

Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: FIRE - CODE RED	Policy #: 03-010-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE RED- PROCEDURE		July 2022

CODE RED - FIRE

Code Red covers the emergency response to fire.

FIRE SAFETY PLAN INTRODUCTION

The Ontario Fire Code, Section 2.8, requires the establishment and implementation of a fire safety plan for every building containing a group (A) or (B) occupancy and to every building required by the building code to have a fire alarm system.

The Fire Marshals Act, Chapter F.17, states in subsection 19 (5) that "Every person who contravenes any provision of the fire code and every director or officer of a corporation who knowingly concurs in such contravention, is guilty of an offence and on conviction is liable to a fine of not more than \$25,000 or imprisonment for a term of not more than one year, or to both".

This plan is required to be acceptable to the chief fire official.

The implementation of a fire safety plan helps to assure effective utilization of life safety features in a building and to protect people from fire. The required fire safety plan should be designed to suit the resources of each individual building or complex of buildings.

Fire safety plans are intended to assist with the essentials for the safety of all occupants. They are also designed to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building.

ALARMS

There are two distinctive fire alarm rings that sound on the fire alarm system.

First Stage

A slow intermittent ring is a fire alarm.

Second Stage

A steady continuous ring is the second stage alarm indicating the incident has been escalated and immediate evacuation is required.

The alarm system can be manually placed into the Second Stage using an alarm key at any pull station. Should complete evacuation of the building be required the building supervisory staff are to activate the 2nd stage in coordination with the Town Fire Department.

Annunciator

The fire annunciator is an electronic panel indicating the status of the fire alarm system and the system activators which include smoke detectors, heat detectors, pull stations, sprinkler alarms, and other devices. The fire alarm annunciator panel is located behind the desk at reception. Secondary annunciator panels are at the nursing station at every resident home area and secondary paging unit is located at the Rouge Valley nursing station.



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Each location has two statuses: Clear or Alarm.

The Clear status is indicated by a green light.

The Alarm status is indicated by a red light.

The Amber light indicates there is trouble and the alarms system may not be functioning properly.

Reset

The fire alarm system is to be reset only under the direction of the Fire Department.

After investigation of the alarm finding that the alarm is false or that the emergency has been successfully dealt with, and following a minimum time delay of one minute, the alarm system may be silenced by depressing the alarm silence switch on the control panel for a minimum of three seconds. When this occurs an alarm silence LED will flash on the panel and activate the trouble sequence.

Once the activated device is reset or returned to a normal condition, then the panel can be reset by depressing the reset button. This will place the system back into normal operations.

EVACUATION

Horizontal Evacuation

Horizontal evacuation involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

Fire separations, such as fire doors, are designed with a 45 minute or 2-hour fire rating. Therefore, a horizontal evacuation may often address all but the most serious situations.

If the fire or alarm is in Block A the residents of Block A are to be evacuated to Block B. If the fire or alarm is in Block B the residents of Block B are to be evacuated to Block A.

E.g.,

- Ground floor (North Wing) to (East Wing) or vice versa
- 2nd floor (North Wing) to (East Wing) or vice versa
- 3rd floor (North Wing) to (Central Wing) or vice versa

Vertical Evacuation

Vertical evacuation involves moving from one floor towards the ground floor.

The preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents / clients via stairways. However, there may be situations where it is not safe to move



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towards a fire door (e.g., the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route) and therefore a vertical evacuation of those persons is required.

Total Evacuation

Total evacuation involves the evacuation of the entire building to the outside and would be carried out only in an extreme emergency.

FIRE INSTRUCTIONS

RACE

If you discover fire or smoke R A C E:

Rescue:

When you discover a fire rescue people in immediate danger, if possible

Alarm:

Sound the alarm and call the fire department with the exact location of the fire. Dial 911

Contain Fire:

Close all doors, windows, and chutes to reduce the spread of smoke and contain fire

Evacuate or Extinguish

Extinguish a small fire if confident and trained or concentrate on further evacuation

If you hear the alarm:

DO NOT

- Use telephones unless you have important information for reception
- Panic
- Shout "Fire"
- Use the elevators

DO

- Return to your work area and turn all equipment off and close all doors
- Report to the Incident Manager / Fire Warden
- Be prepared to give assistance if requested

DUTIES OF THE INCIDENT MANAGER /FIRE WARDEN

The Charge Nurse/Supervisor in the area of alarm activation will assume the role of Incident Manager / Fire Warden until relieved from the task by a more senior manager.

The Incident Manager / Fire Warden will:



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During the incident

- 1. Determine the source of the fire (alarm) or smoke.
- 2. Ensure the fire alarm system has been activated.
- 3. Ensure a staff member proceeds to the annunciator panel to identify the location of the fire.
- 4. Ensure the location of the fire is announced to all staff.
- 5. Ensure evacuation of the risk area has been initiated.
- 6. Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm.
- 7. Appoint a person to meet fire fighters at the front door, ensure door is unlocked and call the elevators to the first floor.
- 8. Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g., smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate. The Administrator or designate will initiate the senior IMS team in the event of a true emergency.

At the fire area

- 1. Direct and monitor the activities of all personnel until the Fire Department arrives.
- 2. Ensure evacuation of the fire area begins immediately starting with the rooms closest to the fire location.
- Maintain a record of residents evacuated.
- 4. Assign staff to monitor exit doors and account for all residents and visitors in the area.
- 5. Delegate a person to be responsible for tracking the residents from their assigned wing and report to the Incident Manager / Fire Warden the status of the residents (i.e. all residents accounted for or residents not accounted for).
- 6. Assist the Fire Department as requested.
- 7. If further evacuation is required beyond the initial risk area advise all staff of a "Code Green".

After the incident has concluded

- 1. Once the incident has concluded, advise all staff of an "All Clear".
- 2. Reset the fire alarm system(s), mag lock system, and elevators.
- 3. Ensure that the maintenance department is advised of any fire equipment that was used.
- 4. Complete the appropriate incident reports and forward a copy to the Administrator.
- 5. Document staff in attendance and forward the list to the Administrator.

DUTIES OF ALL OTHER STAFF

• Listen for location of the fire or check the annunciator panel located at the nursing station.



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- If you are close to the annunciator panel, immediately check the annunciator for the location of the alarm and advise the Charge Nurse.
- One staff member is to remain on their floor to supervise the residents. All other staff will proceed to the fire location.
- Assure the residents and visitors in your work area are in a safe location. For example, remove any resident/client that is bathing from the tub.
- Properly shut down any equipment in the area (e.g., ovens, laundry equipment, etc.) and close all doors.
- Proceed directly to the area of the fire. Use the stairs DO NOT use the elevators (unless approved by the Fire Department).
- If you are not in your work area when the fire alarm sounds (e.g., on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the code red location.
- Report to the Incident Manager / Fire Warden.
- Remove residents and visitors from the fire area to an area behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
- Close all unlocked doors to contain the fire and smoke.

Note: If smoke is encountered, keep close to the floor as the air is clearer and cleaner.

- Clear the corridors of carts, walkers, wheelchairs etc.
- If the fire is small and all persons are safe, consider extinguishing the fire (refer to fire fighting considerations below) if trained to do so.
- Resume normal duties only after "Code Red All Clear" has been announced.

Once the Fire Department assumes control of the elevator, they will maintain authority over the use of the elevators until the all-clear is given.

The Administrator or designate will provide managerial assistance to the Incident Manager / Fire Warden, Fire Department, Emergency Medical Services, Police Services, or other agencies in ensuring the safety and well being of the residents, visitors, volunteers and staff.

The Administrator or designate will advise the Ministry of Health and Long-Term Care and other appropriate agencies as needed

EVACUATION OF THE FIRE AREA

Home has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close, and the ventilation system will shut off.



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Description

- Home has been built with fire containment features, and in most situations, residents can be safely evacuated to another wing or area that is separated by fire doors.
- For a horizontal evacuation, residents and visitors can be safely evacuated to another wing or area that is separated by fire doors.
- Residents are to be moved into a lounge or room outside of the fire zone in order to avoid congestion in the hallways.
- Residents and visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the fire fighters.
- In the event of a vertical evacuation, the elevators will not be used unless approved by the Fire Department. Vertical evacuation using the stairs will require all available staff to assist and will only be used in the event of a confirmed risk (fire, smoke, etc.). The Incident Manager / Fire Warden will discuss the use of the elevators with the Fire Department as soon as possible.
- Visitors can be permitted to assist in the area to which residents have been evacuated
 in small numbers where they are of assistance. Visitors are not to be permitted in the
 fire area or allowed to congregate in the hallways. Any visitors not assisting are to be
 asked to leave the building until the "All Clear" has been given.
- Any events that are taking place with large numbers of guests are to be evacuated outside immediately at the sound of the fire alarm.
- The evacuation of the fire area is to start with the rooms closest to the source of the fire and smoke and then work outwards.
- Ambulatory and wheelchair residents should be evacuated first, as they can be moved quickly.
- Slow-walking residents and clients can be pushed in a wheelchair to speed evacuation. Residents are not to be evacuated in their beds unless absolutely necessary, as beds will cause congestion in the halls.
- A "VACANT" indicator will identify the rooms that are vacant and clear of smoke or fire

Note: "VACANT" indicators will not be placed on doors in a Code Red if a person is in the room.

- After all residents have been evacuated, with time and safety permitting, the
 registered nursing staff is to move the medication cart from the fire area to the
 evacuation area. The medication cart will contain the emergency resident
 identification tags.
- The Incident Manager / Fire Warden will delegate a person to be responsible for tracking the residents from their assigned wing/floor and reporting to the Incident Manager / Fire Warden the status of the residents (i.e., all residents accounted for, or residents not accounted for).
- If a more extensive or total evacuation of the building is required, a Total Code Green will be announced, and the second stage alarm (steady continuous ringing) will sound at the direction of the Incident Manager / Fire Warden. Total evacuation starts with the



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area closest to the event that is causing the evacuation. Refer to Code Green for the full evacuation policy.

CONSIDERATIONS AND POLICIES

Fire Fighting Considerations

Once all residents and visitors are safe, circumstances will dictate whether the staff responding to the fire area should attempt to fight the fire. In many instances, if the fire is discovered early, it may be relatively easy to extinguish. Staff must assess the situation before attempting to extinguish the fire. Examples of where an attempt to fight a fire may be possible include a small garbage can fire or a person whose clothes are on fire (stop, drop and roll).

Staff should only use the fire fighting equipment they have been trained to use (e.g., portable fire extinguishers). Any person who has not been trained in the use of portable fire extinguishers should not attempt to extinguish a fire using the equipment.

Fire Safety Policies

Fire safety is everyone's responsibility. The following policies will assist in ensuring fire risks are minimized.

Smoking

_ Home is a non-smoking facility. Smoking is not permitted within the building.

- Violation of this policy by staff will result in disciplinary action being taken.
- Violation of the policy by a resident/client will result in a meeting with the resident, power of attorney, and facility administration to review the smoking policy and follow up actions for repeat offences.
- Any visitor that is seen smoking inside the facility will be directed to take their cigarette outside a minimum of 9 metres from any doorway.
- All repeat violations of this policy will be reported to the Administrator.

Space heaters

Portable space heaters or appliances that generate heat are not permitted in resident rooms

The use of candles or other open flames are not permitted in the facility. The only exception is those situations that have the specific prior approval of the Administrator or designate in controlled and supervised circumstances, such as birthday cakes. A staff member must be present in these situations.

Extension cords and power bars

Extension cords and power bars must be used in a safe manner. An extension cord or power bar attached to multiple appliances could overheat and cause a fire, therefore check the approved load of the cord or power bar. Extension cords and power bars will never be spliced. Extension



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cords should not be run under rugs, through doorways, or fastened to walls or ceilings except in the event of a power failure or equipment emergency, and then only on a temporary basis.

Electrical appliances

All electrical equipment brought into the facility, including residents', is to be inspected to ensure it is CSA certified and bears the CSA label.

Combustible material

Combustible materials are not to be placed in close proximity to heating appliances or lamps. Lamps, including night lights, are not to be positioned so they come into contact with bedding, furniture, room decorations, etc.

When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen equipment must be stored in suitable locations.

The use of flammable and combustible liquids must be controlled. Their use must be reviewed by the Health and Safety committee and safety precautions followed. Flammable liquids must never be used as cleaning solvents. Flammable liquid vapours can be ignited by various sources of ignition including smokers' materials, matches and lighters, electrical equipment, and pilot lights from furnaces and hot water heaters.

Grounds maintenance equipment such as gasoline-fuelled lawn mowers, leaf blowers and snow blowers are only to be fuelled when the equipment is cold and a minimum of 10 metres from

the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building.

Warning: Smoking is not permitted in areas where refueling takes place.

HOUSEKEEPING

This section refers to general building housekeeping and applies to all staff (not just housekeeping staff).

In the kitchen, ducts and filters will be cleaned regularly to remove deposits of grease. Kitchen ducts will be professionally cleaned every 6 months.

Laundry filters, ducts and other areas will be regularly cleaned to prevent a build up of lint.

Waste material must be disposed of regularly and not permitted to accumulate in locations that would create a fire hazard.

Never permit any objects to block or impede an exit, corridor, or other passageway. Obstructions of any nature could interfere with evacuation. Exterior fire routes must be monitored regularly to ensure that Ambulances and Fire Department vehicles can use them at all times. Fire routes and sidewalks must be cleared of snow to facilitate evacuation from the building and provide unobstructed access for fire fighters.



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If an exit is blocked or unavailable because of construction or renovation, temporary exit signs shall be installed to identify an alternate exit. Temporary emergency evacuation procedures will be posted addressing exit facilities.

Do not place objects that could prevent persons from locating or accessing fire pull stations, fire extinguishers, fire hose cabinets or other emergency equipment.

Do not place objects in front of doors that are intended to close automatically upon the activation of the fire alarm system. Ensure that articles are not used to temporarily interfere with the self-closing feature of any door within the facility.

Staff knowledge

All employees must know how to shut down the equipment in their work area safely.

Kitchen and laundry room staff must be familiar with the safe use, maintenance, and cleaning of the equipment.

Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts, and filters.

Maintenance staff and contractors must implement safe welding and cutting practices.

- Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding.
- Portable extinguishers must be provided, and a person trained in the use of the extinguisher be posted as fire watch.
- The fire watch will not be withdrawn until there is confidence that no further hazard exists.
- The maintenance supervisor or designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

TRAINING AND MAINTENANCE

Fire Safety Training

Fire drills shall occur once a month on each shift (days, afternoons, and nights). The Environmental Services Manager/Designate, Administrator and Director of Care shall implement the fire drill.

Environmental Services Manager/designate will keep a detailed log of all fire drills including:

- which area of the building was evacuated;
- who initiated the fire exercise;
- what time of day the drill occurred;
- how many staff were on site;
- how long the evacuation of the affected area took;
- debriefing of staff; and
- comments on improvement.



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A report of all staff in attendance will be forwarded to the Environmental Services Manager/ Designate

All staff will participate in an in-service training on fire safety at least once a year. This training shall, at a minimum, include a review of the policy, staff roles and responsibilities, how to activate the alarm, evacuation, and fire prevention.

RNs, RPNs, department managers, supervisors, and maintenance staff will receive specific inservice training reviewing their roles in the event of an emergency, and the roles of the Incident Manager / Fire Warden.

Fire Drills Using the Alarm System

Prior to the fire drill the Director, Property and Environmental Services or other manager running the drill will:

- Notify the Fire Department approximately 5 minutes before the fire drill is to commence, notifying them of the approximate time for the drill. Obtain the ID number of the person you are speaking with for confirmation.
- Call the fire alarm monitoring company to advise of the drill.
- Use a device (flashing red light) or sign (fire in room) to indicate the location of the fire.

Staff noticing the fire should remove those in immediate "danger" and activate the fire alarm. Staff will then follow the Code Red procedures.

At the conclusion of the drill:

- Reset the manual pull station an annunciator panel.
- Use the Voice Communications System to announce "All Clear" three times.
- Notify the fire alarm monitoring company that the drill has been completed and confirm that the alarm was activated during the drill.
- Notify the Fire Department that the drill has been completed.
- Hold a debriefing meeting with the participants to determine what went well during the drill, what challenges were encountered and what steps could be taken to improve response.
- Confirm that all required fire protection equipment functioned as designed. All
 deficiencies must be forwarded immediately to the Environmental Services Manager/
 Designate.
- Have staff sign the attendance form following the drill.
- Completed fire drill documentation will be forwarded to the Environmental Services Manager/designate.



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FIRE SAFETY EQUIPMENT MAINTENANCE

Monthly

All fire extinguishers and hose cabinets will be given a visual check monthly by the maintenance staff of _____ Home. This visual check should include checking that the extinguisher is charged, all equipment is in place and that there is no visible damage.

The fire extinguisher tag is to be initialed monthly if the extinguisher is active.

Semi-annually

A qualified service contractor will check the fire extinguisher system for the stoves in the main kitchen every six months.

Annually

All fire extinguishers and hose cabinets will be checked annually by a qualified service contractor. Fire extinguishers will be checked hydrostatically every six years or as required by the manufacturer.

A qualified service contractor will check the fire alarm system, including smoke and heat detectors throughout the building and in the ventilation system annually.

The Building Owner will contract with relevant contractors to perform checks, tests, and inspections as described below.

The building owner is responsible for confirming that fire alarm technicians working on the buildings fire alarm system have completed a fire alarm training course acceptable on the Ontario Fire Marshal.

Fire alarm technicians will be able to provide a card that includes the name and photo of the technician, the program provider's name with an authorization signature and an expiry date. In addition, the card will state "This program is deemed acceptable to the Ontario Fire Marshal and satisfied the requirements of Clause 1.1.5.3 (1) (A) of the Ontario Fire Code.

IT WILL BE THE RESPONSIBILITY OF THE ENVIRONMENTAL SERVICES MANAGER/DESIGNATE TO ENSURE PERFORMANCE OF THE FOLLOWING REQUIRED CHECKS, TESTS, AND INSPECTIONS.

The Ontario Fire Code requires that records of all tests and corrective measures are retained for a period of 2 years on site and available to the Chief Fire Official upon request.

Fire Prevention Officers may check to ensure that the necessary checks, inspections, and tests are being completed.

Where a deficiency is discovered in any fire safety equipment as a result of these maintenance requirements, the owner or his authorized agent must take corrective action. If any fire protection equipment requires to be shutdown, refer to the Fire Watch procedures above.



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The list has been prepared in accordance with the Ontario Fire Code (O.Reg.388/97) as amended.

DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:

CHECK

means the visual observation to ensure the device or system is in place and is not obviously damaged or obstructed.

TEST

means operation of the device or system to ensure that it will perform in accordance with its intended function.

INSPECT

means physical examination to determine that the device or system will apparently perform in accordance with its intended function.

OWNER

means any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

SUPERVISORY STAFF

Means those occupants of a building who have some delegated responsibility for the fire safety or other occupants under the fire safety plan.

Ontario Fire Code, Important References

Article 1.1.1.1

Unless otherwise specified, the owner shall be responsible for the carrying out for the provisions of this Code.

Article 1.1.1.2

Where tests, repairs or alternation are made to fire protection installations, including sprinkler and standpipe systems, a procedure of notification shall be established, and the procedure shall include notifying the fire department and the building occupants where necessary for safety in the event of a fire emergency.



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Article 1.1.1.3

Any appliance, device or component of a device that does not operate or appear to operate as intended when checked, inspected, or tested as required by this code shall be repaired if failure or malfunctioning of the appliance, device or component would adversely affect fire or life safety.

Sentence 1.1.2.1 (1)

Except as required in Sentence (2) written records shall be kept of tests and corrective measures for two years after they are made, and the records shall be available upon request to the Chief Fire Official.

Note:

Bold words are defined terms as per the Ontario Fire Code. Please refer to the Ontario Fire Code (O.Reg 388/97) as amended for exact wordings. The above is for reference only.

FIRE ALARM SYSTEM

Reference should be made to CAN/ULC - S536-97

The building owner is responsible for confirming that fire alarm technicians working on the buildings fire alarm system have completed a fire alarm training course acceptable to the Ontario Fire Marshall.

Technicians will be able to provide a card that includes the name and photo of the technician, the program provider's name with an authorized signature and an expiry date. In addition, the card will state "This program is deemed accepted to the Ontario Fire Marshall and satisfies the requirements of Clause 1.1.5.3. (1) (A) of the Ontario Fire Code.



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Fire Code

Fire Code		Frequency	Ву
Reference No.			
6.3.2.3.	Check central alarm & control facility including alarm AC power lamp & trouble light.	Daily	Maintenance
6.3.2.2	Check all fire alarm components including batteries.	Daily	Maintenance
6.3.2.2.	Test fire alarm system Mag locks.	Monthly	Maintenance
2.3.2.1	Test fire alarm system by persons acceptable to the Toronto Fire Services.	Annually	Contractor

Where the fire alarm system or any part of thereof is shutdown, the supervisory staff shall be notified in accordance with the buildings fire safety plan.

PORTABLE FIRE EXTINGUISHERS

Reference should be made to NFPA 10-1994 for exact details

Fire Code Reference No.		Frequency	Ву
6.2.7.2	Check all portable extinguishers.	Monthly	Maintenance
6.2.7.1	Subject to maintenance.	Annually	Contractor
6.2.7.1	Hydro-statically test carbon dioxide Water type extinguishers.	Every 5 Yrs	Contractor
6.2.7.1	Empty storage pressure type extinguishers and subject to	Every 6 Yrs	Contractor
6.2.7.1	maintenance. Hydro-statically test dry chemical	Every 12 Yrs	Contractor
6.2.7.6.	extinguishers. Recharge extinguishers after use.	As required	Contractor



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FIRE DEPARTMENT ACCESS

Fire Code Reference No.		Frequency	Ву
2.5.1.2. (1)	Fire access route or access panels o windows provided to facilitate access	•	Maintenance
	for firefighting operations are not	•	
	obstructed by vehicle, gates, fences	,	
	building materials, vegetation, signs,		
0 = 4 0 (0)	or other form of obstruction.		
2.5.1.2. (2)	The fire department sprinkler and	As required	Maintenance
	standpipe connection shall be		
2.5.1.3.	maintained free of obstructions. Fire access routes shall be	As required	Maintenance
	maintained as they can be for used a all or any times by fire department	•	
	vehicles.		

