

Trinity Village - CARE CENTRE -

Standard Operating Manual *Emergency Management* *Revised October 13th 2023*

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Section:	EMERGENCY MANUAL	Policy #:	X.XX
Policy:	Emergency Manual Policy	Date Effective:	Jan 31, 2020
Scope:	All Manual Holders	Page:	3 of 61
Approved by:	EHS Facility Manager		
Reviewed by:	EHS Facility Manager	Last Reviewed:	Sep 23,2023
<i>All policy revision and replacement information is represented in footnotes below:</i>			

SECTION 1:

1.1 Purpose

This document will provide general procedures to ensure an effective response to emergency situations.

Potential emergency situations and potential incidents that can have an impact on the people, facilities or environment were used to determine the content of this Emergency Response Plan and are identified using mechanisms included but not limited to:

- Environmental aspect and impact review (emergency conditions)
- Hazard identification and risk assessment processes
- EHS Incidents & Issues
- Past events as communicated by the media

1.2 Definitions

Adverse Effect	Means one or more of, (a) impairment of the quality of the natural environment for any use that can be made of it, (b) injury or damage to property or to plant or animal life, (c) harm or material discomfort to any person, (d) an adverse effect on the health of any person, (e) impairment of the safety of any person, (f) rendering any property or plant or animal life unfit for human use, (g) loss of enjoyment of normal use of property, and (h) interference with the normal conduct of business;
Contaminant	Any solid, liquid, gas, odour, heat, sound, vibration, radiation or combination of any of them resulting directly or indirectly from human activities that causes or may cause an adverse effect;
Mass evacuation	The mass evacuation of a particular area is necessary when a significant hazard threatens and puts at risk the safety of those within the area. Evacuation becomes necessary when the benefits of leaving significantly outweigh the risk of 'sheltering-in-place'.

RN (Nurse Manager)	The nurse in charge of all nursing staff and on off hours. They are also responsible for staff outside of the nursing department and, have a role in the Building Life Safety System Shut down section of the Fire Safety Plan.
Codes	<p>A group of colors used to identify situations that are not part of routine day to day operations:</p> <ul style="list-style-type: none"> • Code Red = Fire • Code Blue = Cardiac Arrest • Code Orange = Disaster (Tornado, Earthquake) • Code Brown = Hazardous Spill • Code Green = Evacuation • Code Yellow = Missing Resident • Code Black = Bomb Threat • Code White = Aggression/Violent Person • Code Grey = External Air Exclusion • Code Purple = Hostage Taking • Code Silver = Person with a Weapon • Code Beige = Outbreak (As determined by Public Health) • Code Aqua = Flood
Evacuation Gathering Area	A designated safe location outside of the building for all to gather during an evacuation
First Aider	A qualified individual that is authorized to provide initial treatment to an injured person before medical aid is available.

SECTION 2:**2.1 Emergency Numbers**

Internal Emergency Contacts			
Name	Title	Contact Info	
Debby Riepert	Chief Operating Officer	519-635-6297	
	EHS Facility Manager	519-893-6320 ext. 239	
Jasmina Sabani	Director of Resident Care	647-998-6157	
Helen-Ann Garcia	Assistant Director of Resident Care	226-972-0045	
Jenna Beltrame	IPAC Manager	226-338-2199	
Michele Maly	Assistant IPAC Manager	519-590-4460	
Nurse Manager	Nursing	519-893-6320 ext. 314	
Maintenance	Maintenance	519-893-6320 ext. 299	
External Emergency Contacts			
Emergency Services		Utility Services	
Fire	911	Hydro (<i>Kitchener Wilmot Hydro</i>)	519-745-4771
Fire Alarm (Direct Detect)	519-741-2494 Account # 20-2070	Water/Gas (<i>Kitchener Utilities</i>)	519-741-2529
Ambulance	911		
Police	911		
Police (Non-emergency)	519-653-7700		
Local Hospital/Medical			
Grand River Hospital			519-749-4242
St. Mary's Hospital			519-744-3311
Cambridge Memorial Hospital			519-621-2330
Poison Control			1-800-268-9017
External Emergency Contacts			
Regulatory/Government Contacts			
Ministry of Health			1-800-387-5559
Ministry of Labour			1-877-202-0008
Public Health			519-575-4400
Ministry of Environment (Spills Centre)			1-800-268-6060
Region of Waterloo (Spills)			519-575-4400

External Emergency Contacts cont'd		
Transportation		
Waterloo Taxi		519 888 7777
City Cabs		519 747 7777
United Taxi		519 888 9999
Ayr Coach Lines		519 240 5695
Elmira Bus Lines		519 669 5198
Grand River Transit		519 585-7555
New Canadian Medical Transport Inc (NCMT)		519-571-1171
Essential Services - Emergency Number		
	Name	Contact Number
Boilers (Heating)	Vamco JTS Mechanical	Office = 1 833 338 2626 Office = 519 635 0022
Call Bells, Mag Locks, Doors	KR Communications	519-684-7570 Tim Ward Cell 519-748-7614
Dishwasher	Franks (Hawco)	1-800-265-6535
Electrical	Primary = Little Electric	Office = 519 716 4327
Elevator	ThyssenKrupp	1 800 343 5103
Fire Alarm/ Fire Panel	Troy Life and Fire Safety	Office = 519-650-2972
Freezer/Refrigerators	Mardel	519-884-7070
Generator	JTS Mechanical	Office = 519 635 0022
HVAC (Cooling)	JTS Mechanical Vamco	Office = 519 635 0022 Office = 1 833 338 2626
E-Mar, E-Tar Computers	CareRX	519-996-5914
I.T. (iPhones, Computer, Wifi)	5D Computers	519-725-5535 ext. 210
Ministry of Health and Long Term Care – Business Hours		1-888-432-7901 Central.west.sao@ontario.ca
Ministry of Health and Long Term Care – After Hours	Emergency After Hours Reporting Service Ontario 4:30pm – 8:30am	1-888-999-6973
Oxygen Supplier	ProResp	Office = 519 886 0202 After Hours = 1-800-363-8051
Phone System	Fibrenetics Support	611
Plumbing and Heating	JTS Mechanical	519-635-0022
Snow Removal & Property	Horticulture Manager	519-817-4359

2.2 Building Related

Fire Alarm:

- Direct Detect is our Fire System Monitoring Company, all system alarms related to emergencies will be sent to representatives at Direct Detect automatically through our annunciator panel. There are panels located at the front entrance, sprinkler room and one at each nurse's station. This equipment is serviced by Troy Life Fire and Safety whose contact information is included in the Emergency Call List.
- During drills the team member running the drill must notify Direct Detect of the drill, the fire department would like to know approximate length of drill and must be notified right after all clear has been given.
- The sprinkler system has shut off valves. Site inspections are completed daily by maintenance staff. Any paper seals that are broken result in maintenance fully inspecting valves to be in the on position.

Seal:



Main Water Shutoff:

- Whenever there is a need to shut the main water off various groups need to be made aware. Work should be scheduled in a way that it doesn't interfere with regular operations of the business.
- Shutting off the water requires that the following people are made aware;
 - ✓ Nursing - Inform them of the time the water will be shut off, if possible the length and once turned back on inform of them that normal operations has been restored.
 - ✓ Laundry – Inform them of the time the water will be shut off, if possible the length and once turned back on inform of them that normal operations has been restored.
 - ✓ Food Services - Inform them of the time the water will be shut off, if possible the length and once turned back on inform of them that normal operations has been restored.
 - ✓ Salon - Inform them of the time the water will be shut off at, if possible the length and once turned back on inform of them that normal

operations has been restored.

- Process for shutting off water is as follows.
 - ✓ Call direct detect and let them know that you will be shutting water down to the building in case a drop in water pressure triggers the fire alarm.
 - ✓ Locate main shutoff found in the boiler room in the service corridor.
 - ✓ Unlock the chain and attach the red permit tag.
 - ✓ The incoming water pipe is marked, and the ball valve mark B-3 is the main shutoff for water coming into the building. Turn the valve fully so that it is closed.
 - ✓ Once work is completed, turn water back on check a few faucets ensure all functions are back to normal, call Direct Detect and remove the ignore protocol.
 - ✓ Put chain back on and remove red permit tag.
 - ✓ Inform all the above mentioned disciplines that operations are back to normal.

Chain & Red Permit Tag:



Liquid Oxygen:

The stationary reservoir and the portable tank are filled with Liquid Oxygen. When liquid oxygen comes in contact outside of its tank, it can cause severe frostbite, therefore if a spill ever occurred an evacuation plan must be carried out.

Liquid Oxygen Spill Evacuation Plan:

When a spill is detected at the stationary reservoir.

- Evacuate the room, open the windows, close the door and call the supplier.
“Do Not Touch Or Mop Up”

When a spill is detected in a resident’s room with the portable tank;

- Place tank up right, evacuate resident from room, open windows and close the door. **“Do Not Touch Or Mop Up”** In minutes the Liquid Oxygen will disappear.

General Safety tips related to Liquid Oxygen:

Oxygen is not combustible but it will accelerate a fire. Therefore, avoid all sources of fire and sparks in the vicinity of the oxygen supply and the person using the oxygen. As a general rule, this means a 5-foot area. There should be no smoking permitted within this area (smoking in the same room is best avoided altogether with oxygen).

- Also the person(s) using and maintaining the oxygen supply should avoid using any lotions, cosmetics, or rubs which may contain alcohol or petroleum-based products (oil as these can be combustible with the oxygen). There are many substitutes available for these.
- Never use oil or grease on the tanks or cylinders.
- Do not use cosmetic or cleaning products with alcohol or petroleum in aerosol form (pressurized cans) around the oxygen.
- Cards should be made to make residents and staff aware of the dangers of these products. A sign on residents' doors indicates use of oxygen.
- Store all oxygen sources in a cool, well-ventilated area avoiding any sources of heat (radiators, pipes, furnace ducts, direct sunlight, etc.)

PPE (Personal Protective Equipment):

- Wear loose fitting, insulated gloves when handling anything that may have been in contact with a cryogenic liquid. The gloves must be loose so they can be thrown off quickly if liquid spills into them. Insulated welding gloves are one type of glove that has been found useful.
- Wear safety glasses whenever you are near a cryogenic liquid. Protect the eyes with a full-face shield (with safety glasses or goggles) if a cryogenic liquid is poured or if an open container of the cryogen may bubble.
- Wear the PPE needed for doing a particular job. It cannot provide protection if it is not worn.

Generator:

- The backup generator provides basic power to designated systems during a power outage. The generator is engaged automatically whenever the building has a loss of power and runs until power has been restored or fuel has run out.
- Our generator is located in the service corridor and operates on 2, 250 gallon diesel fuel tanks.
- The generator is tested monthly by the Facilities team with findings documented on the generator report.
- In addition to monthly testing JTS completes bi-annual testing as accordance

with TSSA regulations.

- Fuel consumption is listed as follows:

Running Level	Litres Per Hour	Gallons Per Hour
100 %	40.5 Lph	10.7 Gph
75 %	30.7 Lph	8.1 Gph
50 %	22.0 Lph	5.8 Gph
25 %	14.0 Lph	3.7 Gph

- When fuel levels reach the below half (125 Gallons) Boehmers Fuels must be contacted for a top up.

Emergency Lighting:

- In the case of a power failure, the Care centre will revert to the emergency lighting protocol.
- Backup generator will engage key lights within corridors and nursing stations. The lights are designed to provide adequate lighting so as to minimize the interruption to normal operations.
- Flashlights are located at every nurse's stations, these are non-battery powered and work by simple cranking the handle and powering up the internal cell.
- Once power has been resorted all lights will automatically come back on, all flashlights should be returned to the nurses station for later use.

