



# **GOLDEN PLOUGH LODGE REBUILD**

## **EMERGENCY PLAN**

Prepared by: Alanna Clark, Administrator  
Date: February 18, 2026



## Contents

<b>REVIEW &amp; REVISIONS</b> .....	1
<b>INCIDENT MANAGEMENT TEAM</b> .....	8
<b>EMERGENCY SUPPLIES</b> .....	10
<b>HAZARD IDENTIFICATION &amp; RISK ASSESSMENT (HIRA)</b> .....	11
<b>BUILDING PROFILE</b> .....	16
<b>UTILITIES</b> .....	18
<b>SERVICES</b> .....	19
<b>EMERGENCY CONTACTS: EXTERNAL &amp; MUTUAL AID</b> .....	20
<b>EMERGENCY COMMUNICATION</b> .....	22
<b>COMMUNICATION: TEAM MEMBERS, VOLUNTEERS, &amp; STUDENTS</b> .....	24
<b>Community Partners &amp; Additional Supports</b> .....	28
<b>INCIDENT ACTION PLAN TEMPLATE</b> .....	29
<b>Emergency Recovery, XVIII-A-10.80</b> .....	32
<b>POLICY:</b> .....	32
<b>PROCEDURE:</b> .....	32
<b>EMERGENCY RECOVERY DEBRIEF PLAN TEMPLATE - XVIII-A-10.80</b> .....	33
<b>CODE RED: FIRE</b> .....	35
<b>CODE GREEN: EMERGENCY EVACUATION</b> .....	36
<b>CONTINUITY OF RESIDENT CARE/SERVICES</b> .....	43
<b>JOB ACTION/DUTIES</b> .....	44
<b>JOB ACTION/DUTIES: ENVIRONMENTAL SERVICES</b> .....	47
<b>RESIDENT LIFE ENRICHMENT TEAM DUTIES:</b> .....	48
<b>EVACUATION CHECKLIST</b> .....	49
<b>CODE GREEN: RETURN TO EVACUATED SITE (REPATRIATION PLAN)</b> .....	63
<b>CODE WHITE: PHYSICAL THREAT/VIOLENT OUTBURST</b> .....	73
<b>FLOW CHART: CODE WHITE EMERGENCY RESPONSE</b> .....	76
<b>CODE WHITE – GUIDELINES FOR COMMUNICATING WITH POLICE</b> .....	76
<b>CODE WHITE – GUIDELINES FOR RESPONDING TO DISRUPTIVE BEHAVIOUR</b> .....	80
<b>CODE WHITE – GUIDELINES FOR MANAGING RESIDENT-TO-RESIDENT ASSAULT</b> .....	82
<b>CODE WHITE: THREATENING COMMUNICATION</b> .....	84
<b>CODE WHITE SCENARIOS: EXAMPLES OF RESPONSE</b> .....	86
<b>CODE YELLOW: MISSING RESIDENT</b> .....	92
<b>CODE YELLOW RESPONSE</b> .....	92
<b>CODE YELLOW – MISSING RESIDENT SEARCH CHECKLIST XVIII-G-10.00(a)</b> .....	94

<b>CODE BLUE: MEDICAL EMERGENCY</b> .....	98
<b>CODE BLUE RESPONSE</b> .....	98
<b>MANAGEMENT OF A CHOKING RESIDENT</b> .....	98
<b>PROTECTED CODE BLUE</b> .....	101
<b>CODE ORANGE: EXTERNAL EMERGENCY</b> .....	102
<b>CODE BLACK: BOMB THREAT</b> .....	114
1) Announce Code Black. ....	116
2) Ensure treatment of anyone injured as a result of the emergency.....	116
3) Photograph all damage as a result of the incident. ....	116
4) Preserve evidence in order to assist the police in their investigation.....	116
5) Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.....	116
6) Designate a team member to notify next of kin of any resident or team member who suffered injury or trauma in the event.....	116
7) Notify VPRO/RDO and others as appropriate (i.e. provincial regulatory authority). ....	116
<b>CODE BLACK – BOMB THREAT (TELEPHONE CHECKLIST)</b> .....	117
<b>CODE BLACK – BOMB THREAT</b> .....	119
<b>(WRITTEN THREAT / SUSPICIOUS PACKAGE CHECKLIST)</b> .....	119
<b>CODE GREY: INFRASTRUCTURE LOSS/FAILURE</b> .....	120
<b>CODE BROWN: SPILL/GAS LEAK/HAZARD</b> .....	131
<b>SPILL KIT INSTRUCTIONS</b> .....	137
<b>CODE SILVER: ACTIVE SHOOTER/ARMED INTRUSION/HOSTAGE SITUATION</b> .....	138
<b>CODE SILVER RESPONSE</b> .....	138
<b>Recovery</b> .....	142
<b>BUILDING LOCKDOWN</b> .....	143
<b>Recovery</b> .....	145
<b>BOIL WATER ADVISORY</b> .....	146
<b>When the Boil Water Advisory has ended:</b> .....	148
<b>PERSONAL HYGIENE DURING A BOIL WATER ADVISORY</b> .....	149
<b>CLEANING &amp; SANITIZING PRACTICES DURING A BOIL WATER ADVISORY</b> .....	150
<b>PREPARING FOOD DURING A BOIL WATER ADVISORY</b> .....	150
<b>BOIL WATER ADVISORY SIGNAGE</b> .....	153
<b>OUTBREAKS</b> .....	155
<b>COHORTING GUIDELINES DURING AN OUTBREAK</b> .....	160
<b>BUSINESS CONTINUITY</b> .....	161

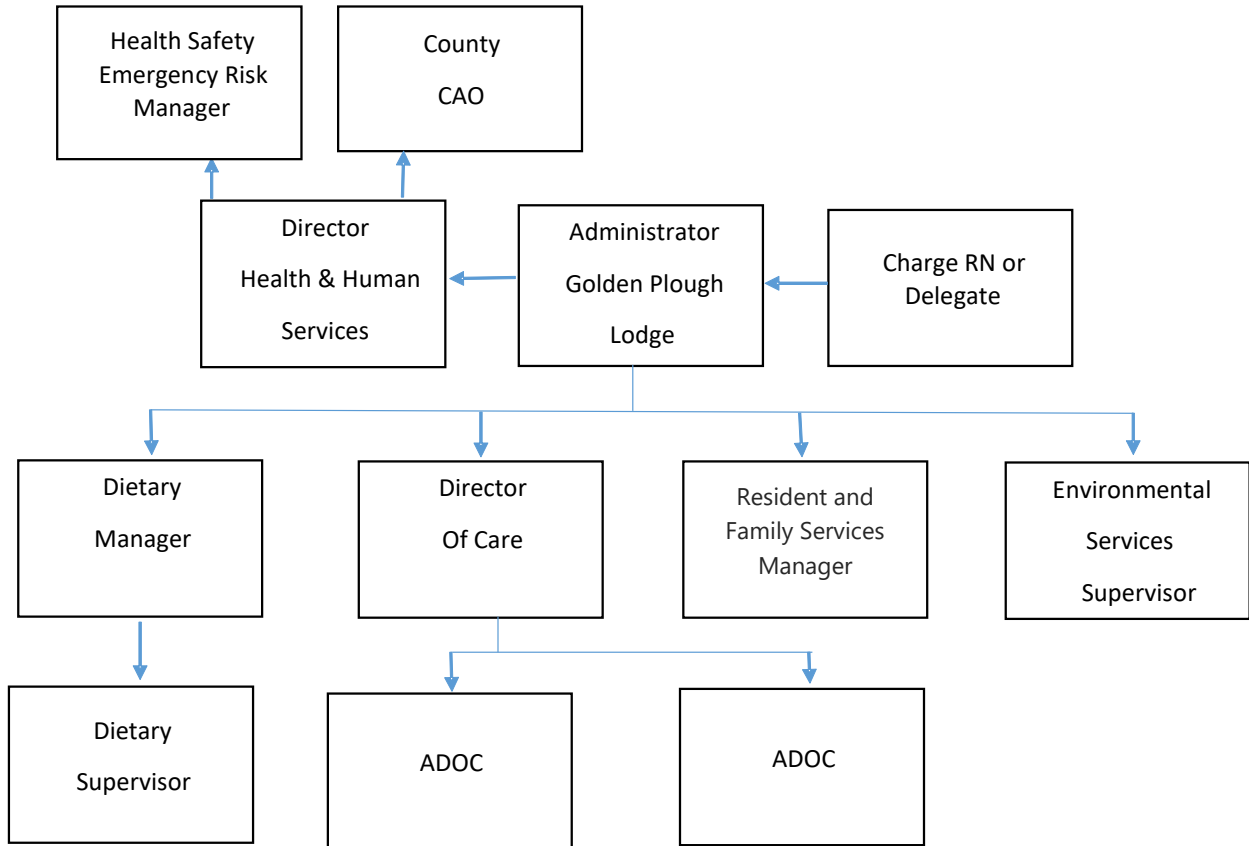
STAFFING CONTINGENCY-BUSINESS CONTINUITY PLAN TEMPLATE.....	163
XVIII-Q-10.00(a)).....	163
STAFFING SHORTAGES – IMMEDIATE ACTIVITIES CHECKLIST- XVIII-Q-10.00(b)) .....	172
PRIORITY TASKS – CLINICAL/WELLNESS .....	173
PRIORITY TASKS – CULINARY/DIETARY .....	176
PRIORITY TASKS – RECREATION/RESIDENT ENGAGEMENT & THERAPIES .....	178
PRIORITY TASKS – HOUSEKEEPING .....	179
STAFFING CONTINGENCY ASSIGNMENT – SAMPLE .....	181
BUSINESS CONTINUITY: FOOD & FLUID PROVISION .....	184
EMERGENCY MENU (NO UTILITIES) .....	187
EMERGENCY MENU – SNACKS .....	188
EMERGENCY RECOVERY .....	190
EMERGENCY RECOVERY PLAN TEMPLATE.....	191
CODE RED: DEBRIEF CHECKLIST & ACTION PLAN .....	193
CODE GREEN: DEBRIEF CHECKLIST & ACTION PLAN.....	195
CODE WHITE: DEBRIEF CHECKLIST & ACTION PLAN .....	198
CODE YELLOW: DEBRIEF CHECKLIST & ACTION PLAN .....	201
CODE BLUE: DEBRIEF CHECKLIST & ACTION PLAN .....	203
CODE ORANGE: DEBRIEF CHECKLIST & ACTION PLAN .....	206
CODE BLACK: DEBRIEF CHECKLIST & ACTION PLAN .....	209
CODE GREY: DEBRIEF CHECKLIST & ACTION PLAN .....	212
CODE BROWN: DEBRIEF CHECKLIST & ACTION PLAN .....	214
CODE SILVER: DEBRIEF CHECKLIST & ACTION PLAN.....	217
BUILDING LOCKDOWN: DEBRIEF CHECKLIST & ACTION PLAN.....	220
BOIL WATER ADVISORY: DEBRIEF CHECKLIST & ACTION PLAN .....	222







## INCIDENT MANAGEMENT TEAM



**INCIDENT MANAGEMENT TEAM**

Facility Owner	<b>County of Northumberland 555 Courthouse Rd Cobourg, Ontario K9A 5J6 905-372-3329</b>
Director Health and Human Services	<b>Glenn Dees Bus:905-372-3329 Ext 2340 Cell: 905-375-5193</b>
Health Safety Emergency Risk Manager / Emergency Planning	<b>Colleen McCabe Bus:905-372-3329 Ext 2343 Cell:905-373-2838</b>
Administrator	<b>Alanna Clark Cell: 905-376-0035</b>
Director of Care	<b>Alison Bushell Cell: 905-375-5081</b>
Associate DOC	<b>Kim McCoy Cell: 905-376-2686 Home: 613-848-572</b>  <b>Andrew MacCuaig Cell: 905-376-3823</b>
Environmental Services Supervisor	<b>Darrin Levesque Cell:905-376-5531</b>
Human Resources	<b>Alyssa Dufton Cell: 905-375-4364</b>  <b>Kirsty Brown Cell: 905-376-0122</b>
Dietary Services Manager	<b>Stephen Phillips Cell: 905-376-0997</b>
Resident & Family Services Manager	<b>Patricio (Chico) Echeverria Cell: 289-215-2249</b>

## EMERGENCY SUPPLIES

### Emergency Tote – Located in the Command Center/Main Reception

<input type="checkbox"/>	Process that includes resident pictures and transfer sheets
<input type="checkbox"/>	Paper & Pencils/Pens
<input type="checkbox"/>	Orange Vests
<input type="checkbox"/>	Clipboards
<input type="checkbox"/>	Emergency Plan
<input type="checkbox"/>	Fire Plan
<input type="checkbox"/>	Building Floor Plans
<input type="checkbox"/>	Personal sanitation supplies i.e. wipes, hand sanitizer, garbage bags, plastic ties
<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	Flashlights and extra batteries (ensure enough to supply a flashlight to each team member on each shift)
<input type="checkbox"/>	Headlamps / Flash Lights
<input type="checkbox"/>	Whistles (to attract attention/signal for help)
<input type="checkbox"/>	Wrench or Pliers (to turn off utilities)
<input type="checkbox"/>	Name Tags (For residents)
<input type="checkbox"/>	Lanyards
<input type="checkbox"/>	Building Maps
<input type="checkbox"/>	Fan Call Out List

### EMERGENCY SUPPLY LOCATIONS

Floor	Description	Room and/or Location
0	Housekeeping Supplies	Main Housekeeping Storage Room
0	Extra Blankets	Main Laundry Linen Storage
0	Paper products – dry food supplies	Dietary Storage
All Home Areas	Outbreak PPE/Incontinent Supplies/Alcohol Based Hand Rub	Designated PPE Storage Rooms
1	Emergency Tote	Command Center/Main Reception
All Home Area Floors	Emergency Evacuation Chairs <i>*Note: Only to be used when it is safe to so by trained individuals during an evacuation event</i>	Nursing Supervisor Stations

## HAZARD IDENTIFICATION & RISK ASSESSMENT (HIRA)

Score	Category	Description	Percent Chance
1	Rare	Occurs every 100 years or more	Less than 1% chance of occurrence in any year
2	Very Unlikely	Occurs every 50-99 years	Between a 1-2% chance of occurrence in any year
3	Unlikely	Occurs every 20-49 years	Between a 2-5% chance of occurrence in any year
4	Probable	Occurs every 5-19 years	Between a 5-20% chance of occurrence in any year
5	Likely	Occurs <5 years	Over 20% chance of occurrence in any year
6	Certain	The hazard will occur annually	100% chance of occurrence in any year

Type of Hazard	Risk?	Score	Category
<b>Agricultural &amp; Food Emergency</b>			
Farm Animal Disease	yes	4	Probable
Food Contamination	yes	3	Unlikely
Plant Disease or Infestation	yes	4	Probable
<b>Environmental</b>			
Avalanche	no	0	NA
Drought or Low Water	yes	5	Likely
Earthquake	yes	6	Certain
Erosion	yes	2	Very Unlikely
Extreme Cold	yes	6	Certain
Extreme Heat	yes	6	Certain
Flood	yes	5	Likely

Fog	yes	6	Certain
High Wind	yes	6	Certain
Hurricane	no	1	Rare
Land Subsidence	no	0	NA
Landslide	no	0	NA
Lightning	yes	3	Unlikely
Storm Surge	no	0	NA
Thunderstorm	yes	6	Certain
Tornado	yes	6	Certain
Wildland Fire	yes	1	Rare
Winter Weather	yes	6	Certain
<b>Extraterrestrial</b>			
Solar Eclipse	yes	6	Certain
Space Object Crash	no	0	NA
Space Weather	no	0	NA
<b>Hazardous Materials (Fixed Site or In Transport)</b>			
Chemical	yes	5	Likely
Nuclear	yes	1	Rare
Oil or Natural Gas	yes	5	Likely
Radiological	no	0	NA
<b>Health</b>			
Water Quality	yes	5	Likely
Infectious Disease	yes	6	Certain
Substance Use & Overdose	yes	6	Certain
<b>Public Safety</b>			
Active Threat	no	0	NA
CBRNE	no	0	NA
Civil Disorder	no	0	NA

Crowd Disaster	no	0	NA
Cyber Attack	yes	6	Certain
Electromagnetic Pulse (EMP)	no	0	NA
Geopolitical Pressures	no	0	NA
Sabotage	no	0	NA
<b>Structural</b>			
Building or Structure Failure	yes	4	Probable
Dam Failure	yes	3	Unlikely
Fire/Explosion	yes	5	Likely
Mine Emergency	no	0	NA
<b>Supply &amp; Distribution</b>			
Communications Failure	yes	4	Probable
Electrical Energy Failure	yes	6	Certain
Food Shortage	yes	2	Very Unlikely
Medical Drug, Blood Product or Supplies Shortage	no	2	Very Unlikely
Petroleum Product Shortage	no	2	Very Unlikely
Water or Wastewater Disruption	yes	2	Very Unlikely
<b>Transportation</b>			
Aviation	no	1	Rare
Marine	no	0	NA
Public Transit Systems	no	0	NA
Rail, Light Rail, Subway	yes	5	Likely
Road and Highway	yes	6	Certain

**Consequence Summary Overview**

Score	0	1	2	3
Rank	None	Low	Med	High

Type of Hazard	Fatality	Injury /Illness	Evacuatio	Psycho-social	Social Connectin	Property Damage	Critical Infrastructure	Environment	Economic	Reputation	Consequence Score
<b>Agricultural &amp; Food Emergency</b>											
Farm Animal Disease	0	0	0	1	0	2	0	0	2	1	6
Food Contamination	1	1	0	1	0	0	0	0	1	0	4
Plant Disease or Infestation	0	0	0	1	0	2	0	2	1	1	7
<b>Environmental</b>											
Avalanche	0	0	0	0	0	0	0	0	0	0	0
Drought or Low Water	0	1	0	1	0	0	2	2	2	1	9
Earthquake	2	2	2	2	1	2	2	1	2	0	16
Erosion	0	0	1	1	1	2	0	2	1	0	8
Extreme Cold	1	1	0	1	0	0	1	0	0	0	4
Extreme Heat	1	2	0	1	1	0	1	0	1	0	7
Flood	1	1	2	1	1	2	2	1	1	0	12
Fog	1	1	2	1	1	0	1	0	0	0	7
High Wind	1	1	1	1	1	2	2	1	1	0	11
Hurricane	1	1	1	1	0	2	2	1	1	0	10
Land Subsidence	0	0	0	0	0	0	0	0	0	0	0
Landslide	0	0	0	0	0	0	0	0	0	0	0
Lightning	1	1	1	0	0	1	1	1	0	0	6
Storm Surge	0	0	0	0	0	0	0	0	0	0	0
Thunderstorm	0	0	0	0	0	1	1	0	1	0	3
Tornado	1	2	3	2	2	2	2	1	2	0	17
Wildland Fire	1	1	1	2	1	2	1	3	2	2	16
Winter Weather	1	1	2	0	1	1	2	1	1	0	10
<b>Extraterrestrial</b>											
Solar Eclipse	0	0	2	1	2	1	2	1	1	1	11
Space Object Crash	0	0	0	0	0	0	0	0	0	0	0
Space Weather	0	0	0	0	0	0	0	0	0	0	0
<b>Hazardous Materials (Fixed Site or In Transport)</b>											
Chemical	1	1	2	2	1	3	2	3	2	0	17
Nuclear	1	2	3	3	3	2	2	3	3	0	22
Oil or Natural Gas	1	1	1	1	1	2	1	2	1	0	11
Radiological	0	0	0	0	0	0	0	0	0	0	0
<b>Health</b>											

Water Quality	1	1	0	1	1	0	1	1	1	0	7
Infectious Disease	2	2	2	2	2	0	2	0	1	2	15
Substance Use & Overdose	1	1	0	2	2	0	0	0	0	0	6
<b>Public Safety</b>											
Active Threat	0	0	0	0	0	0	0	0	0	0	0
CBRNE	0	0	0	0	0	0	0	0	0	0	0
Civil Disorder	0	0	0	0	0	0	0	0	0	0	0
Crowd Disaster	0	0	0	0	0	0	0	0	0	0	0
Cyber Attack	1	1	0	1	1	1	3	0	3	3	14
Electromagnetic Pulse (EMP)	0	0	0	0	0	0	0	0	0	0	0
Geopolitical Pressures	0	0	0	0	0	0	0	0	0	0	0
Sabotage	0	0	0	0	0	0	0	0	0	0	0
<b>Structural</b>											
Building or Structure Failure	2	2	1	1	0	2	2	0	0	2	12
Dam Failure	1	1	2	2	1	2	2	1	1	0	13
Fire/Explosion	2	2	1	2	1	2	2	1	1	1	15
Mine Emergency	0	0	0	0	0	0	0	0	0	0	0
<b>Supply &amp; Distribution</b>											
Communications Failure	0	0	0	1	3	0	2	0	1	3	10
Electrical Energy Failure	1	1	2	1	1	0	2	0	1	0	9
Food Shortage	1	1	0	3	2	0	2	0	3	3	15
Medical Drug, Blood Product or Supplies Shortage	2	2	0	1	0	0	0	0	1	1	7
Petroleum Product Shortage	1	1	2	1	1	1	2	0	3	2	14
Water or Wastewater Disruption	1	1	0	2	0	0	2	2	1	3	12
<b>Transportation</b>											
Aviation	1	1	1	0	0	1	1	0	0	0	5
Marine	0	0	0	0	0	0	0	0	0	0	0
Public Transit Systems	0	0	0	0	0	0	0	0	0	0	0
Rail, Light Rail, Subway	2	2	2	2	2	2	1	3	2	0	18
Road and Highway	2	2	1	1	2	1	1	3	1	0	14

## BUILDING PROFILE

### Golden Plough Lodge

**LOCATION**

Street Address	590 Courthouse Rd, Cobourg ON K9A 5J6
General Directions	<ul style="list-style-type: none"> <li>• Closest intersection Elgin St and Burnham St</li> <li>• West on Elgin Street to</li> <li>• North onto Courthouse Road</li> <li>• Follow Courthouse Road to West</li> <li>• Main Entrance North side of Courthouse Rd</li> </ul>

**Building Description**

Owner: Northumberland County

Type of Building: Long Term Care Facility

Number of Stories: 5 (including Ground Level & Mechanical Penthouse)

Number of Residents: 180

Number of Resident Bedrooms: 107

Number of Home Areas: 6 (1 secured)

Group: B-2 Care and Treatment Occupancy

**RESIDENT HOME AREAS**

<b>Home Area</b>	<b>Floor Level</b>	<b>Number of Residents (Full Occupancy)</b>	<b>Number of Rooms</b>
Orchard Heights	1A	32	19
Lighthouse Point (Secured Home Area)	1B	20	12
Station Landing	2A	32	19
Harbour Vista	2B	32	19
Timber Crossing	3A	32	19
Lakeside Cove	3B	32	19
	<b>Total</b>	<b>180</b>	<b>107</b>

## UTILITIES

Utility	Service Provider/Description
Natural Gas	Provider: Enbridge meter# 2550112 (866) 763-5427
Electrical	Provider: Ontario Hydro 1-800-461-1922 Lakefront Utilities 905-372-2193
Water	Source: Main intake / Shut-Off Valve Provider: Town of Cobourg Lakefront Utilities 905-372-2193
Alternative Water Source	Source: External Provider Access: Bottled Provider: Culligan of Canada Tel: 613-799-4986 Don Lee
Medical Gases	Type(s)/Volume(s): portable cylinder Location(s): Resident GPL area as required Uses: resident personal use Provider: Medigas 905-373-4303
Backup Generator(s)	Type(s): Caterpillar Location(s): 5 <sup>th</sup> floor, Mechanical Penthouse Fuel: Natural Gas Fuel Provider: Enbridge (866)763-5427
Mechanical Room Location(s):	<ul style="list-style-type: none"> <li>• Basement</li> <li>• 5<sup>th</sup> Floor - Penthouse to Roof Top</li> </ul>

## SERVICES

Service	Description
IT Systems/Phones	Internet: Internal Provider Lead: Northumberland County IT
Shipping/Receiving	Location: Basement Description: General + Dietary Provider: Delivery Companies
Food Services	Locations: Dining Area: Each Home Area Kitchen: Level 0 Food Storage: Level 0 Refrigeration: Level 0 Location Lead: Dietary Manager
Laundry	Location: Basement Equipment: Commercial Washers and Dryers Provider/Location Lead: Coinamatic
Laboratory	Provider: Life Labs
Pharmacy	Provider: Care RX
Biohazards/Sharps	Provider: Daniels 1-888-952-5580
Housekeeping – Chemical Storage	Location(s): Basement
Transportation	Onsite: GPL Bus  External Resources: <ul style="list-style-type: none"> <li>➤ Century Bus Lines – Peterborough 705-748-6301</li> <li>➤ Martin’s Bus Service – Trenton</li> </ul> Contact: Samantha Fletcher work cell 613-540-0648 home 613-813-3313.  Alternative Service Provider: Community Care

## EMERGENCY CONTACTS: EXTERNAL & MUTUAL AID

<b>Cobourg Fire Department</b>	Emergency: 911 Administration: 905-372-9789
<b>Cobourg Police</b>	Emergency 911 Non-Emergency 905- 372- 6821
<b>Ambulance</b>	911
<b>Alarm Monitoring Company: Trent Security Account #4679</b>	1-800-481-4654
<b>Peterborough Dispatch</b>	705-745-3281
<b>Enbridge Gas</b>	866-763-5427
<b>P.U.C. (Water, Hydro, Sewers)</b>	905-372- 2193
<b>Ontario Hydro Lakefront Utilities</b>	1-800-461-1922 905-372-2193
<b>Elevator Repair Company</b>	Matheson Approved Service Providers
<b>Air Conditioning, Boilers, HVAC</b>	Kelson Mechanical Thomas McBey – Sr. Project Manager <a href="mailto:tmcbey@kelson.on.ca">tmcbey@kelson.on.ca</a> 2 Bales Dr. Sharon, ON LOG 1V0 P: (905) 898-3400
<b>Plumbing:</b>	Kelson Mechanical Thomas McBey – Sr. Project Manager <a href="mailto:tmcbey@kelson.on.ca">tmcbey@kelson.on.ca</a> 2 Bales Dr. Sharon, ON LOG 1V0 P: (905) 898-3400
<b>Electrical Service:</b>	<b>PHE Contractor Sales Ltd.</b> 70 Delta Park Blvd, Unit 10 Brampton, ON, L6T 5E9 <a href="mailto:russm@phecontractor.com">russm@phecontractor.com</a> 416-220-2479
<b>Refrigeration Service:</b>	<b>ES Fox – Refrigeration</b> Gail Archer <a href="mailto:Gail.archer@esfox.com">Gail.archer@esfox.com</a> 209 Dalton Ave Kingston, ON K7K 6C2

	Phone: 613-549-4396
<b>Fire Alarm &amp; Pull Stations Service</b>	<p><b>JCI – Contact: Sales</b>  <b>905-212-4620 (Sub of PHE)</b>  <b>PHE Contractor Sales Ltd. (Main Electrical Contractor)</b>  70 Delta Park Blvd, Unit 10  Brampton, ON, L6T 5E9  <a href="mailto:russm@phecontractor.com">russm@phecontractor.com</a>  416-220-2479</p>
<b>Generator Service:</b>	<p><b>Toromont Power Systems - Distributor</b>  <b>Caterpillar &amp; ABB – Manufacturer</b>  <b>Daniel Tehrani - 416-768-2778</b>  <b>PHE Contractor Sales Ltd. (Main Electrical Contractor)</b>  70 Delta Park Blvd, Unit 10  Brampton, ON, L6T 5E9  <a href="mailto:russm@phecontractor.com">russm@phecontractor.com</a>  416-220-2479</p>
<b>Public Utilities</b>	905- 372- 2193
<b>Poison Information Centre</b>	1-800-268-9017
<b>Lakelands Public Health</b>	1-844-575-4567

## EMERGENCY COMMUNICATION

A communication team will be set up as required in the event of an emergency to ensure frequent and ongoing communication with residents, families, team members, volunteers, and Residents' & Family Council (if any) with the goal of keeping all parties apprised of the status of the emergency.

The Administrator will ensure ongoing communication using various methods at the beginning of the emergency, when there is a significant change throughout the course of the emergency, and when the emergency is over.

### **PHONE COMMUNICATION: INCOMING CALLS**

The location will assign a team member to receive incoming calls, prepared to respond with/to:

- Status updates on emergency/location/residents
- Help/resources and/or staff coming from other facilities
- Team members calling to find out work schedule
- Medical information (as appropriate)
- Redirect media to Administrator and/or organizational representative

A voicemail messaging recording may be used to share a status update and redirect callers as appropriate.

### **PHONE COMMUNICATION: RESIDENTS & FAMILY**

A telephone tree will be prepared with assigned team members to call family members to assure them of their family member's safety and advise them of the plan for the crisis.

When placing calls, the assigned team members will:

- Advise if unable to contact via telephone where family members may call and/or visit website to obtain further information
- Advise family members that the team will be focused on providing resident care and protection
- Confirm the primary family contact, their phone number and email address where they may receive updates
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
- Track calls made and any follow up required on the Family Emergency Contact Record Template



## COMMUNICATION: TEAM MEMBERS, VOLUNTEERS, & STUDENTS

Team Members responsible for phone fan out will:

1. Call team members according to site specific fan out procedures.
2. Leave voicemail (where no immediate answer) and ask team members not to call back but to report to work if available.
3. Provide the following information to team members who are to return to duty:
  - Status and nature of emergency event
  - Who to report to
  - Assignment upon return
  - Any special instructions (i.e. bring an extra change of clothes)
4. Document all calls on Team Member Call-Back Record Sheet.



**TEAM MEMBER CALL-BACK RECORD**

<b>Incident:</b>			<b>Date:</b>			
<b>Recorder:</b>			<b>Signature:</b>			
<b>Location:</b>			<b>Return form to:</b>			
<b>Name</b>	<b>Time</b>	<b>Contacted (Y/N)</b>	<b>Message Left (Y/N)</b>	<b>Available (Y/N)</b>	<b>Estimated Time of Arrival</b>	<b>Notes Assignment</b>

**Other Forms of Communication**

Use team member communications such as mass texting for communications to team members.

Team member newsletters may be used to share information during or after an emergency event.

### **COMMUNICATION: ALTERNATE METHODS**

In an emergency, normal means of communication may become unreliable or nonexistent.

Methods of communication in a disaster may include:

- Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures)
- Telephones (both cellular and landline if operating)
- Two-way radio (always keep in a charger because you may be without power at any point)
- Fax machine (if operable)
- Internet (emails/websites) or local area networks (if computer systems are operative)

### **COMMUNICATION: RESIDENT DOCUMENTATION & TRANSFER OF ACCOUNTABILITY**

During an emergency, if there is a failure with the electronic documentation system that is used to document resident information and communicate key resident health status changes, alternative methods can be used such as:

- The use of a verbal shift exchange and the use of paper shift report tools
- Recording the shift report
- Assigning a point person to call for resident clinical updates from the hospital at minimum every 3 days

### **COMMUNICATION: PROVINCIAL REGULATORY AUTHORITIES & COMMUNITY PARTNERS**

The Administrator will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the Administrator/designate. The frequency, participant list, etc., will be determined in collaboration with the community Director.

The Administrator or designate will:

- 1) Ensure ongoing communication using the methods noted above to residents, substitute decision makers (if any), team members, volunteers, students, caregivers, and the Residents' and Family Councils (if any), including:
  - a. At the beginning of the emergency;
  - b. When there is a significant status change throughout the course of the emergency; and
  - c. When the emergency is over.

## Community Partners & Additional Supports

External agreements with community partners that may provide emergency services are in collaboration with the County of Northumberland and may be activated and initiated by the County's Emergency Control Group as required. Some of which includes transportation and temporary shelter agreements in the event of an emergency.

## INCIDENT ACTION PLAN TEMPLATE

The Incident Manager may use this template to guide Incident Management Team response in the event of an emergency. It is recommended to document one plan template per 12- or 24-hour period.

Reference completed templates post-emergency to inform completion of XVIII-C-10.00(a) Emergency Preparedness Test/Drill Evaluation Form, and Emergency Recovery Debrief & Action Planning (see XVIII-A-10.80).

<b>Current Situation, Background, Assessment, Recommendations (SBAR):</b>
<i>Include specific information on the nature of the incident and known consequences at time of report. This may include information on scope, injuries/casualties, hazards, current response activities, outstanding issues, identified needs, etc.</i>
<b>Actions Taken so Far:</b>
<b>Objectives for this Operational Period:</b>
<i>Enter clear, concise statements of the objectives for managing incident response. Ideally, list in priority order. Objectives may include response for this operational period and generally for the duration of the incident.</i>

**Strategies & Tactics to Achieve Objectives:**

*Enter clear, concise statements of the strategies and tactics to achieve objectives. Tactics explain how strategies should be carried out i.e. how resources will be deployed to achieve strategies.*

**Weather Forecast for Operational Period:**

*Enter weather forecast for the specified operational period as applicable to incident. Include additional environmental factors as applicable i.e. air quality, anticipated wildfire spread/fire map update, road closures affecting TM return to work/evacuation route, anticipated earthquake aftershock, etc. Where weather/environment is not an applicable factor, mark N/A.*

**General Safety Message:**

*Enter information regarding known safety hazards and specific precautions to be observed during this operational period.*

**Key Stakeholder Communication Points:**

*Enter clear, concise messages to be communicated to stakeholders for the specified operational period i.e. Support Services Office, residents, families, team members, community partners, etc.*

<b>Future Outlook</b> <i>Note potential future developments based on current information.</i>
<b>Upcoming Touchpoints (i.e. IMT Meeting, Hot Issue Call, etc.)</b>
<b>Incident Management Team Assignments</b>
<b>Incident Action Plan Template Prepared by:</b>

**Reference:** Adapted from Consolidated Incident Action Plan (IMS 1001), 2012

## Emergency Recovery, XVIII-A-10.80

### **POLICY:**

Recovery strategies will be put in place to ensure a smooth return to normal operations post-Emergency. The Administrator is responsible for the official declaration of an Emergency ending at the location in consultation with the Director of Health and Human Services and the County Emergency Control Group.

