Nursing Units Response to Fire Drill/Alarm

REQUIRED DOCUMENTS:

RECORD OF DRILL ATTENDANCE FORM – Use to capture staff attending a fire alarm/drill (Section 14.2 of the Fire Safety Plan).

to a fire drill/alarm.

POLICY

Each home must have a comprehensive Emergency Response Plan (ERP). The ERP will define and communicate clearly the standard response in an emergency, specific to the home.

The home must conduct a Hazard Identification and Risk Analysis for the home using the HIRA guidelines and reflect this information in the Emergency Response Plan and Fire Safety Plan.

Each home is required by law to have an Emergency Response Plan and Fire Safety Plan that meets provincial and national Fire Code and IMS emergency response standards.

Each home must practice response to all colour codes at least once per year. Colour codes must be included in orientation of new staff.

An established ERP must be available and understood by all staff and volunteers, who must participate fully in emergency preparedness activities, training, drills and evacuation procedures.

The Emergency Response Plan must be evaluated annually and be updated to reflect necessary updates.

A contingency plan for the care of residents in an emergency is mandatory and must include:
- Detailed roles and responsibilities during an emergency (including evacuation drills) every year;
- Arrangements with local authorities and institutions to provide shelter and resources;
- Alternate sources to supply emergency power, water, food and fuel;
- A communications plan; and
- Resident identification procedures, including photographs and identification bracelets.

The home will:
- Develop the ERP in accordance with provincial government and municipal regulations; and
- Review it with the Occupational Health and Safety Committee

Emergency Response Plan and Fire Safety Plan

A Hazardous Identification Risk Analysis (HIRA) ensures that potential risks to the home are identified and assessed as to their potential risk to the residents and staff. The HIRA is used to prioritize prevention, mitigation and training priorities for the home. There are two phases of completing a HIRA process:

- hazard identification; and
- risk analysis.

The Hazard Identification is a determination of the various hazards that are pertinent to a home's specific location. This is completed by assessing what types of emergencies could occur within your home and in the community. The second process is the risk assessment, determining the probability of a potential emergency occurring and the consequence of the emergency should it actually occur.

PROCEDURES

ADMINISTRATOR/
DESIGNATE

1. Schedule and conduct an emergency response plan (ERP) meeting with the home's managers.

2. Develop the localized ERP requirements as a team.

3. Compile ERP plan elements into one document that contains the following:

   a. Communication protocol for enacting the ERP;

   b. Staff roles and responsibilities, including IMS leaders;

   c. Accountabilities for staff before, during and after an emergency; and

   d. Actions steps for all risk levels of an emergency.

4. Review the ERP with the Regional Director and representative from Occupational Health and Safety Committee.

5. Ensure the Fire Plan has been reviewed and approved by the Chief Fire Official having jurisdiction.

   Note: *The fire plan template is included in this manual. Homes will customize the fire plan, include the site-specific fire plan in this manual, and ensure it is reviewed annually and revised as necessary.*

6. Discuss emergency shelters and evacuation notification procedures with local authorities.

7. Assume responsibility for implementing the policies and procedures of the Emergency Preparedness and Response Manual.

8. Ensure all staff receives adequate training to fulfill the requirements of the program in the event of an emergency.

Emergency Response Plan and Fire Safety Plan

PROCEDURES

9. Ensure the Emergency Preparedness Plan and Fire Safety Plan is completed with the site-specific information required.

10. Ensure the home's Fire Safety Plan meets the specific requirements of the Chief Fire Official for the jurisdiction and is submitted to the Chief Fire Official for approval.

11. Ensure the Appendix information is present and **updated 2 times a year/every 6 months** and includes, at a minimum, the following:

    a. Emergency telephone numbers, including public utilities and government agencies;

    b. Corporate emergency telephone numbers, including Corporate Communications;

    c. Staff Call-back List (updated as required in order to be current);

    d. Key suppliers, contractors and support services;

    e. All emergency code checklists;

    f. Senior IMS Team checklists;

    g. Building site plan showing access roads, evacuation meeting area(s), etc.;

    h. Floor plans identifying key life safety and exit information;

    i. Floor plans identifying each room and attached room search checklists;

    j. Maps showing the search area quadrants around the home; and

    k. Mutual aid agreements with other LTC facilities for evacuation assistance.

12. Refer to Administrator's responsibilities in the Accountabilities section of the Fire Safety Plan. Use Appendices 4-9 attached to this policy for required documentation to meet fire safety regulations.

INCIDENT MANAGER

1. Assume responsibility for implementing the Emergency Preparedness procedures and directing staff to ensure the safety and security of residents, visitors, staff and volunteers.

2. Use checklists to assist with the direction of completing tasks during an emergency, including recording the time when each task was completed. Add other documentation as necessary.

3. Wear an orange/yellow vest so that you can be easily identified during drills/exercises and emergency situations.

4. Ensure all action items are documented including date, time and who was responsible.

5. Maintain overall control of the management of the emergency and delegate tasks whenever possible.

Emergency Response Plan and Fire Safety Plan

6. If the fire department or police arrive at the home, the senior officer on the scene will become the overall Incident Manager.

7. The home's Incident Manager will support their efforts, always prioritizing the care and safety of the residents.

CHARGE NURSE

1. Be thoroughly familiar with the Emergency Response Plan and Fire Safety Plan in order to assume responsibility effectively.

2. Be thoroughly familiar with the Incident Manager role and assume the role of Incident Manager unless relieved by a more senior or capable manager.

3. Be thoroughly familiar with the operation of the fire alarm panel and the resetting of the alarm panel, security systems and other equipment following a fire alarm or power failure.

ALL STAFF

1. Be familiar with the Emergency Response Plan and Fire Safety Plan and the responsibilities required of your position.

2. Respond to fire alarms and other emergencies as specified in the Emergency Response Plan.

3. Treat every drill as a real emergency and respond accordingly.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

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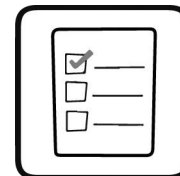
Hazard Identification Risk Analysis (HIRA)
Guide and Process

LAST UPDATED: January 2023

A Hazard Identification Risk Analysis (HIRA) is a systematic risk assessment tool that can be used to assess the risks of various hazards. This approach both satisfies accreditation requirements and allows for a systematic, targeted approach to emergency preparedness. The results of a risk assessment can be used to guide an annual or multi-year emergency management cycle.

In addition to identifying high-priority hazards, this proactive approach to emergency management can result in a more disaster-resilient environment.

Success in meeting this challenge can be found by answering the following questions:

• What hazards exist within or surrounding each site?

• How frequently do they occur?

• How severe can their impact be on the homes' staff, residents, infrastructure, finances, and reputation?

• Which hazards pose the overall greatest threat to the home/organization?

To address these questions, a comprehensive hazard identification and risk assessment (HIRA) is required.

ACCOUNTABILITIES

REGION AL
DIRECTOR

1. Remove and report any barriers to compliance to the Vice President, Operations.

2. Provide support, advice and direction to the home's management team.

3. Promote and confirm implementation and application of the policy within your region.

ADMINISTRATOR

1. Ensure the home's operations align with corporate objectives and priorities and jurisdictional requirements. The home must ensure that all regional and provincial legislation is adhered to in their operational plans.

2. Lead the process to ensure the HIRA is completed for the home on an annual basis.

3. Ensure an evaluation of the Emergency Response Plan and Fire Safety Plan in relation to the HIRA is completed annually.

4. Use the HIRA process that is appended to this policy.

5. Lead the process by using the following steps:

Hazard Identification Risk Analysis (HIRA)
Guide and Process

ACCOUNTABILITIES

6 steps to completing a HIRA:

Step 1: Hazard identification

Step 2: Determine the probability of the risk

Step 3: Determine the consequence of the risk

Step 4: Determine the level of risk using the risk matrix and score the risks by priority

Step 5: Develop mitigation plans for your homes unique risks.

Step 6: File your completed HIRA with your emergency plans.

RISK ASSESSMENT PROCEDURES

Step 1: Hazard Identification

The first step in this process is to identify all possible hazards – no matter how unlikely, provided a greater than zero chance – that might impact your home or its surrounding community.

The Risk Assessment Form will be used for this process and the Administrator will lead the process to determine the potential hazards. Once the team has identified the potential hazards at the home, select the threats or list them in the "Threat" column of the form. Use the list below the assessment form to help determine hazards for your home.

Step 2: Determine the Probability of the Risk

The second process is the Risk Assessment; determining the probability of a potential emergency occurring and the consequence of the emergency should it actually occur.

In the Probability column of the Risk Assessment Form, rate the likelihood of each emergency's occurrence. This is a subjective consideration. Use a simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest, more information about this scale is on the Risk Assessment Form. This number is then entered into the probability column.

Hazard Identification Risk Analysis (HIRA)
Guide and Process

Step 3: Determine the consequence of the risk

Once the probability is determined, the impact or consequence of the emergency is estimated, taking into consideration the potential human consequence (the probability of injuries or death), the potential property (damage, ability to quickly relocate) and the potential business impacts (business interruption, staff unable to report to work, etc.) The impact is based on a scale of 1 to 5 with 1 as the lowest impact/consequence and 5 as the highest; more information about this scale is on the Risk Assessment Form. This number is then entered into the consequence column.

Distance can be used here to determine relative safety to identified hazards and therefore the impact they may have.

Note: Type and volume of hazard, weather (e.g. wind, rain, temperature inversions), compounding factors (e.g. fire, synergistic chemicals) and protective barriers will all factor into determining a safe distance at the time of an emergency.

Based on safe distances noted in the precautionary evacuation recommendations in Transport Canada's Emergency Response Guidebook
https://www.google.ca/#q=transport+canada+emergency+response+guidebook

To assess the potential emergency risk from high risk industry and transportation corridors, the following estimates would be reasonable:

Less than 300 metres:
Very high risk of evacuation

300 – 800 metres:
High risk of evacuation

800 – 1600 metres:
Medium risk of evacuation

More than 1600 metres:
Low risk of evacuation
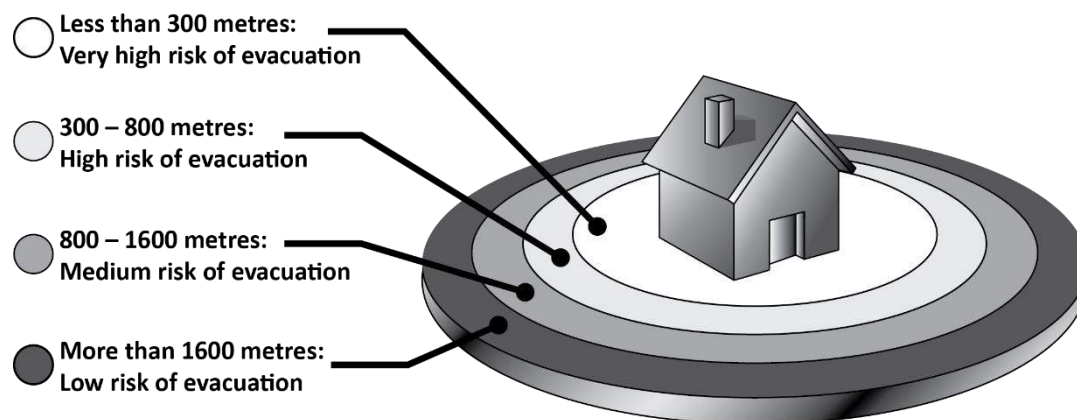
For nuclear power plants, a 10 km distance is generally used as the "primary evacuation area". It should be noted, however, that there has never been an emergency at a nuclear generating station in Canada requiring the evacuation of a 10 km radius. An important part of the assessment is to work closely with operational staff on identifying what they perceive as their concerns at each location, along with an impartial evaluation by the Emergency Planning Team. Some key considerations:

Hazard Identification Risk Analysis (HIRA)
Guide and Process

1. Winter storm and freezing conditions in relation to loss of heat and a rapid cooling of the home.
2. Workplace violence has a far-reaching effect on staff if they do not feel safe within the workplace. The risks may be from residents, resident families, staff, staff family members (e.g. domestic violence), visitors or un-associated people who enter the home.
3. Fire is always a high priority as it presents life safety concerns if the fire is of a large enough nature.
4. Missing residents in homes is not uncommon. The longer a resident is missing the increased probability of serious injury, illness or death.
5. Medical emergencies can occur at any time at any home.
6. Neighbourhood risks including violence are a potential concern based on the location of home (e.g. proximity to a high school, college or university).
7. Epidemics/pandemics/group illness are potential concerns due to the impact such an incident would have on the work environment and the fact that Canada has encountered 3 significant events in the past 10 years.
8. Unlimited building access, non-existent or poor building security processes pose a potential risk.
9. A lack of communication can increase the level of other risks.

Reporting and accountability structure. Although this in itself is not a hazard, if both supervisory and care staff are not trained in the value and need for a strong and unbroken chain of command and accountability, people can be left at risk during an emergency.

LEVEL OF RISK MATRIX

Step 4: Determine the level of risk using the risk matrix and score the risks by priority

Once probability and consequence have been scored, you can use the risk matrix to assign a score which will help you prioritise the risks for mitigation. The risk matrix can be found on the Risk Assessment Form and the number and risk level is to be entered into the Priority column.

It should be noted that the level of risk is simply a planning tool, not a scientific determination of what will occur. The highest priority items are addressed first, followed by the medium risks and, where applicable, the low risk items. You will then develop home level plans to address the unique risks of your home.

Hazard Identification Risk Analysis (HIRA)
Guide and Process

MITIGATION PLANS

Step 5: Develop mitigation plans for your home's unique risks.

The purpose of this risk assessment is to identify mitigation and preparedness priorities based on the relative threat each hazard poses. This prioritized list should help to guide and support an annual cycle of emergency management activities. Prior to progressing, however, each hazard should be assessed for pre-existing risk management strategies already in place, such as Extendicare policies and procedures. In some cases, risk control measures may already be adequate. In others, residual risk may still require further efforts to be taken. Interviews with subject matter experts and review of existing emergency plans is an effective way to make this assessment.

Where it is deemed that new risk management strategies are required, it is recommended that actions be taken to reduce risk working from hazards of highest priority to lowest priority. Where possible, however, an all-hazards approach to mitigation and preparedness should be taken, where the relative risk of multiple hazards can be reduced by a single measure (for example, an extreme weather plan could cover tornados, hurricanes and severe storms).

There are two ways of decreasing risk: reducing the likelihood and reducing the consequences. Both likelihood and consequence reduction can be achieved through mitigation measures (such as redundancies in case of failure or built-in physical resistance to prevent damage). Consequences can further be reduced through preparedness measures that allow for a more efficient response (such as written plans to guide response, staff training to ensure response is executed effectively, and resource acquisition to support response).

There are three primary ways to limit risk from hazardous materials or situations – time, distance and protection.

Risk generally can be reduced with decreased exposure (time), increasing distance between the person and the hazard, and having a protective barrier between the hazard and people.

The protective barrier could be the type of construction of a building, personal protective equipment, etc. dependent on the hazard being addressed. An option used by emergency officials is called "sheltering in place" where the building envelope is used as a barrier to protect the occupants. For example, it may be safer to remain indoors than to venture outside into a potential hazardous environment.

In protecting the general population, the most common form of reducing risk is distance created by evacuating an area around the hazard. Under normal circumstances, the further you are from a hazard the safer you are.

Step 6: File your completed HIRA with your emergency plans.

The HIRA should be updated annually as part of a recurring cycle, with the results serving to assist in the identification of future priorities for emergency preparedness activities.

Hazard Identification Risk Analysis (HIRA)
Guide and Process

Click here to download this document from Extendicare's Intranet.

Risk Assessment (HIRA)

Date: _____ Completed by: _____

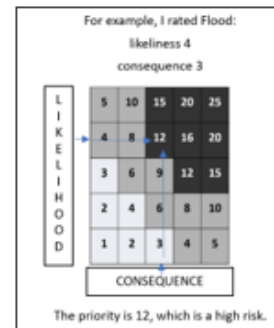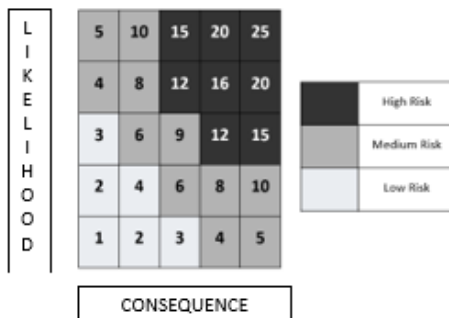Home Location: _____

See below for **potential hazard definitions**.

Probability: In the probability column, rate the likelihood of the identified threat occurring from 1-5.

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

Consequence: In the Consequence column, rate the consequence to the business if the threat were to occur from 1-5.

1	2		
Insignificant: No injuries, minor damage to corporate assets, no damage to corporate infrastructure, no disruption to delivery of services.	**Minor:** Minor injuries to staff or visitors that are non-life threatening (cuts and bruises) and that do not require acute medical care; minor damage to corporate assets and/or corporate infrastructure – home can still function and problem can be handled by maintenance staff; minor disruption to service delivery, such as short term power failure, critical operations can function fully, other operations can function with some accommodations.		

3	4	5
Moderate: Some serious injuries such as fractures or loss of consciousness that require acute medical care and removal from the workplace; higher number of minor injuries; more widespread damage to assets; longer disruption in service delivery.	**Major:** Some loss of life; higher number of serious injuries; more serious asset and infrastructure damage that compromises the integrity of a building and that requires an alternate work location for some staff which affects multiple departments.	**Catastrophic:** Widespread loss of life and serious injuries; serious and widespread damage to corporate property and destruction of infrastructure; financial devastation to the extent that the corporation may never recover – assets destroyed, unrecoverable loss of data, loss of key personnel.

Priority: Once the probability and consequence have been determined, the priority is measured as a number as well as high, medium or low as per the chart below. On the vertical, "likelihood" side of the chart look at the number you selected for likelihood. On the horizontal, "consequence" side of the chart look at the number you selected for consequence and the space they meet at indicates the priority number.

For example, I rated Flood:
likeliness 4
consequence 3

LIKELIHOOD					
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

CONSEQUENCE

High Risk
Medium Risk
Low Risk

The priority is 12, which is a high risk.

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Hazard Identification Risk Analysis (HIRA)
Guide and Process

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Risk Assessment (HIRA)

Threat	Probability	Consequence	Priority
☐ Environmental			
☐ Tornado			
☐ Severe Electrical Storm			
☐ Flooding			
☐ Hail			
☐ Winter Storm			
☐ Freezing conditions (prolonged severe cold)			
☐ Site Contamination (infestation, chemicals)			
☐ Epidemic/Pandemic/Group illness			
☐ Tsunami			
☐ Earthquake			
☐ Landslide			
☐ Hurricane			
☐ Wild Fires			
☐ Severe Heat (40°C+)			
Organized/Deliberate Disruption			
☐ Workplace violence (including threats)			
☐ Neighbourhood violence (shootings/stabbings etc.)			
☐ Sabotage (within the office)			
☐ Theft/Robbery			
☐ Arson			
☐ Community disruption (protests, riots etc.)			
Utilities and Services			
☐ External power failure			
☐ Loss of natural gas			
☐ Gas line rupture			
☐ Loss of water			
☐ Fuel shortage			
☐ Communications services breakdown			
☐ Sewage/drainage/waste removal			
☐ Air conditioning failure			

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Hazard Identification Risk Analysis (HIRA)
Guide and Process

ADDITIONAL TOOLS AND RESOURCES

In completing the HIRA process, there are some tools and resources that can be utilized in the process.

MUNICIPAL HIRAS

Many municipalities complete HIRAs and some provinces (e.g., Ontario) make it mandatory for municipalities to go through the HIRA process. The municipal Community Emergency Management Coordinator or Emergency Management Planner may provide a copy or information on the local HIRA which may be useful in developing the home HIRA. Some municipalities have posted public portions of their HIRA on their websites which may be accessed by the home.

Note: *A HIRA, or portions of a HIRA, may be classified as confidential for security reasons related to protecting municipal and utility infrastructure and therefore some municipalities may not release the actual document or portions of the document.*

FEDERAL RESOURCES

When evaluating the risks from environmental emergencies, Environment Canada can provide valuable information on the historical risks of the community. Information is available on their website for environmental risks.

https://www.canada.ca/en/services/environment/index.html

Public Safety Canada, Emergency Management division, provides the Canadian Disaster Database which gives a historical perspective on disasters across the country. This is available on their website.

http://www.publicsafety.gc.ca/cnt/mrgnc-mngmnt/index-en.aspx

http://www.publicsafety.gc.ca/cnt/rsrcs/cndn-dsstr-dtbs/index-eng.aspx

Transport Canada's Emergency Response Guidebook provides basic evacuation distances for emergencies involving hazards materials. This is available on their website.

https://www.google.ca/#q=transport+canada+emergency+response+guidebook

COMMUNITY OBSERVATION

A drive or walk of the streets in the immediate area surrounding a home can assist in identifying potential risks such as hazardous industry, storage facilities, etc. Once identified, further research can be done to determine the actual risks.

It should be noted that visual observation cannot fully identify the risks that may be located within a building. Visual observation is only one of several tools used to identify potential hazards and relative risk.

MAPS, SATELLITE IMAGERY OR AERIAL PHOTOGRAPHY

Using maps, satellite imagery or aerial photography is useful in evaluating the distances from potential hazards such as highways, railways, fuel storage facilities (e.g. propane storage) and industry.

Hazard Identification Risk Analysis (HIRA)
Guide and Process

Satellite imagery or aerial photography can also be used to identify items such as large propane storage facilities, above ground storage tanks, etc. Once identified in the image, further research can be done to determine the actual use of the item in the image and its potential risk.

This information is often easily found on internet services such as Yahoo Maps, Google Maps, Google Earth, etc.

HAZARDS
Hazards can be broadly grouped into three categories: natural, technological and human-caused hazards.

NATURAL HAZARDS
Natural hazards are those which are caused by forces of nature (sometimes referred to as 'Acts of God'). Human activity may trigger or worsen the hazard (for example, deforestation may increase the chance of a landslide) but the hazard ultimately is viewed as a force of nature.

TECHNOLOGICAL HAZARDS
Technological hazards are hazards which arise 'from the manufacture, transportation, and use of such substances as radioactive materials, chemicals, explosives, flammables, modern technology and critical infrastructure'.

HUMAN-CAUSED HAZARDS
Human-caused hazards are hazards which result from direct human action, either intentional or unintentional.