Door Keypads/Swipes/Bells:

- To ensure we are meeting our obligation under the Long-Term Health Care Act, Trinity is required to have an electronic door that opens automatically, an automatic alarm connected to an annunciator panel located within the nurse's station.
- If there is a need for a door alarm to be disconnected permissions must be granted by either the EHS Facility Manager or the COO Debby Riepert in a situation where neither are available then the acting Nurse Manager can do as needed.
- While the alarm is disarmed there must be constant supervision of the door in question to ensure resident safety.
- All "Mag Locked" doors will release in the case of an emergency, this will allow free access to the outside for all who need to evacuate.
- Badge Swipe access is required for the following locations;
 - ✓ Entry into all stairwells
 - ✓ Entry into main kitchen
 - ✓ Entry into the basement
 - ✓ Entry into the service corridor
 - ✓ Entry into the Outdoor Haven
 - ✓ Exiting the Oakridge Rec Room
 - ✓ Exiting the Gathering Place
- All non staff persons entering the building while still use the Keypads as means

of entry.

- After hours the main entrance is locked, access to the building is restricted and must be granted by staff who are monitoring the Oakridge nurses station. A visitor must press the bell and wait to be visually inspected by a staff member before they are granted access into the building. The visitor is still required to sign in regardless of the time they arrive.
- Doors that do not have automatic locks and require manual locking must be all locked by 8pm, these doors include the following;
 - ✓ All courtyard doors, once across from the elevators and the ones across from reception
 - ✓ The door access to the 2nd and 3rd floor balcony

Groove Sign In:

- Reception will ensure that every visitor that enters the facility use the tablet at reception to sign in.
- Notification will be sent to the person who the visitor is onsite to see, notification will be sent in email and if available in text format.
- Managers or employees who have been identified as potentially having a visitor onsite will have the Groove App installed on their smart phone.
- During an evacuation the person who has visitors onsite at that time can do a headcount using the app, this will ensure that their “guest” has left the building.

Evacuation Gathering Area:

- If there is a need to evacuate the building for any reason the old Chapel will be used as the “Gathering Area”
- Resident will be brought into the Chapel through the main door and escorted to the man hall area.
- Visitors including contractors will be asked to stay in the vestibule area by the main entrance so that a headcount can be completed.
- All persons will stay in the Chapel location until the all clear has been given or there is a need to relocate to another building.

2.3 Smoking in the Workplace

Effective January 1st, 2013 Trinity Village has become a smoke free environment, this also includes the use of a vaping machines. Smoking either tobacco or marijuana along with vaping is not permitted inside the workplace, on company property including company owned vehicles. Arrangements or acceptations can be made to accommodate new residents if it's agreed upon during the admission discussion. Region of Waterloo prohibits smoking within 9meters of any entrance, violation of this By-law can result in fines, which must be paid by the perpetrator.

Smoking or vaping can only occur before and after working hours, during lunch periods, and designated rest or break periods. Smokers are not permitted additional “smoke breaks.”

An employee who smokes or vapes in or on the company property will be in contravention of this policy, and in some cases by local By-laws and workplace Legislation as per the Occupational Health and Safety Act and could result in disciplinary actions. Any persons contravening this policy will be required to leave the premises.

In order to support employees who wish to quit smoking, the Human Resource Manager will provide resources to assist such efforts. Assistance is also available for employees with a prescription for a smoking cessation aid if they do not have a drug benefit plan.

2.4 Withdrawal of Staff Services

If the Care Centre were to have a “Withdrawal of Services” management would be assigned tasks within their training and knowledge base. Every attempt would be made to minimize interruption to regular business and no resident would be placed in harm’s way.

Roles and Responsibilities:

1. *The COO Will:*
 - a) notify the Chairman of the Board
 - b) be responsible for dissemination of information to the news media
 - c) Be responsible for the coordination of the plan to ensure the emergency operation of the home.
 - d) notify the Ministry of Health & Medical Director
2. *The Director of Resident Care Will:*
 - a) In collaboration with the Nurse Manager ascertain which residents will be sent to hospital, which can go home with relatives, and which will be looked after at the home.
 - b) Transportation arrangements will be made for the necessary transfer.
3. *The Nurse Manager on Duty Will:*
 - a) Notify the COO, Director of Resident Care, Nutrition Manager, EHS Facility Manager, Program Director, Administration, other Registered Nurses
 - b) Prepare a schedule of duty for Registered Nurses
 - c) Complete transfer as necessary per the procedures in the nursing manuals.
4. *The Nutrition Manager Will:*
 - a) make the necessary arrangements with a catering service for residents’ meals if necessary
 - b) Arrange with the Program Director to have volunteers assist with meals.
5. *The Administration Staff Will:*
 - a) report to the Nurse Manager to do resident care
 - b) Assist with transfers and keep a record of when residents left the home and where they were taken.
6. *The Program Manager Will:*
 - a) call in volunteers and relatives to assist with resident care, housekeeping and meal service
 - b) be a liaison for the volunteer and keep a record of services

- c) Instruct and supervise the volunteers in housekeeping and meal service.
7. *The EHS Facility Manager Will:*
- a) Assist with resident care
 - b) Supervise volunteers in housekeeping and laundry

SECTION 3: Code Emergencies

3.1 Evacuations Emergencies:

All codes in this category will be considered ones that require an “Evacuation” process.

CODE RED: (FIRE)***Procedures:***

In the case of hearing the audible alarm stating a “Code Red” staff will follow the steps as documented for a Fire Emergency.

- Staff must; upon identifying a fire all staff are asked to follow the REACT principal which states as follows.
 - ❖ **R**emove persons in immediate danger if possible, never place yourself in danger to help a person.
 - ❖ **E**nsure the door(s) are closed to confine the fire. Slide the door marker to the red position to indicate the room is all clear.
 - ❖ **A**ctivate the fire alarm system using the nearest pull station.
 - ❖ **C**all the fire department – call 911. Contact the House Manager and provide as many details as possible. House Manager to contact the Nurse Manager and engage the fire panel making appropriate announcements.
 - ❖ **T**ry to extinguish the fire or concentrate on further evacuation.

Where possible and safe a staff member may try and take a fire extinguisher to the fire area and attempt to extinguish it. Fire extinguishers should only be used for small contained fires and not if there is any risk of injury to the staff or residents. All the extinguishers are multi-purpose ABC's.

At all times, ensure that stairwells remain free and clear of obstruction and are never used as a storage area.

Main Kitchen Fire:

In the case of a fire identified in the main kitchen, a staff member would be required to activate the chemical extinguishers for the stoves. Ensure all doors are closed upon leaving the kitchen area. Provide detailed information to the Nurse Manager.

Laundry Area Fire:

Before evacuating and if safe to do so, ensure that all equipment both washing and drying is off. If able to pull main gas shutoff located next to the first dryer. Evacuation the area and inform the Nurse Manager of the situation in the Laundry Room.

Gathering Place Fire:

Using the closest emergency exit evacuate all participants from the gathering place and have them make their way to the gathering area located in the chapel.

Roles and Responsibilities:

Nurse Manager:

- Upon hearing the alarm go to the nearest Annunciator Panel and gather all the required information. Locate the trouble area.
- Make your way to the Sprinkler Room, located across from the entrance to the main kitchen. Immediately don the Emergency Leader Vest so that you are visible to all parties. In a clear voice announce the code and location be sure to identify floor, wing and if possible room. (Use of the fire panel is included in new hire Nurse Manager Training)
- Bring all elevators to the first floor lock open using elevator key located in the Sprinkler Room.
- Move to reception area so that you can communicate with the First Responders as they arrive.
- In the case of fire make every effort to contact the COO
- Once First Responders arrive provide them with detailed information around the following:
 - ❖ Location of fire
 - ❖ Location of residents on effected floor(s)
 - ❖ Numbers of un-accounted for people
- Stay in a central location that you are available to the first responders in case they have questions.
- Once the ALL CLEAR has been given by the fire department, make your way to the annunciator panel, clear the panel and reset all mag locks. Release all elevators and make your way to the third floor and complete a full sweep looking for any hazards that might impact residents. Check all three floors.
- If there is any damage to a house due to water or extinguisher use be sure to keep all residents and staff away from the area and have maintenance evaluate the need for repairs.
- Once ready make your way to the exterior and give the all clear for re-entry to the people waiting in the gathering locations. In the case were evacuation has happened during inclement weather and evacuees are stationed in the Chapel, make your way there or send a runner to give the all clear to return.
- Using the Code Red checklist find a quiet spot and debrief with the Nurse Managers for each floor and provide the finished checklist to the EHS Facility Manager.

House Manager:

- Take down the firebox from shelf and put on the vest. Check the annunciator panel at Nurse Station for location of fire. Initiate action immediately if it is in your house.
- Assign a staff member to check room for an actual fire and report back immediately to the House Manager of the situation.

- Once the situation has been identified the House Manager is to report to NURSE MANAGER at (ext. 314) with the details.
- Assign one staff member as the lead in the fire area. Give the staff member the solid orange vest. This person will report if any residents are still in the rooms and when the area is all clear.
- Direct all available staff to move residents to the safe area and check complete a sweep checking for persons that may be in their resident rooms including bathrooms. After the room has been evacuated close door and slide the door indicator to show the red. Assign a staff member to remain at exit doors except in the fire area since the mag locks will be disarmed. Staff to remain at exit door until the door has been reset and locked.
- Once residents are safe and accounted for all extra or additional staff should be directed to evacuate the building using the appropriate stairwell.
- If there is a need assign a person to make their way to the Chapel and open the doors in anticipating of evacuees.

Other Departments & Staff:

- Listen carefully to the page, follow all direction provided and evacuate the building in a safe and orderly manner.
- Reception is asked to remain at the desk and provide assistance to the Nurse Manager until they have been given direction by the Nurse Manager to evacuate.

Visitors & Contractors:

- All visitors and contractors are expected to know the process for evacuating the building. Upon their first use of the sign in device at reception they are given high level details as to what to do during an evacuation.
- All visitors/contractors are asked to listen to instructions provided and make their way to the gathering area in the chapel. No one is to leave the parking lot as this could cause a problem for arriving first responders.

-

Preston Model Railway:

- Ensure that all club members and guests sign in as soon as they enter the building.
- In the case of identifying a fire be sure to tell others within the area of the situation.
- Activate the nearest fire alarm pull station to notify building occupants.
- Then you may attempt to put out the fire if it is small and you have activated the fire alarm. If the fire is too large or you are uncomfortable or unfamiliar with the proper use of a fire extinguisher, simply close the door(s) and evacuate.
- Ensure all power tools, transformers or other device have been powered down.
- Exits are located at both ends of the basement area occupied by the Train Club.
- The north exit #1 is near the desk area at the east end of the HO layout area. There is a fire alarm **pull station** at this doorway. Persons using this exit

must go up the stairs and out the door directly in front, and proceed to our meeting area.

- The east exit #2 is our normal entrance and exit for the club area. There is a fire alarm **pull station** located at the outside exit door. Proceed up the outside stairway if safe to do so.
- Ensure that the sign in binder has been picked up by the exit and taken to the gathering area.
- Leave the fire area immediately and exit the building.
- Escort all guests to the safe area, for the train club we ask that you meet near or around the brown Kitchener Utility building. Remain there until a headcount has been completed using the sign in binder.
- When safe to do so, designate one person to advise TVCC staff of details.
- Continue with procedures outlined in the following section.
- Never re-enter a building before given the all clear by the fire department.
- Never attempt to leave the parking lot in your vehicle during an evacuation, driving out could cause an issue with arriving first responders.

CODE AQUA: (FLOOD)***Purpose:***

The purpose of this code is to ensure we have detailed instructions on who to contact and report if there is an uncontrolled flood, how to safely manage a flood, mitigate any damage or service disruption, and restore the area to a safe environment.

Basic Plumbing:

Whenever dealing with a water leak of any sorts be sure to first engage the maintenance department right away by calling extension 299. In the case where the situation happens outside of regular working hours use the emergency call list and call the appropriate contractor. For more information regarding water shut off, please review section 2.2 regarding main water shut off and/or the process for shutting the main water off within this manual.

Toilet Related Issues:

In most cases the best solution is to the shut water off to the toilet. All toilets have a shut off valve located behind them attached to the wall. In washroom, located at base of toilet by wall is a shut off valve. Turn the valve clockwise to shut the water off and place a sign on the toilet identifying it as out of order.