MEANS OF EGRESS

Fire Code Reference No.		Frequency	Ву
2.2.3.4.	Inspect all doors in fire separations.	Monthly	Maintenance
2.2.3.5. 2.7.3.1.	Check all fire doors are closed. Maintain exit sign legibility.	As required As required	Maintenance Maintenance
2.7.3.1.	Ensure exit lights are illuminated.	As required	Maintenance
2.7.1.7.	Maintain corridors free of obstructions.	As required	Maintenance

SERVIVE EQUIPMENT, DUCTING, AND CHIMNEYS

Fire Code Reference No.		Frequency	Ву
2.6.1.3 (1)	Check hoods, filters & ducts subject to combustible deposits; clean as required.	Weekly	Maintenance
2.2.3.7.	Inspect all fire dampers and fire stop flaps.	Annually	Contractor
2.6.1.4.	Inspect chimneys, flues, and pipes and clean as necessary.	Annually	Contractor
2.6.1.8.	Inspect disconnect switch for mechanical air-conditioning and ventilation.	Annually	Contractor



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EMERGENCY LIGHTING

Fire Code Reference No.		Frequency	Ву
2.7.3.1	Check exit lights.	Daily	Maintenance
2.7.3.3 (1)	Check pilot lights on emergency	Monthly	Maintenance
2.7.3.3 (2)	lighting equipment. Inspect emergency lighting	Monthly	Maintenance
2.7.3.3 (3)	equipment. Test emergency lighting unit	Monthly	Maintenance
	equipment for operation upon failure of primary power.		
2.7.3.3 (3)(b)	Test emergency lighting unit equipment for design duration.	Annually	Contractor

SPRINKLER SYSTEM

Fire Code Reference No.		Frequency	Ву
6.6.1.2	Inspect valves controlling water supply for sprinkler systems.	/ Weekly	Maintenance
6.5.5.2	Test sprinkler alarms using connection	.Monthly	Contractor
6.5.5.7	Test sprinkler supervisory and other sprinkler and fire protection system supervisory devices.	Every 2 months	Contractor
6.5.5.7	Test gate valve supervisory and other sprinkler and fire protection system supervisory devices.	Every 6 months	Contractor
6.5.3.2	Check sprinkler system hangers.	Annually	Contractor
6.5.3.5	Check all sprinkler heads.	Annually	Contractor
6.5.4.4 (2)	Remove plugs or caps on fire dept. connections and inspect for wear, rust	Annually	Contractor
6.5.5.3	or obstructions. Test water flow on wet sprinkler systems using most remote test	Annually	Contractor
6.5.5.5	connection. Test flow of water supply using main drain valve.	Annually	Contractor



Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: FIRE - CODE RED	Policy #: 03-010-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE RED- PROCEDURE		July 2022

Note: In accordance with the Ontario Fire Code, repair, replacement, and alterations of sprinkler system components shall be in accordance with NFPA 13-1994, "Standard for Installation of Sprinkler Systems".

EMERGENCY GENERATOR

The emergency generator shall be inspected, tested, and maintained in conformance with CSA-C282, "Emergency Electrical Power Supply for Buildings".

Refer to CAN/CSA – C282-M89 for exact requirements.

Fire Code Reference No.		Frequency	Ву
6.7.1.1 (1)	Test/inspect generator set operated a 50% of rated load for 30 minutes.	t Weekly	Maintenance
6.7.1.1 (1)	Test and clean crankcase breathers governors and linkages on emergency generators.	Bi-Annually	Contractor
6.7.1.1 (1)	Inspect and service emergency generator and engine set. Test generator at full load for at least 2 hours.	Annually	Contractor
6.7.1.5 (1)	Liquid fuel tanks shall be drained and refilled with a fresh supply at least once a year.	l Annually	Contractor
6.7.1.5 (2)	The requirements of Sentence (1) may be achieved as a result of the normal weekly test program.	Annually	Contractor
6.7.1.1 (1)	Inspect and service injector nozzles and valve adjustments on diesel engine.	Every 2 Years	Contractor
6.7.1.1 (1)	Check insulation on generator windings.	Every 5 Years	Contractor



Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: FIRE - CODE RED	Policy #: 03-010-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE RED- PROCEDURE		July 2022

STANDPIPE AND HOSE SYSTEMS

Reference should be made to NFPA 14-1994 for exact details.

Fire Code Reference No.		Frequency	Ву
6.4.2.1	Inspect hose cabinets to ensure hose position and that equipment	•	Maintenance
6.4.2.4	in place and operable. Hose valves shall be inspected annually to ensure that they are tight so that there is no water	Annually	Contractor
6.4.2.5 (1)	leakage into the hose. Remove and re-rack hose and	Annually	Contractor
6.4.2.5 (2)	replace worn gaskets, hose. When hose is re-racked as required in Sentence 6.4.2.5. (1), it shall be done so that any folds		Contractor
6.4.1.3 (2)	will not occur at the same places. Plugs or caps shall be removed annually, and the threads inspected for wear, rust, or obstruction.		Contractor
6.4.3.1.	Hydro-statically test standpipe systems that have been modified, extended or are being restored to		Contractor
6.4.3.5	use. Flow and pressure tests hall be conducted at the highest and most remote hose valve or hose connection to ensure that the water supply for standpipes is provided as originally designed.	Annually	Contractor

FIRE EXTINGUISHERING SYSTEMS FOR COOKING EQUIPMENT

Refer to NFPA 96-1994 and NFPA 17A-1994 for exact details

Fire Code

Reference No.

The Ontario Fire Code, Clause 6.8.1.1 (1)(i), refers to NFPA 17A, "Wet Chemical Extinguishing Systems". NFPA 17A states that on a monthly basis, inspection shall be conducted in accordance with the manufacturers listed installation and maintenance manual or the owner's manual. As a minimum this "check" or inspection should include the following in accordance with NFPA 17A-1994.



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Note: This is for reference purposes only. Consult NFPA 17A for full details.

- The extinguisher system is in its proper location.
- The manual actuators are unobstructed.
- The tamper indicators and seals are intact.
- The maintenance tag certificate is in place.
- No obvious physical damage or condition exists that might prevent operation.
- The pressure gauges if provided is in operable range.
- The nozzle blow off caps are in place and undamaged.
- If any deficiencies are found, corrective action to be taken immediately.
- Inspection records to be kept.
- The date the inspection was performed and initials of the person performing inspection shall be recorded.

The above monthly "check" will be conducted by Maintenance.

The Ontario Fire Code Sentence 2.6.1.13 states:

Commercial cooking equipment exhaust and fire protection systems shall be maintained in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations".

An approved contractor in accordance with NFPA 96-1994 will perform this maintenance every 6 months.

Fire Alarm / Sprinkler Shutdown

In the event of shutdown of the Fire Alarm System or Sprinkler System, the Fire Department and monitoring station will be notified.

All residents and building staff will be notified by posting notices at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown.

During such shutdowns, the Director, Property and Environmental Services will organize staff to patrol all unprotected areas every half-hour until such times as the system is restored.

If the fire alarm system is out of service due to maintenance or other reasons, notices will be posted at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown. The staff will be reminded every 3 hours and at general shift change times until the system is restored.

A fire watch will be initiated including resident care staff and maintenance staff:

Resident care staff under the direction of the nurse designate will make rounds of the resident home area(s) that do not have an active fire alarm system every 30 minutes to check for potential signs of a fire emergency (i.e., check for the odor or sight of smoke or flame).



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These rounds will include the active checking of resident/client rooms, lounges, storage rooms, closets, washrooms, tub rooms, dining/serving areas, and all other rooms. The staff will sound the alarm verbally, communicate with the charge nurse and call 9-1-1 in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

Maintenance staff or designated personnel (e.g., security) will make rounds of all non-resident home areas every 30 minutes to check for potential signs of a fire emergency (i.e., check for the odor or sight of smoke or flame). These rounds will include the active checking of all rooms and closets including lounges, kitchens, storage areas, mechanical rooms, locker rooms, offices, and all other areas. The staff will immediately sound the alarm and communicate with the charge nurse in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

In the event that the fire watch is required when maintenance personnel are not present, the charge nurse will delegate a staff member (which may include contracted Security staff), to

fulfill the rounds normally made by maintenance staff and notify the Administrator on call. Appropriate staff will be called in or assigned as per the decision of the Administrator or designate.

The persons conducting the patrol must be provided with a means of communication should be emergency arise.

Each tour of the building by the fire's safety patrol must be recorded by the time and date. As well, any deficiencies noted, and any measures taken to correct the deficiencies must also be recorded.

Occupants will be instructed to advise Fire Services immediately at 9-1-1 of any fire situations and to warn other occupants of imminent danger verbally.

In the event the fixed extinguishing system is shutdown, no cooking involving grease/laden vapors will occur.

THE FIRE DEPARTMENT IS TO BE NOTIFIED IN WRITING OF SHUTDOWNS LONGER THAN 24 HOURS.

CHECKLIST

"Code Red- Incident Manager Checklist (03-10-01)"



Section: EMERGENCY PREPAREDNESS:	Subject: NO VITALS - CODE BLUE- RESIDENTS	Policy #: 03-011-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE BLUE- PROCEDURE-		July 2022

POLICY

All available Registered Staff will respond immediately to a Code Blue announcement.

1. In homes with overhead paging capabilities Code Blue will be announced three times

- as follows: > Code Blue Location
 - Code Blue Location
 - Code Blue Location

In Homes without overhead paging systems, the Incident Manager/Designate will be responsible for determining and communicating with all staff the process of announcing Code Blue. If paging system is unavailable designate a staff member to call each unit(s).

All staff will receive training on hire and annually thereafter on Code Blue procedure.

Examples of systems include:

- > Heart sticker on charts for residents who request CPR
- Notation on the Daily Report Form of the CPR status of each resident
- Colour coded sticker above the bed or in the closet indicating CPR is desired, etc.

Note: The system needs to be documented and all staff are to receive training on the Home specific system. If here is no signed CPR Form then it will be assumed that CPR will be initiated.

- 2. Upon discovery of a resident experiencing respiratory or cardiac difficulties the staff member will immediately get HELP from another staff member.
- 3. The staff member who discovered the incident will stay with the resident and if indicated provide cardio-pulmonary resuscitation until help arrives.
- 4. The staff member who is assigned to get help will immediately announce the location of the Code Blue by stating CODE BLUE location, CODE BLUE location, CODE BLUE location using the overhead paging system or the Home define announcing
- 5. Following the overhead announcement the staff member assigned to get help will immediately call 911 indicating the emergency in the home. Information that will need to be given includes:
 - Home Name
 - Address
 - > Room Number of the Resident
 - Date of Birth of the Resident

Current status of the resident as applicable and may include:

- Breathing/not breathing,
- Pulse/no pulse,
- Seizure activity



Section:	Subject:	Policy #: 03-011-01	
EMERGENCY PREPAREDNESS: PROTOCOL	NO VITALS - CODE BLUE- RESIDENTS		
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE BLUE- PROCEDURE-		July 2022

- 6. All Registered Staff in the Home will respond immediately to the location.
- Other members of the Management Team if they are in the Home are to respond to further provide assistance and support for other residents in the immediate area of the Code.
- 8. The PSW staff on the home area will respond to the location to determine if any further assistance is required; other residents are not to be put at risk by staff leaving their care to respond to a CODE BLUE.
- 9. The Registered Staff working on that home area will take the lead for the CODE BLUE unless the Registered Staff member is an agency nurse. In case of an agency Nurse, the Registered Staff from the Home area closest to the unit where the CODE BLUE is located will lead the CODE.
- 10. Staff should be clearly assigned to complete the following tasks:
 - Obtain and bring to the location any equipment required for the Code such as Ambu-bag, artificial respiration mask, Suction machine, BP cuff, Stethoscope
 - Obtain the following documentation in preparation for transfer:
 - i. Transfer Record from Point Click Care complete with reason for transfer and current vital signs
 - ii. Photocopy of the CPR Form and the MOHLTC DNR Validity Form
 - iii. Photocopy of all current Medication Administration Records (MAR sheets)
 - Notify the family contact of the status of the resident and their imminent transfer to hospital – may need to call back to advise of the hospital the resident will be taken to
 - > Ensure an elevator is available for EMS personnel
 - If the front door is locked and no reception in the Home a staff member should be assigned to wait at the front door to immediately provide access for EMS staff to the Home
- 11. Once CPR is initiated it will be maintained until the Paramedics arrive
- 12. The DOC/designate should be notified as per Home protocol of a Code Blue event should it occur out of normal business hours.
- 13. All staff involved in the Code Blue event are to ensure complete documentation in the Resident's chart of the actions taken prior to leaving the Home at the end of their shift.

RELATED CHECKLISTS/FORMS

- "Code Blue- Training Record of Attendance Checklist (05-01-02)"
- "Code Blue- Resident- Incident Manager Checklist (03-11-01)"



Section: EMERGENCY PREPAREDNESS: PROTOCOL	Subject: MEDICAL EMERGENCY- CODE 99- NON-RESIDENT	Policy #: 03-012-01	
PROTOCOL		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CODE 99- PROCEDURE		July 2022

INTRODUCTION

To mobilize medical and/or nursing staff to the location of an emergency medical situation involving visitors, staff, or volunteers to provide immediate intervention and assistance. For medical emergencies involving residents, staff will follow the resident care procedures.

Definitions

Code 99 -

a request for nursing and or medical assistance in an emergency involving illness or injury of a visitor, staff member or volunteer.

Emergency medical situation-

serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

Critically injured -

means an injury of a serious nature that:

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

As defined by Regulation 834 of the Occupational Health & Safety Act.

Where a staff member or volunteer is injured while at the workplace and suffers a "critical injury" by definition of the Occupational Health & Safety Act, the Administrator or delegate will notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the Occupational Health and Safety Act.

First Aid Kit – a kit that meets the requirements under the Occupational Health and Safety Act.

PROCEDURE

Emergency Assistance Required

Originating Staff

- 1. Upon discovery of a medical emergency requiring assistance loudly announce "Code 99" 3 times to request the assistance of nearby staff.
- 2. Contact the RHA Leader and request emergency assistance.



Section: EMERGENCY PREPAREDNESS:	Subject: MEDICAL EMERGENCY- CODE 99	Policy #: 03-012-01	
PROTOCOL		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CODE 99- PROCEDURE		July 2022

RN/RPN

- 1. If you hear another staff member requesting medical assistance or a "Code 99" has been paged, attend the medical emergency bringing the first aid kit and emergency kit (suction and oxygen, BP cuff, O2 Sat) from the nursing station.
- 2. If the emergency is on the first floor or outside the building, the RN / RPN from the 2nd floor will bring the first aid kit and emergency kit.
- 3. If you are the first arriving Registered Staff assume the role of Incident Manager until relieved by a more senior Registered Nurse.

Charge Nurse/Incident Manager

- 1. Upon notification of a medical emergency, attend the scene and assume the role of Incident Manager.
- 2. Page "Code 99 location" three times.
- 3. Assess the patient and determine what interventions are required.
- 4. Ensure the provision of First Aid as needed.
- 5. Determine if EMS is required. If EMS is required, ensure 9-1-1 is called.
- 6. Delegate a staff member to meet the paramedics if EMS was called.
- 7. Ensure the Code 99 Incident Manager Checklist is completed.
- 8. Advise any staff/volunteers not required to return to their duties.
- 9. Ensure appropriate documentation is completed: i.e., WSIB forms, First Aid logbook, Unusual Occurrence reports, Incident Investigation forms.
- 10. Notify the Administrator/Designate if the emergency is a critical injury / incident involving a staff member, volunteer, or visitor.
- 11. Following any Code 99 the Code 99 Checklist will be completed and directed to the Director of Care for Quality Assurance purposes.

Administrator/Designate

Where a staff member or volunteer is injured while at the workplace and suffers a "critical injury" by definition on the Occupational Health & Safety Act, notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the Occupational Health and Safety Act.

CHECKLIST

- "Code 99- Incident Manager Checklist (03-12-01)"
- "Code 99- Training Record of Attendance Checklist (05-01-02)"



Section: EMERGENCY PREPAREDNESS:	Subject: EXTERNAL DISASTER - CODE ORANGE	Policy #: 03-013-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE ORANGE- PROCEDURE		July 2022

INTRODUCTION

Code Orange is the code alerting all staff of the potential for a large volume of incoming patients or residents. Its primary use will be the acceptance of residents from another Long-Term Care or Retirement facility that is being evacuated.

However, Code Orange could also be used if the Town has requested that the facility be used as a reception centre for community members being evacuated from a major event, hospital evacuations, etc. While Long Term Care facilities are not the primary destination or facility of choice for emergency planners, the fact that they have commercial kitchen facilities, larger spaces to accommodate people and alternative electricity sources makes them a viable option.

It should be noted that in the reception of residents from other Long-Term Care or Retirement facilities, this evacuation and relocation of the elderly and those requiring special care is a traumatic event. These persons cannot be treated simply as other incoming residents as many will have an increased level of complications (medical, psychological, behavioral, social, and dietary) due to their evacuation and relocation. In addition, incoming residents may or may not have medical charts, medications, accompanying staff or family members. For these reasons we will refer to incoming persons as patients in this policy.

Further, the facility will have to plan for the associated influx of family members and friends of the incoming patients. While most of these persons will be helpful in reception of the patients, it must be anticipated that some will bring additional anxiety and relationship dynamics into the situation.

PROCEDURE

Originating Staff

All calls received by the facility for incoming patients will be directed to the senior staff member present in the facility (e.g., Administrator during business hours or Administrator on call after hours) who will assume the role of Incident Manager.

Senior Staff/Incident Manager

- 1. Upon receiving a phone call indicating the potential for incoming patients, assume the role of Incident Manager and ascertain the following information:
- Full contact information of the caller
- Time frame to anticipate patients
- Where the patients are coming from
- Demographics of the incoming patients (Long Term Care, Retirement, Group Home, Community etc.)
- Anticipated numbers of patients
- Resources accompanying the patients (e.g., nursing staff, volunteers, etc.)
- Anticipated duration of the stay
- Physical/medical/emotional condition of the patients
- 2. The role of Incident Manager may be delegated if necessary and/or beneficial.



Section: EMERGENCY PREPAREDNESS:	Subject: EXTERNAL DISASTER - CODE	Policy #: 03-013-01	
PROTOCOL	ORANGE	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE ORANGE- PROCEDURE		July 2022

- 3. If the patients are expected to arrive in less than 3 hours (180 minutes), notify all staff of a "Code Orange", page Code Orange 3-times.
- Code Orange
- Code Orange
- Code Orange
- 4. Assign the Incident Management Team functions:
 - Operations
 - Logistics
 - > Planning
 - > Administration/Finance
 - Safety
 - Liaison
 - Communications
- 5. If the patients are expected to arrive in 180 minutes or later, the information will immediately be relayed to the Administrator or designate who will call together the Senior IMS (Incident Management System) Team.

All Staff

1. Upon being notified of a Code Orange all staff will return to their assigned stations and report to their Supervisor.

Supervisors

2. Proceed to the Meeting Room in the Administration area for instructions within 10 minutes of being notified of the Code Orange.

Incident Management Team

- 1. Reconfirm the data on incoming patients.
- Review the information collected and evaluate the capability of _____Home to assist in the incident.
- 3. Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available.
- 4. Initiate a staff call back list to provide additional staffing for the incoming persons.
- 5. Establish a receiving area where patients can be triaged/assessed.
- 6. Establish patient documentation.
- 7. Establish patient identification tags.
- 8. Establish an area(s) for housing the incoming patients (e.g., multi-purpose room).
- 9. Ensure an RN is available to provide assessments on the incoming patients.



Section: EMERGENCY PREPAREDNESS:	Subject: EXTERNAL DISASTER - CODE	Policy #: 03-013-01	
PROTOCOL	ORANGE	Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CODE ORANGE- PROCEDURE		July 2022

- 10. Assign personnel to act as security (this may be staff members or contracted security service) to direct incoming patients, families, etc. and ensure that the arriving persons do not access normal resident areas.
- 11. Establish washrooms to be used by incoming patients.
- 12. Arrange for clergy to provide spiritual support

After the Incident has Concluded

- 13. When the last incoming patient has been relocated and all accommodations have been established call and all clear 3 times.
- Code Orange All Clear
- Code Orange All Clear
- Code Orange All Clear

CHECKLIST

- "Code Orange- Incident Manager Checklist (03-13-01)"
- "Code Orange- Training Record of Attendance Checklist (05-01-02)"



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	PRE-PLANNING		July 2022

SUMMARY

It is important to determine the extent of a facilities capability to respond/assist in a community emergency.

PLANNING

In the event the facility is required for use as a receiving centre, resource may be inadequate to meet demands during an external disaster because:

- The facility can only provide limited temporary accommodation for people displaced from other residences;
- Of the interruption of regular sources of water, power, and utilities;
- Of the unavailability of staff to meet added work load.
- APPENDIX Q: Area of Refuge Agreements



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-02	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	STAFFING AND SUPPLIES		July 2022

SUMMARY

This facility will be a Receiving Centre for neighbouring facilities.

Provide information pertaining to facilities from which this facility will accept evacuees:	ot

The optimum number of transfers into this facility with existing staff and supplies will be:

Provide information on number of transfers for: Days –
Evenings –
Nights –

Unless accompanied by appropriate staff, this facility can only accept and care for residents requiring the types/levels of care as listed below:

Provide information on the types of levels of care:	



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-02	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Service	STAFFING AND SUPPLIES		July 2022

This facility is a temporary Receiving Centre and individuals will be transferred to other facilities once assessments have been completed and arrangements can be made.

STAFFING

Additional staff will be required when holding areas are occupied to capacity.

Provide facility specific information as follows:			
STAFF	DAYS	EVENINGS	NIGHTS
Medical Staff			
RNs/RPNs			
PSW's			
Maintenance			
Housekeeping			
Laundry			
Cooks			
Dietary Aides			
Activity Aides			

SUPPLIES

Extra material and supplies in storage:

Provide facility specific information as follows:			
SUPPLIES	NUMBERS		
Beds			
Blankets			
Mattresses			
Wheelchairs			



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-02	
PROTOCOL		Implemented	Reviewed
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Additional materials and supplies required when holding areas are occupied to capacity (_______People):

For a detailed Inventory List Refer to: "Inventory Checklist Form (03-15-07)"

Provide facility specific information as follows:			
SUPPLIES	NUMBERS	SUPPLIES	NUMBERS
Beds		Mattresses	
Pillows		Blankets	
Linen		Wheelchairs	
Commodes		Bed Pans	
Wash Basins		Paper Dishes	
Plastic Cutlery			

Equipment/supplies that could be leased/rented:

Provide facility specific information; i.e.: Laundry:	
Food Services:	
Medical Supplies:	



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-03	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ADMINISTRATOR RESPONSIBILITIES		July 2022

ADMINISTRATOR/INCIDENT MANAGER/DESIGNATE

- Approve the use of the facility as a Receiving Centre.
- Annually review and make a decision on the number and types of residents/patients that can be received and communicate that information to local emergency measures planners.
- Set up Triage, Admission, and Command Centre to ensure that reception of evacuees is as efficient as possible.
- Ensure that supervisory personnel are aware of the location of holding areas and the number of evacuees that can be accommodated.
- Call in off-duty staff as necessary.
- Make requests for additional support services; i.e., food, linen, etc.
- Designate a staff member to orientate evacuees to the facility and explain necessary regulations.



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-04	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	NURSING RESPONSIBILITIES		July 2022

NURSING

Implement the following:

- Procedure for identification and speedy documentation for residents admitted for temporary accommodation to the facility (refer to 03-014-05 "Admissions/ Discharges")
- Call in system for off-duty nursing staff
- May need to set up assessment and treatment centre with triage if incoming residents/children are casualties
- Revise staff scheduling based on increased occupancy
- Notify Medical Advisor, Corporate Management and Ministry of Health about the situation.



Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS:	OPERATING A RECEIVING CENTRE	03-014-05	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	ADMISSIONS/DISCHARGES		July 2022

ADMISSIONS

- Admission will be at the Reception Area, close to the Triage area to allow one-way flow of residents.
- A temporary admission desk will be set up in this area.
- An Admission/Discharge Record will provide temporary documentation of residents being admitted for short term accommodation "Admission and Discharge Form (03-15-05)"
- Documents are serially numbered and should include basic information initially; i.e., resident's name and triage category.
- The Admissions and Triage functions may be combined.

