THE SALVATION ARMY

OTTAWA GRACE MANOR

Emergency Management Plan

June 2026

1156 Wellinton Street West
Ottawa, ON
K1Y 2Z3
(613) 722-8025
www.gracemanor.ca

Ottawa Grace Manor Emergency Management Plan

This plan has been established as per the requirements in section 90 of the Fixing Long-Term Care Act, 2021 and sections 268 to 271 of the Ontario Regulations.

Contents

Hazard Identification & Risk Assessment

Training and Orientation

Partnerships and Engagement

Accessibility of the Emergency Plan

Supplies and Resources

Roles and Responsibilities

Communications

Recovery

Testing and Evaluation

Emergency Codes

HIRA

A Hazard Identification and Risk Assessment was completed as part of the creation of this plan and is reviewed during the annual evaluation for any changes. The Public Safety Canada Taxonomy of hazards and a community environmental scan are used to identify potential hazards for analysis.

Training and Orientation

Ottawa Grace Manor has adopted the use of standardized emergency colour codes for communicating emergency situations to staff. Training on these codes and role specific requirements is provided to all staff, volunteers and students before they perform their responsibilities and annually thereafter.

Partnerships and Engagement

Ottawa Grace Manor has engaged with organizations who may be involved in or provide emergency services within the community the home is located. These include:

- Ottawa Fire Services

- Ottawa Office of Emergency Management
- The Salvation Army Bethany Hope Centre
- Ottawa Citadel
- The Salvation Army Isabel & Arthur Meighen Manor
- The Salvation Army R.H. Lawson Eventide Home

Accessibility of the Emergency Plan

This plan is made available to stakeholders in the following ways:

- Copies have been provided to:
  - Ottawa Fire Services
  - Ottawa Office of Emergency Management
- Available on the Ottawa Grace Website https://www.gracemanor.ca
- Staff access via Policy Medical and Surge Learning
- Provided upon request in alternative formats
- Emergency Contact Telephone numbers are maintained within the facility

Supplies and Resources

All equipment and supplies including food, fluids, medications and personal protection equipment needed to ensure the safety and well-being of residents during an emergency are readily available within the home. Ottawa Grace Manor has a process to inventory, monitor and replenish these supplies when needed.

Roles and Responsibilities

Maintaining consistency of assigned roles and using known and common nomenclature in disaster management is essential for effective communication and response to emergency events. At Ottawa Grace Manor, the charge RN role is assigned 24/7 and therefore assumes initial responsibility for all emergency situations until relieved by a senior manager or emergency personnel in a position of authority. The use of facility job titles is maintained throughout the emergency plan to ensure all staff understand their assigned roles.

Communications

Ottawa Grace Manor ensures frequent and ongoing communications with residents, staff, POA/SDMs and external stakeholders through various methods available depending on the type and urgency of the situation. For example, emergency situations involving just one home area may result in charge staff calling directly while larger scale emergencies would necessitate the use of email for efficiency and speed. In most cases, the resident's primary contact would be only person contacted with the expectation that they disseminate the information to the rest of the family.

Testing and Evaluation

Emergency codes and parts of the emergency plan are tested following a prescribed schedule as per regulatory requirements unless there is an actual emergency within the time period that meets the requirements. Drills are conducted to provide as true and realistic experience for staff as possible. Where resident safety could be compromised, tabletop drills and staff “actors” stand in. Drills are also conducted to simulate shifts with the lowest staffing ratios.

STATEMENT OF POLICY

CODE RED is a planned response to ensure the safety of all residents, staff and visitors when there is a fire or suspicion of fire due to the smell or sighting of smoke.

INSTRUCTIONS TO RESIDENTS, STAFF AND VISITORS ON FIRE PROCEDURES

Fire Alarm emergency pull stations are located throughout the building beside each emergency exit. All stairways, floors and units are clearly identified at each floor level to avoid confusion for Residents, staff and visitors should evacuation be required

Upon Discovery of a FIRE, SMOKE or the smell of GAS or FUMES
CALL OUT CODE RED and location, then REACT:

STEP 1 - REMOVE PERSONS IN IMMEDIATE DANGER, IF POSSIBLE

- Take the person(s) out of the room that there is fire
- Take the person(s) out of the rooms beside (directly to the left and right) of the room with fire
- Take the person(s) out of the room(s) directly across from the room with fire

STEP 2 - ENSURE THE DOOR(S) IS CLOSED TO CONFINE THE FIRE AND SMOKE

- Use evacu-check or fire flag to show that the room is vacant
- Do not re-enter the room with fire

STEP 3 - ACTIVATE THE FIRE ALARM SYSTEM USING THE NEAREST PULL STATION

- Lift protective cover that will make a loud sound to let people in the immediate area know that the pull station is about to be pulled

STEP 4 - CALL THE FIRE DEPARTMENT

- Call 911 and give the following information:

It is the Salvation Army Ottawa Grace Manor at 1156 Wellington Street West
We have a fire in room _____
We are moving people out of immediate danger

STEP 5 - TRY TO EXTINGUISH THE FIRE IF YOU ARE TRAINED AND IT IS SAFE TO DO SO. IF NOT CONTINUE TO EVACUATE

FIRE EXTINGUISHER USE

P - Pull the pin or remove the wire strap to unlock the lever allowing discharge
A - Aim low at the base of the flames, not at the smoke. Keep low and stand a few feet back
S - Squeeze the lever and the handle together. Release the lever when you wish to stop the Extinguisher.
S - Sweep the extinguisher from side to side to be sure that you get all sides of the fire.

** Fire extinguishers are located close to fire separation doors. **

PLAN ACTIVATION: CODE RED

RN IN CHARGE

Upon Hearing the Fire Alarm Alert Signal

- Takes charge of the situation
- Proceeds to the main Fire Panel located at the front entrance & obtains the general fire location
- Communicates the general location of the fire by paging a CODE RED over the emergency paging system
    - At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

CODE RED – LOCATION
CODE RED – LOCATION
CODE RED – LOCATION

    - Release [MIC] button & press [ALL CALL] to close the system

- Calls 911/ensures emergency services have been called
- Pages the exact location of the fire when notified
- Assigns staff to assist at the fire location and report back
- Awaits arrival of the Fire Department

STAFF IN THE IMMEDIATE AREA OF THE FIRE

- Initiate closing windows and doors, clearing corridors & staying alert for smoke or fire
- Look for exact location of the fire or device that initiated the alarm if unknown
- If there is smoke or the door front is hot, do not open
- Notify RN In Charge the exact location of the fire if found
- Locate and remove residents from the affected areas, out of the fire zone to the other side of a set of fire doors in the following order:
    1. Room of fire origin if possible
    2. Rooms on either side and across the hall of the room with fire origin
    3. Ambulatory residents in a group directed by one staff member. This includes residents who use walkers or wheelchairs independently
    4. Residents requiring assistance due to mobility or behaviour
- Mark the rooms as vacant once residents have been removed by closing the door and flipping the evacuation marker up against the doorframe
- Prepare for further evacuation if required – CODE GREEN

ALL STAFF IN OTHER LOCATIONS WITHIN THE FACILITY
Upon hearing the Fire Alarm

- Initiate closing windows and doors, clearing hallways of obstacles & staying alert for smoke or fire
- Turn off gas and electrical equipment
- Monitor the stairwell doors as the mag locks would be disengaged
- If assigned to a Resident Home Area, report to the Charge Nurse/Manager in your location
- All other staff report to reception for further instruction

RESIDENTS

- Remain where you are until directed by staff

VISITORS

- Remain where you are until directed by staff or emergency personnel
- Do not use the elevators
- Visitors coming into the building will be denied entry

UPON ARRIVAL OF FIRE DEPARTMENT

- Fire Department will assume control of the situation once on site

EMERGENCY DECLARED OVER

CODE RED is declared over by the FIRE DEPARTMENT. Once this takes place, the code is cleared by the RN Nurse Designate/Designee.

RN NURSE DESIGNATE

- Announce 3 times over the paging system.

Code RED All Clear
Code RED All Clear
Code RED All Clear

- Re-set the Fire Panel as directed by the Fire Department
- Re-set the Magnetic Door Locking system located at the front entrance
- Notify the Director of Operations if not on site

EXECUTIVE DIRECTOR/DESIGNEE
Will ensure the following notifications take place within required time frames:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- POA/SDM of residents as required
- Ministry of Long-Term Care immediately followed by a report within 10 days as per O. Reg. 246/22, s. 115 (1,2,5)
- Ministry of Labour and Training, where applicable
- Joint Occupational Health & Safety Committee

RECOVERY PLAN
Recovery will take several hours to several days or longer depending on the extent of smoke and/or fire damage.