In the cases where the toilet is plugged, please use the newly provided plunger and unplug the toilet. Never repeatedly keep flushing the toilet as this will cause a flood and could endanger a resident or cause a hygiene issue. If and only if your efforts have not been successful then call on maintenance for help, in the

case that its afterhours see the emergency call list and contact the plumber.

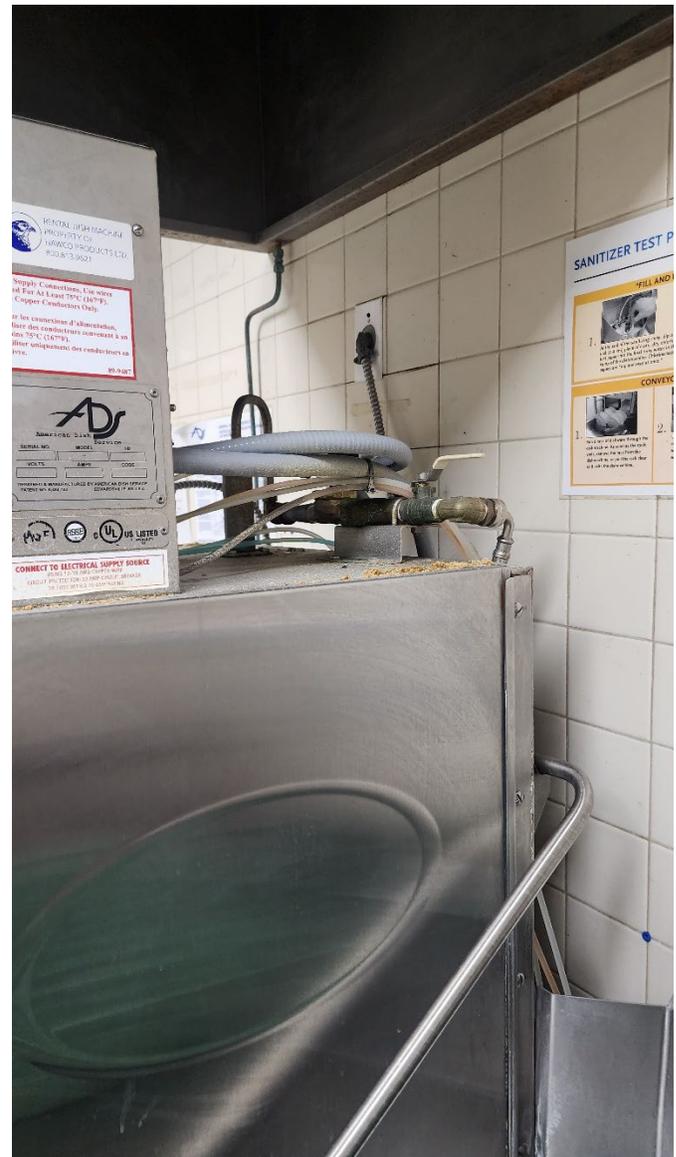
Dishwasher Related Issues:

All dishwashers have a shut off valve. The shut off valve is located on the top of the dishwasher. Turn the valve clockwise to shut the water off and place a sign on the dishwasher identifying it as out of order.

Main Kitchen Dishwasher:



Servery Dishwasher:



Roles and Responsibilities:

The responsibility for dealing with flood planning in Ontario is shared by municipalities, Conservation Authorities and the Ministry of Natural Resources, on behalf of the province. As with all emergencies, municipalities have the primary responsibility for the welfare of residents. The Ministry of Natural Resources and the Conservation Authorities are primarily responsible for operating a forecasting and warning system, and the province may coordinate a response in support of municipal action.

EHS Facility Manager:

The flood response will be engaged by the EHS Facility Manager or their designate when they are notified by the region of a potential flood situation in the area. Upon notification the following will happen.

- Contact COO, Nursing Management if possible flood and impending evacuation as needed
- Contact first responders informing them of a potential need to evacuate the building due to flooding.
- Evacuation will be determined in conjunction with First Responders, the evacuation is a last resort and only will happen if there is a risk to residents.
- Engage first the maintenance team and if not onsite assign any available to conduct flood watch by checking all lower floor drainage areas such as:
 - ❖ Basement storm pipes
 - ❖ Storm sewer by stairwell near grease trap room
 - ❖ Generator Room
 - ❖ Boiler Room
 - ❖ Main Kitchen
 - ❖ Shipping/Receiving area
- Once the flood situation is over begin auditing the building for damage, document findings in Maintenance Care. Contact appropriate groups to begin repair and clean up as needed.
- Any areas that have sustained damage must be sectioned off to prevent access and ensure further damage or endangering persons from a Health and Safety perspective.
- EHS Facility Manager will send out an email to all Managers providing details regarding flood damage.
- JHSC will be engaged and an emergency meeting will setup to bring them up to speed of the situation as it sits.

Nursing:

Once a flood situation has been determined the following steps must be taken:

- Cancel all visits and outings until further notice
- No outside activities to happen
- Keep residents in central location
- First floor staff monitor hallways for any signs of water penetrating the building
- If its is deemed by first responders that an evacuation must happen, then engage the Code Green Protocols and follow the set-out plan.

If there was a need for a full evacuation, residents and staff will only return once the building has been assessed by the EHS Facility Manager, a representative of the JHSC and the appropriate contractors, engineering firms will be consulted as need with regards to possible structural issues.

In order for the building to be deemed safe to return all life safety systems must full operational, those systems are as follows:

- Running water both hot and cold
- Electricity, not backup generator power
- Gas running
- Full sewage systems operational
- Boiler running
- Generator able to operate as normal
- Elevators fully functioning
- Fire Safety System up and running

The final closeout of this process will be a breakdown meeting with management to discuss what worked and areas for improvement. A subsequent meeting can take place with the JHSC, Resident Council and Family Council.

CODE GREEN: (EVACUATION)***Procedures:***

In most cases a total evacuation will be called in conjunction with the Fire Department Captain after residents are in the central core dining room area. In very specific situations the Management Team may call for a full evacuation for the following issues;

- Bomb Threat
- Certain natural disasters
- Loss of heat or power
- Loss of water
- Gas Leak

In the case of a full evacuation the residents will gather at the Chapel. The chapel can accommodate all one hundred and fifty (150) residents for up to twelve (12) hours. Food will be provided by our onsite kitchen. Vital Air will be contacted to assist with service required to maintain oxygen therapy once residents are in a safe location.

In the event that we are not able to use the chapel, we have an agreement with the Radisson Hotel Kitchener Waterloo. Transport of residents to off site locations will be completed by using Grand River Transit for all non - palliative or residents, emergency services will contact GRT and organize the transport with GRT. For all palliative residents we have an agreement with New Canadian Medical Transfer Inc, contact information is in the Emergency Contact list under Transportation.

Horizontal Evacuation:

Horizontal evacuation involves moving residents from the fire area through smoke barrier doors into a fire safe area on the same floor. The fire safe area is located in the central dining room area. Only if the fire is located in the central area would you need to move residents to exits. Smoke barrier doors subdivide the floor area into different fire compartment zones. This method of evacuation is preferred because it can be done quickly and does not involve the use of stairs. Moving the residents past the door of the room of fire origin must be assessed. In most cases, it is easier to move residents past the door of the room on fire and through the smoke barrier doors, than take them down the stairs to the floor below.

Vertical Evacuation:

Vertical evacuation - Should only happen with residents that are able to safely manage the stairs. Residents in wheelchairs are to be left in a designated area, first responders are to be notified so they can make plans to remove the residents as quickly and safely as possible.

Once residents are evacuated to a safe area outside of the building, they may be exposed to inclement weather. Move ambulatory residents to safe location where

they are to wait for first responders. Visitors will be instructed to evacuate the building in a safe orderly manner.

Evacuation teams will be assigned to do the following:

- ❖ **CARRYING TEAMS** - move the residents from bedrooms and corridors to the stairways.
- ❖ **STAIRWAY TEAMS** - move the residents down the stairs to a floor below or out of the building. (Non wheelchair residents, wheelchairs residents will wait for First Responders)
- ❖ **RECEIVING AND TRANSPORTATION TEAMS** - assess the residents who have been evacuated from the building. Provide care and arrange for transportation to alternate location.

Roles & Responsibilities:

Nurse Manager:

If it has been determined that an evacuation must take place then the following will happen as normal protocol:

- The Nurse Manager will key a pull station or activate Total Evacuation switch in sprinkler room, once engaged the bells will sound at which point the person activating the alarm will announce over the paging system in Sprinkler Room, Code GREEN, and EVACUATE THE AREA IN DANGER.
- The Captain of the Fire Department and the nurse manager will decide the order of the wings to be evacuated. The Nurse Manager will remain in the area of the reception and sprinkler room and wear the red vest indicating that she is in charge.
- Phone Trinity Village Studios at 896-3112 Ext 244 to advise them of our evacuation and to ask for their help to call in our staff list provided for them. A phone list is posted in the sprinkler room and a copy is kept at the Studios.
- The nurse manager will assign staff to shuttle residents to Chapel. The nurse Manager will ensure that there are registered staff to supervise and care for residents. The nurse assigned to go the chapel will obtain the Emergency Kit located in the Sprinkler Room from the Nurse Manager. The nurse assigned to the chapel will take one of the two-way radios to communicate with the Nurse Manager. Everyone assisting with the evacuation must sign in. There will be a sign in sheets at reception and in each house at the Nurse's Dens. After hours the sheets for people coming in to assist will be in the front of the Emergency Manual at the reception desk.

House Manager:

The HOUSE MANAGER WHO IS SELECTED TO GO TO TRINITY VILLAGE CHAPEL will communicate using Panasonic Phones:

- The designated House manager will ensure they bring with them, Take Resident's Master File book from reception area, the key for chapel and resident name lists from the sprinkler room to the CHAPEL.
- The designated House Manager will organize and take charge of our residents when they arrive at the chapel.
- Make sure that all of our residents are accounted for by checking off the list, when the evacuation is completed give a progress report to the Nurse Manager.

Other Staff:

The House or Nurse Manager may direct other staff to help with minor tasks, but only in situations that are safe and never put themselves at risk.

- If time permits, get slippers or shoes and blankets, if required. (eg. winter weather)
- If necessary, wrap residents in blankets and sit them on the ground outside until help comes to transport them to Chapel.
- Make sure after a room has been checked and the door is closed that the evacuation sign is placed in the red position.
- Do not leave residents at the designated exits unattended as mag locks are released.
- Assist with the shuttle service to the chapel. Some wheelchair residents can be directed to wheel themselves, most will have to be pushed. Direct residents who are alert and ambulatory to go to the chapel. Utilize staff and volunteers to take the residents to the chapel.
- Reception will provide the fire department and or any other emergency services with the floor plans of the building. The floor plans are in the Emergency Manual at the reception desk. Reception can print a list off of visitors who have entered the building using the Groove Badges System. The volunteer sign in books and service contract sign in book will also be provided. Reception will pull out the resident lists and check off residents who are in the café area.

Visitors & Contractors:

- A brief explanation of Emergency procedures has been added to the Groove Sign in process and must be reviewed by all visitors before proceeding with sign in.
- All visitors and contractors are expected to know the process for evacuating the building. Upon their first use of the sign in device at reception they are given high level details as to what to do during an evacuation.
- All visitors/contractors are asked to listen to instructions provided and make their way to the gathering area in the chapel. No one is to leave the parking lot as this could cause a problem for arriving first responders.

Preston Model Railway:

- All train visitors must sign in and out when visiting, all visits must be complete by 8pm to ensure procedure is followed.