### **PROCEDURE:**

The Administrator or designate will:

1. Ensure an Emergency Recovery plan is in place as part of overall emergency response, including contact information (as required) for:
  - Insurance
  - Local contractors and disaster cleanup specialists who can be available on short notice
2. Ensure any expense tracking and investigation/evidence gathering that may be required for insurance and/or other investigation purposes is implemented as soon as practicable (after life safety has been ensured) both during and post-incident. NOTE: Required incident reporting must be completed as soon as possible post-incident along with any photos, video preservation, witness accounts, etc. while details are fresh.
3. Ensure the plan includes a detailed communication strategy post-emergency to follow up with and debrief residents, substitute-decision makers (where they exist), team members, volunteers, and students.
4. Ensure the plan outlines how the location will support residents, team members, and others who may have been impacted by the emergency and are experiencing distress.
5. Consider recovery in all aspects of emergency planning, education, training, and exercises.
6. Consider recovery when developing standard operating procedures and integrate into the location's Incident Management framework, including strategies for both physical plant and counseling assistance for team members/residents as required.
7. Involve the Joint Health & Safety Committee in development of recovery strategies.
8. Evaluate and update (as required) the location's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.

## EMERGENCY RECOVERY DEBRIEF PLAN TEMPLATE - XVIII-A-10.80

<b>Emergency Type:</b>	
<b>Date Emergency Initiated:</b>	
<b>Date Emergency Concluded:</b>	

As the location returns to normal operations post-emergency response, the Administrator will ensure the following:

	<b>Task</b>	<b>Notes</b>
<input type="checkbox"/>	Insurance arrangements completed as necessary (inclusive of expense tracking, reporting, investigation, evidence as required)	(include name, number)
<input type="checkbox"/>	Third Party Contractor involvement completed as necessary	(include name, number)
<input type="checkbox"/>	Pre-Emergency Staffing Levels resumed (as applicable)	
<input type="checkbox"/>	If returning post-evacuation, Repatriation plans complete & implemented as required (see XVIII-E-10.30)	
<input type="checkbox"/>	Damage Assessment Checklist completed for building/grounds as required and any actions taken as needed to remediate	
<input type="checkbox"/>	Any paused or altered programs or processes restarted	
<input type="checkbox"/>	Managers using Risk Management Schedules to ensure all activities current and in place	
<input type="checkbox"/>	Debrief of emergency completed within 30 days using the appropriate Debrief Template	
<input type="checkbox"/>	Communication with residents & families via Residents' Council (if any), Family Council (if any), and/or other means i.e. memo/letter including update on Recovery Stage/Plan, outcomes, action items	
<input type="checkbox"/>	Arrange counseling/supports for residents, team members, others who may have been impacted by the emergency and experiencing distress (collaborate with Human Resources)	

<input type="checkbox"/>	Collaboration with Joint Health & Safety Ctte./Occupational Health Ctte. to execute Recovery Plan as appropriate	
<input type="checkbox"/>	Update team members on Recovery Plan status, action items	
<input type="checkbox"/>	Consult w/residents, families, team members, and respective external stakeholders to evaluate the Emergency Plan	
<input type="checkbox"/>	Make any changes to the Emergency Plan as necessary; communicate and educate changes accordingly	
<input type="checkbox"/>	Other:	

## CODE RED: FIRE

The Golden Plough Lodge has a location-specific Fire Plan that is approved by the Fire Department.

### **Code Red Procedure Responsibilities:**

#### **Residents**

##### **Upon Discovery of Fire**

1. Immediately leave area of fire
2. Alert staff & activate pull station
3. Await further instructions
4. Prepare for evacuation

##### **Upon Hearing Fire Alarm (1<sup>st</sup> Stage)**

1. Remain in your room/common area
2. Close doors and windows
3. Await further instructions
4. Prepare for evacuation

#### **Visitors/Volunteers/Service Providers**

##### **Upon Discovery of Fire**

1. Immediately leave area of fire
2. Alert staff & activate pull station (if able)
3. Await further instructions
4. Prepare for evacuation

##### **Upon Hearing Fire Alarm (1<sup>st</sup> Stage)**

1. Remain in place
2. Close doors and windows
3. Await further instructions
4. Prepare for evacuation

#### **Team Members**

All Team Members are responsible to follow their role specific duties as per the Fire Plan.

Upon discovery of fire Team Members will activate the closest fire alarm system and take immediate action

Monitor any doors that are not secured during an emergency where the magnetic locks/alarms have disengaged including doors leading to stair cases or outside.

## CODE GREEN: EMERGENCY EVACUATION

### DECIDING WHETHER TO EVACUATE OR SHELTER IN PLACE

#### **Who Will Make the Decision**

The decision to evacuate or shelter in place will be made by a team consisting of Incident Manager, Executive Director/General Manager, Support Services Office Leadership, and Emergency Services. Provincial/regulatory authority orders will be considered as the prevailing authority.

#### **Internal Factors**

Resident acuity – do some residents, regardless of decision to shelter in place or evacuate, need to be transferred to acute care due to complex needs? A partial evacuation of these residents may be needed.

#### **Physical Structure**

Can the location's physical structure withstand impending or current events? The ability to withstand wind, debris impact, flooding, freezing, and remain a safe and viable shelter will impact the decision. Evacuation is necessary if it is determined the structure is unsafe or will become unsafe to provide protection.

#### **Lay Down Factor**

Determine if hazards immediately around the location i.e. trees, rivers, flooding, etc. are likely to impact the location.

#### **Emergency Power Capacity**

Determine if emergency power is sufficient to support critical functions, lights, and air temperature in at least one safe zone where residents can be congregated. The anticipated longevity will influence the evacuation decision.

#### **Security**

Security must be sufficient to protect residents, team members, and property.

#### **Transportation**

If a planned evacuation is possible, confirm transportation commitments can be met at a specified time or date. Also keep in mind weather and road conditions.

#### **Destination**

Considerations must be made regarding whether an exterior emergency could have also affected relocation sites prior to evacuating (i.e. tornado, earthquake). The availability of relocation destinations must be confirmed in advance of planning to evacuate and may have bearing on the decision. If suitable relocation destinations are not an option, Shelter in Place may be the most logical choice.

**Team Member Availability**

Team member availability may affect the decision whether to evacuate or shelter in place. Team members should be contacted to determine availability for shelter in place and also to determine whether they can move with residents to a relocation destination.

**Supplies**

A decision to shelter in place requires the location to be self-sufficient, including whether deliveries of essentials is likely. Adequate quantities of:

- Alternate energy sources
- Potable water (6 litres/person/day)
- Medications
- Hygiene supplies

If sufficient quantities are not available or accessible, evacuation may be necessary. It is also important to determine that a destination has adequate supplies.

**Hazard Assessment**

The Incident Manager should determine the immediacy of the threat to residents and team members and the likely scope of the emergency. The Hazard Identification & Risk Assessment will weigh the relative risks of sheltering in place vs. evacuating.

The Nature of the Emergency will affect the Decision

- 1) Time – Immediate threat vs. impending threat
- 2) Scope – Location-specific vs. community-wide

Immediate emergency events (i.e. fire, gas leak, structural collapse) allow for very little planning and response is often reactive and based on training. The resident population may evacuate initially from one part of the building to another, or from the building to an outdoor staging area. Immediate emergencies may necessitate: moving temporarily to a different part of the building or moving to a temporary triage centre or community resource until permanent arrangements are made.

Impending disasters (tornado, winter storm) may be tracked prior to impact and allow for decisions to be made involving local emergency operations while weighing the options.

There may also be time to consider when a decision must be made to safely evacuate, and to make all the facts available to make the decision. Considerations include: estimated arrival time of weather event; time required to mobilize and transport residents.

When the location is in a suspected/confirmed outbreak: Isolation and cohorting measures in place must be considered when relocating residents to different areas of the building or externally to mitigate further risk of disease transmission while managing the emergency event. In collaboration with Public Health/Infection Prevention & Control Lead, a separate location may need to be assigned to triage residents based on whether they are

symptomatic/asymptomatic and positive for an infection along with human resources to manage the situation.

Assess the need for additional personal protective equipment and infection prevention and control measures (i.e. screening, isolation measures, hand hygiene stations, access to separate toilet facilities) required at the holding/relocation site based on the type of outbreak. Refer to the Infection Prevention & Control Manual for specific precautions.

**Decisions to Shelter in Place or Evacuate Should also consider:**

- The estimated time before return to location if evacuation is chosen
- Whether the emergency event is within the building only or external/widespread
- The resources available within the community

The Incident Manager should be prepared to address all points above when providing input to the Decision Making Team in deciding whether to shelter in place or evacuate

**Additional Team Member Responsibilities**

Ensure that residents are signed out of Home Areas when leaving for activity events that are at locations outside of their regular Home Area (e.g. hairdresser/auditorium events).

Ensure that residents are signed out of their Home Area and follow the main building sign in/out procedures

Account for all residents at mealtimes.

## **TEAM MEMBER ROLES, RESPONSIBILITIES, JOB ACTIONS**

This plan provides for actions to be taken in an emergency necessitating evacuation of the building. Life safety is the primary goal; everything else is secondary.

**Code Green Stat** (crisis evacuation): Announcement indicates an immediate evacuation is necessary e.g. internal explosion, major gas leak, rapidly spreading fire.

**Code Green:** Announcement indicates less urgent evacuation e.g. extreme weather, loss of essential service such as water, hydro. There is lead time before the threat becomes imminent.

### **TYPES OF EVACUATION:**

**Partial:** Necessary where smoke or fire damage can be contained, or weather conditions have caused partial damage to the building.

**Total:** Necessary where smoke, fire damage cannot be contained, or an explosion or external disaster requires that all residents be moved to another location.

At the discretion of the Incident Manager, or at the request of emergency services/provincial regulatory authority at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the location is to be totally evacuated.

## **LINES OF AUTHORITY DURING EVACUATION PROCEDURES**

### **Internal Authority**

The designated Incident Manager has complete authority; may be relieved by Executive Director/General Manager/other designate upon their arrival to the location. See location's Incident Management Team organization chart for designated leads, backups.

### **Evacuation Chairs - Stored at Nursing Supervisor Stations**

Are only to be used when it is safe to do so by trained staff during an evacuation event.

## **External Authority**

Fire Department, responsible for:

- fire fighting
- search and rescue
- complete authority with the building and fire grounds

Paramedics, responsible for:

- triage
- primary medical aid
- communications with health agencies & other ambulance services
- transportation

Police Department, responsible for:

- traffic control
- building and property security
- communication between incident and police station

The Incident Manager will coordinate and work closely with the Incident Management Team, emergency services, and provincial regulatory authorities as required and based on the circumstances of the evacuation situation.

### **OFFSITE EVACUATION LOCATION**

Residents will be evacuated to alternate sites as in agreement with Northumberland County coordinated through the County's Emergency Control Group as required.

### **EVACUATION PROGRESSION:**

- Site: evacuation from the room of origin of an emergency (e.g. during a fire)
- Horizontal: evacuation beyond corridor fire doors and/or to an adjacent service wing
- Vertical: evacuation to a lower floor
- Premises: evacuation of the entire building



### STAGES OF EVACUATION-FIRE

<b>STAGE ONE</b>	
<input type="checkbox"/>	Remove resident(s) from room of origin (close door and follow location's fire plan procedure to indicate room has been checked and evacuated i.e. tags)
<input type="checkbox"/>	Take resident(s) to holding area beyond fire doors
<b>STAGE TWO</b>	
<input type="checkbox"/>	Remove residents from rooms beside and across the hall from room or origin
<input type="checkbox"/>	Take residents to holding areas beyond fire doors
<b>STAGE THREE</b>	
<input type="checkbox"/>	Remove all residents from the immediate fire/danger area; search and evacuate all rooms following fire plan procedure (e.g. close door and tag procedure)
<input type="checkbox"/>	Take residents to holding area beyond fire doors
<b>STAGE FOUR</b>	
<input type="checkbox"/>	<p>Resident identification resources and emar downloads are available in the command center and emergency tote supplies located at the Main Reception Area.</p> <p>Designated team member(s) will use items from the emergency tote to identify residents and place identification label/lanyard/wristband on each resident before they are evacuated</p>
<input type="checkbox"/>	Ensure each resident is adequately clothed
<b>STAGE FIVE</b>	
<input type="checkbox"/>	Move residents from building to parking lot muster points located at the outside the Main entrance (South side of building) & outside the Staff Entrance (North east parking lot)
<b>STAGE SIX</b>	
<input type="checkbox"/>	Transport residents not requiring immediate medical care (as determined by emergency services) to pre-designated relocation sites as coordinated through the County's Emergency Control Group

**ORDER OF EVACUATION**

Note: This order is recommended in the event of a Code Green where time is available for a methodical evacuation. In the event of a Code Green Stat, life safety must take priority, and the Incident Manager will determine the most appropriate order of evacuation based on immediate need.

**First:** Ambulatory residents requiring minimal assistance. Considerations: Be cautious and aware of individuals who are confused/may get in the way or wander back into danger. Individuals who move slowly may need to be removed in a wheelchair.

**Second:** Residents using wheelchairs but otherwise requiring minimal assistance i.e. one team member.

**Third:** Residents who must be transported in bed/stretchers; requiring one or two-person assist for lifts.

**Final:** Uncooperative residents.

Ensure all doors are closed/tagged per Fire Plan procedure, all residents accounted for, and residents identified to Incident Manager/designate and Emergency responders.

## CONTINUITY OF RESIDENT CARE/SERVICES

The location will ensure the following to support the care/service needs of residents throughout an emergency evacuation and relocation.

- **Resident Identification.** an identification label (bracelet/lanyard/name tag will be placed on each resident. The identification information must include: name, level of transfer/mobility, allergies, and DNR/MOST designation).
- **Evacuation Log.** to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified.
- **Resident Records.** MAR books and any hard copy chart records must be removed from the site and be taken to the relocation site. This is usually the responsibility of the Nurse in charge of the RHA/neighbourhood.

Most of the actual chart can be retrieved on electronic health record out of the community. This can be completed offsite.

- **Medications.** The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. The pharmacy will provide all medications at the relocation site as needed.
- **Life Sustaining Equipment.** Consider oxygen, g-tube feeds, etc. that may require evacuation with resident or immediate triage at receiving site, hospital transfer based on care needs.
- **Food & Fluid.** Sufficient supply for residents and team members during transportation and on immediate arrival at reception site.
- **Physician/Nurse Practitioner On Call.** Contact as applicable for location.

## JOB ACTION/DUTIES

### INCIDENT MANAGER

The designated Incident Manager has complete authority to direct an evacuation incident; they may be relieved by Executive Director/General Manager/other designate upon their arrival to the location.

The Incident Manager has the authority to put the evacuation plan into effect.

- Assess the magnitude and type of threat.
- Ensure notification of Executive Director/General Manager/designate regarding decision to put evacuation plan into effect.
- Assign Incident Management Lead roles (see location's Incident Management Team organizational chart).
- Assign any additional roles as required based on incident scope i.e. Team Members to support building shutdown, culinary prep, supply gathering, labelling, account for residents, support residents who require consolation, behavioural needs, monitor exit doors to prevent re-entry, monitor external traffic flow, etc.
- Ensure all areas are secure and all duties are complete.
- Complete Incident Manager Evacuation Checklist.

NURSE

- Upon receiving verification of evacuation, begin instructing team members in required duties. If immediate evacuation is not in your home area/neighbourhood/floor, assign team members to assist in affected area(s) as directed by the Incident Manager.
- Remove residents from any immediate danger to designated safe zone.
- Remove all other residents to designated safe zone.
- Ensure Fire Plan procedure is followed to indicate all rooms checked and vacant.
- Complete head count of residents to ensure all accounted for.
- Assist with resident identification (updating, attaching to residents) as assigned by Incident Manager.
- Assign team members to evacuate residents in order as directed by Incident Manager.
- Remove MAR book to designated holding area.
- If your home area/neighbourhood/floor is not being evacuated (i.e. partial evacuation only), assign team members to monitor residents, secure your area, and assist at evacuation area as directed by Incident Manager.

IPAC LEAD/PERSONAL SUPPORT WORKER

- Clear corridors while reporting to your Nursing station.
- Verify announcement to evacuate.
- If immediate need is not in your area, secure and monitor residents or go to affected area to assist with evacuation as assigned by nurse, manager, or Incident Manager.
- If evacuation is in your immediate area, evacuate residents to safe zone as directed by nurse, manager, or Incident Manager. Assist with tagging rooms as checked, vacant per location procedure.
- Report any resistive resident or resident requiring immediate assistance to the nurse/manager in charge.
- Once all residents have been moved to a safe area, take further direction from the nurse, manager, or Incident Manager. You may assist with monitoring and supporting residents, loading residents onto buses, packing/labeling items for transport, etc.

OFFICE/RECEPTION TEAM & MANAGERS, COMMUNICATION LEAD, LOGISTICS LEAD

- Communications Lead will be assigned by Incident Manager to lead all communications sent and received related to the emergency incident.
- All managers and office team will report to the front desk (reception/concierge) and await direction and assignments from Incident Manager.

**COMMUNICATIONS LEAD-IMMEDIATE DUTIES**

- Confirm emergency services have received alarm as required.

- Notify external contacts that the Evacuation Plan has been initiated at the direction of the Incident Manager, including but not limited to:
  - All necessary emergency responders (fire, police, ambulance, local hospital)
  - Northumberland County's Emergency Control Group
  - Medical Director (as applicable)
  - Provincial/regional health and/or regulatory authority (as required)
  - Pharmacy
  - Residents
  - Families
- Assign team members to screen incoming calls, transfer media inquiries and residents' family as applicable. Reference Emergency Communication Procedure in location's Emergency Management Plan.

**LOGISTICS LEAD-IMMEDIATE DUTIES/ NC EMERGENCY CONTROL GROUP**

- Assign team members to initiate team member Fan Out and (as applicable) Volunteer Call-In List
- Assign team members to gather supplies as required i.e. First Aid, Evacuation Supplies, Bus/Transportation Supplies, Blankets/Pillows, Food/Water, etc.
- As directed by Incident Manager, Emergency Services, or provincial regulatory authority, initiate call to transportation service providers.

## JOB ACTION/DUTIES: ENVIRONMENTAL SERVICES

### ES SUPERVISOR/MAINTENANCE-IMMEDIATE DUTIES

- Assist the Incident Manager as required.
- Ensure all entrances are clear of vehicles to allow for emergency services personnel/vehicle access and evacuation transportation vehicle access
- Be available to assist emergency responders as required
- Initiate Evacuation Building Shutdown Procedures (see template provided)
- Assist with evacuation of residents and with loading wheelchairs, equipment, etc. onto transport vehicles
- Communicate all pertinent information to the Incident Manager throughout the evacuation process
- Assist with final check of the building:
  - Ensure all electrical equipment is turned off and unplugged
  - Lower heat (if applicable)
  - Maintain and monitor generator (if in use)
  - Check building regularly when vacant (as directed by Incident Manager)
- Travel to relocation site(s) and assist as needed
- Keep a record of equipment, supplies, etc. removed from the building

### HOUSEKEEPING & LAUNDRY TEAM-IMMEDIATE DUTIES

- Secure your department by shutting down all equipment; close windows and doors
- Assist with ensuring all rooms are clear and vacant
- Report to nurse/manager in charge of your area and follow their direction
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

**DIETARY SUPERVISOR/DIETARY TEAM DUTIES**

- Executive Chef/Director of Dietary Services or designate to initiate Code Green-Evacuation Culinary Operations Checklist
- If you are in the servery, ensure all appliances are off and unplugged and secure the area
- Report to the nurse/manager in charge of your area and assist as directed
- If you are in the kitchen, turn off equipment, ensure nearby hallways are clear, and secure the area
- If the emergency is not in your area or in the kitchen, report to nurse/manager in charge or Incident Manager
- Execute the location's Emergency Plan for provision of food, fluid, emergency menus as directed by your manager, Incident Manager, or designate
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

**RESIDENT LIFE ENRICHMENT TEAM DUTIES:**

- If you are in an area of immediate danger, assist with moving residents to the closest safe zone as directed by the Incident Manager/designate
- Report to manager/nurse in charge and take direction to assist with evacuation activities
- Direct any volunteers who may be in the building to assist with evacuation efforts as directed by Incident Manager; ensure volunteers are provided with clear instructions and support as needed
- As assigned by Incident Manager/nurse/manager in charge of your area, monitor residents and assist with keeping them calm/meeting their needs, assist with evacuation, or assist with other duties as assigned.
- Travel to relocation site(s) and assist as needed.

## EVACUATION CHECKLIST

### INCIDENT MANAGER

After resident, team member, and visitor life safety is assured and when there is an Evacuation Alert and/or the decision has been made to evacuate, use the following as a guide. Refer to full Evacuation Plan for additional details and actions. All steps to be documented. Where any event is not applicable, note N/A in DATE & TIME OF EVENT column.

EVENT DESCRIPTION (AS TIME PERMITS-LIFE SAFETY IS ALWAYS PARAMOUNT)		DATE & TIME OF EVENT
<b>Evacuation Alert Issued</b>		
<input type="checkbox"/>	Designated individual assumes role of Incident Manager	
<input type="checkbox"/>	Ensure Code Green Evacuation Resident Log Template (Sending Site List) is completed / up to date	
<input type="checkbox"/>	Complete/Update "Ticket to Ride" for each resident	
<input type="checkbox"/>	Complete/Update Identification (wristband, lanyard, etc.) for each resident	
<input type="checkbox"/>	Designate/Confirm Key Incident Management Team Roles (Reference Incident Management Team Organizational Chart)	
<input type="checkbox"/>	Initiate Fan Out/Hot Issue Alert to update key stakeholders and supports	
<input type="checkbox"/>	Identify and plan for any IPAC Considerations i.e. precautions in place, PPE required, etc.	
<input type="checkbox"/>	Initiate Resident/Family Communication	
<input type="checkbox"/>	Inspect and prepare Evacuation Supplies, resident "Go Bags"	
<input type="checkbox"/>	Map out Evacuation Route and Alternative Routes	
<b>Evacuation Order Issued/Decision to Evacuate is Confirmed</b>		
<input type="checkbox"/>	Alarm activated (if there is a fire)	
<input type="checkbox"/>	Call 911	
<input type="checkbox"/>	Initiate resident/team member notification i.e. announcement over entire building (inform all residents, team members, and visitors of the evacuation)	
<input type="checkbox"/>	Residents removed from immediate danger zone	
<input type="checkbox"/>	Activate location's Incident Management Team	
<input type="checkbox"/>	Contact Support Services for support required	
<input type="checkbox"/>	Team member designated to meet Fire department/Emergency Responders	
<input type="checkbox"/>	Room search/doors tagged initiated by designates in charge	
<input type="checkbox"/>	All available team members sent to assist/remove residents from danger zone	
<input type="checkbox"/>	Elevators shut down/recall to ground floor as applicable or directed by officials	
<input type="checkbox"/>	Initiate/Designate Building Shutdown Procedures	
<input type="checkbox"/>	Initiate/Designate Culinary Operations Checklist	
<input type="checkbox"/>	All residents accounted for from all areas	
<input type="checkbox"/>	All team members accounted for from all areas	
<input type="checkbox"/>	All fire doors closed	

EVENT DESCRIPTION (AS TIME PERMITS-LIFE SAFETY IS ALWAYS PARAMOUNT)		DATE & TIME OF EVENT
<input type="checkbox"/>	Use Resident Identification System to confirm all residents requiring evacuation are identified	
<input type="checkbox"/>	Contact and confirm availability of transportation	
<input type="checkbox"/>	Contact and confirm availability of relocation centre(s)	
<input type="checkbox"/>	Identify appropriate receiving site for each resident	
<input type="checkbox"/>	Identify and label equipment for transport as required including IT Equipment	
<input type="checkbox"/>	Identify transportation requirements for each resident, including identification of accompanying team members; ensure sufficient staffing or require vehicles to travel together (i.e. if only one nurse for 2 vehicles they must stay within site and stop together)	
<input type="checkbox"/>	Initiate Mobilized Team Member Tracking Template & Information Form	
<input type="checkbox"/>	Identify receiving/loading areas	
<input type="checkbox"/>	Team members assigned to supervise residents in holding area/prevent re-entry; reassure residents and ensure their needs are met	
<input type="checkbox"/>	Team members assigned to gather supplies/resources/food as needed	
<input type="checkbox"/>	Team members assigned to gather charts, medications, supplies, resident personal items, etc. (pack 'go bags' or pillowcases)	
<input type="checkbox"/>	Team members assigned to load/transport any equipment traveling separately i.e. beds, mobility aids, IT equipment, etc.	
<input type="checkbox"/>	Ready residents for journey (informing, attaching ID, preparing Ticket to Ride, labelling equipment, packing, etc.)	
<input type="checkbox"/>	Systematic loading of residents onto transportation vehicles and accounting for all residents (census)	
<input type="checkbox"/>	Notify emergency contacts as needed	
<input type="checkbox"/>	Arrival of Fire Department	
<input type="checkbox"/>	Arrival of ambulance	
<input type="checkbox"/>	Arrival of police	
<input type="checkbox"/>	Communicate with residents/families re evacuation	
<input type="checkbox"/>	Medical records transferred/secured – (EHR, EMAR)	
<input type="checkbox"/>	Contact Pharmacy	
<input type="checkbox"/>	Medications transferred/secured; order placed for next 72 hours w/pharmacy	
<input type="checkbox"/>	Confirm types and quantities of food/water/emergency supplies for the journey	
<input type="checkbox"/>	Contact Procurement for provisions to be brought or ordered and delivered to relocation centre	
<input type="checkbox"/>	Conduct final sweep of building to ensure all residents evacuated and accounted for	
<input type="checkbox"/>	Remain as contact for Receiving Site(s)	
<b>Repatriation</b>		
<input type="checkbox"/>	Code cleared	

	Medical condition	Infection prevention and control	Mobility	Stairs	Sitting	Toileting	Behaviour	Elopement Risk
<b>Bus transportation</b>	Medically stable	No infectious risk to others	Independent or ambulates with minimal assistance	Can navigate stairs with minimal assistance	Able to sit for 2 hours at a time	Able to toilet independently or with minimal assistance	Does not pose a risk to other passengers or driver of the vehicle	No risk for elopement
<b>Wheelchair transportation</b>	Medically stable	No infectious risk to others	Wheelchair-dependant	Unable to navigate stairs	Able to sit for 2 hours at a time	Able to toilet independently or with minimal assistance	Does not pose a risk to other passengers or driver of the vehicle	No risk for elopement
<b>Private stretcher transportation</b>	Medically stable	No infectious risk to others	Wheelchair or stretcher-dependant	Unable to navigate stairs	Cannot sit for 2 hours at a time	Able to toilet independently or with minimal assistance	Does not pose a risk to other passengers or driver of the vehicle	May be an elopement risk
<b>Ambulance</b>	Medically unstable	Infectious disease precautions in place, if necessary	Wheelchair or stretcher-dependant	Unable to navigate stairs	Cannot sit for 2 hours at a time	Needs assistance with using the toilet	Requires supervision due to cognitive impairment	May be an elopement risk
EVENT DESCRIPTION (AS TIME PERMITS-LIFE SAFETY IS ALWAYS PARAMOUNT)							DATE & TIME OF EVENT	
<input type="checkbox"/>	Initiate Repatriation Planning							
<input type="checkbox"/>	Conduct Emergency Recovery, Debrief, Action Planning for Lessons Learned							
<input type="checkbox"/>	Consults with stakeholders as required per policy							
<input type="checkbox"/>	Notes:							

Incident Manager Name: \_\_\_\_\_ Incident Manager Signature: \_\_\_\_\_

## **EVACUATION TRANSPORTATION CONSIDERATIONS**

The purpose of this document is to assist with determining the most appropriate type of transport mode for each resident based upon a mobility assessment and medical/clinical assessment. Different criteria may be used at the discretion of Incident Manager/Clinical Lead/Designate if they deem adequate mitigation measures have been put in place (i.e. team member accompaniment).

Resident should meet all criteria in columns to be appropriate for the transportation method of that row; if does not meet a criteria, move down to the next row.

**Adapted from Transportation Considerations – Inter- and Intra-Health Authority Relocation. Health Emergency Management BC (HEMBC).**

## EVACUATION-MOBILIZED TEAM MEMBER INFORMATION FORM

The purpose of this document is to ensure team members who are travelling with residents during an evacuation/repatriation have all the relevant information they need for when they arrive at the receiving location. This form can be completed with the team member and sending team leader and given to the team member who is travelling.

Administrative Information			
Team Member Name & Role/Designation:		Contact Info.:	
Direct Manager:		Contact Info.:	
Emergency Contact:		Contact Info.:	
Key Contact Information			
Sending Team Leader:		Contact Info.:	
Transit Team Leader:		Contact Info.:	
Receiving Team Leader:		Contact Info.:	
Facility Information <input type="checkbox"/> Evacuation <input type="checkbox"/> Repatriation			
Sending Site:			
Receiving Site:			
Alternate Destination (if other than Receiving Site):			
Accommodation Information <input type="checkbox"/> Hotel <input type="checkbox"/> Family <input type="checkbox"/> Other			
Hotel Name			
Address			
Phone Number			
Check In Date		Check Out Date	
Transportation Information			
Staying for:	<input type="checkbox"/> 48 hours <input type="checkbox"/> 72 hours <input type="checkbox"/> Until Repatriation <input type="checkbox"/> Other: _____		
How are they getting to the receiving site?	<input type="checkbox"/> With residents <input type="checkbox"/> Different way (specify mode of transportation): _____ Date: _____		
How are they returning home?	<input type="checkbox"/> With residents <input type="checkbox"/> Different way (specify mode of transportation): _____ Date: _____		
Notes/Comments			
Individual Accommodation Requirements / Other Needs:			
Please note:			

Adapted from: Mobilized Staff Form – Inter- and Intra-Health Authority Relocation. Health Emergency Management British Columbia (HEMBC).

## EVACUATION SUPPLIES

Evacuation supplies are kept in a large mobile bin located in the command center at the main reception.

X	ITEM	INDIVIDUAL RESPONSIBLE
<input type="checkbox"/>	Ramp to load residents onto transportation vehicles (where applicable)	
<input type="checkbox"/>	Water supply for team members and residents (6 litres per person for each day)	
<input type="checkbox"/>	Thickener for water (as required)	
<input type="checkbox"/>	Non-perishable food items for team members and residents (including snacks); ensure inclusive of textures appropriate for all residents	
<input type="checkbox"/>	Disposable plates, utensils, cups, straws	
<input type="checkbox"/>	Current Contact List(s)	
<input type="checkbox"/>	Pens	
<input type="checkbox"/>	Labels	
<input type="checkbox"/>	Flashlights	
<input type="checkbox"/>	Headlamps	
<input type="checkbox"/>	Rain ponchos	
<input type="checkbox"/>	Blankets	
<input type="checkbox"/>	Personal Protective Equipment (12-24-hour supply as needed from current stock) <ul style="list-style-type: none"> <li>• Surgical masks</li> <li>• N95 Respirators</li> <li>• Gloves (all sizes)</li> <li>• Gowns – reusable and disposable (all sizes)</li> <li>• Face shields – reusable and disposable</li> <li>• Goggles – reusable and disposable</li> </ul>	
<input type="checkbox"/>	Toiletry items (comb, brush, shampoo, soap, toothpaste, toothbrush, lotion, mouthwash, deodorant, shaving cream, razors, tissues, denture holders/cleaners)	
<input type="checkbox"/>	Denture holders/cleaners	
<input type="checkbox"/>	Incontinence products	
<input type="checkbox"/>	Personal wipes	
<input type="checkbox"/>	Toilet paper	
<input type="checkbox"/>	Towels	
<input type="checkbox"/>	Plastic Ziplock Bags	
<input type="checkbox"/>	Garbage Bags	
<input type="checkbox"/>	Sterilizing cleaner (Clorox wipes)	
<input type="checkbox"/>	Alcohol based hand sanitizer or moist towelettes	

X	ITEM	INDIVIDUAL RESPONSIBLE
<input type="checkbox"/>	Spill Kit	
<input type="checkbox"/>	Emesis Basins	
<input type="checkbox"/>	First Aid Supplies/Kit	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
<b>BUS/VEHICLE-GATHER AS REQUIRED AT TIME OF EVACUATION</b>		
<input type="checkbox"/>	Resident Identification Lanyards (Pre-Made)	
<input type="checkbox"/>	Communications Devices: Cell phones, 2-way radios, pagers, satellite phone, laptop (bring all you have)	
<input type="checkbox"/>	Medication Administration Records (MAR) – entire chart if possible	
<input type="checkbox"/>	Legal forms such as Treatment Authorization Forms, Do Not Resuscitate Orders, and Advance Directives	
<input type="checkbox"/>	Emergency drug kit (if applicable)	
<input type="checkbox"/>	Non-prescription medications (if applicable)	
<input type="checkbox"/>	Prescription medications and dosages	
<input type="checkbox"/>	Glucagon Kit	
<input type="checkbox"/>	Cash	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	
<b>RESIDENT "GO BAGS"</b>		
<input type="checkbox"/>	Name Tag/Label	<p>Recommended to ask families to support with preparation of Go Bags. Where not able / available, the community/residence can prepare.</p> <p>Consider adding 'Ticket to Ride' to each Go Bag that can be completed in an evacuation.</p>
<input type="checkbox"/>	Clothing for 2-3 days	
<input type="checkbox"/>	Incontinence Products (as required) for 3 days	
<input type="checkbox"/>	Toothbrush & Toothpaste	
<input type="checkbox"/>	Denture Cup & Denture Cleaner (as applicable)	
<input type="checkbox"/>	Hairbrush or Comb	
<input type="checkbox"/>	Hearing Aid Batteries (as applicable)	
<input type="checkbox"/>	Wipes	
<input type="checkbox"/>	Sling (as applicable)	
<input type="checkbox"/>	Ziplock bag for medications	
<input type="checkbox"/>	Adaptive/Restorative Aids (as applicable)	
<input type="checkbox"/>	Sensory Supports i.e. fidget items, activities (as needed)	
<input type="checkbox"/>	Personal "Comfort" Item i.e. photograph, memento	
<input type="checkbox"/>	"Ticket to Ride" Checklist	

## EVACUATION CHECKLIST: DURING TRANSPORT

This document is to facilitate continuity of care/services and safety for residents during transit in the event of an evacuation or repatriation. The checklist is to be completed by the Transit Team Leader/designate during transportation and shared with the Receiving Team Leader/designate upon arrival.