DISCHARGE

- The discharge of residents from a receiving centre will be coordinated by the facility and the respective agencies on a situational basis.
- The discharge of residents will be recorded.
- Refer to Admissions/Discharge Record "Admission and Discharge Form (03-15-05)"



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-06	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TRIAGE		July 2022

TRIAGE

- The process of sorting incoming residents/casualties according to their destination of level of care required.
- This arrangement may be applicable when the facility is acting as a Receiving Centre.
- Locate Triage close to the main entrance.
- A temporary admissions desk will be set up.
- Colour coded categorization Triage Tags will be used to categorize the injured.
- Call Medical Advisor to provide emergency treatment to Triage function (paramedic from ambulance services may be an alternative).



Section: EMERGENCY PREPAREDNESS:	Subject: OPERATING A RECEIVING CENTRE	Policy #: 03-014-07	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	RECEIVING AND INVENTORY CHECKLISTS		July 2022

RECEIVING CHECKLIST

The purpose of the checklist is to coordinate and control the flow of supplies/equipment to and from the receiving site(s). This ensures that the site(s) receives the proper supplies/equipment to provide for the transported residents and acts as a tool for cost and procedure analysis after the occurrence.

1	Phone all required available staff and volunteers to report for duty. Only required help is solicited so as to prevent congestion and/or confusion. Plan to staff at higher ratios than normal.
2	Organize the facility and equipment in preparation for the evacuees if opportunity available.
3	Set up a central receiving desk to check in all residents and allocate the appropriate receiving area.
4	Check in equipment received, record and allocate as necessary as per Inventory Checklist (see next page). Ensure equipment is labeled as well.
5	Ensure that all residents received are appropriately identified as to name, condition, and diet.
6	Delegate supervisory responsibilities to senior staff available.
7	Designate areas and responsibilities to all staff and volunteers.
8	Assess and identify a care level for all residents received.
9	Notify advisory physician about the situation and quantity of temporary admissions.
	Orientate unfamiliar staff and residents to the facility and explain the necessary regulations.
11	Keep residents and staff informed of current status of evacuation.

To print refer to "Checklist - Receiving (03-15-07)"



Section: EMERGENCY PREPAREDNESS:	Subject: OTHER EMERGENCIES	Policy #: 03-015-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	HOSTAGE TAKING		July 2022

PURPOSE

The purpose of the Hostage Taking Reaction Plan is to ensure the safety of all residents, staff and other involved parties and to return the home to normal as quickly as possible.

HOSTAGE

- Do whatever the captor tells you.
- Be especially careful during the first four or five minutes. This is a critical time.
- Speak only when spoken to never wisecrack.
- Try not to show open emotions. Hostage-takers like to play on emotional weakness.
- Sit down if you get a change. It shows a lack of an aggressive stance.
- Act relaxed. This should have the same effect on the captor.
- If you see a chance to escape, weight it carefully. Don't rush in without being certain of getting clear, and don't endanger anyone.
- Have faith in your fellow workers and negotiators.
- Don't make suggestions to hostage-takers. If your suggestions go wrong, he may think you planned it that way.
- Don't turn your back on your captor unless ordered to. Try to keep eye contact without staring. People are less likely to harm someone they are looking at.
- Be patient

FIRST PERSON TO IDENTIFY THE SITUATION

- 1. Secure immediate area where possible, by removing all non-participating persons. Secure door, if appropriate, and isolate the incident
- 2. Notify your immediate supervisor or person in authority by the quickest possible means.
- 3. Observe, if order to fully report on:
 - Number of hostages taken and type of disturbance;
 - > Type and number of participating persons; and
 - > Type and number of weapons, if any, in possession of persons.
- 4. Do not speak to the media unless authorized to do so.

FIRST SENIOR PERSON ON THE SCENE

- 1. Assess the situation, advise both the Police and the Administrator and take control until they arrive.
- 2. Try to have the following information available when police and Administrative staff arrive:
 - Threats and demands by the hostage-taker;
 - > Type and number of weapons thought to be in hostage-taker's possession;
 - Presence of any non-participating persons;
 - Precise location of the area controlled by hostage-taker, if available;
 - Floor plan of the area;



Section: EMERGENCY PREPAREDNESS:	Subject: OTHER EMERGENCIES	Policy #: 03-015-01	
PROTOCOL		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	HOSTAGE TAKING		July 2022

- Identify and description of participants;
- Photographs of hostages and hostage-taker, if available;
- Location and numbers of available area telephones.
- 3. Supplement and reinforce as the situation dictates, in order to prevent death or injury to hostages.

GENERAL GUIDELINES

Negotiations with hostage-takers are best handled by the Police, who have trained personnel for this type of job. If the UniversalCare staff must enter into negotiations with hostage-takers pending the arrival of police:

- Have negotiations conducted by junior-rank personnel in order to allow delaying tactics, for example, "I'll ask", "I'll seek clarification"
- Meet demands with "I'll do my best". Never say "no"
- Under no circumstances should drugs be given to any parties involved in the incident
- Every effort should be made to reign control of the situation by peaceful means, i.e., discussion
- Staff on duty should not hesitate to contact those clinical staff who are familiar with and may have some influence over the persons involved in the hostage situation.
- Leave any decision-making process to Police and Administrator
- Do not follow orders given by a hostage under conditions of duress, except to save lives



Section: EMERGENCY PREPAREDNESS:	Subject: OTHER EMERGENCIES	Policy #: 03-015-02	
PROTOCOL		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CYBERATTACK		July 2022

POLICY

This section sets forth important rules relating to the use of UniversalCare's communications systems. These systems include computers provided to employees, file servers, web portals, all associated software, telephones, wireless portable devices, voice mail and electronic mail systems. UniversalCare has provided these systems to support its mission.

As an employee, you are the first line of defence against information and cyber security risks.

UniversalCare is committed to preserving the confidentiality, integrity and availability of physical assets, the electronic data, and sensitive information belonging to the business, customers and employees from threats that could potentially disrupt operations or compromise an individual's data privacy. UniversalCare is responsible by:

- Meeting regulatory and legislative requirements
- > Aligning with international best practice
- > Maintaining and testing disaster recovery and business continuity plans
- Ensuring our employees are appropriately trained (Cyber Security Awareness Training (CSAT) & Sensitive Information Training)
- Ensuring our employees are using appropriate technology to ensure that personal information and confidential transactions remain safe, secure, and private
- > Ensuring our employees are using only approved file storage platforms
- Ensuring our employees are using an UniversalCare approved secure password management system
- ➤ Ensuring all employees have Multi-Factor Authentication for their Email access
- Assessing the security status of our cloud providers we engage with
- > Securely managing the access rights of all UniversalCare employees to any systems that stores Personal Identifiable Information (PII)

COMPUTER AND INFORMATION SECURITY

Your manager will outline your responsibility to keep all company information and client information secure and the consequences you may face if you neglect your responsibility.

If you suspect a compromise in security of sensitive information, you should report it as soon as possible to your manager.

Security procedures in the form of unique user and administrator sign?on identification and passwords have been provided to control access to UniversalCare's computer systems, networks, and voicemail system. In addition, secure physical facilities have been provided to restrict access to websites, database(s), documents, and files for the purpose of safeguarding information.

All data in UniversalCare's computer and communication systems (including documents, other electronic files, e?mail, and recorded voice mail messages) are the property of UniversalCare. UniversalCare may inspect and monitor such data at any time. No individual should have any expectation of privacy for messages or other data recorded in UniversalCare's systems. This includes documents or messages marked "private" which may be inaccessible to most users but



Section: EMERGENCY PREPAREDNESS:	Subject: OTHER EMERGENCIES	Policy #: 03-015-02	
PROTOCOL		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CYBERATTACK		July 2022

remain available to UniversalCare. Likewise, the deletion of a document or message may not prevent access to the item or eliminate the item from the system.

ELECTRONIC MONITORING/INTERNET ACCEPTABLE USE

This policy applies to all employees of UniversalCare including management. Access to the Internet is needed to complete your day-to-day tasks on any device. No use of the Internet while on work time should conflict with the primary purpose of UniversalCare, its ethical responsibilities or with applicable laws and regulations.

UniversalCare does monitor usage of any devices used for work purposes by employees while on work time. This would include reviewing history of websites visited, key logs, documents and files accessed, emails, and google chats. This applies equally when the employee works from home, works at a facility or corporate offices. No individual should have any expectation of privacy in terms of their usage of devices for work. In addition, UniversalCare may restrict access to certain sites that it deems are not necessary for business purposes.

UniversalCare may use the information obtained through electronic monitoring to evaluate employee performance, to ensure the appropriate use of devices, to evaluate work is being performed during working hours, and to assess overall employee productivity.

It is important to note that UniversalCare will always provide a work computer to the employee. If the employee prefers, they can use their own personal computer. UniversalCare may require the employee to temporarily hand over the computer to be setup with UniversalCare's security standards. All personal computers and UniversalCar computers must have endpoint protection installed.

Devices may not be used for any of the following activities while on work time:

- Access, create, transmit, print, or download material that is derogatory, defamatory, obscene, or offensive, such as slurs, or anything that may be construed as harassment or disparagement based on race, colour, national origin, sex, sexual orientation, age, disability, medical condition, marital status, or religious or political beliefs.
- > Access, send, receive, or solicit sexually oriented messages or images.
- Access, comment, make a statement or post information in an email or to groups that may be mistaken as the position of UniversalCare.
- Disclose, distribute, electronically transmit or copy any of UniversalCare's confidential information.
- > Solicit others for commercial purposes, causes, outside organizations, chain messages or other non-job related purposes.
- Access things of personal nature (personal web browsing, personal email, personal banking, personal shopping etc.) while on work breaks.

If UniversalCare discovers through its electronic monitoring that an employee has been using their devices contrary to company policies, UniversalCare can use that information for any



Section: EMERGENCY PREPAREDNESS:	Subject: OTHER EMERGENCIES	Policy #: 03-015-02	
PROTOCOL		Implemented	Revised
Approved by Senior Director of Corporate and Building Services	CYBERATTACK		July 2022

reason. Serious repercussions, including termination, may result if the guidelines are not followed.

EMERGENCY EVENT

Back-up and Recovery

- All mission critical applications such as (Microsoft Office 365 Email, OneDrive, SharePoint), PointClickCare, Accounts Payable and Payroll are web based and/or cloud based which do not require local backup.
- Third party cloud to cloud backup is also in place for Microsoft Office 365 data for all
 users.
- Resident medical charts and records are backed up via PointClickCare product which is cloud based.
- Medication pass is backed up via PointClickCare & EMAR backup on a local dedicated computer.

User Files

All user files are saved in Microsoft Office 365 OneDrive and are backed up to Microsoft Cloud as well as third party cloud to cloud backup.

Business Continuity/Disaster Recovery

Business can take place in any facility if the building had to be evacuated. Since everything is cloud based, off site access for approved off site users would be available through the internet. Staff that need to chart that would not be allowed internet access outside the home would chart on paper forms that are in our manuals online in SharePoint. Hardware would be purchased immediately to allow business to continue.

APPENDIX AR: IT Business Continuity Plan



Section:	Subject:	Policy #:	
EMERGENCY PREPAREDNESS:	RETURNING TO EVACUATED AREA	04-01-01	
POST-EMERGENCY		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

SUMMARY

This tab contains information relating to the specific activities and related documentation that is required following an emergency. It includes information to verify that the area is safe to occupy and resume operations.

Once official permission has been received to return to a previously evacuated area, and prior to returning residents and staff, ensure that all necessary safety tests have been carried out and it is safe for them to go back into the area.

See **04-01-02** "Checklist - Returning to Evacuated Area" for the checklist which has been prepared to ensure a safe return to the facility/area.



Section: EMERGENCY PREPAREDNESS:	Subject: RETURNING TO EVACUATED AREA	Policy #: 04-01-02	
POST-EMERGENCY		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CHECKLIST - RETURNING TO EVACUATED AREA		July 2022

CHECKLIST

1	Facility must be inspected and approved for resident re-occupancy by appropriate
	individuals or authorities; e.g.:
	Air quality after gas leak, smoke fumes
	Safety of water for drinking
2	Notify appropriate government authorities about return
3	Check all operational equipment and air the building out
	Designate a central control area for returning residents, staff, and equipment
5	If needed, arrange for a meal or snack for returning residents, staff, and equipment
6	Review lists of equipment to be returned and arrange return to designated control area
7	Contact staff regarding scheduling for re-admission
8	Notify advisory and attending physicians of return date and time
9	Notify families about time and date of return. Schedule re-admission of residents who
	have been with families last
10	Double check and identify residents as they disembark from the various means of
	transportation
11	Assess and document resident status upon return to facility
12	Ensure that residents and equipment are returned to appropriate areas
13	Notify media and issue media statement
14	Investigate missing items immediately

To Print: Refer to "Checklist - Returning to Evacuated Area (04-01-03)"



Section: EMERGENCY PREPAREDNESS:	Subject: AFTER IT'S OVER	Policy #: 04-02-01	
POST-EMERGENCY		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CHECKLIST - POST EVENT		July 2022

SUMMARY

The following checklist is prepared to assist in closure after the event is over.

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1	Thank everyone: Residents that have been inconvenienced Staff who have helped Volunteers Families Media Government agencies Receiving facilities Ambulance Transportation
	Notify Government Agencies of residents who went home for billing purposes
	Take linen inventory to assess loss
	Take food inventory to determine costs/loss
	Take equipment inventory to assess loss
	Take supply inventory to determine costs by utilizing Inventory Checklist 03-15-07
7	Investigate missing items immediately
	Establish additional staffing costs
	Reimburse staff for expenses due to travelling, etc.
10	Establish total cost of evacuation
11	Write a formal report

Refer to "Checklist - Post Event (04-02-01)"



Section: EMERGENCY PREPAREDNESS:	Subject: AFTER IT'S OVER	Policy #: 04-02-02	
POST-EMERGENCY		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	FOLLOW UP		July 2022

CRTIQUE

The Administrator will meet and thank everyone who has participated in the emergency proceedings.

Revise the emergency plans as necessary.

RECORDS & REPORTS

Critique the response and send copies to:

- The Fire Department
- The Police Department
- Ambulance
- Emergency Measures Organization/Public Safety Organization
- Department of Health/Regional Health District
- Regional director
- The Safety Committee

RECOGNITION

Provide formal letters of commendation to staff or other individuals whose performance during the emergency was extraordinary.



Section: EMERGENCY PREPAREDNESS:	Subject: AFTER IT'S OVER	Policy #: 04-0	2-03
POST-EMERGENCY		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	STAFF/RESIDENT COUNSELING		July 2022

SUMMARY

It may be necessary following an emergency to ensure staff and residents are professionally supported in their attempts to deal with a tragedy.

Planning for the necessary support sessions will be arranged by Administration in conjunction with the Corporate Management.



Section: EMERGENCY PREPAREDNESS:	Subject: AFTER IT'S OVER	Policy #: 04-02-04	
POST-EMERGENCY		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	CRITICAL INCIDENT REPORTING		July 2022

THE MINISTRY OF CRITICAL INCIDENT REPORT

The Ministry of Health's Critical Incident Report Form is to be filled out after the occurrence as a formal report to notify the Ministry of Health as to the nature, severity, outcomes and actions taken of the occurrence.



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-01	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

SUMMARY

Training and education are essential components of the Emergency Preparedness Program and staff requires initial and ongoing training to become fully aware of procedures in the event of an emergency situation.

Quality service and management activities that promote continuous improvement of emergency prevention and response by a facility.

POLICY

All Staff, Students and Volunteers must be trained on the Emergency Preparedness Plan Prior to their first shift.

It is important that an Emergency Preparedness Program be practiced to ensure that the plan will work in an actual emergency.

Emergency preparedness exercises can be a simulation of a portion or portions of the response to a specific emergency or a paper exercise by a facility team (table top exercise).

The specific training procedures are detailed in this section, including evacuation, team relays, fire extinguisher training, etc.

Training in evacuation procedures is an important aspect of staff/student & volunteer training. Thoughtful planning and practice prior to an emergency will provide staff with knowledge that can be used effectively in an emergency.

Note: Provincial regulation requires that all new vulnerable occupancy (includes Long Term Care) staff members be trained in all Emergency Planning procedures as outlined in the manual prior to working. Further, all staff will receive annual refresher training.

All staff, including the management team, students and volunteers will attend and participate in the Emergency Preparedness Manual training. Records will be kept to document all staff training and identify those who have not taken the annual refresher training.

 APPENDIX AQ: Fire Prevention and Safety/Emergency & Evacuation Procedures Training Module

OVERVIEW

Staff needs training in the following procedures:

- All Emergency Plans Including, but not limited to;
 - > Fire drills
 - Evacuation
 - > R.E.A.C.T.
 - Emergency Lifts and Carries
 - > Fire Extinguisher Use



[Emergency Preparedness Manual]

Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINNG REQUIREMENTS	Policy #: 05-01-01	
		Implemented	Revieed
Approved by Senior Director of Corporate and Building Services	SECTION INTRODUCTION		July 2022

Regular ongoing in-service sessions are an essential part of preparing staff to respond quickly and accurately in an emergency situation. The Administrator will participate with all Managers to incorporate Emergency Response Training into the ongoing Emergency Preparedness Program.



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

MONTHLY STAFF/VOLUNTEER/STUDENT TRAINING

Regular in-service are essential to the Program. They may be held as part of staff meetings or as part of the debriefing session following the regular fire drills.

The in-service is used to:

- Provide a review for existing employees to improve their knowledge and skill in fire safety;
- Provide an opportunity to complete the orientation of part-time, week-ends and night shifts;
- Review problems with the existing Program.
- Ensure timely and appropriate responses to an emergency situation.

The Administrator should review on an annual basis the responsibilities of the Incident Manager with all staff who may be deemed as "Designate". (This can be incorporated into regular meeting agendas.)

MONTHLY FIRE DRILL

Monthly fire drills are an important training component of evacuation techniques and emergency response (refer to the approved Fire Safety Manual) and are to be held on each shift monthly.

Fire drills must be documented listing the staff who participated, the success of the drill, challenges identified, and recommendations for improvement. This documentation will be forwarded to the Administrator for record keeping and follow-up. The Administrator will make record of actions taken to address the challenges and recommendations.

Night shift fire drills may include "table top" discussions so as to not wake or disturb sleeping residents.

05-01-05 "Table Top Exercise"

ANNUAL EMERGENCY DRILLS

Emergency drills and exercises which test portions of the plan are to be conducted annually.

An annual Emergency Preparedness exercise will be planned co-operatively as part of the annual quality service activities. The exercise will be designed to review and test some aspect(s) of the Emergency Preparedness Plan.

A scenario can be created for the emergencies outlined below to assist with the annual exercise.

A written report of the exercise will be submitted to The Corporate Management.

An <u>annual exercise</u> must include participation of community emergency response agencies. The following emergencies are required to be tested annually:

- Code Yellow
- Code Pink
- Code Blue
- Code 99



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
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Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

- Loss of one or more essential service
- Outbreaks of a disease of public health significance, epidemics, and pandemics,
- Boiled water advisory
- Floods
- Emergency fan out;
- Triage;
- Assessment treatment centre:
- Acting as a receiving centre;
- Partial evacuation (horizontal)

The exercise will be comprised of the following stages and can take the form of table-top exercises, drills, functional exercises, and field exercises.

- Plan
- Enactment;
- Review:
- Evaluation;
- Follow up to recommendations.

TRIENNIAL EMERGENCY DRILL

An <u>Triennial exercise</u> must include participation of community emergency response agencies. The following emergencies are required to be tested Triennially.

- Code White
- Code Black
- Code Brown
- Code Green
- Code Orange
- Natural Gas Leak

The exercise will be comprised of the following stages and can take the form of table-top exercises, drills, functional exercises, and field exercises.

- Plan
- Enactment:
- Review:
- Evaluation;
- Follow up to recommendations.

<u>Please note:</u> A planned evacuation must take place triennially, to ensure that staff are familiar with the planned evacuation procedures and can transfer residents to a point of safety or out of the building in an emergency. A full-scale exercise or drill can be conducted to test the staff performance against the planned procedure.

LOCAL FIRE DEPARTMENT

In addition, the fire department must have a copy and approve the facility fire plan. Invite fire department personnel to the facility on an annual basis to:



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

- Thoroughly acquaint them with the facility lay out and to assist them with pre-planning and tactical surveys;
- Request the fire department's assistance with in-service programs for your staff, especially in the use of fire extinguishers, fire blankets, evacuation practices, lifts and carries;
- Discuss desired protocol at a potential fire scene, i.e. who has ultimate authority when various officials are at the fire scene (including responsibility of evacuation of residents).

ORIENTATION OF NEW STAFF/STUDENTS/VOLUNTEERS

All new staff, students and volunteers must read and understand the Emergency Preparedness Plan prior to their first work assignment. Any staff transferring to a new position must be oriented to the fire safety procedures for that area. No Smoking Policy is in place in accordance to the *By Law "Under the Smoke-Free Ontario Act, 2017"* you cannot smoke or vape in any enclosed workplace, any enclosed public place and other places designated as smoke-free and vape-free"

FIRE SAFETY CURRICULUM

The curriculum should include instructions for the following items relating to fire safety:

- Elements of combustion;
- · Prevention and mitigation of fires;
- Basic steps taken in response to a fire emergency;
- Evacuation procedures (involve the fire and police departments in these sessions);
- Emergency carries of residents;
- Location and use of the fire alarm system, annunciator panel and fire extinguishers, fire blankets:
- Use of telephones, 2-way radios, and intercom systems during an emergency;
- Fire extinguisher use;
- Explanation of layout of the facility and location of all exits and related stairways.

REVIEW OF EMERGENCY PREPAREDNESS PLAN

All staff are required to read the Emergency Preparedness Plan yearly.

All Staff/Students will be quizzed yearly on all Code Procedures either by paper or Online.

 APPENDIX AQ: Fire Prevention &Safety Emergency & Evacuation Procedures Training Module and Quiz

WRITTEN RECORDS

The Administrator/Designate will retain copies of the following:

- Individual staff attendance at fire safety training.
- Written record regarding yearly All Code Procedure Training for staff



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services			July 2022

- The Annual and Triennial testing of the emergency plans and any changes made to improve the plans must be maintained from all parties participating.
- If during an evacuation or drill, problems or difficulties were identified, the written record should include what recommendations were made for corrective measures, responsibility for taking corrective action, and time frames for corrective actions.

Results will be reported to the Administrator and Health and Safety Committee twice yearly.