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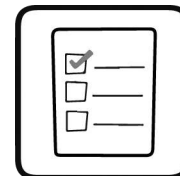
Fire Safety Plan

LAST UPDATED: January 2023

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Date of Last Review: January 2023

Extendicare

SAMPLE

2023 FIRE SAFETY PLAN

Click here to enter Name of Home

Click here to enter Address of Home

Click here to enter Telephone/Fax Numbers

EP-02-01-01 A2

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Fire Safety Inspection Action Plan

APPENDIX 3

LAST REVIEWED: January 2023

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Fire Safety Inspection Action Plan

Home Name: _____

Administrator: _____

Date Inspected: _____

Regional Director: _____

Inspector: _____

ISSUE	REQUIRED ACTION	PERSON RESPONSIBLE	TIME FRAME	DATE COMPLETED

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LAST UPDATED: November 2016

Fire Drill Evaluation Form – Scene of Fire Alarm

APPENDIX 4

LAST REVIEWED: January 2023

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## Fire Drill Evaluation Form – Scene of Fire Alarm

Date: _____ Shift: _____ Time: _____

Location: _____ Floor: _____ Pull Station/Smoke detector: _____

Type of Fire Simulated: _____ Unannounced Drill: ❑ Y ❑ N

SECTION 1 – IMMEDIATE STAFF RESPONSE	COMPETENTLY PERFORMED	PTS SCORED
R – **Removed** person(s) from immediate danger (4pts.)	❑ Y ❑ N	
E – **Ensured** doors and windows are closed (4pts.)	❑ Y ❑ N	
A – **Activated** the fire alarm using the nearest pull station (4pts.)	❑ Y ❑ N	
C – **Called 9-1-1** /Inform Reception with exact location of fire (4pts.)	❑ Y ❑ N	
T – **Tried** to extinguish and/or further evacuate (4pts.)	❑ Y ❑ N	
Did the Charge Nurse wear Orange Vest and assume role of Incident Manager? (4pts.)	❑ Y ❑ N	
Were the adjacent rooms & opposite room searched & evacuated? (4pts.)	❑ Y ❑ N	
Did the staff use the evac-alert tag on the doors after evacuating the rooms? (4pts.)	❑ Y ❑ N	
Were the corridors cleared (equipment in proper place) in the drill area? (4pts.)	❑ Y ❑ N	
Staff acted in a calm manner, took instructions and acted as a team? (4pts.)	❑ Y ❑ N	
(40 points possible) Sub-Section Total:		

SECTION 2 – STAFF KNOWLEDGE	COMPETENTLY PERFORMED	PTS SCORED
Does staff know location of fire exits in the drill area? (4pts.)	❑ Y ❑ N	
Does staff know location of pull stations in the drill area? (4pts.)	❑ Y ❑ N	
Does staff know location of fire extinguishers & fire hose reels in the drill area? (4pts.)	❑ Y ❑ N	
Does staff know where adjacent smoke compartments are in the fire drill area? (4pts.)	❑ Y ❑ N	
Did staff switch off all electrical equipment in the rooms that were evacuated? (4pts.)	❑ Y ❑ N	
Did staff shut off all oxygen equipment in the rooms that were evacuated? (4pts.)	❑ Y ❑ N	
Does staff know the proper sequence & procedures to evacuate residents? (4pts.)	❑ Y ❑ N	
Did secondary teams (e.g. PSWs from other nursing units) report to the fire unit? (4pts.)	❑ Y ❑ N	
Did staff account for all residents on the floor by checking off the resident list? (4pts.)	❑ Y ❑ N	
Were all fire exits manned and/or in case of locked unit, both doors manned? (4pts.)	❑ Y ❑ N	
(40 points possible) Sub-Section Total:		

Nursing Unit Scoring Grid:		Nursing Unit Score
70 – 80 points = Excellent	50 – 60 points = Nursing Unit in-service Required	Add Sections 1 &2
60 – 70 points = Acceptable	< 50 points = Nursing Unit in-service & Re-Drill	(80 points possible)
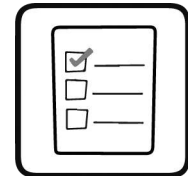
LAST UPDATED: January 2021   EP-02-01-01 A4   Page 1 of 2

Fire Drill, Fire Alarm, Fire Alarm Test or Fire Alarm Equipment Repairs

APPENDIX 5

LAST REVIEWED: January 2023

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Fire Drill, Fire Alarm, Fire Alarm Test or Fire Alarm Equipment Repairs

This form is to be completed by the person responsible for conducting & coordinating the fire drills, unscheduled fire alarm activation, fire alarm system repair and monthly fire alarm system test(s).

Alarm Monitoring Company notified before fire alarm test or fire drill? ❏ Y ❏ N ❏ n/a

Monitoring Company: _____ Tel.#: _____

System#: _____ ED#: _____

Offline:	hrs.	Operator #:	Online:	hrs.	Operator #:

Fire Department notified before fire alarm test or fire drill? ❏ Y ❏ N ❏ n/a

Fire Department: _____ Tel.#: _____ –Dispatch

Offline:	hrs.	Badge #:	Online:	hrs.	Badge #:

1. Fire alarm system tested on secondary source of power (battery backup or generator)? ❏ Y ❏ N ❏ n/a
2. Fire Alarm system activated correctly? ❏ Y ❏ N ❏ n/a
3. Second stage alarm signal activated correctly (where applicable)? ❏ Y ❏ N ❏ n/a
4. Annunciator Panel(s) indicated the correct zone of alarm origin? ❏ Y ❏ N ❏ n/a
5. "All Clear" announced and staff instructed to sign fire drill attendance record? ❏ Y ❏ N ❏ n/a
6. Fire alarm reset and returned to primary source of power? ❏ Y ❏ N ❏ n/a
7. Fire alarm auxiliary devices reset and checked for normal operations:
    - Elevators (guest and service) ❏ Y ❏ N ❏ n/a
    - Maglocks (entrance, exits and locked units) ❏ Y ❏ N ❏ n/a
    - HVAC units ❏ Y ❏ N ❏ n/a
    - Hold open features on fire separation doors ❏ Y ❏ N ❏ n/a
8. Fire alarm system clear of any "trouble" indication? ❏ Y ❏ N ❏ n/a
9. Confirmed fire alarm monitoring company received alarm signal at _____hrs. & reset at _____hrs.
10. Alarm Monitoring Company and Fire Department notified after fire alarm test or fire drill? ❏ Y ❏ N ❏ n/a
11. When applicable, confirm if Fire Department received the alarm signal? ❏ Y ❏ N ❏ n/a
12. No. of staff attended: _____

Unscheduled Fire Alarm Signal Activation	Date: _____	Time: _____

Cause of Fire Alarm determined to be:

1. Fire Department arrival time (if known): _____hrs. Badge #: _____
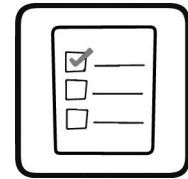
LAST UPDATED: January 2021   EP-02-01-01 A5   Page 1 of 2

Fire Drill Observation Evaluation Form – Other Nursing Units Response to Fire Drill/Alarm

APPENDIX 6

LAST REVIEWED: January 2023

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Fire Drill Observation Evaluation Form – Other Nursing Units Response to Fire Drill/Alarm

Location of Observation: _____ # of Staff Present: _____

Date: _____ Shift: _____ Time: _____
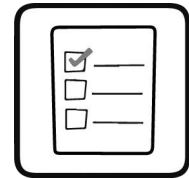
Fire Drill Alarm Location: _____ Floor: _____

SECTION 1 – IMMEDIATE STAFF RESPONSE	COMPETENTLY PERFORMED	PTS SCORED
Did the Charge Nurse wear an Orange Vest & assume the role of Incident Manager? (4pts.)	☐ Y ☐ N	
Did the Charge Nurse use the Code Red Checklist and delegate staff? (4pts.)	☐ Y ☐ N	
Did staff close all fire doors in the area, including resident room doors? (4pts.)	☐ Y ☐ N	
Were the rooms searched & vacant rooms closed and marked with evac-alert tag? (4pts.)	☐ Y ☐ N	
Are the staff familiar with the evac-alert tag process/use on the doors? (4pts.)	☐ Y ☐ N	
Were the corridors cleared of equipment? (4pts.)	☐ Y ☐ N	
Staff acted in a calm manner, took instructions and acted as a team? (4pts.)	☐ Y ☐ N	
Did the staff account for all residents on the unit as per the resident list? (4pts.)	☐ Y ☐ N	
Did staff keep the residents/visitors informed of the alarm condition? (4pts.)	☐ Y ☐ N	
Did the unit send a secondary team (e.g. PSWs) to the scene of the fire? (4pts.)	☐ Y ☐ N	
Were the 2 fire exits manned & in case of (4A) locked unit both doors manned? (4pts.)	☐ Y ☐ N	
(44 points possible) Sub-Section Total:		

SECTION 2 – STAFF KNOWLEDGE	COMPETENTLY PERFORMED	PTS SCORED
Did staff know "R E A C T"? (10pts.)	☐ Y ☐ N	
Are staff familiar with "CODE RED" Policy & Procedures? (5pts.)	☐ Y ☐ N	
Does staff know location of fire exits in the observation area? (5pts.)	☐ Y ☐ N	
Does staff know location of pull stations in observation area? (5pts.)	☐ Y ☐ N	
Does staff know location of fire extinguishers & fire hose reels in observation area? (5pts.)	☐ Y ☐ N	
Does staff know where adjacent smoke compartments are in the observation area? (5pts.)	☐ Y ☐ N	
Does staff know the proper sequence & procedures to evacuate residents? (5pts.)	☐ Y ☐ N	
(40 points possible) Sub-Section Total:		

Nursing Unit Observation Scoring Grid:	Nursing Unit Score
70 – 84 points = Excellent 50 – 60 points = Nursing Unit In-service Required	Add Sections 1 &2
60 – 70 points = Acceptable < 50 points = Nursing Unit In-service & Re-Drill!	(84 points possible)

LAST UPDATED: January 2021   EP-02-01-01 A6   Page 1 of 2

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Staff Call Back List and Fan Out

EP-02-01-02

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Staff Call Back Process Flow Chart

REQUIRED DOCUMENTS:

STAFF CALL BACK LIST – Updated list of staff to call in the event of an emergency.

POLICY

Each home will have a process established to call in off-duty staff in an emergency. The staff call-back list is updated at minimum twice per year for both the Emergency Response Plan and disaster boxes, must be practiced at least every 6 months, and a copy provided to all department leads and administrative support staff. At a minimum, the copies given to the leadership and administrative team must be kept at a location offsite from the home.

BACKGROUND

A staff call-back list, specific to the home, helps in obtaining additional staff that may be required during an emergency situation.

PROCEDURES

ADMINISTRATOR/
DESIGNATE

MAINTAINING THE STAFF CALL BACK LIST

1. Ensure an up-to-date staff call-back list is kept in the disaster box(es) and Emergency Response Plan.

2. The call back list must include the estimated travel time it will take the staff member to get to the home

   Note: A copy may be left with another nearby home that could call in staff, freeing up the home telephones and staff for the emergency.

3. Provide a copy of the updated staff call-back list to all managers and administrative support staff.

INCIDENT
MANAGER

ACTIVATING THE STAFF CALL BACK LIST

1. Determine the need to activate the emergency staff call-back list.

2. Asses how many staff and what skill sets are required to meet the emergency.

3. Contact all the appropriate managers/administrative support and have them begin the staff call back process.

4. Have managers and administrative support person(s) to report back to you on the results of their respective call back calls.

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HEALTH CARE GROUP

Staff Call Back List and Fan Out

PROCEDURES

ALL MANAGERS

1. Begin the call back list by calling staff who have the shortest travel time.
2. If you do not reach the person on the list directly, do not leave a message.
3. Move onto the next person on the list and ask how long it will take for them to arrive at the home.
4. Once you have gone through the entire list report to the Incident Manager how many staff can get to the home and how long it will take them to arrive at the home.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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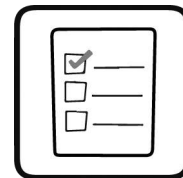
Staff Call Back Process Flow Chart

APPENDIX 1

LAST REVIEWED: January 2023

```
                    ┌─────────────────────┐
                    │  Incident Reported  │
                    │  To Incident Manager│
                    └─────────────────────┘
                              │
                              ▼
                    ┌─────────────────────┐
                    │ Call Emergency      │
                    │ Services if required│
                    └─────────────────────┘
                              │
                              ▼
                    ◇ Incident Manager    ◇
                    ◇ determines that      ◇
                    ◇ extra staff is       ◇
                    ◇ required             ◇
```

Incident Reported To Incident Manager

Call Emergency Services if required

Incident Manager determines that extra staff is required

Call Back <10 Staff

Call Back >10 Staff

Incident Manager calls staff

Notifies Administrator /Designate

Determines required departmental staff and skill set

Incident Manager calls all department managers as required

Reports Results of Call Back to Incident Manager

Confirms staff

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Disaster Boxes

EP-02-01-03

LAST UPDATED: January 2023

REQUIRED DOCUMENTS:

SITUATION REPORT, EP-01-01-03 A1 – Use to capture details of emergency situation and share with IMS leaders.

INCIDENT TRACKING SHEET, EP-01-01-03 A2 – Use to easily prioritize IMS leader needs and quickly file service requests.

POLICY

The home must prepare disaster boxes with articles needed in the event of an emergency response requiring evacuation.

The disaster boxes will be labelled boldly, easily transportable, and stored in the designated Emergency Operations Centre (EOC); a minimum of one disaster box for operations and one for care.

PROCEDURES

INCIDENT MANAGER

1. Prepare disaster boxes in advance of an emergency situation.
2. Label disaster boxes boldly; ensure they are easily transportable, and store them in at least two separate locations:
   a. Designated location of the Emergency Operations Centre; and
   b. Nursing station.
3. Check batteries, supplies breakdown and missing items every year. Replace items as required.
4. Include the items that apply to your home (not all items are required):
   a. A copy of the IMS checklists;
   b. Foil blankets;
   c. Emergency Response Binder including:
      i. Staff Call-Back List;
      ii. Telephone list of government agencies and emergency services;
      iii. Floor plans; and
      iv. Situation Report and Tracking Sheets (25 copies each).
   d. ID bracelets, white tags or adhesive labels for name tags for employees, residents, volunteers, and other agencies, along with markers;
   e. Pens, felt markers, and grease pencils;
   f. Flashlight(s)/separate batteries or wind-up flashlights (minimum of 2);
   g. Adhesive-backed directional arrows;
   h. Clipboards;
   i. Notepads;

Disaster Boxes

j.   2 orange/neon safety vests;

k.   Roll of "Caution tape" to block off access (e.g. triage area);

l.   2 pairs of paramedic shears/scissors;

m. 2 pairs of work gloves;

n.   2 bottles hand sanitizer;

o.   Small first aid kit with pressure dressings;

p.   1 box of surgical masks; and

q.   1 box of disposable medical gloves – large size.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Area of Refuge

EP-02-01-04

LAST UPDATED: January 2023

REQUIRED DOCUMENTS:

AREA OF REFUGE CONTACT INFORMATION – EP-01-01-01 A19, Emergency Preparedness and Response Manual.

POLICY

Each home must establish an area of refuge should an emergency evacuation be required.

The home's area of refuge will be external to the home; however, it may be an adjoining building, as long as the building has separate utilities and a clear fire separation. If the area of refuge is the adjoining building, another area in a further location must also be chosen in the event the emergency affects the entire neighbourhood.

Buses may serve as temporary shelters on a very short-term basis or to transport the residents to a shelter.

Access to the area of refuge must be available 24 hours a day.

All homes must review and update, if required, the refuge location agreements annually.

BACKGROUND

An area of refuge is a temporary refuge external to the home for residents and staff and/or a site for triage, but it does not allow for prolonged care. Examples of areas of refuge include: churches or places of worship, schools, recreation centres, community halls, theatres, malls, or other locations that can accommodate residents and staff.

PROCEDURES

ADMINISTRATOR/
DESIGNATE

1. Make plans and establish a Memorandum of Understanding for an area of refuge in the event that the home must be evacuated under emergency conditions. At a minimum, it must include the following:

    a. Location of the area of refuge;

    b. Capacity of the area of refuge;

    c. Contact information and notification procedures including 24-hour notifications for after-hour access;

    d. Wheelchair accessibility;

    e. Fees, charges or other associated costs or confirmation of no fees/charges/costs; and

    f. Annual confirmation.

2. The Home-specific Memorandum of Understanding is to be included as part of this policy and must be renewed annually.

Area of Refuge

AREA OF REFUGE
A temporary refuge for residents and staff and/or a site for triage which does not allow for prolonged care to be re-established.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html
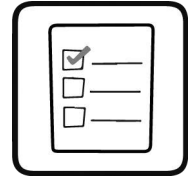
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Evacuation Meeting Areas

EP-02-01-05

LAST UPDATED: January 2023

POLICY

The home will select evacuation meeting areas prior to an emergency, and staff must be informed of this location.

BACKGROUND

In a home evacuation, people will initially gather in an evacuation meeting area to determine if everyone has been able to leave the building safely, establish a triage area for people in medical distress, assist in controlling the movement of people, and serve as a common place for staff and emergency services to tend to residents.

PROCEDURES

ADMINISTRATOR/ DESIGNATE

1. Choose at least one primary evacuation meeting area and one alternate evacuation meeting area using the following guidelines:

   a. Establish the evacuation meeting areas in parking lots that are maintained year-round (e.g. has snow removal in winter, does not flood in heavy rain);

   b. Keep evacuation meeting area off and away from major driveways or fire routes that emergency vehicles use;

   c. Ensure the evacuation meeting areas are on the opposite end of the parking lot from the home – providing some distance from the building;

   d. Use lawn areas if parking lots are not accessible;

   e. Ensure areas are upwind from the most common prevailing winds;

   f. Ensure areas have exterior lighting to enable safe walking during night hours;

   g. Choose evacuation meeting areas away from potential hazards such as electrical transformers, natural gas lines/meters, propane or other fuel storage; and

   h. Mark each area with a sign that indicates its purpose and location such as "Evacuation Meeting Area B".

   Note: No evacuation meeting area is perfect. The intent is to have a location near the building where people can initially meet in an emergency.

2. Plan for an area of refuge or a location away from the home so that once everyone has been accounted for in the evacuation meeting areas, people can be moved should there be a risk, such as smoke.

3. Plan for a triage area at the evacuation meeting area to care for those who may require immediate medical assistance. This area should be part of the evacuation meeting area but separate to keep those requiring immediate

Evacuation Meeting Areas

medical assistance isolated from those who are "stable." The triage area will, where possible, have easy access to the street for EMS to access residents.

STAFF

1. Be aware of where the Evacuation Meeting Areas are.

2. Assemble in this designated location external to the home after the building has been evacuated to account for everyone.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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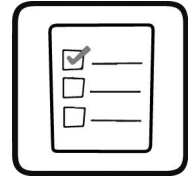
Transportation Needed During An Emergency

EP-02-01-06

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Transportation Resources List
- Appendix 2 – Vehicle Circle Checklist

POLICY

The home must arrange for transportation services needed during an emergency to transport residents to an area of refuge. The home must establish and maintain a transportation resource list within the Emergency Response Plan. Agreements with these transportation resources must be in place and updated annually.

BACKGROUND

In an emergency, transportation of residents, staff and equipment from one location to another may be required. Therefore, it is important to have a list of resources that can be called upon in the event of an emergency.

PROCEDURES

ADMINISTRATOR/
DESIGNATE

1. Each home will have a list of transportation resources that can be accessed in the event of a crisis. This list will be kept in the Emergency Response Plan and updated annually.

2. The resource list will include:
   a. Company/agency contact information;
   b. Resources that are available from the company/agency;
   c. Normal contact numbers(s);
   d. 24-hour emergency contact number(s);
   e. Comments;
   f. Emergency services (e.g. EMS to transport ill and injured);
   g. Public resources (e.g. public transit that may have accessible and non-accessible vehicles);
   h. Other homes in the community (e.g. to source home-owned vans or buses);
   i. Taxi companies;
   j. Rental companies (e.g. passenger vans, trucks for equipment); and
   k. Extendicare home vehicle.

Transportation Needed During An Emergency

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

LAST REVIEWED: January 2023

***Mandatory Form** – Click here to download this document from Extendicare's Intranet.*

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... helping people live better

Transportation Resources List
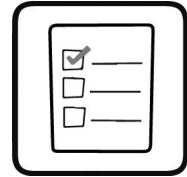
COMPANY/AGENCY NAME	RESOURCE	CONTACT NUMBER(S)	24-HOUR NUMBER	NOTES/COMMENTS:
John's Taxi	2 Wheelchair accessible cabs, 2 mini vans, 6 cars	(xxx) 123-4567	(xxx) 123-4567	Taxi dispatch operates 24/7
Jane's Nursing Home	14 passenger accessible van holds 3 wheelchairs	(xxx) 123-4567	Administrator's Cell: (xxx) 123-4567	Call the Administrator cell after hours

SAMPLE

LAST UPDATED: November 2016

EP-02-01-06 A1

Page 1 of 1

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Vehicle Circle Checklist

LAST REVIEWED: January 2023

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... helping people live better

Vehicle Circle Checklist

Vehicle Make: _____ Model: _____ Vehicle # or license plate: _____

Date/Time: _____

Name: _____ Signature _____

To be completed at the beginning of each shift and the changing of drivers.

- ❑ Check emergency equipment (First Aid kit, flares / reflectors, etc.)
- ❑ Check fuel tank and fuel cap
- ❑ Wheel lugs, nuts and tires
- ❑ Suspension
- ❑ Doors, including emergency exits
- ❑ Adjust seat and mirrors
- ❑ Seatbelts
- ❑ Start engine
- ❑ Check driver controls
- ❑ Check horn, wipers and all gauges
- ❑ Check driver controls
- ❑ Check braking systems (main brake, emergency brake)
- ❑ Turn on lights (low beam and high beam),
- ❑ Turn signals, four way flashers
- ❑ All lights
- ❑ Check heater and defroster
- ❑ Insurance and Ownership documentation

COMMENTS

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CODE RED
FIRE

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Extendicare CONMED
HEALTH CARE GROUP

Code Red – Fire

EP-03-01-01

LAST UPDATED: January 2023

REQUIRED DOCUMENTS:
FIRE SAFETY PLAN, EP-02-01-01 A2 – Use to manage a fire emergency and the required procedures to follow.

POLICY

All staff must be familiar with the Fire Safety Plan and their individual responsibilities during a fire emergency.

BACKGROUND

Each home is required by law to have a Fire Safety Plan that meets provincial and national Fire Code standards.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Ensure the building and fire safety code is followed.
2. Do not obstruct hallways or stairwells with storage items.
3. Do not attach multiple extension cords together.
4. Do not allow candles or other open flames in the home.
5. Do not allow flammable items on doors or lights.
6. Check for fire hazards during monthly health and safety inspections.
7. Ensure fire inspections are conducted regularly.

PREPARE

1. Ensure the Fire Safety Plan is completed with the site-specific information required and that it meets the specific requirements of the Chief Fire Official for the jurisdiction.
2. Submit the plan to the Chief Fire Official for approval.
3. Ensure staff training related to Code Red- Fire is completed at orientation, and at minimum annually thereafter.
4. Ensure staff are attending fire drills when on site and across all shifts. Debrief fire drills with staff for opportunities for learning.
5. Ensure fire extinguishers are checked monthly.
6. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Red- Fire emergency.

Code Red – Fire

PROCEDURES

RESPOND
1. Assist in fire protocols as per job specific procedures in the Fire Safety Plan and evacuate as necessary.
2. Provide any required support to fire department such as floor plans and keys/codes to locked doors.

RECOVER
1. Ensure all incident documentation has been completed.
2. Determine if the provincial health authority (e.g. Ministry of Health and Long Term Care) should be notified.
3. Notify the provincial Occupational Health and Safety office (e.g. Ministry of Labour) if any staff suffers a critical injury.
4. Notify Corporate communications, the Regional Director and Corporate Risk team if required.
5. Arrange for staff support as needed (EAP, etc.)
6. Participate in the debriefing session.

ALL STAFF, VOLUNTEERS, RESIDENTS AND VISITORS

RESPOND
1. Upon discovery of fire or smoke, ensure the R.E.A.C.T. sequence is initiated:
   a) Remove people from immediate danger (evacuate);
   b) Ensure room doors and windows are closed;
   c) Activate fire alarm pull station closest to the site of the fire Activate the second stage of the fire alarm system if evacuation is necessary.
   d) Call 9-1-1 and give home name and address, exact location of the fire, including floor, home area, and room number; and
   e) Try to confine (contain/extinguish) fire, if possible, without undue risk using the nearest fire extinguisher).

   Note: If smoke is coming under the door, place wet towels, sheets, blankets, pillows or other confining materials at the bottom of the closed door to the room with the fire, to restrict rapid transfer of smoke to the rest of the area unless otherwise directed by your local fire department.