Administrative Information			
<b>Sending Team Leader:</b>		<b>Contact Info.:</b>	
<b>Transit Team Leader:</b>		<b>Contact Info.:</b>	
<b>Receiving Team Leader:</b>		<b>Contact Info.:</b>	

Checklist: During Transport		Indicate When Completed (Date/Time) or N/A	Completed by (Initials)
<b>Essential Personal Care/Services</b>			
<b>Food &amp; Water</b>	Ensure routine access to hydration and snacks. Suggestion: Offer water every hour; offer food every 2-4 hours.		
<b>Toileting</b>	Ensure routine access to bathroom facilities. Suggestion: Consider planning to stop every 2 hours or when possible.		
<b>Repositioning (As required)</b>	Reposition every 2 hours to prevent skin breakdown. Suggestion: Consider ambulation break or using pressure-relieving equipment.		
<b>Mental Health Support</b>	Provide reassurance regularly and as needed.		
<b>Assessments &amp; Medication</b>			
<b>Assessment</b>	Monitor for changes in resident condition, including routine vital sign checks.		
<b>Scheduled Medications</b>	Administer routinely scheduled medications during transit.		
<b>PRNs</b>	Assess hourly for pain, nausea, behavioural changes, and any other types of discomfort. Administer available PRN medication to ensure comfort.		
<b>Oxygen</b>	Check oxygen canisters every hour to ensure sufficient amount. If less than a quarter tank remaining, replace to a new canister.		
<b>Documentation</b>	Ensure all medications administered are clearly documented in resident's chart.		

<b>Communication</b>			
<b>Routine</b>	Give transportation update to receiving team including estimated time of arrival. Suggestion: Identify designated check-in points/times with known cell phone coverage.		
<b>Urgent</b>	Notify receiving and sending teams if any challenges arise during transportation (i.e. significant delays, changes in resident condition).		
<b>External Partners</b>	Call 911 if any emergencies or events arise and impede the evacuation/transport (i.e. motor vehicle collision, washout, etc.).		

Adapted from: IHAR Checklist During Transport – Inter- and Intra-Health Authority Relocation. Health Emergency Management British Columbia (HEMBC).



## EVACUATION-CULINARY OPERATIONS CHECKLIST

The Director of Dietary Services/Executive Chef or designate will be accountable for the following in an evacuation as required based on the scope of the situation:

<b>ORDERING &amp; SUPPLIES</b>	
<input type="checkbox"/>	<p>Products on Hand:</p> <ul style="list-style-type: none"> <li>• Maintain 3-day emergency food supply of meal and snack items (see XVIII-R-10.00 Emergency Menus &amp; Response (LTC)) including texture modified items (i.e. cookies, granola/cereal bars, pureed fruit, puddings, bottled water, pre-thickened fluids, and supplements).</li> <li>• Disposable cups (plastic and Styrofoam), cutlery (teaspoons, knives, fork), napkins, plates, bowls – 3-day supply minimum.</li> </ul>
<input type="checkbox"/>	<p>Organize “To Go Boxes” for each Home Area/Neighbourhood which include:</p> <ul style="list-style-type: none"> <li>• Printed/Current Mealsuite People Service Reports for meals (alphabetically)</li> <li>• Printed/Current Resident Allergy List</li> <li>• Copy of any Individualized Menus</li> <li>• Copy of Diet Extensions for emergency snack menu from Mealsuite</li> <li>• Restorative meal assistance aides i.e. lipped plates, nose cups, handled cups, lidded cups, built-up cutlery, etc.</li> <li>• Snack food items – cookies, granola/cereal bars, pureed fruit, puddings, bottled water, pre-thickened fluids, supplements. Refer to emergency snack menu</li> <li>• Tube feeding formula as applicable</li> <li>• Disposable cups, cutlery (teaspoons, knives, forks), napkins, plates, bowls</li> </ul>
<input type="checkbox"/>	<p>Upon Evacuation:</p> <ul style="list-style-type: none"> <li>• Gather needed equipment i.e. Robot-Coupe/blender, thickener, trays, Cambro, clothing protectors</li> <li>• Shut down kitchen – turn off equipment, return items to fridge/freezer</li> <li>• Cancel any standing orders i.e. Sysco, Agropur, Canada Bread/Chemical</li> </ul>
<b>MENU &amp; PEOPLE MANAGEMENT</b>	
<input type="checkbox"/>	<p>Menu:</p> <ul style="list-style-type: none"> <li>• Print the following resources: <ul style="list-style-type: none"> <li>○ Stickers for labeled nourishments or tray service (as required)</li> <li>○ Copy of Emergency Menu for review</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>Staffing:</p> <ul style="list-style-type: none"> <li>• Initiate emergency staffing schedule</li> <li>• Ensure temporary job routines in place as needed</li> <li>• Review list of team members who are cross-trained: <ul style="list-style-type: none"> <li>○ Assistance to residents with eating at meals</li> <li>○ Meal preparation and serving</li> </ul> </li> </ul>
<input type="checkbox"/>	<p>Management Time Off Relief: Create resource for covering manager to assist receiving community manager with daily operations</p>

<b>COMMUNICATION</b>	
<input type="checkbox"/>	Take the time to speak with your team members one on one; some may become emotional when they hear the news. Be sure to remind team members of EAP and other supports and have contact details handy.
<input type="checkbox"/>	<p>Arrange to connect with receiving site Dietary/Culinary Manager:</p> <ul style="list-style-type: none"> <li>• Review menu requirements for first meal at receiving site</li> <li>• If receiving site is not a Sienna community/residence, review contents of “To Go Boxes” to determine any additional materials that may be required</li> <li>• Review (supplies including disposables, thickener, foods and fluids, equipment)</li> <li>• Review Dietary Census</li> <li>• Review 3-day emergency menu</li> <li>• Ask: Do you need Cambro hot boxes? Trays? Anything else?</li> </ul>
<input type="checkbox"/>	<p>Registered Dietitians (Sending Site &amp; Receiving Site) to connect:</p> <ul style="list-style-type: none"> <li>• Discuss any risks/follow-up support needed</li> <li>• Provide Receiving RD Contact Information for follow up if necessary</li> <li>• Consider streamlining any interventions i.e. labeled snacks changed to Resource 2.0 at medication pass</li> </ul>
<input type="checkbox"/>	Reach out to Support Services Office Culinary Operations and Nutrition Care Partner(s) for support.
<b>TRAINING &amp; DRILLS</b>	
<input type="checkbox"/>	Regularly train team members on evacuation procedures
<input type="checkbox"/>	Conduct Evacuation Drills including Culinary Operations Checklist practice to ensure readiness

## **EVACUATION PSYCHOSOCIAL CONSIDERATIONS**

Evacuation events are unpredictable and separation from home and community can cause great emotional distress. In addition to meeting physical needs, it is important to provide psychosocial support to individuals who have been impacted by evacuation.

The following is a summary of key psychosocial considerations following an evacuation event.

- The majority of people will manage reasonably well and will neither require nor seek mental health support following a disaster and evacuation.
- Those most likely to experience coping and mental health difficulties are persons who have pre-existing mental health difficulties or are experiencing high levels of stress at the time of the evacuation.
- Elderly persons suffering from cognitive impairments may experience increased confusion and intensification of symptoms.
- Individuals with previous evacuation experiences may have a heightened response to being evacuated again. In particular, Indigenous persons who have experienced trauma resulting from forced evacuations must receive culturally-safe and trauma-informed care.
- While team members may experience significant stress because of increased workloads and extended hours, the resultant stress-related responses can be expected to be transitory and mild to moderate, provided there is a return to regular work hours within a reasonable time.
- Family members of residents may also experience mild and transitory stress symptoms and it is important for them to be provided with up-to-date information about the evacuation and wellbeing of loved ones.
- Team member wellbeing can be enhanced by ensuring they are informed and prepared for the evacuation, feel they have the knowledge and equipment to care for residents, are acknowledged and supported, and are able to have time off to avoid accumulative stress and fatigue.
- Because the families of team members may also be required to evacuate, ensuring team members have time off to connect with their own families is important for practical reasons such as preparing to evacuate and/or arranging alternative accommodations as well as to address any concerns and worries that they might have for loved ones that might arise because of the situation.
- For residents, it is suggested that their emotional and psychosocial wellbeing is monitored regularly. Receiving reassurance and maintaining a sense of safety will be important to maintain their overall wellbeing. This can largely be provided by healthcare staff, with social workers or similar professions being called upon should an individual experience anxiety or other stress-related reactions.
- Persons with serious mental health difficulties (some of whom may have been hospitalized for mental health reasons) should continue to receive support from qualified mental health services providers. Follow-up support should also be arranged

with practitioners who provide case management or other mental health support for persons who might be at risk of rapid deterioration.

- In addition to managing the workload of team members, efforts should be taken to ensure managers provide regular check-ins, remind team members of the importance of self-care for themselves and their families, and provide information on EAP and other supports. Some team members may also find the opportunity to debrief following the deployment helpful.

#### Resources

- [Anxiety Canada](#): This website contains information about dealing with anxiety and links to free online courses and apps with coping resources for anxiety such as the [MindShift App](#).
- [Care for Caregivers](#): Care to Speak is a peer support service that provides free, unbiased and confidential peer mental health support to anyone working in the Healthcare or Social Services sector via phone or chat. Call 1-866-802-1832.
- [Wellness Together Canada](#): Tools and resources to support Canadians with low mood, worry, substance use, social isolation, and relationship issues.
- [Kids Help Phone Free](#) 24/7 text and phone support for children and youth (bilingual). [1-800-668-6868](tel:1-800-668-6868) or <https://kidshelpphone.ca/>
- [Residential School Crisis Line Support](#): A specialized crisis line providing holistic support for former Residential School students and their families. 1-877-477-0775

## CODE GREEN: RETURN TO EVACUATED SITE (REPATRIATION PLAN)

Following an evacuation event and prior to returning to an evacuated site, the location will develop a Repatriation Plan to ensure the safe and orderly return of residents and team members to the evacuated site. See also XVIII-A-10.80 Emergency Recovery.

The Executive Director/General Manager or designate will:

1. Coordinate completion of XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist to inform plan.
  - Add/remove tasks as applicable to the situation/scope of evacuation. Consider length of time away, any damage that may have been incurred to the building/grounds, etc.
2. Have the building/site inspected for re-entry by appropriate authorities as required (i.e. fire department, police, provincial regulatory authority).
3. Conduct or assign internal inspection/assessment using XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist > Facility Operations/Plant/Infrastructure/Equipment.
4. Check that the building/site is environmentally comfortable, e.g. temperature normal, no fumes/odours present, clean.
5. Notify stakeholders as required (i.e. Support Services Leader, provincial regulatory authority, etc.) and confirm approval as required for plan to return to normal operations.
6. Summarize the total cost of evacuation, including inventory loss (linen, equipment, supplies, etc.) and additional staffing costs (including travel expenses, etc.).
7. Plan a debriefing session for team members, participants, emergency responders, and other stakeholders as applicable to evaluate the strengths and weaknesses of the experience and make recommendations to improve the evacuation process. Use XVIII-A-10.80(c) Code Green Debrief Checklist-Action Plan and other documentation as applicable i.e. XVIII-A-10.20(c) Incident Management Team Action Plan Template to inform recommendations.
8. Ensure Emergency Recovery Plan is developed and implemented per requirements outlined in XVIII-A-10.80 Emergency Recovery.

All Leaders will:

1. Participate in activities outlined in XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist as assigned.
  - Add/remove tasks as applicable for their department and in consideration of the situation/scope of evacuation.
2. Provide regular status updates and take action as required for follow up to support plan.

The Communication Lead or designate will:

1. Assume responsibility or direct team members to notify families of the time and date of return and the specific schedule for return of their family member.

The Director of Care / Director of Wellness / Wellness Manager/Designated Manager will:

1. Notify Medical Director (as applicable) and attending physicians/nurse practitioners of resident's return.
2. Maintain close contact with team members and residents to ensure orderly return to normal operations.
3. Maintain lists of residents and equipment to ensure safe return.
4. Assign team members to check and identify returning residents as they disembark from various means of transportation.
5. Assign receiving nurse to complete thorough clinical assessment of resident upon return (as applicable where clinical care/services are provided at the location).

The Director of Dietary Services/Executive Chef will:

1. Facilitate inspection of Kitchen/Food Service areas in collaboration with Public Health (as required) using XVIII-E-10.30(a) Preparing for Return to Evacuated Site Checklist > Kitchen/Food Service Areas as a guide.
2. Establish and implement temporary menu until able to resume regular menu services.

All Team Members will:

1. Assist, as directed, in the safe return of residents and equipment, working together to re-establish normal routines as soon as possible.
2. Assist with and/or conduct re-installation of safety equipment and any pre-use inspections for these as applicable i.e. Falls Prevention Systems, lifts, etc.

<b><u>PREPARING FOR RETURN TO EVACUATED SITE CHECKLIST XVIII-E-10.30(a)</u></b>			
<p><b>Use the checklist below as a guide to assess readiness and plan for return to evacuated site/repatriation activities following an evacuation.</b></p> <p><b>Add/remove tasks as applicable to the situation/scope of evacuation (consider length of time away, any damage that may have been incurred to the building or grounds, etc.). Note any follow up actions that may be required with target date for actions to be completed.</b></p>			
<b>Task</b>	<b>Assigned to:</b>	<b>Date</b>	<b>Status</b>
<b>Pre-Planning</b>			
Meeting with team (including transport, logistics) to confirm plan	Site Lead		
Complete Risk vs. Benefit Analysis (as required by provincial health authority)	Health Authority		
Complete Risk Matrix (as required by provincial health authority)	Health Authority		
Other:			
Other:			
Other:			
<b>Communication</b>			
Confirm Repatriation Approval from provincial health authority (as required)	Re-Entry & Recovery Team		
Communicate plan with Patient/Resident Transfer Office (as applicable) / forward to all site leads where residents located			
Resident Communication (once prepared, ready, and approved for repatriation)			
Family Communication (once prepared, ready, and approved for repatriation)			
Other:			
Other:			
Other:			
<b>Facility Operations / Plant / Infrastructure / Equipment (see also XVIII-I-10.00(a) Damage Assessment Checklist)</b>			
Inspect building and grounds as required using XVIII-I-10.00(a) Damage Assessment Checklist			
Turn on electrical power to non-essential equipment			
Start supply and exhaust fans			
Start boilers			
Start hot water tanks			
Check emergency generator status (auto mode)			
Start chillers and auxiliary equipment			
Confirm security cameras are on			

Confirm security card access returned to schedule			
Start elevators			
Check status/temperature of refrigerators and walk-in coolers			
Confirm fire alarm system is fully functional			
Confirm fire sprinkler system pressures and dry system air compressor fully functional			
Change community/residence voicemail (if required)			
Test water quality, heat hot water tanks, and flush all water lines			
Monitor air quality; change filters as required			
Confirm building management system is fully functional			
Confirm bio fridge temperatures and calibration			
Equipment relocation planned (as required)			
O2 (Tanks, Regulators, Delivery)			
Confirm status of all medical gases			
Equipment calibration			
Waste management/sewer fully functional			
Exterior and grounds cleaning			
Elevators checked and approved			
Other:			
Other:			
Other:			
<b>Kitchen/Food Service Areas</b>			
Review risks and status of water supply; ensure water system has not been damaged or contaminated. If area is affected, clean tap screens and flush water lines by running taps for a minimum of 5 minutes.			
Inspect food and beverage items; sort salvageable from non-salvageable foods as quickly as possible and assess and discard damaged and unsafe food products. Food can be damaged from being exposed to unsafe temperatures, smoke, ash, soot, water, fire retardant chemicals, and/or loss of power.			

<p>Discard any food/items in kitchens exposed to ash, soot, water, and/or smoke, no matter where they were stored, including:</p> <ul style="list-style-type: none"> <li>- Foods showing signs of smoke damage and foods having an "off" odour or taste, including ALL opened food packages</li> <li>- Foods packaged in permeable packaging, including paper, foil, cardboard, plastic wrap, or cellophane</li> <li>- Bottles/Jars of food with screw top lids or crown/crimp caps and Tupperware-type containers</li> <li>- Single service items/utensils, including individually plastic wrapped</li> <li>- Ice (in both serving bins and ice machines)</li> <li>- Dented or bulging cans</li> <li>- <b>When in doubt, throw it out</b></li> </ul>			
<p>Clean and sanitize closed, undamaged canned foods/drinks exposed only to smoke by immersing for 2 minutes in a mild bleach solution created by mixing 5 ml (tsp) bleach for every litre (4 cups) water.</p>			
<p>Where damage has affected kitchen/food service areas, minimize traffic coming in and out of walk-in coolers and freezers until the floors have been cleaned. During clean up, use a vacuum that has a "HEPA" air filter and change the HEPA filter often.</p>			
<p>Check with manufacturer's requirements prior to cleaning some pieces of equipment, such as pop/slushy machines, coolers, and ice machines, as these may have special cleaning requirements.</p>			
<p>Run an empty dishwasher through the wash-rinse-sanitize cycle three times to flush the water lines and clean and sanitize the interior of the dishwasher prior to use.</p>			
<p>Discard all absorbent materials (e.g. carpet, drywall, etc.) that have been water or fire damaged (due to the potential for mould growth).</p>			
<p>Steam clean carpets, drapes, curtains, and/or furniture that has not been smoke or water damaged. Change the water frequently.</p>			

If keeping fridge/freezer, remove or discard all items, then: 1. Unplug fridge/freezer 2. Rinse or blow out dust residue on coils and compressors 3. Clean and sanitize inside 4. Leave doors open to dry 5. Once appliance(s) is dry, reconnect power 6. Wait until inside temperature of fridge has reached 4 degrees C and freezer is 18 degrees C before restocking with food.			
Verify that all equipment used for food preparation (incl. cooking, cooling, and reheating) can operate according to manufacturer's specifications/instructions			
Discard all damaged kitchen equipment, utensils, linens, and single-service items			
Document all activities undertaken to bring establishment back into operation, including equipment servicing records.			
Other:			
Other:			
Other:			
<b>Operations - Conduct Final Checks</b>			
Housekeeping (Terminal Clean)			
Dietary - Assess nutrition/hydration needs; order deliveries as required - In the event of Boil Water Advisory, follow Public Health direction and/or XVIII-O-10.00 Boil Water Advisory			
Infection Prevention & Control			
IMIT - Digital Systems up and running			
Supplies/Supply Chain			
Lab			
Biomed			
Pharmacy			
Environment/Public Health (water and air testing) / Licensing			
Human Resources			
Workplace Health & Safety (conduct Health & Safety Inspection and ensure site safe for team member return)			
Staff Scheduling			
Resident/Patient Transport Office			

Allied Health			
Private Service Providers (nail care, foot care, etc.)			
Physician/Nurse Practitioner/MRP Access			
Equipment return coordination (i.e. ensure clear entrance access, schedule to avoid conflict)			
Resident return coordination			
Other:			
Other:			
Other:			
<b>Repatriation Process</b>			
Send Repatriation Plans (as required) to provincial health authority for final approval			
Submit Receiving Site list			
Transportation Planning (Equipment, Residents, Team Members)			
Move equipment from (LOCATION NAME)			
Move borrowed equipment from (LOCATION NAME)			
Identify team member(s) to inspect equipment received back			
Open (# OF) vacant beds/suites			
Initiate resident transfer as per Patient Transport Office plan			
Repatriate (# OF) residents			
Identify team member(s) to verify armband and resident identifiers upon arrival			
Pharmacy Notification			
Physician/Nurse Practitioner/MRP Notification			
Other:			
Other:			
Other:			
<b>Communication</b>			
Plan 'Welcome Home' celebration for residents, families, and team members			
Post-repatriation support			
Other:			
Other:			
Other:			
<b>After Action Planning</b>			
See XVIII-A-10.80 Emergency Recovery and attachments; take action as required (i.e. Consult w/Councils, Debrief, etc.)			

Review After Action Plan templates and document issues/learnings			
Submit After Action documentation (as required) to provincial health authority			
Other:			
Other:			
Other:			

<b><u>REPATRIATION DAY (RESIDENT) SCHEDULE – TEMPLATE XVIII-E-10.30(b)</u></b>					
Use this checklist/schedule as a guideline for Repatriation Day activities for resident return to evacuated site. Add/remove Activities; adjust Timeline/Responsible as applicable for the situation.					
Residents Returning to: _____ From: _____ Date: _____					
<b>Steps</b>	<b>Timeline</b>	<b>Activity</b>	<b>Responsible</b>	<b>Status</b>	<b>Notes</b>
1	6:00:00 AM	Prepare residents ready for return to evacuated site (provide assistance as needed with/ensure each resident is: out of bed, dressed, used washroom, medications given, hydration, nutrition)	Clinical/Wellness Team (Nurses/PSWs/HCAs/GAs)		
2	6:30:00 AM	Start Breakfast Service	Culinary/Dietary Team		
3	7:00:00 AM	Label beds for transport	Rehab Team		
4	7:30:00 AM	Pack resident personal items in mesh bags (clothing, personal effects, slings, etc.)	Clinical/Wellness Team		
5	8:50:00 AM	Ensure residents are wearing their name tag/identification	Clinical/Wellness Team		
6	9:00:00 AM	Begin moving resident beds and medication carts/medical equipment to the community/residence	Environmental Team & others as needed		
7	9:00:00 AM	Team members assigned to travel with residents	Charge RN or Delegate		

8	9:00:00 AM	Ensure supplies (i.e. water, pudding, med cups, spoons)/medications/charts onboard transport	Clinical/Wellness Team		
9	9:00:00 AM	Transport residents to the community/residence (reference Transport Log) and send any updates to Charge RN or Delegate as required	Transport & Clinical / Wellness Team		
10	10:00:00 AM	Receive residents back into care (use spreadsheet to track resident return upon arrival)	Charge RN or Delegate		
11	12:00:00 PM	Complete clinical/wellness assessments on all repatriated residents and Progress Note	Clinical/Wellness Team		
12	12:30:00 PM	Final review of Evacuation Site for any items missed (i.e. medications, charts, beds, resident personal items, slings, equipment)	Environmental Team & others as needed		
13	1:00:00 PM	Other:			



## CODE WHITE: PHYSICAL THREAT/VIOLENT OUTBURST

### CODE WHITE RESPONSE

In the event of an attempt of or actual exercise of physical force by a person that has the potential to cause injury (including threatening statements or behaviour indicating reasonable cause to believe risk of injury), a Code White will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location's Code White Emergency Plan.

In the event a Code White is initiated, team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area.

The location is committed to supporting team members and other affected individuals as required following a Code White through such measures as debriefing, education, mental health & wellness supports, etc. See XVIII-A-10.80 Emergency Recovery.

If confronted by a violent or aggressive person, team member, volunteer, or visitor:

- If safe to do so, try to de-escalate the situation with the aggressive person(s). Consider:
  - Remain calm, empathetic, and non-judgmental
  - Respect personal space; if possible stand 1.5 to 3 feet away from a person who is escalating
  - Be mindful of maintaining non-threatening gestures, facial expressions, movement, tone of voice, and other nonverbal expressions
  - Provide clear, simple, and enforceable directions
  - Allow time for the individual to process any request or direction you may have provided
- Where available, call on team members with expertise in supporting personal expressions (responsive behaviours) to provide immediate assistance.
- If safe to do so, isolate the person(s) away from residents and team members or ask person to leave the premises.
- If the situation escalates into a dangerous situation (i.e. person is verbally and/or physically violent or threatening violence toward themselves or others and is not responding to de-escalation techniques; urgent assistance is required):
  - Announce or have someone else announce "Code White and location".
  - If required, seek immediate assistance through means such as activating call bell or fire alarm.
  - If the person(s) has a weapon (any object that could be used in a threatening or harmful manner towards another person or oneself), remove self and others, if possible, from immediate danger. If possible and safe to do so, the armed person should be contained within locked doors, or others in the immediate area should

be directed to a locked area inaccessible to the armed person. NOTE: See also emergency procedures for Code Silver and Building Lockdown.

- Call 911 when:
  - There is a real or perceived threat of immediate risk/danger to health, life, or property requiring police intervention to resolve;
  - Team members responding determine the situation is beyond their abilities;
  - An individual is brandishing or claiming to possess a weapon/firearm or is actively using/shooting a weapon/firearm;
  - An individual is taken hostage;
  - Be prepared to provide location address, name, contact information, and any other relevant information (see XVIII-F-10.00(b) Code White Guidelines: Communicating with Police).
- Notify Supervisor/Manager on Call/Executive Director/General Manager, who will investigate and document the incident and file appropriate reports to provincial regulatory authority, support services office, etc.
- Regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved.

The Incident Manager will:

1. Oversee Code White response - assess the situation, organize, direct, and determine plan of action. This may include but is not limited to:
  - Call on team members with expertise in supporting personal expressions (responsive behaviours) where available; alternatively and where safe, call on supports from a team member or other individual with whom the aggressive/violent person has an established rapport
  - Determine the number of team members required to support the situation
  - Assign specific duties to team members supporting response measures i.e.
    - Supporting de-escalation measures (where safe to do so)
    - Clearing the area of potentially dangerous objects
    - Ensuring other residents, team members, visitors are sensitively redirected from the immediate area
    - Guide emergency responders to the scene
  - Request medication, personal protective equipment, any other materials that may be required to be brought to the scene
2. Act as point person to communicate with emergency responders (i.e. police) upon arrival.
  - NOTE: Suspected criminal activity (which may include assault, threats, destruction of property, etc.) must be reported to the police even if the perpetrator has calmed or the situation has been brought under control; team members must not attempt to interpret whether a crime was committed or if a person's aggression was related to a disease process. When reporting an incident that is not an emergency, the Incident Manager or designate will contact the

non-emergency line for local police; see XVIII-F-10.00(b) Code White: Guidelines for Communicating with Police.

3. Document incident per organizational policy and applicable provincial requirements.

As part of the recovery process, the Executive Director/General Manager or designate will:

1. Ensure debrief is conducted as immediately as possible following the incident. NOTE: See XVIII-A-10.80 Emergency Recovery for debriefing template and reference the location's Emergency Recovery Plan.
2. Investigate and document the incident, file appropriate reports to provincial regulatory authority, support services office, etc., and take action for next steps noted in debrief as required.
3. Ensure police services were contacted as required.
4. Ensure any updates to Care/Service Plan made as required for behavioural support inclusive of any assessments that may be required i.e. psychogeriatric assessment.
5. Collaborate with support services office (Vice President Regional Operations/Regional Director of Operations, Health & Safety Manager, Human Resources Business Partner, etc.) as needed to create and implement a Health & Safety Plan for affected team members.
6. Consider the physical and mental health needs of all affected individuals and ensure supports are provided as required using existing and additional identified programs as needed i.e. Employee & Family Assistance Program, individual and group counseling, etc.
7. Consult with the Joint Health & Safety Committee on Code White policy/procedure training.

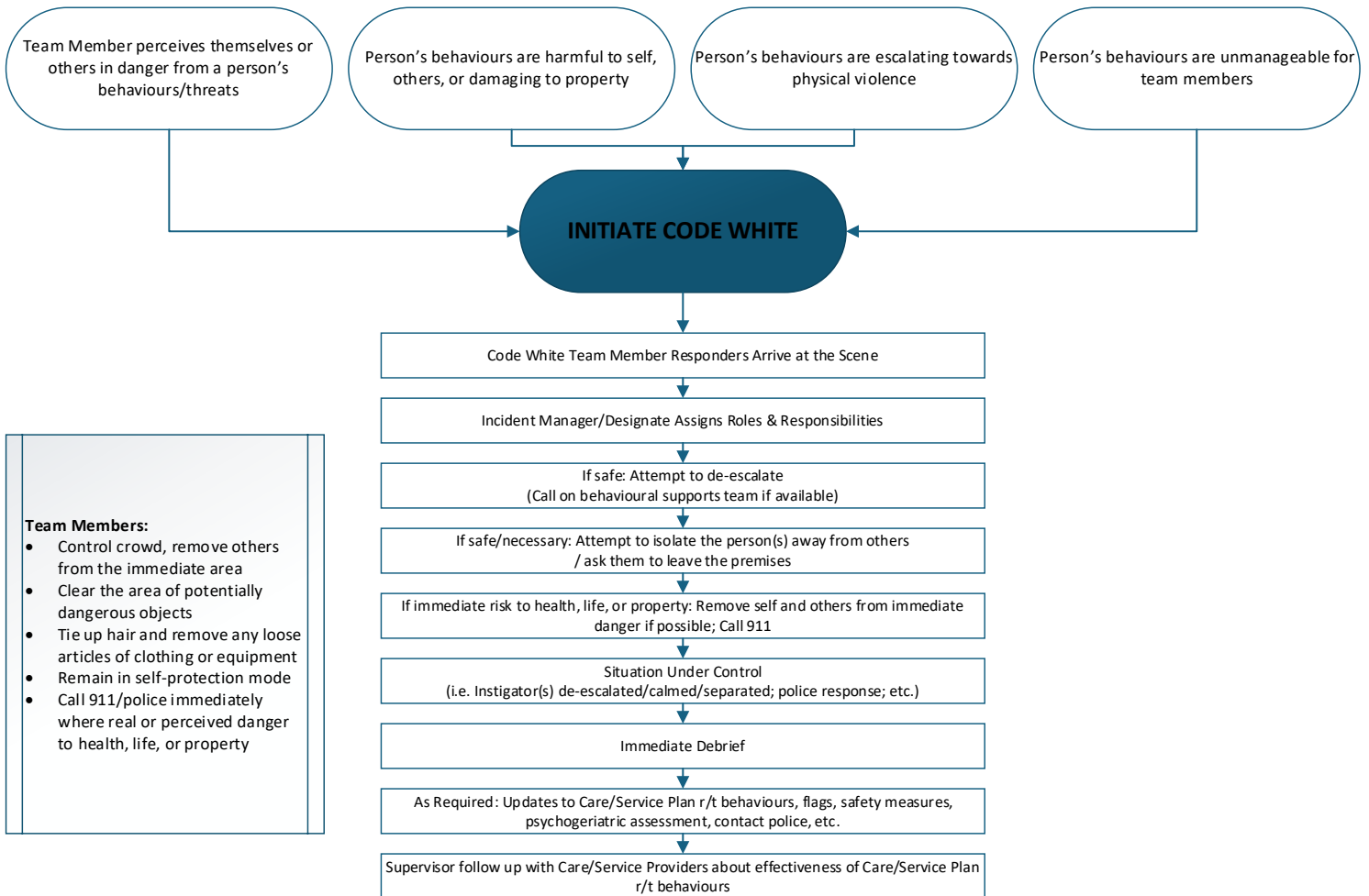
All Team Members will:

1. Speak with their supervisor regarding any specific concerns, needs, or considerations.

The Joint Health & Safety Committee will:

1. Review Code White policy/procedure annually (at minimum).
2. Monitor policy/procedure implementation between reviews.
3. Review Incident Reports and statistical data.
4. Make recommendations to employer to eliminate and control risk of violence to team members.
5. Monitor and ensure recommendations for prevention strategies are followed up.
6. Consider Code White data when conducting workplace inspections.
7. Participate in investigations of Code White incidents.

## FLOW CHART: CODE WHITE EMERGENCY RESPONSE



## CODE WHITE – GUIDELINES FOR COMMUNICATING WITH POLICE

When calling the police to report a Code White, it is essential to provide factual, concise, and objective information without breaching privacy requirements or making subjective assumptions. See below examples of **what to say** and **what to avoid**.

**In an emergency situation that poses an immediate risk to health, life, or property requiring police intervention to resolve, call 911.** Be prepared to provide location address, name and contact information, and any other relevant information. When reporting an incident that is not an emergency, call the non-emergency line for local police and reference guidelines below.

### **First – consider:**

- We have an obligation to report suspected criminal activity to the police; it is not up to the team member(s) responding to a Code White situation to determine if a potentially criminal act was related to a disease process or committed with intent. The team may secure appropriate assessments for this purpose from qualified clinicians as required, but this will not negate the requirement to report to police.
- Even if the perpetrator has ‘calmed down’ and the situation seems under control, the team must contact the police in the event of potential criminal activity (which may include assault, threats, destruction of property, etc.) per our obligations noted above.
- As part of their investigation, police may seek statements from team members, victim(s), and other witnesses. Team members are strongly encouraged to provide statements without fear of repercussions or ‘causing trouble’. Supporting such investigation helps keep everyone safe and helps keep individuals accountable for behaviour expected in a lawful society and community living environment.
- We recognize that individuals may experience legitimate concerns, fear, distrust, and/or anxiety around interacting with police. In the event a team member is put into a situation they find difficult, they are encouraged to communicate with their leader and ask for help (this may include but not be limited to a leader remaining nearby while a team member makes a statement to police; being available to listen and facilitate support if the team member has specific concerns; ensuring team member awareness of these guidelines including the reminder to simply stick to the facts; facilitating mental health supports in follow up to the interaction, etc.).
  - Team members may also reach out to their Executive Director/General Manager, Support Services Office Human Resources Business Partner, or union representative (as applicable) for assistance
  - They may also contact the organization’s third-party *ConfidenceLine* (24 hours a day, 7 days a week) toll-free at 1-800-661-9675 or online at: <http://www.sienna.confidenceline.net/>
- If there is uncertainty about what may be shared with police or whether police should be contacted, reach out to your VPRO/RDO or other support services Partner for

guidance and resources like Hot Issue support, legal guidance, facilitating psychogeriatric assessments, etc. When in doubt – reach out!

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#### WHAT TO SAY

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##### **Identify yourself and your role.**

**Example:** This is [NAME], and I am a [ROLE] at [LOCATION NAME], a continuing care community/long-term care community/retirement residence located at [ADDRESS]. I am reporting an incident that occurred on [DATE/TIME].

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##### **Provide a general description of the incident.**

This may include information such as description of any injuries; name, age/approximate age, and physical description of aggressor; any weapon(s) involved; the location of the aggressor and whether they are barricaded/isolated or have hostages; all available intervention(s) that have been attempted; number and names of witnesses, etc. as applicable to the situation.

**Example:** We have an incident involving a physical altercation between a resident and [ANOTHER RESIDENT/A STAFF MEMBER]. The incident involved [DESCRIBE ACTION E.G. HITTING, SHOIVING, ETC.] and one individual required medical attention.

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##### **Stick to the facts.**

Only describe what has been observed or reported.