EMERGENCY CODE TRAINING/TESTING- RECORD OF ATTENDANCE CHECKLISTS

All training/testing record of attendance checklists may be tested using a scenario based checklist as outlined in the template below:

"Unannounced Emergency Test/Training Scenario Template (05-01-03)"

Emergency Code Checklists

- "Code Pink- Training Record of Attendance Checklist (05-01-02)"
- "Code Black- Training Record of Attendance Checklist (05-01-02)"
- "Code Grey- Training Record of Attendance Checklist (05-01-02)"
- "Code Blue- Training Record of Attendance Checklist (05-01-02)"
- "Code 99- Training Record of Attendance Checklist (05-01-02)"
- "Code Yellow- Training Record of Attendance Checklist (05-01-02)"
- "Code Orange- Training Record of Attendance Checklist (05-01-02)"
- "Code White, Residents- Training Record of Attendance Checklist (05-01-02)"
- "Code White, Non-Resident- Training Record of Attendance Checklist (05-01-02)"
- "Code Brown- Training Record of Attendance Checklist (05-01-02)"

Other Checklists

- "Assessment and Treatment Centre- Training Record of Attendance Checklist (05-01-02)"
- "Triage Categorization- Training Record of Attendance (05-01-02)"
- "Emergency Fan Out (05-01-02)"
- "Operating as a Receiving Centre- Training Record of Attendance Checklist (05-01-03)"
- "Carbon Monoxide Alarms- Training Record of Attendance Checklist (05-03-01)"
- "Flooding- Training Record of Attendance Checklist (05-01-03)"
- "Loss of HVAC Systems- Training Record of Attendance Checklist (05-01-03)"
- "Loss of Water- Training Record of Attendance Checklist (05-01-03)"
- "Loss of Power- Training Record of Attendance Checklist (05-01-03)"
- "Natural Gas Leak- Training Record of Attendance Checklist (05-01-03"
- "Boiled Water Advisory- Training Record of Attendance Checklist (05-01-03)"



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-02	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	MINIMUM COMPONENTS		July 2022

• "Unannounced Emergency Test/Training Scenario Template (05-01-03)"



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-03	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PLAN LOCATIONS		July 2022

EMERGENCY PREPAREDNESS TRAINING MANUAL

All Staff/Students/Volunteers must have access to the Emergency Preparedness Plan, which will be located on all the Units.

The Administrator/Designate will ensure all Staff/Students/Volunteers are aware of the location of the Plan and that each manual is up to date and outlines all home-specific information and requirements.

List the Emergency Preparedness Plan Locations below:



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-04	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	EMERGENCY PREPAREDNESS PROGRAM REVIEW		July 2022

DISTRIBUTION

The following individuals should have a copy of the complete Emergency Preparedness Program Manual:

- Administrator
- Director of Care
- Assistant Director of Care/Staff Development/Clinical Coordinator
- Maintenance Supervisor

REVIEW REQUIREMENTS

The Emergency Preparedness Program should be reviewed annually by management/ supervisory staff as part of Quality Service/Management Program. Community Partners and Residents & Family Council members must be included as part of the review.

The review will be documented. The review is done to:

- Ensure supervisors are up to date regarding Program contents;
- Review and make recommendations for revisions to the Plan;
- Review and make recommendations to the Emergency Preparedness Plan and other departmental manuals/procedures;
- Ensure interdepartmental cooperation in the application of the Emergency Preparedness Plans and evacuation procedure.



Section: QUALITY SERVICE/MANAGEMENT	Subject: TRAINING REQUIREMENTS	Policy #: 05-01-05	
		Implemented	Reviewed
Approved by Senior Director of Corporate and Building Services	TABLE TOP EXERCISE		July 2022

SUMMARY

A table top exercise is a process used to meet the requirement of an annual exercise. It is designed to be an exercise of the planning and response abilities of the management team and an educational experience of the strength of the facility program. The scenario should be carefully chosen to reflect as realistic a situation as possible.

PROCEDURE

- 1. Facility chooses a realistic scenario around which the exercise will be planned.
- 2. The management team is given the initial scenario and then, within the next 2 hours, is given additional detail at regular intervals to which they must plan and respond.
- 3. The additional details (inputs), as added, are designed in part to add to the planning and response requirements of the individual facility departments as well as challenge the problem solving skills of the management team to utilize their expertise and knowledge of their facility and its procedures.
- 4. All team members keep continuous notes of the discussions, events, and decisions made.
- 5. Once the actual exercise has been completed, an evaluation is conducted by the facilitators.
- 6. Management team members submit a personal evaluation on their response to the emergency which is incorporated into a facility evaluation report on the disaster exercise.
- 7. Recommendations are prepared as necessary to address and improve in-house procedures or systems as well as recommendations that may be applicable to the Emergency preparedness manual team coordinator.



Section: PANDEMICS, EPIDI	EMICS AND	Subject: PANDEMIC, EPIDEMIC AND	Policy #: 06-01-01	
OUTBREAKS		OUTBREAK PLAN	Implemented	Revised
Approved by VP of Q Services	uality and Clinical	POLICY AND OUTLINE	July 2022	December 21, 2022

PURPOSE

As per the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans must include a plan for communicable diseases, diseases of public health significance, epidemics, and pandemic. As such, homes should follow the pandemic and outbreak plan outlined below responding to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics.

Government of Ontario and Public Health (PH) directives set a base minimum IPAC standards to be followed. UniversalCare policies implement additional IPAC measures based on the safety risk identified or projected. Additional IPAC measures may apply based on the home's specific area and Public Health requirements.

POLICY

The Home has a plan that addresses actions to be taken during a pandemic, epidemic and outbreak, and is based on activities within the geographical areas and meets applicable legislation and Public Health (PH) guidelines.

PROCEDURE

Home's interprofessional team completes the Pandemic, Epidemic & Outbreak Plan The Pandemic, Epidemic & Outbreak Plan is revised twice per year

The Pandemic, Epidemic & Outbreak Plan is revised with significant changes identified during an outbreak debriefing.

Government of Ontario and Public Health directives set a base minimum IPAC standards must be followed.

UniversalCare policies may implement additional IPAC measures based on the safety risk identified or projected with additional IPAC measures based on the home's specific area and Public Health recommendations

The Pandemic, Epidemic & Outbreak Plan section will address the following areas:

- 1. Outbreak Management Team Roles and Responsibilities for:
 - IPAC professional that leads IPAC in the Home (see Job Description for accountability and responsibilities)
 - Administrator and Director of Care
 - > LTC Home Leadership Members
 - Care staff and volunteers
 - Caregivers and Visitors
- 2. Outbreak Management Overview: Planning, Implementation, and Recovery
 - Pandemic/Epidemic/Outbreak Pre- Planning
 - > Pandemic/Epidemic/Outbreak Protocols and Plans Implementation
 - Post- Pandemic/Epidemic/Outbreak Termination, De-escalation, and Recovery



Section:	Subject:	Policy #: 06-01-01	
PANDEMICS, EPIDEMICS AND	PANDEMIC, EPIDEMIC AND OUTBREAK PLAN		
OUTBREAKS	OUTBREAK FLAN	Implemented	Revised
Approved by VP of Quality and Clinical Services	POLICY AND OUTLINE	July 2022	December 21, 2022

- 3. Services to Residents:
 - Outbreak Area(s)
 - > Isolation, precautions initiation, and cohorting for residents
 - Cohorting of staff and services
 - Poster
 - Break Room
 - Floor Plans
 - > Residents with critical medical conditions
 - Residents that require high level of care
 - Safety and security of the building and the grounds
 - Medications/Treatments
 - Pharmacy services
 - Assistance with feeding
 - Vital signs equipment
 - Documentation
 - Staffing
 - > IPAC preventative measures
 - > Supplies management
 - Vaccination program
 - Surveillance
 - Screening and testing
 - Plan review frequency
 - > Integrated services with extended partners
- 4. Environmental services
- 5. Communication strategy

• APPENDIX AS: Pandemic, Epidemic and Outbreak Plan



Purpose: As per the regulatory requirements applying to all emergency plans, under ss. 269(1) of O. Reg. 246/22, emergency plans must include a plan for communicable diseases, diseases of public health significance, epidemics, and pandemic. As such, Homes should follow the pandemic and outbreak plan outlined below responding to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, and pandemics.

Government of Ontario and Public Health (PH) directives set a base minimum IPAC standards to be followed. UniversalCare policies implement additional IPAC measures based on the safety risk identified or projected. Additional IPAC measures may apply based on the Home's specific area and Public Health requirements

PANDEMIC/EPIDEMIC/OUTBREAK PLAN				
Outbreak Management Team Roles and Responsibilities				
Role Expected actions include, but are not limited to				
1. Carry out infectious disease surveillance and analyze the resulting data 2. Consult, collaborate, report to internal (registered staff, all care staff, program mangers, dietary and environmental services managers, etc.) and external teams (PH, Ontario Team Hubs, Ministry of Labour (MOL), Ministry of Long-Term Care (MLTC), etc.) 3. Initiate and schedule Outbreak Management Team (OMT) Meetings 4. Lead outbreak management for the Long-Term care Home (LTCH) 5. Communicate and provide updates to interdisciplinary teams, PH, MLTC of outbreak progress 6. Provide Infection Prevention and Control (IPAC) education and training to staff 7. Oversee IPAC education and training provided to residents and visitors 8. Ensure IPAC measures are in place for staff, residents, visitors: screening, hand hygiene, posters, signage, isolation, line listing, cohorting of staff and residents, admission, readmission, absences, communal dining, testing, cleaning, Personal and Protective Equipment (PPE) usage, auditing, reporting, documentation, and any other education when and as recommended within PH guidelines and ministry directives 9. Conduct audits for PPE donning/doffing, IPAC measures, screening, cleaning & disinfection, hand hygiene and any other applicable audits and address/follow up any concerning findings from audits 10. Monitor PPE stockpile 11. Address any non-compliance IPAC measures as per inspection reports 12. Conduct immunization clinics for staff 13. Participate in annual and as needed review of pandemic and outbreak plan				



PANDEMIC/EPIDEMIC/OUTBREAK PLAN			
Administrator, Director of Care	a. Monitors staffing levels and created staffing plans		
	b. Creates and implements staff contingency plan as needed		
	c. Works with IPAC lead to assess return to work early measures		
	d. Ensures that there are alternates planned for each manager in case of illness		
	e. Ensures communication to residents, families, staff		
	f. Provides regular, proactive, timely communication with residents and their families, SDM's,		
	essential caregivers, etc.		
	g. Ensure Home is in in compliance with pandemic plan		
LTC Home Leadership Members	a. Support Home with implementation of pandemic plan and IPAC measures as needed		
Registered Nursing Staff	a. Conduct daily active surveillance to identify resident cases		
	 Reports to IPAC lead/designate any reportable diseases and exposures 		
	c. Initiates isolation precautions as required if resident cases meet case definitions		
	d. Obtains testing specimens		
	e. Provide regular and timely communication/ updates to residents, SDMs, families regarding		
	the health status of		
	f. Implements IPAC measures in collaborates with IPAC lead/designate		
Care Staff and Volunteers	a. Compliance and adherence with IPAC practices		
	 b. Compliance with Infection Control Policies, Procedures and Protocols 		
	c. Attend IPAC education and training		
Caregivers and Visitors	d. Compliance and adherence with IPAC practices		
	e. Compliance with Infection Control Policies, Procedures and Protocols		
	f. Attend IPAC education and training		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Outbreak Management Overview: Planning Implementation, and Recovery	Target	Position
	Date	Responsible
Procedures and Tasks		
Pandemic/Epidemic/Outbreak Pre- Planning		
1. Conduct ongoing surveillance of diseases among residents, staff, and visitors to detect, prevent, and manage		
the spread of pandemic pathogens		
2. Ensure registered staff informs IPAC lead/designate of all infections		



PANDEMIC/EPIDEMIC/OUTBREAK PLAN			
Outbreak Management Overview: Planning Implementation, and Recovery Target Posit			
	Date	Responsible	
 IPAC lead/designate required to report diseases internally and externally for infections as per MOH, MLTC and PH 			
 Monitor alerts issued by MOH on communicable diseases, diseases of public health significance, epidemics, and pandemic 			
 Determine when an epidemic, a Public Health Emergency of International Concern (PHEIC), a pandemic begins 			
6. Determine activation of emergency response (e.g., regional Medical Officer of Health or Emergency			
Management of Ontario may declare/recommend the activation of local emergency response plans)			
7. Prepare for emergency response			
8. Establish Outbreak Management Team members: IPAC Lead, Director of Care, Administrator, the			
Environmental Lead, departmental leads/managers, health care staff (if applicable), UC corporate team			
members, communications and other appropriate team members			
9. Assign roles and responsibilities for staff			
10. Consult with PH regarding IPAC measures			
11. Identify high-risk groups requiring medications, vaccinations, prophylactics, therapeutics			
12. Review of medications, vaccinations, prophylactics, and therapeutics			
13. Review and update IPAC policies, outbreak management protocols, pandemic protocols			
14. Ensure proper IPAC measures and signage			
15. Ensure proper communication to residents, families, staff			
16. Ensure proper training/education for residents, families, and staff			
17. Ensure appropriate PPE stockpile availability and access			
18. Ensure ongoing implementation of IPAC audits			
19. Ensure ongoing implementation of cleaning and disinfection practices			
20. Determine staffing levels			
21. Create staff contingency plan			
Pandemic/Epidemic/Outbreak Protocols and Plans Implementation			
22. Activate pandemic plan			
23. Activate OMT meetings			



PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Outbreak Management Overview: Planning Implementation, and Recovery	Target Date	Position Responsible
24. Consult with PH regarding IPAC measures		
25. Implement IPAC measures		
26. Assess implementation of roles and responsibilities of staff		
27. Implement strategies/interventions while awaiting medications, vaccinations, prophylactics, and therapeutics as per PH, MOH		
28. Implement PH, MOH directives, MLTC IPAC measures such as isolation, line-listing		
29. Implement directives from PH, MOH regarding testing		
30. Continue reviewing all alerts and directives		
31. Review and update policies as per PH, MOH, MLTC		
32. Ensure and reinforce IPAC measures in place		
33. Ensure and reinforce signage in place		
34. Ensure and reinforce communication to residents, families, staff, PH, MOL, MLTC, Medical Director		
35. Ensure and reinforce training/education for residents, families, and staff		
36. Ensure and reinforce PPE stockpile availability and access		
37. Ensure and reinforce ongoing implementation of IPAC audits		
38. Ensure and reinforce ongoing implementation of cleaning and disinfection practices		
39. Ensure and reinforce staffing levels		
40. Implement staff contingency plan if needed		
Post- Pandemic/Epidemic/Outbreak Termination, De-escalation, and Recovery:		
41. Determine termination of pandemic and emergency response		
42. Continue and discontinue IPAC measures as per PH, MOH, MLTC		
43. Consult with PH regarding IPAC measures and de-escalation measures		
44. Continue with surveillance of diseases among residents, staff, and visitors to detect, prevent, and manage		
the spread of pandemic pathogens		
45. Update policies and protocols as per PH, MOH, MLTC		
46. Communication terminations, de-escalation, and recovery to residents, families, and staff		
47. Schedule OMT debriefing meeting		
48. Assess staffing and implement staff contingency plan if needed		



PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
Depending on the stage of the pandemic, epidemic or outbreak will implement: Assemble outbreak management team: The team should include the local public health unit along with Home's team members such as the IPAC Lead, Director of Care, Administrator, the Environmental Lead, departmental leads/managers, health care staff (as applicable), UniversalCare corporate team members and other appropriate team members Identify Outbreak Area(s): With the local public health unit, determine if all or only part of the Home will be considered an outbreak area. This will depend on where the disease cases are in the Home and how much residents, staff move between different parts of the Home and the layout of the Home Isolation, precautions initiation, and cohorting for residents 1. Isolation for affected residents by infection status/unit/identified outbreak areas/risk of exposure in collaboration with Public Health Unit and according to the cohorting guidelines, Government and Public Health Directives 2. Residents in the outbreak area/s should not mix with those in the non-outbreak area(s) 3. Follow maximum isolation in the room as per Ministry and PH directives 4. Facilitate internal transfer for residents by disease (e.g., COVID-19 (+)) status in collaboration with PH 5. If not able to cohort residents discuss with PH 6. Communication to residents/SDM as applicable regarding cohorting/internal transfer/transfer to hospital 7. Communicate/advise/brief teams with updates or notifications on outbreak/epidemic/pandemic: a. Residents, Families, Staff b. UniversalCare Corporate Team: Director of Clinical Services and Director of Senior Living, IPAC Manager c. Public Health d. Ontario Health Teams e. Ministry of Long-Term Care	Date	Responsible
f. Hospital IPAC Team g. Unions		



PANDEMIC/EPIDEMIC/OUTBREAK PLAN			
Services to Residents	Target Date	Position Responsible	
h. Staffing agencies			
i. Schools – student placements			
8. Review outside appointments to decide priority and risk to resident regarding re-scheduling Reschedule all			
non-essential appointments			
9. Tray service for isolation process, i.e., assign staff: Reusable dishware and utensils used for all residents			
including those on Additional Precautions.			
Cohorting of staff and services			
10. If there are outbreak areas and non-outbreak areas, assign staff to only one area for all of their shifts, if			
possible, during outbreak period			
11. Staff who have already worked in the outbreak area should be assigned to the outbreak area, assignment to			
non-outbreak areas should be avoided			
12. Prioritize assigning staff members to look after only one of the groups: disease positive or disease negative residents			
13. Staffing assignments should ideally be organized for consistent cohorting in specific resident areas to limit staff interactions with different areas of the Home			
14. Where possible, change rooms and break rooms should be on the floor to limit mixing of staff between floors or units, especially in an outbreak			
15. Staff assignments should remain as consistent as possible			
16. Identify staff pathway to reach COVID-19 Isolation Room/Unit			
17. Identify staff movement pathway by cohorting status			
18. Identify Nurses' Pathway for Medication Administration			
19. Designated equipment - [e.g., COVID-19 & non COVID-19 & different areas of the building] (i.e., medication			
carts, treatment carts, statoscope, otoscope, thermometers, lifts, slings, etc.); May need additional			
Medication/Treatment Cart to support cohorting when necessary			
20. Restrict access between affected & non affected area (such as separation doors)			
21. One (1) point of entry to the isolation area/unit (if possible)			
22. Allied health professionals should be cohorted based on infection status (confirmed infection, exposed or no			
infection) Staff access/redeployment: Hospital, Home and Community/Health Units, Staffing Agency			



PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
23. Restrict access between affected & non affected area (consider separation doors)		
24. One (1) point of entry to the isolation area/unit (if possible)		
Poster to identify cohorted/isolation areas including Front Door/ Separation		
25. All posters Protected/Laminated to allow cleaning & disinfecting		
Break Room:		
Sign to identify staff maximum capacity		
2. Poster: 2 meters physical distancing		
3. Break Room Instructions		
4. Cleaning and disinfecting supply		
5. PPE supply		
6. Poster Hand Hygiene		
Editable Floor Plans identifying by status of:		
1. Occupancy/accommodation		
2. Isolation room		
3. Cohorting		
4. Separation Doors areas		
5. Disease status: resolved/exposure/symptomatic/asymptomatic/pending/suspected/confirmed		
Identify residents with critical medical conditions and at high risk as per below but not limited to: COVID-19; Falls Diabetes Type 1 and 2; Diabetes and dialysis; Diabetes and obesity; Dialysis; Behavioural and Responsive Behaviour monitoring; Mental Health illness; Cardiomyopathy; Pulmonary Hypertension; High Blood Pressure; Congenital Heart Disease; Heart failure; Coronary artery disease; Lung Cancer; Cystic Fibrosis; COPD; Severe and moderate Asthma; Cancer any type; Blood disorders (sickle cell anemia; thalassemia Long-term use of prednisone or similar drugs that weaken your immune system; HIV/AIDS; Organ and bone marrow transplant; Chronic liver disease; Long term use of prednisone; Down syndrome		



	PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
	Services to Residents	Target	Position
		Date	Responsible
	residents that require high level of care		
	Review assignment distribution based on staffing at baseline, above baseline		
	Continue to provide care as identified in the plan of care		
3.	Establish access to Medical Care professionals, RN/EC availabilities, including up to date on-call list and on-site visits schedule		
4.	As available consider virtual care		
5.	Establish access to medical equipment and treatments		
	and security of the building and the grounds:		
	Review Homes review fobs, pass swipes currently in circulation.		
	Mag locks functioning		
3.	Continue fire drills/codes/evacuation: Table top scenarios discussion for of Fire Evacuation plans based on		
	minimum staffing		
	Follow, post, and review Ministry Directives as they arrive		
	ations/Treatments		
	gency/Contingency box medications:		
	Review content to ensure all listed and are approved medication is in place		
2.	DOC, Medical Director and Pharmacist to identify any other medication that should be part of the Emergency		
	Box during the pandemic/epidemic/outbreak, such as antiviral medication		
3.	Ensure enough government stock medication is in place and check expiration dates		
	w/request updated Pharmacy Pandemic plan regarding:		
	Delivery		
	Pharmacist access		
	Potential interruptions		
4.	Access to additional medication carts		
Medic	ation Administration:		
1.	Medication supply in place		



PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
Isolated residents, to administer medication by cohorting status as much as possible, or last to be administered the medication		
High alert medications should be prioritized:		
1. Pharmacy may provide report of residents on high alert medication necessary for their medical		
condition/disease management 2. Medication administration compression (last option)- in consultation with Pharmacy and prescriber		
3. Treatments to skin/pressure injuries:		
4. Pressure ulcers completed by RN/RPN		
5. Treatments to be treated based on orders, staggered to accommodate staffing and shuffling times.		
b. Treatments to skin injuries that require application of cream/ointment educate and delegate to		
PSW		
c. Training for PSW in all locations for Medication Administration		
PSW inform RN/RPN of any abnormal findings		
Assistance with feeding/hydration:		
a. Volunteers over age 18 may feed		
b. Feeding training (video) https://youtu.be/zZ-6Rp6hkhY		
c. College/University if allowed, hire RN/RPN Students		
d. Connect with the preceptors that have been in the Home for their clinical practice (Colleges and Universities		
open during pandemic for communication) e.		
Documentation: continue documenting in the electronic health record		
gg		
Vital signs equipment:		
1. In resident rooms for all COVID-19 cases, disinfect before and after each use		
2. All other infections disinfect before and after each use		
Death of a Resident and pronouncing: 1. Home's Policy and Procedure to be followed		



PANDEMIC/EPIDEMIC/OUTBREAK PLAN			
Services to Residents	Target Date	Position Responsible	
2. Coroner's Office direction			
Minimum Staffing:			
Staffing Plan reviewed monthly when not in outbreak and weekly when in outbreak			
2. Fan Out List: updated and accessible			
3. Staffing:			
Internally revise assignments based on staffing level			
Managers and Coordinators roles may change and reassign to floor duties:			
Corporate staff on site/on call			
Human Resources to be consulted for temporary switch shifts, temporary 12 hours shifts and temporary aboved abitts.			
shared shifts Home Mangers Time Off Contingency Plan			
Infection Prevention and Control Preventative Measures			
Set up Outbreak Management Teams during respiratory season in preparation for potential outbreaks.			
Ensure members of the Outbreak Management Team have been identified and ready to assemble as part of			
outbreak preparedness plan			
Review Ministry and Public Health Directives			
 Screening/screeners: Ensures control measures are in place as per the direction of Ministry and Public Health. 			
5. Entrance active screening and testing for staff, volunteers and visitors			
6. Residents screening available in the electronic health record for daily and post an absence			
Posters: in place and not limited to: Hand hygiene; PPE Donning/Doffing; Physical distancing; Cough etiquette; Mask application/removal; signs and Symptoms for not coming to work and not visiting			
IPAC Training/education to staff and visitors not limited to PPE Donning and Doffing, Hand Hygiene IPAC auditing: PPE usage; Environmental cleaning & disinfection; hand hygiene; IPAC self assessment; any other audits deemed necessary as per PH and MOH			
Supplies Management			