- Charge Nurses will complete a head count and assessment of the residents and advise the RN In Charge

- Charge Nurses/ Supervisors/RN In Charge will check with staff to ensure they are able to return to their assigned duties. Any staff unable to return to duty will be replaced as per the staffing plan

- The Organization should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use

- Executive Director will consult with the Director of Risk Management & Insurance at THQ if damage is extensive due to smoke, fire, or water damage

- Evacuation/relocation of residents from the damaged area until repairs are made may be necessary.

- As part of the recovery process, the organization will consider the physical and mental health needs of all workers, residents, and visitors. Support will be provided, utilizing existing and additional identified programs (e.g. EAP, individual and group counselling, and workers compensation, as necessary.)

- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held
- All staff directly involved with the CODE RED will provide a written or verbal statement as soon after the situation as possible
- Incident report will be completed by the Director of Operations/RN in Charge/Designee

- Forms and statements will be collected by the Executive Director/Designee on site
- Clinical assessment of residents will be completed by Charge Nurse and RN In Charge

WITHIN 30 DAYS OF INCIDENT:

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place by the required departments
- A copy of the report will be distributed and discussed at the Quality Improvement Committee
- A copy of the report will be discussed with the Joint Occupational Health & Safety Committee
- A copy of the report will be discussed with the Residents' & Family Councils
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE RED

- This emergency code will be tested at a minimum monthly unless initiated during the month
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Quality Improvement Committee to coordinate revision of the CODE RED emergency plan as required and will ensure any changes are approved by the Fire Safety Coordinator at the Ottawa Fire Services
- All senior leaders will check their designated emergency stock and report findings to the Executive Director including but not limited to: PPE, spill kits, two-way radios, emergency food & fluids, flashlights & evacuation kits

CODE BLUE

APPLICATION:

CODE BLUE is a planned response when someone (resident, staff member or visitor) is experiencing a medical emergency ie; cardia and/or respiratory arrest, convulsive seizure, acute chest pain, syncope, opioid overdose or any other situation where clinical assistance is needed.

PLAN ACTIVATION: CODE BLUE

The person who determines that someone (resident, staff member or visitor) has had a cardiac arrest or is experiencing a medical emergency will:

- Activate emergency call button on the wall or pull nearest call bell
- **Shout "CODE BLUE" to summon any assistance available in the immediate area**
- Page (or direct someone else) for additional assistance using the overhead paging system
- Announce 3 times CODE BLUE and Location
    - At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

CODE BLUE – ROSEMONT DINING ROOM
CODE BLUE – ROSEMONT DINING ROOM
CODE BLUE – ROSEMONT DINING ROOM

    - Release [MIC] button & press [ALL CALL] to close the system

RN CHARGE NURSE

- Go immediately to the area of Code Blue and assume responsibility and direct the code
- When a resident is involved, review the Advance Directives to ensure they want to be resuscitated
- Please Note: It is acceptable to NOT initiate CPR in any case where the cardiac arrest was unwitnessed and the affected individual exhibits obvious signs of death (i.e. vital signs absent, body is cool/cold, skin is bluish)
- Direct 911 to be called where appropriate and state that someone is having a "Cardiac Arrest" or "other medical emergency" providing requested details and direct the ambulance to the main entrance at 1156 Wellington Street
- Complete transfer form and provide to paramedics

REGISTERED STAFF

All registered staff will report to the location of the emergency and take directions from the RN / Charge nurse:

- The RN / Designate will bring the emergency equipment, such as CPR backboard, and AED (automated external defibrillator)
- Remove and reassure other residents/onlookers in the area as appropriate
- Direct someone to put the elevator on service and wait at reception to provide elevator assistance and direction to the paramedics
- Clear a pathway for paramedics and the transport stretcher
- In those cases, in which the CODE BLUE involved a resident, notify
    - Resident POA/SDM
    - The attending physician
- Begin CPR (at the Basic Cardiac Life-Support or "BCLS" level)
- Continue CPR until ambulance arrives and paramedics assume care

OPIOID OVERDOSE

Signs of overdose: shallow breathing, apnea, choking or snoring sounds, slow pulse or low blood pressure, does not respond to shouting, limp body, pinpoint pupil, pale cool clammy skin, blue lips/nails or skin, vomiting

- Shake the person at the shoulders, shout the person's name and give sternal rub
- Obtain Naloxone from the RN office in cupboard over the sink on bottom left shelf or any home area medication cart

Naloxone Spray:

A. Peel back the package
B. Place thumb on plunger and two fingers on side of nozzle
C. Insert the nozzle into nostril until your fingers touch their nose
D. Do not prime spray
E. Press plunger firmly to release dose
F. If breathing has not improved in 3 min then repeat

Naloxone Injection

A. Break the ampoule
B. Draw all liquid from the naloxone ampule syringe
C. Inject into large muscle of upper arm or thigh pressing plunger all the way down
D. Inject at 90-degree angle * May be injected through the clothing (All supplies are in the kit
E. If Not breathing, start CPR
F. If breathing has not improved in 3 min then repeat

Person is to go to Hospital for assessment after Naloxone is given.

EMERGENCY DECLARED OVER

CODE Blue is declared over when the resident/staff/visitor involved has been transferred to hospital

The code is cleared by the RN/Designate:

- Announce 3 times over the paging system.

CODE BLUE All Clear
CODE BLUE All Clear
CODE BLUE All Clear

RECOVERY PLAN

Recovery will take minimal time

- RN/ Charge Nurses/ Supervisors/ RN Nurse Designate/ RPNs will check with staff to ensure they are able to return to their assigned duties. Any staff unable to return to duty will be replaced as per the **Staffing Contingency Plan**
- Spiritual Care to sit with if needed
- Emergency equipment sanitized and returned to storage location, supplies replenished from nursing stock,
- Offer EFAP
- Naloxone ordered from pharmacy

DEBRIEF AND DOCUMENTATION

- RN/Designate will conduct a debriefing
- If the event involved a resident, an Incident Report is completed in PCC & Resident care plan will be reviewed and updated
- If an incident led to the Code Blue involving a resident, notify the Ministry of Long-Term Care according to the reporting requirements per FLTCA, 2021 & O.REG 246/22:
    - an incident that causes an injury to a resident for which the resident is taken to a hospital and that results in a significant change in the resident's health condition.
    - A medication incident or adverse drug reaction for which a resident is taken to hospital
    - The use of glucagon that results in a resident being taken to hospital
    - An incident of severe hypoglycemia (glucose <2.8) or unresponsive hypoglycemia in respect of which a resident is taken to hospital O. Reg. 246/22, s. 115 (3); O. Reg. 66/23, s. 24.
- If the event involved a staff, complete a workplace incident form and scan and email to Human Resources (HR) and OttawaGM.incidents@salvationarmy.ca and supervisor

- If the event involved a visitor, document and forward to the Executive Director

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place by the required departments
- A copy of the report will be distributed and discussed at the Quality Improvement Committee
- A synopsis of the report will be shared for information purposes with the Board

ONGOING COMMUNICATION

No ongoing communication required unless deemed necessary by the Executive Director

TESTING & EVALUATION OF CODE BLUE

- This emergency code will be tested **annually** unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A synopsis of the report will be shared with Resident and Family council for feedback
- A copy of the debriefing reports will be submitted to the Quality Improvement Committee to coordinate revision of the Code Blue emergency plan as required

APPLICATION:
CODE YELLOW is a planned response to a missing resident from the facility or the property. Steps 1 – 3 are to be followed prior to plan activation.

TEAM MEMBERS OF MISSING RESIDENT

- Personal Support Workers are to know where their assigned residents are at all times unless they have formally turned responsibility for the resident over to another team member/department/POA/SDM or if the resident is capable of being off home area unassisted

1. When a team member believes that a resident has left the home area/program area/building unattended and may need assistance, the team member will immediately notify the RPN/Charge Nurse of their assigned home area.