- Ensure that all club members and guests sign in as soon as they enter the building.
- In the case of identifying a fire be sure to tell others within the area of the situation.
- Activate the nearest fire alarm pull station to notify building occupants.
- Then you may attempt to put out the fire if it is small and you have activated the fire alarm. If the fire is too large or you are uncomfortable or unfamiliar with the proper use of a fire extinguisher, simply close the door(s) and evacuate.
- Ensure all power tools, transformers or other device have been powered down.
- Exits are located at both ends of the basement area occupied by the Train Club.
- The north exit #1 is near the desk area at the east end of the HO layout area. There is a fire alarm **pull station** at this doorway. Persons using this exit must go up the stairs and out the door directly in front, and proceed to our meeting area.
- The east exit #2 is our normal entrance and exit for the club area. There is a fire alarm **pull station** located at the outside exit door. Proceed up the outside stairway if safe to do so.
- Ensure that the sign in binder has been picked up by the exit and taken to the gathering area.
- Leave the fire area immediately and exit the building.
- Escort all guests to the safe area, for the train club we ask that you meet near or around the brown Kitchener Utility building. Remain there until a headcount has been completed using the sign in binder.
- When safe to do so, designate one person to advise TVCC staff of details.
- Continue with procedures outlined in the following section.
- Never re-enter a building before given all clear by the fire department.
- Never attempt to leave the parking lot in your vehicle during an evacuation, driving out could cause an issue with arriving first responders.

Gas Leak: (Evacuation)

In the event of a catastrophic failure where a major gas leak has occurred or is judged to be imminent, the potential exists for a hazardous condition to develop that will affect surrounding property and citizens the local regional entity and first responders will contact internal representatives.

If the risk is deemed substantial and a full-scale evacuation must happen, all evacuation protocols must be followed. In addition to those protocols the following must also happen to ensure the safety of all in the building.

Nurse Manager:

1. Upon being notified of the hazardous condition using the annunciator panel call Code Green with description "Gas Leak".
2. During regular hours Mon – Fri (8am - 4pm) have maintenance shut off the main gas line in the boiler room. Outside of regular hours assign someone to shut down the main gas line located beside the entrance to the boiler room. Instructions are on the wall. In both cases have the assigned person report back to you once completed.

3. Assign a staff to meet first responders as they arrive, have them notify the Nurse Manager once they are on site.
4. Make sure the elevators are brought to ground floor and locked in the down position, never use the elevator during any type of gas leak.
5. Have staff take all ambulatory residents to the safe area over at the Chapel. Once there await further instructions.

All Staff:

IF YOU DETECT OR SUSPECT A NATURAL GAS LEAK

1. Do not touch any Electrical Switches.
2. Contact your manager,
 - ❖ Nursing contact House Manager
 - ❖ Rec Staff contact House Manager
 - ❖ FSW contact House Manager
 - ❖ Housekeeping contact House Manager
 - ❖ Maintenance and Laundry contact Nurse Manager
3. If you cannot locate a manager and the smell continues or worsens pull the fire alarm.
4. Begin evacuating the area via the shortest and safest exit route. If possible, to accomplish within seconds, leave windows and exterior doors open to ventilate the area. If safe to do so, on your way out of the building check the washrooms, linen and laundry closets, spa and rec rooms.
5. Assign non nursing staff to assist any residents that can walk during the evacuation process.
6. Place all non-ambulatory residents in their rooms, any that can walk and will be evacuating close their door and place the red marker. Assign a staff member to monitor each of the wings.
7. Provide detailed headcount to the Nurse Manager on how many residents are behind and their location to.
8. If you are trapped during a gas release/emergency, close all doors between you and the gas leak. Stuff the cracks around the doors. Open windows or other exterior openings for fresh air and ventilation. Wait at a safe window and signal/call for help. If there is a phone in the room, call 9-1-1 and tell them exactly where you are.

Maintenance Staff:

During Heating Season: (Oct – May)

1. Once contacted, shut off main gas line in boiler room.
2. Shut off boiler recirculation pumps.
3. Shut off all boilers.
4. Contact Tradeforce around portable boiler system
5. Shut off all rooftop units using the breakers found on second floor.

During Cooling Season:

During Cooling Season: (May – Sept)

1. Once contacted, shut off main gas line in boiler room.
2. Shut off all boilers
3. Contact Tradeforce around portable boiler system
4. Shut off all rooftop units using the breakers found on second floor.

SECTION 3: Code Emergencies

3.2 Shelter in Place Emergencies:

All codes in this category will be considered ones that require “Shelter in Place” process.

CODE SILVER: (PERSON WITH A WEAPON)

The “Code Silver” procedure is a documented planned response to ensure the safety of all residents, visitors and workers within our facility. This code should be called if there is a threat, attempt or active use of a weapon to cause harm, regardless of the type of weapon.

The “Code Silver” does not require people to come and assist, it is designed as a deterrent to keep people away from harm. Regardless of the situation Police will be contacted whenever a “Code Silver” is engaged.

Procedures:

Remain calm, never confront the person with a weapon. Do not make any attempts to disarm an assailant or remove any wounded persons. Make every effort to hide, enter rooms that can be locked, block entry ways to help with preventing access. Be sure to silence your phone or any devices that may point to your location.

Only fight to survive, if your life is in danger do what is necessary to make it through the event. If possible work as a team and fend off the attacker together.

Roles and Responsibilities:**Nurse Manager:**

- Ensure 911 has been notified.
- At earliest possible time contact both COO and EHS Facility Manager using the emergency call list. This task can be assigned to another staff as Nurse Manager sees fit.
- Page Code Silver and specific location
- Assign a staff member to be positioned at front entrance waiting on first responders to arrive.
- If safe to do so secure the wing where the person with the weapon is located. Ensure Fire Doors are shut. Move residents to central location away from the situation.
- Silence all devices or equipment that may make noise and give your location away.
- With the guidance of first responders complete a full debrief.

House Manager:

- Upon hearing the “Code Silver” place all residents in the rooms and close the doors, place the marker in the occupied position, be sure to make staff and yourself safe.
- If safe to do so close the connect fire doors to prevent access to resident room areas
- Contact Nurse Manager informing them that all residents are accounted for and are in their rooms.

- If your floor has the incident on it, being as safe as possible direct all residents, visitors and staff away from the area of danger.
- Silence all devices or equipment that may make noise and give your location away.
- Contact the Nurse Manager and provide them with as much detail around the situation as possible.

Staff:

- If you see a person with a weapon as soon as safe to do so call 911.
- Once residents are out of harm's way go to a room that can be locked from the inside and barricade yourself.
- Contact the Nurse Manager providing location and current status details.
- If you are in the area of the "Code Silver" do not engage the person, make all efforts to flee and become physical if the need to defend yourself is present.
- Silence all devices or equipment that may make noise and give your location away.
- Once all clear is given provide any relevant details to the Nurse Manager for their de-brief report.

CODE PURPLE: (HOSTAGE TAKING)

The Groove sign in and badge process will help us identify persons who are in the building without authorization. The intent is to stop entry into the building before the situation escalates to a possible hostage taking.

Procedures:

If contacted by the hostage taker ensure you remain calm. If possible contact 911 or direct someone else to make the contact. If safe to do so continue dialogue with hostage taker until police arrive. Avoid confrontation or any moves that might aggravate the hostage taker. Try if possible to;

- Attempt to obtain and document precise information on the Code Purple Checklist back of the Code Black Form attached to phone.
- **Try to keep the person talking to obtain more information.** Be prepared to ask these questions if the information has not been volunteered. See Checklist.

Roles and Responsibilities:

Nurse Manager:

- Ensure 911 has been notified and that Code Purple checklist is being completed.
- At earliest possible time contact both COO and EHS Facility Manager using the emergency call list. This task can be assigned to another staff as Nurse Manager sees fit.
- As soon as it is safe to do so assume control of the situation. Firstly direct a staff member to wait for Emergency Personnel at front entrance.
- Page "CODE PURPLE (House, Location, Wing) 3 times and DO NOT RESPOND"
- Secure the wing where the hostage taker is located. Ensure Fire Doors are shut. Move residents to central location away from hostage taking situation.

House Manager:

- Collect resident list from fire box and complete a head count then prepare this list for Emergency Personnel.
- Providing it is safe to do so move their residents to their rooms and place indicator in the occupied position. Keep all hallways clear for first responders.
- If access to resident room is blocked take residents to a centralized locations. Keep all hallways clear for first responders. Be sure to secure yourself and all staff.

CODE GREY: (AIR EXCLUSION)

The purpose of this code is to ensure we have detailed instructions on how to prevent the intake of contaminated air into the facility. Once a situation of dangerous air quality is determined by either visual or notification from emergency contacts, all outside air entering the building must be stopped.

Procedures:

Once it's been determined that there has been an incident that could be a potential hazard as it relates to airborne contaminants, the "Code Grey" process will begin. In the event it needs to be shut down quickly the fire alarm will be activated which will automatically shut down the air ventilation system. A call must be placed to "Direct Detect" 519- 741- 2494 to inform them of our plan prior to setting off the alarm. Account Number #20-2070.

The location of all potential air intakes aside from entry doors are listed as follows;

- Roof top Air Handling Units.
- Mechanical Room, Generator Room and Laundry have open venting.
- All windows in resident rooms and common areas.

Documenting the Threat:

If the occurrences pose a potential or actual risk to the safety, security, welfare and/or health of a resident or staff member, or to the safety and security of the facility, the Nurse Manager will check the mandatory reporting form and inform the necessary staff who will complete the Critical Incident System on line with the Ministry of Health and Long Term Care and inform the Administrator of the submission.

The COO shall ensure that a CIS at www.ltchomes.net is completed. Critical Incident System Report is to be started within 24 hours. The COO will call the Ministry of Health and Long-Term Care Health Care Programs, Central West Region Office Compliance Advisor.

Roles and Responsibilities:**Nurse Manager:**

- Announce "Code Grey and all staff to report to a House Managers."
- Contact EHS Facility Manager, if after hours use the Emergency Call list
- If onsite send the Maintenance Person if after hours a trained staff member to the linen room on 3rd floor Cherry Orchard to turn off the breakers located in Panel DP 6S3
- The same needs to be done on Walnut Grove north wing equipment room Panel DP 6N3 behind door.
- If there is no staff on in Administration, Main Kitchen and Laundry assign someone to check these areas and ensure all windows are closed. When completed report to House Manager.

- *(If no laundry staff available)* to assign someone to get blankets from environmental supply room to place along the mechanical room door and the generator door.
- Assign someone to monitor the front door.

House Manager:

- Assign each staff member an area to check that windows are closed.
- In Oak Ridge assign someone to check Gathering Place
- Maple Bush House Manager to assign someone to check the Fitness Room.
- Walnut Grove House Manager will assign someone to check the Technology Room on 3rd floor.
- Have all staff go room-by-room and close windows. Have House Managers report back to Nurse Manager when this is completed.

Reception:

- To lock front door and allow people in only after the outside door has closed. A notice will be posted notifying no admittance until further notice.
- In the winter months ensure that the heater in the vestibule is shut off so no air is brought in.

Laundry:

- To check and close their windows and close, go to environmental supply room and use designated blankets to stop air flow from mechanical and generator room door, then report to Nurse Manager.

Administration/Kitchen

- If you are onsite at the time of the Code Grey ensure that all windows and close.

CODE BLACK: (BOMB & EXTORTION) ***Procedures:***

If a bomb or extortion threat is received by telephone, the **person answering the call** will:

Attempt to obtain and document precise information on the Bomb Threat Checklist sheets that are placed with each phone should be filled out with the following information:

- the time the call was received and on what number
- the exact words of the person making the call
- male or female voice and approximate age
- the accent of the caller
- whether the voice sounds familiar
- whether the person sounds intoxicated
- Any background noise, e.g. traffic, music, etc.
- Time the suspect hung up.
- get the attention of someone close by so that a page can be placed to Nurse Manager Code Black
- Nurse Manager to call 911 on a regular phone line.

Try to keep the caller talking to obtain more information. Be prepared to ask these questions if the information has not been volunteered: Questions are posted beside each phone for easy reference.

- When is the bomb going to explode?
- Where is the bomb right now?
- What does it look like?
- What kind of bomb is it?
- Why did you place the bomb?
- Why are you doing this?