##### **Example:**

- Resident A hit Resident B with their hand after a verbal disagreement.
  - The injured party sustained a cut on their arm and is being treated by onsite medical staff.
  - This is the third occurrence of Resident A initiating physical violence this month.
- 

##### **Outline immediate actions taken.**

**Example:** We have separated the individuals involved, and our staff have provided immediate care to the victim.

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##### **Request assistance.**

**Example:** We are requesting your assistance to attend onsite as soon as possible to evaluate the situation and determine what further action is required.

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##### **Inquire about legal requirements.**

**Example:** What additional information do you require from us?

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#### WHAT NOT TO SAY

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##### **Avoid speculating or providing diagnoses.**

**Example:** Do not say, “I think the resident has mental health issues or is violent by nature.” Instead, stick to observable facts, such as, “The resident appeared agitated and aggressive. This is the second time we have contacted police services about this individual this month.”

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##### **Do not disclose personal health information without consent or appropriate authorization.**

**Example:** Avoid statements like, “Resident A has dementia and is on [specific medication].” Instead, say, “Due to privacy regulations, we are not permitted to provide personal health information without appropriate authorization. Can you please provide us with a detailed email request of additional information you require in connection with your investigation?” (**Note:** Work with your leader and Legal team to determine next steps upon receipt of request from police for additional information)

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##### **Avoid assigning blame or making assumptions.**

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**Example:** Do not say, “The staff member provoked the resident.” Instead, say, “We are investigating the circumstances surrounding the incident to determine what occurred.”

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**Do not offer opinions or legal interpretations.**

**Example:** Avoid statements like, “This is definitely an assault, and the resident needs to be arrested.” Instead, say, “We are reporting an incident that involved the commission of violence where a person has sustained injury, and we need your guidance on the appropriate next steps.”

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**Avoid overloading with irrelevant details.**

Do not share unrelated background information about the resident(s) or the operations of the location.

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**GENERAL LEGAL & PRIVACY SAFE STATEMENTS**

**Consult with Legal Department as required**

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**Regarding resident information:**

“We are unable to share detailed personal health information due to privacy regulations. However, we can provide any required information with the necessary consents or appropriate authorizations.”

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**Clarifying the role of the location:**

“Our primary responsibility is ensuring the safety of residents and staff. We have taken immediate steps to de-escalate the situation and are now seeking your support.”

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**If pressed for medical history or other private information:**

“We must adhere to applicable privacy laws. If additional details are required in connection with your investigation, please provide us with a detailed email request of the information you require.”

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**To close the conversation:**

“Please let us know what additional steps we need to take to assist with your investigation.”

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## **CODE WHITE – GUIDELINES FOR RESPONDING TO DISRUPTIVE BEHAVIOUR**

Disruptive behaviour may be defined as conduct that threatens another person’s physical or psychological wellbeing, interferes with the provision of care/services to residents or other workplace activities related to the general operation of the community/residence, or poses a risk to property. This may include but not be limited to:

- Abuse (physical, verbal, emotional, financial, or property). **NOTE:** In the event of any suspected or witnessed resident abuse, follow protocols outlined in applicable Abuse & Neglect policy and provincial requirements
- Bringing a weapon onto the property
- Bullying
- Causing or threatening to cause destruction or damage to property
- Cyberbullying and other offensive use of social media
- Derogatory remarks
- Direct or implied threats of violence
- Discrimination
- Harassment
- Intimidation and challenges to fight
- Offensive sexual gestures or behaviours
- Participating in any activity that substantially disrupts the normal operations of the location
- Refusal to comply with the location’s policies, such as smoking in non-designated areas
- Stalking
- The possession, use, or distribution of illegal drugs/substances on the premises (including drug dealing)
- Intoxication
- Theft
- Threatening or abusive language involving excessive swearing or offensive remarks
- Threatening phone calls or correspondence
- Violence or any act of physical aggression
- A protest or demonstration on the grounds that causes a significant disturbance

The organization is committed to providing an environment that is safe and respectful for all and will not tolerate any actions that cause or have the potential to cause any individual trauma, harm, injury, and/or illness.

The location will investigate all reports of disruptive behaviour, identify appropriate response, and take necessary action to address it. For visitors, this may include restricting visiting times, restricting access to identified spaces in the location/to specific resident(s), or temporarily barring individuals from entering the property as a measure of last resort. For residents, this may include facilitating behavioural assessments, updating care/service plans, using alerts/flags

to indicate risk, and/or contacting police in the event of suspected criminal activity. For team members, this may include disciplinary action up to and including termination of employment.

Each situation involving disruptive behaviour is unique and must be managed by team members using their judgement as well as professional skills, with the assistance of support services office leaders as required.

In any emergency situation where immediate police intervention is necessary to protect the safety of persons or property, initiate Code White Emergency Response procedures and call 911.

Any team member who observes disruptive behaviour must promptly report it to their supervisor or the manager/nurse in charge, including the following information:

- The date, time, and location of the incident;
- The name of the person exhibiting disruptive behaviour (if known);
- A factual and objective description of the behaviour and events actually observed or experienced;
- Information about who was involved and the circumstances that precipitated the situation; and
- Identification of others who might have observed the incident.

The manager/nurse in charge or designate will initiate investigation and incident reporting process as required per applicable policy/procedure. Depending on the situation, this may include:

- Attending at the location of the disruptive behaviour;
- Giving the individual(s) involved an opportunity to explain their actions;
- Requesting that the individual(s) leave the premises (if they are not a resident);
- Initiating Building Lockdown procedures in the event of a significant protest/demonstration/disturbance on the grounds;
- Gathering information from others with knowledge of the incident;
- Reviewing video surveillance footage;
- Notifying police to request assistance in the event of any suspected criminal activity.

The Incident Manager, Executive Director/General Manager, or designate will coordinate and oversee response to the disruptive behaviour as required and in collaboration with their Vice President Regional Operations/Regional Director of Operations. Dependent on the situation, this may include but not be limited to such measures as:

- Initiating the Hot Issue Alert process
- Informing the clinical/wellness team of the disruptive behaviour if the person is a resident and ensuring any necessary assessments and updates to care/service plan that may be required to support behaviour management
- Verbal warning
- Written warning
- Letter of behavioural expectations

- Blocking incoming emails or telephone calls
- Participating in the development of a safety plan (in collaboration with Human Resources) for individuals who have been subject to the disruptive behaviour i.e. security escorts, adjustments to workspace, redirecting calls to voicemail, etc.)
- Requesting that an individual leave and escorting them off the property
- Placing access restrictions on a person's access to the property
- Consulting with or reporting suspicious criminal activity to the police

## **CODE WHITE – GUIDELINES FOR MANAGING RESIDENT-TO-RESIDENT ASSAULT**

In the event of an incident of resident-to-resident aggression, team members may take the following immediate steps, adjusting as required to the environment and situation. Ensure reference to applicable Abuse/Neglect procedure, Incident Reporting procedure, Behavioural Supports & Management procedure, other procedures as applicable.

<b>Immediate Response to the Incident</b>	
<b>Ensure Safety:</b>	
<input type="checkbox"/>	Separate the residents: If safe to do so, move both residents to secure areas where they cannot interact.
<input type="checkbox"/>	Remove potential hazards: Clear the immediate area of items that could cause harm (i.e. walking aids, utensils, etc.).
<input type="checkbox"/>	Check for injuries: Assess both residents for visible injuries and provide immediate first aid.
<input type="checkbox"/>	Activate Code White (if necessary).
<input type="checkbox"/>	Activate applicable response protocols for Abuse & Neglect as required.
<b>De-Escalation Tips</b>	
<b>For the Aggressor:</b>	
<input type="checkbox"/>	Use a Calm Voice: Speak firmly but gently to reduce agitation.
<input type="checkbox"/>	Acknowledge Their Feelings: "I can see that you're upset. Let's take a moment to talk about it."
<input type="checkbox"/>	Provide Space: Allow the resident physical space to avoid feeling cornered or threatened.
<input type="checkbox"/>	Redirect Attention: Shift focus to a calming activity or a safe location.
<b>For the Victim:</b>	
<input type="checkbox"/>	Offer Comfort: Provide reassurance, such as saying, "You're safe now; we're here to help."
<input type="checkbox"/>	Stay Present: Remain nearby to offer emotional support.

<input type="checkbox"/>	Address Immediate Needs: Ensure they feel cared for and validated.
<b>Incident Documentation</b>	
<input type="checkbox"/>	Complete an Incident Report: Record the time, location, details of the incident, and immediate actions taken.
<input type="checkbox"/>	Gather Witness Statements: Include accounts from team members or other residents who saw the incident.
<input type="checkbox"/>	Record Medical Assessments: Document injuries and treatments provided.
<b>Notify Key Parties</b>	
<input type="checkbox"/>	Inform the Executive Director/General Manager or designate.
<input type="checkbox"/>	Notify family/legal representative of both residents involved.
<b>Report to Authorities as required:</b>	
<input type="checkbox"/>	Police (in the event of any suspected/witnessed criminal activity; see XVIII-F-10.00(b) Guidelines for Communicating with Police re our obligations).
<input type="checkbox"/>	Provincial regulatory authority i.e. MLTC, RHRA, AL Registrar, Health Authority, etc.
<b>Behavioural Interventions</b>	
<b>For the Aggressor:</b>	
<input type="checkbox"/>	Reference applicable Behaviour Management policies/procedures to facilitated assessments, intervention strategies, etc.
<input type="checkbox"/>	Update Care/Service Plan as required.
<input type="checkbox"/>	Implement team communication/training strategies as required.
<input type="checkbox"/>	Access internal/external behavioural support resources as available.
<b>For the Victim:</b>	
<input type="checkbox"/>	Provide emotional support i.e. access to counseling or support groups, incorporation of soothing activities into Care/Service Plan.
<input type="checkbox"/>	Review environmental triggers: Ensure their surroundings minimize further risks.
<b>Environmental &amp; Procedural Adjustments for Consideration</b>	
<input type="checkbox"/>	Enhance Supervision: Assign team members to monitor shared spaces more closely.
<input type="checkbox"/>	Reorganize the environment i.e. rearrange dining room seating plan to avoid conflicts; adjust meal or activity schedules.
<input type="checkbox"/>	Team education: Conduct training on de-escalation techniques and managing behaviours/personal expressions.
<b>Ongoing Monitoring &amp; Follow Up</b>	
<input type="checkbox"/>	Hold a care/wellness team meeting: Discuss the incident, review triggers, and adjust intervention plans as required.
<input type="checkbox"/>	Regularly evaluate progress i.e. monitor aggressor for improved behaviour or recurring issues; check victim's physical and emotional recovery.
<input type="checkbox"/>	Conduct Incident Analysis: Use the event as a learning opportunity to improve procedures and prevent recurrence.

## CODE WHITE: THREATENING COMMUNICATION

Threatening communication is any form of communication that is intended to manipulate, control, hurt, and/or intimidate to cause a change in the target's (victim's) behaviour.

Threatening communication can be sent in a number of ways such as mail, email, social media, telephone, voicemail, etc.

Upon receipt of a threatening communication:

- Treat all threats seriously
- Immediately contact Executive Director/General Manager and/or Manager/Nurse in charge of the building

If the communication is received in writing:

- Limit handling of the letter
- Keep the envelope
- Do not time stamp or write on the letter
- Contact Executive Director/General Manager or designate

If the communication is received over email, do not forward the email to others.

- Contact Executive Director/General Manager or designate

If the communication or photos is received over social media:

- Take screen shots of the threat(s)
- Note the date and time received
- Note any other details about the threat that you can perceive (location, device being used, user handle names, etc.)
- Do not respond to or engage with the user
- Contact Executive Director/General Manager or designate

If the communication is received over the phone or voicemail:

- Note the date, time, and phone number
- Write down what was said in detail
- Do not argue with the caller
- Do not transfer the call
- Do not make any further calls from the extension that the call was received on
- Upon completion of the call, immediately move to a different phone and report the details of the incident by calling Executive Director/General Manager or designate

Any threats of self-harm or harm to others or the environment should be reported as soon as possible to your local police service. Use the non-emergency number but use your own discretion (and/or discuss with a supervisor) whether the threat is serious or urgent enough to call 911.

The Executive Director/General Manager will:

- 1) Initiate a Hot Issue Alert.
- 2) Determine in collaboration with Support Services steps to be taken, which may include but are not limited to:
  - Contacting the police
  - Implementing/Announcing Code White Emergency Response
  - Providing additional security services (i.e. sentries on guard, escorts to team members between vehicle and building)
  - Communication to all team members regarding situation, special instructions (i.e. delay to shift change; remain in vehicle until escorted into building)
  - Ongoing incident management and recovery planning, including support of team member, resident, and family health and wellness

## **CODE WHITE SCENARIOS: EXAMPLES OF RESPONSE**

The following scenarios are examples only and may be used to support discussions in team huddles, reference for what to do in a similar situation, etc. Each situation involving the potential for Code White Emergency Response is unique and must be managed by team members using their judgement as well as professional skills, with the assistance of emergency responders and support services office leaders as required.

In any emergency situation where immediate police intervention is necessary to protect the safety of persons or property, call 911.

### **Scenario: Resident's Family Member/Intruder Assaults Another Resident**

**Example:** During a heated argument in a common area, a family member of a resident slaps another resident who they accuse of upsetting their relative.

#### **Details:**

- The assaulted resident cries out for help, drawing team member attention.
- The family member continues shouting and threatens further harm.

#### **Response According to Code White:**

1. **Immediate Safety:**
  - Team members activate a Code White and separate the family member and the resident.
  - The assaulted resident is moved to a private area for comfort and assessment.
2. **De-Escalation:**
  - Team member addresses the family member with a calm and firm tone: "Your actions are unacceptable. We need you to remain here while we address this situation."
  - Manager/Nurse in charge takes over to prevent further escalation.
3. **Authorities:**
  - Police are contacted to report the assault.
  - Provincial regulatory authority is informed due to the violation of resident rights and safety.
4. **Further Response & Documentation:**
  - Abuse/Neglect protocols are initiated per policy & provincial requirements.
  - All witnesses provide statements, and video footage is reviewed if available (conduct investigation and incident reporting per applicable policy/provincial requirements).

### Scenario: Resident's Family Member Assaults Team Member

**Example:** A family member becomes upset over a perceived delay in care and shoves a nurse during a heated conversation.

#### Details:

- The family member accuses the nurse of neglect and physically shoves them.
- Other team members intervene to de-escalate the situation.

#### Response According to Code White:

1. **Immediate Safety:**
  - The assaulted nurse retreats to a safe area.
  - Other team members activate a Code White and summon assistance.
2. **De-Escalation:**
  - A supervisor addresses the family member, emphasizing, "This behaviour is unacceptable. We need you to leave the area while we ensure everyone's safety."
3. **Authorities:**
  - Police are contacted to report the assault.
  - Provincial regulatory authority is notified per workplace violence reporting requirements.
4. **Further Response & Documentation:**
  - The nurse receives medical and/or mental health care if necessary.
  - An incident report is filed.
  - The location considers restrictions or bans on the family member's visitation rights in collaboration with support services office.
  - Reference applicable policies/procedures i.e. Hot Issue Alert, Workplace Violence, Harassment & Bullying, etc.
  - LTC: Reference Escalation Workflows and other resources provided in Leader Toolkit for Engaging Families in Distress

### Scenario: Resident Assaults Another Resident

#### Example:

During lunch in the dining room, two residents have a disagreement over seating. Resident A accuses Resident B of taking "their" spot. The argument escalates when Resident A stands up, shouts at Resident B, and then strikes Resident B on the arm with their walking cane.

#### Response According to Code White Procedures

1. **Immediate Safety:**
  - **Team Member Intervention:**
    - Team members immediately separate Resident A and Resident B, ensuring both are moved to safe areas.

- The cane is temporarily removed from Resident A to prevent further immediate harm.
  - **Medical Assessment:**
    - Resident B is assessed for injuries by clinical/wellness team (where no clinical services provided onsite, facilitate transfer offsite for medical assessment as required)
    - If injuries are severe, contact emergency services.
2. **De-Escalation:**
- Team member calmly address Resident A, saying, “We understand you’re upset, but we need to keep everyone safe. Let’s move to another area and talk this through.”
  - Another team member stays with Resident B to provide reassurance and support.
3. **Environmental Safety:**
- Other residents in the dining hall are guided to focus on their meals to minimize distress.
  - Any spilled food or items that could cause hazards are quickly cleaned up.
4. **Reporting to Authorities:**
- **Police:**
    - Contact police non-emergency line per XVIII-F-10.00(b) Guidelines for Communicating with Police.
  - **Provincial Regulatory Authorities:**
    - The incident is reported to ensure compliance with applicable provincial legislation.
5. **Further Response & Documentation:**
- Team members complete a detailed incident report, including:
    - Time and location of the incident.
    - Behaviour leading up to the assault.
    - Immediate actions taken and outcomes for both residents.
  - Statements are gathered from witnesses (residents or team members) who observed the incident.
  - Reference applicable Incident Reporting procedures.
6. **Follow-Up Actions:**
- **Resident A:**
    - Their care/service plan is reviewed, and behavioral interventions (e.g. conflict management, psychological support) are added as required.
    - They may temporarily lose access to shared areas until further assessments are conducted.
  - **Resident B:**
    - Their physical and emotional wellbeing is monitored closely.
    - Their family or designated contact is informed about the incident.

- **Community/Residence Review:**
  - The dining area seating arrangement and monitoring procedures are re-evaluated to prevent future conflicts.

## De-Escalation Tips

### **10 de-escalation tips that will help you respond to difficult behavior in the safest, most effective way possible adapted from the Crisis Prevention Institute (crisisprevention.com)**

#### **TIP 1**

##### **Be empathic and nonjudgmental.**

When someone says or does something you perceive as weird or irrational, try not to judge or discount their feelings. Whether or not you think those feelings are justified, they're real to the other person. Pay attention to them. Keep in mind that whatever the person is going through, it may be the most important thing in their life at the moment.

#### **TIP 2**

##### **Respect personal space.**

If possible, stand 1.5 to three feet away from a person who's escalating. Allowing personal space tends to decrease a person's anxiety and can help you prevent acting-out behavior. If you must enter someone's personal space to provide care, explain your actions so the person feels less confused and frightened.

#### **TIP 3**

##### **Use nonthreatening nonverbals.**

The more a person loses control, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

#### **TIP 4**

##### **Avoid overreacting.**

Remain calm, rational, and professional. While you can't control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

#### **TIP 5**

##### **Focus on feelings.**

Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what's happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what's happening—and you may get a positive response

**TIP 6**

**Ignore challenging questions.**

Answering challenging questions often results in a power struggle. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

**TIP 7**

**Set limits.**

If a person's behavior is belligerent, defensive, or disruptive, give them clear, simple, and enforceable limits. Offer concise and respectful choices and consequences. A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

**TIP 8**

**Choose wisely what you insist upon.**

It's important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person doesn't want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

**TIP 9**

**Allow silence for reflection.**

We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can give a person a chance to reflect on what's happening, and how they need to proceed. Believe it or not, silence can be a powerful communication tool

**TIP 10 Allow time for decisions.**

When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you've said. A person's stress rises when they feel rushed. Allowing time brings calm.

## CODE YELLOW: MISSING RESIDENT

### **CODE YELLOW RESPONSE**

In the event a resident cannot be located within 5 minutes of their absence being reported, Code Yellow will be called to alert team members and prompt an appropriate response in accordance with the location's Code Yellow Emergency Plan, including an organized and comprehensive centralized search procedure.

All Team Members will:

- 1) Notify the nurse/manager in charge on the home area/floor immediately when a team member is unable to locate a resident. NOTE: If necessary outside of regular business hours, alert manager on call.

The Nurse/Manager in charge on the Home Area/Floor will:

- 1) Alert building Charge Nurse/Manager. NOTE: If necessary outside of regular business hours, alert manager on call.
- 2) Direct team members to thoroughly search their home area/floor, check the sign out book, and check for resident with Recreation/Resident Engagement team and any external service providers.

The Executive Director/General Manager or designate will:

- 1) Assume the role of Incident Manager.
- 2) Announce "CODE YELLOW, missing resident" using all announcement systems as applicable (overhead PA, portable telephone, land telephone speaker, walkie-talkie); identify that resident by name.

The Incident Manager will:

- 1) Ensure completion of the Missing Resident Search Checklist (XVIII-G-10.00(a) as information is made available from team members conducting the search.
- 2) Coordinate the search for the missing resident as follows:
  - Gather all information re missing resident i.e. care plan kardex, colour photo, full description of clothing worn, where and time resident last seen, resident profile information, previous incidents and where resident was found, etc.
  - Relocate to 1st Floor Information Station/front reception desk and await reports or phone calls regarding the resident
  - Gather search kit, which includes: floor plans, maps (topical maps/satellite images of building and surrounding area recommended), flashlights, interior/exterior hazard list

- Advise searchers to call out to missing person by name loudly and frequently throughout search
- 3) Assign a search area (floor plan/map) to team members (work in pairs if possible); team members will check off completed rooms and areas on floor plan/map. When completed, map to be given to Incident Manager.
  - 4) Document the initiation and progression of the search procedures.

If the resident is not found after the initial search, the Incident Manager will:

- 1) Call 911 for police assistance.
  - Ask police to contact Search & Rescue organizations after the first hour of searching if the resident remains missing and there is a high level of risk
- 2) Notify the Executive Director/General Manager, Director of Care/Director of Wellness/Wellness Manager, and the family of the missing resident.

If the resident is found, the Incident Manager will:

- 1) Make an announcement that the resident has been found and the Code Yellow is canceled; thank team members for their response, and advise them that they may return to normal duties.
- 2) Notify the police, family, Executive Director/General Manager, and Director of Care/Director of Wellness/Wellness Manager.
- 3) Have the resident's condition assessed, complete incident report, provide resident with reassurance, complete Missing Resident Search checklist, and sign off as Search Coordinator.

All Team Members will:

- 1) Search for the resident and take direction from the Incident Manager.

The Executive Director/General Manager will:

- 1) Inform the Vice President Regional Operations/Regional Director of Operations or Executive Vice President, Operations of the missing resident search and recovery status throughout the search.
- 2) Complete a report/contact regulatory authority per provincial regulatory reporting requirements.

**CODE YELLOW – MISSING RESIDENT SEARCH CHECKLIST XVIII-G-10.00(a)**

RESIDENT'S NAME: \_\_\_\_\_ ROOM/SUITE #: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

1. TIME LAST SEEN: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_

2. AREA LAST SEEN/DIRECTION RESIDENT WAS GOING (IF KNOWN):  
\_\_\_\_\_

3. PHYSICAL DESCRIPTION Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
\_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses (please circle) YES NO

Special Identifying Features: \_\_\_\_\_  
\_\_\_\_\_

Clothing Last Worn: \_\_\_\_\_  
\_\_\_\_\_

4. COLOUR PHOTOGRAPH AVAILABLE (please circle): YES NO

5. LEVEL OF RISK:  
\_\_\_\_\_

6. SIGNIFICANT MEDICAL INFORMATION:  
\_\_\_\_\_

7. POSSIBLE FAVOURITE PLACES/HANG OUTS:  
\_\_\_\_\_

8. AREAS TO BE SEARCHED – USE INTERIOR FLOOR PLAN & EXTERIOR MAP of the grounds to search all areas identified in chart. Attach completed floor plan log to checklist.  
**Reminder:** call out resident by name loudly and frequently during search.

**SEARCH CHART:**

Area	Search Completed	Area	Search Completed
Bathroom/Shower room		Elevators	
Lounge		Lounges	
Closets		Storage/Service	
Resident rooms/suites / beds		Stairwells	
Under furniture i.e. beds, sofa		Hidden Areas	
Main Kitchen		Underground Parking	
Dining room & servery		Parking Lot & Vehicles	
Balcony		Grounds	
Laundry		Bushes	
Staff Lounge		Sheds	
Washrooms – resident/public		Roads	

RESIDENT FOUND – Location \_\_\_\_\_ Time: \_\_\_\_\_

SEARCH COMPLETED – RESIDENT NOT FOUND & CONFIRMED MISSING Time: \_\_\_\_\_

9. NOTIFICATION

PERSON	TIME	NOTIFIED BY
Family		
General Manager/Executive Director		
Police		
Search & Rescue		
Physician/Nurse Practitioner		
Support Services Office		
Regulatory authority as per provincial reporting requirements		
Transportation services – bus, wheel trans, taxi		

10. POLICE NOTIFICATION

Time:

\_\_\_\_\_

Name of Officer \_\_\_\_\_ Badge # \_\_\_\_\_  
 \_\_\_\_\_

11. NEXT OF KIN Called \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

12. ASSESSMENT OF RESIDENT’S CONDITION WHEN FOUND

Location: \_\_\_\_\_ Time: \_\_\_\_\_

Assessment: \_\_\_\_\_  
 \_\_\_\_\_

13. PHYSICIAN’S ORDERS RECEIVED

\_\_\_\_\_  
 \_\_\_\_\_

14. NOTIFICATION RESIDENT FOUND

PERSON	TIME	NOTIFIED BY
Family		
General Manager/Executive Director		
Police		
Search & Rescue		
Physician/Nurse Practitioner		
Support Services Office		
Regulatory authority as per provincial reporting requirements		
Transportation services – bus, wheel trans, taxi		

15. SAFETY PRECAUTIONS TO PREVENT REOCCURRENCE: \_\_\_\_\_

\_\_\_\_\_

16. INCIDENT REPORT DOCUMENTED (please circle)                      YES                      NO

17. CHARTING COMPLETED (please circle)                              YES                              NO

Name of Search Coordinator (please print): \_\_\_\_\_

Signature of Search Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## CODE BLUE: MEDICAL EMERGENCY

### **CODE BLUE RESPONSE**

In the event of a life-threatening medical emergency affecting any individual(s) on the premises i.e. cardiac arrest, respiratory issue, choking, etc., Code Blue will be called to alert team members and prompt an appropriate response in accordance with the location's Code Blue Emergency Plan.

Upon discovering a medical emergency, Team Members will:

- 1) Shout to nearby team members "Code Blue" and as applicable pull call bell and phone Nurse.

The Nurse/Manager in charge will:

- 1) Respond to site of emergency.
- 2) Direct a team member to call 911 for an ambulance and notify Power of Attorney (POA)/Responsible Party/Next of Kin.
- 3) Direct appropriate resuscitation procedures until arrival of paramedics.
  - In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles.
  - Conduct a Point of Care Risk Assessment (PCRA) to determine whether a Protected Code Blue emergency response is required.
  - For residents, confirm DNR order/status to find out if resident requires CPR or not.
- 4) Continue resuscitation procedures or comfort measures as applicable until arrival of 911.

The Nurse or designate will:

- 1) Complete transfer forms (as applicable) and give to paramedics.
- 2) Notify POA / family member of transfer to hospital.
- 3) Ensure all resuscitation equipment is replenished and cleaned following the emergency.

All Team Members will:

- 1) Keep nearby residents and visitors away from the scene and help maintain calm.

**NOTE:** Choking incidents will be treated as a medical emergency and the use of Code Blue emergency procedures will apply.

## MANAGEMENT OF A CHOKING RESIDENT

Choking incidents will be treated as a medical emergency and a Code Blue emergency response will be initiated.

Choking is defined in the following ways according to the 2017 Canadian Red Cross Comprehensive Guide for First Aid and CPR:

*Choking occurs when the airway becomes partially or completely blocked by a foreign object (e.g. a piece of food), by swelling in the mouth or throat, or by fluids, such as vomit or blood. If the airway is blocked by the person's tongue or by swelling, this is called an anatomical obstruction. If it is blocked by a physical object, this is called a mechanical obstruction. Complete choking happens when the airway is completely blocked. When a person is experiencing complete choking, they are unable to breathe and are in a life-threatening situation. Immediate first aid (and possibly medical intervention) is required to remove whatever is blocking the airway.*

The Nurse or designate will:

- 1) Assess the situation to determine if the individual can breathe. Look for signs that the person is suffering from total airway obstruction. These signs include: the victim being unable to make any sounds above a wheeze; the face turning blue; and hands clutching the throat in the universal symbol for choking.
- 2) If the individual is unable to speak, cough, or breathe, or is making high-pitched noise, then immediately begin care for choking.
- 3) A trained nurse/healthcare provider will perform abdominal thrusts to clear airway.
  - If the person becomes unconscious, then call 911.
  - If CPR is required as per a resident's goals of care, then ensure that the resident is lying on a hard surface to enable ease when doing CPR.
  - Continue providing emergency care until emergency response services arrive on scene.
- 4) Notify Power of Attorney/Substitute Decision Maker, most responsible physician/nurse practitioner, and Director of Care/Director of Wellness/Wellness Manager of the incident and actions taken.

### **Post Choking Incident (Resident):**

- 1) Following a choking incident, the Nurse or designate will:

- If the resident expels the object, continue to monitor resident's vital signs every shift x72 hrs after the choking episode, watching the resident for symptoms of aspiration pneumonia. Conduct a chest assessment every shift with vital signs checks x 72 hrs.
- Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, or discomfort.
- **LTC:** Contact the Registered Dietitian (RD) via phone/virtual for consultation post incident and send a PCC referral for re-assessment
- If required, change diet texture or fluid consistency until the RD has reassessed.
- Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist.
- Review and update the resident's plan of care/care plan/service plan (as applicable) to ensure risks and individualized care/service needs are identified.

2) Document incident in the risk management tab of the resident electronic health record.

The PSW/CSA/HCA will:

- 1) Immediately report any signs of chewing or swallowing difficulties during snack, mealtimes, and when consuming any other food or fluids to the nurse.
- 2) Ensure the resident is in an upright position or position as indicated in their care plan/service plan during mealtime.

The Director of Care/Director of Wellness/Wellness Manager or designate will:

- 1) Complete a critical incident report as per provincial health authority requirements for transfers to hospital.
- 2) Obtain proof of current CPR certification from nursing staff upon hire and recertification as per provincial requirements thereafter.
- 3) Ensure team members receive training on Code Blue procedures including how to respond to choking incidents.

**References:**

St. Johns Ambulance Safety Tips and Resources First Aid (2021). Retrieved April 6<sup>th</sup> 2021 from: <https://www.sja.ca/English/Pages/default.aspx>

Canadian Nurses Association Online Course: Emergency Procedures: Choking, Hemorrhage and Seizures (2019). Retrieved April 6<sup>th</sup> 2021 from: <https://www.cnaonlinecourse.com/free-cna-course/emergency-health-procedures>

Canadian Red Cross Comprehensive Guide for First Aid and CPR (2017). Retrieved May 24<sup>th</sup> 2022 from: [https://www.redcross.ca/crc/documents/comprehensive\\_guide\\_for\\_firstaidcpr\\_en.pdf](https://www.redcross.ca/crc/documents/comprehensive_guide_for_firstaidcpr_en.pdf)

## PROTECTED CODE BLUE

A Protected Code Blue (PCB) is an emergency response to a life-threatening illness in an individual with a suspected or confirmed novel respiratory or communicable illness. “Protected” refers to the Personal Protective Equipment (PPE) that is donned for response to a cardiac arrest/medical emergency with consideration for precautions from potential exposure to such an illness.

The decision to initiate a PCB is based on suspected or confirmed presence of a respiratory or other communicable illness. If a reliable history of this cannot be obtained, PCB should be initiated.

The Nurse or designate initiating CPR for a Protected Code Blue will:

- 1) Conduct a Point of Care Risk Assessment (PCRA) to determine whether a Protected Code Blue emergency response is required.
- 2) Immediately clear all non-essential persons away from room/area.
- 3) Don required PPE prior to initiating procedure:
  - For chest compressions only: mask, eye protection, gown, gloves, and covering over victim’s mouth and nose i.e. surgical mask, towel, piece of linen or clothing
- 4) Begin chest compression only CPR:
  - Push hard and fast in the centre of the chest continuously at a rate of 100-120 beats per minute
  - Don’t stop until emergency responders arrive; an additional compressor can take over or alternate as needed

### **References:**

Mclsaac, S., Wax, R. S., Long, B., Hicks, C., Vaillancourt, C., Ohle, R., & Atkinson, P. (2020). Just the Facts: Protected code blue - Cardiopulmonary resuscitation in the emergency department during the coronavirus disease 2019 pandemic. *CJEM*, 22(4), 431–434.

<https://doi.org/10.1017/cem.2020.379>

## CODE ORANGE: EXTERNAL EMERGENCY

### CODE ORANGE RESPONSE-EXTERNAL EMERGENCY

In the event of an external disaster/mass casualty incident, community-wide utility failure, air exclusion event, severe weather event (including weather watches and warnings), severe air quality issues, wildfire danger, and/or if the location is requested to provide emergency shelter to an external group (emergency reception), a Code Orange will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Orange Emergency Plan.

### **EXTERNAL AIR EXCLUSION (CHEMICAL, BIOLOGICAL, RADIOLOGICAL, ETC.)**

External air exclusion is the procedure for restricting the entry of outside air into the building(s) when hazardous gases/fumes such as significant air pollution, external chemical cloud, considerable wildfire smoke, etc. are present in outside air.

Any person who becomes aware of the need for external air exclusion (due to chemical / biological / radiological hazard, etc.) will:

1. Inform the Incident Manager immediately.

The Incident Manager or designate will:

1. Announce Code Orange-External Air Exclusion.
2. Tune into local radio/television/internet for information and direction from provincial or community authorities.
3. Alert team members that an evacuation may be necessary.
4. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place". See Building Lockdown procedure.
5. Seal building so contaminants cannot enter by:
  - Ensuring that all windows and doors are closed;
  - Sealing gaps under doorways, windows, and other building openings (indicate where supplies will be kept);
  - Ensure that all heating, air conditioning, and ventilation systems remain off;
  - Where in place, remove portable air conditioning exhaust hoses from window and ensure windows closed/sealed; and
  - Limit access to the building.
6. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
7. Initiate Code Green evacuation procedure as required.
8. Announce Code Orange-All Clear when situation is resolved.

All Team Members will:

1. Close windows, doors, and other openings to the exterior.
2. Turn off air conditioning, vents, fans, and heating equipment.
3. Take direction from the Incident Manager.

### **SEVERE AIR QUALITY ISSUES**

Severe air quality issues occur when the Air Quality Health Index reaches a high-risk category. Special Air Quality Statements or Smog and Air Health Advisories may be issued by Environment and Climate Change Canada and/or provincial regulatory authorities in the event the Air Quality Health Index reaching a high-risk category.