RPN/CHARGE NURSE OF MISSING RESIDENT

2. The RPN/Charge Nurse will initiate a full search of the home area and try to determine the resident's location.
    i. Each resident's room, on/under bed, closet, bathroom
    ii. Common areas, utility rooms, public washrooms and stairwells
    iii. Rooms that have been inspected will be identified by using the door fire tabs to indicate if a resident has entered the room following being checked

3. The RPN/Charge Nurse will check the LOA binder in case the resident is on an approved LOA

If the resident location remains unknown, the RPN/Charge Nurse will notify the RN IN CHARGE

PLAN ACTIVATION: CODE YELLOW

If the resident is not found following the steps above, the RN will initiate a CODE YELLOW by paging over the emergency paging system:

- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce 3 TIMES

"CODE YELLOW, Resident Name, RM number and a brief description"

CODE YELLOW – John Smith, Grey Sweater, Black Pants, White Running Shoes, Tall Male, Room 376 Rosemount House x 3

- Release [MIC] button & press [ALL CALL] to close the system

ALL AVAILABLE STAFF, ALL DEPARTMENTS

- Upon hearing the Code Yellow Page, available (not providing resident care) staff will stop what they are doing, complete a thorough search of their location and then report to the reception area for further instructions
- RPN/Charge Nurses in each home area will assign staff to initiate a detailed search of their unit including every resident room, common areas & locked utility rooms, bathing areas, serveries etc.
- Janitor and Maintenance staff will check the basement
- RN will assign available staff to search non-residential areas
- Staff will report back to the RN promptly and advise
    - The search is complete
    - The resident is found/not found

Initiate Search Area Outside Building, if resident not found

- If a resident is not found, RN will assign available staff to search the area immediately outside the building and report back

RN IN CHARGE

- **Call resident POA/SDM**
    - RN will call resident POA/SDM and ask if the resident is with them. If not, they will advise that the resident is missing and CODE YELLOW has been started

- **Contact Ottawa Police Services 911 to report the missing resident.**
    - Provide resident name, gender, age, mobility status (ie walker, cane, wheelchair)
    - Identify cognitive impairment if applicable
    - Provide physical description including clothing
    - Provide the time resident was noted missing
    - Obtain picture of resident from receptionist and wait for police to arrive

- **Initiate Search Area of Immediate Neighborhood**
    - RN In Charge will assign available staff to search areas around the building:
        - Outside front and back yard
        - Block North – Wellington/McCormack/Grant Streets
        - Block South – Gladston, Beverly, Foster Streets
        - Block East – Rosemont/Wellington/Sherbrooke Streets
        - Block West – Parkdale/Wellington/Hamilton Streets

- The RN In Charge will contact the Director of Care and Executive Director to advise of the situation. Depending on the situation, the Director of Care & Executive Director will go to site to take over the situation
- The RN In Charge will initiate the Time Line Report & Missing Resident Report

Executive Director
The Executive Director will notify:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary Leadership Team
- Medical Director, Attending Physician
- Ministry of Long-Term Care according to the reporting requirements per FLTCA, 2021 & O.REG 246/22:
    - Immediately if the resident has been missing for more than three (3) hours
    - Immediately if the resident has returned with injury or any adverse change in condition regardless of the length of time the resident was missing
    - Within one business day if the resident is missing for less than three (3) hours and returns with no injury or adverse change in condition.

EMERGENCY DECLARED OVER

CODE YELLOW is declared over when the resident has been found

The code is cleared by the RN or Designate
When Resident is located clear code by announcing 3 times over the paging system:

Code Yellow All Clear
Code Yellow All Clear
Code Yellow All Clear

RN In Charge will notify:

- POA/SDM
- Attending Physician\
- Any staff member who is currently off site searching

Executive Director will notify:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary Ministry of Long-Term Care (per requirements listed above)
- Leadership Team
- Any neighbors, concerned members of the public involved with the situation

RECOVERY PLAN

Recovery will take about 30 minutes to 3 days.

- Ensure safety and wellbeing of resident involved
- A Head-to-Toe Assessment will be completed to rule out changes in status or condition
- The resident will be placed on Q 30min safety checks for a minimum of three (3) shifts, or at an enhanced frequency based on the circumstances. One-to-one monitoring may be considered, based on the circumstances

- RPN/Charge Nurses, Supervisors, RN In Charge will check with team members to ensure they can return to their assigned duties
- Director of Care or designate will plan a care conference with the resident's family, and interdisciplinary team to debrief, and address any questions or concerns.

DEBRIEF AND DOCUMENTATION

- Team members involved will provide a written or verbal statement as soon after the situation as possible
- Signature sheets, forms and statements will be collected by the Executive Director/Designee
- Clinical assessment of resident will be completed by RPN/Charge Nurse and/or RN
- RPN/Charge Nurse of missing resident home area and RN will document in the resident's electronic chart
- Resident care plan will be reviewed in detail and updated
- The incident will be used as a live event and drill

WITHIN 30 DAYS OF INCIDENT

Once all information is gathered within 30 days of the incident, the interdisciplinary care team completes a root cause analysis and assessment of the event.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents and Family Council for feedback
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

- If a resident has been found within 24hrs, no further communication is required
- If resident remains missing more than 24hrs, ongoing reports as required will be made by the Executive Director
- The Social Mission Regional Director/Assistant Territorial Social Mission Secretary will be kept up to date and informed of any media involvement

TESTING & EVALUATION OF CODE YELLOW

- The CODE YELLOW will be tested **annually**, unless initiated with a real event during the calendar year
- CQI Coordinator will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Organizations who may assist during the emergency will be invited to participate and provide feedback
- A synopsis of the report will be shared with the Residents and Family Council for feedback
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Quality Improvement Committee to coordinate revision of the CODE YELLOW emergency plan as required

APPLICATION:
CODE WHITE is a planned response to ensure the safety of all staff, residents, and visitors when an individual - resident, visitor or other individual is:

- Attempting to harm self or others, despite appropriate intervention
- Displaying threatening behavior, despite appropriate intervention

In the day-to-day interactions with residents, team members are trained to respond using the techniques taught in Gentle Persuasive Approaches (GPA) and other prevailing best practices:

- Using a person-centered, compassionate, and gentle persuasive approach
- Responding respectfully, with confidence and skill to challenging expressive behaviors
- Leaving the resident in a safe environment (as much as possible)

All workers within the Salvation Army – be they officers, employees, volunteers, or other individuals affiliated with the Salvation Army are expected to uphold this policy and work together to prevent workplace violence and maintain a respectful work environment.

ALL STAFF:
IF YOU WITNESS A SITUATION WHERE THE BEHAVIOR OF AN INDIVIDUAL IS DETERMINED TO BE VIOLENT OR AT RISK OF BECOMING VIOLENT:

- Physically distance (remove) yourself and others from immediate danger (if possible) or calmly and gently guide the individual away from other residents but remain within sight of other staff
- Remain calm and try to calm the individual. Listen carefully and try to put yourself in their situation so you can both come up with a possible solution
- If you cannot calm the individual, ask for assistance from another more appropriate person – Charge Nurse, RN in Charge, designate, manager
- Inform the individual that their behavior is not acceptable and if they do not stop, the authorities will be contacted
- If behavior continues, request a CODE WHITE be initiated by any available staff

PLAN ACTIVATION: CODE WHITE

Any staff member should immediately initiate a CODE WHITE when requested or when they observe an individual who is attempting to harm themselves or another person. This applies to a resident, staff, or visitor to the home.

Activate a CODE WHITE by paging over the emergency paging system:

- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

CODE WHITE - Location
CODE WHITE - Location
CODE WHITE - Location

- Release [MIC] button & press [ALL CALL] to close the system

Immediately call 911:

- Advise 911 operator of all available information such as:
  - Who the individual is – resident, staff, or visitor
  - Location of incident
  - Description of the situation

Roles and Responsibilities:

STAFF IN THE IMMEDIATE AREA OF THE INCIDENT

- DO NOT attempt to engage the individual. This includes verbal and physical attempts to de-escalate the situation
- Provide space to the individual and the staff member involved in the situation – do not crowd around
- Remove other residents from the vicinity and motion onlookers to keep their distance

RN IN CHARGE, OR DESIGNATE

- If after hours – contact the Director of Care or if involved directly with the individual, request that someone make the call
- RN In Charge/Designee will meet the emergency personnel at the front entrance, explain the situation and escort them to the location. Fire and paramedic services will likely defer to police and assist as directed

ALL STAFF IN OTHER LOCATIONS WITHIN THE FACILITY

- Remain where you are and await further instructions if necessary.

EMERGENCY DECLARED OVER

CODE WHITE is declared over when the Police have said it is safe to do so.
The code is cleared by the RN In Charge/Designee

Announce 3 times over the paging system.