If a bomb or extortion threat is received in writing, the person receiving the message will:

- Record a description of the messenger and vehicle, if possible.
- Do not handle the note or envelope any more than necessary to avoid smearing fingerprints.
- Notify the Nurse Manager immediately of the threat.
- Place the building in lock down, lock the front entrance so no new persons enter. Place a sign informing people that we are closed while we correct an issue
- Have a staff member to notify the nurse manager.

Procedure for Restricting Entry in Bomb Threat Situations:

If the bomb threat indicates that the bomb has not yet been placed in the building, steps must be taken to prevent this from happening. The Nurse Manager will then inform the receptionist to lock the front door, Outdoor Haven and Courtyard.

Roles & Responsibilities:**Nurse Manager**

1. Dial 911 to inform the police bomb squad and fire departments. ASK FOR SILENT APPROACH. Inform them of a possible bomb.
2. Announce CODE BLACK, CODE BLACK IN EFFECT on the paging system in the Sprinkler Room.
3. The Nurse Manager will recall the elevator to the first floor and lock it open.
4. Notify Chief Operating Officer. The telephone line on which 911 was dialed will be locked, therefore, any further outgoing calls must be made on another line.
5. The Nurse Manager will remain at reception awaiting further instruction from Emergency Personnel. If Nurse Manager must accompany Emergency Personnel they will assign someone to remain at Reception.
6. All House Managers must remain at their house dens so information can be relayed between House Manager and Nurse Manager via regular phone lines. Use of two-way radios or cellular phones are not permitted because of potential of radio signals could detonate a bomb. Nurse Managers to turn off cell phones as soon as Code Black is paged.
7. Record names of extra staff (sheets located in Sprinkler Room) as they arrive and assign them to duties. Resident name list should also be utilized to record residents not in the building or leaving the building. Distribute updated list.
8. Keep a record of proceedings, time, date, progress, etc.

In the event that a device is found the Nurse Manager will:

1. Announce **CODE BLACK, FLOOR AND HOUSE, and ROOM NUMBER OR AREA** and activate the fire alarm.
2. Request that all residents, visitors and contractors shelter in place and await further instructions.
3. This might be a joint decision with the police, fire department and bomb disposal squad.

A command center will be set up in the Parlour or as per first responders indicate for the emergency services to coordinate forces.

Staff:

1. Remove residents from hallways - HALLWAYS MUST BE CLEAR.
2. CLOSE FIRE DOORS - other doors and windows to remain open.
3. Observe for any suspicious person or persons.
4. Report any findings or suspicions to the House Manager who will in turn report to the Nurse Manager at Reception.
5. To minimize panic only provide basic information to all non - employees.
6. Stay in frequent communication with the Nurse Manager.
7. Make no statements to the news media. Direct inquiries to the Chief Operating Officer.
8. Make no outgoing calls nor answer any incoming calls.

In the event that a device is found:

1. **DO NOT TOUCH THE DEVICE OR ANY OBJECT NEAR IT.**
2. Cordon area off immediately, leave the area and direct all persons away from the possible threat.
3. Inform the House Manager who in turn will notify Nurse Manager of location and description.
4. Depending on the location of the device, clear the residents to the dining room away from the affected area and immediately above and below it.

Termination of Emergency

When the bomb or extortion threat is over the Nurse Manager will:

1. Announce **ALL CLEAR, RESIDENTS MAY RETURN TO THEIR ROOMS.**
2. Documenting the Threat

DESIGNATED SUPERVISORY STAFF LIST TO CALL

Please call the following list for assistance during a bomb threat:

COO, Debby Riepert519-635-6297

DORC, Jasmina Sabani 519-498-7630

Environmental Services Manager,

CODE WHITE: (VIOLENT BEHAVIOUR)

Trinity Village Care Centre manages aggressive behaviour with the best strategies possible, the least amount of restraint, while maintaining the person's dignity and the safety of all.

Trinity Village Care Centre is committed to integrating quality of care and safety solutions for all members of our community, visitors and its employees as outlined in the Management of Aggressive Behaviour Policy.

Procedures:

A "Code White" will be initiated when the following has occurred;

- An individual is escalating and not responding to verbal/de-escalation techniques, negotiation, redirection, limit setting and problem solving techniques by the staff; **and/or**
- An individual is verbally hostile towards staff, visitors or other residents. The individual may be venting and expressing anger, but there are no imminent signs of aggression or violence to self or others; **and/or**
- Urgent assistance is required due to a threat to harm self or others, or an individual becomes assaultive and/or combative.

The Code White response is initiated to:

- Regain control of a behaviour emergency in which an individual's escalating or threatening behaviours are beyond the area staff's abilities to control.
- Provide the individual demonstrating aggressive behaviour with appropriate care until he/she regains control of his/her behaviour.
- Prevent injury to the escalating individual, other residents, staff and others.
- Prevent property damage.

To Initiate a Code White Response:

- Dial Reception from (0) 8:00am – 7:30pm / Nurse Manager (314) from 7:30pm – 8:00am.
- State Code White and provide specific location and room number.
- The code will be paged three times, stating Code White (specific location and/or room number).

Roles and Responsibilities:**Nurse Manager:**

- Page Code White and specific location
- Go to area and put on fluorescent vest from emergency box.
- Receive report of situation from House staff and brief Code White Team responders as they arrive.
- Assign staff to the following duties.
 - If required, call and meet the Police.

- If required have staff prepare chair with pelvic restraint (located in cupboard outside med room)
 - Ensure residents and visitors are cleared from the immediate area.
 - Provide support to other residents.
 - Clear the areas of potentially dangerous objects
 - Reduce stimulation (turn off radios, TV's)
 - Arrange for medication order and the preparation of medications.
 - Ensures the Code White checklist is completed and reviewed by House Manager and forward to DORC.
 - Once directed by the House Manager call the all clear to Reception or if after hours page all clear.
 - Once the situation is under control ensures a brief Code White debriefing session is conducted with staff and any residents who are upset.
 - Notify family if resident involved.
 - Notify COO and Director of Resident Care of the situation.
 - Obtain extra staffing if necessary to ensure safety of residents and staff.
- Log the time and location of the Code White in the Code Checklist.
 - When instructed announce "Code White All Clear".
 - Log the time the "All Clear" was called in the Code Log.

Debriefing: Although listed under the Nurse Manager responsibilities this can be also be assigned to a House Manager.

(A debriefing led by the Nurse Manager / House Manager, is mandatory following all Code Whites to :)

- Ensure the emotional, psychological and physical well-being of all the staff and any residents who witnessed any part of the situation.
- Provide a supportive and educational process where staff is advised of the normal course of their reactions in response to an overwhelming event. The De-escalation Leader is responsible for ensuring residents are debriefed after an event.
- Inform the staff of the support resources available to them i.e. Social work, Occupational Health and Safety and EAP Program.
- To review the event in a supportive and educational manner, focusing on team intervention and communication issues.

House Manager:

- Organizes, directs and determines a plan of action for the Code White Team, if a physical containment or restraint is necessary when the aggressive person is acting out and advances towards another person, attempts to obtain a potential weapon, harm themselves or the violence is imminent.
- Maintains communication with the Nurse Manager.
- Acts as a spokesperson for the response team.
- Ensures all team members understand their role prior to restraining.

- Remove non-vital staff from area.
- Determines when it is safe to move the person.
- Determines with the Nurse Manager if police back-up is required.
- Monitors restrained resident.
- Ensure that the Code White Checklist is complete submits it to Nurse Manager for review.
- Assists Nurse Manager with debriefing staff after the Code.
- Makes recommendations to Nurse Manager for additional support for staff and residents if necessary.

Managers:

- Ensure that all staff is familiar with the Code White Policy and Procedure.
- Ensure that documentation is completed.
- The Code White incident is documented on the resident's health record.
- Nurse Manager completes an Unusual Occurrence Report and send to Administrator.
- Code White Checklist to be forwarded to DORC after review by House Manager.
- Employee Incident Report Form (if applicable).
- Complete a Critical Incident System within 10 days.
- Provide support and follow up to staff.

DORC:

- Conduct a post incident review after every Code White as a prevention strategy for future incidents.

Post Incident Review:

A post incident review is conducted by the Administrator and Director of Resident Care, Manager of Cognitive Care and Social Worker in the event of staff or resident injury, to:

- Review precipitating factors and the process of the Code White.
- Evaluate and revise the resident care plan as it relates to the management of the residents aggressive or violent behaviour.
- Identify training and policy issues.
- Develop and implement prevention strategies in conjunction with EHS Facility Manager and Joint Health and Safety Committee.

De-Escalation Leader:

The De-escalation Leader should be the clinical person who is most familiar and has the best rapport with the resident. The De-escalation Leader role cannot be performed by anyone who is the object of the aggressive person's venting of acting out behaviour.

The De-escalation Leader must ensure the following:

- Is the only person who speaks to the resident or individual throughout the Code White?
- Rarely assists with physical restraint of the resident of individual during the code.

- Continues to provide information and maintains therapeutic rapport throughout the emergency.
- Steps back during physical intervention lead by House Manager.

- Continues to de-escalate and communicate with the individual during the physical restraint.
- Trades off the role with a Code White Team member if he/she becomes the target of the aggressive individuals venting or acting out behaviour upon direction from the House Manager / Nurse Manager.
- Participates in debriefing.
- Debriefs the resident after the Code White is concluded.

Code White Response Team:

The response team is made up of the following predetermined staff:

Day shift

- Recreation Staff on specified House
- Nurse Manager
- House Manager

Evening shift

- Nurse Manger
- All House Managers

Night shift

- Nurse Manager
- House Managers

The response team has specific tasks that are assigned to the group, the below listed items are key responsibilities and are assigned as needed;

- Removes ID card and all objects that may cause harm (e.g. pens, pagers, watches etc.) and hands to the Nurse Manager upon arrival at the code.
- Obtain information from the House and Nurse Managers.
- Participate in planning the intervention with the House Manager.
- Assume the role of De-escalation if directed to do so by the House Manager.
- Understand that the De-escalation Leader is the ONLY person who communicates with the individual in an attempt to resolve the situation.
- Attend a debriefing session.
- Participate in a post incident review if directed by the COO and/or the DORC.

CODE ORANGE: (DISASTER)



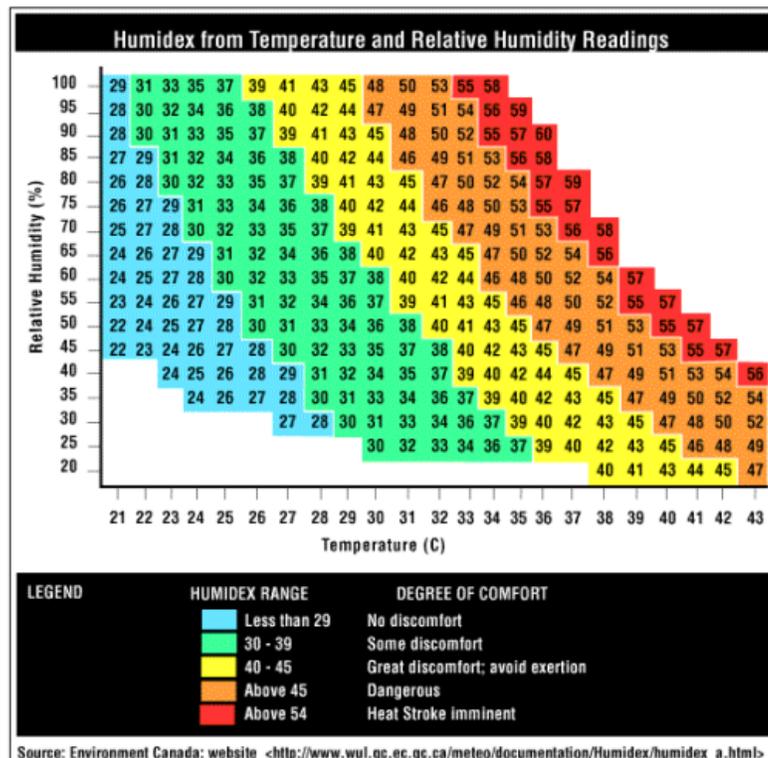
Procedures:

Due to the wide scope of this procedure there are scenarios that will require residents, visitors, and staff to Shelter in Place. These Shelter in Place scenarios will be identified below.