Seniors are at higher risk of experiencing symptoms when the Air Quality Health Index reaches the high-risk category because of weakening of the heart, lungs and immune system and increased likelihood of health problems such as heart and lung disease. Symptoms may include: sore throat, eye irritation, runny nose, mild cough, phlegm production, wheezy breathing, and headaches. More severe symptoms include: shortness of breath, severe cough, dizziness, chest pain, and heart palpitations. Anyone experiencing severe symptoms requires medical attention.

Any person who becomes aware of a Special Air Quality Statement or Smog and Air Health Advisory will:

1. Inform the Incident Manager immediately.

The Incident Manager or designate will:

1. Monitor updates for air quality levels and wildfire locations in the region daily during Special Air Quality/Smog & Air Health Advisory events. Take into consideration current/future air quality and smoke direction for your location (as applicable).
  - Air Quality
    - ON: <http://www.airqualityontario.com/aqhi/index.php>
  - Fire Smoke Forecast
    - <https://firesmoke.ca/>
2. Announce Code Orange-Severe Air Quality Issues.
3. Ensure all windows and exterior doors remain closed at all times; making sure indoor temperatures can be maintained below 26 degrees Celsius indoors to prevent heat-related illness.
4. Shut off all Air Handling Units (MAUs) temporarily as they bring outdoor air into the building.

5. Check building regularly in case of conditions that may require In-Suite PTAC Units, Roof Top Units, Portable AC Units, and Fans to be turned off. In the event that this may be required:
  - Review and ensure compliance with Prevention & Management of Heat Related Illnesses /Management of Risks Associated with Extreme Heat
  - Monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 26°C in any occupied area until cooling system is fully restored.
    - In the event of a total loss of cooling system between May-September, implement Heat Contingency Protocols. Prevention & Management of Heat Related Illnesses. Temperatures must be maintained as required.
6. Ensure people with chronic health conditions e.g. asthma have any prescribed medications readily available.
7. Facilitate communications to team members, such as huddles on each shift, to educate team members about assessment and care of residents who may be impacted by air pollution.
8. Ensure any strenuous and/or outdoor activities are postponed.
9. Ensure residents stay hydrated and are kept cool.
10. Ensure team members know to seek medical attention immediately in the event of anyone experiencing severe symptoms such as shortness of breath, severe cough, dizziness, chest pain, and/or heart palpitations.
11. In extreme situations, review the need to rent air scrubbers to filter the effects of smoke/pollution and improve air quality in your building.
12. Announce Code Orange-All Clear when situation is resolved.

### **SEVERE WEATHER/WILDFIRE**

Thunderstorms, hail, tornadoes, blizzards, ice storms, high winds, heavy rain, wildfire, etc. Any of these may result in conditions that require evacuation of the building.

Any person who receives communication that severe weather is being forecasted/wildfires are drawing near will:

1. Inform the Incident Manager immediately.

The Incident Manager or designate will:

1. Tune into their local radio station/television station/internet for updates on severe weather/wildfire warnings.
2. Announce Code Orange and advise team members, residents, and visitors of severe weather/wildfire warning.
3. Direct team members to move residents away from windows and close blinds and curtains as time allows, preventing window glass from shattering onto them or debris from entering through windows, etc.

4. Direct team members to have emergency supplies readily accessible.
5. Direct Maintenance team to verify that the generator (as applicable) is adequately fueled and in good working order.
6. Direct Maintenance team to arrange for additional fuel onsite as required.
7. Initiate Code Green evacuation procedure as required.
8. As needed when event is resolved, assess any damage that may have affected the building/grounds using the Damage Assessment Checklist as a guide; take action to remedy as required.
9. Announce Code Orange-All Clear when situation is resolved.

### **EARTHQUAKE**

During an earthquake, the majority of injuries are caused by non-structural items falling and becoming projectiles. In most situations you will reduce your chance of injury if you: DROP, COVER, and HOLD ON.

- DROP down to your hands and knees (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
- COVER your head and neck (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that will not fall on you) and cover your head and neck with your arms and hands.
- HOLD ON to your shelter (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around. Be aware of falling debris after the shaking stops.

In the event of an earthquake, all Team Members will:

1. Protect self – drop, cover, and hold on.
2. Not attempt to assist others until the shaking stops.
3. Stay covered until the shaking stops.
4. Stay away from windows, bookcases, and other hazards.
5. If inside, stay inside. Do not attempt to exit.
6. Crawl under a strong table, counter, or desk if possible and hold onto the legs.
7. Do not stand in a doorway.
8. If outside, stay outside.
  - Move away from the building and power lines
  - Avoid overhanging structures
  - Remain in location until the shaking stops

When the shaking stops:

1. Put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.

2. Alert residents, team members, and visitors to expect aftershocks.
3. Alert residents, team members, and visitors of fallen power lines and other hazards.
4. Attempt to continue operations onsite. Continue to provide essential care and service as much possible.
5. Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
6. Check the operating status of all telephones; replace receivers on bases as required.
7. Check for injuries: assess if anyone is injured and provide medical assistance where required, or call other team members for assistance.
8. Check for people who may be trapped: inspect residents' rooms, nursing/wellness stations, and other locations in your area. Leave doors to rooms open.
9. Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
10. Do not evacuate until advised by the Incident Manager. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways, or navigate disabled stairways.
11. Do not consume or distribute food or water unless you are certain it is free from contamination.
12. Do not flush toilets – conserve water.
13. Assess the damage to your designated area/unit, and inform the Incident Manager. Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and protect medications and required supplies. Post signs indicating dangerous areas, and notify the Incident Manager of unsafe situations.
14. Report to the Incident Manager.

The Incident Manager or designate will:

1. Announce Code Orange-Earthquake.
2. Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
3. Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.
4. Instruct residents, team members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
5. Ensure all residents, team members, volunteers, and visitors present at the time of the earthquake are accounted for. If anyone is missing, either conduct an immediate search or await instruction from emergency services, depending on the condition of the building.
6. Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.
7. Arrange for first aid to be administered as necessary. Seriously injured individuals should not be moved unless they are in immediate danger of further injury.
8. Take direction from Emergency Services personnel.

9. Arrange for the building and grounds to be inspected; depending on scope of incident this may be required before residents and team members can be re-admitted.

### **FLOOD (EXTERNAL I.E. DUE TO WEATHER)**

In the event of an external flood that may affect the building:

The Incident Manager or designate will:

1. Tune into local radio/television/internet for information and direction from provincial or community authorities.
2. Announce Code Orange.
3. Alert team members that an evacuation may be necessary.
4. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place".
5. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
6. Initiate Code Green evacuation procedures as required.

In the event there is time and it is safe to do so, the Director of Environmental Services/Maintenance Manager or designate will:

1. Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.
2. Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
3. Close emergency valves to sewer drains.
4. Check sump pumps to ensure they are operable.
5. Ensure backup power supplies (i.e. generators) are functional.
6. In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and team members are re-admitted.

### **REGIONAL/COMMUNITY DISASTER/UTILITY FAILURE**

Any person who becomes aware of a regional/community-wide disaster and/or utility failure will:

1. Inform the Incident Manager immediately.

The Incident Manager or designate will:

1. Tune into local radio/television/internet for information and direction from provincial or regional authorities.
2. Announce Code Orange.
3. Alert team members that an evacuation may be necessary.

4. If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place".
5. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
6. Initiate Code Green evacuation procedure as required.

All Team Members will:

1. Take direction from the Incident Manager.

<b><u>DAMAGE ASSESSMENT CHECKLIST</u></b>							
<p><b>Use the checklist below as a guide to assess damage to the building in the event of a Code Orange/External Emergency, Fire, or other Emergency affecting or causing damage to the building or grounds.</b></p> <p><b>Add/remove tasks as applicable to the situation. Note actions that may be required to remediate any damage identified with target date for actions to be completed.</b></p>							
Task	Assigned to:	Date	Status	Follow Up Action Required	Target Date	Status	Comments
Inspect building exterior structural integrity for: Areas of Collapse / Deformities / Shifting / Distortion							
Inspect Building Site for: Debris / Landslides / Bank Failure / Surface Fissures / Flooding							
Inspect Entry & Exit Routes for Passability							
Inspect Interior Structure Integrity for: Fallen Light Fixtures / Broken Windows / Fallen Cupboards/Furniture / Hazardous Spills / Pest Infestation							

Check Emergency Generator Status / Ensure System Integrity and Functionality							
Check Elevators: Doors / Pulley Chains / Functionality							
Inspect Electrical System; check for any evidence of: System Integrity Shorting / Fire / Fallen Power Lines							
Test Water Quality; Inspect System Integrity and Ensure Availability; Flush Water Lines as needed							
Inspect HVAC Systems; Ensure System Integrity & Functionality							
Inspect Waste Management/Sewage System: Ensure System Integrity & Functionality							
Check Telephone System: Ensure System Integrity & Functionality							
Check Call Bell System: Ensure System Integrity & Functionality							
Check Internet: Ensure System Integrity & Functionality							
Check Natural Gas System: Ensure System Integrity & Functionality							
Check Security Card/Entry System: Ensure System Integrity & Functionality							

Check Security Cameras: Ensure System Integrity & Functionality							
Confirm Fire Alarm Systems Fully Functional							
Confirm Fire Sprinkler System Pressures & Dry System Air Compressor Fully Functional							
Document all activities undertaken to bring establishment back into operation, including equipment servicing records.							
Other:							
Other:							
Other:							
<b>Kitchen/Food Service Areas</b>							
Review risks and status of water supply; ensure water system has not been damaged or contaminated. If area is affected, clean tap screens and flush water lines by running taps for a minimum of 5 minutes.							
Inspect food and beverage items; sort salvageable from non-salvageable foods as quickly as possible and assess and discard damaged and unsafe food products. Food can be damaged from being exposed to unsafe temperatures, smoke, ash, soot,							

<p>water, fire retardant chemicals, and/or loss of power.</p>							
<p>Discard any food/items exposed to ash, soot, water, and/or smoke, no matter where they were stored, including:</p> <ul style="list-style-type: none"> <li>- Foods showing signs of smoke damage and foods having an "off" odour or taste, including ALL opened food packages</li> <li>- Foods packaged in permeable packaging, including paper, foil, cardboard, plastic wrap, or cellophane</li> <li>- Bottles/Jars of food with screw top lids or crown/crimp caps and Tupperware-type containers</li> <li>- Single service items/utensils, including individually plastic wrapped</li> <li>- Ice (in both serving bins and ice machines)</li> <li>- Dented or bulging cans</li> <li>- <b>When in doubt, throw it out.</b></li> </ul>							
<p>Clean and sanitize closed, undamaged canned foods/drinks exposed only to smoke by immersing for 2 minutes in a mild bleach solution created by mixing 5 ml (tsp) bleach for every litre (4 cups) water.</p>							

<p>Where damage has affected kitchen/food service areas, minimize traffic coming in and out of walk-in coolers and freezers until the floors have been cleaned. During clean up, use a vacuum that has a "HEPA" air filter and change the HEPA filter often.</p>							
<p>Check with manufacturer's requirements prior to cleaning some pieces of equipment, such as pop/slushy machines, coolers, and ice machines, as these may have special cleaning requirements.</p>							
<p>Run an empty dishwasher through the wash-rinse-sanitize cycle three times, to flush the water lines and clean and sanitize the interior of the dishwasher prior to use.</p>							
<p>Discard all absorbent materials (e.g. carpet, drywall, etc.) that have been water or fire damaged (due to the potential for mould growth).</p>							
<p>Steam clean carpets, drapes, curtains, and/or furniture that has not been smoke or water damaged. Change the water frequently.</p>							

<p>If keeping fridge/freezer, remove or discard all items, then:</p> <ol style="list-style-type: none"> <li>1. Unplug fridge/freezer</li> <li>2. Rinse or blow out dust residue on coils and compressors</li> <li>3. Clean and sanitize inside</li> <li>4. Leave doors open to dry</li> <li>5. Once appliance(s) is dry, reconnect power</li> <li>6. Wait until inside temperature of fridge has reached 4 degrees C and freezer is 18 degrees C before restocking with food</li> </ol>							
<p>Verify that all equipment used for food preparation (incl. cooking, cooling, and reheating) can operate according to manufacturer's specifications/instructions</p>							
<p>Discard all damaged kitchen equipment, utensils, linens, and single-service items</p>							
<p>Document all activities undertaken to bring establishment back into operation, including equipment servicing records.</p>							
<p>Other:</p>							
<p>Other:</p>							
<p>Other:</p>							

## CODE BLACK: BOMB THREAT

### **CODE BLACK RESPONSE**

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in nature, a Code Black will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Black Emergency Plan.

The Executive Director/General Manager or designate will:

- 1) Make available the bomb threat information in all areas in which an incoming call can be received.

The individual receiving the threat via mail will:

- 1) Remain calm.
- 2) Note the delivery method and location of the threatening piece of mail.
- 3) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Black.
- 2) Immediately contact the police at 911.
- 3) Alert all other managers, team members, and Support Services Office.
- 4) Determine whether to initiate Code Green evacuation procedures.
- 5) Take direction from Emergency Services personnel.

### TELEPHONE THREAT

The individual receiving the threat by telephone will:

- 1) Be calm and courteous.
- 2) Not interrupt the caller.
- 3) Keep the caller on the line as long as possible.
- 4) Obtain as much information as possible by completing the Bomb Threat Telephone Checklist.
- 5) Call 911/contact police.
- 6) Notify Incident Manager.

The Incident Manager will:

- 1) Announce Code Black.
- 2) Contact the police at 911.
- 3) Alert Executive Director/General Manager, all other managers, team members, and VPRO/RDO.
- 4) Determine whether to initiate Code Green evacuation procedures.
- 5) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Notify the Incident Manager if a suspicious object is found.
- 2) Not touch the object.
- 3) Take direction from the Incident Manager.

### **SUSPICIOUS MAIL/PACKAGE/DEVICE**

Any person who becomes aware of a suspicious package, letter, or device will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

1. Announce Code Black.
2. Instruct team members to clear the area where the package was discovered.
3. Notify team members and provide the following information:
  - Object location
  - Object description
  - Any other useful information
4. If a letter or parcel is open and/or a threat is identified:
  - For a Bomb:
    - Evacuate the area immediately
    - Call 911
  - For a Biological or Chemical Agent:
    - Isolate the letter/parcel - do not handle it
    - Evacuate the area immediately
    - Call 911
    - Instruct anyone who was in close proximity to or in contact with the letter/package/device suspected to have been contaminated to:
      - Wash their hands with soap and warm water
      - Remove contaminated clothing and place in a sealed container (i.e. plastic bag) to be provided to emergency responders once onsite. Shower (with soap and warm water) as soon as possible
      - Seek medical attention as soon as possible

- For a Radiological Agent:
  - Limit exposure to the letter/parcel - do not handle it
  - Evacuate the area immediately
  - Shield yourself from the object
  - Call 911
- 5. List all people who may have been in contact with or in close proximity to the suspicious letter/package/device and provide this list to appropriate authorities once they arrive onsite.

Team Members will:

- 1) Not touch, shake, or bump the letter/package.
- 2) Not open, smell, examine, touch, or taste the letter/package.
- 3) Take direction from Incident Manager.

### **Explosion**

**In the event of an explosion, the Incident Manager will:**

- 1) Announce Code Black.
- 2) Ensure treatment of anyone injured as a result of the emergency.
- 3) Photograph all damage as a result of the incident.
- 4) Preserve evidence in order to assist the police in their investigation.
- 5) Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.
- 6) Designate a team member to notify next of kin of any resident or team member who suffered injury or trauma in the event.
- 7) Notify VPRO/RDO and others as appropriate (i.e. provincial regulatory authority).

The Executive Director/General Manager will:

- 8) Conduct a general meeting within a week of the incident to debrief team members, residents, visitors, and volunteers on the outcomes and recommendations following the emergency.
- 9) Consider implementation of recommendations resulting from debriefing sessions as well as from Emergency Services.

**CODE BLACK – BOMB THREAT (TELEPHONE CHECKLIST)**

<b>BOMB THREAT – TELEPHONE CHECKLIST</b>		
Date (mm/dd/yy):	Time Received:	Duration of call (hh:mm):
Record the exact wording of the threat to the best of your recollection:		
<b>Ask the caller:</b>		
What time is the bomb set to explode?		
Where is the bomb?		
What does it look like?		
Why did you place the bomb?		
Where are you calling from?		
What's your name?		
<b>Background Noises</b>		
<input type="checkbox"/> Static <input type="checkbox"/> Clear <input type="checkbox"/> Street noises <input type="checkbox"/> Music <input type="checkbox"/> Office machinery	<input type="checkbox"/> Motors <input type="checkbox"/> Voices <input type="checkbox"/> PA system <input type="checkbox"/> Animal noises <input type="checkbox"/> Factory machinery	<input type="checkbox"/> Local <input type="checkbox"/> Long distance <input type="checkbox"/> House noises <input type="checkbox"/> Other:
<b>Bomb Threat Call Details – Threat Language</b>		
<input type="checkbox"/> Foul <input type="checkbox"/> Recorded <input type="checkbox"/> Irrational	<input type="checkbox"/> Incoherent <input type="checkbox"/> Well Spoken/Educated <input type="checkbox"/> Message read by caller	<input type="checkbox"/> Remarks
<b>Caller's Voice</b>		
<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Nasal <input type="checkbox"/> Deep <input type="checkbox"/> Distinct <input type="checkbox"/> Raspy <input type="checkbox"/> Disguised	<input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Laughter <input type="checkbox"/> Slurred <input type="checkbox"/> Ragged <input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Normal <input type="checkbox"/> Crying <input checked="" type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Other:
<b>Accent</b>		
<input type="checkbox"/> French	<input type="checkbox"/> English	<input type="checkbox"/> Other:
Is the caller's voice familiar? (specify)		
<b>Gender</b>		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other:
Estimated Age:		
Was the caller familiar with the area? (specify)		

---

 Print Name

---

 Department

---

Signature

---

Date

CODE BLACK – BOMB THREAT

(WRITTEN THREAT / SUSPICIOUS PACKAGE CHECKLIST)

BOMB THREAT/PACKAGE DETAILS			
Name(s) of person(s) who handled the note/package:			
How was the threat made?		Time threat was made? (24hrs)	
How was the threat delivered? By Whom?			
If a messenger brought the note/package, describe the messenger:			
Hair:	Height:	Build:	Apparent Gender:
Other distinguishing features:			

**Reference:** Canada Post Suspicious Mail Alert Poster: [https://www.canadapost-postescanada.ca/cpo/mr/assets/pdf/aboutus/suspiciousmailposter\\_en.pdf](https://www.canadapost-postescanada.ca/cpo/mr/assets/pdf/aboutus/suspiciousmailposter_en.pdf)

\_\_\_\_\_

Print Name

\_\_\_\_\_

Department

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (mm/dd/

## CODE GREY: INFRASTRUCTURE LOSS/FAILURE

### **CODE GREY RESPONSE**

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., Code Grey will be called to alert team members, residents, and visitors and prompt an appropriate response in accordance with the location's Code Grey Emergency Plan.

Repair service contracts (where applicable) will include priority response time.

### **ELEVATOR ENTRAPMENT/FAILURE**

Any person who discovers that someone is trapped in an elevator/elevator failure will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Contact the Director of Environmental Services/Maintenance Manager and the elevator service company immediately and determine their estimated response time.
- 3) Attempt to determine where the elevator is stopped.
- 4) Designate a team member to be stationed outside of the elevator door on the floor where it has stopped to reassure the occupant(s) that help is on the way (if designated team member observes that occupant(s) is experiencing distress, call 911 immediately).
- 5) Reinforce to occupants to not force the doors open and remain calm.
- 6) Prevent anyone from overriding the system. Overriding the system may put occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.
- 7) Call 911 if the occupant(s) is in distress or if Elevator Service response time is greater than one hour.
- 8) Follow the directions of the elevator service technician and/or emergency services when they arrive on scene.
- 9) Take the elevator out of service until the necessary repairs are made.

### **ROOF COLLAPSE**

Any person who suspects that there has been a roof collapse will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Instruct building maintenance personnel to immediately assess the situation i.e. snow or ice on roof needing to be removed immediately, etc.
- 3) Direct team members to relocate residents, visitors, and themselves from the affected area(s) of the building following the Fire Plan.
- 4) Call 911 from a phone located well away from the area affected.
- 5) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Take direction from the Incident Manager.

### **ELECTRICAL POWER FAILURE**

Any person who becomes aware of a major electrical power failure will:

- 1) Notify the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify the local hydro service provider
- 3) Direct team members to monitor all doors and residents at high-risk for elopement.
- 4) Reference and follow additional procedure within Code Grey emergency response as applicable for areas affected by electrical power failure i.e. TOTAL LOSS OF COOLING SYSTEM, RESIDENT ELECTRONIC DOCUMENTATION SYSTEM, etc.

The Nurse will (where applicable):

- 1) Identify needs of residents for power (G-Tube, IV, Oxygen, Air Mattresses, etc.).

All Team Members will:

- 1) Carry a flashlight/headlamp/other light source.
- 2) Provide residents with night light/lantern as needed.
- 3) Take direction from the Incident Manager.

In locations with Emergency Generator backup, the Maintenance Team will:

- 1) Activate the Emergency Generator immediately and monitor it to see that it is working correctly.
- 2) Ensure all lights and Generator powered equipment is working.
- 3) Where applicable, direct team members to use the "RED PLUG" Generator outlets (in resident areas, these are marked with RED DOT).

- 4) Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.
- 5) Check fuel supply and activate procedure for delivery of additional fuel as needed.

### **RESIDENT ELECTRONIC DOCUMENTATION SYSTEM**

For loss of the resident electronic documentation system, refer to applicable Electronic Documentation System Downtime Management policy & procedure.

### **FIRE PROTECTION SYSTEM FAILURE**

Any person who suspects or observes that the Fire Protection System is not working will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify all team members that a fire watch has been initiated.
- 3) Give verbal instruction to team members, residents, and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected, call 911 directly.
- 4) Assign team member(s) to monitor/complete Fire Watch Checklist for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.
- 5) Assign one team member to post Fire Watch signs at all entrance doors, information centres, main kitchen, laundry, and in elevators.
- 6) Notify Director of Environmental Services/Maintenance Manager or Executive Director/General Manager.

All Team Members will:

- 1) Complete monitoring and Fire Watch Checklist as assigned.
- 2) Take direction from the Incident Manager.

The Director of Environmental Services/Maintenance Manager or Executive Director/General Manager will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.

### **TOTAL LOSS OF HEATING SYSTEM**

Any person who becomes aware of a major or total failure of the building's heating system will notify the Executive Director/General Manager and/or Incident Manager immediately.

The Executive Director/General Manager or designate will:

- 1) Announce Code Grey.
- 2) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
- 3) Request an estimated time to correct the problem following initial investigation by heating contractor.
- 4) Review Evacuation plan and prepare to institute if estimated time for repair is greater than 12 hours.
- 5) Initiate Hot Issue Alert.
- 6) Review and implement policy on required interventions during Extreme Cold Conditions.
- 7) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure temperature does not drop below 20°C in any occupied area until heating system is fully restored.
- 8) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 9) Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
- 10) Implement evacuation plan if building temperatures fall below 15°C.

### **TOTAL LOSS OF COOLING SYSTEM**

Any person who becomes aware of a major or total failure of the building's cooling system will notify the Executive Director/General Manager and/or Incident Manager immediately.

The Executive Director/General Manager or designate will:

- 1) Announce Code Grey.
- 2) Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
- 3) Request an estimated time to correct following the initial investigation by heating contractor.
- 4) Notify the manager/nurse in charge or designate.
- 5) Review Evacuation plan and prepare to initiate Code Green Evacuation if time to correct is greater than 12 hours.
- 6) Review and ensure compliance with Prevention & Management of Heat Related Illnesses /Management of Risks Associated with Extreme Heat and additional related policies and procedures as applicable i.e. Extreme Heat Menu Changes, Heat Stress Management, etc.

- 7) Monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 26°C in any occupied area until cooling system is fully restored.
  - In the event of a total loss of cooling system between May-September, implement Heat Contingency Protocols along with Prevention & Management of Heat Related Illnesses. Temperatures must be maintained as required.
  - Secure temporary cooling solutions if required to meet temperature requirements or alternatively initiate Code Green Evacuation procedures.
- 8) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 9) Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
- 10) Direct team members to move residents to inner core of building away from exterior walls.

### **LOSS OF POTABLE WATER**

Any person who becomes aware of a major or total failure of the building's water system will notify the Executive Director/General Manager and/or Incident Manager immediately.

The Executive Director/General Manager or designate will:

- 1) Announce Code Grey.
- 2) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
- 3) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
- 4) Request an estimated time to correct following the initial investigation.
- 5) Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
- 6) Notify support services office.
- 7) Direct Maintenance to search for leaks / shut off water i.e. at localized appliance.
- 8) Implement emergency water rations for residents as required (i.e. boil water advisory).

### **INTERNAL FLOOD (I.E. BURST PIPES)**

Any person who becomes aware of an internal flood will notify the Executive Director/General Manager and/or Incident Manager immediately.

The Incident Manager or designate will:

- 1) Announce Code Grey.
- 2) Direct Maintenance to turn off water supply at main valve and shut off electricity to affected parts of the building.
- 3) Notify support services office.

- 4) Contact plumber.
- 5) Direct Maintenance to turn on faucets and flush toilets to drain pipes and relieve pressure.
- 6) Implement emergency water rations for residents as required (i.e. boil water advisory).
- 7) Manage any relocation of residents as required whose rooms may have been affected.
- 8) Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
- 9) Contact regional Building Services support for remedy of any water damage/services required to be engaged with external provider.
- 10) Determine whether to initiate partial or full Code Green evacuation.

Team Members will:

- 1) Begin water cleanup as directed.
- 2) Set up fans, dehumidifiers, etc. as directed.
- 3) Clean any areas or items damaged by water.

### **MAG LOCKS FAILURE**

Any person who suspects that the Mag Locks are not working will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
- 3) Assign team members to monitor exit doors until the problem is resolved.
- 4) Notify Director of Environmental Services/Maintenance Manager and Executive Director/General Manager.
- 5) Assign team members to complete a resident room check using fire plan checklist and to do ongoing walk about every fifteen minutes until system is reactivated.

All Team Members will:

- 1) Complete room check and monitor exits as assigned.
- 2) Take direction from the Incident Manager.

The Director of Environmental Services or Executive Director/General Manager will:

- 1) Obtain immediate assistance (service response) from mag lock (security system) supplier.

**TELEPHONE SYSTEM FAILURE**

Any person who becomes aware of a landline telephone system failure will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify Executive Director/General Manager, DOC/DOW/WM, DES, or designate.
- 3) Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Notify residents and post signage.

Any person who becomes aware of a cellular service system failure will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Notify Executive Director/General Manager, DOC/DOW/WM, DES, or designate.
- 3) Use landline phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Determine alternative communication methods
- 5) Notify residents and post signage.

**CALL BELL SYSTEM FAILURE**

Any person who becomes aware of a call bell system failure will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Grey.
- 2) Check to confirm the extent of the call bell system failure.
- 3) Assign team members to complete a resident room check in the impacted home areas and to complete ongoing walkabouts every ten minutes until system is reactivated.
- 4) Notify Environmental Services/Maintenance Manager and Executive Director/General Manager.
- 5) Notify residents and post signage.

All Team Members will:

- 3) Complete room checks and monitor home areas as assigned.
- 4) Take direction from the Incident Manager.

Environmental Services or Executive Director/General Manager will:

- 2) Obtain immediate assistance (service response) from call bell system supplier.

**EMERGENCY POWER SUPPLY INVENTORY**

Item	Normal Power x	Emergency Power √	Location / Comments
Rooftop A/C Units & MUA Units			
Fire Alarm System			
Fire Sprinkler Pumps (Jockey Pump)			
Fire Alarm Monitoring			
Phone System			
Main Fax Machine			
Info. Centre Fax Machines			
Charges for ASCOM Phones			
Nurse Call System			
Kitchen Equipment			
Kitchen Make-up Air Unit			
Walk-in Fridge / Freezer			
Kitchen Exhaust Fan			
Servery(s)			
Dishwashers			

Page 1 of 3

**EMERGENCY POWER SUPPLY INVENTORY**

Item	Normal Power x	Emergency Power √	Location / Comments
Resident Room/Suite Receptacles			
Corridor Receptacles			
Domestic Hot Water Boilers			
Heating System Boilers			
Heating System Pumps			
Heating System Control Valves			
Mag-Locks			
Door Hold Open Devices			
Computer Stations			
Info-Centre Stations			
Administration Computers			
Main Server (Computer)			
Internet Equipment (Modem)			
Security System Computer (Win-Pak)			
DHW Safety Shutdown Valve			
Computer & Printer for eMAR Back Up			
Enteral Feeds Pump			

Page 2 of 3

**EMERGENCY POWER SUPPLY INVENTORY**

Item	Normal Power x	Emergency Power √	Location / Comments
Elevators			
Resident Lifts (Battery Chargers)			
Portable Lifts - Battery Chargers			
Main Entrance (Power Operated Door)			
Laundry Equipment (Washers/Dryers)			
Lighting Systems other than Emerg Lgts			
Parking Lot Lighting			
Sump Pumps			
Medi-Prep: Vaccine Fridge			
<b>Ancillary Supplies</b>			<b>Location / Comments</b>
Electrical cords			(length and location)
Flashlights			(amount and location; recommended to have enough for each team member/each shift)
Headlamps			(amount and location; recommended to have enough for each team member/each shift)
Battery Operated Light Sources for Resident Rooms, Common Areas			(amount and location; recommended to have on hand in event of power outage)
Walkie talkies/two-way radios			(type and location)
Batteries (for flashlights/headlamps/room lighting and walkie talkies)			(type and location)
Other:			
Other:			

FIRE WATCH SIGNAGE

Our Fire Alarm  
System is down and a

**FIRE WATCH IS IN PLACE**

The building is being patrolled by  
designated fire watch persons

Call 911 if a fire is observed and  
alert staff

**FIRE WATCH CHECKLIST**

<b><u>CODE GREY - FIRE WATCH CHECKLIST</u></b>					
Date: _____		Area Monitored: _____			
Time Fire Watch Started: _____			Time Fire Watch Completed: _____		
Name / Title of person Assigned to Fire Watch Duties: _____					
<b>All rooms checked</b>		<b>All rooms checked</b>		<b>All rooms checked</b>	
Time	Signature	Time	Signature	Time	Signature
700		1500		2300	
730		1530		2330	
800		1600		2400	
830		1630		2430	
900		1700		100	
930		1730		130	
1000		1800		200	
1030		1830		230	
1100		1900		300	
1130		1930		330	
1200		2000		400	
1230		2030		430	
1300		2100		500	
1330		2130		530	
1400		2200		600	
1430		2230		630	

## CODE BROWN: SPILL/GAS LEAK/HAZARD

### **CODE BROWN RESPONSE**

In the event of a minor hazardous material spill, a major hazardous material spill or hazmat incident, a carbon monoxide or natural gas leak, or a biological/chemical threat, a Code Brown will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location's Code Brown Emergency Plan.

### **DEFINITIONS:**

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction.

A major hazardous material spill or hazmat incident can be defined as:

- a known substance that cannot be contained or cleaned up
- a substance of significant quantity that poses an immediate risk to people
- the material is unknown
- a chemical reaction is present
- incident could escalate and increase level of risk

### **CARBON MONOXIDE**

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide detected in the air in the building:

- Stale, stuffy air
- Occupants have symptoms of CO exposure (see below)
- The pilot light on gas-fired equipment keeps going out
- A sharp odour of the smell of natural gas occurs when equipment turns on
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue (note: some natural gas fireplaces are designed to have yellow flames)
- Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide (CO) Exposure:

- Headaches

- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

Any person who suspects exposure to Carbon Monoxide will:

- 1) Call the fire department using 911 immediately.
- 2) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Brown.
- 2) Contact the Director of Environmental Services/Maintenance Manager to identify proper shutdown of gas to equipment.
- 3) Shut down gas to equipment if Maintenance not available. Location of main shutoff valves identified in XVIII-A-10.50(a) Building Map/Profile and/or XVIII-A-10.50(b) Emergency Systems Guide.
- 4) Assign team members to provide medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- 5) Take direction from fire department

All Team Members will:

- 1) Open windows to ventilate the area.
- 2) Relocate residents, team members, visitors, and volunteers from the affected area immediately.
- 3) Take direction from the Incident Manager.

### **NATURAL GAS LEAK**

Any person who suspects exposure to a natural gas leak will:

- 1) Call 911 from a phone located well away from the source of the leak.
- 2) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Brown.
- 2) Instruct Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.

- 3) Shut off the valves if Maintenance not available. Location of shutoff valves identified in XVIII-A-10.50(a) Building Map/Profile and/or XVIII-A-10.50(b) Emergency Systems Guide.
- 4) Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
- 5) Notify the gas company from a phone located well away from the source of the leak.
- 6) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Not smoke or use electrical devices including cell phones.
- 2) Not turn the power on or off.
- 3) Advise visitors/volunteers to not smoke or use electrical devices including cell phones.
- 4) Take direction from the Incident Manager.

### **BIOLOGICAL/CHEMICAL THREAT**

Any person who becomes aware of a chemical, biological, or radiological accident will:

- 1) Immediately ensure all persons are relocated to an area away from the release.
- 2) Call 911.
- 3) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Announce Code Brown.
- 2) Direct team members to evacuate as many residents from the contaminated area as possible if it can be done without becoming a victim.
- 3) Direct team members to evacuate everyone in the building outside if it is safe to do so.
- 4) Organize a calm evacuation as per Code Green evacuation process.
- 5) Check that building is secure.
- 6) If an evacuation outside of the building is not possible, move everyone in the building upwards to an interior room on a higher floor (many agents are heavier than air) or to an adjacent fire compartment if movement to a higher floor is not practical.
- 7) Direct team members to seal off the contaminated area: seal gaps under doorways, windows, and other building openings.
- 8) Direct maintenance team to turn off heating, air conditioning, and ventilation systems.
- 9) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Take direction from the Incident Manager.
- 2) If splashed with a chemical agent, immediately wash off using ONLY water.