CODE WHITE All Clear
CODE WHITE All Clear
CODE WHITE All Clear

RN IN CHARGE, or DESIGNATE

Will notify the Director of Care if after hours

EXECUTIVE DIRECTOR/DESIGNEE

- Will ensure the following notifications take place within required time limits:
- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- Medical Director, Attending Physician
- POA/SDM of affected residents, as required
- Ministry of Long-Term Care immediately followed by a report within 10 days as per O. Reg. 246/22, s. 115 (1,2,5)
- Ministry of Labour, Training & Skills Development as per reporting requirements
- Joint Occupational Health & Safety Committee
- Labour Union Representatives

RECOVERY PLAN

Recovery will take several hours, or days - depending on the situation

- If the incident took place in a Resident Home Area, the Charge Nurse will assess all residents implement interventions as applicable, and document as required
- Charge Nurses/ Supervisors/RN In Charge or designate will check with staff to ensure they can return to their duties. Any staff unable to return to duty will be replaced as per the Staffing Plan.
- If the incident involved a resident, the RN In Charge, or designate will inform the POA/SDM and attending physician
- The Organization should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use
- As part of the recovery process, the organization will consider the physical and mental health needs of all workers, residents, and visitors. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program (EFAP), individual and group counselling, and workers compensation, as necessary.)
- Workers will speak with their supervisor regarding any specific concerns, needs, or considerations

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held
- All staff directly involved with the incident will provide a written statement as soon after the situation as possible and remain available to provide this statement to the police if required
- Incident report will be completed by the RN In Charge or designate
- Forms and statements will be collected and returned to the Executive Director or designate

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared for information purposes with the Residents Council and Family Council
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE WHITE

- This emergency code will be tested **annually**, unless initiated during the calendar year.
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes.
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes.
- A copy of the debriefing reports will be submitted to the Quality Improvement Committee to coordinate revision of the CODE WHITE emergency plan as required.

CODE BLACK

APPLICATION:

Code Black is a planned response to ensure the safety of all staff, residents, and visitors when a bomb threat has been made or suspicious package found that could pose a bomb threat.

STAFF MEMBER RECEIVING OR IDENTIFYING THE THREAT:

Mail Threat

- Avoid handling any suspicious document or package. Do not open, sniff, or move it
  - Oily stains, discolorations, strange odors (like almond), visible wires or aluminum foil, excessive tape or string, excessive weight for its size, or an irregular/lopsided shape
  - Handwritten, poorly typed addresses with misspellings
  - Words like "Personal," "Confidential," "Do Not X-ray," or "Rush" when the recipient does not usually receive such mail
  - Hissing, buzzing, or ticking noises
- If received by hand, write a detailed description of the person delivering document
- Maintain a distance while ensuring those around you stand away also
- Contact the RN in Charge

Telephone Threat

- Listen
- Be calm and courteous
- Ignore other calls
- Try to prolong the conversation and extract as much information as possible.
- Refer to/complete the Bomb Threat “Questions to Ask” form attached to this policy
- Ask caller to repeat the information
- If possible, alert someone close by and give them a note stating “Don’t say anything, Bomb Threat, call RN in Charge”

PLAN ACTIVATION: CODE BLACK

RN in Charge to quickly assess the situation and if any concern activate a CODE BLACK by paging over the emergency paging system:

- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

CODE BLACK - Location if known
CODE BLACK - Location if known
CODE BLACK - Location if known

- Release [MIC] button & press [ALL CALL] to close the system

Immediately call 9-1-1 to notify police

- **Advise 911 operator of all available information such as:**
    - **Location of incident, including current location and any affected locations**
    - **Description of the situation**
    - **Follow instructions of the 911 operator**

RN in Charge contacts the Director of Operations and awaits arrival of the Police.
Director of Operations contacts the Executive Director and Director of Care

Roles and Responsibilities:

TEAM MEMBERS IN THE IMMEDIATE AREA OF THE BOMB THREAT
Remain CALM and EVACUATE from the immediate vicinity

- Remove any residents by initiating a horizontal evacuation to another area of the home area or floor if possible
- Assign a staff member to maintain security and not allow other residents/staff/visitors into the area until police arrive

ALL TEAM MEMBERS IN OTHER LOCATIONS WITHIN THE FACILITY
Do not attempt to return to your department

- Follow the instructions of the Charge Nurse/Manager in your current location
- Stay where you are and wait further instructions

UPON ARRIVAL OF POLICE
Staff are reminded that law enforcement personnel are the primary responders and will assume control in any Code Black response including directing a search of the facility and/or Code Green Evacuation. In preparation, the Director of Operations or RN in Charge if afterhours should have floor plans and evacuation materials at the ready.

Floor plans locations:

- Fire Safety Plan in the Fire Department Accessible Fire Safety Plan Box mounted Wellinton St. Vestibule
- Emergency Response Plan Manual located at front reception and online at https://www.gracemanor.ca/Content/grace-manor/docs/Emergency-Plan-2022.pdf

EMERGENCY DECLARED OVER
CODE BLACK is declared over when the Police have said it is safe to do so

The code is cleared by the Director of Operations or RN in Charge, or designate

- Announce 3 times over the paging system.

Code Black All Clear
Code Black All Clear
Code Black All Clear

RN IN CHARGE/Director of Operations/Designee
Will notify the Executive Director & Director of Care

EXECUTIVE DIRECTOR/DESIGNEE
Will ensure the following notifications take place within required time frames:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- POA/SDM of residents as required
- Ministry of Long-Term Care immediately followed by a report within 10 days as per O. Reg. 246/22, s. 115 (1,2,5)
- Joint Occupational Health & Safety Committee

RECOVERY PLAN
Recovery will take several hours to several days to complete.

- Charge Nurses will complete a head count and assessment of the residents and advise the RN In Charge
- Charge Nurses/ Supervisors/RN in Charge will check with staff to ensure they are able to return to their assigned duties. Any staff unable to return to duty will be replaced as per the Staffing Plan

Charge Nurses are to wait until they receive direction from the Executive Director/Designate before contacting any resident POA/SDM.

- The Organization should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use
- As part of the recovery process, the organization will consider the physical and mental health needs of all workers, residents, and visitors. Support will be provided, utilizing existing and additional identified programs (e.g. EAP, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held
- All staff directly involved with the CODE BLACK will provide a written statement as soon after the situation as possible and remain available to provide this statement to the police
- Incident report will be completed by the Director of Operations or RN in Charge/Designee
- Forms and statements will be collected by the Executive Director/Designee on site
- Clinical assessment of residents will be completed by Charge Nurse and RN in Charge

WITHIN THIRTY 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents' & Family Councils
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE BLACK

This emergency code will be tested **every 3 years**, unless initiated during the calendar year

- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the CODE BLACK emergency plan as required.

BOMB THREAT QUESTIONNARIE:

DATE & TIME: Call received: _____Terminated:_____

EXACT WORDS OF CALLER:_____

_____

(Delay – ask caller to repeat)

QUESTIONS TO BE ASKED:

a) When is it set to explode?_____
b) Where is it located? Floor _____ Area _____
c) What kind of Bomb is it? _____
d) Description? _____
e) Why kill or injure innocent people? _____ _____

DESCRIPTION OF VOICE:

Male ___ Female ___Nervous ____ Young ____ Old ____ Middle-Aged ____ Rough ____ Refined _____

Accent _____ Speech Impediment _____
(Describe)_____

Recognize Voice? If so, who do you think it was?
_____

BACKGROUND NOISE:

Music _____ Running Motor (type?) _____ Traffic _____ Whistles _____

Bells _____ Horns _____ Air traffic _____ Other? _____

Did caller indicate knowledge of the facility? If so, how? _____

_____

_____

If you are ordered to evacuate, take this checklist with you.

Name: _____ Signature: _____

Department: _____ Date: _____

CODE BROWN

APPLICATION:
CODE BROWN is a planned response to a hazardous spill occurrence within the facility or on the property. An inventory of all materials that would pose a spill hazard and corresponding containment materials need to be maintained with this policy.