PANDEMIC/EPIDEMIC/OUTBREAK PLAN			
	Services to Residents	Target Date	Position Responsible
1. PF	PE burn rate completed daily during an outbreak		
	nsure PPE stock is available to all staff and visitors as per PH, MOH, MLTC (access to four weeks of undemic stockpile)		
3. Er	sure proper disposal of expired PPE		
	onitor N95 mask fit testing status for all staff		
	on Program		
	ganize vaccination clinics for residents and staff as required		
	sure proper administration and documentation of staff immunization as per internal policies and ocedures		
3. Me	edical directives in place resident specific and staff/caregivers		
	ng/surveillance: generate and analyze infectious disease line list/surveillance and share/consult with		
Public He			
	stal numbers of residents and staff in the Home		
	list (line list) of ill residents, staff and visitors including when they became ill, if they were tested and results,		
	nen they were in the Home, and if they remain at the Home or were transferred to hospital.		
	list of people who had exposure with those with the infectious disease. Note that in some outbreaks this ay include the whole unit or Home.		
	ontact tracing		
	entification and Management of III Residents		
	entification and Management of III staff		
	ollaborate with pharmacy for medication education, intervention, and supplies		
	etermine and apply engineering controls		
	onsult and collaborate with Public Health		
	aff and residents' up-to-date vaccination status		
11.16	esting as per Ministry Directives and Public Health Recommendations		
Review p	andemic/epidemic/outbreak plan: review twice per year or as needed		



PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Services to Residents	Target Date	Position Responsible
 Provide regular, timely communication to residents, families, SDMs, staff 		
2. Ensure staff contingency plan is in place		
3. Ensure non-compliance items are corrected after inspections		
4. Post-outbreak – ongoing monitoring for re-emergence of symptoms or complications		
Reopening Services – Follow Ministry Directives and Public Health recommendations:		
a. Essential services		
b. Non-essential Services		
c. Admission/re-admission		
d. Re-opening to visitors		
6. Pandemic Plan Debriefing/Revision		
7. Vaccination policies and procedures		
Integrate LTC/Retirement Homes as a partner of Health care System:		
1. Hospital		
2. HOME AND COMMUNITY/Health Units		
3. Public Health		

PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	Target Date	Position Responsible
Cleaning and Disinfection of Non-Critical Equipment: Statoscope; Otoscope; BP Machine; Pulse and Oximeter; thermometer; medication cart; Weight scale; heights equipment; lifts; slings; tubs		
Cleaning and Disinfection of Decorations: Christmas wreath; Christmas Tree and Decorations, etc.		
 Cleaning and Disinfecting with the Clorox 360 machine Clorox 360 machine: staff training on how to use 		
Housekeeping Department Cleaning in the following areas:		



PANDEMIC/EPIDEMIC/OUTBREAK PLAN		
Environmental Services	Target Date	Position Responsible
1. Resident Room		
Disinfect horizontal surfaces and high touch areas		
Clean up any spills		
Replenish hand sanitizer where needed		
Only urgent cleaning as requested		
2. Resident Washroom		
Clean as required and as directed by Charge Nurse		
3. Spa Rooms		
Clean/disinfect sink		
Clean/disinfect toilet		
Empty waste containers		
Replenish supplies, bath tissue, paper towels, soap, etc. Class up an illa.		
Clean up spills Depending on the stage on the pendemic all one reams may not be in use therefore staff can allege to their time.		
Depending on the stage on the pandemic all spa rooms may not be in use therefore staff can allocate their time elsewhere (i.e. enhance cleaning/disinfecting of high touch areas)		
4. Hallways		
Disinfecting handrails		
Remove debris from the floor		
Clean up any spills		
Replenish hand sanitizers where needed		
5. Dining Rooms		
Wipe/disinfect tabletops		
Wipe/disinfect chair arms		
Empty waste containers		



PANDEMIC, EPIDEMIC & OUTBREAK PLAN

PANDEMIC/EPIDEMIC/OUTBREAK PLAN				
Environmental Services	Target	Position Responsible		
Poplonish cumplies (poper towal good conitizor etc.) where peeded	Date	Responsible		
 Replenish supplies (paper towel, soap, sanitizer, etc.) where needed Remove debris from the floor 				
1 Remove debits from the floor				
6. Lounges				
Wipe/disinfect high touch areas				
Remove debris from the floor				
Replenish sanitizer where needed				
7. Elevators				
Wipe/disinfect elevator buttons inside and outside of the elevator.				
Wipe/disinfect handrails if applicable				
Laundry Department:				
EVS Manager/Laundry Services Team will working with the Nursing Department to reduce the laundry poundage by implementing the following measures:				
Changing bed linen only as needed				
Eliminate the use of table linen				
Reduce the volume of personal clothing by changing residents only when needed. If residents are on isolation patient gowns can be used instead of dressing residents or have them remain in their night clothing.				
Use disposable wipes, bed pads and incontinent products to help further reduce the laundry poundage				
 Ensure there is a supply of disposable bed pads, wipes and incontinent product. These items should be included in the plan for pandemic supplies 				



PANDEMIC, EPIDEMIC & OUTBREAK PLAN

PANDEMIC/EPIDEMIC/OUTBREAK PLAN				
Environmental Services	Target Date	Position Responsible		
If laundry service is done in house try outsourcing the service during the pandemic period and assign the staff to other departments to assist with resident care. Arrangements should be made with Laundry Service Providers ahead of time to manage this service in the event of an emergency/pandemic. Hospital service providers and uniform companies can be approached for assistance in this area. Focus on getting personal laundry done first then work on the general linen				
Maintenance Department:				
Maintenance personal will only focus on repairs that affect the safety and well-being of the residents and staff. Daily preventative maintenance will not take place except for the following (HVAC, Fire Safety, Nurse Call System, Lighting, Door Security, and Generator)				
 Arrange with Mechanical Service Providers to provide service to the Home in the event the in-house maintenance personnel are not available to work. Plan what service would be critical in your Home in advance 				
Other Considerations:				
 A. Staff Training a. Training staff on various duties in multiple departments (i.e. housekeepers can first be deployed to the dietary department and second to nursing) b. Retrain staff on hand hygiene and PPE c. Conduct tabletop exercise working with reduce staffing 				
 B. Supplies a. Setting up a pandemic supply (<i>i.e. Cavi-Wipes, hand sanitizers, soap, etc.</i>) back up plan with supplier b. Ensure there is an area where supplies can be safely secure to prevent hoarding and pilfering. 				
C. Service Providers				



PANDEMIC, EPIDEMIC & OUTBREAK PLAN

PANDEMIC/EPIDEMIC/OUTBREAK PLAN				
Environmental Services	Target Date	Position Responsible		
a. Discuss service continuity with External Stakeholders during pandemic planning. D. Public Health				
 a. Maintain contact information for your Home's designated Public Health Representative b. Contact Public Health and inform them that you are working with limited staff in housekeeping. They may provide additional direction to ensure IPAC measures are being achieved. 				

PANDEMIC/EPIDEMIC/OUTBREAK PLAN			
Communication Strategy	Target Date	Position Responsible	
Communication			
 Communication provided to residents, family members, staff and volunteers with changes during the pandemic and epidemic 			
2. Weekly updates to residents, family members, staff and volunteers are communicated during an outbreak			
3. Communication is provided in different formats:			
Electronically via email			
Letters hard copy			
Posters			
Communication boards			
Verbally			
By phone			
Care conference			
Meetings			



Incident Briefing Report

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:
		Date: Time:
		Date: Time: e incident site/area, impacted and threatened nics depicting situational status and resource
5. Situation Summary and Health an	nd Safety Briefing (for briefings o	r transfer of command): Recognize potential
incident Health and Safety Hazards equipment, warn people of the haza	and develop necessary measures	s (remove hazard, provide personal protective
6. Prepared by: Name:	Position/Title:	Signature:
ICS 201, Page 1	Date/Time:	



1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:	
		Date:	Time:
7. Current and Planned Objectives:			
8. Current and Planned Actions, Stra	ategies, and Tactics:		
Time: Actions:	<u>-</u> ·		
6. Prepared by: Name:	Position/Title:	Signature:	
		Signature	
ICS 201, Page 2	Date/Time:		



1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:
		Date: Time:
9. Current Organization (fill in addition	al organization as appropriate):	
	Incident Commander(s)	Liaison Officer
		Safety Officer
		Public Information Officer
Operations Section Chief Plans	ning Section Chief Logistics Section	n Chief Finance/Admin Section Chief
6. Prepared by: Name:	Position/Title:	Signature:
ICS 201, Page 3	Date/Time:	



1. Incident Name:		2. Incident N	lumber:			3. Date/Time Initiated:
						Date: Time:
10. Resource Summary:						
Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	N	otes (location/assignment/status)
6. Prepared by: Name:		Positio	n/Title:			Signature:
ICS 201, Page 4						



ICS 201 Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

Notes:

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Date/Time Initiated Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).
		North should be at the top of page unless noted otherwise.
5	Situation Summary and Health and Safety Briefing (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	Prepared by Name Position/Title Signature Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	Current and Planned Objectives	Enter the objectives used on the incident and note any specific problem areas.



Block Number	Block Title	Instructions
8	Current and Planned Actions, Strategies, and Tactics Time Actions	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	Current Organization (fill in additional organization as appropriate) Incident Commander(s) Liaison Officer Safety Officer Public Information Officer Planning Section Chief Operations Section Chief Finance/Administration Section Chief Logistics Section Chief	 Enter on the organization chart the names of the individuals assigned to each position. Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. If Unified Command is being used, split the Incident Commander box. Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	Resource Summary	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	Arrived	Enter an "X" or a checkmark upon arrival to the incident.
	Notes (location/ assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.



HIRA Risk Assessment

Threat	Probability	Consequence	Priority
Environmental			_
Tornado			
Severe Electrical Storm			
Flooding			
Hail			
Winter Storm			
Freezing conditions (prolonged severe cold)			
Site Contamination (infestation, chemicals)			
Group illness			
Tsunami			
Earthquake			
Threat	Probability	Consequence	Priority
Landslide			
Hurricane			
Wild Fires			
Severe Heat (40°C+)			
Organized/Deliberate Disruption			
Workplace violence (including threats)			
Neighbourhood violence (shootings/stabbings etc.)			
Sabotage (within the office)			
Theft / Robbery			
Arson			
Community disruption (protests, riots etc.)			
, , ,			
Utilities and Services			
External power failure			
Loss of natural gas			
Gas line rupture			
Loss of water			
Petroleum and fuel shortage			
Communications services breakdown			
Sewage/drainage/waste removal			
Air conditioning failure			
Heating system failure			
Infrastructure			
Building collapse / instability			
Transportation accident involving staff/clients			
On-site Fire			
Hazardous materials spill / release			
Working alone in the office			
<u> </u>			



Information Technology	
Loss of life safety / security systems	
Loss of nurse call system	
Loss of telephone communication	
Loss of internet communication	
Other risks	
Missing Resident	
Tenant Issues (in shared buildings)	
Public transportation failure	
Hazardous Packages	
Neighbourhood risk (hazardous industry etc.)	
Transportation corridor (within 1.6 km)	
Other	

RISK ASSESSMENT PROCEDURES

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

In the Probability column, rate the likelihood of each emergency's occurrence. This is a subjective consideration, but useful, nonetheless. Use a simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest. This number is entered into the probability column. The attached chart provides a guideline to assist in determining probability.

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

Once the probability is determined the impact of the emergency is estimated taking into consideration the potential human consequence (the probability of injuries or death), the potential property (damage, ability to quickly relocate) and the potential business impacts (Business interruption, staff unable to report to work, etc.).



This consequence is also based on a 1-5 scale. The attached chart has been provided as a guideline.

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

LEVEL OF RISK MATRIX



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

High Risk
Medium Risk
Low Risk

It should be noted that the level of risk is simply a planning tool, not a scientifically determination of what will occur. The highest priority items are addressed first, followed by the medium risks and where applicable the low-risk items.



Incident Manager Checklist Form

Record to be used for debriefing and to accompany final report to RD				
	TASK	COMPLETED		COMMENTS
		Yes √	No √	
1.	Set up Command Centre and implement disaster plan.			
2.	Note the time and identify when battery back-up will fail, if relying on battery to power essential services such as fire alarm system, door alarms, etc.			
3.	Check for persons trapped in elevator and call fire department/elevator service as applicable.			
4.	Begin logging activities during event, scrum meetings, and monitor news via a battery powered portable radio.			
5.	Account for all residents, all staff in building, and all visitors.			
6.	Pull Emergency Response Manual (ERM) and refer to Power Outage Section.			
7.	Direct staff as required and request they report back once assigned task has been completed.			
8.	Initiate staff fan-out to obtain additional assistance, if applicable.			
9.	Check if telephones are functioning. If not, plug regular phone into fax line and assign someone to monitor incoming calls.			
10.	Implement fire pickets, door monitoring, etc. when these systems go down.			
11.	Coordinate relief of staff guarding doors, etc.			
12.	Consider limiting visitors related to safety concerns (e.g. darkened stairwells, etc.)			



Purchasing Check Sheet

Role: Organize and supply medical and non-medical care equipment and supplies. Report to Logistics Manager.

Name:
Time (Note Below)Task
Coordinate facilities supply services staff members who are not involved in emergency operations
Develop an inventory of:Bandages, dressings, compresses, etc. • PPE for patient contact (surgical and N95 masks, gowns etc.) • Waterless hand cleanser and gloves • Linen and blankets • Water • Food • Other
Contact each department to determine equipment and supply needs
Create lists of available suppliers, pricing, etc.
Coordinate with the Finance Leader for purchasing
Coordinate with the Security Leader to protect inventory
Update the Logistics Manager through regular meetings / reports



Information Technology / Tele-communications Check Sheet

Role: Maintain computer, internet, fire alarm, paging, telephone and other communication systems. Report to Logistics Manager.

Name:
Time (Note Below)Task
Assess the status of telephone and computer systems
Assess the status of the fire alarm system
Notify the Logistics Manager if the fire alarm system is out of service and a fire watch is required
Establish a system of runners to convey important messages
Coordinate efforts of IT, telephone and fire alarm service companies
Provide 2 way radios where required
Provide regular briefings to the Logistics Manager



Security Check Sheet

Role: Organize and establish scene / facility security. Report to Logistics Manager.

Name:
Time (Note Below)Task
Appoint security personnel to monitor safety and security
Coordinate with contracted security service
Implement a lockdown of the facility except from emergency operations
Remove unauthorized persons from restricted areas
Ensure fire routes and ambulance loading areas are clear
Assist the Information Officer with establishing a media area
Initiate contact with fire / police agencies through the Liaison Officer
Provide vehicle and pedestrian traffic control
Ensure security of food, water, medical / vaccine supplies, fuel, and other resources
Ensure all safety and security personnel document all actions and observations
Establish fire watch / patrol if the fire alarm is out of service
Ensure regular briefings with safety and security personnel
Provide regular briefings to the Logistics Manager



Food / Dietary Check Sheet

Role: Ensure continuity of food services throughout the emergency event for both residents and staff. Organize food and water stores for preparation and rationing during periods of anticipated or actual shortage. Report to Logistics Manager.

Name:
Time (Note Below)Task
Meet with dietary staff not involved in emergency operations
Estimate the number of meals which can be served with existing inventory
Inventory the supply of emergency drinking water
Update the Logistics Manager regularly
Coordinate the acquisition of food supplies
Anticipate the need of staff breaks
Project needs for any incoming patients (Code Orange)
Arrange for dietary assessment of any incoming patients
Working with the Logistics and Administration Manager, make arrangements for outsid food services (if required)
Screen food received from alternate sources (e.g. volunteers or donations)



Human Resources Check Sheet

Role: Collect, inventory and assign staff and volunteers as needed. Provide for long term scheduling for extended events. Document scheduling and hours worked. Report to the Logistics Manager.

Name:
Time (Note Below)Task
Collect and inventory available staff at a central point
Receive requests and assign available staff as required
Call back off duty staff and volunteers as required
Establish a pool of volunteers identifying skill levels
Credential all volunteers arriving
Brief the Logistics Manager frequently as to staff/volunteer availability
Ensure documentation of all staff arriving and leaving, time sheets etc.
Provide time sheet tabulations to the Administration / Finance Manager
Establish staff rest area as required
Work out scheduling for long term events to maximize staff utilization
Monitor staff and volunteers for signs of stress / inappropriate behaviou
Provide for Employee Assistance Program as required
Provide for staff rest and relief



Safety – Job Action Sheet

Role: Monitor and have authority over the safety of operations.

Name:
Time (Note Below)Task
Receive appointment and briefing from the Incident Manager
Read this entire Job Action Sheet
Put on a Safety Officer vest
Communicate with the IMS team to determine safety / security concerns
Advise the Incident Manager and IMS team immediately of any unsafe, hazardous of security conditions
Appoint Assistant Safety Officers, as required, to assist in monitoring site safety
Provide direction to any person performing a task in a hazardous manner to ensure a workers are performing tasks in a safe manner
Attend IMS Team meetings



Liaison- Job Action Sheet

Role: Function as incident contact person for representatives from other agencies

Name: Time (Note Below)Task _____Receive appointment and briefing from the Incident Manager Read this entire Job Action sheet Establish a list of key contacts from other agencies MOHLTC Community Care Access Center (CCAC) Public Health • EMS: 9-1-1 Municipal Emergency Operation Center (EOC) Other agencies _____ _Code Orange - obtain information on the number of incoming persons that can be received and the type of care that can be provided Code Green - obtain information on the number of residents that need to be transferred and the type of care required _Keep MOHLTC contacts updated Request assistance from other LTC facilities or agencies ____Request assistance from municipal agencies Respond to requests and issues from the IMS team regarding organizational issues Assist the Operations and Logistics Managers in soliciting additional staffing resources from other agencies (as required) ____Appoint Liaison support staff as required ____Attend IMS Team meetings



Public Information – Job Action Sheet

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

Name:
Time (Note Below)Task
Receive appointment and briefing from the Incident Manager
Read this entire Job Action sheet
Identify restrictions in contents of news releases from the Incident Manager
Coordinate communications strategy for family members / stakeholders
If media are on-site, or expected, establish a Public Information area away from the ar where the response is being coordinated and resident home areas. Inform on-site media of th physical areas which they have access to and those which are restricted. (Coordinate with security)
Issue an initial incident information report to the news media
Contact other involved agencies to coordinate released information. Keep the Liaison Officer informed on actions
Obtain a progress report from the IMS Team as appropriate
Establish communications with family members
Notify the media about casualty status
Establish a news briefing cycle as approved by the Incident Manager
Contact a media / communications expert, as required
Brief and prepare the Administrator or spokesperson speaking to the media
Prepare a list of possible questions anticipated from media, families etc.



Prepare a responses for a	anticipated questions
Manage any media confe	erences
Attend IMS Team meetin	ngs



Administration/Financial - Job Action Sheet

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

Name:
Time (Note Below)Task
Receive appointment and briefing from the Incident Manager
Read this entire Job Action Sheet and attached sub-functions (documentation, finance, legal, administrative support)
Review the checklists
Appoint Administration/Finance Support staff as required
Ensure documentation of all IMS Team meetings, decisions and actions
Monitor all expenditures and provide financial reports
Notify insurance companies and the facility lawyer of the incident. (document time and who was spoken to)
Provide or arrange for administrative support to the IMS Team.
Attend IMS Team meetings



Planning – Job Action Sheet

Role: The planning function develops scenario/resource projections for the senior management team and undertakes long range planning (more than 2 hours). Time (Note Below)Task Receive appointment and briefing from the Incident Manager Read this entire Job Action Sheet Establish a status board and keep it current Research the factors surrounding the emergency _Ensure all IMS team members have appropriate policies/plans Monitor the external influences (e.g. weather, utilities, staffing, supplies etc.) Project the possible situation(s) in 2 hours (short term) Prepare options to respond to the possible short term situation Project the possible situation(s) in more than 2 hours (long term) Prepare options to respond to the possible long term situation Prepare a plan / strategy to restore the facility to normal operations Estimate the resource requirements and financial implications (in cooperation with the Administration/Finance Manager) to return to normal operations

____Attend IMS Team meetings



Logistics – Job Action Sheet

Role: Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

Name:
Time (Note Below)Task
Receive appointment and briefing from the Incident Manager
Read this entire Job Action Sheet and attached sub-function check lists
(HR, Food/Dietary, Facilities Management, IT, Security, Purchasing)
Appoint assistants as required (insert names)
Human Resources
Food / Dietary Leader
Facilities Management Leader
Information Technology
Security Leader
Purchasing
Brief assistants on the situation and action plan
Establish a regular meeting cycle of Logistics Team members
Obtain a damage assessment from the Facilities Management Leader
Obtain needed supplies with the assistance of the Administration/Finance Manager
Attend IMS Team meetings



Incident Manager- Job Action Sheet

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

Under normal circumstances, the Administrator will fulfill this role when the Senior IMS team is called together.

Name:
Time (Note Below)Task
Initiate the Incident Management System
Read this entire Job Action Sheet
Put on the Incident Manager (safety) vest
Appoint an Operations Manager (if required)
Appoint a Planning Manager (if required)
Appoint a Logistics Manager (if required)
Appoint an Administration/Finance Manager (if required)
Appoint an Information Officer (if required)
Appoint a Safety Officer
Appoint a Liaison Officer (if required)
Announce a status/action plan meeting of the IMS Team
Receive status report and discuss the initial action plan with the team
Receive initial facility damage survey report (Logistics function)
Obtain patient census and status from the planning manager



[Nursing Procedures Manual]

Section:	Subject:	Policy #:	
		Implemented	Reviewed
Approved by Director of Clinical Services			
Direct the Liaison Officer to establish contact with • MOHLTC • Community Care Access Center (CCAC) • Other agencies			
Authorize resources as requested by the IMS team			
Establish a meeting cycle and ensure team meets as per meeting cycle			
Communicate status to Chair of the Board of Directors or designee			
Consult with the IMS Tean	n on needs for staff and voluntee	r food and she	lter
Approve media releases submitted by the Information Officer			



Operations – Job Action Sheet

Role: Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts resident care, coordinate and ensure ongoing resident care during emergency operations.

Name:
Time (Note Below)Task
Receive appointment and briefing from the Incident Manager
Read this entire Job Action Sheet
Appoint Teams for each area of the operation (e.g. search teams, evacuation teams, nursing teams, as needed)
Brief all Teams for each area of the operation
Provide direction to the teams
Determine which teams are involved in the emergency and which teams are maintaining normal operations (Normal operations may be assigned to one team leader)
Provide direction regarding the emergency response actions for the incident (e.g. evacuation, search, reception etc.)
Coordinate staffing requirements with the Logistics Manager who will arrange for additional staff as required
Receive, coordinate and forward all requests for personnel and supplies to the Logistics Manager
Establish an advisory group as required (e.g. medical director)
Attend IMS Team meetings



Administration Support Check Sheet

Role: Responsible to provide administrative support to IMS Manager and Team Leaders. Reports to Administration / Finance Manager.