Extreme Heat:

Environment Canada has a weather warning system which includes watches, warnings, and advisories. These warnings relate to the potential and / or actual existence of storms (hurricanes and tornadoes), precipitation (rain or snow) and cold temperatures. Humidity levels are not included in weather watches. However, a separate system, referred to as the “humidex” has been developed to warn people when conditions pose increased risks for heat-related illness.

HEAT WARNING REGION	CONDITION	DURATION
Extreme Southwestern Ontario (Essex & Chatham- Kent Counties)	Temp max* ≥ 31°C and Temp min ≥ 21°C OR Humidex ≥ 42	2+ DAYS
Remainder of Southern Ontario (including District of Parry Sound)	Temp max ≥ 31°C and Temp min ≥ 20°C OR Humidex ≥ 40	2+ DAYS
Northern Ontario	Temp max ≥ 29°C and Temp min ≥ 18°C OR Humidex ≥ 36	2+ DAYS



It is important that nursing staff and medical staff are familiar with the recognition and immediate treatment of hot weather-related illnesses. No outings will be planned for residents or staff when temps reach greater than 30C or a humidex greater than 40. Recommendations will be made to family members to reschedule planned events when we are in a heat wave or warning situation.

In general practice, 5 categories of hot weather-related illness are recognized. They are grouped below as major (heat stroke, heat exhaustion and heat syncope) and minor (heat cramps, heat rash). Major, in this context refers to actual or potential life-threatening manifestations or hot, ambient conditions. For this purpose, heat syncope is included, since (a) the potential for resultant falls is greater in the elderly, and (b) the consequences of falls and other injuries are more serious in an elderly population.

Heat Stroke:

Heat stroke is caused by the breakdown of your body's cooling system and has a high risk of irreversible damage to body organs and organ systems.

Immediate treatment should be concerned primarily in transfer to hospital and lowering of body temperature. The first step to be taken is:

1.
 - a) Notify attending physician and medical director/advisory physician immediately.
 - b) Transfer the resident to hospital via ambulance as soon as possible.
 - c) Inform the family of pending transfer.

2. During the waiting period until the ambulance arrives, the following actions should be taken:
 - Maintain absolute bed rest with head elevated in the absence of hypotension.
 - Cool down by vigorous fanning and by sponge bathing with cold water and towels over the neck, chest, axilla and groin. More drastic measures, such as immersion in a tub filled with cold water, may be instituted on the order of the physician. (When this latter measure is used, rectal temperatures should be monitored every 10 minutes to avoid hypothermia).
 - Push fluids and monitor intake.
 - Promote circulation by massaging extremities and back and change positions side to side frequently.
 - Change the bed linen as needed.
 - Administer antipyretic drugs, oxygen and other therapeutic measures as prescribed by a physician.
 - Record signs and symptoms, rectal temperatures, fluid intake and output, most recently recorded weight, treatments provided and resident's responses. This information must be forwarded with the resident to the Emergency Department.
 - Keep the resident's attending physician informed of the current medical status.

- Many reported fatalities have occurred during the 48-hour period following recognition of heat stroke, even after the residents were reported to be clinically stable. If, for any reason, the resident is returned to the Home within this time period, close monitoring is essential.

Heat Exhaustion:

Caused by the breakdown of your body's cooling system. Symptoms can include:

- heavy sweating
- cool, moist skin
- body temperature above 38°C

Treatment of heat exhaustion should focus on fluid and electrolyte replenishment. More specific recommendations for the elderly include:

- Place the resident in a cool area (e.g. a designated air conditioned common space).
- Place the resident in the most supine position feasible with head lowered and/or knees drawn up.
- Ensure clothing is lightweight, light-colored and cotton, not polyester.
- Cool down the resident by cold-water sponging.
- Advise the resident's physician of his or her condition.
- Restore body fluids by pushing fluids.
- Inform nutrition staff of the need for additional fluids to be provided at meal and nourishment times.
- Keep the resident comfortable by various measures including bed linen changes as necessary.
- Record the resident's fluid intake and output.
- Monitor and record weight, blood pressure, pulse, respiration rate, skin colour, rectal temperatures, therapeutic measures provided, and resident's responses to these measures.
- Maintain close observation for signs of heat stroke.
- Review and, if possible, reduce drugs with high potential for adverse effects.

Heat Syncope:

Heat syncope or fainting is a mild form of heat illness that often results from physical exertion when it is hot. This can result in falls and consequent injuries related to the fall. Symptoms can include:

- Weakness
- Light-headedness
- Nausea

Treatment of heat syncope for the elderly include:

- Assistance in moving
- Provide cool fluids

Heat Rash:

Is described as, red bumps on skin with severe itching caused by hot humid environments and plugged sweat glands.

Heat rash can often be prevented by intermittent relief from the humid environment and by maintaining dry skin as much as possible between exposures. While heat rash is not generally a health-threatening condition, it is important to prevent secondary infection. If the condition persists, a physician should be consulted.

Heat Cramps:

Is described as, muscle pain in overworked areas such as arms, legs or stomach caused by a salt imbalance from heavy sweating.

Heat cramps can often be treated by,

- moving to a cool environment
- loosen clothing
- gentle massage the affected muscles
- drink cool slightly salted water or electrolyte

If the condition persists, a physician should be consulted.

Internal Disaster:**Emergency Food Service Plan:**

The Nutrition Manager will monitor the following items, which are important in the prevention of food-borne illness. (All information related to this can be found in the [Nutrition Manual, please reference the most recent calendar year manual.](#))

Cooling and refrigerated storage of hazardous food:

- All food will be cooled from 50 to 20 degrees Celsius (125 - 70 degree F) in less than 2 hours
- All food will be cooled from 60 to 5 degrees Celsius (140 - 40 degree F) in less than 4 hours
- All cold food will be held at 5 degrees Celsius or less (40 degree F)
- The storage container size for solid /semisolid food will be no deeper than 10 cm (4 inches)

Cooking / hold holding/ reheating of hazardous food:

- All food will be thoroughly cooked to above the stated minimum internal food temperature for 5 minutes (poultry 80 degrees Celsius (176 degree F), pork 66 degrees Celsius (150 degree F) ground beef 70 degrees Celsius (160 degree F), beef 63 degree Celsius (145 degree F))
- All food will be hot held at a minimum of 60 degrees Celsius (140 degree F) after cooking/ rapid reheating
- All food will be reheated to a minimum end point temperature of 74 degrees Celsius (165 degree F) within 2 hours.
- Cleanly sanitized thermometers will be placed in the thickest part of the food to verify the internal temperature of the item.

Thawing of Food:

- Frozen food will be thawed under refrigeration at temperatures below 4 degrees Celsius (40 degree F)

- Large frozen items such as turkeys must be taken from the freezer up to four days in advance of preparation.
- Thawing as part of the conventional cooking process is not recommended for large quantities of food because the internal temperature may not reach levels to kill microorganisms.

Dishwashing:

- All dishwashing temperatures will be at a minimum temperature of 40-degree Celsius (140 degree F).
- All rinsing of dishes will be completed at a minimum of 82 degree C (180 degree F) If chemical sanitation is used the procedure will be approved by the local health authority.

Garbage Control:

- All garbage will be stored in a refrigerated storage area
- Garbage will be removed from the food service areas frequently

Pest Control:

- The kitchen will be monitored for evidence of pest -problems
- Pest control problems will be referred to the Facility Pest Controller

Health of Food Handlers:

- All food handlers will be monitored to ensure they are asymptotic and free from GI/Respiratory symptoms or infected cuts/ burns on hands
- All food handlers will wash their hands thoroughly before starting or resuming work, after using the washroom, after coughing, sneezing, smoking, handling garbage, handling raw food products, or otherwise contaminating hands. Refer to hand washing procedure.
- All food handlers will be trained to use proper utensils (tongs, spatulas, and clean plastic gloves) to eliminate direct hand contact with cooked or prepared foods.
- All food handlers will be trained never to touch food contact surfaces of glasses, cups, plates, or tableware with their bare hands.

Protection from cross-contamination or other sources:

- All raw hazardous foods will be separated from ready to eat foods during storage and handling
- All ready to eat foods will be separated from raw food preparation surfaces or utensils
- All food will be stored or handled away from chemicals/pesticides
- All high acid foods will be stored/ prepared in corrosion resistant containers or equipment.

Emergency Food Service Plan: (Long Term - Greater than 4 hours)

The Nutrition Manager will maintain a 3-day supply of disposable dishes, cutlery, cleaning supplies, garbage bags and bottled water. They also will maintain an inventory of food as specified on the 3-day emergency menu. The foods will be dated rotated and used and replaced before the expiration day to always ensure readiness.

If the emergency plan occurs outside of normal working hours the facility dietary call back system will be implemented. The number of dietary staff called will be based on the staffing needs as assessed by the Nutrition Manager.

The Nutrition Manager will closely supervise food handling procedures to ensure safe procedures are being followed. Meal production will commence based on the 4-day emergency menu. Kitchen hygiene is more difficult to achieve in an emergency. Hand washing stations will be implemented to ensure cleanliness of hands. Standardized sanitizing procedures for counters/ equipment will be followed. Disposable products will be utilized whenever possible.

The food service staff will ensure food remains in storage and packages until just prior to meal service. Contents of opened tins should not be left over to the next day. All food will be covered until it is needed. All food will be cooked via BBQ at the hottest possible temperature. The hot food will be consumed as soon as possible, no longer than 3 hours after storage in the containers. The food service staffs when in doubt about any food, whether cooked or uncooked, will discard the food.

Service of food to residents and staff will follow standardized sanitation practices. The Department of Health will be contacted on a regular basis to obtain further advice and directions.

Emergency Food Service Plan: (Short Term - Less than 4 hours)

The Nutrition Manager or designate will record temperatures of every refrigerator/freezer hourly. Temperatures will be recorded on the presently posted temperatures sheets in the "Action Section". The Nutrition Manager/Cook will ensure that the door/lid of every refrigerator/cooler is kept shut as much as possible. Any refrigerators/freezer that is not hooked up to the generator will be emptied and food items will be placed in main kitchen refrigerator/freezer.

If temperatures of refrigerator/freezer are above 4 degrees Celsius, (40 degrees Fahrenheit), temperatures of the food items will be monitored. If temperatures of the food items are above 4 degrees Celsius for greater than 2 hours the food will be discarded.

The Nutrition Manager/Cook will implement the use of bottled water if the main water source is unavailable for greater than 4 hours. The Nutrition Manager will maintain a 3-day supply of bottled water at the facility (4 L per person per day is recommended -1 L for drinking, 2 L for cooking and 1 L for hygiene needs).

The Nutrition Manager or designate will modify the present menu, if possible, to offer cold menu items.

The Nutrition Manager or designate will implement the attached menu if unable to modify the present menu in the event of no cooking facilities and no water. The barbecue will be used as the major method of cooking. It is assumed that the generator will maintain the present status of main kitchen refrigerators/freezers and dishwashing. Safe food handling practice will be utilized.

Dishwashing services (from the main kitchen or any of the 3 serveries) will be used if in working order, otherwise paper products will be used. If power and gas services do not return within 4 hours, a long-term emergency plan will be implemented. The Nutrition

Manager or designate will ensure that food/fluid is handled according to the Food Premises regular and the Sanitation Code.

Electrical Related Issues:

LOSS OF POWER:

In the case of a power failure there is an emergency backup generator which automatically engages after a sustained loss of power that is great than 10 seconds. During backup generator usage, hallway lights will remain functional but all non-essential such as resident rooms will not. In addition during an outage all red receptacle will be live and can be sued for essential equipment

Oxygen:

Provided by ProResp is a 24-hour on-call service and will be available to supply liquid oxygen as required. During a power failure, staff should call the office at 519 886 0202 for assistance. If receiving calls from the community with oxygen needs refer them to their oxygen company but if they cannot receive service they may call ProResp. People from the community may come to the facility to use our generator power outlets to continue their oxygen needs.