STAFF MEMBER IDENTIFYING THE SPILL

- If safe to do so, stop the source of flow
- Cordon off the area and keep people away
- Contact the Director of Operations. If after hours, contact the RN In Charge.
- Refer to the Safety Data Sheet (SDS) section 6 located on Policy Medical, to determine clean up requirements
- Small spill kit located at reception. Large spill kit located in the generator room

NOTE: Medication & Biological Spills will be cleaned up by the Nursing Department. All other hazardous spills are the responsibility of the Environmental Services Department

RN IN CHARGE
Report to the scene. If after hours, contact the Director of Operations to discuss situation and potential clean up procedures. If unavailable, contact the Executive Director

PLAN ACTIVATION: CODE BROWN

RN IN CHARGE & Director of Operations if present to assess the situation and if any concern with either the size or type of spill, activate a CODE BROWN by paging over the emergency paging system:

- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

  Code Brown - Location of spill
  Code Brown - Location of spill
  Code Brown - Location of spill

- Release [MIC] button & press [ALL CALL] to close the system

  Immediately call **911** to notify emergency personnel. Advise 911 operator of all available information such as:
  - Location of incident, including current location and any affected individuals
  - Description of the situation
  - Follow instructions of the 911 operator

  RN IN CHARGE contacts the Executive Director if after hours and awaits arrival of emergency personnel.

If the spill has entered the sewer or ground water system, it needs to be reported to the Spills Action Centre by telephone: Toll-free: 1-800-268-6060

STAFF IN THE IMMEDIATE AREA OF THE SPILL
Remain CALM and EVACUATE from the immediate vicinity:

- Remove any residents in the immediate vicinity
- Remain ready to assist with an evacuation if required

ALL STAFF IN OTHER LOCATIONS WITHIN THE FACILITY
Return to your designated work area and remain ready to assist with an evacuation if required

UPON ARRIVAL OF EMMERGENCY PERSONNEL
In preparation, the Director of Operations/RN In Charge/Designee should have a copy of the Safety Data Sheet, and any other information relevant to the chemical.

EMERGENCY DECLARED OVER
CODE BROWN is declared over when Emergency Personnel have determined it to be.

The code is cleared by the Director of Operations/RN In Charge/Designee
Announce 3 times over the paging system.

CODE BROWN All Clear
CODE BROWN All Clear
CODE BROWN All Clear

RN IN CHARGE
Will notify the Director of Operations and Executive Director if after hours

EXECUTIVE DIRECTOR/DESIGNEE
Will ensure the following notifications take place within required time frames:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- Ministry of Long-Term Care according to the reporting requirements per FLTCA, 2021 & O.REG 246/22:
    - If the spill led to an evacuation or affected the safety, security or well-being of residents for more than 6 hours.
- Joint Occupational Health & Safety Committee

RECOVERY PLAN
Recovery may take several hours to several days or longer depending on the severity of the spill

- Charge Nurses/ Supervisors/RN In Charge will check with staff to ensure they can return to their assigned duties. Any staff unable to return to duty will be replaced as per the **Staffing Plan**
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations
- The Organization should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use
- The Director of Risk Management & Insurance at THQ is to be contacted and advised of any damage or remediation needed

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held
- All staff directly involved with the CODE BROWN will provide a written or verbal statement as soon after the situation as possible
- Incident report will be completed by the Director of Operations/RN In Charge/Designee
- Forms and statements will be collected by the Executive Director/Designee on site
- Clinical assessment of residents will be completed by Charge Nurse and RN In Charge

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents' & Family Councils
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE BROWN

- This emergency code will be tested **every 3 years** unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the CODE BROWN emergency plan as required

CODE ORANGE

APPLICATION:
CODE ORANGE is intended to outline basic INITIAL actions to be taken in an **external** disaster event that has the potential to pose a serious safety risk to residents, staff and visitors or significantly disrupt service delivery.

There are many types of external disasters. Examples include severe storms, tornadoes, hurricanes, blizzards, earthquakes or an influx of residents from another facility in crisis.

UPON NOTIFICATION OF THE EXTERNAL DISASTER
Any staff member who becomes aware of a disaster event would notify the Executive Director/Designee who would assess the situation. After hours, the RN In Charge would be notified.

EXECUTIVE DIRECTOR/DESIGNEE, DEPARTMENT HEADS, MANAGERS, RN In Charge

- Prepare to communicate emergency plans and protocols directly with Department Heads
- Department Heads/Charge Nurses will communicate with and provide directions to their direct reports and residents within their care.
- Review shelter in place locations
- Ensure emergency plans for core services and infrastructure are readied:
    - Water
    - Medications
    - Food
    - Communications
    - Power
    - Staffing

PLAN ACTIVATION: CODE ORANGE
If determined that the external disaster poses an immediate risk, a Code Orange would be paged over the emergency paging system:

- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce CODE ORANGE, the type of emergency and the direction to staff X 3

- This would depend on the urgency of the situation and could include everything from reporting at a designated work area to taking immediate shelter

    - For example:

CODE ORANGE – TORNADO – TAKE IMMEDIATE SHELTER
CODE ORANGE – TORNATO – TAKE IMMEDIATE SHELTER
CODE ORANGE – TORNATO – TAKE IMMEDIATE SHELTER

- Release [MIC] button & press [ALL CALL] to close the system

I. INCLEMENT WEATHER

Intense adverse weather conditions such as heavy snow, ice, rain, wind or combination of conditions

Building

Environmental Services staff will assess the potential impact on the building and surrounding grounds and put preventative measures in place:

- Contact grounds maintenance contractor and put on notice of pending weather event
- Consider reducing access to the building through 1 or 2 main entrances plus emergency route and focus on keeping these areas clear
- For ice event, pre-treat surfaces and ensure shovels & additional ice melt is ready to deploy
- Have lock de-icer available
- Prepare materials needed in case of flooding or water egress
- Have diesel supply topped up
- Check flashlights and ensure distribution

Resident, Staff & Visitor Safety

- Residents should be brought back inside the building
- Staff are advised to keep residents away from windows when there is a threat of large hail or flying debris
- During an electrical storm, keep everyone away from windows, doors, metal pipes or other charge conductors. Do not handle electrical equipment or telephones if the storm is intense

Staffing

Employees are expected to make every effort to attend work if safe to do so.

- Refer to section **II. TRANSIT DISRUPTIONS/ROAD CLOSURES** and **STAFFING CONTINGENCY PLAN** for further instructions

II. TRANSIT DISRUPTIONS/ROAD CLOSURES

Employees are expected to make every effort to attend work if safe to do so:

- If weather has impacted driving conditions, employees are to use public transit if able to do so even if travel time increases. Staff schedules may be adjusted by the Supervisor/Manager to meet their needs
- Staff are encouraged to carpool with co-workers should they feel unsafe driving or if there are transit disruptions
- Taxi/Uber services can also be utilized
- Employees will consult with the Supervisor/Manager to discuss their concerns and make appropriate arrangements when inclement weather begins during their working day
- Employees may make arrangements to complete their work from home if not

client facing however every effort should be made to be onsite and assist with resident ADLs as able
- Managers will ask staff currently on duty if they can work extra time if needed
- Staff will be replaced as per the **Staffing Contingency Plan**

III. HURRICANES

Violent tropical storms which reach eastern Canada from June to November, September as the peak month. Prepare for high winds, heavy rain and flooding. Hurricanes are slow moving and can continue for hours.

- Make arrangements for families to take ambulatory residents home with them where able and safe to do so
- Advise emergency services of location, preparations, and numbers of residents & staff remaining on site
- Prepare for possible water, hydro, and gas outages
- Keep battery - operated radios playing and tuned to news stations
- Have 1 week of necessary supplies including medications, incontinence products and food in house
- Order emergency fuel topped up and have supplier on notice for additional supply or maintain additional supply on site
- Check flashlights and ensure distribution
- Monitor lower levels and basements for flooding that could impact infrastructure & supplies
- Have evacuation kits and materials ready in case relocation is required due to building or infrastructure damage as a result of the disaster event

IV. TORNADOES

Are violent windstorms characterized by a twisting funnel-shaped cloud which forms at the base of a cloud bank and points towards the ground. Tornadoes occur in conjunction with severe thunderstorms and are accompanied by lightning and sometimes heavy rain or hail (tennis size balls).