Name:
Time (Note Below)Task
Determine the administrative requirements for each IMS team
Appoint administrative support staff / volunteers as required
Administrative support services may include appointing runners for messaging as required
Provide regular briefings to the Administration / Finance Manager



Legal Check Sheet

Role: Responsible for receiving, investigating and documenting all claims reported. Review contracts. Report to Administration / Finance Manager.

Name:
Time (Note Below)Task
Receive and document alleged claims. Use photographs and video to document where appropriate.
Obtain statements from all claimants and witnesses
Enlist the assistance of the Safety Officer and Security Leader where appropriate
Update the facility's legal services and enlist their counsel as required
Review contracts or agreements being negotiated on short notice with vendors
Provide a summary of all alleged claims for the legal counsel and Administrator
Provide regular briefings to the Administration / Finance Manager



Documentation Check Sheet

Role: Responsible to document and coordinate the documentation of all incidents and actions. Report to the Administration / Finance Manager.

Name:
Time (Note Below)Task
Document discussions, decisions, and actions from IMS Meetings
Receive a copy of all documentation/reports from all IMS Managers and organize the documentation
Ensure a copy of all outgoing and incoming faxes are maintained
Obtain a copy of all resident transfer charts for documentation protection
Maintain a chronological chart of all key incidents, actions etc.
Provide regular briefings to the Administration / Finance Manager



Finance Check Sheet

Role: Monitor and document the utilization of financial assets. Oversee the financial requirements for the purchasing of supplies and equipment. Reports to the Administration / Finance Manager

Name:
Time (Note Below)Task
Monitor and document all purchases and expenditures
Maintain written reports summarizing financial data relative to personnel costs, supplies and miscellaneous expenses
Monitor current financial balances and credit limits
Request approval to extend lines of credit or other banking services as required
Negotiate terms of payment for supplies and emergency purchases
Document expenditures for reimbursement submissions – MOHLTC
Provide regular briefings to the Administration / Finance Manager



Facilities Management Check Sheet

Role: Maintain the integrity of the physical facility and provide adequate environmental controls. Report to Logistics Manager

Name:
Time (Note Below)Task
Coordinate facilities maintenance staff who are not involved in emergency operations
Conduct a damage/operational assessment Structural Electrical Generator Water and sanitary waste management Heating / Cooling Natural Gas Fuel supply Elevators Other
Control observed hazards, leaks, and contamination or notify emergency services (9-1-1) as appropriate
Ensure the Safety Officer is notified of any hazardous situations
Coordinate with contracted facility maintenance contractors and utilities
Identify areas for immediate repair
Arrange for a structural engineer to assess the facility if required
Photograph and document all damage
Identify areas where immediate salvage could save critical services and equipment
Assign staff to repair efforts
Establish alternate sanitation systems (portable toilets, hand washing areas) if required
Provide regular briefings to the Logistics Manager



Collision Reporting Forms

PROCEDURES

THE ATTACHED FORMS WILL BE USED IN THE EVENT OF A MOTOR VEHICLE COLLISION OR A MECHANICAL FAILURE INVOLVING A VEHICLE OPERATED BY UNIVERSALCARE.

ACCIDENT RESPONSE

- 1. In the event of any accident while driving a home vehicle or any vehicle while transporting home passengers, the following procedures will be followed:
- 2. Call 9-1-1 if injuries, fuel spillage, fire or any risk of other hazard
- 3. If there are not any injuries, fuel spillage or hazards call Police non-emergency number or proceed to the closest collision reporting centre
- 4. Evacuate the vehicle if there is any risk to passengers by remaining in the vehicle. Where possible, evacuation will be completed through the normal vehicle doors
- 5. If there is fire, smoke, or normal entrances are blocked, emergency exits shall be utilized. Where possible, one employee / volunteer will assist the passenger from inside the vehicle and one employee / volunteer will assist from outside the exit
- 6. Provide first aid to any injured persons
- 7. If there is no risk of fire or other immediate hazard to the passengers, they should remain in their seats. Injured persons should not be moved unless remaining in their location puts them at greater risk (e.g., need to evacuate)
- 8. Call the home and ask for your supervisor
- 9. The supervisor will notify the Administrator of any accident
- 10. Exchange the following information with any other vehicles involved in the accident:
 - License plate
 - > Vehicle description (make, model, colour, approximate year)
 - > Driver's name, address, license number
 - Insurance company / policy number
 - Ownership registered to (name, address)
- 11. Complete the accident report form and submit to the Administrator
- 12. A disposable camera will be kept on board each home) vehicle. The driver or other staff will take photos of any damage to the home) vehicle, other vehicles involved, or any property damaged. A photo of the intersection or roadway will assist in confirming the weather conditions
- 13. The Administrator will determine if a manager proceeds to the accident scene (if safe to do so). This would be to assist or provide guidance to any staff, volunteers, residents, or clients involved in the accident, take photographs of the accident, secure property, liaise with police or others

MECHANICAL BREAKDOWN

- 1. In the event of a mechanical breakdown, move the vehicle to a safe location off the traveled portion of the road, if possible
- 2. Call the home and ask for your supervisor
- 3. If the vehicle is in a dangerous location due to other traffic, notify the Police
- 4. Use reflective triangles to indicate a disabled vehicle



Home Name:	MOTOR VEHICLE COLLISION REPORT
Vehicle Owner's Particula	ars (PLEASE COMPLETE IN BLOCK LETTERS)
Full Name / Company	
run Name / Company	
Occupation Or Business	
Address	
	P/Code
Ph. Home	Work
Mobile	Fax
<u>Email</u>	
Driver's Particulars (PLEA	SE COMPLETE IN BLOCK LETTERS)
Mr /Mrs /Ms Surname	Other Names
Occupation	
Address	
	P/Code
Ph. Home	Work
Mobile	Fax
Fmail	



Your Vehicle					
Year Of Manufact	ture	Make		Model	_
Body Type	_	Co	olour		
Registration No.				Manual/Automatic	
Your Insurance D	etails	_	_		
Tour misurance D	Ctalls				
Name Of Your Ins	urance Con	npany			
Policy No.				_	
Accident Details					
<u>Date / /</u>	Tim	ie	Locat	ion	
Weather Condition	ons (🗸) W	et □ Dry □ Fogg	y 🗆 Sunny	y □ Overcast □ Other	
Speed Allowed	Km/ph Spe	ed of Your Vehicl	e? Km/P	h Speed of Other Vehicle?	? Km/Ph
What Warning W	as Given by	You (Horn Or Oth	ner)		
Road Conditions	(Paved, Wei	z, Snow, etc.)			
Did Anvone Admi	t Fault? If \	es. Who?			



Accident Description (PLEASE COMPLETE IN BLOCK LETTERS) To Be Completed By Driver
Add Another Page If Required
State Conversation With Other Drivers Witnesses Of Others
Was Your Vehicle Drivable? Y□N□ If No, Name Of Towing Company
vus rour vehicle brivasie. Tel Ne in No, Name of rowing company
Location Of Vehicle
Vahiela Damaga (describa vahiela damaga)



our Vehicle	Your Vehicle
ther Vehicle(s)	Other Vehicle(s)
FASE SKETCH SCENE OF ACCIDENT AND SHOW ALL TRAFFIC LIGHTS. STOP & VEILD SIGNS	DI FASE SKETCH SC



Indicate As Fol	IOW

Street/Intersection

Curved Street

Pedestrian

Your Vehicle

Other Vehicle (Direction Of Traffic Shown by Arrow)

Indicate Traffic Control Signs e.g. STOP (Sign) Indicate Direction Of North By Arrow

Particulars Of All Passengers In Y	our Vehicle (PLEASE	COMPLETE IN BL	OCK LETTERS)	
Name	Age	Sex M / F	Ph	
Address			P/Code	
Name	Age	Sex M / F	Ph	
Address			P/Code	
Name	Age	Sex M / F	Ph	
Address			P/Code	
Name	Age	Sex M / F	Ph	
Address			P/Code	
Police				
<u>Did The Police Attend?</u> Y □ N □	If No, Was The Acci	dent Reported To	The Police?	Y 🗆 N 🗆
If Yes, Which Police Station?		Date Report	ed / /	



Name Of Attending Police Officer	Polic	e No.
Did Police Charge Anyone? If Yes, Who?	?	
Nature Of Charge		
Did You Consume Any Alcohol Or Take A		
Did You Undergo A Breath Or Blood Test		
Driver Of Other Vehicle (PLEASE COMP	LETE IN BLOCK LETTERS)	
Vehicle 1		
<u>Name</u>	D.O.B. / /	
Phone No.	Mobile	
Address		
		P/Code
License No.		
Name Of Registered Owner		
Address		
Phone No.		
Make Of Vehicle	Model	



Witness 2 – If Applicable

Name	Phone No.		
Viewed Accident From			
Address			
		P/Code	
Declaration			
I declare the aforementioned to be tru	e and correct.		
Name Of Driver(print)			
Signature Of Driver	1	Date:	



VEHICLE CIRCLE CHECK
Date/Time: Vehicle # or license plate:
Name: Signature:
To be completed at the beginning of each shift and the changing of drivers.
☐ Check fuel tank and fuel cap
☐ Adjust seat and mirrors
☐ Start engine
☐ Check horn, wipers, and all gauges
☐ Check emergency equipment (First Aid kit, flares / reflectors, etc.)
☐ Check braking systems (main brake, emergency brake)
☐ Turn on lights (low beam and high beam),
☐ Turn signals, four-way flashers
☐ All lights
☐ Wheel lugs, nuts and tires
☐ Suspension and frame
☐ Doors, including emergency exits
☐ Seatbelts
☐ Check heater and defroster
☐ Check driver controls
☐ Insurance and Ownership documentation
Comments:



SUMMARY

The Administrator will maintain the responsibility to coordinate and direct all responses to all emergency situations.

PRE-PLANNING CHECKLIST Conduct a Hazard Identification and Risk Assessment (HIRA) Establish communication with the CCMC to determine area risks and municipal emergency plans. Establish communications with the local hospital emergency management coordinator. Establish communications with the local Home and Community Care Support Services (HCCSS) to review integrated emergency preparedness. Establish communication with the local fire prevention and life safety officer of the local fire department to ensure the fire safety plan meets industry standards. Be familiar with UniversalCare emergency preparedness plans. _Ensure an up-to-date staff call-out list is printed and distributed monthly, as appropriate. Ensure an up-to-date resident list, including acuity of care, is printed, and distributed as per the emergency response plan requirements. Identify and formalize letters of agreements with locations that can be used as an area of refuge and/or an evacuation site. Identify and formalize letters of agreements with transportation services, including patient transfer services, taxi services, bus companies, vehicle rental services, to provide resources in the event of an emergency and/or an evacuation. Identify and formalize letters of agreements with the pharmacy to provide emergency support of this will include the pharmacy having a business continuity plan to ensure the provision of medication in the event of an emergency at the pharmacy or in the community. Identify and formalize letters of agreements with food service suppliers to provide emergency support. This will include the food service suppliers having a business continuity plan to ensure the provision of food service in the event of an emergency at the food supplier or in the community. Identify and formalize letters of agreements with the bottled water supplier to provide emergency support. A minimum onsite storage of 4L of water per resident. In addition, 4L of water per staff member in attendance, based on peak staffing. Identify and formalize letters of agreements with the fuel supplier, for the emergency generator, to provide emergency support. This will include the fuel supplier having a business continuity plan to ensure the provision of fuel in the event of an emergency at the fuel supplier or in the community. The Administrator will ensure that the emergency generator fuel tanks never go below half capacity. Identify and formalize letters of agreements with PPE suppliers to provide emergency support. This will include the PPE supplier having a business continuity plan to ensure the provision of PPE supplies in the event of an emergency at the PPE supplier or in the community. The Administrator will ensure a backup supply of PPE that will be rotated regularly to prevent expiration of supplies.



All staff will receive training on fire safety and emergency preparedness during their orientation and updated/reviewed annually.
The Administrator will ensure an accurate list of staff with the dates of training, as well as annual updates is completed.
Staff shall sign a form acknowledging training, and review of fire safety and emergency preparedness training, including recognizing that the policies are understood, and all questions have been answered or clarified.
Update the disaster boxes monthly.
The Administrator will complete all areas identified in the emergency response plan to ensure facility compliance and preparedness.
The Administrator will confirm, in writing, to the Vice President of Operations that all the preparedness steps have been taken and the staff are appropriately trained.



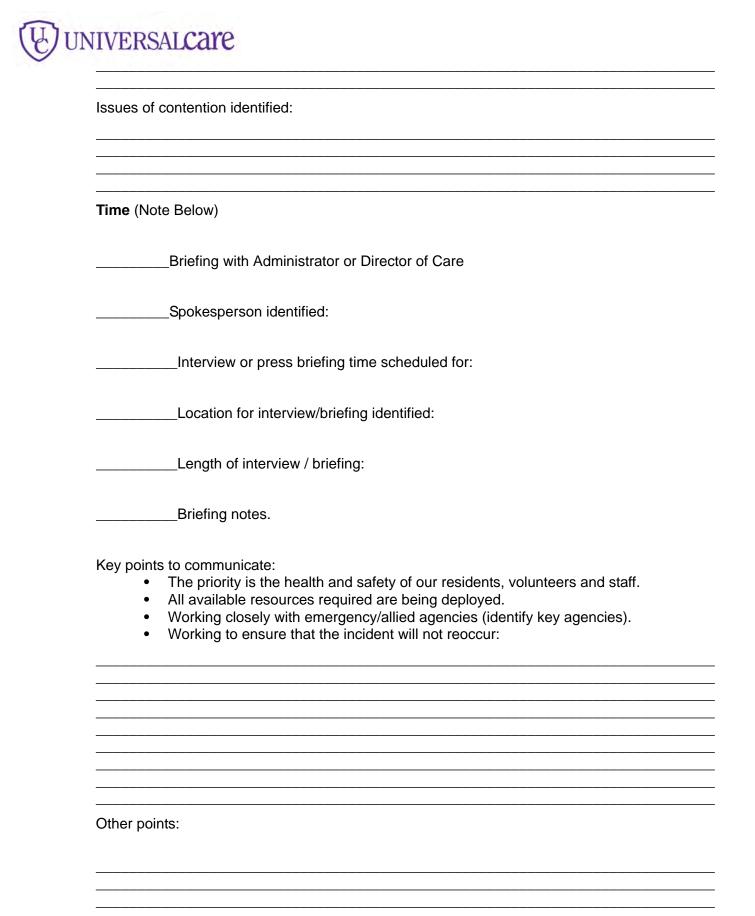
Dietary Inventory

FOOD ITEMS	# OF DAYS IN INVENTORY	COMMENTS
1 GOD II LIVIG	# OI DATO IN INVENTOR	COMMITTER
SUPPLY ITEM	# OF DAYS IN INVENTORY	COMMENTS
SUPPLY ITEM	# OF DAYS IN INVENTORY	COMMENTS
SUPPLY ITEM	# OF DAYS IN INVENTORY	COMMENTS
SUPPLY ITEM	# OF DAYS IN INVENTORY	COMMENTS
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SUPPLY ITEM	# OF DAYS IN INVENTORY	COMMENTS



PUBLIC INFORMATION OFFICER CHECK LIST

Date:
Time Public Information Officer designated:
Incident:
Public Information Officer:
Incident Manager:
Director of Care on location:
Administrator on location:
Time: briefed by Incident Manager.
Type of incident:
Time incident started:
Services on location or involved in responding to the incident.
EMS: 9-1-1
Police: 9-1-1
Fire: 9-1-1
Public Health
Public Works
Other:
Other:
Any injuries or deaths:
General actions being taken:





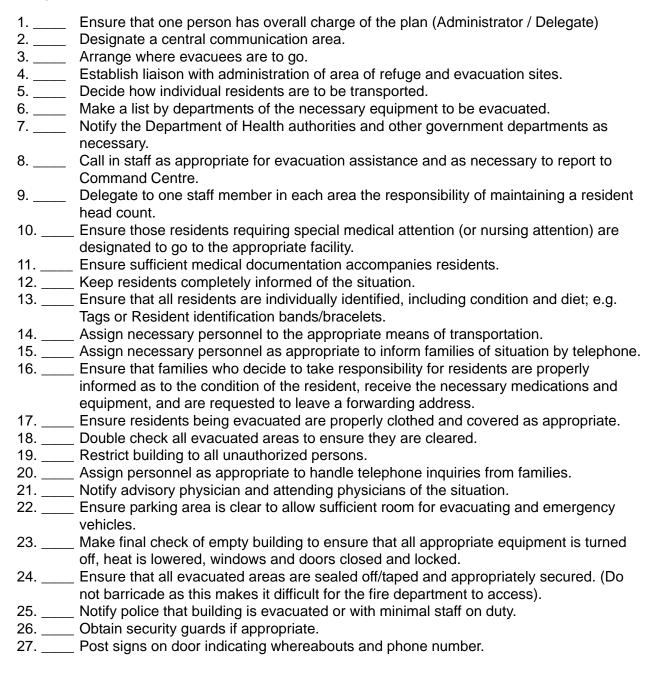
identif	y questions media/residents/families/stakeholders may ask:
Q:	
A:	
	_Briefing /press release approved by Administrator / designate.
	_Copies of press release printed for distribution to press.
	_Record all interviews, briefings, or other discussions with the media

_Notify the Administrator of any contentious issues that may be in the media



Checklist - Scrum

Time





Emergency Response Log/Scrum Log

DATE/TIME	ISSUE	ACTION



Transfer and Discharge Record Form

SHEET #:			DATE:		
FACILITY:			"TD" SUPERVISOR:		
ASSIGNED #	NAME (R)*/(O)*	TRANSFERRED TO	NOTIFICATION OF KIN	EXIT LOCATION	TRIAGE TAG#

^{*(}R) – Resident

^{*(}O) - Other (staff, visitor, volunteer, etc.)



Inventory Checklist Form

EQUIPMENT/ SUPPLIES ITEM	LOCATION #1 QUANTITY			FION #2 NTITY	LOCATION #3 QUANTITY	
	IN	OUT	IN	OUT	IN	OUT



Checklist - Receiving

1	Phone all required available staff and volunteers to report for duty. Only required help is solicited so as to prevent congestion and/or confusion. Plan to staff at higher ratios than normal.
2	Organize the facility and equipment in preparation for the evacuees if opportunity available.
3	Set up a central receiving desk to check in all residents and allocate the appropriate receiving area.
4	Check in equipment received, record and allocate as necessary as per Inventory Checklist. Ensure equipment is labeled as well.
5	Ensure that all residents received are appropriately identified as to name, condition, and diet.
6	Delegate supervisory responsibilities to senior staff available.
7	Designate areas and responsibilities to all staff and volunteers.
8	Assess and identify a care level for all residents received.
9	Notify advisory physician about the situation and quantity of temporary admissions.
10	Orientate unfamiliar staff and residents to the facility and explain the necessary regulations.
11	Keen residents and staff informed of current status of evacuation



CODE GREEN INCIDENT MANAGER CHECKLIST

Initial incident Manager:
Date:
Time (Note Below)
Determine the type of emergency
Determine the need for a Code Green (persons in danger)
Determine the extent of a Code Green (partial or total evacuation)
Activate Stage 1 Fire Alarm
Activate Stage 2 Fire Alarm for a total evacuation
Advise all staff of the location of the "Code Green"
Delegate a staff member to announce "Code Green (location)" x3 on the paging system
Call 9-1-1 stating the type and location of the emergency
Initiate the staff call back list
Contact transfer facilities, ensure they have the appropriate resources to accept residents
Retrieve Evacuation Kit from reception or a nursing station
Designate two outside exits for safe Resident pickup sites
Delegate Registered Staff or Department Head for each pickup site to supervise and be responsible for liaison with the Incident Manager
Direct the activities of all Home personnel
Maintain a record of evacuees (attached Evacuation Log)



Notify the Fire Department (9-1-1) or appropriate agency of persons not accounted for their last known location	and
Ensure all residents are identified with name badges and transfer information tags	
Coordinate the transportation of residents	
Be responsible for listing the residents' destinations	
Transporting the residents' charts to the place where residents have been relocated	
Remove staff schedules, visitors and volunteer logs to the command post to assist wit safety accountability of all staff	hа
Provide for the continuing care of the residents	
Establish a meeting of the senior IMS team	
Appoint a Liaison Officer to maintain communications with Emergency Services	
Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies	Э
Appoint a safety officer to monitor the safety of all personnel in the building other than emergency service personnel	
Appoint a Public Information Officer	
Establish other IMS team functions as necessary	
Notify the MOHLTC	
Notify the Vice President of Operations and the Medical Director	



CODE BLACK – BOMB THREAT INCIDENT MANAGER LOG/TIME SHEET

Incident Manager:
Time (Note Below)
Time original threat received
Original Threat reported to Charge Nurse by
The Charge Nurse becomes the Incident Manager until relieved by a more senior staff member
The Incident Manager advises all staff and visitors "Code Black – Please turn off all cell phones and wireless phones." (repeat three times)
Police notified via 9-1-1, by person who received the threat
Command post established in the Board Room/Equivalent (rooms must be searched)
If the threat identified a specific location or a suspicious object located commence an evacuation of the floor - staff assigned to search all other areas to ensure there is not a secondary device
If the threat is non-specific, staff assigned to search the entire facility
Police arrived at the Home
Police assess the situation and provide direction
Administrator or delegate notified (initiates Call Back List)
*MOHLTC notified (1-866-434-0144)
Administrator will determine if the senior IMS team needs to be organized
Staff assigned to first search areas
Time (Note Below)

NIVERSALCare				
Staff assigned to search the ba	sementteam le	ader	#	
Staff assigned to search 1st floo	or North Wing	team leader		#
Staff assigned to search 1st floo	or East Wing	team leader		ŧ
Staff assigned to search 2nd flo	or North Wing	team leader	#	<u></u>
Staff assigned to search 2nd flo	or East Wing	team leader	:	#
Staff assigned to search 3rd flo	or North Wingt	eam leader	#	
Staff assigned to search 3rd flo	or Central Win	gteam leader		#
Staff assigned to search the roo	of team lea	der	#	
Staff assigned to search ground	ds & parking te	eam leader	#_	
Staff assigned to search		team leader		#_
Staff assigned to search		team leader .		#_
Remind the team leaders to send one Second search of the facility and g Time (Note Below)			jer every 10 minu	utes.
Staff assigned to search the ba	sementteam le	ader	#	
Staff assigned to search 1st floo	or North Wing	team leader _		#
Staff assigned to search 1st floo	or East Wing	team leader	#	<u> </u>
Staff assigned to search 2nd flo	or North Wing	team leader	#	<u>!</u>
Staff assigned to search 2nd flo	or East Wing	team leader		#



Staff assigned to search 3rd floor North Wingteam leader	#
Staff assigned to search 3rd floor Central Wingteam leader	#
Staff assigned to search the roof team leader#	_
Staff assigned to search grounds & parking team leader	#
Staff assigned to searchteam leader	
Staff assigned to searchteam leader	#
Remind the team leaders to send one person back to the Incident Manager every 10 r	minutes.
Suspicious package located	
Suspicious package located. Location:	
By whom:	
Police notified of suspicious package. Officer:	
Police advise what areas need to be evacuated	
Code Green initiated for floor where package located and the area police advise Green policy	e – refer to Code
Searchers updated (continue searching other areas)	
Administrator or delegate notified	
MOHLTC (1-866-434-0144) notified by Administrator or delegate	



_Initial debriefing completed at command post ____MOHLTC Incident Report completed Notes:



Threatening Call Information Report

When a bomb threat is received: Listen, be calm and courteous. Obtain as much information as you can. Try to write out the exact wording of their responses and the threat. Use the back of the page if required.