2. Refer to the Home's Fire Safety Plan for emergency procedures based on your role within the home.

Extendicare CONMED
HEALTH CARE GROUP

Code Red – Fire

PROCEDURES

INCIDENT MANAGER

RESPOND

1. Refer to the Home's Fire Safety Plan Incident Manager Checklist for emergency procedures.

RECOVER

1. Refer to the Home's Fire Safety Plan Incident Manager Checklist for "All Clear" procedures.

?

CODE RED
A situation in which the fire alarm system has been triggered.

This could be caused by a variety of situations:
Person triggering the pull station;
Smoke triggering a detector;
Heat triggering a detector; and
Sprinkler activation.

CODE RED ALL CLEAR
All clear is determined in consultation with the Fire Department, who will declare when the home is safe and may resume normal operations.

ANNUNCIATOR PANEL
Provides the home with instant identification of locations under the threat of fire by listing the location of the detector (heat and/or smoke and/or flow) as well as the pull station that has been activated.

HORIZONTAL EVACUATION
Involves moving from one area of the floor to another area of the same floor behind fire barrier doors. (Refer to Code Green Policy.)

VERTICAL EVACUATION
Involves moving from one floor towards the ground floor. (Refer to Code Green Policy.)

TOTAL EVACUATION
Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. (Refer to Code Green Policy.)

INCIDENT MANAGER
Person responsible for directing and coordinating all activities related to the incident. This role may be transferred to a more senior manager upon their arrival at the scene.

Code Red – Fire

FIRE SAFETY PLAN
A document approved by the local Chief Fire Official that includes preventative measures and fire equipment on site and provides for the roles and responsibilities of all people during a fire emergency.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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CODE GREEN
EVACUATION
TAB 4

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Code Green – Evacuation

EP-04-01-01

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Code Green Incident Manager Job Action Checklist
- Appendix 2 – Code Green Nurses and Managers/ Supervisors Job Action Checklist
- Appendix 3 – Code Green All Staff Job Action Checklist
- Appendix 4 – Code Green Administrator Job Action Checklist

POLICY

All staff must be familiar with the processes of emergency evacuations. An evacuation drill is required at minimum once every year.

The Incident Manager or the fire department will determine if an evacuation is required. Staff will follow all instructions and procedures outlined below and in the Code Green checklists during a Code Green emergency.

Off-duty staff may receive a call to return to work when the staff call-back is initiated. Staff will report to the evacuation meeting area for further instructions and present identification if required.

BACKGROUND

A Code Green Emergency is a critical incident that requires evacuation. The longer it takes to evacuate the area of hazard, the greater the risk to residents, staff and others in the home.

During an emergency, such as a fire/explosion, bomb threat, community disaster (e.g. toxic spill, tornado), or structural failure (e.g. roof collapse), the evacuation of all or a portion of the building may be required to protect the health and safety of the residents, staff and visitors.

Evacuations may follow the staged approach or may begin in any one of the 3 stages:

Stage 1- Partial horizontal evacuation, moving from one area of the floor to another area of the same floor behind fire barrier doors. Note, it is permissible to cross in front of the room that contains the fire if the room has a fire rated door that is closed.

Stage 2- Partial evacuation of a larger area, such as an entire unit or multiple units. This could continue to be a horizontal evacuation or a vertical evacuation, moving from one floor towards the ground floor.

Stage 3- Full evacuation of the building to an external refuge location.

Code Green – Evacuation

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT
1. Keep up to date on fire inspections and fire safety protocols.
2. Educate and practice other emergency codes that may lead to evacuation. Examples include Code Red- Fire, Code Black- bomb threat, Code Brown- hazardous/chemical spill.

PREPARE
1. Ensure staff training related to Code Green- Evacuation is completed at orientation, and at minimum annually thereafter.
2. Ensure your Emergency Response Plan and Fire Safety Plan are kept up to date with items such as the staff call back list, area of refuge agreements, site plans, evacuation routes and transportation services contact numbers.
3. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Green- Evacuation emergency.

RESPOND
1. Use the Code Green Administrator Job Action Checklist when responding to any emergency requiring an evacuation.

RECOVER
1. Use the Code Green Administrator Job Action Checklist "All Clear" procedures when the emergency has ended.

INCIDENT MANAGER

RESPOND
1. Use the Code Green Incident Manager Job Action Checklist when responding to any emergency requiring an evacuation.
2. Advise residents and visitors to:
   d. Follow instructions from the Incident Manager.
   e. Advise staff members of any risk(s) observed.
   f. Evacuate in the manner instructed.

RECOVER
1. Use the Code Green Incident Manager Job Action Checklist for "All Clear" procedures when the emergency has ended.

![Extendicare CONMED Health Care Group logo]

Code Green – Evacuation

PROCEDURES

NURSES AND MANAGERS/ SUPERVISORS

RESPOND

1. Use the Code Green Nurses and Managers/Supervisors Job Action Checklist when responding to any emergency requiring an evacuation.

2. Follow instructions provided by the Incident Manager.

ALL STAFF

RESPOND

1. Use the Code Green All Staff Job Action Checklist when responding to any emergency requiring an evacuation.

2. Follow instructions provided by the Incident Manager.

CODE GREEN
Alert that an evacuation is required within the home.

PRIORITY EVACUATION
Residents in immediate danger.

Residents under supervision who can walk should be led to another fire barrier area or evacuation meeting area, as appropriate.

Wheelchair residents should be assisted to safe fire barriers or evacuation meeting area as appropriate and if their wheelchairs are required for other residents, they are to be removed from their wheelchairs when it is safe to do so.

All non-ambulatory residents can be carried or pulled on a blanket to a safe area if necessary. Moving beds causes congestion and is a last resort. Evacuation must always start with the highest risk area.

HORIZONTAL EVACUATION
Involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

VERTICAL EVACUATION
Involves moving from one floor towards the ground floor.

In a partial evacuation, a horizontal evacuation is preferred to avoid moving residents through stairways. However, depending on the emergency, there may be no choice (e.g. when the fire is between the resident and the closest fire doors and the only exit is through the stairway).

TOTAL EVACUATION
Involves total evacuation outside the building and would occur only in an extreme emergency.

Code Green – Evacuation

FAMILY INFORMATION SUPPORT CENTRE
A temporary area set up to provide information to family members on evacuated resident status/location.

STAFF CALL-BACK LIST
Current list of all staff within a defined group who are contacted to report to work, if requested, during an emergency situation.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Green Incident Manager Job Action Checklist   APPENDIX 1

LAST UPDATED: January 2023

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Extendicare

Code Green Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND

Record the time action was initiated (note on the line below):

_____ Determine the stage of the "Code Green", stage 1, 2 or 3:

In fire emergencies, the initial response is a partial evacuation of people from the area of the fire/smoke to an area beyond the fire doors/fire separation (Refer to Fire Safety Plan). In some homes, a two-stage bell alarm is in place. The first alarm means that a partial evacuation is required; if the second series of bells alarm, a full evacuation is required.

Stage 1, Fire Zone- Partial horizontal evacuation, moving from one area of the floor to another area of the same floor behind fire barrier doors.

Stage 2, Wing or Floor- Partial evacuation of a larger area, such as an entire unit or multiple units. This could continue to be a horizontal evacuation or a vertical evacuation, moving from one floor towards the ground floor (do not use elevators unless authorized by fire department).

Stage 3, Total- Full evacuation of the building to an external refuge location.

If the emergency evacuation starts in stage 2 or 3, skip to the area of the checklist that indicates that stage of evacuation.

_____ Contact the Administrator/ Designate.

STAGE 1, FIRE ZONE- Partial horizontal evacuation behind 1 set of fire doors

_____ If you have decided on a partial evacuation beyond one set of fire doors, and this is a fire situation, using the fire panel key, activate Stage 1 Fire Alarm.

_____ Announce or delegate a staff member to announce,

"Code Green (*location*)"

"Code Green (*location*)"

"Code Green (*location*)"

The location is the area to evacuate out of, for example, floor 2 room 168.

_____ Send a staff member to the fire control panels to repeat the announcement over the fire alarm paging system, if applicable.

_____ Call or designate a staff member to call 9-1-1 stating the type and location of the emergency if required (e.g., a fire or bomb threat).

_____ Follow the Evacuation Procedures below.

_____ Assign staff/volunteers to care for evacuees and ensure they stay safely in the evacuation area.

_____ Track and maintain records of individuals requiring evacuation.

_____ Track and maintain records of where evacuated residents have been relocated to (another area of the home or outside evacuation site).

_____ Conduct a resident and staff count to ensure everyone is accounted for.

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

_____ Notify the Ministry of Health/Regional Health Authority and other government reporting authorities (e.g., Ministry of Labour) if required.

_____ Update the Administrator/ Designate.

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Code Green Nurses and Managers/Supervisors Job Action Checklist

LAST UPDATED: January 2023

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Extendicare

Code Green Nurses and Managers/ Supervisors Job Action Checklist

RESPOND

_____ Provide direction and guidance to staff participating in the evacuation, refer to evacuation procedures below.

_____ Take direction from and report to the Incident Manager or other Incident Management System leaders.

_____ When evacuating externally, remove emergency evacuation kits/disaster boxes from the building and bring them.

_____ Identify evacuees with name badges, wristbands, or other type of identification.

_____ Maintain a head count of residents and staff, keeping the Incident Manager informed.

_____ Remove resident charts if time and situation permit.

_____ Track the destinations of residents.

_____ Provide for the continuing care of residents.

_____ If the Code Green is isolated to another wing, ensure a staff member remains in your assigned area to provide resident care and send all other staff to assist with the Code Green.

EVACUATION PROCEDURES

1. Staff members will be designated to be on the outer side of the fire doors taking received residents, or to go room to room evacuating residents. Try to have the same number of people receiving residents at the fire door as teams evacuating residents from rooms (for example, you have 9 staff members, 3 will receive residents at the fire doors and 6 will be broken into teams to evacuate rooms).

2. All staff who are going room to room must be in teams of two. Teams enter rooms and bring resident(s) to the closest fire doors.

3. Staff waiting on the other side of fire doors take the residents to safety.

4. After a team has confirmed there are no residents in a room, they close the door and flag the room as empty.

5. Steps 1-3 continue until all the residents in the affected area have been evacuated.

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Code Green All Staff Job Action Checklist

APPENDIX 3

LAST UPDATED: January 2023

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Extendicare — Code Green All Staff Job Action Checklist

RESPOND

_____ Upon hearing a Code Green being announced begin evacuation procedures immediately. The location identified in the Code Green announcement will indicate where individuals need to be evacuated from.

If you are providing care to a resident, quickly finish or stop the care where able and ensure the resident is safe before leaving the room.

_____ Ensure residents and visitors in your work area are in a safe location. For example, remove any resident who is bathing from the tub.

Note: at least one staff member must remain in the resident areas not being evacuated to tend to resident safety.

_____ Shut down any equipment properly (e.g., ovens, laundry equipment).

_____ Close all doors.

_____ Proceed directly to the Code Green area identified. Use the stairs. DO NOT use the elevator(s) unless approved by the Fire Department or other authority involved in the evacuation (e.g., police for a bomb threat, structural engineer for a roof collapse).

_____ If you are not in your work area when the Code Green is announced (e.g., on break), immediately return to your own work area to ensure residents are safe, equipment is properly shut down, and doors are closed (unlocked).

_____ Report to the Incident Manager at the Code Green location.

_____ Following the evacuation procedures below, remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager.

Evacuation Procedures:

1. Staff members will be designated to be on the outer side of the fire doors taking received residents, or to go room to room evacuating residents. Try to have the same number of people receiving residents at the fire door as teams evacuating residents from rooms (for example, you have 9 staff members, 3 will receive residents at the fire doors and 6 will be broken into teams to evacuate rooms).

2. All staff who are going room to room must be in teams of two.

3. Teams enter rooms and bring resident(s) to the closest fire doors.

4. Staff waiting on the other side of fire doors take the residents to safety.

5. After a team has confirmed there are no residents in a room, they close the door and flag the room as empty.

6. Steps 1-3 continue until all the residents in the affected area have been evacuated.

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Code Green Administrator/Designate Job Action Checklist

LAST UPDATED : January 2023

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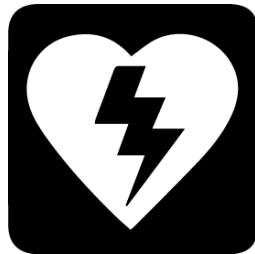## Extendicare — Code Green Administrator/Designate Job Action Checklist

RESPOND

_____ Seek updates from Incident Manager to determine actions. If you are the Incident Manager refer to the Incident Manager checklist and designate responsibilities accordingly.

_____ Upon being notified by the Incident Manager that a Code Green full evacuation has been determined and that additional staff is required, start calling staff from the most current staff call-back list.

Note: Begin calling based on staff who live closest to the home.

_____ Advise staff to ensure they have identification with them when responding to the staff call-back.

_____ If residents are being evacuated out of the home, activate emergency access on Point Click Care:

Use Activate Emergency Access button (Security Users enhancement) on PointClickCare to activate emergency access to provide all users remote access during an emergency evacuation situation:

a. Do one of the following:

i. Admin > Manage Users

ii. Admin > Setup > Security Users

• Click *Activate Emergency Access* and follow the prompts.

Notify the Regional Director and Health authority of the situation and keep them updated.

_____ Assist with evacuation as required as per evacuation procedures below.

EVACUATION PROCEDURES

1. Staff members will be designated to be on the outer side of the fire doors taking received residents, or to go room to room evacuating residents. Try to have the same number of people receiving residents at the fire door as teams evacuating residents from rooms (for example, you have 9 staff members, 3 will receive residents at the fire doors and 6 will be broken into teams to evacuate rooms).

2. All staff who are going room to room must be in teams of two. Teams enter rooms and bring resident(s) to the closest fire doors.

3. Staff waiting on the other side of fire doors take the residents to safety.

4. After a team has confirmed there are no residents in a room, they close the door and flag the room as empty.

5. Steps 1-3 continue until all the residents in the affected area have been evacuated.

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CODE BLUE
MEDICAL EMERGENCY
TAB 5

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Extendicare CONMED HEALTH CARE GROUP

Code Blue – Medical Emergency   EP-05-01-01

LAST REVIEWED: January 2023

APPENDICES:
- Appendix 1 – Code Blue Emergency Checklist

REQUIRED DOCUMENTS:

CODE BLUE EMERGENCY CHECKLIST – Use to follow and document all required steps to address the emergency.

POINT OF CARE RISK ASSESSMENT (PCRA), IC-02-01-01 A1 – Use to determine appropriate Personal Protective Equipment (PPE).

RELATED AND SUPPLEMENTAL POLICIES:

IC-02-01-01, Routine Practices, Infection Prevention and Control Manual

POLICY

A nursing and/or first aid trained staff must render aid for an acute medical emergency involving residents, staff, volunteers, visitors or others. Staff members who discover a medical emergency anywhere on the property, including parking lots, external sitting areas and the front lobby, must respond as directed by this policy.

BACKGROUND

This policy is a guide for staff finding and responding to a cardiac arrest or any other acute medical emergency that requires an immediate and coordinated response to save a life.

This policy serves to mobilize nursing and/or first aid/CPR trained staff to the location of an acute medical emergency involving residents, visitors, staff or volunteers, to provide immediate intervention and assistance.

PROCEDURES

INCIDENT MANAGER

1. Upon notification of a medical emergency, attend the scene and bring required emergency equipment from the nursing station.

2. Determine if EMS is required. If required, call 9-1-1. Provide First Aid/CPR as needed.

3. If the medical emergency involves a resident, you must identify whether or not to initiate CPR by reviewing the Goals of Care (if available) to determine the resident's wishes. When a resident's wishes are unknown, you must proceed with CPR if you are trained to do so.

   Note: *The decision not to provide CPR does not preclude the use of other forms of treatment or care. A resident who does not wish CPR remains eligible for all other*

Code Blue – Medical Emergency

PROCEDURES

appropriate treatments intended to increase comfort and quality of life, such as clearing a blocked airway (e.g. suctioning).

4. Delegate a staff member to meet EMS/Fire Department if 9-1-1 was called.

5. Redirect staff/volunteers who are not required to return to their duties.

6. Ensure all reporting requirements (critical incident report, health authorities, etc.) are met.

7. Provide support to residents, staff and volunteers impacted by the situation. Arrange for medical aid and/or counseling services as needed and requested.

8. Hold Debrief with staff, residents and visitors involved.

    Debriefing notes will include the time and date of the debriefing, the location, list of attendees, and notes from the discussion; what went well and what needs to be improved.

9. Upload completed Debrief Report in the Home Status Report folder.

ALL STAFF
1. If you discover a medical emergency, contact a nurse or medical practitioner, or summon help immediately by calling out: CODE BLUE. I need help in (location).

2. If it is determined to be a cardiac arrest and you are the first person on the scene trained in CPR, begin CPR following current Basic Cardiac Life Support guidelines and using appropriate PPE as determined by a Point of Care Risk Assessment (PCRA).

3. If you are the second employee at the scene, implement an all-page CODE BLUE.

4. Call 9-1-1 and state, "Medical emergency (describe the specific problem)." The dispatcher will need to know:

    a. Is the resident conscious?

    b. Is the resident breathing?

    c. What is the nature of the emergency?

    d. The location of the incident.

    e. The location telephone number.

5. Report back to the emergency scene when calls are complete.

6. The nurse responding will bring any emergency equipment available (suction machine, oxygen, v/s readers, etc.). If time allows, an informing call must be made to the resident's next of kin as soon as possible.

7. One available staff member will proceed to the main entrance to direct the 9-1-1 response team to the scene.

Code Blue – Medical Emergency

ACUTE MEDICAL EMERGENCY
Serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

CRITICAL INJURY
An injury of a serious nature that:

places life in jeopardy;
produces unconsciousness;
results in substantial loss of blood;
involves the fracture of a leg or arm but not a finger or toe;
involves the amputation of a leg, arm, hand or foot but not a finger or toe;
consists of burns to a major portion of the body; and
causes the loss of sight in an eye.

FIRST AID KIT
A kit that meets the requirements under the Occupational Health and Safety Act.

NURSE(S)
Registered Nurses, Registered Practical Nurses and Licensed Practical Nurses.

CARE STAFF
Healthcare Aides, Nursing Assistants and Personal Support Workers.

RESUSCITATION
Resuscitation is an invasive and immediate lifesaving treatment that is administered to a person who has a sudden unexpected cardiac or respiratory arrest. It may include basic cardiac life support involving the application of artificial ventilation (such as mouth-to-mouth resuscitation and bagging) and chest compression. It may also include advanced cardiac life support, such as intubation and the application of a defibrillator.

Canadian Heart & Stroke Foundation, CPR Guidelines
https://cpr.heartandstroke.ca/s/article/Guidelines?language=en_US

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Blue Emergency Checklist

LAST REVIEWED: January 2023

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Code Blue Emergency Checklist

Date: _____   Incident Manager: _____

Record the time action was initiated *(note on the line below):*

_____   Charge Nurse notified of Medical Emergency

_____   Patient originally observed/discovered by _____

Arrival times and names of the responding nursing staff

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

The first arriving nurse or first aid trained staff member will become the Incident Manager. A nurse or first aid trained staff member will assess the patient and determine what interventions are required.

Summary of Assessment:

[   ]

Summary of Interventions:

[   ]

_____   EMS required?   ☐ Yes   ☐ No

_____   9-1-1 called by: _____

_____   Person assigned to meet EMS: _____

_____   Staff or volunteers not required advised to return to their normal duties

_____   Administrator or designate notified if the emergency is a critical incident involving a staff member, volunteer or visitor.

_____   Administrator or designate notified the Health & Safety Committee of critical injuries to any staff, contracted staff or volunteer.

_____   Administrator or designate notified the Ministry of Labour (insert phone number) of critical injuries to any staff, contracted staff or volunteer

_____   Next of Kin notified, as appropriate _____

_____   Assessment and interventions summarized on Incident Report.

_____   Incident Report submitted to Ministry of Health / Health Authority where appropriate.

LAST UPDATED: November 2016   EP-05-01-01 A1   Page 1 of 1

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CODE YELLOW
MISSING RESIDENT
TAB 6

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Code Yellow – Missing Resident

EP-06-01-01

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Code Yellow Incident Manager Job Action Checklist
- Appendix 2 – Code Yellow All Staff Job Action Checklist
- Appendix 3- Code Yellow Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:
CRITICAL INCIDENT REPORT – A critical incident report must be initiated. Follow all local, regional and provincial investigation and reporting requirements for critical incidents that occur in the home.

RELATED AND SUPPLEMENTAL POLICIES:
RC-01-01-07, Assuming Responsibility for Leave of Absence, Resident Care Manual

POLICY

As soon as a resident is noted as missing, a Code Yellow procedure, which is defined as an immediate and systematic search of the home and surrounding area, will be followed.

Units must be adequately supervised at all times. If there is not enough staff on duty to carry out the search and supervise the unit, the Incident Manager will immediately initiate a call-back of staff and initiate support from authorities as required.

BACKGROUND

Residents are considered missing when they are not in a location where staff can find them and are not signed out of the home. Residents are encouraged to move freely in the home except in areas considered to be hazardous. Some residents may be restricted to designated areas for their own health and safety, unless accompanied by a designated person. Families and visitors should be engaged to understand the unique nature of the residents in our care.

PROCEDURES

ADMINISTRATOR/ DESIGNATE

PREVENT

1. Ensure all residents are assessed upon admission and reassessed for wandering and exit seeking.

2. Apply mitigation strategies for residents identified as exit seeking; wander guards, tailored behavioral programs, locked units, registered with Alzheimer's society wandering registry etc.

3. Post a sign at all entrances/ exits informing visitors to not assist/open doors for residents unless they know the resident is permitted to leave the home.

4. When the home has planned downtime of maglock or locked doors in which the doors will be unlocked for any period of time, instruct staff to monitor doors until the downtime has ended to ensure no residents exit the building.

Code Yellow – Missing Resident

PROCEDURES

5. Ensure all visitors or contracted services are aware of potential safety risks and are aware of a clear escalation pathway for concerns (E.g. direct them to the Director of Care).

PREPARE

1. Ensure staff training related to Code Yellow- Missing Resident is completed at orientation, and at minimum annually thereafter.

2. Ensure the Code Yellow tabletop is completed using an interdisciplinary approach during Code Yellow month.

3. Customize the search area checklists in the Incident Manager checklist to be applicable to your home.

4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Yellow- Missing Resident emergency.

RESPOND

1. Use the Code Yellow Administrator/Designate Job Action Checklist when responding to any emergency involving a resident who cannot be found.

RECOVER

1. Use the Code Yellow Administrator/Designate Job Action Checklist when responding to any emergency involving a resident who cannot be found.

INCIDENT MANAGER

RESPOND

1. Use the Code Yellow Incident Manager Job Action Checklist when responding to any emergency involving a resident who cannot be found.

2. Advise residents and visitors to:

   a. Follow instructions from the Incident Manager.
   b. Advise staff members of residents exiting the building unattended.
   g. Not hold the door for any residents exiting the building unless they know they are permitted to leave.

RECOVER

1. Use the Code Yellow Incident Manager Job Action Checklist for "All Clear" procedures.

Code Yellow – Missing Resident

PROCEDURES

ALL STAFF

RESPOND

1. Use the Code Yellow All Staff Job Action Checklist when responding to any emergency involving a resident who cannot be found, including if you were the individual who identified the resident as missing.

2. Follow instructions provided by the Incident Manager.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Yellow Incident Manager Job Action Checklist

LAST UPDATED: January 2023

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Extendicare

Code Yellow Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

Resident Name: _____

RESPOND

Stage 1: At time person is deemed missing:

Record the time action was initiated (note on the line below):

If you believe the resident to be at risk of harm (i.e., has exited the building and the weather is extremely hot or cold, the resident is known to be exit seeking, etc.) and/or after 30 minutes of resident identified as missing regardless of the completeness of the current search for the resident, go to Stage 3.