Stoves:

All stoves run on gas; therefore food can still be prepared. Disposable dishes and utensils will be used at this time because dishwashers will not run. Food can be transported to the serveries on the floors via elevator that is generator powered.

Refrigerators:

Will keep food cool for 4-6 hours. Throw out any food with a strange colour or odor as soon as possible. Make sure raw meat, poultry or fish are wrapped very well and placed in the coldest section of your refrigerator.

Freezers:

Without power will keep everything frozen for about 2 days. A half-full freezer will keep food frozen for 1 day. Keep doors to freezer closed as much as possible to keep things frozen longer.

Service Elevator:

The generator will power elevator number 1. The smaller elevator will go to the basement automatically and will automatically open. Anyone in it can push the open button to release the door. Nurse Manager will assign someone to check basement for anyone exiting the elevator in power outage.

Telephone:

The telephone system is on a generator backup located in the electrical room.

Computer:

The server will be plugged into a red receptacle in electrical room and all computers in the house areas are plugged into the red receptacles.

Laundry:

Lighting will remain on however equipment will not run. A supply of disposable face cloths is stored in laundry and disposable briefs are supplied. If there is a prolong power failure or mass breakdown of equipment we have an agreement with Centreville Laundry Services, contact information is in emergency number sheet.

Medications:

All requiring refrigeration will be placed in the vaccination fridge located in the Wellness Room. This fridge is plugged into the red receptacle at all times.

Water:

During an emergency there may be a need to conserve water for essentials only. No bathing will be done and only essential personal care done. Bathtubs should be filled immediately to give us additional water for flushing toilets and personal care needs. There is a supply of bottled water in our kitchen and café, and water cooler jugs in staff lounges.

Mag Locks:

Will remain on however the front doors will have to be opened manually. The Nurse Manager and reception will monitor staff and visitors entering and exiting the building. After 7:30pm the front doors will be locked.

Paging:

The systems remain working, as they are generator powered.

CONTACT THE REGIONAL OFFICE of MOHLTC London Service Office before hour's number and the afterhours number Emergency pager if power outages affect the operations or impact on resident care. See Emergency number list.

TORNADO PREPAREDNESS: (SHELTER IN PLACE)

If a tornado is eminent we must ensure that all residents, visitors and staff shelter in place. The following must take place:

- All residents should be moved into the room hallways.
- A headcount must be completed.
- Resident doors should all be closed once emptied with the indicator on the door frame in the down position.
- Emergency doors should be closed creating a safe zone from and potential debris that could be created.
- Residents, visitors and staff shall remain in that safe location until given the all clear by the Nurse Manager, EHS Facility Manager or a designate.

Tornado Watch vs Tornado Warning:

A tornado watch indicates that there are weather conditions that may cause a potential tornado. The watch may last up to 8 hours and monitoring local weather is recommended. A tornado warning is issued when a tornado funnel has actually been sighted or indicated by radar. The warning covers a short period of time and specific small areas. The warning will indicate where the tornado was detected and the area

through which it is expected to move. If you are in the expected path of the storm, take shelter immediately.

What to do during a tornado warning:

Once it's been determined that a tornado is imminent:

- All residents should be moved into the room hallways.
- A headcount must be completed.
- Resident doors should all be closed once emptied with the indicator on the door frame in the down position.
- Emergency doors should be closed creating a safe zone from and potential debris that could be created.
- Residents, visitors and staff shall remain in that safe location until given the all clear by the Nurse Manager, EHS Facility Manager or a designate.

Boil Water Advisory: (SHELTER IN PLACE)

Initiating Process:

Public Health Inspectors and Ministry of Environment and Climate Change (MOECC) Inspectors monitor public drinking water systems to ensure a safe water supply. If water supplied by a system is unsafe either the system operator or public health will issue a boil water or drinking water advisory to protect the health of the system users. In many cases water advisories are broken down into two categories, as described below.

1. Boil-water advisories usually indicate that water is contaminated with bacteria, parasites, or viruses. They require water to be brought to a rolling boil for at least a minute and then cooled before drinking or otherwise consuming (for example, in ice cubes or through cooking).
2. Do-not-consume advisories are used when water is contaminated with substances, such as lead, that cannot be removed through boiling. This water cannot be ingested, but it can be used by adults and older children for bathing.

To ensure the safety of all residents and staff we would follow the protocols in the Boil Water Advisory, baths at this time would be halted.

Roles and Responsibilities

IPAC Manager:

- Contact Public Health to get guidance on any visitation or travel restrictions and provide information to Programs Manager
- Engage PPE protocols as required by Public Health in the handling of materials that may have been in contact with contaminated water.
- Ensure all relevant information is posted in conspicuous locations including on the organization website.

EHS Facility Manager:

- Once the advisory has been issued, inform management and the JHSC.

- Contact water supply company (Dr Salt) and purchase additional water to supplement cooking as needed.
- Contact Keytech for support with water related work.
- Have water to sinks in resident rooms shut off until further notice.
- Ensure all floors have enough water for coolers as consumption will increase
- Once advisory is lifted, run the taps on ever sink both hot and cold for 1 minute this includes:
 - Resident rooms
 - Housekeeping closets
 - Laundry Rooms
 - Linen Rooms
 - Public Washrooms
 - Dining room sinks
 - Spa showers
 - Spa tubs should be run, and disinfectant cycle ran after
- Once maintenance has completed flushing the systems as mentioned above email notification will be sent to all managers with an update.

Nursing:

- Halt all shower or baths until further notice, bed baths will be the mode until warning is over.
- Use of hand sanitizer after hand washing must be followed.

Nutrition:

- Make sure all staff are aware that no tap water is to be used in cooking or for drinking until further notice.
- Shut off ice machine and empty all ice cubes. Sanitize the freezer drawer once completed.
- Place an emergency order into supplier for cases of bottled water and ensure there is a standing order until further notice.
- Once advisory is lifted all dishwashers must be cycled without contents to clean out old water
- Once advisory is lifted run water lines in ice machine to ensure old water has been cycled through.
- Once all re-start tasks are completed inform all managers via email.

Reference:

Please see below reference chart as provided by HEALTH CANADA. This will be used to ensure safe practices during a boil water advisory. The recommendations below are minimum requirements and organizations can go above the guidance provided.

SPECIFIC GUIDANCE DURING BOIL WATER ADVISORY

USE	NON - OUTBREAK SITUATIONS	WATERBORNE OUTBREAK SITUATIONS
Drinking	USE BOILED WATER	
Brushing Teeth	USE BOILED WATER	
Washing Hands	Can continue to be washed using tap water and a proper handwashing technique that includes rubbing all parts of the hands with soap and water for a minimum of 20 second	Can continue to be washed using tap water and a proper handwashing technique, followed by the use of an alcohol-based hand gel disinfectant containing more than 60% alcohol, or rub hands with a 65-95 % alcohol solution. Alcohol-based disinfectant should be rubbed into all areas of the hands until hands are dry. Hands should not be towel dried.
Ice Cubes	USE BOILED WATER	
Preparing Food	USE BOILED WATER	
Beverages	USE BOILED WATER	
Washing Fruits/Vegetables	USE BOILED WATER	
Laundry	May be washed in tap water, either by hand or by machine	Wash laundry with detergent in hot water at the maximum cycle length, and then machine (hot air) dry
Showers/Baths	Adults, adolescents, and older children may shower, bathe, or wash using tap water, but should avoid swallowing the water. Infants, toddlers and immunocompromised individuals should be sponge bathed in order to reduce the chance of them swallowing the water.	Sponge bathe only
Washing dishes	May be washed in tap water, either by hand or by machine	If dishes are washed by hand, they should be (1) washed and rinsed in hot tap water, then (2) soaked in a dilute solution of unscented household bleach (20 mL of unscented bleach in 10 L of water) for 1 minute and (3) left to air dry for a minimum of 4 hours

		Use dishwasher that uses hot water (final rinse temperature of at least 65oC) or has a sanitizing cycle
Infant formula	USE BOILED WATER	
Pets	USE BOILED WATER	

Once Public Health has deemed the advisory over, the organization will inform all parties in the following order.

- Staff
- Residents
- Family and POA's
- Contractors
- Posting on Website for public.

Normal operation can begin once the advisory and all protocol for restarting water systems has been met.

CODE BIEGE: (OUTBREAK)**OUTBREAK RESPONSE PLAN:*****Scope:***

This plan applies to the Trinity Village and will be activated by either the DORC and or ADORC in conjunction with the COO and EHS Facility Manager with guidance from Public Health or Ministry OF Health. The plan covers off the following:

- Communicable diseases
- Diseases of Public Health significance
- Epidemics
- Pandemics

Detailed instructions as it relates to outbreak can be found in the Outbreak Response Plan found in the IPAC Manual. This plan will be engaged by the IPAC Manager and any designates.

Drills will consist of " Silent" drills where staff are engaged to prepare a floor as if they were put into

SECTION 3: Code Emergencies

3.3 Other Emergencies:

All codes in this category unless otherwise specified do not fall under either the “Shelter in Place” or “Evacuation” section. Each of these will provide detailed information as to what is required for all parties.

CODE YELLOW: (MISSING PERSON)***Procedures:***

This Code does not fall under either Evacuation or Shelter in Place. Upon discovery of a missing resident staff must deal with the matter promptly. Every minute is important to recovering the resident. Following these procedures will ensure rapid response and timely outcome.

1. When the staff is unable to locate a resident the House Manager on the floor initiates a search of the immediate area by all the staff on that floor. Nurse Manager will notify reception to lock front door. House Managers and Reception should bring up the picture of the resident by doing the following on the computer in the Nurses Den:
 - ❖ double click on Search and Rescue – on desktop
 - ❖ double click on the floor number
 - ❖ double click on the resident picture – they are in alphabetical order by first name
 - ❖ print the picture
2. The House Manager will page all staff on the floor to report to their House Managers. The House Manager of floor should be aware of whether the resident has been signed out or not.
3. All resident's rooms, closets, recreation rooms, bathrooms and lounges are checked and if they are unable to locate the resident, use the sliders on the resident doors to indicate the room has been checked. Slide it across showing the red area. When the resident has not been found on the floor the Nurse Manager is notified and a Code Yellow page is put out throughout the building alerting the rest of the staff to search for the missing resident. The Nurse Manager will be stationed at Reception to direct additional staff to areas not previously covered. House Managers on all floors should pull up the picture of the resident to show staff. All staff should search the designated areas according to the Search Area Procedure.
4. House manager of floor is to contact POA to inquire if they have any knowledge concerning the resident's whereabouts. Reassure them that everything is being done to find the resident and the House Manager will notify them as soon as we have further information.
5. Outside of business hours notify the Administrator and/or Director of Resident Care. The Administrator and/or the Director of Resident Care should contact the CEO/VP Operations. All media questions are to be directed to the President and CEO/VP Operations.
6. If resident is not located during the search the Nurse Manager will notify the POLICE. The Police will come to the home and take down information, e.g. name, a last address, how long they have been here, physical description i.e. clothes the resident is wearing, wandering bracelet, etc. Have resident's picture available for POLICE. They will then attempt to locate the missing person.
7. Contact surrounding facilities and transportation services in conjunction with the Police and inform of missing resident and ask them to search:

Sunbeam Home – 519-893-6200
St. Aloysius Church – 519-893-1222
Fairview Park Mall – 519-894-2450
Grand River Hospital – 519-742-3611
St. Mary's General – 519 –744-3311
Grand River Transit – 519-585-7555
Waterloo Taxi – 519-886-1200
United Taxi – 519-888-9999
City Cabs – 519-747-7777

8. The House Manager will keep the resident's next of kin informed of progress of search.
9. If the resident is found in the meantime, inform Waterloo Regional Police at 519-579-2211.
10. When resident is found do a thorough assessment to be sure no injuries have been sustained.
11. Complete and submit a CIS occurrence report on www.ltchomes.net, contact physician and notify Director of Care and Administrator if reporting to Ministry of Health.