Questions to ask:
When will the bomb explode?
Where is the bomb? (Specific location):
What does it look like?
Why did you place the bomb there?
What is your name?*
Where are you calling from?*
*Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.
Date Time Received
Approximate length of call
Identifying characteristics of the caller:
SexEstimated age group
Accent
Voice (e.g. Loud, soft, effeminate)
Speech (fast, slow, nervous)
Diction (good, nasal, lisp)
Command of the language (articulate, poor, words out of context, mispronunciation)
Manner (calm, emotional, vulgar)

UNIVERSALCATE	
Mannerisms (pet phrases, uncommon words)	
Anything familiar about the voice	
Any background noises	
Does the caller seemed to be familiar with the area or building	
What phone line was the call received on	
Use the back of the sheet to add as many details as possible	
Call police 9-1-1. Time called:	
Notify Immediate Supervisor or Charge Nurse. Time notified:	
Notify Administrator and Director of Care. Time notified:	

FOLLOW CODE BLACK PROCEDURES



CODE PINK – SUMMER WEATHER NOTICE INCIDENT MANAGER CHECKLIST

	_Morning check of weather
	_30 minutes checks of local weather
Time:	
 warnin	Severe thunderstorm warning for jurisdiction, monitor weather every 15 minutes unting has been cancelled.
	Tornado warning for immediate area, page Code Pink three times.
The fo	ollowing applies to Code Pink:
	Move all residents to corridor and to internal central areas, away from windows
	Close all drapes
	Move beds of residents, who are bed ridden, into corridors.
	Instruct visitors to remain in corridors with residents.
	Monitor weather stations continually until tornado warning has been cancelled.
Record	d time of cancelled tornado warning:
	Code Pink all-clear paged after tornado warning cancelled.



CODE GREY – AIR EXCLUSION INCIDENT MANAGER'S CHECKLIST

Incident Manager:
Time (Note Below)
Notification received from:
Agency (Local Emergency Departments):
Contact Information:
Were Local Emergency Departments Called
Known information:
Notify all staff of the Code Grey
"Code Grey – please close all open windows and exterior doors"
Director, Property and Environmental Services notified
Administrator or designate notified
External Ventilation system shutdown
All exhaust fans shutdown (if applicable)
Were automatic doors disconnected
Assign staff to each entrance to restrict the exit of residents, staff and visitors from the facility to reduce harmful effects from outside air. Ensure that each door closes completely before opening the next door in the vestibules. (Although you cannot legally prevent a person from exiting the building, you can explain the potential hazards of the outdoor air quality.)
Monitor residents, staff and visitors for abnormal breathing difficulties



_____Establish contact with the local emergency services (Fire / Police) as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility



CODE BROWN – HAZARDOUS MATERIAL SPILL INCIDENT MANAGER CHECK LIST

Date:	Incident Manager:
Time (Note Below)	
Time spill dis	covered
Person discovering	the spill
Location of the spill	
Substance Spilled (if known)
	or Supervisor notified will assume the role of Incident Manager until relieved irector, Property and Environmental Services or delegate
Name of initial Incid	dent Manager:
Cordon off th	e area and establish a safety perimeter
Determine if	an evacuation is required: YES NO (circle)
Page Code G	Green (location) x3 if emergency evacuation or area required
Administrator	or delegate notified if evacuation is required, or injuries occurred
Incident Man	ager will notify all staff of the "Code Brown" identifying the location (floor/area)
After hours n maintenance staff s	otify the Manager of Support Services or delegate to determine if should be called in
If the spill is of a f material:	lammable material or there are any injuries/illness from the spilled
Call 9-1-1	

NIVERSALCare
Clear the area of all persons
Ensure there are no sources of ignition
Ventilate the area by opening windows (if safe to do so)
Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes. Contaminated clothing left for Spill Response Team to determine disposal or cleaning methods
Fire Department arrival (if 9-1-1 called)
EMS arrival (if 9-1-1 called)
Police arrival (if 9-1-1 called)
Maintenance Staff Response
Time arrived
Maintenance Staff arrive at the location to assess the situation
Name:
Name:
Certified worker rep of the Health & Safety Committee
Name:
Additional team members:
Name:
Name:
Name and quantity of the substance spilled determined

NIVERSALCATE



Date / Time of removal:
Surface of spill area decontaminated
Method of decontamination:
All clear given
Incident Report completed



CODE YELLOW- MISSING RESIDENT INCIDENT MANAGER CHECKLIST

Resident Name:
Incident Manager:
Time:(Note Below)
RHA Leader notified within 5 minutes of being noticed missing (current time)
Missing resident reported to RHA Leader by:
Time noticed missing by the staff member:Date:
RHA Leader becomes the Incident Manager until relieved by a more senior staff member
Search of wing initiated
Check resident sign in/out sheets
Advise all staff that you are looking for a specific resident
Announce, or have announced
"Attention please, would (resident/client's name) please return to (wing/program area) immediately."
"Attention please, would (resident/client's name) please return to (wing/program area) immediately."
"Attention please, would (resident/client's name) please return to (wing/program area) immediately."
Contact visitors who may have been visiting the resident
Call other units / program areas to determine if the resident is on anotherDelegate a staff member to check external sitting areas

10 minutes after RHA Leader notified (total of 15 minutes since resident went missing) regardless of the completeness of the current search for the resident:



Advise all staff of a "Code Yellow" including the wing and resident name
Police notified 9-1-1
Complete Missing Persons Report
Police arrived at facility
Advise the police if the resident is registered with the Alzheimer's Society Wandering Registry so the police can access the file on their CPIC (computer) system
Retrieve Disaster Box box from reception for access to emergency numbers and equipment
Activate the staff call back list if outside of weekday business hours
Notify the Administrator or Administrator on call
Notify the Medical Director and Director of Care
Obtain and distribute photo of the resident to all searchers
Ministry of Health notified
Family of missing resident notified.
Family member name
By whom
Outline below your: Initial Search of the Facility and Grounds





Outline your: Second Search of the Facility and Grounds				
				



Initial Surrounding Community Search

- 1. Community Search must be done in pairs. Searchers must have cell phone contact.
- 2. The search will be made from safe locations (e.g. sidewalk) and not put the search teams at risk.
- 3. The police will do a more thorough search of the areas.

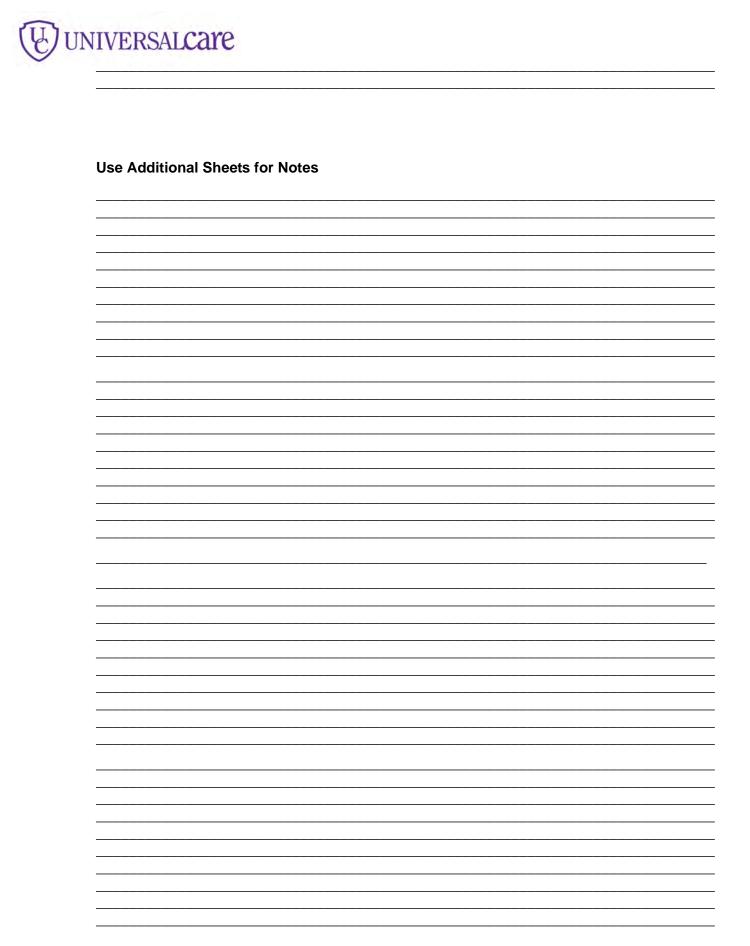
Outline your findings below:	
	—



Second Search of the Surrounding Community

- 1. Community Search must be done in pairs. Searchers must have cell phone contact.
- 2. The search will be made from safe locations (e.g. sidewalk) and not put the search teams at risk.

3. The police will do a more thorough search of the areas





Resident Located
Time (Note Below)
Resident LocatedWhere:
By whom:
Resident Condition:
Medical Assessment or EMS required:
Family Advised
Police advised (9-1-1)
Searchers advised
Administrator Advised
Director of Care Advised
Medical Director Advised
Board Chair Advised
*Ministry of Health - regional office – notified
Initial Debriefing
Ministry of Health Incident Report completed

Comments:



[Nursing Procedures Manual]

Section:	Subject:	Policy #:	
		Implemented	Reviewed
Approved by Director of Clinical Services			

^{*} asterisk notes calls made by the Administrator or Director of Care



MISSING RESIDENT SEARCH

Resident Name:		Room	Numbe	per: Physician's Name:				
Date:		Time Last Seen: Time Discovered Mis-			l Missing:			
Physical Information								
Age:	Height: Weight:							
Hair Colour: Eye Colour: Glasses: Yes □ No				No □				
Special Identifying Features (i.e. walker, cane, etc.):								
Description of Clothing Last Seen Worn:								
Photograph Available:	Yes		No □					
			Sea	rched				
Time search began: Staff Members								
Time search complete: Searching:								
Area	C	Search Complet			Area		Sear Comp	-
Area Bedroom Areas (under beds, closets, etc.)	Yes	omplet		Elevators	Area			-
Bedroom Areas		Complet □	ed	Elevators Stairwells			Comp	leted
Bedroom Areas (under beds, closets, etc.)	Yes	Complet □ □	ed No □				Comp Yes □	No □
Bedroom Areas (under beds, closets, etc.) Bathrooms	Yes Yes	Complet □ □ □	No 🗆	Stairwells			Yes □ Yes □	No 🗆
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas	Yes Yes Yes	complet complet	No 🗆	Stairwells Hidden Aı	reas	g lot	Yes □ Yes □ Yes □	No
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas Kitchen	Yes Yes Yes	complet complet	No D No D No D No D	Stairwells Hidden Ai Grounds	reas	g lot	Yes ☐ Yes ☐ Yes ☐ Yes ☐	No
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas Kitchen Staff Lounge	Yes Yes Yes Yes Yes Yes Yes	complet	No	Stairwells Hidden Ar Grounds Vehicles/F Bushes Sheds	reas	g lot	Yes	No D
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas Kitchen Staff Lounge Laundry Rooms	Yes Yes Yes Yes Yes Yes Yes	complet	No	Stairwells Hidden Ar Grounds Vehicles/F Bushes Sheds Roads	reas	g lot	Yes	No D
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas Kitchen Staff Lounge Laundry Rooms Storage/Service Areas	Yes Yes Yes Yes Yes Yes Yes	complet	No	Stairwells Hidden Ar Grounds Vehicles/F Bushes Sheds Roads	reas	g lot	Yes	No D
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas Kitchen Staff Lounge Laundry Rooms Storage/Service Areas	Yes Yes Yes Yes Yes Yes Yes	complet	No No No No No No No No	Stairwells Hidden And Grounds Vehicles/F Bushes Sheds Roads Omes	reas Parkin		Yes	No
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas Kitchen Staff Lounge Laundry Rooms Storage/Service Areas Dining Room(s)	Yes Yes Yes Yes Yes Yes Yes	Complet Complet	No No No No No No No No	Stairwells Hidden And Grounds Vehicles/F Bushes Sheds Roads Omes	reas Parkin	g lot n Completed d and confir	Yes	No D
Bedroom Areas (under beds, closets, etc.) Bathrooms Lounges/Common Areas Kitchen Staff Lounge Laundry Rooms Storage/Service Areas Dining Room(s) Resident found?	Yes Yes Yes Yes Yes Yes Yes Yes	Complet Complet	ed No	Stairwells Hidden And Grounds Vehicles/F Bushes Sheds Roads Omes	reas Parkin Search found	n Completed	Yes	No D



MISSING RESIDENT SEARCH

Resident Confirmed Missing (after search)			
Notifications that Resident Missing	Notified by:		
Position	Name	Time Called	
Administrator			
Director of Care/Clinical Director			
Corporate Office			
Attending Physician			
Ministry of Health/RHRA			
Family/Next of Kin			
Relationship to resident:	Telephone #:		
Address:	•		
Police Notified: Yes ☐ N/A ☐	Office Name:		
Time Called:	Badge No:		
Nurse Manager Signature:	Date:		
Administrator/GM Signature:	Date:		



MISSING RESIDENT SEARCH

Resident Found				
Assessment of resident's condition when found:				
Notification that Resident Found	Noti	fied by:		
Position		Nam	1 е	Time Called
Administrator				
Director of Care/Clinical Director				
Corporate Office				
Attending Physician				
Ministry of Health/RHRA				
Family/Next of Kin				
Police N/A □				
Physicians Orders (if applicable):				
		ting/Action P	lan	
Safety precautions to prevent re-oc	currence	ə:		
Incident Report Documented Y	es 🗆	No □		
Charting completed Y	′es □	No □		
Care Plan Updated Y	es 🗆	No □		
Nurse Manager Signature:			Date.	
Traise Manager Digitature.			Dato	
Administrator/GM Signature:			Date:	



CODE WHITE- VIOLENT SITUATION INCIDENT MANAGER CHECKLIST

Incident Manager:
Reporting Staff Member:
Time (Note Below)
Call police 9-1-1
Announce Code White 3 times
 "Code White (location)" "Code White (location)" "Code White (location)"
Direct staff to remove all persons from the area of the threat
Identify (if possible) the identity of the person(s) involved
Determine if any weapons are involved
Only as a last resort to stop an ongoing attack (and no weapons are involved), assemble a team to restrain the threat – 5 to 6 people to simultaneously intervene)
Confirm that a staff is meeting the police at the main entrance with directions and alternate access to situation
Delegate a person to notify the Administrator or Administrator on call
Update the police within 5 minutes of the first call
Ensure first aid is provided (when safe to do so) and EMS is called for any injuries. Injured staff are to report to the First Aid Room if possible
Ensure WSIB reports are completed for any injured staff
Ensure all staff involved in the incident (including those involved in evacuating the area) complete an incident report on their observations and actions – prior to leaving



CODE WHITE- VIOLENT SITUATION- RESIDENT INCIDENT MANAGER CHECK LIST

Upon discovery of a situation of where a resident is exhibiting responsive behavior that could potentially harm the resident or others, notify other staff of code white
Remain with resident, however, outside of the reach of any responsive behavior
Notify registered staff – registered staff to respond to site
Code White paged over paging system 3 times
Remove if safe, all the residents/visitors from the area, establishing a safe perimeter
Remove if safe, objects that can be used as weapons from the area
Review resident chart for orders
Contact physician for orders
If the resident does not settle and continues to pose a risk, contact the physician regarding Form 1 under the Mental Health Act. If the resident is Formed call 911 for transport to the hospital for assessment.
If situation is deescalated assign one on one staffing for the remainder of the shift
Incident Manager/Registered nurse/Designate shall debrief all staff on how situation was handled
Complete incident report form and forward to the Joint Occupational Health and Safety Committee for review
Administrator to notify the Director of Senior Living of all incidents that result in injury of anyone or during the transfer of a resident to the hospital



CODE RED- FIRE INCIDENT MANAGER/FIRE WARDEN CHECKLIST

Initial Incident Manager / Fire Warden:
Date:
Time:
Determine the source of the fire (alarm) or smoke
Ensure the fire alarm system has been activated
Ensure all staff are notified of the location of the fire
Appoint a person to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm
Appoint a person to meet fire fighters at the front door, ensure the front door is unlocked and call the elevators to the first floor
Appoint a person to activate the staff call back list if there is any indication of a true emergency (e.g. smoke, actual fire, explosion etc.). This will start with the notification of the Administrator or designate
At the fire area:
Ensure evacuation of the fire area begins immediately after the announcement of the "Code Red" for that area starting with the rooms closest to the fire location
Maintain a record of residents evacuated
Assign staff to monitor exit doors and account for all residents and visitors in the area
Provide assistance to the Fire Department as requested
In the evacuation area:
Complete an accounting (head count) of evacuated residents and staff Ensure all persons are accounted for
If persons are missing notify the Fire Department



After the incident has concluded

Once the incident	nas concluded, the Incident Manager / Fire Warden will:
Have "	All Clear" announced to all staff
Reset t	ne fire alarm system(s), mag lock system, and elevators
	that the Director, Property and Environmental Services or designate is equipment that was used
Comple	te the appropriate incident reports and forward a copy to the Administrator
Docum	ent staff in attendance and forward the list to the Director, Property and vices



CODE BLUE – RESIDENT-MEDICAL EMERGENCY INCIDENT MANAGER CHECK LIST

Upon discovery of a resident in medical distress, assess for CPR or no CPR assess DNR is yes or no
Request assistance form another staff member and initiate CPR as appropriate and continue CPR until Paramedics arrive
Page Code Blue with the location, if paging is available, where paging is not available designate a staff member to call other unit(s)
Assign staff member to call 911
Assign staff member to wait at the entrance to escort paramedics
All registered staff will respond to the location
Management team in the home to respond to the location
PSW in the resident-home area will respond to the location, but not put at risk any residents by leaving (e.g., in the bathtub/shower)
Have staff member bring medical equipment to the location
Create transfer record from Point Click Care along with a photocopy with the CPR Record, MOHLT DNR Form and the Medication Administration Records
Notify family
Notify Physician
Ensure appropriate documentation is completed in the resident's chart
Director of Care (DOC) notified as per home protocol



CODE 99 – MEDICAL EMERGENCY INCIDENT MANAGER CHECK LIST

Date:
Incident Manager:
Time (Note Below)
Charge Nurse Notified of Medical Emergency
Patient originally observed / discovered by
"Code 99 (location)" Paged x3
Arrival times and names of the responding nursing staff Emerg Kit
Y / N
Y/N
Y/N
Y/N
Y/N
The first arriving nurse will become the Incident Manager
A nurse will assess the patient and determine what interventions are required
Summary of Assessment
Summary of Interventions



EMS required? (Yes/No)
9-1-1 Called by whom
Person assigned to meet EMS
Advise any staff or volunteers not required to return to their normal duties
Notify the Administrator/Designate if the emergency is a critical incident involving a staff member, volunteer or visitor
 Critically injured - means an injury of a serious nature that: places life in jeopardy; produces unconsciousness; results in substantial loss of blood; involves the fracture of a leg or arm but not a finger or toe; involves the amputation of a leg, arm, hand or foot but not a finger or toe; consists of burns to a major portion of the body; or causes the loss of sight in an eye.
As defined by Regulation 834 of the Occupational Health & Safety Act
Administrator/Designate notifies the Health & Safety Committee of critical injuries to any staff, contracted staff or volunteer
Administrator/Designate notifies the Ministry of Labour of critical injuries to any staff, contracted staff or volunteer
Next of Kin notified as appropriate
Assessment and interventions summarized on Incident Report
Incident Report submitted to MOHLTC where appropriate
First Aid Kit and Emergency Kit restocked



CODE ORANGE – EXTERNAL EMERGENCY INCIDENT MANAGERS CHECK SHEET

Date:
Incident Manager:
Time (Note Below)
Call Received
Caller's Name:
Organization:
Contact phone:
Cell phone:
Contact email:
Estimated number of incoming patients:
Demographics of incoming patients:
Circumstances of relocation:
Where patients are arriving from:
Estimated time of arrival:
ETA less than 3 hours (180 minutes) – immediately notify all staff Code Orange ETA greater than 3 hours (180 minutes): call together the Senior IMS team
Staff notified of Code Orange



Notify the Administrator or desi	gnate
Staff Call Back List initiated	
First IMS Meeting – 20 minutes	s after Code Orange paged
Function assignments:	
 Operations Logistics Planning Administration/Finance Safety Liaison Communications 	Name: Name: Name: Name: Name: Name:
Tasks to be addressed by the IMS Te	am
Call the original caller to reconf	firm the data on incoming patients
Information:	
Evaluate the capability of (inse	rt name) Home to assist in the incident
	ing organization to advise how many patients can be presenting conditions based on the resources available
Security assigned to reception	entrance



Name(s):	
Access controlled – lock all exterior entrances	
Receiving area for patient assessment determined Location:	
RN(s) assigned to patient triage / assessment area Name(s):	
Dietitian (if available) assigned to patient triage / asset	
Social Worker (if available) assigned to patient triage Name(s):	
Support staff assigned to patient triage / assessment Name(s):	
ID Tags for incoming patients	
Location to house patients determined Location(s):	
Staff assigned to patient housing areas	
Nursing staff Name(s):	_
Social Work / Activation staff Name(s):	_



Housekeeping staff	
Name(s):	
Dietary staff	
Name(s):	
	-
	-
Laundry staff	
Name(s):	
rtamo(o).	
	-
	_
Administration support (documentation)	
Name(s):	
	_
	_
Clergy	
Name(s):	
	-
	-
Feeding plan determined	
Overnight accommodations / facilities plan de	storminad
Overnight accommodations / facilities plan de Cots / Mattresses required	eterriirieu
Blankets required	
Dialikets required	
Assistance requested from:	
MOHLTC	
CACC (Central Ambulance Communication (Center)



Emergency Management
Public Health
Red Cross
Local Grocery Suppliers:
Local Bedding / Linen Suppliers:
:::
Othor



Admissions/Discharge Record Form

RECEIVING CENTRE:	DATE:	

#	TIME	NAME	ADMITTED FROM	DISCHARGED TO	TAG#	COMMENTS

SIGNATURE:



Checklist- Post Event

1	Thank everyone:
	Residents that have been inconvenienced
	Staff who have helped
	Volunteers
	Families
	Media
	Government agencies
	Receiving facilities
	> Ambulance
	Transportation
2	Notify Government Agencies of residents who went home for billing purposes
	Take linen inventory to assess loss
4	Take food inventory to determine costs/loss
5	Take equipment inventory to assess loss
6	Take supply inventory to determine costs by utilizing Inventory Checklist 03-15-07
7	Investigate missing items immediately
8	Establish additional staffing costs
9	Reimburse staff for expenses due to travelling, etc.
10	Establish total cost of evacuation
11	Write a formal report



Checklist - Returning to Evacuated Area

1	Facility must be inspected and approved for resident re-occupancy by appropriate
	individuals or authorities; e.g.:
	Air quality after gas leak, smoke fumes
	Safety of water for drinking
2	Notify appropriate government authorities about return
3	Check all operational equipment and air the building out
	Designate a central control area for returning residents, staff, and equipment
5	If needed, arrange for a meal or snack for returning residents, staff, and equipment
6	Review lists of equipment to be returned and arrange return to designated control area
7	Contact staff regarding scheduling for re-admission
8	Notify advisory and attending physicians of return date and time
9	Notify families about time and date of return. Schedule re-admission of residents who
	have been with families last
10	Double check and identify residents as they disembark from the various means of
	transportation
11	Assess and document resident status upon return to facility
12	Ensure that residents and equipment are returned to appropriate areas
13	Notify media and issue media statement
14	Investigate missing items immediately



$\frac{\text{RECORD OF ATTENDANCE FORM}}{\text{FLOODING}}$

	DATE:	TIME	8:		
	OBSERVATI	ION AREA:			
	Name	Department	Signature	,	
	General				
	Question			Yes	No
1		emoved from the area or hom	e area affected?		
2	Was the area assessed for	<u> </u>			
3		nitiated (if facility noted to be	e on flood plain)?		
4		eal the flood (if applicable)?			
5	Were a list of potential im	pacts created?			
	Problems/Concerns:				
					_
					-
					-
	Corrective Action:				
			/		-
	Signature:				
	- O				



RECORD OF ATTENDANCE FORM ASSESSMENT AND TREATMENT CENTRE

	DATE:	TIME	E:		
	OBSERVAT	ION AREA:			
	<u>Name</u>	<u>Department</u>	Signature		
	General				
	Question			Yes	No
1	Was an Assessment & Tr route & adjacent to a nurs	eatment Centre established clasing station?	ose to an evacuation		
2	Was the triage tag system	utilized?			
3	Was the access to this a deliver care?	area restricted to those injure	ed and those required to		
4	Was a resident informat	ion function established to p	provide information as it		
5	becomes available? For the residents that wer	e not in immediate distress, w	vere they taken to the		
	Area of Refuge?				
	Problems/Concerns:				
					-
	Corrective Action:				
	Signature:				



RECORD OF ATTENDANCE FORM EMERGENCY FAN OUT

	DATE:	TIME:		
	OBSERVATIO	ON AREA:		
	<u>Name</u>	<u>Department</u> <u>Signature</u>	<u> </u>	
	General		T *7	1 37
1	Question Are staff aware of the requi	irements of an emergency fanout list (i.e proximity)?	Yes	No
2	=	list been provided to a nearby facility?		
2		here the emergency fanout list is located in the		
3	Were staff assigned who to	call based on their role?		
4	move on to the next person	ach the staff member, did they leave a message and a listed?		
5		corded that were <u>able</u> to arrive at the facility?		
6		corded that were <u>unable</u> to arrive at the facility?		
7	Was the total time to call a	II staff recorded?		
	Problems/Concerns:			
				-
				-
				-
	Corrective Action:			
				-
				-
				-



RECORD OF ATTENDANCE FORM OPERATING AS A RECEIVING CENTRE

DATE: _		TIME:	
	OBSERVATION AREA:		
	OBSERVATION AREA.		