## **LIQUID/BODILY FLUIDS/CHEMICAL/GAS SPILL**

Any person who discovers a liquid/bodily fluids/chemical/gas spill or leak will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Keep team members, residents, volunteers, and visitors clear of the area.
- 2) Contact the Director of Environmental Services/Maintenance Manager or designate to investigate and together determine the appropriate actions.
- 3) If no leak or spill, complete Incident Report.
- 4) If leak/spill found:
  - Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
  - Determine the nature, extent, and cause of the spill/leak;
  - Use Spill Kit in order to contain the leak.
- 5) If required, advise the Executive Director/General Manager that a Code Brown should be called. This may involve evacuation of the affected area.
- 6) If required, call 911 to get Emergency Services assistance.
- 7) Take direction from emergency services personnel.
- 8) When the situation is under control, advise reception/concierge to announce "Code Brown – All Clear".
- 9) Complete Incident Report (with assistance from maintenance team involved).
- 10) Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

The Director of Environmental Services/Maintenance Manager or designate will:

- 1) Attend on scene of spill/leak as directed by the Incident Manager.
- 2) Complete directions as per step 2 of Incident Manager's procedures.
- 3) If required, assist reception/concierge to announce code and then "All Clear" signal.
- 4) Assist emergency services as required.
- 5) Assist Incident Manager in completion of Incident Report.

The Reception/Concierge team will:

- 1) Announce "Code Brown" and "All Clear" as directed by Incident Manager.
- 2) Take directions from the Incident Manager.

Team Members in the affected area will:

- 1) Keep team members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the Incident Manager/Director of Environmental Services/Maintenance Manager/designate.
- 2) Take directions from the Incident Manager.

All Team Members will:

- 1) Take directions from the Incident Manager.
- 2) Keep out of the area.
- 3) Reassure residents, visitors, and volunteers as appropriate.

**NOTE:** Spill Kit contents include:

- Instructions
- Disposable Mop, Scoop, and Scraper
- A Spill Pillow capable of absorbing very large volumes of liquid (if not practical to fit inside Spill Kit, this may be located separately and retrieved when required)
- Absorbent spill pads for small volumes of liquid
- Large Plastic Waste Disposal Bags
- Concentrated Alkaline Detergent Solution
- Bottled Water, of correct volume for diluting detergent
- Accell wipes for cleaning up dry powder
- Nitrile Gloves
- Clearly labelled Hazardous Waste Container

#### **HAZARDOUS MEDICATION SPILL**

Any person who discovers a Hazardous Medication spill or leak will:

1. Inform the Incident Manager immediately.
2. Keep team members, residents, volunteers, and visitors clear of the area.

The Incident Manager will:

1. Contact the Director of Care/Director of Wellness/Wellness Manager or designate immediately to investigate and together determine the appropriate actions.
2. If required, advise the Executive Director/General Manager that a Code Brown should be called. This may involve evacuation of the affected area.
3. When the situation is under control, advise reception/concierge to announce "Code Brown - All Clear".
4. Assist Director of Care/Director of Wellness/Wellness Manager with completion of Incident Report/any other required documentation/ notification.

The Director of Care/Director of Wellness/Wellness Manager or designate will:

1. Use Medication Room Spill Kit to contain the spill.

2. If required, call 911 for Emergency Services assistance.
3. Take direction from Emergency Services personnel.
4. Complete all required documentation and notifications including Incident Report, occupational health and safety reporting, etc. per organizational and provincial requirements.
5. Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the Spill Kit pail.

Note: Refer to IV-O-10.00 Workplace Hazardous Management Information System (WHMIS) / VIII-E-10.80 Hazardous Medications (LTC) as needed.

The Reception/Concierge team will:

1. Announce "Code Brown" and "All Clear" as directed by Incident Manager.
2. Take directions from the Incident Manager.

Team Members in the affected area will:

1. Keep team members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the Incident Manager and/or Director of Care/Director of Wellness/Wellness Manager or designate.
2. Take directions from the Incident Manager.

All Team Members will:

1. Take directions from the Incident Manager.
2. Keep out of the area.
3. Reassure residents, visitors, and volunteers as appropriate.

Note: Small Medication Room Spill Kit contents include:

- Laminated, written instructions
- Warning signs to alert team members to the hazard and to isolate the spill area
- Information on reporting the spill and potential worker exposure
- Personal Protective Equipment (PPE):
  - Chemotherapy-tested gown
  - Two pairs of chemotherapy-tested gloves
  - Disposable eye goggles or face shield
  - Shoe covers
  - N95 or better Respirator Mask
- Accel wipes for cleaning up dry powder
- Absorbent spill pad for small volumes of liquid
- Clearly labelled Hazardous Waste container

SPILL KIT INSTRUCTIONS

# What to do When a Spill Occurs

Identify spilled product. If you are NOT familiar with the liquid and its chemical properties, vacate the area and contact proper authorities.

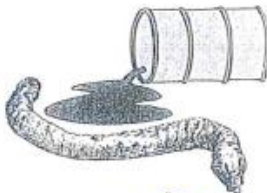


## 1. Risk Assessment

Evaluate the type of material spilled and identify the source.

## 2. Protective Clothing

Wear the appropriate protective gear for the situation. If the source or the material are not identifiable assume the worst.



## 3. Containment

Contain the liquid and seal drains

## 4. Stop the Source

Close valves, rotate punctured drums and plug leaks where it is possible and safe to do so.



## 5. Begin Clean Up

Use the absorbent materials to clean up spilled liquids.

## 6. Contact Authorities

Report the spill to the proper legal authorities in your community. Be sure to fill out all necessary reports in accordance with local laws.



## 7. Disposal of Used Material

Absorbent materials take on the characteristics of whatever they absorb. Be sure to dispose of used absorbents and spilled liquids in accordance with local laws



## 8. Decontaminate

Clean all tools and reusable materials properly before reuse.

## 9. Restock Materials

Replace absorbent materials and safety equipment used in any clean up operation.



## 10. Review Contingency Plans and Procedures!

## CODE SILVER: ACTIVE SHOOTER/ARMED INTRUSION/HOSTAGE SITUATION

### **CODE SILVER RESPONSE**

In the event of an intrusion by an armed person, an active shooter, or a hostage taking incident, Code Silver procedures will be enacted to prompt an appropriate response in accordance with the location's Code Silver Emergency Plan.

Note: Code Silver is intended to keep people away from harm and will not result in other team members coming to assist. Police will be contacted as soon as Code Silver is called. When a Code Silver is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area, following the procedure set out below.

Any person who becomes aware of an intrusion by an armed person, an active shooter, or a hostage taking incident will:

- 1) Call 911 as soon as possible. Be prepared to provide location address, name, contact information, and any other relevant information.
- 2) Announce/communicate Code Silver and location.
- 3) Notify the Incident Manager/Executive Director/General Manager or Nurse/Manager in charge of the building as soon as possible.

### **Team members who are in the immediate area of Assailant**

Do NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation.

- 1) Remain calm and evacuate:
  - Do not confront a person with a weapon
  - Do not attempt to remove wounded persons from the scene
  - If possible, assist others to leave the area and redirect those trying to enter
  - Evacuate if able and safe to proceed
    - Only evacuate if you are close to an exit and can get there safely, without attracting attention
    - Have an escape route and plan in mind
    - While evacuating, keep hands visible at all times (not to be mistaken for the shooter)
    - Leave any belongings behind
- 2) If unable to evacuate, hide:
  - Use rooms with doors that lock
  - Barricade the door with heavy furniture

- Silence your cell phone and turn off any sources of noise (e.g. radios, televisions, etc.)
  - Hide behind large objects (e.g. cabinets, desks, walls, etc.)
  - Remain quiet and low to the ground
- 3) Survive:
- Fight only as a last resort and only if your life is in imminent danger
  - Attempt to disrupt and/or incapacitate the assailant by: Acting as aggressively as possible against them, throw items and improvising weapons, yelling, commit to your actions
  - If others are available, work together to distract and attack the assailant as fiercely as possible
- 4) Call Incident Manager/Executive Director/General Manager or Nurse/Manager in charge of the building as soon as possible:
- Tell them to initiate Code Silver
  - Give as much information as possible, including:
    - Location of the assailant(s) (current, last known, and/or direction headed)
    - Type of weapon(s)
    - Description of the assailant(s)
    - Any comments or demands made by the assailant
    - Information on victims and/or hostages
    - Any other information you feel may be relevant
  - Remain on the line, and follow instructions of the Manager (stay as quiet as possible)

### **Team members who are in the areas near the Code Silver location**

- 1) If you can leave safely, evacuate:
- Remain calm and follow Police/Security direction, if available
  - Quickly leave the area, evacuating as many residents and other people as possible
  - Redirect any people entering the area to evacuate to a safe location
  - Move to a safe, pre-determined meeting point (if possible)
  - Supervisors: once at meeting point, perform a head count to determine if your team is accounted for
- 2) If you cannot leave safely, hide:
- Protect yourself and individuals in your area by quickly and quietly:
    - Closing doors, locking and barricading yourself and others inside (where possible)
    - Positioning people out of sight and behind large items that offer protection. (e.g. behind desks, cabinets, and away from windows)
    - Silencing personal alarms, mobile phones and other electronic devices (e.g. TVs, Radios, etc.)

- Turning off monitors and screens (where possible) to reduce backlighting
- Instructing others, who are capable of assisting, to do the same with other resident rooms (i.e. visitors may assist with the resident they are visiting)
- If able and safe to do so, call 911 to report where occupants are hiding
- Do not use the telephone unless directly related to the Code Silver. Medical Emergency Codes will not be called for victims of the assailant until the incident site is secured by Police
- Hide in place until “Code Silver, All Clear” is announced
- If the assailant enters your work area, contact 911 if it is safe to do so

**Team members who are in other locations within the building**

- 1) Do not attempt to return to your department.
- 2) Follow the instructions of the Charge Person/Supervisor in your current location.
- 3) Lock down all external doors and doors between areas.
- 4) Stay where you are, protecting yourself and assisting others in your area, if possible.
- 5) Divide into small mixed groups of team members, residents, and visitors. Hide in resident rooms, meeting rooms, bathrooms, offices, etc.; wherever is available and safe to do so.
- 6) Advise residents, visitors, and others to hide; ask them to remain calm, quiet, and to avoid using their phones, any other electronic device, or posting to social media
- 7) Move away from exposed windows, walls, and doors. Cover interior windows if able. Lay on floor, under/behind furniture. If possible, hide against the wall that is on the same side as the door into the room. The room must appear empty.
- 8) Minimize movement within the area to essential, safety-related matters.
- 9) Silence personal alarms, mobile phones, and other electronic devices.
- 10) Do not use the telephone unless directly related to the Code Silver incident.
- 11) Supervisors: Once lockdown of the area is complete, and only if safe to do, perform a headcount.
- 12) Police must approve all movement throughout the building, until the Code Silver has been cleared. This includes responding to other codes and resident care needs.

The Incident Manager will:

- 1) Call 911 immediately and inform them of the details.
- 2) Announce Code Silver.
- 3) Initiate Building Lockdown procedure.
- 4) Warn others in the immediate area of danger and prevent anyone from entering the area.
- 5) Delegate a person, if safe to do so, to meet the police at the front door and provide information required (i.e. location, weapon, hostage, etc.).
- 6) Ensure that any victims receive medical treatment if it can be provided without putting anyone else in danger.

7) Take direction from Emergency Services personnel upon their arrival.

### **Upon arrival of police**

Law enforcement personnel are the primary responders and will assume control in any Code Silver response.

Do not interfere with police officers by delaying or impeding their movements: The police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

**Police officers will be responding with the intent to use a required level of force to defuse the situation. Ensure you do not present yourself as a threat to them:**

- Drop any items in your hands (e.g. bags, jackets, etc.)
- Immediately raise hands and keep them visible at all times
- Remain calm and follow officers' instructions; avoid screaming and/or yelling
- Avoid making quick movements toward officers
- Do not attempt to grab hold of an officer
- Do not stop to ask officers for help or direction when evacuating: Proceed in the direction from which officers are entering the area or take direction from Incident Manager

Police Officers may:

- Be wearing normal uniforms or tactical gear, helmets, etc.
- Be armed with rifles, shotguns, and/or handguns
- Use chemical irritants or incapacitating devices (e.g. pepper spray, stun grenades, tasers, etc.) to control the situation
- Shout commands
- Push individuals to the ground for their safety

Rescue teams comprised of additional officers and emergency medical personnel may follow the initial officers when it is safe to do so. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the area.

Once you have reached a safe location, you will likely be held in that area by police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until police have instructed you to do so.

## Recovery

Police will advise the Incident Manager (or designate) when it is safe to end the Code Silver.

- Once the Police have said it is safe to do so, announce *“Code Silver, All Clear”*
- Team members should return to their work area for debriefing. Team members from the affected area should go to a designated meeting point.
- The location should consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use.
- As soon as possible, the Incident Management Team should conduct a debriefing, including participation of any responding law enforcement and internal security personnel.
- As part of the recovery process, the location will consider the physical and mental health needs of all team members, residents, visitors, and families. Support will be provided, utilizing existing and additional identified programs (e.g. Employee & Family Assistance Program, individual and group counselling, and workers compensation, as necessary).
- Team members should speak with their supervisor regarding any specific concerns, needs, or considerations.

## BUILDING LOCKDOWN

Lockdown procedures are implemented to secure and protect everyone in the building when an unauthorized or suspicious person enters the location and may also be implemented in the event of a threatening communication or other threat in the local geographical area.

Lockdown procedures are similar to shelter-in-place procedures in that they are to be used when it may be more dangerous to evacuate than to stay inside. The intent is to reduce the number of casualties, and lockdown is initiated when evacuation is not feasible.

### IMPLEMENTING LOCKDOWN

When implementing lockdown procedures, ensure communication with team members as calmly as possible, call 911 as soon as it is safe to do so, and follow the direction of emergency responders. By controlling access to, and movement and noise within the building, emergency personnel are better able to manage and respond to the threat.

If an intruder or other threat is outside the building, secure all windows and doors and gather all team members and residents inside the building, outside of the line of view of intruder/threat. If an intruder has entered the building, secure team members and residents in a safe room or area of the building (see also: Code Silver).

### Building Lockdown – Shelter-in Place

This type of lockdown may be initiated when an environmental threat such as an air contaminant is present outside and it is not possible or advisable to evacuate the building. In such case it may involve keeping the air contaminants outside the building and keeping persons from unnecessarily putting themselves in medical danger (see also: Code Orange).

In the case of external health hazard or other external environmental threat, where it is not possible or advisable to evacuate the building: The Incident Manager or designate will announce "Building Lockdown – Shelter in Place" to all team members as soon as possible:

- 1) The Incident Manager or designate will announce "Building Lockdown – Shelter in Place" to all team members.
- 2) In the event of external air contaminants, the Incident Manager or designate will advise all team members, residents, and visitors in the building to move upwards to an interior room on a higher floor since many agents are heavier than air.
- 3) All team members will close windows and doors.
- 4) The Incident Manager or designate will:
  - Ensure exterior doors are locked.
  - Turn off heating, air conditioning, and ventilation systems (if applicable to the type of emergency).
  - Check the inventory of openings to ensure that no openings have been overlooked.

- 5) The Incident Manager or designate will monitor radio or television stations for further updates and have occupants remain in the shelter-in-place mode until authorities indicate it is safe to come out.

### **Building Lockdown - Hold & Secure**

This response is used when a serious environmental/physical threat is present outside the building or in the local neighbourhood. A Hold & Secure involves enacting preventive measures to prevent individuals from leaving the building and entering into an area of danger, or to prevent the threat from entering the building.

Examples of incidents:

- a violent crime nearby
- an active shooter in the area

#### **What to do – if it's safe to:**

- 1) Announce "Building Lockdown – Hold and Secure" to all team members.
- 2) Listen to instructions from emergency responders or building managers.
- 3) Proceed inside the building (if not already inside).
- 4) Close and secure exterior doors.
- 5) Close windows and blinds.
- 6) Turn off lights.
- 7) Keep away from exterior doors and windows.
- 8) Encourage people to remain inside the building until the threat has passed.

### **Lockdown**

This response is used when the threat is already in the building and measures must be enacted to prevent the threat from accessing areas where potential victims are or may be, or to protect individuals from entering areas where the threat may be present (see also: Code Silver).

Examples of incidents:

- a person with a weapon inside the building
- an active attacker inside the building

#### **What to do – if it's safe to:**

- 1) Announce "Building Lockdown" to all team members as soon as possible.
- 2) Listen to instructions from emergency responders or building managers.
- 3) Move to a safe area.
- 4) Close and secure doors and windows.
- 5) Barricade doors with furniture or wedges if unable to secure them.
- 6) Turn off lights.
- 7) Keep away from doors and windows.
- 8) Silence cell phones.
- 9) Remain silent.
- 10) Lie on the floor if gunshots are heard.

- 11) Call 911 if it is safe to do so and if you have information such as location of attacker.
- 12) Speak as calmly and quietly as possible. Provide quiet activities to help keep residents focused and quiet.
- 13) **Do not** open the door for anyone unless you have a plan in place to protect yourself and others from the potential threat. If you open the door, you may be placing others in danger. Police will announce their entry. If still uncertain, and if safe to do so, you can confirm police presence by calling 911.
- 14) Remain in the lockdown response until police release you.

If a fire alarm should sound during a lockdown, you may need to re-assess your situation. Do not automatically evacuate unless you smell smoke. If you determine it is too dangerous to remain in lockdown, be aware of your surroundings when evacuating. Have a plan in place and if the threat presents itself, be prepared to defend yourself.

### Recovery

Police will advise the Incident Manager or designate when it is safe to end the Lockdown. Announce "Lockdown All Clear" when matter is resolved.

- All team members should return to their work area for debriefing.
- Team members from the affected area should go to a designated meeting point.
- The location will consider how to address any operations that may not be immediately available post-incident (i.e. if the affected area is secured for investigation; if damage to equipment/building inhibits their use).
- As soon as possible, the Incident Management Team, will conduct a debriefing, including participation of any responding law enforcement, and ensuring appropriate Employee & Family assistance resources are provided (see: XVIII-A-10.80 Emergency Recovery).

## **BOIL WATER ADVISORY**

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make people sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

### **BOIL WATER ADVISORY IMPLEMENTATION**

In the event of a boil water advisory, the location will use boiled water, bottled water, or water from another safe public supply not affected by the advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub. The location will contact the Public Health Unit that issued the boil water advisory for more information as needed.

Do not use tap water to:

- Drink
- Prepare foods
- Make juice
- Make ice
- Wash fruits or vegetables
- Brush teeth
- Give to pets or animals in pet therapy programs

### **PROCEDURE:**

The Executive Director/General Manager or designate will:

- 1) Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
- 2) Advise Support Services Office via the Hot Issue Alert Process and implement the location's Incident Management Team for the duration of the boil water advisory.
- 3) Ensure alternate sources of water are provided to residents, team members, and visitors, and pets (as applicable) that is safe for drinking.

The Infection Prevention & Control Lead or designate will:

- 1) Post signage at all entrances to the location and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink. See XVIII-O-10.00(d) Boil Water Advisory Signage.
- 2) Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. See XVIII-O-10.00(e) Boil Water Advisory Handwashing Signage.

- 3) Post signage at all eye wash stations advising team members that a boil water advisory is in effect and that the water is not safe to use for eye washing. Alternatively, single use eye wash saline bottles can be used. See XVIII-O-10.00(d) Boil Water Advisory Signage.

The Director of Environmental Services/Maintenance Manager or designate will:

- 1) Disconnect all drinking water fountains, soda dispensers with post-mix service, and ice making machines from the affected water supply.

The Environmental Services Team will:

- 1) Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
- 2) Provide single use eye wash saline bottles at all eye wash stations.
- 3) Reference XXVII-O-10.00(b) Cleaning & Sanitizing Practices During a Boil Water Advisory.

The Director of Dietary Services/Executive Chef or designate will:

- 1) Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.
- 2) Direct team to prepare boiled water as needed:
  - a. Bring water to a rolling boil for at least one minute.
  - b. Use an electric kettle if possible.
  - c. Only boil as much water as you can safely lift without spilling.
  - d. If boiling water on the stove, place the pot on the back burner.
  - e. Take all precautions as needed to avoid burns.
- 3) If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.
- 4) Reference XXVII-O-10.00(c) Preparing Food During a Boil Water Advisory.

The Care/Wellness team will:

- 1) Use boiled water that has been cooled to room temperature, or use sterile water, to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile).
- 2) Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents.
- 3) Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.
- 4) Reference XXVII-O-10.00(a) Personal Hygiene During a Boil Water Advisory.

**NOTE:** Water filtration devices cannot be relied on to make tap water safe to drink or cook with. Do not use water unless it has been boiled first.

## When the Boil Water Advisory has ended:

The Environmental Services Team will:

- 1) Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time).
  - a. In multi-storey buildings, begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure until all fixtures and faucets on all floors are flushed.
- 2) Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.

The Director of Environmental Services/Maintenance Manager or designate will:

- 1) Flush, drain, clean, and disinfect cisterns that contained the affected water source.
- 2) Run water softeners through a regeneration cycle according to the manufacturer's recommendations.
- 3) Replace the filters on any water filtration devices, and flush the fixture according to manufacturer's directions.
- 4) Drain and refill hot water heaters that have been set below 45°C/110°F.

The Executive Director/General Manager or designate will:

- 1) Communicate to all team members, residents, and visitors that the Boil Water Advisory has ended.
- 2) Conduct a debrief with the team to review procedures and make any adjustments to site specific practices/Emergency Management Plan as needed.

The Infection Prevention & Control Lead or designate will:

- Remove signage.

## **PERSONAL HYGIENE DURING A BOIL WATER ADVISORY**

### **Can tap water be used to wash hands?**

Yes, tap water can be used for handwashing, but an alcohol-based hand sanitizer must be applied to hands afterwards.

- Wash hands with warm tap water and soap; lather for at least 20 seconds.
- Rinse hands well under running water and dry them with a paper towel.
- When hands are dry, apply an alcohol-based hand sanitizer containing at least 70% alcohol.

### **Can tap water be used for showering or bathing?**

Yes. Residents may take showers or baths with tap water, but must be careful to avoid the face, and avoid swallowing any of the water.

- The use of hand-held showerheads is recommended to assist with this concern.
- Open wounds, cuts, blisters, or recent surgical wounds must be covered with a waterproof covering prior to showering or bathing, and care must be taken not to contaminate these areas during bathing, showering, or towel-bathing.
- Pre-boiled water, sterile water, or water from a safe alternative source may also be used if towel-bathing is required.
- Residents with weakened immune systems may require special consideration; discuss with physician/nurse practitioner.

### **Can tap water be used for brushing teeth?**

No. During a boil water advisory, tap water is NOT safe for brushing teeth.

- Only pre-boiled water that is cooled, bottled water, or water from another safe source may be used for brushing teeth.

### **Reference:**

Best Practices for Hand Hygiene in All Health Care Settings:

[https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc_lang=en)

## **CLEANING & SANITIZING PRACTICES DURING A BOIL WATER ADVISORY**

### **Can tap water be used for cleaning and disinfecting contact and non-contact surfaces?**

Yes. Contact surfaces such as door knobs, handles, railings, vanities, etc. and non-contact surfaces such as walls, floors, and ceilings can be cleaned and disinfected using normal routine practices.

### **Can tap water be used for washing laundry?**

During a boil water advisory, tap water may be used for general laundry procedures.

- Wet laundry must be dried in a mechanical drying machine on a normal setting or hotter.
- Consult with Infection Prevention & Control Lead or designate to verify correct procedures for sterile linen processing.

### **Can medical equipment that is directly connected to the water supply be used?**

Generally, no. Any instruments or machines that use water to sterilize and disinfect equipment would typically be affected by a boil water advisory.

- Consult with Infection Prevention & Control Lead or designate before use of any specialized medical equipment directly connected to the water supply.
- Contact Public Health for specific questions related to water quality.

## **PREPARING FOOD DURING A BOIL WATER ADVISORY**

### **Immediate Steps to Take When a Boil Water Advisory is Issued:**

- DO NOT use the water for drinking, making juices or ice, washing fruits or vegetables, or preparing ready-to eat foods.
- Turn off drinking water fountains.
- Discard ice and beverages that may have been prepared with the affected water supply.
- Discontinue making ice; use ice from a commercial ice supplier made with safe water.
- Disconnect ice cream machines, dipper wells, and any other food preparation equipment connected to the water supply.
- Post signs at all faucets, including kitchen area and washrooms, as a reminder of the boil water advisory and not to drink the water.
- To make the water safe, bring to a rapid rolling boil for at least one minute.
  - Boil only as much water in the pot that one can comfortably lift without spilling.
  - Ensure water is cooled appropriately before using or direct handling to prevent scalds.
  -

**What sources of water are approved to be used during a boil water advisory?**

- Water that has been boiled for one full minute (water can be boiled the night before, cooled overnight, and stored in a covered disinfected container). Always ensure water is cooled appropriately before use or direct handling to prevent scalds.
- Commercially bottled water (consult with Infection Prevention & Control (IPAC) Lead or designate to confirm brand used has not been affected by the Boil Water Advisory)
- Hauled water from an alternate approved supply not affected by the Boil Water Advisory

**Can the cold beverage dispensing machine be used?**

No. Beverage machines connected to the cold water supply used to dispense cold drinks (carbonated beverages, iced cappuccino, etc.) must not be used during the boil water advisory.

**Can tap water be used in commercial coffee brewers and hot tea towers during a boil water advisory?**

Yes. Ensure the coffee maker/hot tea tower produces water at 70°C/160°F. This temperature is sufficient to inactivate disease-causing microorganisms. It is recommended that the coffee pot be held for at least five minutes on the burner prior to consumption.

- Verify temperature using a probe thermometer

**Can tap water be used to prepare food products that use water as an ingredient without cooking?**

No. Use boiled, bottled, or an alternate safe water source in the preparation of food products such as powdered drinks, puddings, jellies, sauces, etc.

**Can tap water be used to prepare food that will be boiled?**

Yes. Tap water can be used to prepare foods that will be boiled as long as the water is brought to a rolling boil for one minute.

**Can tap water be used to wash dishes by hand?**

Yes. Follow 3-compartment sink dishwashing procedure, and ensure dishes have enough time for complete air drying to take place.

**Can the commercial dishwasher be used to clean and disinfect dishes?**

Yes. Follow normal dishwashing procedures, and ensure dishes have enough time for complete air drying to take place.

**Can glass washer with cold water rinse be used?**

No. Glass washers with a cold water rinse must not be used during the boil water advisory.

- Use a hot water sanitizing cycle to wash and sanitize glasses.
- For further information, discuss with Public Health.
- Single-use glasses/cups may also be used.

**Can domestic style dishwashers be used in the building?**

Yes, domestic style dishwashers may be used, provided the machine has a hot temperature setting or sanitizer cycle.

- If the dishwasher does not have a hot temperature setting, stop the dishwasher at the start of the rinse cycle, add 4 teaspoons (20 mL) of liquid household chlorine bleach containing 5.25% sodium hypochlorite, then re-start dishwasher.
- Let dishes dry completely, using a heated cycle dry on the dishwasher.

**Can tap water be used for cleaning and disinfecting counter tops, cutting boards, and other kitchen surfaces?**

- Wash kitchen surfaces with soap, then rinse and sanitize with bleach solution.
- To prepare the bleach solution (sanitizer strength of 200mg/L chlorine solution), add one teaspoon of liquid household bleach (5.25% sodium hypochlorite) to one litre of room temperature water that has either been previously boiled, is from a safe bottled water source, or has been hauled from a safe public supply.
- Spray or pour solution onto food contact surfaces and let sit for a minimum of 2 minutes.
- Make a new bleach solution every day (bleach breaks down quickly once it is mixed with water).
- Note: vinegar is not an acceptable disinfectant.

BOIL WATER ADVISORY SIGNAGE

***CAUTION!***



**A Boil Water Advisory is in effect. This water is not safe for drinking. This water is not safe for eye washing. Contact a manager or team member for more information.**

# ***BOIL WATER ADVISORY IS IN EFFECT***

**Wash your hands.**



**Apply hand sanitizer AFTER Handwashing.**

**Contact a manager or team member for more information.**

## OUTBREAKS

### OUTBREAKS OF A COMMUNICABLE DISEASE, OUTBREAKS OF A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMICS & PANDEMICS

The location is prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance by referring to the organization's Infection Prevention & Control and Pandemic policies & procedures.

The local Public Health Unit (PHU) would activate and deactivate an outbreak within the location. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable unless otherwise directed.

#### **PROCEDURE:**

The Executive Director/General Manager or designate will:

- Refer to the IPAC Lead and PHU for activation of the outbreak response
- Report and provide status updates to residents, families, staff, and Support Office
- Initiate and lead Outbreak Management Team (OMT) response as required
- Manage staffing and management team resources accordingly
- Coordinate the management of exposed and symptomatic team members as per policy and procedure
- Ensure outbreak/pandemic response initiated and executed as per policy and procedure
- Ascertain community connections and partnerships as part of plan execution and coordinated response
- Govern business continuity, daily evaluation of risk and response actions, initiation of staffing contingency plans
- Ensure implementation of any provincial or organizational directives as required

The Infection Prevention & Control Lead or designate will:

- Assemble the Outbreak Management Team response as per policy
- Track, report, and manage case counts in collaboration with PHU
- Ensure IPAC auditing throughout outbreak/pandemic as required
- Provide pertinent IPAC training and direction to residents, families, and staff
- Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.

- Oversee and execute cohorting plans for staff and residents referencing respective IPAC policies for Cohorting Staff & Residents & Cohorting Guidelines During an Outbreak

The Director of Care/Director of Wellness/Wellness Manager or designate will:

- Coordinate resident care and services for symptomatic and asymptomatic residents
- Ensure Medical Director is updated and involved
- Support staffing contingency plans and altered care and services plans as required

**Reference:** Infection Prevention & Control Manual

**OUTBREAK/EPIDEMIC/PANDEMIC SUPPLIES**

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

In addition, supplies for which demand will surge once there are positive cases should be identified, and minimum quantities account for this (e.g. disposable cutlery).

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

Sienna Regional Hubs are available to access additional supplies in the event of an outbreak.

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

**PPE SUPPLY**

Category	Supplies	Recommended Min. Quantity
PPE	Surgical Masks	14-day supply
	N95 respirators	14-day supply
	Gloves (all sizes)	14-day supply
	Gowns – reusable and disposable (all sizes)	14-day supply
	Face shields – reusable and disposable	14-day supply
	Goggles – reusable and disposable	14-day supply

**CULINARY/DINING SUPPLY**

<b>Category</b>	<b>Supplies</b>	<b>Recommended Min. Quantity</b>
<b>In-room dining supplies</b>	Individual tables/overbed tables (LTC)	1 per bed
	Paper/disposable plates, cups and cutlery	7-day supply
	Trays	Min. 1 per home area
	Additional carts to allow use of separate equipment for each floor/home area	1 per home area
	Hot carts	1 per home area
	Additional food containers	As needed
<b>Food supplies</b>	Pandemic menu	14-day supply
	Thickeners (LTC)	14-day supply
	Supplements (LTC)	14-day supply

**CLINICAL/WELLNESS SUPPLY**

<b>Category</b>	<b>Supplies</b>	<b>Recommended Min. Quantity</b>
<b>Supplies and Equipment</b>	Government stock	As directed
	Thermometers (no contact preferred)	Screener x2 Care/Wellness team +20%
	Thermometer tip covers (account for higher usage) (if applicable)	14-day supply
	Bloodwork equipment	14-day supply
	Wound care supplies (if applicable)	14-day supply
	Tube feeding equipment (if applicable)	14-day supply
	Oxygen tanks (if applicable)	14-day supply
	Additional equipment (e.g. pressure cuffs, heart monitor, etc.) to allow use of separate equipment for each floor / home area and positive / negative residents	1 per home area + 20% extra
<b>Pharmacy</b>	Symptom management medication	14-day supply
	Medication carts	1 per home area + 20% extra
<b>Emergency Supplies</b>	Swab kits / Testing kits	14-day supply
	Palliative kits	14-day supply
	Shrouds	10% of beds
	Body bags	10% of beds

Category	Supplies	Recommended Min. Quantity
<b>In-room Supplies (LTC)</b>	Bedside commodes (if required to avoid sharing bathrooms or for isolation plans)	10% of shared beds
	Personal basin for each resident (for bedside bathing)	1 per bed
	Helical basin for each resident	1 per bed
	Plastic bins for personal belongings if resident needs to be relocated/distanced or storage of belongings	20% of beds

**ENVIRONMENTAL SUPPLY**

Category	Supplies	Recommended Min. Quantity
<b>Cleaning / disinfectant products</b>	High level disinfectant (account for higher consumption)	14-day supply
	Disinfecting wipes (account for higher consumption)	14-day supply
	Other cleaning/disinfecting agent used in the location	14-day supply
<b>Laundry products</b>	Laundry chemicals	14-day supply
	Laundry hamper liner/plastic bags	14-day supply
	Laundry bags/hampers	1 set per home area
<b>Hand Hygiene supplies</b>	Hand soap	14-day supply
	Alcohol based hand rub (ABHR) min 70% alcohol	14-day supply
	ABHR dispensers (extra may be required to put in all recommended locations)	As needed
	Paper towels	14-day supply
	Paper towel dispensers (extra may be required to put in all recommended locations)	As needed
	Batteries if dispensers are battery powered	14-day supply
<b>Linen</b>	Extra bed linen	14-day supply
	Extra towels	14-day supply
<b>Supplies and Equipment</b>	Positive particle disinfectant sprayers	If needed
	No touch receptacles for PPE, min. 12L capacity	1 per bed + as needed around home
	PPE plastic carts	1 per bed + as needed around home
	Plastic bags – clear, biohazard	14-day supply
	Walk behind floor scrubber (recommended over mops / vacuums)	1 for home
	Additional cleaning supplies to account for higher consumption and use of separate equipment for each floor / home area (e.g. cloths, wipes, etc.)	14-day supply
	Additional carts to allow use of separate equipment for each floor / home area (for cleaning team,	1 per home area + 20%

Category	Supplies	Recommended Min. Quantity
	nursing/wellness team, laundry team, recreation/resident engagement team, etc.)	
	Physical barriers (e.g. curtains, Plexiglas, etc.)	All shared beds

## COHORTING GUIDELINES DURING AN OUTBREAK

- During an outbreak, residents may be separated into several cohorts (groups).
- Residents are to remain physically separate (i.e. at least 2 metres from one another) as much as possible, including those within the same cohort.
- Team members should remain in a single cohort per shift. If team members must work with more than one cohort during a single shift, team members are to work with well residents first.
- Residents ill with symptoms of infection are to be placed in single rooms. Discuss with the local public health unit if residents ill with same infection may be placed together in a shared room/space.
- Care equipment must be dedicated or cleaned between use on residents in the same room.
- When physical distancing of 2 metres is difficult to achieve in a shared room space, partitions or barriers may be used to assist in physical separation.