_____ Time notified of missing resident: _____

_____ Name and designation of individual who noted the resident missing (visitor, volunteer, PSW, RN, etc.):
_____

_____ Time noticed missing by the individual. _____

_____ Ensure a staff member is assigned to check the resident sign in/out sheets.

_____ Call/ designate a staff member to call the unit nurse/program supervisors on other units/program areas to determine if the resident is on other floors/units.

_____ Speak to staff who have recently provided care to the resident and ask if the resident exhibited any behaviours or vocalised wishes about leaving the home. Obtain a description of the resident including their clothing and physical appearance.

_____ Announce or designate a staff member to announce overhead:
"Attention please, would (Resident's Name) please return to (unit/program area) immediately"
"Attention please, would (Resident's Name) please return to (unit program area) immediately"
"Attention please, would (Resident's Name) please return to (unit/program area) immediately"

Stage 2: After searching the immediate area, begin broader search of home and exterior grounds.

If you believe the resident to be at risk of harm (i.e., has exited the building and the weather is extremely hot or cold, the resident is known to be exit seeking, etc.) and/or after 30 minutes of resident identified as missing regardless of the completeness of the current search for the resident, go to Stage 3.

_____ Set up an Emergency Operations Centre location to designate staff search areas (refer to policy Emergency Operations Centre Designation, EP-01-01-02).

_____ Announce or designate a staff member to announce:
"Code Yellow, all available staff please proceed to LOCATION (command centre)"
"Code Yellow, all available staff please proceed to LOCATION (command centre)"
"Code Yellow, all available staff please proceed to LOCATION (command centre)"

_____ Advise all staff, students, and volunteers that you are looking for a specific resident, show them a picture and description of what the resident was last wearing.

_____ Designate staff to search different areas of the home (all units/floors), assign staff to areas they know best (utilize checklist below to note which staff are assigned where). *Note: If a resident is reported as being seen leaving the home through an exit door, begin searching the exterior grounds and neighborhood immediately.*

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Code Yellow All Staff Job Action Checklist

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Extendicare

Code Yellow All Staff Job Action Checklist

Date: _____   Name: _____

Resident Name: _____

RESPOND

Stage 1: Staff Who Identified the Resident as Missing; begin search, notify charge nurse

_____ Record the time the resident was first identified as missing. _____

_____ Search the resident's living area and areas in the home the resident is known to go. Ask nearby staff members and volunteers to help search.

_____ Check the leave of absence book, visitors' log, and ask other staff and residents if they have seen the resident.

_____ Check external sitting areas.

_____ **When resident has been missing for 5 minutes**, notify the Charge Nurse/ Incident Manager (even if the search is not complete). Charge Nurse will notify the Incident Manager or will become the Incident Manager until relieved by a more senior staff member.

_____ Follow instructions from the Incident Manager and continue to search.

Stage 2: Once Code Yellow is announced, report to the area designated as the Emergency Operations Centre and seek instruction for searching remainder of home and grounds.

_____ One staff member, at minimum, must remain in each resident home area and program area to maintain the safety and security of other residents.

_____ Upon hearing a resident is missing, notify the Incident Manager if you have seen them in your area of work

_____ Search the home area assigned to you by the Incident Manager. Look in resident rooms, under beds, in closets, bathrooms, lounges, stairwells, utility rooms, staff rooms, storage rooms, shower rooms, etc.

If you are provided with a floor plan or map, identify areas you have searched with an "X" on the map.

If you are designated as the "team leader" for the area, you must report to the Incident Manager every 10 minutes (phone, walkie- talkie or in person).

_____ Search external sitting areas around the home.

_____ If an external area is assigned to you to search, always search with a partner. Search the neighbourhood in the direction assigned to you within a four-block radius. Conduct the external search in a vehicle, not on foot. If a map of the area is provided to you, identify areas you have searched with an "X" on the map. Trained search teams from emergency services will do a more thorough ground search.

If you are aware of an external area the resident is known to frequent and it is within your assigned external search perimeter, notify the Incident Manager and check this area. If it is not within your assigned perimeter, notify the Incident Manager and they will notify the individual assigned to that perimeter. Report to the Incident Manager every 10 minutes (phone or in person).

Stage 3: Within 30 mins of resident missing. Police engaged by Incident Manager.

_____ Police are being notified by the Incident Manager. Continue to search for the resident as per instructions by the Incident Manager. If police provide you direction, follow their direction.

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Code Yellow Administrator/ Designate Job Action Checklist

LAST UPDATED: January 2023

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Extendicare
Code Yellow Administrator/Designate Job Action Checklist

Date: _____   Name: _____

Resident Name: _____

RESPOND

_____ Assist in searching for the missing resident.
_____ Seek updates from Incident Manager/ Police to determine actions.

_____ If resident is not found after 30 minutes, notify Corporate Communications, the Regional Director (RD is responsible to escalate to senior leadership as required) and the respective health authority and keep them updated.

RECOVER

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Ensure all incident documentation has been completed and any outside organizations have been notified as required (determine if the provincial health authority should be notified).

_____ Arrange for staff support as needed (EAP, etc.)

_____ Participate in the debriefing session.

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CODE WHITE
VIOLENT SITUATION
TAB 7

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Code White – Violent Situation

EP-07-01-01

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Code White Incident Manager Job Action Checklist
- Appendix 2 – De-escalation Techniques
- Appendix 3- Code White All Staff Procedures
- Appendix 4- Code White Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:
CRITICAL INCIDENT REPORT – A critical incident must be initiated. Follow all local, regional and provincial investigation and reporting requirements for critical incidents that occur in the home.

POLICY

Extendicare provides a safe environment for residents, families, staff, volunteers and visitors. A staff member observing a violent situation or a person as posing an immediate danger to themselves and/or others and/ or the property, may call a Code White at any time. The home must follow the procedures in this policy in dealing with a situation where there is potential for serious injury or uncontrollable behaviour due to a violent outburst.

BACKGROUND

These situations include any violent or aggressive individuals in the home. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff must use non-violent, verbal interventions. The primary aim is to remove everyone from the situation to minimize risk of injury.

PROCEDURES

ADMINISTRATOR/ DESIGNATE

PREVENT
1. Be aware of who is entering the home.
2. If you notice an individual acting aggressive or violent, do not open the door for them and try not to allow them entry into the home.
3. Ensure a risk assessment is conducted at admission on all residents to evaluate risk of verbal or physical responsive behaviours as well as document and communicate strategies to mitigate any risk from such behaviours.

PREPARE
1. Ensure staff training and exercises related to Code White- Violent Situation is completed at orientation, and at minimum annually thereafter.

Code White – Violent Situation

PROCEDURES

2. Ensure the Code White tabletop is completed using an interdisciplinary approach during Code White month.

3. Ensure all staff receive training to support individuals with a cognitive impairment or mental health disorder E.g. Gentle Persuasive Approach

4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code White- Violent Situation emergency.

RESPOND
1. Use the Code White Administrator/ Designate Job Action Checklist when responding to any emergency involving an aggressive, violent and/or threatening individual in the home.

RECOVER
1. Use the Code White Administrator/ Designate Job Action Checklist when responding to any emergency involving an aggressive, violent and/or threatening individual in the home.

INCIDENT MANAGER

RESPOND
1. Use the Code White Incident Manager Job Action Checklist when responding to any emergency involving an aggressive, violent and/or threatening individual in the home.

2. Advise residents and visitors to:

   h. Follow instructions from the Incident Manager.

   i. Advise staff members of any risk(s) observed.

   j. If safe to do so, evacuate the affected area immediately and remain away from the affected area.

   k. Never confront an agitated or aggressive individual, stay away.

RECOVER
2. Use the Code White Incident Manager Job Action Checklist for "All Clear" procedures.

Extendicare CONMED

HEALTH CARE GROUP

Code White – Violent Situation

STAFF

RESPOND

1. Refer to the Code White All Staff Procedures document for how to respond to an emergency involving an aggressive, violent and/or threatening individual in the home.

2. Follow all instructions from the Incident Manager.

3. Follow all instructions from any emergency services upon their arrival.

RECOVER

1. Refer to the Recover section of the Code White All Staff Procedures document for what to do after the Code White has been announced as all clear.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Crisis Prevention Institute

https://www.crisisprevention.com/en-CA/Blog/CPI-s-Top-10-De-Escalation-Tips-Revisited

Public Services Health and Safety Association

https://workplace-violence.ca/tools/emergency-responses-code-white/

AGE Inc. Gentle Persuasive Approach

https://ageinc.ca/about-gpa-2/

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Code White Incident Manager Job Action Checklist

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Extendicare

Code White Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

Reporting Staff Member: _____

RESPOND

Upon seeing or being notified of a violent, aggressive or threatening individual in the home:

_____ Try to de-escalate or redirect the situation using words. Give the person space. If there are multiple staff members at the scene, have one staff member attempt to de-escalate the situation while the other staff member stands behind to assist in removing the speaking staff member from any direct contact as needed. It is best if only one staff member is talking and trying to de-escalate so they do not to further agitate or confuse the aggressive individual. Remove objects from the area that can be used as weapons, ensure there is a clear exit route.

If the aggressive individual can be calmed, a Code White does not need to be paged, and the police do not need to be called, the "All Clear" will be in effect.

Review Appendix 2, *De-escalation Techniques*, for assistance on how to de-escalate an aggressive situation.

Never physically confront the agitated or aggressive individual, use action-oriented verbal communication and non-violent interventions to de-escalate the situation safely. Do not try to remove a weapon or subdue the person. Do not respond to threats.

If the aggressive person is a resident, continue to monitor the situation for potential for re-escalation. Be prepared to intervene again using de-escalation techniques such as Gentle Persuasive Approach. Attempt to identify triggers and remove those triggers as soon as possible. Keep your tone of voice non confrontational and volume level low.

_____ If anyone feels threatened, life endangered, there is a possibility of an escalation of violence, the individual has a weapon (initiate Code Silver) and/or the individual has taken a hostage (initiate Code Purple) remove yourself/others from the confrontation and call police, 9-1-1.

Time called: _____

_____ Direct staff to remove all persons from the area of the threat if safe to do so.

_____ Determine if any weapons are involved. Never confront someone with a weapon.

_____ Announce or designate a staff member to announce 3 times,

"Code White- *location*- stay away from *location*"

"Code White- *location*- stay away from *location*"

"Code White- *location*- stay away from *location*"

_____ Decide whether to enact the Incident Management System, if so, delegate IMS roles.

_____ Delegate a staff member to meet the police at the main entrance with directions, any background information and alternate access to the situation.

_____ Delegate a person to notify the Administrator/Designate if not already aware.

_____ Update the police within 5 minutes of the first call if they have not yet arrived.

_____ Ensure first aid is provided (when safe to do so; do not attempt to remove anyone who is hurt from the violent situation), and EMS (9-1-1) is called for any injuries.

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De-Escalation Techniques

LAST UPDATED: January 2023

- **One person to take control of situation**
  Only one person should be managing an escalated situation with back up as needed. One person should take the lead for communication. Another person should be available to remove the speaking staff member from any direct contact as needed but should remain silent. Too many people talking can further agitate and confuse the aggressive individual.

- **Apologize**
  Even if you had no control over the situation, apologize for their experience. Be sincere. This will often diffuse a situation.

- **Empathize- Try to Understand their feelings.**
  It is likely that this situation is about their feelings, even if they are unable to vocalize them. Try to identify their feelings through the words, actions and expressions they are portraying to better understand what they are going through.

- **Listen and do not be Judgmental.**
  Do not dismiss or judge what the individual may say, listen to their concerns and understand that their thoughts and feeling are real.

- **Stay out of their personal space.**
  People often get upset or overwhelmed by others being too close to them, they may also feel threatened thinking you may use physical force.

- **Have an escape route**
  Know your exits and be prepared to leave if the situation escalates.

- **Do not use threatening words or gestures.**
  Keep the tone of you voice calm, be mindful of what expressions are on your face, don't move quickly or abruptly. Avoid negative and aggressive words such as swear words and words with negative meanings.

- **Don't get emotional.**
  Remain calm and in control of yourself.

- **Do not give in to challenges and challenging questions.**
  Answering challenging questions is likely to be detrimental to the de-escalation. Responses can agitate the individual further or show them that they can obtain authority over you. Attempt to re-direct them by offering to help and offering solutions to the problem at hand.

- **Give them time to think and make decisions**.
  People are less comfortable when they have to make quick decisions without the time to think it over. Give them the time to think about what they want, think about what you have said and make an informed non-rushed decision. Allow them to express their feelings and validate those feelings.

Follow these preferred ways of approaching residents with responsive behaviours related to dementia such as:

- **Know your resident.**
  Know what triggers the behaviour of the resident and if there is an option to remove those triggers to de-escalate the situation. Use what you know about the resident to try and engage them.

- **Remove any bystanders if possible and give the resident space.**
  Allow the resident the space to de-escalate on their own, do not crowd them.

- **Remain calm.**
  Speak to the resident with a calm, soothing voice.

- **Offer support from a distance if the resident is being physically responsive.**
  Stay away from the resident so they cannot cause harm to you or themselves. Offer verbal support.

- **Don't touch the resident.**
  Placing your hands on someone should only be used as a last resort and only if you are trained in a behavior support program such as GPA. Remove those in danger VS trying to physically handle the situation.

- **Know your surroundings.**
  Know your exit points if the situation escalates. Don't back yourself into a corner.

- **Use close relationships.**
  If it is safe to do so, have someone well known and close to the resident attempt to engage them, call their name and try to divert their attention.

- **Only one person should be communicating with the resident.**
  Multiple people trying to communicate with the resident may confuse and overwhelm them. Support staff should remain close in case intervention is needed (e.g., to call 911).

- **If the resident starts to calm down, try to lead them to a place of safety.**
  This allows them to have the appropriate time and space to calm down without unnecessary distractions or triggers. Offer them support and medicate as ordered.

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Code White All Staff Procedures

APPENDIX 3

LAST UPDATED : January 2023

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Extendicare — Code White All Staff Procedures

RESPOND

1. If you are in a situation with an aggressive individual or a resident who is exhibiting responsive behaviours concerning for risk of harm, try to verbally de-escalate or redirect the situation. Give the person space. If there are multiple staff members at the scene, have one staff member attempt to de-escalate the situation while the other staff member stands behind to assist in removing the speaking staff member from any direct contact as needed. It is best if only one staff member is talking and trying to de-escalate so they do not to further agitate or confuse the aggressive individual.

   If the aggressive individual can be calmed, a Code White does not need to be announced, the "All Clear" will be in effect.

   Review Appendix 2, De-escalation Techniques for assistance on how to de-escalate an aggressive situation.

   Never physically confront the agitated or aggressive individual, use action-oriented verbal communication and non-violent interventions to de-escalate the situation safely. Do not try to remove a weapon or subdue the person.

2. If you are in a situation where you feel threatened, your life is in danger, there is a possibility of an escalation of violence, the individual has a weapon (initiate Code Silver) and/or the individual has taken a hostage (initiate Code Purple) remove yourself from the confrontation and immediately call 9-1-1. Provide as much information as possible about the situation to the police.

3. Advise the Incident Manager, if possible, of the Code White situation. If the Incident Manager is not in proximity, advise a staff bystander of the Code White, identifying the location, and if a weapon is involved.

4. Ask the staff designate to notify the Incident Manager and ensure the Code White is announced.

5. If you are in the immediate area, and/or responding to the Code White, assist in evacuating residents from the area of threat, if necessary. Follow instructions from The Incident Manager. The incident manager may instruct you to return to your duties once the situation is under control.

6. Follow all instructions from any emergency services upon their arrival.

RECOVER

When the Incident Manager or emergency services informs the Code White has ended and you hear the "all clear" announced:

1. Return to regular job responsibilities.

2. Complete a written report of the incident details and submit to the Administrator/Designate before leaving the home.

3. Attend and participate in the debrief held by the Incident Manager and Administrator/ Designate.

4. If the incident involved a resident and you are involved in the residents' care, assist the registered nursing staff to identify triggers for the resident's behaviours to update the plan of care.

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Code White Administrator/ Designate Job Action Checklist

APPENDIX 4

LAST UPDATED : January 2023

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Extendicare

Code White Administrator/Designate Job Action Checklist

RESPOND

_____ Notify and update the Regional Director and Corporate Communications as required.

_____ Follow instructions from the Incident Manager.

_____ Consult Extendicare Occupational Health and Safety policies 10.1 and 10.2 if the incident results in a critical or serious incident/injury.

RECOVER

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Notify Ministry of Health/ provincial authority if a resident is critically injured or is sent to hospital due to injury: initiate a critical incident report. Ensure all incident documentation has been completed and any outside organizations have been notified as required.

_____ Notify the Health and Safety Committee and government labour authorities (e.g., Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health and Safety Act). Engage corporate Health and Safety department for support.

_____ Arrange for staff support as needed (EAP, etc.)

_____ Participate in the debriefing session.

SAMPLE

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CODE BROWN
HAZARDOUS/CHEMICAL SPILL
TAB 8

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Code Brown – Hazardous/Chemical Spill

EP-08-01-01

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Code Brown Incident Manager Job Action Checklist
- Appendix 2 – Code Brown Spill Response Team Job Action Checklist
- Appendix 3- Code Brown Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:
SAFETY DATA SHEETS (SDS) – Located near where chemicals are kept.

POLICY

Planning is required to respond safely to a spill. When hazardous materials are unexpectedly released and/or the size of the spill prevents staff from carrying out a safe cleanup, a Code Brown incident must be called.

Staff must be trained in the safe handling, storage and disposal of hazardous chemicals such as WHMIS. A designated Spill Response Team must be trained to clean up hazardous material, untrained staff should not attempt a hazardous spill clean-up without direction from a trained staff member. If no trained staff member can be contacted and the spill is not severe, block off the area and ensure no one goes near it until a trained staff member arrives. If the spill is severe, contact the Administrator who may call an outside company for clean up.

As soon as a chemical spill is discovered, actions must be taken to assess the situation, protect the health and safety of everyone in the area, and initiate clean up in accordance with the Safety Data Sheets (SDS). Flammable spills or spills that caused injury or illness require the immediate assistance of emergency services.

SAFE STORAGE OF HAZARDOUS MATERIALS
All hazardous materials will be stored as identified in the Safety Data Sheets (SDS) and the manufacturer recommendations.

Flammable fuels such as gasoline and propane will not be stored in any building where residents live. The only exception will be the storage of diesel fuel for stand-by generators in specially designed rooms that have been approved by jurisdictions having authority (normally the fire department and building inspectors).

Cleaning solutions and other chemicals must never be stored above shoulder height.

SAFE HANDLING OF HAZARDOUS MATERIALS
All hazardous materials will be properly handled as identified in the Safety Data Sheets (SDS) and the manufacturer recommendations. The SDS will identify the type of personal protective equipment (PPE) required for the material.

SPILL RESPONSE TEAM
The Spill Response Team may include but is not limited to the following members:

- Safety Officer

Code Brown – Hazardous/Chemical Spill

- Physical Plant and Maintenance Supervisor
- Housekeeping Manager
- Maintenance staff
- Housekeeping aides

Health & Safety Committee Member

BACKGROUND

Hazardous materials are used throughout residential care homes. A spill may include liquids, powders, or even gaseous substances. Occasionally, spills, misuse and other incidents can expose staff, residents, visitors or the environment to these materials.

The Code Brown alerts staff to an unexpected release of a hazardous or potentially hazardous material and provides response procedures for competent prompt clean-up by trained staff members to reduce and eliminate the hazards present. Blood and other bodily fluids are to be treated in the manner described in the Housekeeping and Laundry Services policy, Blood and Other Bodily Fluids.

PROCEDURES

ADMINISTRATOR/
DESIGNATE

PREVENT

1. Ensure all hazardous materials are stored as per SDS and manufacturer recommendations.
2. Ensure no hazardous materials are stored above shoulder height.
3. Ensure all hazardous materials are monitored for expiry and disposed of appropriately upon expiry.
4. Ensure all hazardous material remain in the receptacle they were bought in.

PREPARE

1. Ensure staff training related to Code Brown- Hazardous/Chemical Spills is completed at orientation, and at minimum annually thereafter.
2. Ensure the Code Brown tabletop is completed using an interdisciplinary approach during Code Brown month.
3. Ensure appropriate staff receive WHMIS training.
4. Ensure Material Safety Data Sheets (MSDS) are available and posted in the home.
5. Ensure the location of spill kits in the home is known.
6. Ensure appropriate staff receive training on the proper use of spill kits.
7. Identify where decontamination showers and eye wash stations are located.
8. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Brown- Hazardous/Chemical Spill.

Code Brown – Hazardous/Chemical Spill

RESPOND

1. Use the Code Brown Administrator/ Designate Job Action Checklist when responding to any hazardous or chemical spill in the home.

RECOVER

1. Use the Code Brown Administrator/ Designate Job Action Checklist when responding to any hazardous or chemical spill in the home.

INCIDENT
MANAGER

RESPOND

1. Use the Code Brown Incident Manager Job Action Checklist when responding to any hazardous or chemical spill in the home.

2. Advise residents and visitors to:
   l. Follow instructions from the Incident Manager.
   m. Advise staff members of any risk(s) observed.
   n. Remain away from the affected area.

RECOVER

1. Use the Code Brown Incident Manager Job Action Checklist for "All Clear" procedures.

SPILL RESPONSE
TEAM

RESPOND

1. Use the Code Brown Spill Response Team Job Action Checklist when responding to any hazardous or chemical spill in the home.

ALL STAFF

RESPOND

1. If you discover a spill or leak of a hazardous or unidentified material, notify the Incident Manager immediately.

2. Ensure no residents, staff or visitors enter the area of the spill or leak.

3. Follow instructions provided by the Incident Manager.

NURSES AND
CARE STAFF

RESPOND

1. Continue providing quality care to residents.

2. May be required to assist in care in the event of injury related to a chemical or hazardous material spill.

A spill response kit will be kept at each home. If the kit is used for any purpose, it will be reported to the Maintenance Supervisor to ensure it is properly restocked.

Code Brown – Hazardous/Chemical Spill

CODE BROWN
Alerts staff to an accidental release of a hazardous or potentially hazardous substance.

UNMANAGEABLE SPILL
The release of material that cannot be identified by the employee discovering the spill, is flammable, or is of such volume that it cannot be contained to the immediate area. This may represent a clear or immediate hazard to residents, visitors, staff, volunteers, the environment and/or property and requires assistance using specialized equipment to control, contain and clean-up and/or external emergency response personnel.

MANAGEABLE SPILL
The release of material that can be immediately identified by the employee and that poses minimal or no risk to individuals, and the performance of clean-up and disposal procedures are within the scope of staff knowledge and capability.

SDS
Safety Data Sheets are information made available by the manufacturer indicating the hazards and precautions for a substance.

WHMIS
Workplace Hazardous Materials Information System is a national legislative program designed to protect the users of hazardous/chemical materials by providing information through container labels, material data sheets and training.

NURSE(S)
Registered Nurses, Registered Practical Nurses and Licensed Practical Nurses.

CARE STAFF
 Healthcare Aides, Nursing Assistants and Personal Support Workers.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Extendicare CONMED HEALTH CARE GROUP

Code Brown Incident Manager Job Action Checklist — APPENDIX 1

LAST UPDATED: January 2023

Click here to download this document from Extendicare's Intranet.

Extendicare

Code Brown Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

Reporting staff member: _____

RESPOND

Record the time action was initiated (note on the line below):

_____ Time spill discovered.

Person discovering the spill: _____

Location of the spill: _____

Substance spilled (if known): _____

_____ Charge Nurse notified will assume the role of Incident Manager until relieved of the role by a more senior staff member.