<u>Name</u>	<u>Department</u>	<u>Signature</u>
_		

Pre-Planning

	Question	Yes	No
1	Are staff aware of the neighboring facilities from which the home would operate as a receiving centre for?		
2	Were the optimum # of transfers into the facility for days, evenings and nights identified?		
3	Were the types/levels of care that the home can accept outlined?		
4	Were all staffing contingencies and requirements discussed?		
5	Were supply needs and inventory checklist forms established?		
6	Was the staff emergency fan out list activated?		
7	Was documentation initiated for residents admitted for temporary accommodation?		
8	Was a Triage, Admission Desk and Command Centre established?		
9	Was a staff member designated to orientate evacuees to facility regulations?		
10	Was a checklist used to control the flow of supplies and equipment form receiving sites?		

Problems/Cor	icerns:	 	 	



Corrective Action:						
Signature:						



RECORD OF ATTENDANCE FORM TRIAGE CATEGORIZATION

	DATE:	TIMI	E:		
	OBSERVA	TION AREA:			
	<u>Name</u>	Signature	2		
	General			T	
	Question			Yes	No
	Are staff aware of the en would be required?	mergency circumstance in which	ch Triage categorization		
2	Were staff able to identi	fy all Triage Tag colours?			
3		fy the meaning of each Triage			
1		location of the Tags in the Dis			
5	Were staff able to identithe description of the res	fy and associate the appropriat sident's condition?	e Tag colours based on		
	Problems/Concerns:				
					-
					-
					-
	Corrective Action:				-
					-
					-
					-
					-
	Signature:				



RECORD OF ATTENDANCE FORM CARBON MONOXIDE ALARM

	DATE:	TIM	1E:		
	OBSERVA	ATION AREA:			
	<u>Name</u>	<u>Department</u>	Signature		
	General				
	Question			Yes	No
1		ff removed from the area or ho			
2		tside doors leading to that area			
3	_	appliances in the area (e.g., stor Manager/Designate and Admi	- '		
4		e with the preferred vendor ma			
6		feeling ill was call 9-1-1 called			
	Problems/Concerns:				
					-
	Corrective Action:				
	Signature:				



$\frac{\text{RECORD OF ATTENDANCE FORM-}}{\text{NATURAL GAS LEAK}}$

	DATE:	TIME:				
	OBSERVAT	ION AREA:				
	Name Department Signature					
	Natural Gas Odor					
	Question			Yes	No	
1	dissipate the odour?	etected, were the exhaust fans tur	ned on to see if the			
2	If the odour persists, was					
3		n, charge nurse or designate information				
3	_	was detected, was the natural gas	shut off?			
4	Was the Fire Department	called 911?				
	Natural Gas Alarm (If av	vailable at your facility)				
	Question	, which is jour inviting)		Yes	No	
1	Was all equipment in the	area turned off?				
2	Was the need for a Code (Green Evacuation determined?				
3	Were all residents and sta doors?	ff removed from the affected area	and beyond fire			
4	Was the Fire Department	called 911?				
	Problems/Concerns:					



Corrective Action	on:			
G:				
Signature:		 	 	



$\frac{\text{RECORD OF ATTENDANCE FORM}}{\text{LOSS OF POWER/UTILITY FAILURE- TEST OF EMERGENCY}}\\ \text{SYSTEMS}$

	DATE:	TIME:			
	OBSERVAT	TON AREA:			
	<u>Name</u>	<u>Department</u>	Signature	<u>Signature</u>	
			-		
	General Question			Yes	No
1	_	ne on? (with or without generato	r)	100	110
2	Was the local utility company called to report incident and obtain recovery				
3	Was the generator inspected to proper operation while running				
4	Was paper back up forms for documentation provided to nursing staff (MARS, Progress notes, Etc.)				
5	Was staff assigned to wat	ch mag locked doors?			
	Problems/Concerns:				-
	Corrective Action:				-
	Signature:				-



RECORD OF ATTENDANCE FORM UTILITY FAILURE- LOSS OF WATER

	DATE:	TIME:			
	OBSERVATI	ION AREA:			
	<u>Name</u>	<u>Department</u>		<u> </u>	
	General				
	Question			Yes	No
1	Were the quantity of water bottles required and storage locations determined?				
2	Were water bottles distributed to resident home areas as required?				
3	Were arrangements for additional supply of water to be brought to the home?				
4	Were staffing levels reviewed and arrangements for extra staff made?				
5	Were use of portable toilet or toilet flushing alternatives arranged?				
	Problems/Concerns:				
					-
	Corrective Action:				
	Corrective Action.				
	Signature:				



RECORD OF ATTENDANCE FORM LOSS OF HVAC SYSTEMS

DATE:		TIME:			
	OBSERVAT	TION AREA:			
	Name Department Signatu			<u>re</u>	
					1
	Question			Yes	No
1	-	ed and reset if applicable?			
2	Was the preferred service vendor notified/service call made?				
3	Was the Hot Weather Prevention and Illness Plan Initiated (If applicable)?				
4	Were alternative plans for cold weather initiated (if applicable)?				
	D 11 /G				
	Problems/Concerns:				
					-
					-
	Corrective Action:				
	Confective Action.				
					-
	Signature:				
	~-B				



RECORD OF ATTENDANCE FORM CODE PINK – TORNADO WARNING

DATE:		TIME:	
	OBSERVATION AREA:		

<u>Name</u>	<u>Department</u>	<u>Signature</u>

General

	Question	Yes	No
1	When news of a tornado was "Code Pink" announced three times?		
2	Were all residents moved to the main corridor away from windows?		
3	Were all drapes drawn (to protect against breaking glass)?		
4	Were beds of residents who are bed ridden moved into corridors?		
5	Was the Tv/Radio left on to keep informed about tornado updates?		
6	Were all emergency items Assemble in a central area:		
	o Chart Rack;		
	 Dressing tray with supplies; 		
	o Med Cart & all med bins;		
	o Urinals;		
	o Bedpans;		
	o Blankets;		
	o Flashlights;		
	o Portable phone;		
	 Staff phone numbers; 		
	o Battery operated radio; L.O.A. Book		
7	Was Code Pink All Clear announced after warner lifted?		



oblems/Concerns:	
rrective Action:	
gnature:	



RECORD OF ATTENDANCE FORM CODE BLACK – BOMB THREAT

	DATE: TIME:				
	OBSERVATION	ON AREA:			
	<u>Name</u>	<u>Department</u>	Signatur	<u>e</u>	
	General			T	T
	Question	1 10		Yes	No
l 	Was the time of the incider)		
2	Was the threat reported to Was a Code Black properly	the charge nurse or designate	<u>'</u>		
) 1		on would first received/encou	intered the threat?		
5	Was the command post est		intered the timeat:		
5	=	ect was located, did an evacu	ation of the area		
7		ch the home for additional ris	sks?		
	Problems/Concerns:				-
	Corrective Action:				
	Contective Action.				
	Signature:				



RECORD OF ATTENDANCE FORM **CODE GREY** – EXTERNAL AIR EXCLUSION

	DATE: TIME:			
	OBSERVATI	ON AREA:		
	<u>Name</u>	<u>Department</u> <u>Signatur</u>	<u>e</u>	
	General Question		Yes	No
1	Was the time of the report	documented?	168	110
1	Was Code Grey called 3 ti		1	
	Were all exterior doors an			
	Were all residents who we	ere outdoors brought in?	+	
2	Was external/internal air f fire alarm?	ans (HVAC) shut down by management or activating		
3	off?	stove fume hoods, as well as dishwasher fans shut		
4		rculating Fans shut down (if applicable)?		
6		are monitored to ensues restriction?		
7	Were automatic doors to t	he exterior disconnected/shut off?		
	Problems/Concerns:			
				-
				-
	Corrective Action:			



Signature:			



RECORD OF ATTENDANCE FORM CODE BROWN – CHEMICAL SPILL

DATE:		TIME:	
	OBSERVATION AREA:		

<u>Name</u>	<u>Department</u>	<u>Signature</u>

Manageable Spill: Protocol for Spill Clean-up Team

Question	Yes	No
Was the Charge nurse/Designate notified?		
Was the area assessed by the Charge Nurse/Designate?		
Was the Director of Environmental Services/Designate notified?		
Was the area cordoned off and someone assigned to keep residents and visitors away from spill?		
Was the Code announced three times?		
Did the announcement include the spill location?		
Was the source of the spill identified and restricted?		
Was the name and quantity of the substance spilled, identified?		
If there are fumes, was the air handling system shut down to prevent the fumes from contaminating entire building?		
Was the Material Safety Data Sheets (MSDS) reviewed?		
Were the proper Personal Protective Equipment (PPE) utilized based on the MSDS sheet?		
Was the spill kit stored at the nursing storage obtained?		
Were all floor drains/other means of environmental release protected?		
Were the loose spill control materials distributed?		
Was necessary equipment available to discard of the spill materials once absorbed?		
Was a hazardous waste sticker completed?		
	Was the Charge nurse/Designate notified? Was the area assessed by the Charge Nurse/Designate? Was the Director of Environmental Services/Designate notified? Was the area cordoned off and someone assigned to keep residents and visitors away from spill? Was the Code announced three times? Did the announcement include the spill location? Was the source of the spill identified and restricted? Was the name and quantity of the substance spilled, identified? If there are fumes, was the air handling system shut down to prevent the fumes from contaminating entire building? Was the Material Safety Data Sheets (MSDS) reviewed? Were the proper Personal Protective Equipment (PPE) utilized based on the MSDS sheet? Was the spill kit stored at the nursing storage obtained? Were all floor drains/other means of environmental release protected? Were the loose spill control materials distributed? Was necessary equipment available to discard of the spill materials once absorbed?	Was the Charge nurse/Designate notified? Was the area assessed by the Charge Nurse/Designate? Was the Director of Environmental Services/Designate notified? Was the area cordoned off and someone assigned to keep residents and visitors away from spill? Was the Code announced three times? Did the announcement include the spill location? Was the source of the spill identified and restricted? Was the name and quantity of the substance spilled, identified? If there are fumes, was the air handling system shut down to prevent the fumes from contaminating entire building? Was the Material Safety Data Sheets (MSDS) reviewed? Were the proper Personal Protective Equipment (PPE) utilized based on the MSDS sheet? Was the spill kit stored at the nursing storage obtained? Were all floor drains/other means of environmental release protected? Were the loose spill control materials distributed? Was necessary equipment available to discard of the spill materials once absorbed?



Unmanageable Spill: Flammable Material or any Injuries/Illnesses

	Question	Yes	No
1	If the spill is flammable was 911 called?		
2	If the spill is flammable, were all persons cleared of the area and were any sources of ignition removed?		
3	If anyone was contaminated, were they attended to?		
4	Was the Administrator/designate notified if spill is unmanageable by staff?		
5	Was the name and quantity of the substance spilled identified? (Where safe to do so)		
6	Was the Material Safety Data Sheet (MSDS) obtained?		
7	Was an evacuation determined if necessary?		
8	Was an arrangement for a commercial spill response team made?		
9	Was the arrangement made with the appropriate company?		
10	Was a Senior IMS team initiated?		
11	Was the MOHLTC notified if an evacuation or displacement of residents occurred?		
12	Was the Ministry of Labour notified if any critical injuries to staff occurred?		

Problems/Concerns:	 	
Corrective Action:		
Signature:		



RECORD OF ATTENDANCE FORM CODE YELLOW – MISSING RESIDENT

DATE: _		TIME:	
	OBSERVATION AREA:		

<u>Name</u>	<u>Department</u>	<u>Signature</u>

General (on residents' unit/floor)

	Question	Yes	No		
	First Phase: The First 5 minutes				
1	Was the resident sign in/out booked checked?				
2	Was a systematic search of the immediate area where the resident was last seen initiated?				
3	Was the start time of the search documented?				
4	Was the DOC/Designate notified?				
5	Did the nurse from the unit take the residents chart to the command post (reception desk) with a description of what the resident was wearing?				
6	Was the resident photograph in the chart photocopied for distribution to people searching for the resident?				
7	Was the floor plan located on the clipboards in the emergency pocket on each unit and department to document each area searched?				
	Second Phase: 10-minute time frame		II.		
		Yes	No		
8	Was Code Yellow called with the O Name of the resident O Residents room number O Clothes being worn O Any other distinctive features				
9	Was the message repeated three times?				
10	Was the message repeated 3 minutes after, if the resident did not return?				
11	Were the following areas rechecked: the areas resident may routinely visit; and the sign in/out sheets?				



Third Phase: Escalated Situation 15 minutes after the first phase initiated

	Question	Yes	No
16	Was a 2 nd Code Yellow by the Fire Panel called with the		
	 Name of the resident 		
	 Residents room number 		
	 Clothes being worn 		
	 Any other distinctive features 		
17	Was the Code Yellow paged after 5-minutes?		
18	Were the police notified with a description of the resident provided?		
19	Was a missing person report completed?		
20	Did the direct maintenance staff to bring the elevators down to the main floor and put on service with the doors open.		
21	Was the DOC, Administrator/GM (if not in building) contacted?		
22	Was the family contacted?		
23	If between 11pm-7am has the fan out list been started to increase search response?		
24	Were the outside ground checked?		
25	Was the physician notified?		
26	Was complete documentation of all actions just prior to the search, during the search and immediately after the search done?		
27	Did it include the following:		
	 Time resident last seen and by whom 		
	 Time resident discovered as missing 		
	 Any unusal behaviour 		
	 Search procedures and involvement 		
	 Search procedures and involvement 		
	 Notification time of pertinent individuals 		

Resident found

	Acsident toung		
28	Notify:	Yes	No
	o The Police Services (9-1-1)		
	Resident POA		
	o Administrator		
	 Director of Care/Designate 		
	 Vice President of Operations 		
	Medical Director		
	o MLTC		
29	Was "Code Yellow All Clear" called three times?		
30	Was the family notified?		
31	Was proper documentation in the progress note completed?		
32	Was the resident assessed?		



Problems/Concerns:	 	
Corrective Action:		
Signature:		



RECORD OF ATTENDANCE FORM CODE WHITE – VIOLENT RESIDENT

DATE:		TIME:	
	OBSERVATION AREA:		

<u>Name</u>	<u>Department</u>	<u>Signature</u>

General

	Question	Yes	No
1	Did a staff member stay with the resident?		
2	Was the Code announced three times?		
3	Was the location of the situation announced?		
4	Did appropriate staff respond to the location?		
5	Did the nurse in charge assign task to staff who responded?		
6	Were residents in immediate danger removed from the situation?		
7	Were potential weapons removed from the area?		
8	Were visitors removed from the area?		
9	Was a safe perimeter established?		
10	Was the family contacted?		
11	Was the doctor contacted?		
12	Was a chemical/physical restraint order issued?		

Escalated Situation

13	Was the physician contacted regarding a Form 1 under the Mental Health Act?	
14	If so, were the police called?	
15	Was all information given to police?	
16	Was the Original Form 1 form sent to hospital with resident?	
17	Was the family notified?	



De-escalated Situation

	Question	Yes	No
18	Was a one to one assigned to the resident for the rest of the shift?		
19	Did a situation debrief occur with all parties involved?		
20	Was a progress note completed, outlining: Clearly identify the trigger if known State what worked and what didn't work What made the situation better, what made it worse What actions did staff take Who was called and when Were restraints used or not etc		
21	Was the resident's Care Plan Updated?		
22	Was a resident incident report completed?		
23	Was an employee incident report completed (if applicable)?		

bblems/Concerns:	
rrective Action:	
gnature:	



RECORD OF ATTENDANCE FORM CODE WHITE – VIOLENT SITUATION

	DATE:	TIME:					
	OBSERVATION AREA:						
Name Department Signature							
				-			
				-			
	General						
	Question			Yes	No		
1		ember of the crisis situation remo	ove themselves from				
2	the situation?	1 51 1 1 9 91	0				
3	Was 911 called and provide Was the Code announced to	ed with as much detail as possibl	e?				
4	Was the Code announced to						
5							
6	Did appropriate staff respon	te danger removed from the situation	tion?				
8	Were visitors removed from		uioii;				
9		munication and non-violent in	terventions used to				
,	deescalate the situation?		derventions used to				
10	Once the incident was cont	rolled, was an all-clear announce	ed?				
11	Was an incident report con	-					
12	For those residents affected	an involved, were their POA's	contacted?				
	D 11 /C						
	Problems/Concerns:						



Corrective Action:			
Signature:			



$\frac{\text{RECORD OF ATTENDANCE FORM}}{\text{\textbf{CODE BLUE}} - \text{RESIDENT MEDICAL}}\\ \underline{\text{EMERGENY}}$

DATE:		TIME:	
	OBSERVATION AREA:		

<u>Name</u>	<u>Department</u>	<u>Signature</u>

General

	Question	Yes	No
1	Did one staff member stay with the resident while another was told to get help?		
2	Was Code Blue and the location announced three times?		
3	Was 911 called if required?		
4	Did all registered staff respond to the location?		
5	Did the nurse in charge (nurse on unit) assign someone to bring the needed equipment to the code blue location?		
6	Did the nurse in charge (nurse on unit) assign someone to prepare documents for transfer to hospital including? O Transfer/discharge record from PCC O Medication list O Copy of advance directives		
7	Did the nurse in charge (nurse on unit) assign someone to contact the family?		
8	Did the nurse in charge (nurse on unit) assign someone to wait for paramedics at the front door (if applicable)?		
9	Was CPR initiated as per advanced directive?		
10	Was the DOC/CD notified (if not during regular hours)?		
11	Was proper documentation of the code blue documented in the resident's chart?		



Problems/Concerns:	
Corrective Action:	
Signature:	



RECORD OF ATTENDANCE FORM CODE 99 – EMERGENCY MEDICAL SITUATION- NON-RESIDENT

	DATE: TIME:			
	OBSERVATIO	ON AREA:		
	<u>Name</u>	<u>Department</u> <u>Signature</u>		
	General		T 7	
-	Question	00 10 10 10 10	Yes	No
1	- ·	e 99, were staff nearby requested for assistance?		+
3		tion announced three times? e building, when the Code was paged, did they		
3	attend to the medical emerg	gency bringing a		
4	Did all registered staff resp	ond to the location with the Medical Emergency?		
5	Was the medical equipmen	t needed brought to the Code location?		
6	Did you determine if EMS	-		
7	duties?	t required, were they advised to return to their		
8		cumentation complete? i.e WSIB forms, first-aid ce reports, incident investigation forms etc.		
	Problems/Concerns:			-



Corrective Action:			
Signature:	 	 	



RECORD OF ATTENDANCE FORM CODE ORANGE – EXTERNAL DISASTER

DATE:		TIME:	
	OBSERVATION AREA:		

<u>Name</u>	Department	<u>Signature</u>

	Question	Yes	No
	Upon receiving the phone call indicating potential incoming patients,		
	was the following contact information obtained:		
	 Full contact information of the caller 		
	 Time frame to anticipate patients 		
	 Where the patients are coming from 		
	 Demographics of the incoming patients (Long Term Care, 		
	Retirement, Group Home, Community etc.)		
	 Anticipated numbers of patients 		
	 Resources accompanying the patients (e.g., nursing staff, 		
	volunteers, etc.)		
	 Anticipated duration of the stay 		
	 Physical/medical/emotional condition of the patients 		
1	Was the Code announced three times?		
2	Was the Incident Management Team (IMS) assigned?		
3	Was the data of incoming patients reconfirmed?		
4	Were any conditions/restrictions addressed based on the resources available?		
5	Was a staff call back list initiated to provide addition staffing for incoming persons?		
6	Was a triage area set up for incoming persons to be assessed?		
7	Was patient documentation completed?		
8	Were patient identification tags accessed?		



9	Was a multipurpose room and washrooms established for incoming patients?	
10	Were security personnel assigned to direct incoming patients?	
11	Were clergy arranged to offer spiritual support?	
12	When the last incoming patient has been relocated, was an all-clear announced?	
Prob	lems/Concerns:	
Corr	ective Action:	
Sign	ature:	



Unannounced Emergency Tests Scenarios

Code/Emergency:	
Date:	
Scenario:	
Outcome:	
Education Provided to Staff on:	
See attached Record of Attendance.	