- Prepare for possible power outages
- Turn off electrical equipment
- Keep battery - operated radios playing and tuned to news stations
- Move all residents & visitors to inner hallways with resident room and fire doors shut or small inner windowless rooms such as bathrooms/spas
- Get as close to the ground as possible. Assist ambulatory residents to sit on the floor or lie underneath heavy furniture

V. EARTHQUAKES

The shaking of the crust of the earth, often announced by a loud noise like the rushing of a train. Initial earth movements and swaying structures caused by earthquakes could be followed later by after-shocks usually of decreasing severity. The risk of earthquakes in central Ontario is low

- Prepare for possible power outages
- Keep battery - operated radios playing and tuned to news stations
- Move all residents & visitors to inner hallways with resident room and fire doors shut or small inner windowless rooms such as bathrooms/spas
- Get as close to the ground as possible. Assist ambulatory residents to sit on the floor away from bookcases, dressers or other tall pieces of furniture

VI. SURGE CAPACITY/EXTERNAL INFLUX OF RESIDENTS

Ottawa Grace has agreements in place to provide emergency shelter for residents from other LTC homes during an emergency

- Vacate the gathering place if in use and assist residents back to their home areas
- Ensure the main entrance to the building is clear and no one is stopped in the fire route.
- Prepare supplies that may be needed including:
  - Name tags & markers
  - Blankets
  - Incontinent products & wipes
  - First Aid supplies
  - Snacks & beverages for different diets & textures
  - Wheelchairs & reclining chairs

EMERGENCY DECLARED OVER

CODE ORANGE is declared over when risk posed by the disaster event has passed, the disaster event is over or when it has been determined that it is safe to resume regular operations

The code is cleared by the Executive Director/Designee

- Announce 3 times over the paging system.

CODE ORANGE All Clear
CODE ORANGE All Clear
CODE ORANGE All Clear

RN IN CHARGE

Will notify the Director of Operations if after hours

EXECUTIVE DIRECTOR/DESIGNEE

Will ensure the following notifications take place:

- Emergency Personnel & update on situation
- Divisional Secretary for Social Mission
- Ministry of Long-Term Care
- Resident SDMs/POAs

RECOVERY PLAN

Recovery may take several hours to several days or longer depending on the severity of the disaster event:

- Charge Nurses will conduct a head count and assessment of residents. DOC/RN In Charge will triage
- Charge Nurses/ Supervisors/RN In Charge will check with staff to ensure they are able to return to their assigned duties. Any staff unable to return to duty will be replaced

  as per **Staffing Contingency Plans**
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations
- The organization should consider how to address any operations that may not be immediately available due to damage to facilities and equipment
- Code Green Horizontal or Total Evacuation of residents may be required depending on the extent of the damage
- The Director of Risk Management & Insurance at THQ is to be contacted and advised of any damage or remediation needed

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held. Ongoing debriefing will be needed dependent on duration and nature of the disaster event
- Incident report will be initiated by the Executive Director/Designee or by the RN In Charge if the disaster event occurred after hours
- All staff will be encouraged to document their experiences when able to do so to capture all challenges, outcomes and learnings for future planning
- Forms and statements will be collected by the Executive Director/Designee on site

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared for information purposes with the Residents Council and Family Council

- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE ORANGE

- This emergency code will be tested **annually** unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the Code Orange emergency plan as required
- All senior leaders will check their designated emergency stock and report findings to the Executive Director including but not limited to: PPE, spill kits, two-way radios, emergency food & fluids, flashlights & evacuation kits

APPLICATION:

CODE GREEN is a horizontal evacuation and used to move residents away from immediate danger from one area to the nearest safe location on the same floor. Depending on the situation, this could mean moving residents behind a set of fire doors or from one wing to another.

CODE GREEN STAT is the total evacuation of the building

- A full evacuation is a high-risk endeavor, initiated by the Fire Department and/or Executive Director/Delegate in situations where there is catastrophic loss of the building or significant risk to life to remain on the property:
  - Loss of heat during prolonged sub-zero winter conditions
  - Explosion causing potential full building collapse
  - External disaster triggering a mandatory location evacuation
  - Building fire with sprinkler system failure
- The order of total evacuation will be determined by location, severity and the extent of disaster/emergency situation and various options/methods of evacuation may be utilized as safe and appropriate.

PLAN ACTIVATION: CODE GREEN

The RN in Charge/Charge Nurse/Designate of the affected unit will assess the situation, determine where to move residents and initiate the CODE GREEN:

- Second & Third Floor: move residents from one wing to the other or one home area to the other if necessary
- First Floor: move residents from wing to the other or to the administrative wing if necessary

- The RN in Charge or Designate will page a CODE GREEN with evacuation directions over the emergency paging system
- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

SAMPLE: CODE GREEN ROSEMONT HOUSE TO WELLINGTON HOUSE
CODE GREEN ROSEMONT HOUSE TO WELLINGTON HOUSE
CODE GREEN ROSEMONT HOUSE TO WELLINGTON HOUSE

- Release [MIC] button & press [ALL CALL] to close the system

ALL STAFF

- If assigned to a Resident Home Area, report to the Charge Nurse/Manager of that location
- All other staff will report to Reception for redeployment as needed

RN IN CHARGE OR DESIGNATE

- Instruct staff to move residents to safety and keep them comfortable. Residents should be moved in the following order:
    - Ambulatory residents in a group directed by one staff member. This includes residents who use walkers or wheelchairs independently
    - Residents requiring assistance due to mobility or behaviour
    - Residents in bed who are 2 person or mechanical transfers
        - Put blanket or comforter on the floor
        - Lower bed to lowest level
        - Slide resident off of bed and drag
- Direct visitors to go with the resident they are visiting
- Await emergency personnel response & direction

Should the situation extend over a medication pass:

- Contact the pharmacy and obtain a critical list of medications
    - Borrow critical medications from other residents or emergency stock where able
    - Assign registered staff to administer critical medications
    - Assign registered staff to notify attending physician

Should the situation extend over a meal:

- Contact the Food Services Manager and coordinate a plan for providing meal services ensuring appropriate diets & required meal assistance for the relocated residents
- Assign registered staff to notify resident families/POA

If the situation is likely to continue overnight, plans for alternate sleeping arrangements for residents will need to be initiated:

- Residents can be accommodated in any vacant beds available
- Reclining category 5 wheelchairs or geri-chairs can be borrowed from other residents
- Family/POA of ambulatory residents asked if their loved one can be picked up for the night
- If safe to access, beds can be wheeled out of rooms and relocated
- Surplus mattresses can be placed directly on the floor if necessary
- Supply of cots available from Ottawa Citadel – See Emergency Telephone List
- Extra mattresses can be borrowed from neighboring facilities if possible
- If unable to safely accommodate the displaced residents within the facility, plans to evacuate the residents to alternate locations outside of the facility need to be activated

NOTE: At any point a CODE GREEN STAT may be initiated as determined by the responding authorities

EMERGENCY DECLARED OVER

CODE GREEN is declared over when the threat has passed, and it has been deemed safe for residents to return to their assigned area

The code is cleared by the RN In Charge/Designee

- Announce 3 times over the paging system.

Code GREEN All Clear
Code GREEN All Clear
Code GREEN All Clear

RN IN CHARGE OR DESIGNATE

- Will notify the Director of Operations if after hours, and Executive Director
- Direct staff to return the residents to their assigned area
- Direct registered staff to assess residents and implement interventions as required
- Ensure the families/POA of residents are notified
- Inform the attending physician

EXECUTIVE DIRECTOR/DESIGNEE

Will ensure the following notifications take place within required time frames:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- Medical Advisor
- POA/SDM of residents
- Ministry of Long-Term Care immediately followed by a report within 10 days as per O. Reg. 246/22, s. 115 (1,2,5)
- Ministry of Labour, Training & Skills Development
- Joint Occupational Health & Safety Committee
- Labour Union Representatives

PLAN ACTIVATION: CODE GREEN STAT

The Executive Director, RN in Charge or Designate in consultation with the fire department/emergency services will make the decision to initiate the CODE GREEN STAT and engage the 2nd stage of the fire alarm. They will then take position in the Command Center located at the reception area. If this location is unsuitable, designate an alternate ensuring it has emergency paging capabilities and required space

Using the overhead paging system, the Executive Director, RN in Charge or Designate will page the CODE GREEN STAT with the area to be evacuated and triage location 3 times on the overhead paging system:

- At a Fire Annunciator panel, press <ALL CALL> and then the MIC button

SAMPLE: CODE GREEN STAT ROSEMONT HOUSE TO FRONT ENTRANCE
CODE GREEN STAT ROSEMONT HOUSE TO FRONT ENTRANCE

CODE GREEN STAT ROSEMONT HOUSE TO FRONT ENTRANCE

ALL STAFF

- Staff in the area being evacuated will begin to move residents
- Staff in the other resident home areas will await notification to evacuate
- The priority will be as follows:
    - Those individuals in immediate danger
    - Ambulatory residents in a group directed by one staff member. This includes residents who use walkers or wheelchairs independently
    - Residents requiring assistance due to mobility or behaviour
    - Residents in bed who are 2 person or mechanical transfers
        - Place blanket/comforter/sheet on the floor, lower bed to lowest level, slide resident onto floor and drag to triage area
    - If time permits, wrap residents in scarves & blankets
- Recreation staff will take responsibility for any pets in the home
- Registered staff will make every effort to remove the resident sign-out binder and the Home Area Evacuation Kit
- When a room has been evacuated, the room door should be closed and the evacuation marker flipped up against the doorframe
- Once the area is evacuated, no one may re-enter until authorized by Ottawa Emergency Services