_____ Block off the area and establish a safety perimeter.

_____ Incident Manager will notify all staff of the "Code Brown" identifying the location (unit/area).

Announce, or designate a staff member to announce three times:

"CODE BROWN (location); residents and visitors please stay away from the area"
"CODE BROWN (location); residents and visitors please stay away from the area"
"CODE BROWN (location); residents and visitors please stay away from the area"

_____ After hours, notify the Administrator/ Designate to determine if maintenance staff should be called in.

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

Note, if you have deemed it safe for the home's Spill Response Team to clean the spill, skip to the next section of this checklist titled, "If you have deemed it safe for the home's Spill Response Team to clean the spill" (information regarding how to assess if the spill is safe is included in this section as well).

_____ Call 9-1-1. Do NOT pull the fire alarm.

_____ Clear the area of all persons.

_____ Until the Spill Response Team arrives:

S safely evacuate everyone from the immediate area and secure area

P prevent the spread of vapours by closing doors

I initiate appropriate spill procedure (see material safety data sheet (msds) binder)

L leave all electrical equipment alone. do not turn on or off.

L locate any information regarding the chemical (see msds binder), if possible, and act accordingly

_____ Ensure there are no sources of ignition.

_____ Ventilate the area by opening windows (if safe to do so).

_____ Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes. Utilize designated decontamination

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Code Brown Spill Response Team Job Action Checklist   APPENDIX 2

LAST UPDATED: January 2023

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Extendicare

Code Brown Spill Response Team
Job Action Checklist

Date: _____   Reporting Spill Response Team: _____

RESPOND

Record the time action was initiated (note on the line below):

_____ Upon hearing the Code Brown alert, proceed to the spill location to assess the situation.

_____ The most senior member of the Spill Response Team will be the Incident Manager unless relieved by a more senior staff member.

_____ Use the *Code Brown Incident Manager Job Action Checklist* to determine if the spill is manageable or unmanageable.

Manageable Spills- Clean Up Procedures

_____ Initiate clean-up following the assessment of the spill and your team's capacity.

Clean up the spill only if:

You have the correct spill kit, resources, and PPE to clean the material

You fully understand the procedures to clean the material

The spill is a known material and of a manageable size to clean (under 1 liter)

The spill is not flammable

Note: If the spill is outside the capability of your team, follow the steps outlined below in Unmanageable Spill Procedures

_____ If possible, stop the source of the leak or spill.

_____ Consult the Material Safety Data Sheets (MSDS) to understand the appropriate cleaning procedures and PPE required.

_____ Obtain the spill response kit. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g., brushes, scoops, sealable containers).

_____ Protect all floor drains or other means of environmental release.

_____ Distribute loose spill control materials over the entire spill area, working from the outside, circling to the inside, reducing the chance of splash, or spread of the spilled chemical.

_____ Absorb the spilled materials using a brush and scoop to place materials in an appropriate container. Use polyethylene bags for small spills. Five-gallon pails or 20-gallon drums with polyethylene liners may be appropriate for larger quantities.

_____ Complete a hazardous waste sticker, identifying the material as spill debris involving (identify) chemical, and affix onto the container.

Note: Spill control materials may need to be disposed of as hazardous waste. Refer to municipal public works for specifics based on the type and quantity of the chemical spilled.

_____ Decontaminate the surface where the spill occurred using a mild detergent and water when appropriate.

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Code Brown Administrator/ Designate Job Action Checklist

APPENDIX 3

LAST UPDATED: January 2023

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Extendicare

Code Brown Administrator/Designate Job Action Checklist

RESPOND

_____ Notify and update the Regional Director and Corporate Communications as required.

_____ Follow instructions from the Incident Manager.

RECOVER

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Ensure all incident documentation has been completed and any outside organizations have been notified as required.

_____ Notify the Health and Safety Committee and government labour authorities (e.g., Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health and Safety Act). Engage corporate Health and Safety department for support.

_____ Arrange for staff support as needed (EAP, etc.)
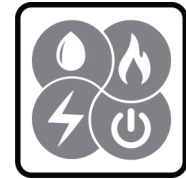
_____ Participate in the debriefing session.

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CODE GREY
INFRASTRUCTURE DISRUPTION/FAILURE
TAB 9

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Code Grey – Air Exclusion

EP-09-01-01

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Code Grey - Air Exclusion Incident Manager Job Action Checklist
- Appendix 2 – Code Grey – Air Exclusion Maintenance Job Action Checklist
- Appendix 3 – Code Grey – Air Exclusion Staff Job Action Checklist
- Appendix 4- Code Grey Administrator/ Designate Job Action Checklist

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Air Exclusion event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Air Exclusion, staff will restrict contaminated air from outside the building from entering the home, including shutting down air exchange systems, to ensure the air inside the building remains uncontaminated.

Note: *Air exclusion is only initiated where evacuation into the open air would be more hazardous to the health and safety of residents and staff (i.e., external chemical cloud, considerable smoke from a local fire, abnormally high outside ambient temperatures).*

BACKGROUND

A Code Grey – Air Exclusion emergency involves uncontrollable occurrences outside the home that have the potential to contaminate the air and affect the health and safety of residents, families, staff and volunteers. Examples of this include a tire fire, refinery fire/explosion or wildfire, chemical spill, etc.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Air Exclusion to ensure timely communication with residents and staff.
2. Conduct daily/weekly walkabouts of the home to ensure window and door seals appear functional.

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.
2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.
3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for an air exclusion emergency.

Code Grey – Air Exclusion

4. Be familiar with the procedures for disconnecting the automatic operation of doors, if applicable. Ensure instructions are included in the home's Emergency Response Plan.

5. Ensure the home's Emergency Response Plan includes (printed) schematics of air exchange controls, ventilation, and/or HVAC equipment including each of their locations and shut-down instructions.

RESPOND

1. Use the Code Grey Administrator/ Designate Job Action Checklist when responding to any Code Grey emergency situation.

RECOVER

1. Use the Code Grey Administrator/ Designate Job Action Checklist when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist for "All Clear" procedures

2. Advise residents and visitors to:

    a. Follow instructions from the Incident Manager.

    b. Close any open windows and turn off any individual air conditioners in their room and apply wet towels or linens to seal any external air infiltration (i.e., from window air conditioning units), as able.

    c. Advise staff members of any risk(s) observed.

    d. Remain inside the home unless instructed otherwise.

RECOVER

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist for "All Clear" procedures.

MAINTENANCE

RESPOND

1. Use the Code Grey – Air Exclusion Maintenance Job Action Checklist when responding to any air exclusion emergency.

REGISTERED STAFF

RESPOND

1. Monitor residents for respiratory symptoms and treat accordingly.

Code Grey – Air Exclusion

PROCEDURES

CARE STAFF

RESPOND

1. Assist with resident assessment and interventions, as required.

ALL STAFF

RESPOND

1. Follow instructions provided by the Incident Manager.

2. Use the Code Grey – Air Exclusion Staff Job Action Checklist when responding to any air exclusion emergency.

3. Assist (as required) with:

   a. turning off local air exchange systems, including individual air conditioning units in offices and residents' rooms;

   b. closing any open windows; and/or

   c. using wet towels or linens to seal any external air infiltration/gaps (i.e. window air conditioning units).

CODE GREY – AIR EXCLUSION
A Code Grey – Air Exclusion alerts staff to an incident where exterior air quality may pose a risk to the home and its residents and may enter the building through air handling units.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Grey – Air Exclusion Incident Manager Job Action Checklist APPENDIX 1

LAST UPDATED: January 2023

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Extendicare
Code Grey – Air Exclusion
Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND

⌐TIME *Record the time action was initiated*

☐	Notification received from: _____
☐	Agency: _____
☐	Contact Information: _____
☐	Known information: _____

☐ If air exclusion incident was identified by the home, assess the need for Code Grey – Air Exclusion activation. Call 9-1-1 to inform the Fire Department.

☐ Announce or delegate a staff member to announce (repeat three times):
"CODE GREY – AIR EXCLUSION – PLEASE CLOSE ALL OPEN WINDOWS AND EXTERIOR DOORS"
"CODE GREY – AIR EXCLUSION – PLEASE CLOSE ALL OPEN WINDOWS AND EXTERIOR DOORS"
"CODE GREY – AIR EXCLUSION – PLEASE CLOSE ALL OPEN WINDOWS AND EXTERIOR DOORS"

☐ Instruct staff to follow the Code Grey – Air Exclusion Staff Job Action Checklist.

☐ Ensure all outside windows and doors are closed.

☐ Ensure all residents outside are moved to inside the building. Account for all residents and visitors. Refer to visitor's sign-in sheet and resident absence/outings log.

☐ Notify Administrator/Designate.

☐ Notify Maintenance Supervisor.

☐ Ensure the ventilation system is shut down (instruction provided in the home's Emergency Response Plan).

☐ Assign staff to each entrance to restrict the exit of residents, staff and visitors from within the home to reduce harmful effects from outside air. Ensure that each door has closed completely before opening the next door in the vestibules.
Note: *Although an individual cannot be legally prevented from exiting the building, ensure that they are provided an explanation on the potential hazards of the outdoor air quality.*

☐ Monitor residents, staff and visitors for abnormal breathing difficulties.

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

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Code Grey – Air Exclusion Maintenance Job Action Checklist

LAST UPDATED: January 2023

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Extendicare — Code Grey – Air Exclusion Maintenance Job Action Checklist

Date: _____ Incident Manager: _____

Reporting staff member: _____

RESPOND

↻TIME *Record the time action was initiated*

____	Notification received from: _____
____	Known information: _____

____ Shut down HVAC (heating, ventilation, air conditioning) systems to avoid drawing in externally contaminated air (schematics can be found in the home's Emergency Response Plan). Shut down completed at (time): _____

____ Shut down air system exhaust fans to avoid creating negative pressure within the building. Shut down completed at (time): _____

____ Close vents (louvers), if possible: entrances and exits.

____ Ensure all outside windows and doors are closed.

____ Open foyers with vestibule-style doors (first set closes before second set opens) one at a time after the other door is closed.

____ If the home has automatic doors, disconnect all the automatic function of the doors (instructions can be found in the home's Emergency Response Plan).

RECOVER

Air Exclusion – All Clear

Once receiving official word that the Code Grey – Air Exclusion emergency is over:

↻TIME *Record the time action was initiated*

____	Notification received from: _____
____	Agency: _____

____ Turn on air exchange/HVAC system(s).

____ Check air filters and clean or replace as necessary.

____ Reconnect automatic door function, if applicable.

____ Participate in the incident debrief.

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Code Grey – Air Exclusion Staff Job Action Checklist

APPENDIX 3

LAST UPDATED: January 2023

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Extendicare

Code Grey – Air Exclusion Job Action Staff Checklist

Date: _____

RESPOND

⌐TIME *Record the time action was initiated*

| | Notification received from: |
| | Known information: |

	Notify the Incident Manager upon discovery of contaminated air external to the home.
	Bring residents inside and close doors and windows upon hearing a Code Grey – Air Exclusion announcement.
	Follow the directions of the Incident Manager.
	Do not disrupt work procedures under a Code Grey – Air Exclusion alert; continue to provide quality care to residents.
	Turn off all exhaust fans including cooking hoods, dryers in laundry, tub room exhaust fans, and air exchange systems within the department.
	Do not initiate any new procedures that would use air exchange systems.
	Turn off any window air conditioner units in residents' rooms and around the home. Place wet towels or linens around the units where there are gaps between the units and the window to seal out any external contaminated air.
	Await further instruction from Incident Manager or designate.
	Assist in turning off any surrounding air exchange systems outside the department and/or unit, if required.

SAMPLE

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Code Grey Administrator/ Designate Job Action Checklist

LAST UPDATED: January 2023

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Extendicare — Code Grey Administrator/Designate Job Action Checklist

RESPOND

_____ Notify and update the Regional Director and Corporate Communications as required.

_____ Follow instructions from the Incident Manager.

RECOVER

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Ensure all incident documentation has been completed and any outside organizations have been notified as required.

_____ Notify the Health and Safety Committee and government labour authorities (e.g., Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health and Safety Act). Engage corporate Health and Safety department for support.

_____ Arrange for staff support as needed (EAP, etc.)

_____ Participate in the debriefing session.

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Code Grey – Essential Services

EP-09-01-02

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Code Grey – Essential Services Incident Manager Job Action Checklist
- Appendix 2 – Code Grey – Essential Services Maintenance Job Action Checklist
- Appendix 3 – Code Grey – Essential Services Dietary Job Action Checklist
- Appendix 4 – Code Grey – Essential Services Nursing Staff Job Action Checklist
- Appendix 5- 24 Hour Resident Check Log

REQUIRED DOCUMENTS:

- STAND-BY GENERATOR, MN-1400 – Used by maintenance staff, this document outlines procedures pertaining to the maintenance of the stand-by generator.
- STAND-BY GENERATOR INSPECTION SHEET, MN-6780 – Used by maintenance staff, this document outlines inspection specifications for the stand-by generator.
- POINT CLICK CARE EMAR BACKUP SYSTEM SOP – Available on Flow, this training document provides instructions on file backup.

RELATED AND SUPPLEMENTAL POLICIES:

- MN-02-01-01, Preventive Maintenance Program, Maintenance Manual
- MN-03-01-01, Remedial (Demand) Maintenance Program, Maintenance Manual
- RC-08-01-03, Preventing Cold-Related Illnesses, Resident Care Manual
- RC-08-01-04, Preventing Heat-Related Illnesses, Resident Care Manual
- NC-05-01-08, Menus for Emergency Situations, Nutrition Care Manual

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Essential Services event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Essential Services, staff will follow procedures outlined in the Code Grey – Essential Services Checklist specific to their role.

All homes will be equipped with, or will have access to, a stand-by generator to provide electrical power to critical points within the home during a power failure. Each home will identify which services are on the backup generator for continuous operation where applicable. In the event the home does not have a generator on site, the home must describe in their Emergency Response Plan, where possible, the contingency plan for a generator or access to a generator that will be operational within three (3) hours of a power outage and can maintain, at a minimum, the following:

a. Telephone system (may be limited to key locations);
b. Fire alarm system;

Code Grey – Essential Services

c. Resident-Staff communication and response system (Nurse call system);

d. Emergency lighting in the hallways and stairwells;

e. Safety and emergency equipment (e.g. Mag-lock doors, resident wandering systems);

f. Life safety systems;

g. Heating system;

h. Elevators;

i. Where the home will obtain an ongoing fuel supply (natural gas); and

j. Other items as required by the jurisdictional authorities

Generator tests will be conducted monthly. One full-load test shall be carried out annually on the generator.

A service agreement for 24/7 repair of the home's HVAC system will be in place in the event of a failure and regularly scheduled maintenance will be conducted in keeping with the Extendicare's Preventive Maintenance Program and manufacturer's specifications.

BACKGROUND

A Code Grey – Essential Services emergency involves uncontrollable occurrences inside and/or outside the home that have the potential to affect the health and safety of residents, families, staff and volunteers. Examples of this include failures of power, nurse call bell system, maglocks, elevators, HVAC system, etc.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Essential Services to ensure timely communication with residents and staff.

2. Conduct daily/weekly walkabouts of the home to ensure no visible damage to equipment, equipment power cords and electrical fittings.

   Note: Consider all electrical wires to be live until proven otherwise if wires hanging out of walls/ceilings are seen. Be aware that unusually warm or hot outlets or cords may be a sign that unsafe wiring conditions exist.

3. Ensure preventive maintenance is conducted on all devices in the home (HVAC systems, stoves, washing machines and dryers, kitchen equipment, etc.) as per Preventive Maintenance program and manufacturer's requirements.

4. Report all damaged or suspicious equipment immediately to maintenance staff.

Code Grey – Essential Services

PROCEDURES

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.

2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.

3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for an essential services emergency.

4. Be familiar with the procedures for disconnecting the automatic operation of doors, if applicable. Ensure instructions are included in the home's Emergency Response Plan.

5. Ensure the home is equipped with a stand-by generator or has access to one quickly, with little notice.

6. Ensure the home's Emergency Response Plan includes (printed) schematics of air exchange controls, ventilation, and/or HVAC equipment including each of their locations.

7. Keep flashlights at each nursing station to assist in the event of a power failure.

8. Consider purchasing inverter battery packs to allow beds to continue to be raised and lowered during a power outage.

9. Ensure an adequate supply of extension cords is kept in a designated area of the home (for example a cabinet in each nursing station/Command Centre) to have at least 2 extension cords for every 10 beds.

   Note: Improper extension cord use can be a potential fire hazard:

   Avoid octopus electrical connections (multiple extension cords plugged into a single power outlet);

   Use extension cords capable of carrying the intended load (i.e., do not use an extension cord for a window A/C unit that is meant for a desk lamp); and

   Do not plug a power bar into an extension cord (power bars should be plugged directly into the wall outlet).

10. Conduct a monthly review of the eMAR backup system to ensure it is backing up the files hourly. Refer to PointClickCare eMAR Backup System SOP for instructions on file backup.

11. Ensure laptops, tablets and work phones are charged.

12. Know which printer is connected to the stand-by generator.

Code Grey – Essential Services

13. Ensure the home has flow sheets for documentation of resident care in the event of a power failure.

RESPOND

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

RECOVER

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND

1. Use the Code Grey – Essential Services Incident Job Action Manager Checklist when responding to any essential service failure/disruption.

2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Do not turn on any electrical equipment.
   c. Try to remain in one area as much as possible.
   d. Advise staff members of any risk(s) observed as well as any observation of lack of monitoring of any unlocked external or stairwell door.

RECOVER

1. Use the Code Grey – Essential Services Incident Manager Job Action Checklist for "All Clear" procedures.

MAINTENANCE

RESPOND

1. Use the Code Grey – Essential Services Maintenance Job Action Checklist when responding to any essential service failure/disruption.

DIETARY STAFF

RESPOND

1. Use the Code Grey – Essential Services Dietary Job Action Checklist when responding to any essential service failure/disruption that affects kitchen equipment including refrigeration and freezer units.

REGISTERED NURSING STAFF

RESPOND

1. Use the Code Grey – Essential Services Nursing Staff Job Action Checklist when responding to an emergency that ceases internet connectivity in the home.

Code Grey – Essential Services

PROCEDURES

DIRECT CARE
STAFF

RESPOND

1. Complete and document resident checks every 15 minutes when the nurse call bell system is not working using the 24-hour Resident Check Log, Appendix 5.

2. Use a designated cellular phone to notify families, as applicable and if required.

ALL STAFF

RESPOND

1. Follow instructions provided by the Incident Manager.

2. Be alert to the potential of elevator shutdown during a power failure. If the power has been "flickering", avoid the use of elevators.

3. Ensure non-functioning maglock outdoor and stairwell doors are monitored.

4. Refer to applicable Extendicare policy, *Preventing Cold-Related Illnesses* or *Preventing Heat-Related Illnesses* in the Resident Care Manual if there is an HVAC system failure.

- Using candles during a Code Grey – Essential Services emergency is strictly prohibited as it has the potential to cause fires.

CODE GREY – ESSENTIAL SERVICES
A Code Grey – Essential Services alerts staff to an emergency where there is a failure or disruption of a home's essential services.

ESSENTIAL SERVICES
Essential services include the home's heating/cooling system(s); emergency lighting in hallways, corridors, stairways and exits; dietary services equipment required to store food at safe temperatures; resident-staff communication and response system; elevators and life support, safety and emergency equipment.

HVAC
HVAC (heating, ventilation, air conditioning) systems provide fresh air, exhaust stale air, and provide heat and cooling.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Code Grey – Essential Services

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Grey – Essential Services Incident Manager Job Action Checklist

APPENDIX 1

LAST UPDATED: January 2023

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Extendicare

Code Grey – Essential Services Incident Manager Job Action Checklist

Date: _____ Incident Manager: _____

RESPOND
Power Failure

⌐TIME *Record the time action was initiated*

_____	Notification received from: _____
_____	Known information: _____

_____ Determine the extent of the power failure (limited to home area, full home or involves the immediate community).

_____ Evaluate what areas have power within the home and what areas do not. List areas without power:
_____ _____
_____ _____

_____ Announce or delegate a staff member to announce (repeat three times) if communications systems are functioning:
"CODE GREY – ESSENTIAL SERVICES – POWER FAILURE [PROVIDE LOCATION]"
"CODE GREY – ESSENTIAL SERVICES – POWER FAILURE [PROVIDE LOCATION]"
"CODE GREY – ESSENTIAL SERVICES – POWER FAILURE [PROVIDE LOCATION]"

_____ Assign staff to monitor all maglock doors that may be deactivated.
Note: If the home does not have a generator, the home must assign a person to supervise all doors leading to the outside and stairwells until power is restored.
List staff and respective door assignments: _____ _____
_____ _____
_____ _____
_____ _____

_____ Delegate staff to check/reset the maglocks when the generator starts.

_____ If the power failure involves the immediate community contact the local utility to determine extent of the power outage. Provide details, including approximate time frame for power restoration:
_____ _____

_____ Notify the Administrator/Designate if the power will be out for more than 30 minutes and provide an update on the home's status (e.g., building temperatures, life safety systems, resident care issues, etc.).

_____ Notify the Support Services Manager.

_____ Notify and instruct the Maintenance Lead to follow the Code Grey – Essential Services Maintenance Job Action Checklist.

_____ Instruct Nursing Staff to follow the Code Grey – Essential Services Nursing Job Action Staff Checklist.

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Code Grey – Essential Services Maintenance Job Action Checklist

LAST UPDATED: January 2023

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Extendicare
Code Grey – Essential Services Maintenance Job Action Checklist

Date: _____ Maintenance: _____

RESPOND

Loss of Power

▲TIME *Record the time action was initiated*

Determine the:

☐ Cause of the power failure: _____

☐ Extent of the power failure: _____

☐ Approximate time frame for power outage: _____

☐ Report above information back to the Incident Manager.

☐ Ensure that the generator is operating and providing emergency electrical power to all life safety and other systems on emergency back-up, where applicable.

☐ Check the generator and fuel levels every 4 hours to ensure it is operating within normal parameters and that there is adequate fuel, where applicable.

☐ Ensure the fuel tank for the generator is refilled when it approaches 50% capacity. Contact a fuel vendor to deliver fuel to the home.

RECOVER

☐ When the power returns, ensure all electrical equipment is on and functioning appropriately.

☐ Participate in the debrief session.

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Code Grey – Essential Services Dietary Job Action Checklist

APPENDIX 3

LAST UPDATED: January 2023

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Code Grey – Essential Services Dietary Job Action Checklist

Date: _____   Dietary Department Lead/designate: _____

RESPOND
Essential Services

⏱TIME *Record the time action was initiated*

☐ Refer to policy, *Menus for Emergency Situations NC-05-01-08* when planning alternate meals in emergency situations that may include: no gas; no electricity; and/or no water.

☐ Monitor/record the fridge/freezer temperatures during power failures. Refrigerated food must be discarded if the power failure causes any food to exceed 5°C (40°F).

Note: Without electrical power, a full upright or chest freezer may keep food frozen for up to 2 days if the doors are kept closed. A half-full freezer may keep food frozen for up to 1 day. However, if the food has thawed it must be disposed of. Never re-freeze thawed food. If in doubt, dispose of the food.

EMERGENCY FOOD DELIVERIES:

☐ Call food delivery company (see Emergency Home List for contacts).

GENERAL:

☐ Develop and submit contingency plan to relevant regulatory authority depending on the situation.

☐ Arrange daily meetings to discuss meal plans and ensure all staff understands coordination of meal (dietary) working with DOC/ADOC for nursing cooperation.

☐ Use emergency menus. These are available for loss of power, gas, water, or combination.

☐ If elevator is not working, porter food up the stairs. Coordinate this process with DOC/ADOC as health care aides would need to help.

LOSS OF WALK-IN UNITS: SHORT TERM

☐ Use all reach in refrigerators/freezers in kitchen, basement and units.