During the Day Shift:

Nurse Manager will assign the following tasks to workers using the map in the Sprinkler Room:

- Reception to provide a photo of the missing resident
- Search remaining floors
- Search remaining dining rooms
- Search remaining recreation rooms and cupboards
- Search Main Floor
- Search stair wells
- Housekeeping staff assigned to search the lower levels and office block
- Search outside the building.
- Search walking assigned streets
- Search driving assigned streets

During the Evening Shift:

Same as above except laundry staff and nursing staff will search lower levels and office block.

During the Night Shift:

Search is initiated by PSW's or Registered Staff to search immediate floor and stairways. If unable to locate, Nurse Manager is notified and Nurse Manager phones other floors and Laundry to alert staff and have them check their floor. Nurse Manager and House Manager search remaining levels. If resident is still not found Nurse Manager will call 911. After dark a search of the outside will be left up to the Police because of the safety issue involved.

CODE BROWN: (HAZARDOUS SPILL)***Procedures:***

Upon the discovery of a spill action must be taken in a prompt but safe manner. Every minute is important to minimizing the impact on both the workplace and environment. Following these procedures will ensure rapid response and timely outcome.

Due to the nature of the business large quantity chemicals are held in controlled rooms away from staff and residents. These two locations can be found:

1. Service Corridor (Environmental Room)
2. Storage Room basement level next to laundry

For the sake of this procedure we will focus on two spill sizes, response to both are very similar which will help with training.

1. Small Spill which is less than 10 liters
2. Medium Spill which is greater than 10 liters but less than 100

In both cases if the spill warrants a clean-up due to the size and nature, the use of a spill kit will be required. The spill kits will be located in both the Environmental Room and Storage Room in laundry and will consist of the following:

- 25 kg of "Loose" absorbent such as kitty litter
- 1 drain cover
- 2 absorbent booms
- 20 absorbent pads
- 1 shovel
- 1 broom

Kits will be inspected by the JHSC as part of the monthly inspections, sign off tags will be attached to the kits as proof of inspection.

Small Spill (Less than 10L)

In this case House Manager will direct multiple people to work at the below listed tasks.

1. Check for any hazards aside from the spill, if material spilled is flammable be sure to shut off any engines and electrical equipment.
2. Ensure that all residents stay away from area, if safe place residents in their rooms away from spill.
3. Call Maintenance immediately and provide detailed information.
 - Location (Where)
 - Quantity (How Much)
 - What type of Chemical
4. Call Nurse Manager, if this is off shift bypass step two and go directly to calling the Nurse Manager.

5. Attempt to stop spill, plug hole, turn container to upright position, shut off any valve.
6. If fresh air is needed open nearest windows, if safe and will to create other safety concerns use large black industrial fan to help move air out of location.
7. Use kit to prevent chemical from spreading, place absorbent socks around spill to contain.
8. Use absorbent by sprinkling onto chemical and allow for material to soak up the chemical.
9. Sweep up and use shovel to collect material and place in large plastic garbage bag.
10. If the material is non-hazardous the garbage bag can go directly into the dumpster, if material is deemed as hazardous material then it will need to be stored in the shipping area. Inform EHS Facility Manager.
11. If material is deemed hazardous EHS Facility Manager will contact Panda Environmental to have a pickup completed.
12. Complete incident report with all staff involved, one report will be enough and be sure to include as much detail as possible. Provide report to EHS Facility Manager for review.

Medium Spill (10L- 100L)

1. Check for any hazards aside from the spill, if material spilled is flammable be sure to shut off any engines and electrical equipment. If the quantity is large enough that we cannot contain and there is a health concern call 911.
2. If chemical is not a health hazard but quantity is large enough that internal cleanup is not possible use Emergency List and call *****
3. Ensure that all residents stay away from area, if safe place residents in their rooms away from spill.
4. Call Maintenance immediately and provide detailed information.
 - Location (Where)
 - Quantity (How Much)
 - What type of Chemical
5. Call Nurse Manager, if this is off shift bypass step two and go directly to calling the Nurse Manager.
6. Contact EHS Facility Manager, if off shift use Emergency Call List and make contact.
7. Attempt to stop spill, plug hole, turn container to upright position, shut off any valve.
8. If fresh air is needed open nearest windows, if safe and will not create other safety concerns use large black industrial fan to help move air out of location.
9. If safe to do so attempt to use kit to prevent chemical from spreading, place absorbent socks around spill to contain.
10. If safe to do so attempt to use absorbent by sprinkling onto chemical and allow for material to soak up the chemical.

11. If any material has made its way into the sewer system contact the City of Kitchener Spill response whose number can be found on the Emergency Call List.
12. If reasonable sweep up and use shovel to collect material and place in large plastic garbage bag.
13. If the material is non-hazardous the garbage bag can go directly into the dumpster, if material is deemed as hazardous material then it will need to be stored in the shipping area. Inform EHS Facility Manager.
14. If material is deemed hazardous EHS Facility Manager will contact Panda Environmental to have a pickup completed.
15. Complete incident report with all staff involved, one report will be enough and be sure to include as much detail as possible. Provide report to EHS Facility Manager for review.

CODE BLUE: (CARDIAC ARREST)***Procedures:***

This procedure will apply to all Residents, Visitors or Staff that may find themselves in distress and need assistance due to a Cardiac Arrest situation.

As soon as a “Code Blue” has been discovered the person responding or a designate must contact the Nurse Manager so they can call a “Code Blue”. Attending Nurse Manager must ensure that they bring code clipboard so they can log sequence of events.

Hierarchy: (Staff to respond at the scene)

- Physician, if in the building
- Nurse Manager – review resident chart i.e. diagnosis & advanced directive
- House Manager on House of event (Bring resident chart OR bring 00 concentration)
- For situations in Admin Wing or Front Lobby the Oakridge House Manager will be the cover.
- House Managers from the other Houses

Roles and Responsibilities:**Area House Manager:**

- The House Managers whose area the Code Blue is happening in will bring the backboard located under the desk in the nurses den. Once there they will assess the person for injury and the ability to breath.
- If the Code Blue involves a resident the House Manger will direct another nurse to check the residents chart and determine the resuscitation status, as indicated as indicated on the Advanced Health Care Directive. A third nurse will be asked to prepare transfer documents and make plans to contact the resident family members.

Nurse Manager:

- Document the time and sequences of events starting from page up to and including the transfer to hospital.
- Ensure all sequence of events are added to the residents chart for future reference.

Staff:

- As directed by House Manager, call 911 and then make your way down to front entrance to meet the first responders and take them to the resident’s location.

SECTION 4: Documents

Trinity Village EMERGENCY CODE GUIDE - Team Response -

DIAL EXT 314: Nurse Manager
*STATE WHICH CODE COLOUR AND YOUR LOCATION

CODE	IF INSIDE AREA	IF OUTSIDE AREA
CODE WHITE Aggressive Person/ Physical Danger	DIAL EXT 314 Remove yourself from the situation make room, protect residents and direct personnel to code location	No action required unless you are a Registered Staff member trained in Code White
CODE BLUE Cardiac Arrest	DIAL EXT 314 Follow instructions of House Manager	No action required unless you are a Registered Staff member trained in Code Blue
CODE RED Fire	PULL FIRE ALARM - DIAL EXT 314 Remove persons from immediate danger if possible Ensure door(s) is closed to confine fire and smoke Activate the fire alarm system / use nearest pull station Call the Fire Department - Call 911 Try to extinguish the fire or concentrate on further evacuation Emergency Coordinator in identified vest	Report to closest Emergency Evacuation Gathering Point Prepare for instructions
CODE GREEN Evacuation	DIAL EXT 314 Evacuate - follow instructions for Area Emergency Coordinator in identified vest	Continue as usual Prepare for instructions
CODE PURPLE Hostage Taking APPLIES TO ALL LOCATIONS	DIAL EXT 314 Secure residents in safe location	Prepare for instructions
CODE BROWN Internal Chemical Spill	DIAL EXT 314 Inform of the spill Leave area to make room for emergency personnel	Continue as usual Prepare for instructions
CODE SILVER Person With a Weapon APPLIES TO ALL LOCATIONS	DIAL EXT 314 RUN HIDE FIGHT	
CODE BLACK Bomb Threat	DIAL EXT 314 Secure residents in safe location Follow instructions of House Manager	Continue as usual Prepare for instructions
CODE GREY Air Exclusion APPLIES TO ALL LOCATIONS	DIAL EXT 314 Secure / close ALL windows	Prepare for instructions
CODE YELLOW Missing Person	DIAL EXT 314 Inform of resident information Follow instructions of House Manager	Complete head count Report to Ext 314 Prepare for instructions
CODE ORANGE Disaster APPLIES TO ALL LOCATIONS	DIAL EXT 314 Secure residents in safe location	Prepare for instructions
CODE AQUA Flood	DIAL EXT 314 Secure residents in safe location	Prepare for instructions
CODE BEIGE Outbreak	DIAL EXT 314 Follow instructions of IPAC Team	Continue as usual Prepare for instructions

Emergency Code Schedule 2023 (Sample)

An unannounced test of all emergency procedures is conducted annually on the assigned date and on each shift.

The Nurse Manager will conduct a drill on the assigned date and using the debriefing form, meet with the assigned Manager. The debriefing form will then be forwarded to EHS Facility Manager.

MONTH	CODES OF THE MONTH	DATES ASSIGNED	MANAGER
January	Code Red - Fire Drill Code Green – (Evacuation)	January	Nurse Manager
February	Code Red - Fire Drill Code Blue (Cardiac Arrest)	February	Nurse Manager
March	Code Red - Fire Drill Code Brown (Spill)	March	Nurse Manager
April	Code Red - Fire Drill Code Aqua (Flood)	April	Nurse Manager
May	Code Red - Fire Drill Code Grey (Air Exclusion)	May	Nurse Manager
June	Code Red - Fire Drill Code Black (Bomb Threat)	June	Nurse Manager
July	Code Red - Fire Drill Code Silver (Person with a weapon)	July	Nurse Manager
August	Code Red - Fire Drill Code Orange (Disaster Procedure)	August	Nurse Manager
September	Code Red - Fire Drill Code Purple (Hostage Taking)	September	Nurse Manager
October	Fire Drill Code Green (Evacuation)	October	Nurse Manager
November	Code Red - Fire Drill Code White (Violent Behavior)	November	Nurse Manager
December	Code Red - Fire Drill Code Yellow (Missing Person)	December	Nurse Manager

SECTION 5: References

- *OHA (Ontario Hospital Association) - Guidelines*
- *Smoke-Free Ontario Act (on and after May31, 2006)*
- *Tobacco Control Act, 1994 (Ontario) (until May 30, 2006)*
- *Occupational Health and Safety Act (Ontario)*
- *Non-smoker's Health Act (Canada)*
- *Municipal by-laws*

REVISION CONTROL

Date	Revision	Effective
May 1, 2000	6 Reference to SPP HR5.04.ON title revised.	Mar 1, 2000
Jan 18, 2011	Replaced HR 2.02 ON	Jan 18, 2011
Dec. 1, 2015	Reviewed	Dec 1, 2015
Jan 1, 2016	Reviewed	Jan 1, 2016
Dec 18, 2019	Revised	Jan 29, 2020
Oct 4, 2021	Revised (Added new Fire System company)	Oct 4, 2021
Jan 20, 2022	Revised (Added GRT and Patient Transfer along with Laundry Services Backup)	Jan 20, 2022
May 30, 2022	Revised extreme heat requirements	May 30, 2022
July 27, 2023	Reviewed	July 27, 2023
Aug 4, 2023	Addition of Code Aqua	Aug 4, 2023
Sep 22, 2023	Reformatting and revised Code Orange (disaster) section and supporting documents (checklist & Codes Poster)	Sep 22, 2023
Sep 29, 2023	Addition of photos for reference regarding the valve shut off section.	Sep 29, 2023
Oct 13, 2023	Addition of photo for reference regarding the chain and permit tag in the boiler room.	Oct 13, 2023