### PERSONAL PROTECTIVE EQUIPMENT (PPE) FOR TEAM MEMBERS WHO ARE COHORTED:

- When caring for residents, team members are to select PPE based on a point of care risk assessment.
- Additional precautions are to be used when caring for residents with infection.
- Gloves must always be changed after contact with residents or their environment.
- All PPE must be changed when moving from resident care to non-resident care activities.
- All PPE must be changed if it becomes wet or dirty.

## BUSINESS CONTINUITY

### STAFF SHORTAGES & CONTINGENCY PLANNING

In order to address staffing shortages, in addition to preparing and implementing business continuity contingency plans, the location's leadership team will:

- Work closely with all departments to understand hiring needs and ramp up hiring as required
- Work with all departments to implement cohorting as required
- Accelerate onboarding processes while maintaining quality of experience
- Actively manage return to work
- Prevent work refusals through education, training, and enablement of team members

#### **PROCEDURE:**

The General Manager/Executive Director or designate will:

- 1) Develop/review business continuity/staffing contingency plan to:
  - Identify minimum staffing needs for each home area/neighbourhood/floor
  - Prioritize critical and essential services based on resident population needs
  - Identify backup for each shift and role and ensure training provided
- 2) Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
  - Identify team members who could potentially take on a leadership role.
  - This may also require discussions on available staffing support with HR, Support Services, Partners, and other institutions.
- 3) Ensure staffing contingency planning in place for lower staffing levels in the event of an evacuation as part of Code Green Evacuation Plan i.e. Incident Management Team assignments and role training inclusive of night/weekend/holiday teams.
- 4) Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in business continuity/staffing contingency plan. Prioritize RN, RPN, LPN, PSW/HCA/GA/RCA, and CSA.
- 5) Monitor government directives that impact team members, compensation, schedules, etc., as well as any other programs that offer team member support (e.g. emergency childcare). Communicate as appropriate.
- 6) Review staffing schedules, availability of alternate staff, and emergency contact numbers for team members.
- 7) Provide guidelines for team member cohorting and train department leads.
- 8) Limit PT and casual resources to one home area/floor as much as possible.
- 9) Work with Department managers/schedulers to:
  - Increase staffing to support additional requirements/surge capacity
  - Create contingency plans
  - Implement team member cohorting

- Determine who should work from home
  - Ensure schedule is in compliance with current provincial orders/organizational requirements (e.g. no team members work in more than one location)
  - Improve team member engagement and morale
- 10) Work with department leads to identify backup schedulers (as required/where centralized scheduling not in place).
  - 11) Redeploy team members who work in non-essential/suspended services (e.g. community programs for PPE sourcing).
  - 12) Align with union representatives (where applicable) on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
  - 13) Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
  - 14) Identify all available options to meet staffing needs, including:
    - Look at team member history (e.g. HCAs/PSWs who were housekeepers) and how to leverage cross-skilling
    - Cross-training/universal roles (e.g. housekeeping and tray delivery)
    - Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants)
    - Volunteers
    - Health Workforce Matching Portal
    - Agency contracts
    - Health Unit support
    - Local healthcare facilities (e.g. hospital)
    - Emergency services (e.g. army)
  - 15) Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
  - 16) Consider adding dedicated Team Member Experience Coordinator role onsite to handle all training, onboarding admin work, benefits, time tracking, etc.
  - 17) Consider adding scheduling staff to support outbreak needs.
  - 18) Discuss with Support Services Office and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
  - 19) Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
  - 20) If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
  - 21) Implement Return to Work protocols. See IV-F-10.00 Early & Safe Return to Work Program (and attachments).

The Human Resources Business Partner will:

- 1) Collect information from team members, contractors, and volunteers about:

- Availability
  - Skills (including cross training)
  - Likely or actual exposure to disease at home (as applicable)
  - Health conditions that may affect their availability to provide services
- 2) Implement initiatives to increase team member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
    - Recognize team members' hard work often
    - Check in with team members
    - Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.)
    - Ensure team members are aware of EAP and other resources available for their wellness
    - Mitigate team member fears by communicating protection measures taken/to follow
  - 3) Discuss with team members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
  - 4) Track additional employment locations of team members and monitor those locations for outbreaks (as applicable).

#### Reference

**ON LTC:** A staffing emergency as defined in regulation as an unforeseen situation of a serious nature that prevents a registered nurse (RN) from getting to the long-term care home.

## STAFFING CONTINGENCY-BUSINESS CONTINUITY PLAN TEMPLATE

### XVIII-Q-10.00(a))

#### Location Name: Golden Plough Lodge

The Staffing Contingency Business Continuity Plan is to be operationalized when staffing levels reach a critical level where care/services are at risk of interruption, allowing team members to quickly adapt to changing circumstances and minimizing disruption to the delivery of care/services.

**ON LTC:** A staffing emergency as defined in regulation as an unforeseen situation of a serious nature that prevents a registered nurse (RN) from getting to the long-term care home.

There are three parts to this document:

- **100% Site Specific Staffing Plan:** Locations to update with their normal complement of full staffing positions/hours/services provided (*add or delete roles, services as applicable for your location*)

- **Site Specific Staffing Contingency Plan:** Locations to update with their Full Time Equivalent (FTEs)
- **Work Short Protocols:** Plan/Strategy for managing shifts with short staff

**SITE SPECIFIC STAFFING PLAN (100%)**

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Normal Weekday Services Provided
<b>100%</b>	<b>Frontline Team</b>		
	RN		<ul style="list-style-type: none"> <li>▪ Hydration &amp; Nutrition</li> <li>▪ Medication Management</li> <li>▪ Medical &amp; Symptoms Monitoring</li> <li>▪ MDS</li> <li>▪ Personal Care</li> <li>▪ Inventory Maintenance</li> <li>▪ Recreation</li> <li>▪ Respite Services</li> <li>▪ Move Ins</li> <li>▪ Reception</li> <li>▪ Other (specify):</li> <li>▪ Other (specify):</li> </ul>
	RPN		
	LPN		
	PSW/HCA/RCA/GA		
	Recreation Aide		
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Receptionist		
	Other (specify):		
	Other (specify):		
	<b>Leadership Team</b>		
	Executive Director/General Manager		<ul style="list-style-type: none"> <li>▪ Administration</li> <li>▪ Scheduling</li> <li>▪ Preventative Maintenance</li> <li>▪ Urgent Maintenance Related to Health &amp; Safety</li> <li>▪ Resident &amp; Family Council</li> <li>▪ AP/AR</li> </ul>
	Director of Care/Director of Wellness/Wellness Manager		
	Associate Director of Care		
	IPAC Lead		
	RAI Coordinator		
Office Manager			
Director of Dietary Services/Executive Chef			

	Director of Environmental Services / Maintenance Manager		<ul style="list-style-type: none"> <li>▪ Monthly meetings (JHSC/OHC, Risk Management, etc.)</li> <li>▪ Finance</li> <li>▪ Other (specify):</li> <li>▪ Other (specify):</li> </ul>
	Food Services Supervisor		
	Scheduling Coordinator		
	Director of Resident Programs/Resident Engagement Manager		
	Resident & Family Experience Coordinator		
	Team Member Experience Coordinator		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
<b>Allied/Contracted Services</b>			
	Physiotherapist		<ul style="list-style-type: none"> <li>▪ Therapeutic Services (i.e. exercise, rehab)</li> <li>▪ Therapeutic Assessments</li> <li>▪ Care Conferences</li> <li>▪ Referral Management</li> <li>▪ Dysphagia Management</li> <li>▪ Medical Care</li> <li>▪ Other (specify):</li> <li>▪ Other (specify):</li> </ul>
	Occupational Therapist		
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		

**SITE SPECIFIC STAFFING CONTINGENCY PLAN**

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30)	Prioritized Services
<b>80%</b>	RN		<ul style="list-style-type: none"> <li>▪ Hydration &amp; Nutrition</li> <li>▪ Medication Management</li> </ul>
	RPN		
	LPN		
	PSW/HCA/RCA/GA		

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	Recreation Aide		<ul style="list-style-type: none"> <li>▪ Medical &amp; Symptoms Monitoring (Dialysis, O<sub>2</sub>)</li> <li>▪ Specialized Care (Wound TX)</li> <li>▪ Personal Care (bathing, toileting, grooming)</li> <li>▪ Maintenance</li> <li>▪ Inventory/supply mgmt.</li> <li>▪ Therapeutic Services</li> <li>▪ Therapeutic Assessments</li> <li>▪ Care Conferences</li> <li>▪ Resident &amp; Family Councils</li> <li>▪ Referral management</li> <li>▪ Dysphagia management</li> <li>▪ Administration</li> <li>▪ Scheduling</li> <li>▪ Recreation</li> <li>▪ Housekeeping</li> <li>▪ Laundry</li> <li>▪ Move Ins</li> <li>▪ Other (specify):</li> <li>▪ Other (specify):</li> </ul>
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Receptionist		
	Executive Director/General Manager		
	Director of Care/Director of Wellness/Wellness Manager		
	Associate Director of Care		
	IPAC Lead		
	RAI Coordinator		
	Office Manager		
	Director of Dietary Services/Executive Chef		
	Director of Environmental Services / Maintenance Manager		
	Food Services Supervisor		
	Scheduling Coordinator		
	Director of Resident Programs/Resident Engagement Manager		
	Resident & Family Experience Coordinator		
	Team Member Experience Coordinator		
	Physiotherapist		
	Occupational Therapist		
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
65%	RN		<ul style="list-style-type: none"> <li>▪ Hydration &amp; Nutrition</li> <li>▪ Medication Management</li> <li>▪ Medical &amp; Symptoms Monitoring (Dialysis, O<sub>2</sub>)</li> <li>▪ Specialized Care (Wound TX)</li> <li>▪ Personal Care (bathing, toileting, grooming)</li> <li>▪ Maintenance (Urgent)</li> <li>▪ Inventory/Supply mgmt.</li> <li>▪ Therapeutic Services</li> <li>▪ Therapeutic Assessments</li> <li>▪ Referral Management</li> <li>▪ Dysphagia Management</li> <li>▪ Administration</li> <li>▪ Scheduling</li> <li>▪ Recreation (limit to small groups / 1:1)</li> <li>▪ Housekeeping (defer projects/annual cleans)</li> </ul>
	RPN		
	LPN		
	PSW/HCA/RCA/GA		
	Recreation Aide		
	Cook		
	Dietary Aide		
	Housekeeping		
	Laundry		
	CSA		
	Receptionist		
	Executive Director/General Manager		
	Director of Care/Director of Wellness/Wellness Manager		
	Associate Director of Care		
	IPAC Lead		
	RAI Coordinator		
	Office Manager		
	Director of Dietary Services/Executive Chef		
	Director of Environmental Services / Maintenance Manager		
	Food Services Supervisor		
Scheduling Coordinator			
Director of Resident Programs/Resident Engagement Manager			
Resident & Family Experience Coordinator			

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	Team Member Experience Coordinator Physiotherapist Occupational Therapist Registered Dietitian Recreation Therapist Rehab Assistant Medical Director Physician Nurse Practitioner Other (specify): Other (specify): Other (specify): Other (specify): Other (specify):		<ul style="list-style-type: none"> <li>▪ Laundry</li> <li>▪ Move Ins (Urgent)</li> <li>▪ Other (specify):</li> <li>▪ Other (specify):</li> </ul>
50%	RN RPN LPN PSW/HCA/RCA/GA Recreation Aide Cook Dietary Aide Housekeeping Laundry CSA Receptionist Executive Director/General Manager Director of Care/Director of Wellness/Wellness Manager Associate Director of Care IPAC Lead RAI Coordinator Office Manager Director of Dietary Services/Executive Chef		<ul style="list-style-type: none"> <li>▪ Hydration &amp; Nutrition (use disposables for food service)</li> <li>▪ Medication Management</li> <li>▪ Medical &amp; Symptoms Monitoring (Dialysis, O<sub>2</sub>)</li> <li>▪ Specialized Care (Wound TX)</li> <li>▪ Personal Care (bathing, toileting, grooming)</li> <li>▪ Maintenance (Urgent)</li> <li>▪ Therapeutic Assessments</li> <li>▪ Referral Management</li> </ul>

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	Director of Environmental Services / Maintenance Manager		<ul style="list-style-type: none"> <li>▪ Dysphagia Management</li> <li>▪ Administration</li> <li>▪ Scheduling</li> <li>▪ Recreation (limit to 1:1 / therapeutic)</li> <li>▪ Housekeeping (focus on high touch surfaces, bathrooms &amp; floors)</li> <li>▪ Laundry</li> <li>▪ Other (specify):</li> <li>▪ Other (specify):</li> </ul>
	Food Services Supervisor		
	Scheduling Coordinator		
	Director of Resident Programs/Resident Engagement Manager		
	Resident & Family Experience Coordinator		
	Team Member Experience Coordinator		
	Physiotherapist		
	Occupational Therapist		
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		
	Other (specify):		
	Other (specify):		
	Other (specify):		
Other (specify):			
Other (specify):			
Other (specify):			
35%	RN		<ul style="list-style-type: none"> <li>▪ Hydration &amp; Nutrition (use disposables for food services)</li> <li>▪ Medication Management</li> <li>▪ Medical &amp; Symptoms Monitoring (Dialysis, O<sub>2</sub>)</li> </ul>
RPN			
LPN			
PSW/HCA/RCA/GA			
Recreation Aide			
Cook			
Dietary Aide			
Housekeeping			
Laundry			
CSA			
Receptionist			

% FTE 7 days/wk	Dept./Role	FTEs Available (FTE Calculation Example: if 37.5 hrs FT, 30 hrs/wk would be .8FTE (37.5/30))	Prioritized Services
	Executive Director/General Manager		<ul style="list-style-type: none"> <li>▪ Specialized Care (Wound TX)</li> <li>▪ Personal Care (bathing, toileting, grooming)</li> <li>▪ Maintenance (Urgent)</li> <li>▪ Referral Management (Urgent)</li> <li>▪ Dysphagia Management</li> <li>▪ Administration</li> <li>▪ Scheduling</li> <li>▪ Recreation (limit to 1:1/therapeutic)</li> <li>▪ Housekeeping (focus on high touch surfaces, bathrooms &amp; floors)</li> <li>▪ Laundry (contract if able)</li> <li>▪ Other (specify):</li> <li>▪ Other (specify):</li> </ul>
	Director of Care/Director of Wellness/Wellness Manager		
	Associate Director of Care		
	IPAC Lead		
	RAI Coordinator		
	Office Manager		
	Director of Dietary Services/Executive Chef		
	Director of Environmental Services / Maintenance Manager		
	Food Services Supervisor		
	Scheduling Coordinator		
	Director of Resident Programs/Resident Engagement Manager		
	Resident & Family Experience Coordinator		
	Team Member Experience Coordinator		
	Physiotherapist		
	Occupational Therapist		
	Registered Dietitian		
	Recreation Therapist		
	Rehab Assistant		
	Medical Director		
	Physician		
	Nurse Practitioner		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		
	Other (specify):		



**STAFFING SHORTAGES – IMMEDIATE ACTIVITIES CHECKLIST- XVIII-Q-  
10.00(b))**

Manager or designate will review departmental needs and implement the following immediate activities to execute at start of staffing shortage to efficiently manage care and service throughout the shortage.

<input type="checkbox"/>	Execute Staffing Contingency Plan; update/adjust as needed for the situation
<input type="checkbox"/>	Contact Pharmacy for Drug Compression (may take up to 7 days to implement)
<input type="checkbox"/>	Print Kardex & Paper Flow Sheet for agency/external support staff as needed
<input type="checkbox"/>	Implement Rapid Orientation Checklist for PSW/CSA/RCA/GA & Nurses, Agency
<input type="checkbox"/>	Delegate Tasks to staff via Staffing Contingency Assignment Template
<input type="checkbox"/>	Post Resident Reference Sheets / Update all team members on expectations
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):

## PRIORITY TASKS – CLINICAL/WELLNESS

Some tasks will remain within the scope of the nurse (RN, RPN, LPN).  
Some tasks will be delegated to other care/service providers.

**High priority: time sensitive**

**Medium priority: can be done within 24 hours**

**Low priority: can be done greater than 24 hours**

Activities/Tasks	RN/RPN/LPN	Delegation to PSW/HCA/CSA/RCA/UCP/etc.	Delegate to anyone/other
Medication Pass	YES		
Dressings	YES		
Vital signs (affected residents with active illness)	YES		
Vital signs – stable residents with no active illness		YES	
Falls assessments	YES		
Documentation	YES – see below	YES – see below	
Medication Errors	YES		
Receiving/signing in of medications	YES		
Labs	YES		
Transcribing orders	YES		
Ordering medications	YES		
PTAC numbers and transfer records			YES
Answering phones			YES
Shift report	YES – for clinical risk	YES	
Filing/chart thinning Faxing/delivering reports			YES
fluid intake lookback			YES
Bowel list			YES
Call in for staffing			YES
Screening			YES
Care Planning/Plan of Care/Service Plan	YES		
Nebulizers	YES		
Rx creams		YES	

PASD monitoring		YES	
Restraint – 8 hour review	YES		
Filling O <sub>2</sub> tanks			YES
Stocking of supplies			YES
Ordering supplies			YES
IV Monitoring	YES		
Suctioning	YES		
Catheterization	YES		
Emptying the catheter bag			YES
Intake and Output			YES
G or J tube	YES		
Nursing Assessments	YES		
AM care		YES – see below	
PM care		YES – see below	
Bath		YES – see below	
Toileting		YES – see below	
Transferring/turning and repositioning		YES – see below	
Mobility		YES	
Nourishment/snack pass			YES
Dining Room Monitoring			YES
Answering call bells			YES
Bed Making			YES
Cleaning Equipment			YES
Emptying laundry bins and delivery			YES
Portering		YES – see below	
Serving in the dining room		YES – see below	
Meal assistance		YES – see below	
Clearing of dishes		YES – see below	
Tray Service		YES – see below	
Calling Families with residents with changing condition			YES – Managers, RFEC
Calling families with non-clinical updates			YES

**AM/PM & PERSONAL CARE/SERVICES:**

<b>Hands, face, mouth – q am</b>	Delegate to anyone
<b>Washing body – bed bath</b>	q am – PSW/HCA, Nurse
<b>Peri-care</b>	q change – PSW/HCA, Nurse

<b>Tub Baths, showers, bed baths</b>	Maximum is 2/week (AB/ON) / 1/week (BC) – PSW/HCA, Nurse
<b>Toileting</b>	If minimal assist – then anyone can assist if physical assistance required then PSW/HCA/CSA, nurse, care attendant can assist
<b>Incontinence Care</b>	Using incontinent product – PSW/HCA, Nurse therefore can change the rate to 1-2 time per shift dependent on resident need
<b>Dressing</b>	If minimal to moderate assist – then anyone If total assist – then PSW/HCA, Nurse, care attendant can assist
<b>Turning/Re-positioning</b>	PSW/HCA/CSA plus anyone

**Documentation:**

<b>Documentation</b>	<ul style="list-style-type: none"> <li>• RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA as per policy.</li> <li>• Food/Fluid and snacks may be completed by team members with access to electronic health record i.e. programs team, care attendant, admin</li> <li>• If no access, PSW/HCA Flow sheet can be used as backup contingency</li> </ul>
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**DINING:**

<b>Portering</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/delegate to anyone
<b>Serving in the dining room</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone
<b>Meal assistance</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone trained
<b>Clearing of dishes</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone
<b>Tray Service</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone
<b>Recording Intakes</b>	<ul style="list-style-type: none"> <li>• PSW/HCA/RCA/UCP/CSA, nurse as per policy</li> <li>• RN/RPN/LPN</li> <li>• Food/Fluid and snacks may be completed by team members with access to electronic health record i.e. Recreation team, care attendant, admin</li> <li>• If no access, PSW/HCA/RCA/UCP Flow sheet can be used as back up contingency</li> </ul>

## PRIORITY TASKS – CULINARY/DIETARY

Some tasks will remain within the scope of the Director of Dietary Services/Executive Chef (DDS/EC), Food Services Supervisor (FSS), Cook.

Some tasks will be delegated to other care/service providers.

**High priority: time sensitive**

**Medium priority: can be done within 24 hours**

**Low priority: can be done greater than 24 hours**

Activities/Tasks	DDS/EC/FSS	Cook	Delegation to Dietary Aide	Delegate to anyone/other
Menu Planning – leadership and decision making	YES			
Food/supply orders	YES			
Production – meals, snacks, supplements		YES		
Provision of food to staff, volunteers, families if helping			YES	
Distribution of food to residents			YES	
Ware washing				YES
Sanitation in kitchen & serveries				YES
Waste control/removal				YES
Nutritional Care assessments Care conferences for well residents				YES – RD or Nurse
Nutritional care assessment for acutely ill due to outbreak				YES – RD, NP, MD (RED)
Pandemic supplies management i.e. dining disposable, skim milk powder – list to be determined	YES			
Community support – to external people in need				YES
Food inventory	YES	YES		
Catering – meetings, events				YES

Education	YES			
Security (as needed)	YES			
Leadership/Decision making				YES – Other leaders or Support Office
Communication	YES			
Nutritional Care – end of life				YES – RD or Nurse
Meal assistance – low risk				YES

**Foodservice Tasks:**

Menu Planning – leadership and decision making	DDS/EC or RD Alter menu production for dietary staffing shortage of 35% or more
Food Inventory	Low priority item is less than 35% staffing in dietary operations.
Food/supply orders	DDS/EC, FSS or Cook
Production – meals, snacks, supplements	Cook or Dietary Aide
Distribution of food to residents	PSW/HCA/RCA/UCP, CSA, Dietary aides, delegate to anyone
Ware washing	Anyone. Disposables can be implemented when staffing shortage of 35% or more
Sanitation in kitchen & serveries	Cook or Dietary aide or anyone
Waste control / removal	Anyone

**Documentation:**

<b>Documentation – Nutrition Care</b>	RD/DDS/EC/FSS as per policy. Can be delegated to a nurse.
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**DINING:**

<b>Portering</b>	RN/RPN/PSW/HCA/RCA/UCP/CSA/delegate to anyone
<b>Serving in the dining room</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone
<b>Meal assistance</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone trained
<b>Clearing of dishes</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone. Disposables for staffing shortage of 35% or more
<b>Tray Service</b>	RN/RPN/LPN/PSW/HCA/RCA/UCP/CSA/Anyone

**Menu Production Changes:**

<b>Breakfast</b>	Remove second choice Replace fresh fruit with bananas
<b>Lunch</b>	Remove soup Alter production as required – RTS products
<b>Dinner</b>	Alter production as required – RTS products Remove 1 starch choice

<b>Snacks</b>	AM – remove snack and offer beverages only PM & HS – Offer 1 choice only Individually wrapped snacks RTS product for puree & minced
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## **PRIORITY TASKS – RECREATION/RESIDENT ENGAGEMENT & THERAPIES**

Some tasks will remain in scope of physiotherapy team.  
Some tasks may be assigned to other team members as required.

- High priority: time sensitive**
- Medium priority: can be done within 24 hours**
- Low priority: can be done greater than 24 hours**

Activities/Tasks	DRP/RFC/REM/JM/Recreation/Rehab Team Members	Delegation to CSA or Volunteer	Delegate to anyone/other
Communication – residents	YES		
Communication – family members	YES		
Support residents with responsive behaviours	YES		
Physiotherapy Referrals			
1:1 Physiotherapy Interventions	YES		
Sanitization of iPads and portable devices			YES
Sanitization of Recreation supplies and resources			YES
Sanitization of rehab equipment and resources			YES
Connect residents with family members (virtual, phone or window visits)		YES	
1:1 programs offered to residents		YES	
Distribution of independent leisure resources to residents			YES
Variety of independent recreation/engagement resources available and accessible			YES

Ensure residents have important belongings accessible (i.e. phone, tablet, resources)			YES
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### PRIORITY TASKS – HOUSEKEEPING

Some tasks will remain within the scope of the Director of Environmental Services/Maintenance Manager/Designate and Housekeeping Aide.

Some tasks will be delegated to other care/service providers.

- High priority: time sensitive**
- Medium priority: can be done within 24 hours**
- Low priority: can be done greater than 24 hours**

Activities/Tasks	Director of Env. Services	Delegation to Housekeeping Aide	Delegate to anyone/other
Environmental Cleaning & Disinfection – resident rooms/suites (surface disinfection, furniture spot cleaning, bathrooms)		YES	
Environmental Cleaning & Disinfection – resident rooms/suites (sweeping, mopping)		YES	
Environmental Cleaning & Disinfection – common areas (surface disinfection, furniture spot cleaning)			YES
Environmental Cleaning & Disinfection – common areas (sweeping, mopping)		YES	
Environmental Cleaning & Disinfection – dining rooms (sweeping, mopping, high touch point disinfection, spot cleaning walls and ceilings)			YES
Environmental Cleaning & Disinfection – main kitchen (floors)			YES
Environmental Cleaning & Disinfection – shower and bathing rooms		YES	
Environmental Cleaning & Disinfection – ALL high touch surfaces including elevators, doorknobs, railings, light switches, office desks, phones, keyboards, tables, arms of chairs			YES
Environmental Cleaning & Disinfection – offices (floors, disinfection, waste removal)			YES

Activities/Tasks	Director of Env. Services	Delegation to Housekeeping Aide	Delegate to anyone/other
Environmental Cleaning & Disinfection – information centres/nurse/wellness stations (high touchpoint disinfection, floors)			YES
Hand hygiene – Refilling hand sanitizer, soap dispensers & paper towel			YES
Dusting – high and regular			YES
Autoscrub floors (hallways, common areas)		YES	
Rotational Cleaning – as per schedule			YES
Chemical and consumables supply orders	YES		
Garbage removal – all areas except kitchen			YES
Bed and room terminal cleaning		YES	
Maintaining pandemic supplies – i.e. microfibres, mops, disinfectant, hand sanitizer, hand soaps, chemicals	YES		

**Housekeeping Tasks:**

Environmental Cleaning & Disinfection – resident rooms, shower and tub rooms, high touch surfaces	Housekeeping Aide or Director of Env. Services
Environmental Cleaning & Disinfection – Common Areas, Dining Rooms, Offices, Kitchen, information centres	Housekeeping or any other team member
Hand hygiene – Refilling hand sanitizer, soap dispensers and paper towel	Anyone
Dusting, rotational cleaning	Anyone – low priority
Floor Care	Housekeeping Aide, maintenance or Director of Env. Services – low priority
Chemical and housekeeping supplies orders, maintain inventory	Director of Env. Services or other leadership role
Garbage removal	Anyone
Bed and room terminal cleaning	Housekeeping

## STAFFING CONTINGENCY ASSIGNMENT – SAMPLE

Use the Assignment template below as needed to provide to team members as a reference for what to do on their shift where some additional guidance is needed to ensure efficient workflows (may be especially useful for Agency staff, support teams from other locations, volunteers).

Use Priority Tasks-Staffing Shortage for reference and add/delete tasks by priority of completion on shift and as applicable for role.

Role: \_\_\_\_\_

Assignment: \_\_\_\_\_

Activities/Tasks	
<input type="checkbox"/>	Medication Pass
<input type="checkbox"/>	Dressings
<input type="checkbox"/>	Vital signs (affected residents with active illness)
<input type="checkbox"/>	Vital signs – stable residents with no active illness
<input type="checkbox"/>	Falls assessments
<input type="checkbox"/>	Documentation
<input type="checkbox"/>	Medication Errors
<input type="checkbox"/>	Receiving/signing in of medications
<input type="checkbox"/>	Labs
<input type="checkbox"/>	Transcribing orders
<input type="checkbox"/>	Ordering medications
<input type="checkbox"/>	PTAC numbers and transfer records
<input type="checkbox"/>	Answering phones
<input type="checkbox"/>	Shift report
<input type="checkbox"/>	Filing/chart thinning Faxing/delivering reports
<input type="checkbox"/>	Fluid intake lookback
<input type="checkbox"/>	Bowel list
<input type="checkbox"/>	Call in for staffing
<input type="checkbox"/>	Screening
<input type="checkbox"/>	Care Planning/Plan of Care/Service Plan
<input type="checkbox"/>	Nebulizers
<input type="checkbox"/>	Rx creams
<input type="checkbox"/>	PASD monitoring
<input type="checkbox"/>	Restraint – 8-hour review
<input type="checkbox"/>	Filling O <sub>2</sub> tanks
<input type="checkbox"/>	Stocking of supplies
<input type="checkbox"/>	Ordering supplies

<b>Activities/Tasks</b>	
<input type="checkbox"/>	IV Monitoring
<input type="checkbox"/>	Suctioning
<input type="checkbox"/>	Catheterization
<input type="checkbox"/>	Emptying the catheter bag
<input type="checkbox"/>	Intake and Output
<input type="checkbox"/>	G or J tube
<input type="checkbox"/>	Nursing Assessments
<input type="checkbox"/>	AM care
<input type="checkbox"/>	PM care
<input type="checkbox"/>	Bath
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Transferring/turning and repositioning
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Nourishment/snack pass
<input type="checkbox"/>	Dining Room Monitoring
<input type="checkbox"/>	Answering call bells
<input type="checkbox"/>	Bed Making
<input type="checkbox"/>	Cleaning Equipment
<input type="checkbox"/>	Emptying laundry bins and delivery
<input type="checkbox"/>	Portering
<input type="checkbox"/>	Serving in the dining room
<input type="checkbox"/>	Meal assistance
<input type="checkbox"/>	Clearing of dishes
<input type="checkbox"/>	Tray Service
<input type="checkbox"/>	Calling Families with residents with changing condition
<input type="checkbox"/>	Calling families with non-clinical updates
<b>AM/PM Personal Care/Services</b>	
<input type="checkbox"/>	Hands, face, mouth – q am
<input type="checkbox"/>	Washing body – bed bath
<input type="checkbox"/>	Peri-care
<input type="checkbox"/>	Tub Baths, showers, bed baths
<input type="checkbox"/>	Toileting
<input type="checkbox"/>	Incontinence Care
<input type="checkbox"/>	Dressing
<input type="checkbox"/>	Turning/Repositioning
<b>Documentation (use printed flow sheet as needed)</b>	
<input type="checkbox"/>	Food/fluid
<input type="checkbox"/>	Snacks
<b>Dining</b>	
<input type="checkbox"/>	Portering
<input type="checkbox"/>	Serving in dining room
<input type="checkbox"/>	Meal assistance

<b>Activities/Tasks</b>	
<input type="checkbox"/>	Clearing of dishes
<input type="checkbox"/>	Tray Service
<input type="checkbox"/>	Recording intakes
<b>Recreation/Resident Engagement/Therapies</b>	
<input type="checkbox"/>	Communication – residents
<input type="checkbox"/>	Communication – family members
<input type="checkbox"/>	Support residents with responsive behaviours
<input type="checkbox"/>	Physiotherapy Referrals
<input type="checkbox"/>	1:1 Physiotherapy Interventions
<input type="checkbox"/>	Sanitization of iPads and portable devices
<input type="checkbox"/>	Sanitization of recreation supplies and resources
<input type="checkbox"/>	Sanitization of rehab equipment and resources
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	Other (specify):

## **BUSINESS CONTINUITY: FOOD & FLUID PROVISION**

During an emergency/crisis event, food services and dining may be impacted, requiring the location to consider the minimum preparedness needed to maintain essential services. This plan addresses considerations for operational/departmental specific needs for the provision of food & fluid continuity.

In the preparation for essential food service delivery needed in the event of a reduction in power, water, natural disaster, fire, flood, and/or insufficient resources, the location will have considered:

### **Emergency Plan that Includes:**

- Up to date names, phone numbers, and email addresses for disaster-support organizations and for all team members for fan out lists
- Food and water for three to seven days
- Disposable dishes and utensils for three to seven days
- A Contact Plan defining who will make decisions about food services and dining created by the Director of Dietary Services/Executive Chef/designate in collaboration with the Executive Director/General Manager and designated Incident Manager
- An up-to-date listing of residents' names, room numbers, nutritional risk, and daily food needs
- Staffing Plan
- Generator power supply
- Emergency supply list (see below)

### **Suggested Three-Day Emergency Menu Supplies:**

- Prepared assorted juices (nine meals)
- Bread, crackers, jelly (four meals and snacks)
- Graham crackers, cookies (two meals and snacks)
- Canned fruit/pudding (six meals)
- Canned chicken, tuna, salmon (two meals)
- Canned pork and beans (one meal)
- Canned pickled beets or vegetable salad (two meals)
- Puréed meats, vegetables, fruits (nine meals)
- Canned meals for individual diets at the community (i.e. gluten free, vegetarian, allergies)

### **Special Products (as applicable for location and resident needs):**

- Tube-feeding supplies (three to seven days)
- Special supplements i.e. lactose-free, renal, allergy products, thickeners, etc.