☐ Arrange for storage from Food Supplier's refrigerated truck, or rent one, and utilize potential storage at sister homes.

LOSS OF WALK-IN UNITS: LONG TERM

☐ Limit purchasing to smaller more frequent orders which can be stored in reach in fridge/freezer.

☐ Modify menus to include more non-perishable items.

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Code Grey – Essential Services Nursing Staff Checklist   APPENDIX 4

LAST UPDATED: January 2023

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Extendicare

Code Grey – Essential Services
Nursing Staff Job Action Checklist

Date: _____   Nursing Staff: _____

RESPOND

Essential Services: No internet connectivity

TIME   *Record the time action was initiated*

☐   Use designated computer to access eMAR backup and print off.
Refer to PointClickCare's eMAR Backup System SOP.

☐   Complete flow charts and resident documentation on paper.

☐   Notify Director of Care and Consultant Pharmacist if unable to access eMAR or eMAR backups on the computer.

RECOVER

☐   Update resident charts as required.

☐   Participate in the debrief session.

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Code Grey – 24- Hour Resident Check Log

LAST UPDATED: January 2023

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24-Hour Resident Check Log

Initial under the corresponding time after you have conducted the resident check in the assigned area.

Date: _____ Area: _____

BUILDING AREA/ROOM CHECK Q15 MINUTE INTERVALS

TIME OF DAY	0600-0615	0615-0630	0630-0645	0645-0700	0700-0715	0715-0730	0730-0745	0745-0800	0800-0815	0815-0830	0830-0845	0845-0900	0900-0915	0915-0930	0930-0945	0945-1000
Initial																
TIME OF DAY	1000-1015	1015-1030	1030-1045	1045-1100	1100-1115	1115-1130	1130-1145	1145-1200	1200-1215	1215-1230	1230-1245	1245-1300	1300-1315	1315-1330	1330-1345	1345-1400
Initial																
TIME OF DAY	1400-1415	1415-1430	1430-1445	1445-1500	1500-1515	1515-1530	1530-1545	1545-1600	1600-1615	1615-1630	1630-1645	1645-1700	1700-1715	1715-1730	1730-1745	1745-1800
Initial																
TIME OF DAY	1800-1815	1815-1830	1830-1845	1845-1900	1900-1915	1915-1930	1930-1945	1945-2000	2000-2015	2015-2030	2030-2045	2045-2100	2100-2115	2115-2130	2130-2145	2145-2200
Initial																
TIME OF DAY	2200-2215	2215-2230	2230-2245	2245-2300	2300-2315	2315-2330	2330-2345	2345-2400	0000-0015	0015-0030	0030-0045	0045-0100	0100-0115	0115-0130	0130-0145	0145-0200
Initial																
TIME OF DAY	0200-0215	0215-0230	0230-0245	0245-0300	0300-0315	0315-0330	0330-0345	0345-0400	0400-0415	0415-0430	0430-0445	0445-0500	0500-0515	0515-0530	0530-0545	0545-0600
Initial																

Note: This form may be used to document visual checks of resident rooms/areas during loss of essential services such as call bells, fire systems or at the discretion of the Incident Manager.

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Code Grey – Building Flood

EP-09-01-03

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Code Grey – Building Flood Incident Manager Job Action Checklist

RELATED AND SUPPLEMENTAL POLICIES:

- EP-04-01-01, Code Green – Evacuation
- EP-14-01-02, Natural Disasters and Extreme Weather Events

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Building Flood event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Building Flood, staff will initiate water supply shut-off to contain a flood and evacuate affected areas as required.

BACKGROUND

A Code Grey – Building Flood emergency involves an occurrence inside the home that has the potential to flood a home area and affects the health and safety of residents, families, staff and volunteers. Building floods can be caused from burst or broken pipes, overflowed toilets, leaking kitchen or laundry equipment, sewage backup, etc.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Building Flood to ensure timely communication with residents and staff (i.e., weather that may cause pipe freezing).

2. Conduct daily/weekly walkabouts of the home to ensure visible water pipes are not corroded, no exposed wiring, etc.

3. Ensure preventive maintenance is conducted on all devices in the home such as washing machines, kitchen equipment, etc. as per Preventive Maintenance program and manufacturer's requirements.

4. Report all damaged or suspicious equipment immediately to maintenance staff.

5. Ensure slow-draining sinks are checked for potential clogging.

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.

Code Grey – Building Flood

2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.

3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a building flood emergency.

4. Ensure the home's Emergency Response Plan includes instructions on how to turn off the water supply for both hot and cold water at the main valve, including water supply shut-off valves in specific areas.

   Note: Toilets and sinks generally have their own shut-off valves that are easy to locate.

5. Ensure "Caution Wet Floor" signs are accessible.

RESPOND
1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

RECOVER
1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND
1. Use the Code Grey – Building Flood Incident Manager Job Action Checklist when responding to any in-home flood emergency.

2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Stay away from the affected area.
   c. Advise staff members of any risk(s) observed, or any floods discovered.
   d. Remain inside the home unless instructed otherwise.

RECOVER
1. Use the Code Grey – Building Flood Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF

RESPOND
1. Notify the Incident Manager upon the discovery of a building flood.

2. Follow instructions provided by the Incident Manager.

Code Grey – Building Flood

3. Be aware of the location of "Caution Wet Floor" signs. Place the sign(s) so that they intercept foot traffic to the flooded area, if the extent of the flood is determined to be minor.

4. Instruct people to stay out of the affected, flooded area.

5. Shut down all electronic equipment in the flooded area, if safe to do so.

CODE GREY – BUILDING FLOOD
A Code Grey – Building Flood alerts staff to an incident where water is pooling on the floor typically from a water source leak (pipe, valve, tap/faucet, etc.) or leaking equipment (washing machine, dishwasher, etc.).

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html
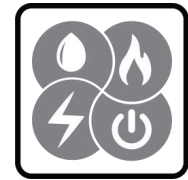
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Code-Grey – Building Flood Incident Manager Job Action Checklist

LAST UPDATED: January 2023

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Code Grey – Building Flood
Incident Manager Job Action Checklist

Date: _____   Incident Manager: [ ]_____

RESPOND
Building Flood

↑TIME   *Record the time action was initiated*

[ ]	Notification received from: [ ] _____
[ ]	Extent of flood: ☐ Minor ☐ Moderate ☐ Severe ☐ Unknown
[ ]	Known information: _____

[ ] Announce or delegate a staff member to announce (repeat three times):
"CODE GREY – BUILDING FLOOD – LOCATION"
"CODE GREY – BUILDING FLOOD – LOCATION"
"CODE GREY –BUILDING FLOOD – LOCATION"
PLEASE REMAIN AWAY FROM AREA

Turn off water supply (instructions can be found in the home's Emergency Response Plan):
- At the affected area (using affected area shut-off valve, i.e., sink/toilet/tub shut-off valve)
- At the main valve (for the entire home), if required.
Note: There may be separate shut-off valves for hot- and cold-water supply.

[ ] Which valve(s) was shut off?: _____

[ ] If the water supply is turned off at the main valve (for the entire home), enact *Code Grey- Water Supply*.

[ ] Place "Caution Wet Floor" sign(s) in affected area if the extent of the flood is minor.

[ ] Relocate residents, staff and visitors from affected area (refer to Code Green – Evacuation)
Note: Extent of evacuation will be determined by level of risk to staff and resident safety and/or imminent damage to the building.

[ ] Notify Administrator/Designate.

[ ] Notify Maintenance.

[ ] Contact plumber to repair the leak if required.

[ ] Remove or instruct staff to shut-off and/or remove equipment and supplies from the affected area if safe to do so. If the water is up to the electrical outlets, do not enter the affected area.

[ ] Post a staff member at each entrance to ensure no residents, staff or visitors enter the affected area if the affected area cannot be secure.

[ ] Instruct a staff member to mop up the water if the flood extent is minor.

[ ] If the flood extent is severe, consider renting a sump pump rental to remove the water, or contact your local fire department for assistance, as needed.

[ ] If the flood has caused an area of the home to be unsafe, enact Code Green and evacuate the area or entire home as required.

[ ] Escalate the situation to the Regional Director as required.

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Code Grey – Water Supply

EP-09-01-04

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Code Grey – Water Supply Incident Manager Job Action Checklist
- Appendix 2 – Code Grey – Water Supply Operations Manager Job Action Checklist
- Appendix 3 – Code Grey – Water Supply: Boil Water Advisory Information Sheet

RELATED AND SUPPLEMENTAL POLICIES:
- EP-09-01-03, Code Grey – Building Flood
- EP-14-01-02, Natural Disasters and Extreme Weather Events

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Water Supply event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Water Supply, staff will provide residents with alternate sources of water for adequate hydration and hygiene.

BACKGROUND

A Code Grey – Water Supply emergency involves an occurrence inside or outside the home that limits, ceases, or contaminates the home's water supply, and/or makes the water unpotable and has the potential to affect the health and safety of residents, families, staff and volunteers. Water supply issues can be caused from burst or broken pipes, sewage backup, and/or external contamination or lack of filtration from municipal water supply.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Water Supply to ensure timely communication with residents and staff.

2. Conduct daily/weekly walkabouts of the home to ensure water systems appear maintained and there are no visibly corroded water pipes.

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.

2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.

Code Grey – Water Supply

PROCEDURES

3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for water supply emergency.

4. Ensure the home has a resource to obtain potable water.

RESPOND

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

RECOVER

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND

1. Use the Code Grey – Water Supply Incident Manager Job Action Checklist when responding to any water supply emergency, including situations when advanced notice of a water supply disruption has been provided.

2. Follow the Boil Water Advisory Information Sheet to respond to boil water advisories.

   Note: Information provided from the local public health authority or municipality shall supersede the Code Grey – Water Supply: Boil Water Advisory Information Sheet, Appendix 3.

3. Advise residents and visitors to:

   a. Follow instructions from the Incident Manager.

   b. Be aware of water supply issue and to not use water needlessly/ inappropriately.

   c. Advise staff members of any risk(s) observed.

RECOVER

1. Use the Code Grey – Water Supply Incident Manager Job Action Checklist for "All Clear" procedures.

IMS OPERATIONS MANAGER

RESPOND

1. Use the Code Grey – Water Supply Operations Manager Job Action Checklist when responding to any water supply emergency that is anticipated to last more than 4 hours.

Code Grey – Water Supply

<table>
<tr><td>PROCEDURES</td></tr>
</table>

DIETARY STAFF | **RESPOND**

1. Refer to policy, *Menus for Emergency Situations* in the Nutrition Care Manual when planning alternate meals in the event of a water supply disruption.

ALL STAFF | **RESPOND**

1. Follow instructions provided by the Incident Manager.

2. Review the Code Grey – Boil Water Advisory Information Sheet or the tip/information sheet provided by local public health authority or municipality, as required, if advised of a boil water advisory.

CODE GREY – WATER SUPPLY
A Code Grey – Water Supply alerts staff to an incident where the home's water supply has been shut-off, disrupted, or restricted, including water boil measures in response to a water boil advisory.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code-Grey – Water Supply Incident Manager Job Action Checklist

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Extendicare
Code Grey – Water Supply
Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND
Water Supply

⌄TIME   *Record the time action was initiated*

- Notification received from: _____
- Agency, if applicable: _____
- Contact Information: _____
- Known information: _____

- Announce or delegate a staff member to announce (repeat three times):
  "CODE GREY – WATER SUPPLY – DO NOT CONSUME TAP WATER"
  "CODE GREY – WATER SUPPLY – DO NOT CONSUME TAP WATER"
  "CODE GREY – WATER SUPPLY – DO NOT CONSUME TAP WATER"

- Notify Administrator/Designate.

- Notify Maintenance Lead.

- Notify Support Services Manager

- Notify Dietary Department Lead

- Contact municipal offices to determine the severity and length of water supply disruption.
  Note: Always consider the timeline to be double what the city municipality says.
  Note details of information provided, including anticipated length of disruption:
  _____
  _____

- Communicate all important information gathered to the Administrator/Designate, floor nursing staff, Director of Care and all department leads.

- Provide residents and visitors the Boil Water Advisory Information Sheet or the tip/information sheet provided by local public health authority or municipality, as required. Refer to *Code Grey – Water Supply: Boil Water Advisory Information Sheet, Appendix 3.*

DISRUPTION LASTING LESS THAN 4 HOURS:

- Distribute bottled water to units for resident use.

- Consider canceling non-essential programs/events/services, especially those involving outside visitors to save current water supply for residents and staff.

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Code-Grey – Water Supply Operations Manager Job Action Checklist

APPENDIX 2

LAST UPDATED: January 2023

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Code Grey – Water Supply
Operations Manager Job Action Checklist

Date: _____   Designated Operations Manager: _____

RESPOND

↑TIME *Record the time action was initiated*

_____ Notification received from: _____

_____ Known information: _____

_____ Under the direction of the Incident Manager, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to four (4) liters per person per twelve (12) hours, for cooking and drinking water.

_____ Consider portable toilets for rental.
Note: *Some models are self-contained trailers that are wheelchair accessible with heating and air conditioning.*

_____ A water tanker can be used to provide water for flushing toilets using a pump/hoses or trolleys/pails to transport the water. This is a labour-intensive effort and has the added risk of wet floors causing a slip and fall hazard; therefore, if this option is chosen, caution needs to be exercised.

RECOVER
All Clear
Once receiving official word that the Code Grey – Water Supply emergency is over:

↑TIME *Record the time action was initiated*

_____ Notification received from: _____

_____ Participate in the debrief session.

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Code Grey – Water Supply: Boil Water Advisory Information Sheet

APPENDIX 3

LAST UPDATED: January 2023

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Code Grey – Water Supply: Boil Water Advisory Information Sheet

Drinking, Food Preparation and Teeth Brushing

1. **Option 1:** Provide bottled water.
2. **Option 2:** Boil tap water for at least 1 minute at a full rolling boil and allow to cool down before using. Water can be stored in jugs to be used at later times.

Handwashing, Bathing and Showering

- Unless informed otherwise by the local public health officials, it is safe to continue to wash your hands, bathe and shower during a boil water advisory.
- Ensure you scrub your hands with soap and water for at least 20 seconds and then rinse them under running water.
- When bathing and showering ensure no water is swallowed or put into the mouth. If there is risk of water being swallowed, offer a bed bath/ sponge bath instead.

Dishwashing

- Use disposable dishes and utensils for ease.
- If disposable dishes are not used, the dishwashing machine can be used if the water reaches a rinse temperature of 180°F (82°C) or higher or it has a sanitizing cycle.
- For hand washing dishes there are 2 options:
1. **Option 1:** Boil tap water for at least 1 minute at a full rolling boil and wait until it has cooled before putting your hands in.
2. **Option 2:** Wash and rinse dishes as normal. In another sink mix 1 teaspoon of unscented household liquid bleach per 1 gallon of warm water (example, if the sink fits 3 gallons of water, mix in 3 teaspoons of bleach). Soak all washed and rinsed dishes in the bleach-water mixture for at least one minute. Place dishes in drying rack to air dry.

Laundry

- Laundry services can be conducted as usual.

Cleaning

- For cleaning products that are mixed with water, the water should be one of 2 options:
1. **Option 1:** Bottled water.
2. **Option 2:** Tap water boiled for at least 1 minute at a full rolling boil and allowed to cool down.
- If water is used to wash/rinse surfaces, the water should be one of 2 options:
1. **Option 1:** Bottled water.
2. **Option 2:** Tap water boiled for at least 1 minute at a full rolling boil and allowed to cool down.

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Code Grey – Carbon Monoxide

EP-09-01-05

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Code Grey – Carbon Monoxide Incident Manager Job Action Checklist
- Appendix 2 – Code Grey – Carbon Monoxide Staff Job Action Checklist

RELATED AND SUPPLEMENTAL POLICIES:
- EP-04-01-01, Code Green – Evacuation

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Carbon Monoxide event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Carbon Monoxide, staff will initiate evacuation measures from the affected area(s) until the source of the Carbon Monoxide alarm is identified and contained.

BACKGROUND

A Code Grey – Carbon Monoxide emergency involves an occurrence inside the home where carbon monoxide is detected, and which has the potential to affect the health and safety of residents, families, staff and volunteers. Carbon monoxide is found in fumes produced any time fuel is burnt in, small engines, cars or trucks, stoves, lanterns, grills, fireplaces, gas ranges, or furnaces.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Conduct daily/weekly walkabouts of the home to ensure fuel-burning equipment/appliances are vented properly and that vent pipes are not patched with tape.

2. Ensure preventive maintenance and inspections are conducted on all fuel-burning devices and equipment in the home such as furnaces, water heaters, kitchen equipment, etc. as per Preventive Maintenance program and manufacturer's requirements.

3. Report all damaged or suspicious equipment (including suspicious odours) immediately to maintenance staff.

4. Never use any generator inside the home.

   Note: Generators are run outdoors, at least 6 metres (20 feet) from any window, door, or vent.

Code Grey – Carbon Monoxide

PROCEDURES

5. Ensure carbon-monoxide detectors/alarms are installed in any room with a fuel burning appliance such as the kitchen, laundry, HVAC equipment rooms, etc. as well as at each nursing station.

   Note: If using battery-operated or battery backed-up detectors, replace the batteries every 6 months (typically when clocks change each spring and fall).

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.

2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.

3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a carbon monoxide emergency.

4. Ensure the home's Emergency Response Plan includes instructions on how to turn off the main gas supply and location of the main gas valve/switch, as well as instructions for shutting off other fuel/gas run equipment.

RESPOND

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

RECOVER

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND

1. Use the Code Grey – Carbon Monoxide Incident Manager Job Action Checklist when responding to any carbon monoxide alarm/emergency.

2. Advise residents and visitors to:

   a. Follow instructions from the Incident Manager.

   b. Leave the affected area upon hearing a carbon monoxide detector alarm and/or upon an announcement of a Code Grey – Carbon Monoxide alert that identifies the area they are in.

   c. Advise staff members of any risk(s) observed or if a Carbon Monoxide detector alarm is heard.

Code Grey – Carbon Monoxide

RECOVER

1. Use the Code Grey – Carbon Monoxide Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF

RESPOND

1. Follow instructions provided by the Incident Manager.

2. Use the Code Grey – Carbon Monoxide Staff Job Action Checklist when responding to any carbon monoxide alarm/notification/alert.

Carbon Monoxide is an odourless, colourless gas that is poisonous and has the potential to kill if breathed in. The most common symptoms of carbon monoxide poisoning are headache, dizziness, weakness, upset stomach, vomiting, chest pain, and confusion.

CODE GREY – CARBON MONOXIDE
A Code Grey – Carbon Monoxide alerts staff to an incident where carbon monoxide has been detected.

Carbon Monoxide Detector and Smoke Alarm Legislation Chart
https://parachute.ca/wp-content/uploads/2019/08/Carbon-Monoxide-Detector-and-Smoke-Alarm-Canadian-Legislation-Chart.pdf

Fire Protection and Prevention Act, 1997, S.O. 1997, c. 4
https://www.ontario.ca/laws/statute/97f04

Hawkins Gignac Act (Carbon Monoxide Safety), 2013, S.O. 2013, c. 14 - Bill 77
https://www.ontario.ca/laws/statute/s13014

Carbon Monoxide Safety, City of Calgary
https://www.calgary.ca/csps/fire/safety-tips/fire-safety-equipment/carbon-monoxide-alarms.html

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Code Grey – Carbon Monoxide

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Code-Grey – Carbon Monoxide Incident Manager Job Action Checklist

APPENDIX 1

LAST UPDATED: January 2023

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Extendicare

Code Grey – Carbon Monoxide Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND

⌚TIME *Record the time action was initiated*

____	Notification received from: ____ _____
____	Agency, if applicable: ____ _____
____	Contact Information: ____ _____
____	Known information: ____ _____

____ Announce or delegate a staff member to announce (repeat three times):
"CODE GREY – CARBON MONOXIDE – LOCATION"
"CODE GREY – CARBON MONOXIDE – LOCATION"
"CODE GREY – CARBON MONOXIDE – LOCATION"

____ Begin evacuation of the affected area where the alarm is sounding immediately. (Refer to Code Green – Evacuation)

____ Instruct staff and provide assistance to open all windows and outside doors in the affected area.

____ Instruct staff and provide assistance to turn off all fuel burning appliances in the area (e.g., stove, dryer, etc.).

____ Call for a qualified service technician to attend.

____ Notify Administrator/Designate.

____ Notify Maintenance Lead.

____ Call 9-1-1 in the event residents and/or staff are feeling unwell.

RECOVER

All Clear
Once a qualified service technician has fixed or eliminated the source of the leak and testing has determined no further presence of Carbon Monoxide:

⌚TIME *Record the time action was initiated*

____	Notification received from: ____ _____
____	Known information: ____ _____

____ Call an end to the Code Grey – Carbon Monoxide emergency by announcing or delegating a staff member to announce (repeat three times):
"CODE GREY – CARBON MONOXIDE – ALL CLEAR"
"CODE GREY – CARBON MONOXIDE – ALL CLEAR"
"CODE GREY – CARBON MONOXIDE – ALL CLEAR"

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Code-Grey – Carbon Monoxide Staff Job Action Checklist

APPENDIX 2

LAST UPDATED: January 2023

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Extendicare

Code Grey – Carbon Monoxide Staff Checklist

Date: _____   Staff Member: _____

RESPOND

⏱TIME *Record the time action was initiated*

☐ Notification received from: _____

☐ Known information: _____

☐ Notify the Incident Manager upon hearing a carbon monoxide alarm.

☐ Follow the directions of the Incident Manager.

☐ Begin evacuating residents from the affected area where the alarm is sounding immediately. (Refer to Code Green – Evacuation)

☐ Open all windows and outside doors in the affected area.

☐ Turn on any electric-run exhaust fans including cooking hoods, tub room exhaust fans, and air exchange systems, as applicable, within the area where the carbon monoxide was detected.
Note: Carbon monoxide is not combustible and does not pose a fire/explosion hazard.

☐ Turn off all fuel burning appliances in the area (e.g., furnace, stove, dryer, etc.).

☐ Report to the Incident Manager any symptoms of carbon monoxide poisoning (headache, dizziness, weakness, vomiting, chest pain, confusion) being felt by you or any other staff, resident, or visitor.

☐ Restrict the entry of individuals into the affected area until the Incident Manager announces an All Clear.

RECOVER

After being notified that it is safe to return to the home area and the "all clear" has been announced.

☐ Return residents back to their home area.

☐ Participate in the debrief session.

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CODE ORANGE
EXTERNAL DISASTER
TAB 10

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Code Orange – External Disaster

EP-10-01-01

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Code Orange Incident Manager Job Action Checklist
- Appendix 2- Code Orange Administrator/ Designate Job Action Checklist

POLICY

The home must be prepared to receive and treat a sudden influx of people requiring emergency care due to an external or natural disaster such as a tornado, earthquake, hurricane or severe storm, while ensuring the safety and care of existing residents, staff, volunteers and visitors.

The home will enact appropriate emergency responses to natural/external disasters as directed by IMS leaders. Emergency officials will declare when a Code Orange is over.

The local or municipal disaster recovery plan may supersede this policy manual.

BACKGROUND

A Code Orange is used to respond safely and effectively to a disaster external to the home that is likely to increase the capacity and use of home resources. Code Orange can be used to manage the following scenarios:

Mass casualty incidents external to the home may include Chemical (C), Biological (B), Radio-Nuclear (RN), Explosive (E), or Environmental (E) events due to natural, accidental or intentional acts.

Code Orange alerts staff to the potential of a large volume of incoming residents or patients due to external or natural disaster. Its primary use is to accept residents from another evacuated care setting Eg. Hospital etc.