THE EXECUTIVE DIRECTOR, RN IN CHARGE OR DESIGNATE

- Assign staff member to initiate the staff fan out list
- Contact Divisional Secretary for Social Mission and request TSA Emergency Disaster Services be initiated
- Report the evacuation to the Director, LTC Inspections as per s. 115(1) of the Regulation under the Fixing Long-Term Care Inc.
- If relocation of residents long term is required, Initiate the emergency licensing process by notifying the placement coordinator and SAO of the Home's need for evacuation. The Home will provide the necessary information to the placement coordinator to complete the Emergency Placement Form, see LTC-CA-ON-510-07-06.
- Confirm with Ottawa Fire that OC Transpo Buses & Ambulance are enroute
- Direct staff members to initiate calls to resident family/POA

Communication needs to be clear; Identify the need and request in an expedient manner:

1. The home has an emergency - "state emergency"

2. The residents are all safe or if a resident has been taken to hospital, advise the family as to reason and the location of the hospital

3. We need you to comfort and assist your family member by going to "the identified location". More information will be available at that location

4. Are you able to assist?

a. If yes, please report to "identify the person/location"

b. If no, we will be in contact with you to update you on your family member

5. Please do not come to the home or telephone the home, all available resources are involved in responding to the emergency and attending to the safety of everyone

6. Thank you

- Contact the **Ottawa Citadel** located at 1350 Walkley Road, and advise they will be receiving an influx of residents:
    - See **Emergency Contact List**
- Ensure remote access for PCC is provided to all registered staff & managers for off site care provision
- Assign printing of the resident face sheets including photos
- Assign one manager as Evacuation Leader and dispatch them to the temporary evacuation site in preparation to receive residents and staff
- Assign Scheduler, or HR Designate to access schedule and meet with DOC/ADOC or Designate in triage to deploy staff
- Designate staff to remain at the Command Center to greet staff that were not contacted by fan out list, visitors and family members of the residents as needed

DOC/ADOC, OR DESIGNATE

- Prepare Triage in the Community Room. If this location is unsuitable, designate an alternate
- Obtain Evacuation Supplies
- Obtain Resident Face Sheets
- Administer First Aid as deemed necessary
- Document details of individuals being transferred to hospital for notification purposes and forward to Command Centre
- Contact Care RX pharmacy and request emergency medications and either laptops or printed MARs for each group of residents and corresponding shelter location
- Assign staff to begin writing resident name & any allergies on tags in permanent marker and apply to resident. Tags located in evacuation supplies

EVACUATION SITE LEADER RESPONSIBILITIES

- Obtain Resident Face Sheets
- Obtain Employee List
- Obtain the address, phone number and directions assigned to the temporary evacuation site and proceed there
- Meet emergency contact at the temporary evacuation site and obtain details on the evacuation area and available supplies
- Prepare for the arrival of residents and staff
- Ensure everyone is accounted for upon arrival
- Notify the pharmacy of residents at the temporary evacuation site
- Obtain computer access for PCC and notify family members of residents at the evacuation site

- Allow staff to take turns using a phone to contact loved ones.
- Contact the command center leader with regular status updates

ENVIRONMENTAL SERVICES MANAGER/DESIGNATE

- Be available to provide assistance to Fire Department/first responders
- If safe to proceed, obtain emergency stock of supplies and have available for triage and resident evacuation:
    - Blankets, linens & pillows
    - Incontinent product
    - Laundry bags
    - Hand sanitizer
    - Garbage bins and bags
    - Biohazard boxes with bags
    - Cleaning supplies
- Deploy staff to command centre to assist with resident evacuation

FOOD SERVICES MANAGER

- If safe to proceed, obtain emergency supplies and documentation for triage and resident evacuation:
    - Any prepared snacks
    - Tetra packs of thickened beverages including water & supplements
    - Coolers
    - Disposable dishes & cutlery
    - Diet lists
    - Printed snack stickers
    - Blank stickers with permanent markers
- Deploy staff to command center to assist with resident evacuation

RECOVERY PLAN

- Recovery may take several days to months or longer depending on the scope of the disaster
- As part of the recovery process, the organization will consider the physical and mental health needs of all workers, residents, and visitors. Support will be provided, utilizing

  existing and additional identified programs (e.g. EAP, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held
- All staff directly involved with the incident will provide a written or verbal statement as soon after the situation as possible and remain available to provide this statement to the police if required

- The Executive Director/Designee will initiate the online report for the Ministry of Long Term Care and notice of claim documentation for TSA

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents' & Family Councils
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE GREEN

- A full evacuation of the building will not be tested due to the risk posed to residents however parts of this code will be reviewed and tested by the leadership team at least every 3 years or more frequently as deemed by the fire department
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Quality Improvement Committee to coordinate revision and posting of the CODE GREEN emergency plan as required

APPLICATION:

CODE AQUA is a planned response to a flood due to either an internal or external source

STAFF MEMBER IDENTIFYING THE FLOOD

- If the source can be readily identified, take steps to shut off or slow down the flow
- Empty wheeled laundry bins or garbage totes can be placed to collect the water
- Cordon off the area and move residents out of the vicinity for safety
- Contact the Director of Operations. If after hours contact the RN In Charge

PLAN ACTIVATION: CODE AQUA

RN In Charge to assess the situation:

- If unable to identify the source of the flood,
- Or there is no local shut near the flow of water, and you need to shut off the main water line - located in the Meter Room (018) in the basement across from the locker rooms.
- Or concerned with the amount of water:
  Activate a Code Aqua by paging over the emergency paging system:
  - At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

    CODE AQUA & Location (if known) X 3

  - Release [MIC] button & press [ALL CALL] to close the system

ALL STAFF

- Assess your immediate area for the source, damage caused by the flood or additional sources of water. Communicate findings to the RN In Charge
- Cordon off any affected areas and move residents out of the vicinity and away from any electrical appliances or outlets involved in the flood
- Remove any furniture, equipment or supplies from the area
- Unplug any electrical equipment only if safe to do so
- Use excess linens to block the flow of water if able to do so
- Avoid lower basement levels
- Be alert and prepared to assist with additional procedures

EMERGENCY DECLARED OVER

CODE AQUA is declared over when the source has been identified and water contained and/or the immediate threat has passed

The code is cleared by the RN In Charge/Designee

- Announce 3 times over the paging system.

CODE AQUA All Clear
CODE AQUA All Clear
CODE AQUA All Clear

RN IN CHARGE

Will notify the Director of Operations & Executive Director

EXECUTIVE DIRECTOR/DESIGNEE

Will ensure the following notifications take place within required time frames:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- Ministry of Long-Term Care if the flood resulted in an evacuation or impacted the safety, security, or well-being of residents for a period of time greater than 6 hrs
- Joint Occupational Health & Safety Committee

RECOVERY PLAN

Recovery may take several hours to several days or longer depending on the severity of the flood. Director of Operations and Executive Director to assess the damage immediately when safe to do so and decide on remediation steps. These may include:

- Initiate drying activities using carpet extractors, industrial fans and dehumidifier
- Opening up of walls and ceilings to aid in drying
- Removal of soaked drywall, insulation & building materials
- Laundering of wet linens & disposal of furnishings and supplies that are beyond remediation
- Consult with the Director of Risk Management & Insurance at THQ if damage is extensive
- Contact an approved building remediation contractor and mold removal consultant if necessary
- Ensure a detailed terminal clean is completed prior to resuming operations in the affected area
- Evacuation/relocation of residents from the damaged area until repairs are made
- Assessment of any affected electrical equipment by a qualified electrician
- Elevator evaluation if pits or elevator rooms were involved in the flooding
- Assessment of building fire safety systems if the fire panel, smoke/heat detectors or other equipment had water penetrate
- Ensure the MAG locks and Nurse Call System is in proper worker order

DEBRIEF AND DOCUMENTATION

- All staff directly involved with the Code Aqua will provide a written or verbal statement as soon after the situation as possible
- Incident report will be completed by the Director of Operations / RN In Charge
- Forms and statements will be collected by the Executive Director/Designee on site
- Clinical assessment of any residents involved for injuries will be completed by Charge Nurse and RN

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents' & Family Councils
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE AQUA