**Items Required for Emergency Plan Include:**

- A hand grinder for consistency modified food (required if no electricity)
- A manual can opener
- Disposable plates, cups and plastic ware
- Garbage bags
- Scissors

**Other Items to Consider:**

- Lanterns
- Flashlights
- Headlamps
- Battery-powered radio
- Extra batteries
- Alcohol pads
- Hand sanitizer
- Food-safe disinfecting wipes
- Backup calibrated thermometers
- Matches/lighters
- Lunch bags
- Water containers
- Hand mixer
- Markers
- Tape
- Labels

**Loss of Water:**

- Use backup water supply
- Coordinate for water replenishment as required
- Adjust menu to foods and fluids that do not require water for preparation
- Communicate loss of water and possible changes to menu to residents, families, and team members through verbal and written means
- Use disposable dishes and utensils
- Re-evaluate daily and adjust as needed

**Loss of Power:**

- Identify generator powered appliances and equipment; adjust as needed
- Keep fridge/freezer doors closed as much as possible
- Use up stock as soon as possible
- Consider use of portable coolers, storage of food outside (only if temperature is less than 4°C and regularly monitor)
- If problem is long-term, connect with another location for storage possibilities

- Review menus and adjust to prepared menu items as appropriate
- Implement 3-sink method of washing dishes as required
- Use disposable dishes and utensils
- Communicate loss of power and impact to residents, families, and team members

**Loss of Kitchen or Reduced Production (Fire, Flood, Staffing Loss, or Other):**

- Short-term food service strategy: Ordering in from local restaurants, community services; use of propane BBQ, etc.
- Long-term food service strategy: Identify backup kitchen service to prepare menu/snacks
- Determine transportation to the location that maintains temperatures from preparation to service
- Implement disposable dishes and utensils
- Collaborate with Executive Director/General Manager/Incident Manager and Support Services Office Partner for ongoing planning
- Communication of food and dining plans when initiated, upon changes, etc. to residents, families, and team members

**Relocation of Residents (Evacuation):**

- Menus (printed and/or electronic)
- Resident lists with food preferences, nutritional risk, and needs
- Team member contact lists and schedules
- Transport 3 days' emergency food supply and emergency supplies
- If unable to transport, borrow emergency food supply and emergency supplies from sister site to evacuation site
- Ascertain ordering in food and fluids from restaurants, community services, etc.
- Assign staffing accordingly
- Director of Dietary Services/Executive Chef/designate to re-evaluate daily, identify risks, and report to Executive Director/General Manager/Incident Manager or designate
- Director of Dietary Services/Executive Chef/designate to communicate with Executive Director/General Manager/Incident Manager daily the food service plan

**Shelter in Place (Code Orange, External Disaster Impacting Food Delivery, Operations of Kitchen, etc.):**

- Implement 3-day emergency menu plan
- Daily evaluation and planning for ongoing meals/snacks
- Reporting to Support Services Office
- Communication to residents, families, and team members

**EMERGENCY MENU (NO UTILITIES)**

<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>
<b>BREAKFAST</b>	<b>BREAKFAST</b>	<b>BREAKFAST</b>
Water	Water	Water
Stewed Prunes	Assorted Juice	Assorted Juice
Assorted Juice	Stewed Prunes	Stewed Prunes
Rice Krispies Cereal	Bran Flakes Cereal	Corn Flakes Cereal
Peanut Butter	Peanut Butter	Peanut Butter
Whole Wheat Bread	Whole Wheat Bread	Whole Wheat Bread
Margarine	Margarine	Margarine
Assorted Jam	Assorted Jam	Assorted Jam
Skim Milk	Skim Milk	Skim Milk
Coffee	Coffee	Coffee
Oatmeal	Oatmeal	Oatmeal
White Bread	White Bread	White Bread
Tea	Tea	Tea
<b>LUNCH</b>	<b>LUNCH</b>	<b>LUNCH</b>
Water	Water	Water
Assorted Juice	Assorted Juice	Assorted Juice
Cheddar Sandwich on WW	Tuna Salad on Wheat	Peanut Butter on Wheat
Diced Beets	Four Bean Salad	Chilled Apple Slices
Chilled Diced Peaches	Chocolate Pudding Cup	Crushed Pineapple
Skim Milk	Skim Milk	Skim Milk
Coffee	Coffee	Coffee
Tomato Soup	Cream of Mushroom Soup	Cream of Celery Soup
Unsalted Soda Crackers	Unsalted Soda Crackers	Unsalted Soda Crackers
Tea	Tea	Tea
<b>DINNER</b>	<b>DINNER</b>	<b>DINNER</b>
Water	Water	Water
Assorted Juice	Assorted Juice	Assorted Juice
Mushroom Alfredo Penne	Baked Beans	Macaroni & Cheese
Green Beans	Diced Carrots	Garden Peas
Whole Wheat Bread	Whole Wheat Bread	Whole Wheat Bread
Margarine	Margarine	Margarine
Mandarin Oranges	Fruit Cocktail	Vanilla Pudding Cup
Skim Milk	Skim Milk	Skim Milk
Coffee	Coffee	Coffee
White Bread	White Bread	White Bread
Tea	Tea	Tea

**EMERGENCY MENU – SNACKS**

<b>NOURISHMENT</b>	<b>DAY 1</b>	<b>DAY 2</b>	<b>DAY 3</b>
<b>AM Beverage</b>	125ml cold beverage or 125ml uns. Beverage or 175ml hot beverage	125ml cold beverage or 125ml uns. Beverage or 175ml hot beverage	125ml cold beverage or 125ml uns. Beverage or 175ml hot beverage
<b>PM</b>			
<b>BEVERAGE ITEM</b>	125ml Astd Juice or 125ml Ast. Unsweetened beverage or 175ml Hot Beverage	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage
<b>REGULAR</b>	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
<b>RENAL</b>	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
<b>VEGETARIAN</b>	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
<b>GLUTEN RESTRICTED</b>	2 Gluten Free cookies	125ml Canned Applesauce	2 Gluten Free Cookies
<b>MINCED</b>	2 Arrowroot cookies	125ml Canned Applesauce	2 Digestive Cookies
<b>PUREED</b>	2 Soaked Arrowroot Cookies	#12 Scoop Pureed Applesauce	2 Soaked Digestive Cookies
<b>HS</b>			
<b>BEVERAGE ITEM</b>	125ml Astd Juice or 4oz Ast. Unsweetened Beverage or 175ml Hot Beverage or 125ml Skim milk	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage or 125ml Skim milk	125ml Astd Juice or 125ml Ast. Unsweetened Beverage or 175ml Hot Beverage or 125ml Skim milk
<b>REGULAR</b>	2 Ast. Cookies or 4 Crackers	2 Social Tea or 4 Crackers	2 Ast. Cookies or 4 Crackers
<b>RENAL</b>	2 Ast. Cookies or 4 Crackers	2 Social Tea or 4 Crackers	2 Ast. Cookies or 4 Crackers
<b>VEGETARIAN</b>	2 Ast. Cookies or 4 Crackers	2 Social Tea or 4 Crackers	2 Ast. Cookies or 4 Crackers
<b>GLUTEN RESTRICTED</b>	2 Gluten Free cookies	4 Gluten Free Crackers	2 Gluten Free Cookies
<b>MINCED</b>	2 Ast. Cookies	2 Social Tea or 4 crackers	2 soaked cookies or 4 crackers
<b>PUREED</b>	2 Pureed cookies or 4 soaked crackers	2 Pureed Social Tea or 4 soaked crackers	2 Pureed cookies or 4 soaked crackers



## EMERGENCY RECOVERY

Recovery strategies will be put in place to ensure a smooth return to normal operations post-Emergency. The Vice President Regional Operations/Regional Director of Operations (VPRO/RDO) is responsible for the official declaration of an Emergency ending at the location in consultation with the Executive Director/General Manager/designate and other applicable Support Services Office leaders.

The Executive Director/General Manager or designate will:

1. Ensure an Emergency Recovery plan is in place as part of overall emergency response, including contact information (as required) for:
  - Insurance
  - Local contractors and disaster cleanup specialists who can be available on short notice
2. Ensure any expense tracking and investigation/evidence gathering that may be required for insurance and/or other investigation purposes is implemented as soon as practicable (after life safety has been ensured) both during and post-incident. NOTE: Required incident reporting must be completed as soon as possible post-incident along with any photos, video preservation, witness accounts, etc. while details are fresh.
3. Ensure the plan includes a detailed communication strategy post-emergency to follow up with and debrief residents, substitute-decision makers (where they exist), team members, volunteers, and students.
4. Ensure the plan outlines how the location will support residents, team members, and others who may have been impacted by the emergency and are experiencing distress.
5. Consider recovery in all aspects of emergency planning, education, training, and exercises.
6. Consider recovery when developing standard operating procedures and integrate into the location's Incident Management framework, including strategies for both physical plant and counseling assistance for team members/residents as required.
7. Involve the Joint Health & Safety Committee/Occupational Health Committee in development of emergency recovery strategies.
8. Evaluate and update (as required) the location's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.

(NOTE: see Infection Prevention & Control Manual for Outbreak Debrief Resources)

## EMERGENCY RECOVERY PLAN TEMPLATE

<b>Emergency Incident/Code or Procedure Activated:</b>	
<b>Date Emergency Initiated:</b>	
<b>Date Emergency Concluded:</b>	

As the location returns to normal operations post-emergency response, the Executive Director/General Manager or designate will ensure the following:

	<b>Task</b>	<b>Notes (Mark N/A where items not applicable to specific Incident)</b>
<input type="checkbox"/>	Insurance arrangements completed as necessary (inclusive of expense tracking, reporting, investigation, evidence as required)	(include name, number)
<input type="checkbox"/>	Third Party Contractor involvement completed as necessary	(include name, number)
<input type="checkbox"/>	Pre-Emergency Staffing Levels resumed (as applicable)	
<input type="checkbox"/>	If returning post-evacuation, Repatriation plans complete and implemented as required (see XVIII-E-10.30)	
<input type="checkbox"/>	Damage Assessment Checklist completed for building/grounds (as required) and any actions taken as needed to remediate	
<input type="checkbox"/>	Any paused or altered programs or processes restarted	
<input type="checkbox"/>	Managers using Risk Management Schedules to ensure all activities current and in place	
<input type="checkbox"/>	Debrief of emergency completed within 30 days using the appropriate Debrief Template (Mandatory)	
<input type="checkbox"/>	Communication with residents & families via Residents' Council (if any), Family Council (if any), and/or other means i.e. memo/letter including update on Recovery Stage/Plan, outcomes, action items	
<input type="checkbox"/>	Arrange counseling/supports for residents, team members, others who may have been impacted by the emergency and experiencing distress (collaborate with Human Resources)	
<input type="checkbox"/>	Collaboration with Joint Health & Safety Ctte./Occupational Health Ctte. to execute Recovery Plan as appropriate	



## CODE RED: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Red (Fire) is monitored. This checklist is also part of the mandatory debriefing after a Code Red Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE RED-FIRE	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Was Code Red and location called 3 times?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Upon hearing the alarm, did team members search for the location of the fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately to the area as per the Code Red procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Red? - Kitchen and Laundry team turned off equipment - Elevator called to main floor	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to the location of the fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents/visitors removed from the immediate area through fire doors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was the situation assessed for contributing factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation? What contributing factors were identified?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the alarm company call to verify?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was 'all clear' called as per the Fire Dept.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No



## CODE GREEN: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Green (Evacuation) is monitored. This checklist is also part of the mandatory debriefing after a Code Green Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE GREEN-EVACUATION	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
Identify Type of Evacuation	<input type="checkbox"/> Shelter in Place <input type="checkbox"/> Partial Evacuation <input type="checkbox"/> Total Evacuation
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<input type="checkbox"/> Was Code Green announced?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Was Shelter in Place considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Was Code Green Incident Manager Evacuation Checklist completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who? Identify any deficits/improvements needed to checklist:
<input type="checkbox"/> Was location-specific Code Green Evacuation Plan in place and current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately as per the Code Green procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were all residents and team members accounted for in the Evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents evacuated in the order identified in the location's Code Green Evacuation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, why:
<input type="checkbox"/> Were triage zones and procedures in place as defined in Code Green Evacuation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Did all team members understand their role during the Code Green? - Review Code Green Evacuation Plan – required tasks and roles identified accurately? Any changes needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?

<input type="checkbox"/> Was there a primary <b>and</b> secondary evacuation site identified and ready to accept evacuees?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
<input type="checkbox"/> Were Transportation Agreements in place, current, and accessed for evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Were Evacuation Supplies available (sufficient supplies, easily accessible, nothing expired or non-functional, regularly inspected)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Food & Fluid supplies available (sufficient, easily accessible, nothing expired, regularly inspected)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Medical records transferred/secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was pharmacy contacted; were medications transferred/secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was life-sustaining equipment able to be transferred with residents as required or alternatively provided at evacuation site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Resident Identification System in place and sufficiently executed for evacuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Evacuation Resident Log used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the Team Member Fan Out contact process implemented (list current, process followed, execution successful)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were mutual aide providers called for emergency assistance? i.e. Health Authority, Evacuation Location, Transportation Company, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Identify:
<input type="checkbox"/> Was physician on call available to support decision-making as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was communication to families, external stakeholders facilitated in a timely and appropriate manner and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Communication Backup/Alternative Devices needed and were they available and sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Was plan for Return to Evacuated site in place and sufficient?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was there any damage to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was Damage Assessment Checklist completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports as required for affected team members, residents, visitors, families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
<b>Description of Scenario</b>	
<b>Identified Areas for Improvement (Check all that apply and explain below)</b>	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Agreements w/Community Partners:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies/Equipment:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved HIRA & Preparation:	<input type="checkbox"/> Other
<b>Plan of Action (indicate Action, Responsible Party &amp; Timeline)</b>	

Name of Debrief Facilitator	Signature of Debrief Facilitator	Date
Name of Executive Director/General Manager	Signature of ED/GM	Date

## CODE WHITE: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code White (Threat/Violence) is monitored. This checklist is also part of the mandatory debriefing after a Code White Emergency response is activated, identifying any areas of improvement and action planning accordingly.

<b>CODE WHITE-THREAT / VIOLENCE / VIOLENT OUTBURST</b>	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation occur?	Date: Time code called: Time code ended: Time first Code White responder arrived on scene:
<input type="checkbox"/> Where did the situation occur?	Specific location:
<input type="checkbox"/> What was the violent/aggressive behaviour(s)?	<input type="checkbox"/> Verbal (threats or harassment) <input type="checkbox"/> Physical <input type="checkbox"/> Self-harm <input type="checkbox"/> Exit seeking <input type="checkbox"/> Property destruction <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Violent/aggressive individual(s) (category)	<input type="checkbox"/> Visitor <input type="checkbox"/> Resident <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify): Name(s):
<input type="checkbox"/> Roles directly involved in situation (category)	<input type="checkbox"/> Visitor <input type="checkbox"/> Resident <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify): Name(s):
<input type="checkbox"/> Was anybody injured?	<input type="checkbox"/> Visitor <input type="checkbox"/> Resident <input type="checkbox"/> Staff <input type="checkbox"/> Other (specify): Name(s):
<input type="checkbox"/> What was the first sign of escalation?	Describe:
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<input type="checkbox"/> Was Code White called?	<input type="checkbox"/> Yes <input type="checkbox"/> No   By who?
<input type="checkbox"/> Did the person calling Code White note the area (floor number) and location (room number) of the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, will police be contacted and informed of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did emergency responders (i.e. police) attend the scene and what was the outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No If they did not attend the scene, why?  If they did attend, what was the outcome?

	Police officer names:
<input type="checkbox"/> Did team member(s) respond immediately to the area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) of team members:
<input type="checkbox"/> Did all team members understand their role during the Code White?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents/visitors removed from the immediate area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Were attempts made to defuse the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What techniques/principles were attempted to defuse the situation?	<input type="checkbox"/> Verbal de-escalation <input type="checkbox"/> Environmental restraints (i.e. seclusion) <input type="checkbox"/> Chemical restraints (i.e. medication) <input type="checkbox"/> Physical restraints <input type="checkbox"/> Hands on <input type="checkbox"/> Other (describe):
<input type="checkbox"/> Were team members able to defuse the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team members return to the violent/aggressive individual(s) to ensure they and their immediate environment was safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was the situation assessed for contributing factors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation? What contributing factors were identified?  Was there anything that could have prevented the incident?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> If the aggressor was a resident, was a team member safety plan (i.e. behavioural assessment, flag, etc.) in place for the aggressor prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe the safety strategies in place:

<input type="checkbox"/> If the aggressor was a resident, were they prescribed PRN medication for agitation prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date and time last administered:
<input type="checkbox"/> Were any team members asked to provide a police report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Were team members supported by leadership in any interactions with law enforcement / requirement to provide a report?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Describe:
<input type="checkbox"/> Was a progress note documented (as applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was physician/nurse practitioner notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Physician/NP Name:
<input type="checkbox"/> Was ED/GM/DOC/DOW/WM notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was SDM/POA/Representative notified (as applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were supports or resources requested by team members in follow up to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports or other resources offered for affected team members, residents, visitors, families?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> If the aggressor was a resident, what new or revised team member safety strategies will be implemented as part of the care plan?	Describe:  (Note: strategies must be recorded in the care plan and communicated to team members who may interact with the individual)
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
<b>Description of Scenario</b>	
<b>Identified Areas for Improvement (Check all that apply and explain below)</b>	



	<input type="checkbox"/> Was the home area/neighbourhood/floor team notified of suspicion of missing resident?
<input type="checkbox"/> Was the missing person's home area / neighbourhood / floor thoroughly checked	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Was Code Yellow called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did the person calling out Code Yellow note missing person's name, room number, and physical description?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note the area and location:
<input type="checkbox"/> Did team member(s) respond immediately to the area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Yellow?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge initiate the Missing Persons Search Checklist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was the missing person search extended to the entire building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members participate in the missing person search?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Prior to extending the search, did the Nurse/Manager in charge contact the missing person's POA/SDM/Representative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team members extend the search to external perimeter of building and property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Prior to further extending the search, was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was a second search initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was ED/GM/DOC/DOW/WM notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was SDM/POA/Representative notified (as applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	

<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
<b>Description of Scenario</b>	
<b>Identified Areas for Improvement (Check all that apply and explain below)</b>	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Knowledge of Emergency:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved Emergency Equipment:	<input type="checkbox"/> Other
<b>Plan of Action (indicate Action, Responsible Party &amp; Timeline)</b>	

Name of Debrief Facilitator	Signature of Debrief Facilitator	Date
Name of Executive Director/General Manager	Signature of ED/GM	Date

**CODE BLUE: DEBRIEF CHECKLIST & ACTION PLAN**

The purpose of this checklist is to ensure that emergency response during a Code Blue (Medical Emergency) is monitored. This checklist is also part of the mandatory debriefing after a Code Blue Emergency response is activated, identifying any areas of improvement and action planning accordingly.

<b>CODE BLUE-MEDICAL EMERGENCY</b>	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation (medical emergency) occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> What was the situation?	
<input type="checkbox"/> Who experienced the medical emergency?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor

	<input type="checkbox"/> Other:
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other:
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<b>Upon discovering the Emergency:</b>	
<input type="checkbox"/> Did the team member who discovered the emergency call for help/assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did they use the nearest call bell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did they alert nearby team members by shouting Code Blue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the team member who discovered the emergency stay with the individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If the team member was unable to get an immediate response by shouting, was paging system used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Code Blue called?	<input type="checkbox"/> Yes <input type="checkbox"/> No   By who?
<input type="checkbox"/> Did the person calling Code Blue note the area (floor number) and location (room number) of the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Upon receiving page for Code Blue:</b>	
<input type="checkbox"/> Did team member(s) respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Blue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents/visitors removed from the immediate area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Emergency Equipment brought to the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No   What equipment?   By who?
<input type="checkbox"/> Was 911 called?	<input type="checkbox"/> Yes <input type="checkbox"/> No   By who?
<input type="checkbox"/> Who directed ambulance personnel?	
<input type="checkbox"/> Note who responded	<input type="checkbox"/> Emergency Services: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> Did team members follow policy & procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement:



## CODE ORANGE: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Orange (External Emergency) is monitored. This checklist is also part of the mandatory debriefing after a Code Orange Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE ORANGE-EXTERNAL EMERGENCY (COMMUNITY DISASTER / NATURAL DISASTER / EXTREME WEATHER / EXTERNAL FLOOD / EMERGENCY RECEPTION / ETC.)	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation (external disaster) occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> What was the situation?	<input type="checkbox"/> Air Exclusion <input type="checkbox"/> Severe Weather <input type="checkbox"/> Severe Air Quality Issues <input type="checkbox"/> Wildfire <input type="checkbox"/> Earthquake <input type="checkbox"/> Flood <input type="checkbox"/> Community Disaster/Utility Failure <input type="checkbox"/> Wildfire <input type="checkbox"/> Other:
<input type="checkbox"/> Was an evacuation initiated?	<input type="checkbox"/> Yes – Partial Evacuation <input type="checkbox"/> Yes – Full Evacuation <input type="checkbox"/> No
<input type="checkbox"/> Was a Shelter in Place response initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the location act as a relocation/evacuation site for others in the community?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how many people? How many days?
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other:
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<input type="checkbox"/> Was Code Orange called?	<input type="checkbox"/> Yes <input type="checkbox"/> No   By who?
<input type="checkbox"/> Did the person calling Code Orange note that the Code Orange was confirmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately to Code Orange?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Orange?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were existing residents/visitors informed of incoming residents/evacuees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Where were incoming residents/evacuees located upon arrival?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Were additional provisions put in place to support care and needs of incoming residents/evacuees in accordance with the location's Code Orange Emergency Reception Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Describe:
<input type="checkbox"/> Was the fan out list used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did additional team members come in to support the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Note who responded	<input type="checkbox"/> External: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Regional: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports as required for affected team members, residents, visitors, families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there any damage to the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, was Damage Assessment Checklist completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	



## CODE BLACK: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Black (Bomb Threat/Suspicious Package) is monitored. This checklist is also part of the mandatory debriefing after a Code Black Emergency response is activated, identifying any areas of improvement and action planning accordingly.

<b>CODE BLACK-BOMB THREAT/SUSPICIOUS PACKAGE</b>	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation/threat occur?	Date: Time:
<input type="checkbox"/> Where did the situation/threat occur?	
<input type="checkbox"/> What was the threat? Who made the threat?	
<input type="checkbox"/> How was the threat communicated?	
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other:
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<b>If threat received by phone:</b>	
<input type="checkbox"/> Who received the call?	
<input type="checkbox"/> Did the individual receiving the call attempt to keep the caller on the line as long as possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the individual receiving the call attempt to learn the following information?	<input type="checkbox"/> Location <input type="checkbox"/> Type of bomb <input type="checkbox"/> Time bomb set to go off <input type="checkbox"/> Description of device <input type="checkbox"/> Reason for threat <input type="checkbox"/> Name of caller <input type="checkbox"/> Any distinguishing background noise on phone <input type="checkbox"/> Any distinguishing characteristics of caller
<input type="checkbox"/> How did the individual receiving the call notify others that they were receiving a bomb threat over the phone?	
<input type="checkbox"/> Did the individual receiving the call remain calm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the individual receiving the call listen and not interrupt the caller?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the individual receiving the call attempt to get as much information as possible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If the caller hung up, did the individual receiving the call stay on the line?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If threat received by note/letter:</b>	
<input type="checkbox"/> Who was the note/letter sent to?	

<input type="checkbox"/> Who received or found the note/letter?	
<input type="checkbox"/> Did anyone handle the note/letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> Did the individual(s) who received or found the note/letter contact their supervisor immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was a package found?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If a package was found, was it handled?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by who, and why?
<b>Evacuation Preparation:</b>	
<input type="checkbox"/> Was CODE BLACK called out?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Did the person calling out Code Black note the area and location of the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Black?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were residents/visitors removed from the immediate area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was a partial or full Evacuation conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Note who responded	<input type="checkbox"/> External: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Regional: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> Did additional team members come in to support the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What role did administration play in this scenario?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were backup plans initiated effectively?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were Emergency Contracts executed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No



## CODE GREY: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Grey (Infrastructure Loss/Failure) is monitored. This checklist is also part of the mandatory debriefing after a Code Grey Emergency response is activated, identifying any areas of improvement and action planning accordingly.

<b>CODE GREY-INFRASTRUCTURE LOSS/FAILURE (LOSS OF ONE OR MORE ESSENTIAL SERVICES I.E. MAG LOCKS, ELEVATOR ENTRAPMENT/FAILURE, LOSS OF UTILITY, LIFE SAFETY SYSTEM, BURST PIPES/ INTERNAL FLOOD, ETC.)</b>	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor
<input type="checkbox"/> What was the critical system/infrastructure loss?	
<input type="checkbox"/> If the event involved a major or total failure of the building's cooling system, were Heat Contingency Protocols implemented as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<input type="checkbox"/> Was CODE GREY called out?	<input type="checkbox"/> Yes <input type="checkbox"/> No   By who?
<input type="checkbox"/> Did team member(s) respond immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Grey?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Note who responded	<input type="checkbox"/> External: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Regional: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> Did additional team members come in to support the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were backup plans initiated effectively? i.e. alternative communication devices, electronic documentation system downtime, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Describe:
<input type="checkbox"/> Were Emergency Contracts executed?	<input type="checkbox"/> Yes <input type="checkbox"/> No



- Residents' Council     Family Council     Volunteers     External Stakeholder(s)  
 Team Member(s)     JHSC/OHC Rep     Other

## CODE BROWN: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Brown (Chemical Spill/Gas Leak/Spill Hazard) is monitored. This checklist is also part of the mandatory debriefing after a Code Brown Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE BROWN-CHEMICAL SPILL/GAS LEAK/SPILL HAZARD	
Defining the Scenario – What was the situation?	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> What was the situation?	<input type="checkbox"/> Chemical Spill <input type="checkbox"/> Gas Leak <input type="checkbox"/> Hazard i.e. Bodily Fluid <input type="checkbox"/> Hazardous Medication Spill <input type="checkbox"/> Other:
<input type="checkbox"/> What were the causative factors of the situation?	
<input type="checkbox"/> Who was directly involved in the situation?	<input type="checkbox"/> Resident <input type="checkbox"/> Team Member <input type="checkbox"/> Visitor <input type="checkbox"/> Other
Overview/Observation of Team Member Response to the Scenario	
<input type="checkbox"/> Did team members safely evacuate everyone from the immediate area of the spill/leak/hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Who was evacuated?	
<input type="checkbox"/> How many individuals were evacuated?	
<input type="checkbox"/> Did team members prevent the spread of spill/leak/hazard/fumes?	<input type="checkbox"/> Yes <input type="checkbox"/> No    How?
<input type="checkbox"/> Was Code Brown called?	<input type="checkbox"/> Yes <input type="checkbox"/> No    By who?
<input type="checkbox"/> Did the person calling Code Brown note the area (floor number) and location (room number), and chemical/hazard of the situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No    Note area/location:
<input type="checkbox"/> Did team member(s) respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Brown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> Did the Charge Nurse/Manager in Charge respond immediately to area of concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team members leave all electrical equipment, appliances, and switches alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team members locate information regarding the chemical spilled/gas leaked from Safety Data Sheet (SDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> How was the spill managed?	
<input type="checkbox"/> Was fully stocked spill kit available/used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If a Hazardous Medication Spill, was Small Medication Room Spill Kit available and used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Note who responded	<input type="checkbox"/> External: <input type="checkbox"/> Support Services Office: <input type="checkbox"/> Regional: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the situation assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> How was the situation assessed? <input type="checkbox"/> Who assessed the situation?
<input type="checkbox"/> Were contributing factors identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Joint Health & Safety Ctte./Occupational Health Ctte. Rep. notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were any external stakeholders notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> If a Hazardous Medication Spill, was all documentation and reporting completed per organizational and provincial requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Was a plan/interventions put into place to mitigate risk of another spill/leak/hazard?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note plan:
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
<b>Description of Scenario</b>	



## CODE SILVER: DEBRIEF CHECKLIST & ACTION PLAN

The purpose of this checklist is to ensure that emergency response during a Code Silver (Active Shooter/Armed Intrusion/Hostage Situation) is monitored. This checklist is also part of the mandatory debriefing after a Code Silver Emergency response is activated, identifying any areas of improvement and action planning accordingly.

CODE SILVER-ACTIVE SHOOTER/ARMED INTRUSION/HOSTAGE SITUATION	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
Did a shooter/armed individual(s) enter the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No, threat remained outside the building
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<input type="checkbox"/> Was Code SILVER announced?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Was 911 called?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Was Building Lockdown initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Was community-specific Code Silver Response Plan in place and current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately as per the Code Silver procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Code Silver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> Was anyone injured during the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> Was a Code Green evacuation implemented for any or all areas of the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide additional details: If no, why not:
<input type="checkbox"/> Was there a safe, pre-determined meeting point for evacuation in the event of Code Silver identified and clearly communicated in advance of incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> In the event that an assailant(s) entered the building, did people hide in place until given the 'all clear'?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> In the event that an assailant(s) entered the building, were all phones/other devices silenced until given the 'all clear'?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Did police respond to the incident and were all team members aware of what to do related to police response?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Post-incident, was a head count completed and all residents, team members, and visitors accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Were any operations not immediately available post-incident i.e. area secured for investigation, damage to facilities/equipment which inhibited their use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what:
<input type="checkbox"/> Was Communication to families, external stakeholders facilitated in a timely and appropriate manner and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did Incident Management Team conduct immediate debriefing that included participation of law enforcement (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports for affected team members, residents, visitors, families?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
<b>Description of Scenario</b>	



## **BUILDING LOCKDOWN: DEBRIEF CHECKLIST & ACTION PLAN**

The purpose of this checklist is to ensure that emergency response during a Building Lockdown is monitored. This checklist is also part of the mandatory debriefing after a Building Lockdown Emergency response is activated, identifying any areas of improvement and action planning accordingly.

<b>BUILDING LOCKDOWN</b>	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
Identify Type of Lockdown	<input type="checkbox"/> Shelter in Place <input type="checkbox"/> Hold & Secure <input type="checkbox"/> Lockdown
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<input type="checkbox"/> Was Building Lockdown & type announced?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> If incident involved an attacker/active shooter, were Code Silver response procedures also implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> If Shelter in Place, were Code Green and (if applicable) Code Orange response procedures also implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Was community-specific Building Lockdown Plan in place and current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately as per the Building Lockdown procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were all residents and team members accounted for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did all team members understand their role during the Building Lockdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping: <input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:

<input type="checkbox"/> Was the Team Member Fan Out contact process implemented (list current, process followed, execution successful)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was 911 called for emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were mutual aid providers called for emergency assistance? i.e. Health Authority, Evacuation Location, Transportation Company, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Identify:
<input type="checkbox"/> Was there a strategy to communicate to any visitors/vendors/others coming onsite that Building Lockdown was in process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Communication to families, external stakeholders facilitated in a timely and appropriate manner and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented, inclusive of mental health supports for affected team members, residents, visitors, families as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
<b>Description of Scenario</b>	
<b>Identified Areas for Improvement (Check all that apply and explain below)</b>	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Agreements w/Community Partners:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies/Equipment:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved HIRA & Preparation:	<input type="checkbox"/> Other
<b>Plan of Action (indicate Action, Responsible Party &amp; Timeline)</b>	

\_\_\_\_\_  
Name of Debrief Facilitator

\_\_\_\_\_  
Signature of Debrief Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Executive Director/General Manager

\_\_\_\_\_  
Signature of ED/GM

\_\_\_\_\_  
Date

**Debrief Participants**

- Residents' Council     Family Council     Volunteers     External Stakeholder(s)  
 Team Member(s)     JHSC/OHC Rep     Other

**BOIL WATER ADVISORY: DEBRIEF CHECKLIST & ACTION PLAN**

The purpose of this checklist is to ensure that emergency response during a Boil Water Advisory is monitored. This checklist is also part of the mandatory debriefing after a Boil Water Advisory

Emergency response is activated, identifying any areas of improvement and action planning accordingly.

<b>BOIL WATER ADVISORY</b>	
<b>Defining the Scenario – What was the situation?</b>	
<input type="checkbox"/> When did the situation occur?	Date: Time:
<input type="checkbox"/> Where did the situation occur?	
<input type="checkbox"/> Was the cause of the Boil Water Advisory identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No What was it:
<input type="checkbox"/> Was Public Health Contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<b>Overview/Observation of Team Member Response to the Scenario</b>	
<input type="checkbox"/> Was a Hot Issue Alert initiated?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Was Boil Water Advisory announced?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who?
<input type="checkbox"/> Was community-specific Boil Water Advisory Plan in place and current?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Did team member(s) respond immediately as per the Boil Water Advisory procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was Signage posted to alert and remind all residents, team members, visitors of boil water advisory in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Were all drinking water fountains, soda dispensers with post-mix service, and ice making machines disconnected from affected water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No By who and why or why not?
<input type="checkbox"/> Was there sufficient ABHR available to support as required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was boiled water or bottled water used?	<input type="checkbox"/> Boiled (Following safe procedure) <input type="checkbox"/> Bottled (PH confirmed safe) <input type="checkbox"/> Both
<input type="checkbox"/> Were any residents, team members, and/or visitors affected by unsafe water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Did all team members understand their role during the Boil Water Advisory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was there an Incident Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No Who?
<input type="checkbox"/> What was the impact to care/services provided to existing residents & departments?	<input type="checkbox"/> Administration: <input type="checkbox"/> Nursing/Wellness: <input type="checkbox"/> Dietary/Culinary: <input type="checkbox"/> Resident Experience/Engagement: <input type="checkbox"/> Housekeeping:

	<input type="checkbox"/> Laundry: <input type="checkbox"/> Maintenance: <input type="checkbox"/> Other:
<input type="checkbox"/> Was the Team Member Fan Out contact process implemented (list current, process followed, execution successful)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Were mutual aid providers called for emergency assistance? i.e. Health Authority, Public Health, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Identify:
<input type="checkbox"/> Was Communication to families, external stakeholders facilitated in a timely and appropriate manner and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> With the end of Boil Water Advisory, were all affected water fixtures and faucets flushed as per procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Was an Emergency Recovery Plan completed and implemented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> If internal issue identified as cause, have mitigating procedures been implemented to prevent reoccurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Identify:
<input type="checkbox"/> Was an unusual occurrence/critical incident report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Debriefing</b>	
<input type="checkbox"/> Review overview/observations of the scenario	
<input type="checkbox"/> Discuss and document those questions for which the answer was "No"	
<input type="checkbox"/> Note those areas that could have been done differently / lessons learned	
<b>Description of Scenario</b>	
<b>Identified Areas for Improvement (Check all that apply and explain below)</b>	
<input type="checkbox"/> Team Member Training:	<input type="checkbox"/> Improved Agreements w/Community Partners:
<input type="checkbox"/> Need for Additional Equipment:	<input type="checkbox"/> Cooperative planning with Responders:
<input type="checkbox"/> Improved Emergency Supplies/Equipment:	<input type="checkbox"/> Revised Emergency Procedures:
<input type="checkbox"/> Improved HIRA & Preparation:	<input type="checkbox"/> Other
<b>Plan of Action (indicate Action, Responsible Party &amp; Timeline)</b>	

\_\_\_\_\_  
Name of Debrief Facilitator

\_\_\_\_\_  
Signature of Debrief Facilitator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Executive Director/General Manager

\_\_\_\_\_  
Signature of ED/GM

\_\_\_\_\_  
Date

**Debrief Participants**

- Residents' Council     Family Council     Volunteers     External Stakeholder(s)
- Team Member(s)     JHSC/OHC Rep     Other