The evacuation and relocation of people requiring special care is a traumatic event. These people cannot be treated as other incoming residents. Many will have increased complications (medical, psychological, behaviours, social and dietary). In addition, incoming people may not have medical charts, medications, accompanying staff or family members. For these reasons, we refer to incoming people as residents in this policy.

PROCEDURES

ADMINSITRATOR/ DESIGNATE	**PREVENT**
	1. Ensure clear communication pathways with our external partners. Know who your external care partners are.
	2. Be aware of any unique external determinants that could pose a threat. Eg. Flood zone, forest and plan accordingly.
	PREPARE
	1. Ensure staff training related to Code Orange- External Disaster is completed at orientation, and at minimum annually thereafter.

Code Orange – External Disaster

PROCEDURES

2. Ensure the Code Orange tabletop is completed using an interdisciplinary approach during Code Orange month.

3. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Orange- External Disaster.

RESPOND
1. Use the Code Orange Administrator/ Designate Job Action Checklist when responding to any emergency involving a large number of residents being evacuated into the home.

RECOVER
1. Use the Code Orange Administrator/ Designate Job Action Checklist when responding to any emergency involving a large number of residents being evacuated into the home.

INCIDENT MANAGER

RESPOND
1. Use the Code Orange Incident Manager Job Action Checklist when responding to any emergency involving a large number of residents being evacuated into the home.

2. Advise residents and visitors to:
   d. Follow instructions from the Incident Manager.
   e. Advise staff members of any risk(s) observed.
   f. Remain Calm.
   g. Try to be courteous to incoming residents and families as they have been through a lot.

RECOVER
1. Use the Code Orange Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF

RESPOND
1. When Code Orange is announced, return to your assigned stations and report to your supervisor.

2. Follow all instructions from the Incident Manager and your supervisor.

DEPARTMENT MANAGERS AND SUPERVISORS

RESPOND
1. When Code Orange is announces, proceed to the Emergency Operations Centre for Instructions within 10 minutes of the announcement.

Code Orange – External Disaster

EQUIPMENT NEEDED
- Mattresses, along with additional linen, pillows, etc.
- Chairs and tables
- Safety cones or other forms of indicators identifying where people are to go or be restricted from

CODE ORANGE
Alerts staff that the home has been notified of an external or natural disaster that has / may result in incoming residents to the home.

FAMILY INFORMATION SUPPORT CENTRE
An area set up on a temporary basis to provide support and communications to the family members of residents and/or incoming residents.

STAFF CALL-BACK LIST
A process by which lists of off-duty staff within a defined group are contacted to report to work, if requested, during an emergency situation.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Orange Incident Manager Job Action Checklist

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Code Orange- External Disaster Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND

Upon receipt of a phone call advising of the potential for incoming residents, gather the following information:

Time call received: _____

Caller's name: _____

Caller's job title: _____

Organization: _____

Contact phone: _____

Cell phone: _____

Contact email: _____

What is the disaster? _____

Where are residents arriving from? _____

Estimated time of arrival: _____

Anticipated duration of stay: _____

Estimated number of incoming residents: _____

Demographics of incoming residents (LTC, retirement, group home, community, hospital): _____

Resources accompanying the residents (nursing staff, PSW's, volunteers, etc.): _____

Condition of residents (physical, medical, emotional etc.): _____

Resources residents require (medical equipment, locked unit, special care etc.): _____

- ETA less than 3 hours (180 minutes) – immediately notify all staff of "Code Orange"
- ETA greater than 3 hours (180 minutes) – call together the IMS Team

IF RESIDENTS ARE ARRIVING IN LESS THAN 3 HOURS (180 MINUTES)

Announce or designate a staff member to announce three time:

"Code Orange"

"Code Orange"

_____ "Code Orange"

_____ Administrator/ Designate notified.

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Code Orange Administrator/ Designate Job Action Checklist

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Code Orange Administrator/Designate Job Action Checklist

RESPOND

_____ Notify and update the Regional Director and Corporate Communications as required.

_____ Follow instructions from the Incident Manager.

_____ In Ontario only: If the number of incoming residents exceeds the number of beds the LTC home is licensed for, the home must apply for a temporary emergency license to increase the approved number of beds. This license is through the Ministry of Long Term Care and can cover a term of 60 days.

Further information about the Temporary Emergency Long-Term Care Home Capacity Form can be obtained through email to LTCHomes.Licensing@ontario.ca.

RECOVER

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Ensure all incident documentation has been completed and any outside organizations have been notified as required.

_____ Arrange for staff support as needed (EAP, etc.)

_____ Participate in the debriefing session.

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CODE BLACK
BOMB THREAT
TAB 11

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Extendicare   CONMED

Code Black – Bomb Threat

EP-11-01-01

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Code Black Staff Receiving the Threat Job Action Checklist
- Appendix 2 – Code Black Incident Manager Job Action Checklist
- Appendix 3- Code Black All Staff Job Action Checklist
- Appendix 4- Code Black Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:
- CRITICAL INCIDENT – BOMB THREAT REPORT – Initiate a critical incident report. Follow all local, regional and provincial investigation and reporting requirements for critical incidents that occur in the home.

POLICY

Any bomb threat or terrorist threat must be reported immediately to the Management Team and be treated as a critical incident.
All bomb threats should be considered a verified threat to the facility.

BACKGROUND

Bomb threats are most often received in the following ways:
- The home will receive a telephone warning claiming that a bomb has allegedly been planted in the home.
- A letter, email, or social media message addressed and sent to the home / office containing a bomb threat or a threatening note is delivered to the home / office.
- Suspicious packages placed within the home.

During a Code Black situation, the home/ area is considered to be an active crime scene and as such you must not remove any items or personal belongings until authorized by Police.

PROCEDURES

ADMINISTRATOR/
DESIGNATE

PREVENT
1. Ensure the home is uncluttered and free of unidentified objects.
2. Report any suspicious activity to home level leadership.
3. Always be aware of your surroundings.

PREPARE
1. Ensure staff training related to Code Black- Bomb Threat is completed at orientation, and at minimum yearly thereafter.

Code Black – Bomb Threat

2. Ensure the Code Black tabletop is completed using an interdisciplinary approach during Code Black month.

3. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Black- Bomb Threat emergency.

RESPOND

4. Use the Code Black Administrator/ Designate Job Action Checklist when responding to any emergency involving a bomb threat in the home.

5. If you are also the individual receiving the threat, use the Staff Receiving the Threat Job Action Checklist as well.

RECOVER

1. Use the Code Black Administrator/ Designate Job Action Checklist when responding to any emergency involving a bomb threat in the home.

INCIDENT
MANAGER

RESPOND

1. Use the Code Black Incident Manager Job Action Checklist when responding to any emergency involving a bomb threat in the home. Procedures in this checklist include managing a bomb threat, a non-specific threat, a threat to a specific location, a written threat, and a suspicious object found.

2. Advise residents and visitors to:

    h. Follow instructions from the Incident Manager.

    i. Advise staff members of any suspicious objects or suspicious events observed.

    j. Stay where you are unless directed otherwise.

    k. Remain silent.

RECOVER

1. Use the Code Black Incident Manager Job Action Checklist for "All Clear" procedures.

STAFF RECEIVING
THE THREAT

RESPOND

1. Always consider Code Black to be a verified threat to the facility.

2. When receiving a bomb threat call, complete the Code Black Staff Receiving the Threat Job Action Checklist for Call Receiver Information.

Code Black – Bomb Threat

PROCEDURES

3. Immediately following the phone call, complete the Bomb Threat Report within the Staff Receiving the Threat Job Action Checklist for the police investigation. Fill out as much of the report as possible. Give the Incident Manager a full account.

   Note: *A copy of the Bomb Threat Report must be accessible at all nursing stations and at reception.*

4. Be alert to subsequent calls of the same nature.

5. When receiving a written, mailed or electronic threat, or locating a suspicious object, complete the corresponding checklist in the Code Black Staff Receiving the Threat Job Action Checklist.

ALL STAFF

RESPOND

1. Follow all instructions from the Incident Manager.

2. Refer to the Code Black All Staff Procedures document to review your responsibilities during a bomb threat.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Black Staff Receiving the Threat Job Action Checklist

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Code Black- Bomb Threat
Staff Receiving the Threat Job Action Checklists

Date: _____ Staff Name: _____

RESPOND

CODE BLACK CALL REVEIVER INFROMATION

Always consider any bomb threat to be a verified threat to the facility and initiate Code Black procedures.

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

Do not interrupt the caller

Do not hang up the call

Do not place the caller on hold

_____ Flag down a co-worker using non-verbal cues or the sheet provided in your toolkit to report the call to police (9-1-1) immediately using a landline phone. Do not inform the caller that you have informed the police.

Time co-worked was flagged: _____

_____ Notify the home's Incident Manager.

Time Incident Manager was notified: _____

_____ Ask the questions listed in the Bomb Threat Report on the next page and complete the report.

Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway. Once you hang up the phone, alert the most senior staff in the home.

You may use the space below to write notes.

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Code Black Incident Manager Job Action Checklist

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Code Black- Bomb Threat
Incident Manager Job Action Checklists

Date: _____   Incident Manager: _____

RESPOND

AFTER BEING NOTIFIED OF A PHONE THREAT

Always consider any bomb threat to be a verified threat to the facility and initiate Code Black procedures.

If you were also the individual receiving the threat, refer to the "Staff Receiving the Threat Job Action Checklists"

_____ Time you were notified of the threat: _____

_____ Ensure 911 has been notified via landline telephone.
Time 9-1-1 was notified: _____

_____ Implement the Incident Management System (identify the IMS roles and responsibilities).

_____ Initiate the Code Black as per the below checklists for a non-specific threat or a threat to a specific location once you have obtained the details from the person who received the threat.

_____ Determine if the Emergency Operations Centre needs to be established and if so, coordinate actions (information on the Emergency Operation Centre can be found in the Emergency Preparedness and Response Manual, EP-01-01-02).

_____ Residents and visitors advised to remain calm, still, and quiet until told otherwise.

A Non-Specific Threat

If the caller was not specific as to the location of the bomb within the home.

_____ Announce or delegate a staff member to announce three times:

> "CODE BLACK – ALL VISITORS, STAFF AND RESIDENTS, PLEASE TURN OFF ALL CELL PHONES AND OTHER WIRELESS DEVICES IMMEDIATELY. Remain in place until further instructions are provided."

> "CODE BLACK – ALL VISITORS, STAFF AND RESIDENTS, PLEASE TURN OFF ALL CELL PHONES AND OTHER WIRELESS DEVICES IMMEDIATELY. Remain in place until further instructions are provided."

> "CODE BLACK – ALL VISITORS, STAFF AND RESIDENTS, PLEASE TURN OFF ALL CELL PHONES AND OTHER WIRELESS DEVICES IMMEDIATELY. Remain in place until further instructions are provided."

> *If the home has a wireless call bell system, shut this off and conduct Q15 minute checks on the residents.*

_____ Instruct staff to conduct visual search of their immediate area. Search procedures can be found below.

_____ If initiating a Code Green and require additional support, refer to the code green policy. Ensure all doors remain open upon evacuation to allow entry to potential Bomb Squad robot.

_____ Delegate a staff member to begin staff call-back notification if additional help is required.

_____ Notify Administrator/Designate.

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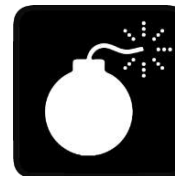
Code Black All Staff Procedures

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Extendicare

Code Black- Bomb Threat
All Staff Procedures

RESPOND

If you are the individual who received the threat, refer to the "Staff Receiving the Threat Job Action Checklists".

1. Follow all instructions from the Incident Manager.
2. Inform the Incident Manager of any suspicious objects or suspicious events observed.
3. Turn off cell and wireless phones immediately upon hearing the Code Black announcement.
4. Conduct a visual search as per procedures below if instructed to do so by the Incident Manager. Report suspicious, unusual, or unknown items, packages, and people to the Incident Manager.
5. If a Code Green is called, assist in the evacuation. Ensure all doors remain open upon evacuation to allow entry to potential Bomb Squad robot.

Visual Search Procedures

Staff should conduct a visual search of the area they are in to determine if there are any suspicious items. For the visual search staff should:

Visually search for any unusual or suspicious objects around the home. Visual searches will be conducted in the areas the staff are currently located in and include open closets, bathrooms, toilets, garbage cans, recycling bins, laundry carts, and medication carts, cabinets, under chairs, tables, and beds (do not open anything to conduct your search, only search cabinets, drawers, etc. that are already open).

Rooms should be searched in a counterclockwise rotation and from ceiling to floor.

Look only with your eyes.

Stand in the room in silence and listen for any unusual sounds.

Do not open any doors, cabinets, or drawers.

Do not close any doors, cabinet, or drawers.

Do not turn on or off any lights.

Look for any trip wires (an object such as a string or wire that if touched may cause an explosive device to detonate) and avoid the area if found.

Visually search from floor to ceiling.

If a suspicious item is discovered, evacuate the area and notify the Incident Manager immediately.

Advise any residents and visitors in the area to remain still and silent.

Check in with the nurse in the unit every 10 minutes to report findings.

RECOVER

After hearing the "all clear" announced.

_____ Participate in the debrief session.

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Code Black Administrator/ Designate Procedures

APPENDIX 4

LAST UPDATED: January 2023

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Code Black Administrator/Designate Job Action Checklist

RESPOND

_____ Notify and update the Regional Director and Corporate Communications as required.

_____ Follow instructions from the Incident Manager and Police.

_____ Notify the provincial Ministry of Health/local Public Health Authority

RECOVER

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Ensure all incident documentation has been completed and any outside organizations have been notified as required.

_____ Notify the Health and Safety Committee and government labour authorities (e.g. Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health and Safety Act). Engage corporate Health and Safety department for support

_____ Arrange for staff support as needed (EAP, etc.)

_____ Participate in the debriefing session.

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CODE PURPLE
HOSTAGE SITUATION
TAB 12

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Code Purple – Hostage Situation

EP-12-01-01

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Code Purple Incident Manager Job Action Checklist
- Appendix 2 – Code Purple –Administrator/Designate Checklist
- Appendix 3- Code Purple Taken Hostage Tip Sheet

POLICY

Homes will provide a safe environment for residents, families, staff, volunteers and visitors. If a hostage situation occurs, the primary aim is to remove all other people from the situation or area where safe to do so and have the police negotiate a successful resolution to the incident.

BACKGROUND

Code Purple is the designated emergency response code implemented to communicate and activate a standard organizational response to an incident in which any individual/ individuals are confined forcibly, seized or detained against their will with the involvement of a weapon or threat of violence at any of our Resident Care Homes. The main objectives of activating the Code Purple Emergency Response Plan are:

To minimize risk and preserve the safety of residents, staff, physicians, visitors, volunteers, and any contractors that may be on-site at the time of the incident; and

To trigger an immediate response from police services.

The Code Purple policy can be initiated by any member of staff who witnesses a hostage situation that requires an immediate police service notification and response by activating the actions outlined in this policy.

Law enforcement personnel are the primary responders and will assume control in any Code Purple response. Do not interfere with the police officers by delaying or impeding their movements: The police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

Police officers will be responding with the intent to use a required level of force to diffuse the situation

PROCEDURES

ADMINSTRATOR/ DESIGNATE	**PREVENT**
	1. Be aware of who is entering your home.
	2. If you notice an individual with a weapon or acting aggressive, do not open the door for them and try not to allow them entry into the home.
	3. Ensure a risk assessment is conducted at admission on all residents to evaluate their risk of violence and put plans in place to mitigate behaviours.

Code Purple – Hostage Situation

PROCEDURES

PREPARE

1. Ensure staff training related to Code Purple- Hostage Situation is completed at orientation, and at minimum annually thereafter.
2. Ensure the Code Purple tabletop is completed using an interdisciplinary approach during Code Purple month.
3. Speak with your local police department to understand what terminology should be used on the phone during a Code Purple to ensure they respond immediately and appropriately.
4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Purple- Hostage Situation emergency.

RESPOND

1. Use the Code Purple Administrator/Designate Job Action Checklist when responding to any emergency involving a hostage situation in the home.

RECOVER

1. Use the Code Purple Administrator/Designate Job Action Checklist for "All Clear" procedures.

INCIDENT MANAGER

RESPOND

1. Use the Code Purple Incident Manager Job Action Checklist when responding to any emergency involving a hostage situation in the home.
2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Advise staff members of any risk(s) observed.
   c. Evacuate if instructed and safe to do so.
   d. Hide behind locked doors or large furniture where available.

RECOVER

1. Use the Code Purple Incident Manager Job Action Checklist for "All Clear" procedures.

HOSTAGES

RESPOND

1. Review the Code Purple, Taken Hostage Tip Sheet so that you are familiar with what to do in the situation.

Code Purple – Hostage Situation

PROCEDURES

RECOVER

1. Provide police with as much information as possible about the hostage situation.

2. Participate in debriefing session.

ALL STAFF

RESPOND

1. Get away from immediate danger and evacuate residents from the area safely. Call the police (9-1-1) and provide as much information as possible, i.e., location of the incident, number of hostage takers and hostages, physical description and names of the hostage takers and hostages (if known), any weapons involved (if known), your name, location and telephone number.

2. Notify the Incident Manager.

3. Follow instructions provided by the Incident Manager.

4. Do not speak to the media. Do not use telephones or social media, including your wireless devices.

RECOVER

1. Complete a situation report of the details of the incident and submit to the Administrator/Designate before leaving the home.

2. Participate in the debriefing session.

HOSTAGE SITUATION
An incident in which someone takes and unlawfully holds others against their will with the use or threatened use of force. The offender(s) may subsequently make demands to secure freedom or other items using the hostage(s) as a bargaining tool. Generally the location of the hostage(s) and offender(s) will be known.

HOSTAGE TAKER
A person who unlawfully confines another with the use or threatened use of force.

HOSTAGE
Any staff or visitors within the home who has been taken captive.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Code Purple – Hostage Situation

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Purple Incident Manager Job Action Checklist

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Code Purple Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND

_____ Upon witnessing or being notified of a hostage situation in the home, assess the situation and take charge. If not already done, immediately call police at 9-1-1 and inform them of the situation.
Time called: _____

_____ Do NOT page code purple overhead; designate staff members to notify areas around the hostage situation if safe to do so. These staff members are to notify the individuals in the area of the situation and assist them to evacuate.

_____ Do not allow anyone entry into the home, designate a staff member to remain at the entrance to inform people if safe to do so.

_____ Do not attempt to physically assault the hostage taker or negotiate with them. Cooperate with them and do not anger them, if you are the person taken hostage, refer to the Code Purple Taken Hostage Tip Sheet, EP-12-01-01_A3.

_____ Call police with an update within 5 minutes of first call.

_____ Delegate a staff member to meet police at the front entrance to provide direction to the scene, including the possible use of emergency stairwells or alternate access points.
Time of police arrival: _____

_____ When police arrive they will assume control. Have the following information ready to provide them;

❑ Identities and number of hostages (photos if available)

❑ Identities and number of captors (photos if available)

❑ Type and number of any weapons involved

❑ Threats and demands made

❑ Precise location and floor plan of the area controlled by the captors

❑ Location of anyone who couldn't be evacuated but aren't considered hostages

❑ Location and number of phones in the area

_____ Account for all persons in the building (residents, staff, volunteers, students, visitors, outside contractors), use the visitor sign in log to help with this.

_____ Notify the Administrator/ Designate if not already aware.

_____ Contact necessary authorities and governing bodies

_____ Establish the Incident Management System Team in the Emergency Operations Centre (information on the Emergency Operations Centre can be found in the Emergency Preparedness and Response Manual, EP-01-01-02).

_____ Appoint a Public Information Officer who will contact the Corporate Communication team and will provide appropriate information to families and the media. Provide them with the IMS Checklist for their role.

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Code Purple Administrator/Designate Job Action Checklist

LAST UPDATED: January 2023

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Extendicare

Code Purple Administrator/Designate Job Action Checklist

Date: _____   Administrator/Designate: _____

RESPOND

_____ Seek updates from Incident Manager/ Police to determine actions.

_____ Provide any required support to Police such as, floor plans and opening locked doors.

_____ Notify and update Corporate Communications and the Regional Director.

_____ Determine if the provincial health authority (e.g. Ministry of Health and Long Term Care) need to be notified during the emergency.

_____ Help set up the Emergency Operations Centre if required (information on the Emergency Operations Centre can be found in the Emergency Preparedness and Response manual, EP-01-01-02).

RECOVER

Upon notification from the police that the hostage situation has ended and all individuals in the home are safe the all clear procedures are in effect.

_____ Determine if the provincial health authority (e.g. Ministry of Health and Long Term Care) should be notified.

_____ Notify the Health and Safety Committee and government labour authorities (e.g. Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health and Safety Act). Engage corporate Health and Safety department for support.

_____ Complete a critical incident report and any other incident documentation required.

_____ Arrange for staff and resident support as needed (EAP, etc.)

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Participate in the debriefing session.

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Code Purple Taken Hostage Tip Sheet

LAST UPDATED: January 2023

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Extendicare — Code Purple – Taken Hostage Tip Sheet

When Taken Hostage

1. Remain calm, be polite, cooperate and follow instructions.
2. Do not leave unless you are certain you and anyone else with you is not in danger.
3. Hide all personal belongings such as phone, keys, name badge etc. Anything that may make your captor believe you are a person of importance or a threat.
4. Do not negotiate with the captor(s), just agree with them. Leave decision-making and/or action to resolve the situation to the police.
5. Avoid sudden movements or an aggressive / threatening stance or behaviour. Keep eye contact but do not stare at them. Try to act friendly and relaxed.
6. Do not speak unless spoken to, let your captor(s) know your name and use their name as much as possible if you know it to make a connection.
7. Meet demands with positive responses such as, "I'll do my best". Never say "no."
8. Cooperate with your captor(s) and follow instructions. Do not make any suggestions to your captor(s) as they might think you plan to escape or have other motives.
9. Do not turn your back on your captor(s) unless ordered to and maintain eye contact without staring.
10. Be reassured that your fellow workers and police negotiators are doing their best to get you out safely. Be prepared to speak with police over the phone.
11. Stay low to the ground and away from windows and doors, if possible.
12. Do not attempt to fight with or disarm your captor(s) unless this is the absolute last resort and your life is in imminent danger, in which case:

    Attempt to incapacitate the captor(s) with physical aggression. If you are with other hostages, work as a team and use anything you can find as a weapon; fire extinguisher, chairs, tables, lamps, etc.

Upon Arrival of Police

- DO NOT run or yell when rescue comes.
- Drop anything in your hands, take cover on the floor with your hands visible and remain still for your protection.
- Initial police response team will come in with guns and will not stop to help victims. Rescue teams will follow and will provide aid.
- Do not disturb possible evidence. This is a crime scene. Expect police questions.

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CODE SILVER
ACTIVE ASSAILANT
TAB 13

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Code Silver – Active Assailant

EP-13-01-01

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Code Silver – Active Assailant Emergency Response Action Plan
- Appendix 2 – Code Silver- Resident Care Decisions
- Appendix 3- Code Silver Incident Manager Job Action Checklist
- Appendix 4- Code Silver All Staff Job Action Checklist
- Appendix 5- Code Silver Administrator/ Designate Job Action Checklist

RELATED AND SUPPLEMENTAL POLICIES:
- EP-07-01-01, Code White – Violent Situation, Emergency Preparedness and Response Manual
- EP-12-01-01, Code Purple – Hostage Situation, Emergency Preparedness and Response Manual

POLICY

Homes will provide a safe environment for residents, families, staff, volunteers and visitors. If an active assailant situation occurs, the primary aim is to remove all individuals from the situation or area, as quickly as possible, to minimize causalities and to have the police respond and manage the incident.

When a Code Silver is announced, staff will instruct all individuals in their immediate area to evacuate the area/building immediately if it is safe to do so. If it is not safe to evacuate the area/building, staff will protect themselves and others by sheltering in a location that provides as much protection as possible (i.e., behind a locked door, out of sight, behind large objects).

BACKGROUND

Code Silver – Active Assailant is the designated emergency response code implemented to communicate and activate a standard organizational response to an incident in which a weapon (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, attempting to kill, or attempting to harm people within any of our Resident Care Homes. The main objectives of activating the Code Silver – Active Assailant Emergency Response Plan are:

To minimize risk and preserve the safety of residents, staff, physicians, visitors, volunteers, and any contractors that may be on-site at the time of the incident; and

To trigger an immediate response from police services.

The Code Silver – Active Assailant policy can be initiated by any member of staff who witnesses or recognizes an active threat that requires an immediate police service notification and response by activating the actions outlined in this policy.

Law enforcement personnel are the primary responders and will assume control in any Code Silver response. Do not interfere with the police officers by delaying or impeding their movements: The police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

Police officers will be responding with the intent to use a required level of force to diffuse the situation.

Code Silver – Active Assailant

BACKGROUND

PROCEDURES

ADMINISTRATOR/ DESIGNATE

PREVENT
1. Be aware of who is entering your home.
2. If you notice an individual has a weapon, do not open the door for them.

PREPARE
1. Ensure staff training related to Code Silver- Active Assailant is completed at orientation, and at minimum annually thereafter.
2. Ensure the Code Silver tabletop is completed using an interdisciplinary approach during Code Silver month.
3. Speak with your local police department to understand what terminology should be used on the phone during a Code Silver to ensure they respond immediately and appropriately.
4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Silver- Active Assailant emergency.

RESPOND

1. Use the Code Silver Administrator/ Designate Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.

RECOVER

1. Use the Code Silver Administrator/ Designate Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.

INCIDENT MANAGER

RESPOND
1. Use the Code Silver Incident Manager Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.
2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Advise staff members of any risk(s) observed.
   c. Evacuate if instructed and safe to do so.

Code Silver – Active Assailant

    d.   Hide behind locked doors or large furniture where available.

    e.   Remain silent.

RECOVER

1. Use the Code Silver Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF

RESPOND

1. Use the Code Silver All Staff Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.

2. Follow instructions provided by the Incident Manager.

ACTIVE ASSAILANT:
Refers to an individual(s) actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active assailants use firearm(s) and there is no pattern or method to their selection of victims.

Continuing Care Safety, Active Assailant Response Plan Template, July 2020
https://continuingcaresafety.ca/wp-content/uploads/2020/07/Active-assailant-contingency-plan-template.docx

U.S. Department of Health and Human Services U.S. Department of Homeland Security U.S. Department of Justice Federal Bureau of Investigation Federal Emergency Management Agency; Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans; November 2014
http://www.phe.gov/preparedness/planning/documents/active-shooter-planning-eop2014.pdf

Healthcare and Public Health Sector Coordinating Council; Active Shooter Planning and Response in a Healthcare Setting; April 2014
https://www.alicetraining.com/wp-content/uploads/2016/04/Active-Shooter-Planning-and-Response-in-a-Healthcare-Setting.pdf

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Active Assailant Emergency Response Action Plan

APPENDIX 1

LAST UPDATED: January 2023

Staff Member Discovering the incident	**Staff in close proximity to the incident**

Recognizes or Becomes Aware of an incident in which a weapon (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, or attempting to kill, people.

RUN
Have an escape route and plan in mind
If you are with a resident, see **Code Silver Resident Care Decisions** (**Appendix 2**)
Leave the area of the threat immediately; leave your belongings behind
Do not wait for others to follow and do not stop to assist anyone injured by the assailant. If an injured person is ambulatory and will not delay your escape, have them travel with you away from the building
Choose a safe exit to leave the facility
Call **911** when it is safe to do so

Depending on the situation/where you are, your best option may be to HIDE
Get out of the assailant's view
Block entry to your hiding place; close and secure doors. As able, cover any door windows, barricade the door with beds, desks, supply carts, heavy furniture
Turn out the room lights. The room must seem to be empty.
Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g. radio, TV)
If safe and able, particularly if there are injured individuals with you, call 911 (cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you
Remain where you are until Police announce themselves and they open the door to allow you out

If RUN or HIDE are not safe options, when your life is in imminent danger; prepare to FIGHT
As a last resort and only when your life is in imminent danger
Attempt to incapacitate the assailant
Act with physical aggression. If with others, act as a team; use improvised weapons (e.g. fire extinguishers, scissors, chairs)

Active Assailant Emergency Response Action Plan

Staff not in close proximity to the incident

Upon hearing of a Code Silver – Active Assailant:

Stop all movement through the building
Do not return to a Unit /Resident Home Area in close proximity to the incident
Stay away from the incident location (if known)

Depending on the situation/where you are, your best option may be to HIDE
Confidently and calmly assure other staff, residents, and visitors to remain within their secured locations
Block entry to your hiding place; close and secure doors. As able, cover any *door* windows, barricade the door with beds, desks, supply carts, heavy furniture
Turn out the room lights. The room must seem to be empty.
Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g. radio, TV)
If safe and able, particularly if there are injured individuals with you, call **911** (cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you
Remain where you are until Police announce themselves and **they** open the door to allow you out

If HIDE is not a safe option, when your life is in imminent danger; prepare to FIGHT
As a last resort and only when your life is in imminent danger
Attempt to incapacitate the assailant
Act with physical aggression. If with others, act as a team; use improvised weapons (e.g. fire extinguishers, scissors, chairs)

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Resident Care Decisions

APPENDIX 2

LAST REVIEWED: January 2023

Health care professionals may be faced with the decision about the safety of residents and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure.

Every reasonable attempt to continue caring for residents must be made, but in the event this becomes impossible without putting others at risk for loss of life, certain decisions must be made.

IF AN ASSAILANT IS ON, OR IN CLOSE PROXIMITY TO YOUR UNIT/RESIDENT HOME AREA:

If an assailant is on, or in close proximity to your Unit/Resident Home Area, and you are with a resident you may have to make decisions about your own personal safety and the temporary discontinuation of resident care. Staff should take steps to protect residents if there is time and using a method that does not jeopardize the personal safety of the staff or interfere with Police actions. These steps may include evacuating the area or preventing entry to an area where the active assailant is located. However, during an active assailant situation staff may find there is not sufficient time to do anything but to ensure their own safety. In this instance, as soon as the situation has resolved the staff should promptly resume care of residents.

1. Staff are to follow the ***RUN, HIDE, FIGHT*** action plan, even if you are engaged in resident care.
2. Temporarily discontinue all resident care
3. Assist residents to evacuate with you if they are able and if it is safe to do so
4. If you are with a resident who cannot escape with you:
    a. Let the resident know that you have to leave
5. Instruct the resident to remain calm and stay alert
6. Instruct the resident to remain quiet and not to make contact with the assailant
7. Turn off the lights in the resident room and secure the door as best you can upon exiting

If **RUN** is not a safe option, hide in as safe a place as possible. If it is best for you to remain in a resident's room, follow the **HIDE** actions, in the Response Algorithm. If you are in a specialty care unit, secure the unit entrance(s) by any means available (e.g. door locks, furniture, cabinets, bed, equipment, supply carts, etc.)

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Code Silver Incident Manager Job Action Checklist

APPENDIX 3

LAST UPDATED : January 2023

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Extendicare — Code Silver Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND

_____ Time assailant discovered (approximate).

_____ Call 9-1-1 and notify the police of the situation. Tell them as much information as possible:

- Location and number of the assailant(s) (current, last known, and/or direction headed)
- Type and number of weapon(s)
- Description of the assailant(s)
- Any comments or demands made by the assailant
- Information on victims/injured persons and/or hostages (name, how many, location in the building)
- Any other information you feel may be relevant

Keep the phone off the hook so the police can continue to listen to the situation.

_____ Time 9-1-1 called (approximate).

_____ Announce, or designate a staff member to announce three times,

"CODE SILVER *(location)*"
"CODE SILVER *(location)*"
"CODE SILVER *(location)*"

_____ Refer to *Appendix 1, Code Silver – Active Assailant Emergency Response Action Plan* for information on what to do (run, hide, fight- only as a last resort) and *Appendix 2, Code Silver Resident Care Decisions* for further direction, as necessary.

_____ Evacuate the area of residents, staff and others if safe to do so.

_____ Do not allow anyone to enter the building (aside from Police).

_____ Delegate an employee to meet the police at the main entrance or outside the building if the assailant is in the main lobby area and provide as much information as you can to assist the police. Inform the police of any weapons the assailant is in possession of, if known. Provide optional access to the scene (e.g., stairways/elevators).

Provide the police an update on:

- Location and number of the assailant(s) (current, last known, and/or direction headed)
- Type and number of weapon(s)
- Description of the assailant(s)
- Any comments or demands made by the assailant
- Information on victims/injured persons and/or hostages (name, how many, location in the building)
- Precise location and floor plan of the area controlled by the assailants(s), if appropriate;
- Location of people who could not be evacuated and may or may not be injured;
- Location and number of telephones in the available area.

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Code Silver All Staff Job Action Checklist

APPENDIX 4

LAST UPDATED : January 2023

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Extendicare — Code Silver All Staff Job Action Checklist

Date: _____

RESPOND

Staff In the Area of the Active Assailant

Staff member identifying the threat:

_____ If you are the first to notice an active assailant, do not confront them. Run, evacuate if possible, or hide.

_____ If you are nearby to a supervisor/manager, notify them. Call 9-1-1 and notify the police of the situation. Tell them as much information as possible:

- Location and number of the assailant(s) (current, last known, and/or direction headed)
- Type and number of weapon(s)
- Description of the assailant(s)
- Any comments or demands made by the assailant
- Information on victims/injured persons and/or hostages (name, how many, location in the building)
- Any other information you feel may be relevant

Remain on the phone so the police can continue to listen to the situation and follow any instructions provided.

_____ If it is safe, evacuate the area/home and assist other staff, residents, and visitors around you to evacuate. See *Active Assailant Emergency Response Action Plan* page 1, for run, hide, fight procedures for staff member discovering the incident or in close proximity to the incident.

_____ Remain where you are until Police tell you it is safe to come out.

Staff in the area of the threat, upon hearing the Code Silver announcement:

_____ If it is safe, evacuate the area/home and assist other staff, residents, and visitors around you to evacuate. See *Active Assailant Emergency Response Action Plan* page 1, for run, hide, fight procedures for staff member discovering the incident or in close proximity to the incident.

_____ Do not allow anyone to enter the area/home.

_____ Health care professionals may be faced with the decision about the safety of residents and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure. Every reasonable attempt to continue caring for residents must be made, but in the event this becomes impossible without putting others at risk for loss of life, certain decisions must be made. Utilize the *Code Silver Resident Care Decision* document to help make these difficult decisions.

_____ Remain where you are until Police tell you it is safe to come out.

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Code Silver Administrator/ Designate Job Action Checklist

LAST UPDATED: January 2023

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Extendicare

Code Silver Administrator/Designate Job Action Checklist

Date: _____ Administrator/Designate: _____

RESPOND

_____ Seek updates from Incident Manager/ Police to determine actions.

_____ Provide any required support to Police such as, floor plans, opening locked doors, or contacting maintenance for the potential shutdown of utilities.

_____ Notify and update Corporate Communications and the Regional Director.

_____ Determine if the provincial health authority (e.g. Ministry of Health and Long Term Care) need to be notified during the emergency.

_____ Help set up the Emergency Operations Centre if required (information on the Emergency Operations Centre can be found in the Emergency Preparedness and Response manual, EP-01-01-02).

RECOVER

Upon notification that the active assailant situation has ended and all individuals in the home are safe the all clear procedures are in effect.

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Determine if the provincial health authority (e.g. Ministry of Health and Long Term Care) should be notified.

_____ Notify the Health and Safety Committee and government labour authorities (e.g. Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health and Safety Act). Engage corporate Health and Safety department for support.

_____ Complete a critical incident report and any other incident documentation required.

_____ Arrange for staff and resident support as needed (EAP, etc.)

_____ Participate in the debriefing session.

EMERGENCY EVENTS

TAB 14

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![Extendicare logo] ![CONMED Health Care Group logo]

Pandemic Management

EP-14-01-01

LAST UPDATED: January 2023

APPENDICES:

- Appendix 1 – Corporate Pandemic Plan

POLICY

In keeping with provincial pandemic plans and the national Canadian Pandemic plan guidelines, homes must be prepared to provide service and protect the residents and staff during a Pandemic.

Note: All homes must follow all their respective public health directives in the event of a pandemic in addition to the Corporate Pandemic Plan.

BACKGROUND

Extendicare's Corporate Pandemic Plan ensures the safety of its staff, minimizes disruptions of business operations, and provides direction and the means to communicate appropriate actions to be taken during a Pandemic Influenza outbreak.

PROCEDURES

ADMINISTRATOR / DESIGNATE

1. Deploy the Corporate Pandemic Plan when at least one health authority at the local, provincial, federal, or international level have declared an official state of Pandemic outbreak. See *Corporate Pandemic Plan, Appendix 1*.

- Extendicare's Emergency Preparedness and Response manual, primarily Extendicare's Incident Management System, and Extendicare's Pandemic Plan have been developed to assist the organization to consolidate efforts and resources in order to limit the impact of a Pandemic.

MITIGATION/PREVENTION
Mitigation/Prevention is the phase where organizations explore the potential impact of a Pandemic and the development, where possible, of corrective measures or action plans that either prevent the Pandemic from occurring, or more likely, minimize the impact if it does occur. For example, influenza immunization, education related to respiratory hygiene, not attending work when ill, handwashing, etc.

PREPAREDNESS
Preparedness is the phase where organizations implement measures to ensure that they are able to cope with the Pandemic. For example, stockpiling of PPEs, training staff in emergency preparedness, the development of a Pandemic plan, integrating planning efforts with those in the community, i.e. provincial ministries of health, local public health, etc. are strategies homes are to be working on during the preparedness phase.

Pandemic Management

RESPONSE

Response is the phase where organizations are required to deal with an actual Pandemic based on the forecasted impact on the health care system and society in general. For example, efforts to deal with an increased need for and receipt of information/direction, supplies, staff shortages, illness or death of colleagues, etc. are all challenges faced in the Response Phase.

RECOVERY

Recovery is the phase where organizations work towards a return to normal functioning. For example, the return of client services to normal volumes, staffing, the filing of claims to government departments, recognition and support to staff, etc. are activities happening during this phase.

WHO (World Health Organization
http://www.who.int/en/

PHAC – Public Health Agency of Canada
https://www.canada.ca/en/public-health.html

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Corporate Pandemic Plan

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Corporate Pandemic Plan
Table of Contents

DOCUMENT CHANGE ACTIVITY

APPROVAL DATE: MAY 12, 2020

The following is a record of the changes that have occurred on this document from the time of its original approval:

#	Change Description	Author	Date
1			
2			
3			
4			
5			
6			

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Natural Disasters and Extreme Weather Events

EP-14-01-02

LAST UPDATED: January 2023

APPENDICES:
- Appendix 1 – Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist
- Appendix 2 – Natural Disasters and Extreme Weather Events Information Sheet

REQUIRED DOCUMENTS:
- HAZARD IDENTIFICATION RISK ANALYSIS (HIRA) GUIDE AND PROCESS, EP-02-01-01 A1 – Used to prioritize prevention, mitigation and training priorities for the home.

RELATED AND SUPPLEMENTAL POLICIES:
- EP-02-01-01, Emergency Response Plan and Fire Safety Plan
- EP-04-01-01, Code Green – Evacuation
- EP-09-01-01, Code Grey – Disruption of Critical Infrastructure
- EP-10-01-01, Code Orange – External/Natural Disaster
- RC-08-01-03, Preventing Cold-Related Illnesses, Resident Care Manual
- RC-08-01-04, Preventing Heat-Related Illnesses, Resident Care Manual

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a natural disaster and/or extreme weather event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

BACKGROUND

A home-specific HIRA is meant to determine the potential for a natural disaster and/or extreme weather event which may be more prevalent in certain geographical areas. With an increasing frequency of extreme weather events, it is important for the safety of residents and staff to ensure the risk is identified and appropriate strategies are implemented to mitigate the impact of these events on homes.

PROCEDURES

ADMINISTRATOR
/ DESIGNATE

PREVENT
1. Monitor for local extreme weather alerts or advisories to ensure timely communication with residents and staff.

PREPARE
1. Ensure staff training related to natural disasters and extreme weather events is completed at orientation, and at minimum yearly thereafter.

Natural Disasters and Extreme Weather Events

PROCEDURES

2. Ensure the natural disasters and extreme weather events tabletop is completed using an interdisciplinary approach.

3. Ensure the home's staff call back list is up to date.

4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance pertaining to extreme weather events and natural disasters.

5. For best practice, do not select another Extendicare or Extendicare Assist home as your home's evacuation site as they are likely to be affected by the same disaster.

6. Know where staff live and where the nearest hotels to the LTC home are located in the event the weather event or disaster will require staff to stay nearby or be called in on short notice.

RESPOND

1. Use the Natural Disasters and Extreme Weather Administrator/ Designate Job Action Checklist when responding to any natural disaster or extreme weather event such as a winter storm, tornado, flood, forest fire, earthquake or hot weather advisory.

RECOVER

1. Use the Natural Disasters and Extreme Weather Administrator/ Designate Job Action Checklist when responding to any natural disaster or extreme weather event such as a winter storm, tornado, flood, forest fire, earthquake or hot weather advisory.

INCIDENT
MANAGER

RESPOND

1. Use the Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist when responding to any natural disaster or extreme weather event such as a winter storm, tornado, flood, forest fire, earthquake or hot weather advisory.

2. Advise residents and visitors to:

   a. Follow instructions from the Incident Manager.

   b. Advise staff members of any risk(s) observed.

   c. Remain inside the home unless instructed otherwise.

RECOVER

Natural Disasters and Extreme Weather Events

PROCEDURES

1. Use the Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF

RESPOND

1. Follow instructions provided by the Incident Manager.

2. Refer to the *Natural Disasters and Extreme Weather Events Information Sheet, Appendix 2*.

3. Refer to policy*, Preventing Heat-Related Illnesses* in the Resident Care Manual when managing heat-related events.

4. Refer to policy, *Preventing Cold-Related Illnesse*s in the Resident Care Manual when managing cold-related events.

NATURAL DISASTER
A natural disaster is defined as a major event caused by Earth's natural processes that leads to significant degradation to the environment, i.e., earthquakes. Typically, a natural disaster can be preceded by an extreme weather event. Earthquakes may trigger water supply system failures, and structural damage to buildings, roads, etc.

EXTREME WEATHER EVENTS
Extreme events are occurrences of unusually severe weather, climate or environmental conditions that can cause devastating impacts on communities as well as infrastructure and nature.

- Heat waves, freezes, heavy downpours, tornadoes, tropical cyclones and floods are examples of weather-related extreme events.
- Wildfire outbreaks are examples of a climate-related extreme event.

Government of Canada, Get Prepared: During a Tornado
https://www.getprepared.gc.ca/cnt/hzd/trnds-drng-en.aspx

Government of Canada, Earthquakes: What to do?
https://www.getprepared.gc.ca/cnt/rsrcs/pblctns/rthqks-wtd/index-en.aspx

Government of B.C, Get Prepared for an Earthquake
https://www2.gov.bc.ca/gov/content/safety/emergency-management/preparedbc/know-your-hazards/earthquakes-tsunamis/earthquakes

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Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist

APPENDIX 1

LAST UPDATED: January 2023

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Extendicare

Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist

Date: _____   Incident Manager: _____

RESPOND

Impending Winter Storm, Tornado, Flood or Forest Fire:

TIME — *Record the time action was initiated*

_____ Notification received from: _____

_____ Agency: _____

_____ Contact Information: _____

_____ Known information: _____

If your local weather service issues a weather warning indicating a high likelihood of extremely bad road conditions or danger:

_____ Contact the Administrator/Designate if not already aware.

_____ Shelter in place until the weather event has passed.

_____ Close all outside windows and doors.

_____ Move residents and instruct residents and visitors to move away from windows and doors.

_____ Conduct a meeting with staff, residents and visitors to inform of the extreme weather event and what safety precautions have been put in place.

_____ Have staff stay at nearby hotels to ensure they can get to work.

_____ Ensure staff are available to stay past their shift end time in the event the next shift cannot arrive on time.

_____ Call in extra staff if ability to get to work will be severely compromised.

_____ Modify the menu or find another source of food in the event food delivery cannot arrive on time.

_____ Escalate to your Regional Director if extra assistance is required.

During/ Immediately After a Winter Storm, Tornado, Flood, Forest Fire or Earthquake

TIME — *Record the time action was initiated*

_____ If pipes freeze or water is not drinkable, enact Code Grey – Water Supply.

_____ If there is a power loss or HVAC Systems fail, enact Code Grey – Essential Services.

_____ If notified by municipality to evacuate, enact Code Green.

LAST UPDATED: January 2023   EP-14-01-02 A1   Page 1 of 4

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Natural Disasters and Extreme Weather Events Information Sheet

APPENDIX 2

LAST UPDATED: January 2023

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Extendicare — Natural Disasters and Extreme Weather Events Information Sheet

What to Do During a Tornado

- Know who the incident manager is and escalate concerns as needed.
- Ensure residents, visitors and staff are away from windows and doors. Move them into rooms without windows and exterior walls if possible.
- Close doors of rooms with windows and exterior walls.
- Instruct and assist residents, visitors and staff to crouch close to the floor away from any heavy and unrestrained equipment. If there is a sturdy table or countertop, crouch underneath it.
- Instruct and assist residents, visitors and staff to cover their head with their arms, pillows, blankets and mattresses if available. If a resident cannot be removed from a bed, cover them with a blanket.
- Ensure no one moves until confirmation is received that the tornado has passed.
- Do not attempt to remove individuals trapped by fallen debris. Call 9-1-1 and wait for assistance.

What to Do During an Earthquake

- As soon as the shake is felt, ensure anyone who is able drops to their knees and crawls.
- Ensure residents and visitors are away from windows and doors. Move them into rooms without windows and exterior walls if possible.
- Instruct and assist residents, visitors and staff to crouch close to the floor away from any heavy and unrestrained equipment.
- Instruct and assist residents, visitors and staff to hide underneath a sturdy table or countertop (if there is one) and hold on.
- Assist residents who use walkers to put on their walker brake, sit on their walker, lean forward and put their arms and hands over their neck and head. Place a blanket or pillow for protection if possible.
- Assist residents in wheelchairs to put on the brake, lean forward and put their arms and hands over their neck and head. Place a blanket or pillow for protection if possible.
- Assist residents who cannot be removed from beds to roll into their stomach and cover their back, neck and head with pillows and blankets.
- Ensure no one moves until the shaking stops. There may continue to be aftershocks; instruct staff, residents and visitors to crawl on the floor, stay down, cover themselves and hold onto a sturdy object as before.
- Do not attempt to remove individuals trapped by fallen debris. Call 9-1-1 and wait for assistance.

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Natural Disasters and Extreme Weather Administrator/ Designate Job Action Checklist

LAST UPDATED: January 2023

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Extendicare
Natural Disasters and Extreme Weather Administrator/Designate Job Action Checklist

RESPOND

_____ Notify and update the Regional Director and Corporate Communications as required.

_____ Follow instructions from the Incident Manager.

RECOVER

_____ Notify Regional Director, Corporate Communications and the Risk Management team as required.

_____ Ensure all incident documentation has been completed and any outside organizations have been notified as required.

_____ Notify the Health and Safety Committee and government labour authorities (e.g., Ministry of Labour) if any staff suffers a critical injury (as defined by the Occupational Health and Safety Act). Engage corporate Health and Safety department for support.

_____ Arrange for staff support as needed (EAP, etc.)

_____ Participate in the debriefing session.

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