- This emergency code will be tested **annually** unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Quality Improvement Committee to coordinate revision of the CODE AQUA emergency plan as required

CODE SILVER

APPLICATION:

CODE SILVER is a planned response to ensure the safety of all staff, residents, and visitors when an individual is in possession of a weapon, and a police response is required

CODE SILVER is activated if there is a threat, attempt or active use of a weapon to cause harm, regardless of the type of weapon

PLAN ACTIVATION: CODE SILVER

Any staff member on site should immediately initiate Code Silver when they observe or are told of a person who is attempting to harm or injure people with any weapon; or carrying a weapon

- Any staff member may initiate a CODE SILVER:
- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

  CODE SILVER - Location if known
  CODE SILVER - Location if known
  CODE SILVER - Location if known

- Release [MIC] button & press [ALL CALL] to close the system

Immediately call 911 to notify police

- Advise 911 operator of all available information such as:
  - Location of incident, including current location and any affected locations
  - Description of assailant(s)
  - Type & description of weapon(s)
  - Information on hostages / victims (if any)
  - Any comments or demands made by the assailant
  - Remain on the line to provide updates
  - Follow instructions of the 911 operator

STAFF IN THE IMMEDIATE AREA OF ASSAILANT

DO NOT attempt to engage the assailant. This includes verbal and physical attempts to de-escalate the situation

Remain CALM

- Do not confront a person with a weapon
- Do not attempt to remove wounded persons from the scene
- If possible, assist others to leave the area
- If in a **NON-RESIDENT** area, evacuate if you are close to an exit and can get there safely, without attracting attention, leaving any belongings behind

If in a RESIDENT AREA - HIDE

- Remain behind closed doors with a resident
- Use rooms with doors that lock if possible
- Barricade the door with heavy furniture
- Silence your cell phone and turn off any sources of noise (e.g. radios, televisions, etc.)
- Hide behind large objects (e.g. cabinets, desks, walls, etc.)
- Remain quiet and low to the ground

SURVIVE

- **Fight only as a last resort and only if your life is in imminent danger**
- Attempt to disrupt and/or incapacitate the assailant by: Acting as aggressively as possible against him/her, throw items and improvising weapons, yelling, commit to your actions
- If others are available, work together to distract and attack the assailant as fiercely as possible

RN IN CHARGE

- If after hours and only if safe to do so – contact the Executive Director/Designee

ALL STAFF IN OTHER LOCATIONS WITHIN THE FACILITY

Do not attempt to return to your department

- Follow the instructions of the Charge Nurse/Manager in your current location
- Stay where you are, protecting yourself and assisting others in your area, if possible
- Divide into small mixed groups of staff, residents, and visitors. Hide in resident rooms, meeting rooms, bathrooms, offices, etc. Wherever is available and safe to do so
- Ask residents & visitors to remain calm, quiet, and to avoid using their phones, any other electronic device, or posting to social media
- Move away from exposed windows, walls, and doors. Cover interior windows if able. Lay on floor, under/behind furniture. If possible, hide against the wall that is on the same side as the door into the room. The room must appear empty
- Minimize movement within the area to essential, safety-related matters
- Silence personal alarms, mobile phones, and other electronic devices
- Do not use the telephone unless directly related to the Code Silver incident

<u>UPON ARRIVAL OF POLICE</u>

Staff are reminded that law enforcement personnel are the primary responders and will assume control in any CODE SILVER response upon arrival.

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

Police Officers will be responding with the **intent to use a required level of force to diffuse the situation.**

Ensure you do not present yourself as a threat to them:

- Drop any items in your hands (e.g. bags, jackets, etc.)
- Immediately raise hands and always keep them visible
- Remain calm and follow Officers' instructions; avoid screaming and/or yelling
- Avoid making quick movements toward Officers or attempt to grab hold of an Officer
- Do not stop to ask Officers for help or direction when evacuating

Police Officers may:

- Be wearing normal uniforms or tactical gear, helmets, etc.
- Be armed with rifles, shotguns, and/or handguns
- Use chemical irritants or incapacitating devices to control the situation
- Shout commands and may push individuals to the ground for their safety

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

EMERGENCY DECLARED OVER

CODE SILVER is declared over when the Police have said it is safe to do so

The code will be cleared by the RN IN CHARGE/DESIGNEE

- Announce 3 times over the paging system.

Code Silver All Clear
Code Silver All Clear
Code Silver All Clear

RN IN CHARGE Will notify:

- The Director of Care
- The Executive Director/Designee

EXECUTIVE DIRECTOR/DESIGNEE
Will ensure the following notifications take place within required time frames:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- Medical Advisor
- POA/SDM of residents

- Ministry of Long-Term Care immediately followed by a report within 10 days as per O. Reg. 246/22, s. 115 (1,2,5)
- Ministry of Labour, Training & Skills Development
- Joint Occupational Health & Safety Committee
- Labour Union Representatives

RECOVERY PLAN

Recovery will take several hours to several months

- Charge Nurses will complete a head count and assessment of the residents and advise the RN IN CHARGE

- Charge Nurses/ Supervisors/RN IN CHARGE will check with staff to ensure they are able to return to their assigned duties. Any staff unable to return to duty will be replaced as per the **Staffing Contingency Plan**

- **Charge Nurses are to wait until they receive directions from the Executive Director/Designee before contacting any resident POA/SDM**

- The Executive Director and management team should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use

- As part of the recovery process, the physical and mental health needs of all workers, residents, and visitors will need to be reviewed on an ongoing basis. Support will be provided, utilizing existing and additional identified programs (e.g. Employee and Family Assistance Program (EFAP), individual and group counselling service opportunities, and workers compensation, as necessary.)

- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held
- All staff directly involved with the assailant will provide a written or verbal statement as soon after the situation as possible and will remain available to provide this statement to the police upon request
- Incident report will be completed by the RN IN CHARGE
- Forms and statements will be collected by the Executive Director/Designee on site
- Clinical assessment of residents will be completed by the registered staff in each resident home area

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents' & Family Councils
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE SILVER

- This emergency code will be tested every **3 years** unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the Code Silver emergency plan as required

CODE GREY

APPLICATION:
Code Grey is intended to outline the INITIAL actions to be taken when there is a loss of key pieces of infrastructure due to an external event or internal failure that poses a risk to residents, staff and visitors or significantly disrupts service delivery. These include outages to gas, hydro, telephone and internet services or failures to the internal physical plant.

UPON IDENTIFICATION OF INFRASTRUCTURE LOSS
Any team member who becomes aware of an issue with a key piece of infrastructure would notify the RN In Charge who would assess the situation and initiate the plan

PLAN ACTIVATION: CODE GREY
If determined that the situation poses a potential risk due to scale or duration, The RN in Charge would page a CODE GREY plus the specific failure over the emergency paging system:

- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

  For example **CODE GREY – Hydro Failure**
  CODE GREY – Hydro Failure
  CODE GREY – Hydro Failure

- Release [MIC] button & press [ALL CALL] to close the system

RN IN CHARGE/DIRECTOR OF OPERATIONS, DEPARTMENT HEADS, MANAGERS,

- Prepare to communicate emergency plans and protocols directly with Department Heads
- Department Heads/Charge Nurses will communicate with and provide directions to their direct reports and residents within their care.
- Ensure emergency plans for core services and infrastructure are readied:
  - Water
  - Medications
  - Food
  - Communications
  - Power
  - Staffing

ALL STAFF WITHIN THE FACILITY

- Return to your designated work area and remain ready to receive further directions
- Assist residents to their resident home areas
- Directions will be provided by your direct supervisor

I. LOSS OF ELECTRICAL POWER

- There will be darkness for 10 seconds before generator will start.
- Only emergency lighting will be available:
    - Some areas on the main floor
    - Residential hallways
    - Emergency power outlets (quadraplex outlets in resident rooms)
- Elevators will remain in service
- Flashlights are available at reception and nursing dens/services
- The diesel fuel tank holds enough diesel fuel to last 72 hours
- Generator should be monitored every 8 to 12 hours and order fuel **(Stinson Fuels 613-822-7400) if at 50% or below**

RN IN CHARGE/DIRECTOR OF OPERATIONS

- Confirm that the emergency generator has initiated
- Re-set the MAG LOCK system at the front entrance
- Direct nursing staff to place residents using O2 on portable tanks and transfer any residents on low air loss surfaces if needed
- Investigate source of outage
- **Initiate Essential Services Only;** housekeeping, laundry, maintenance, and clerical will be utilized to support the resident home areas
- Initiate reception to go to emergency phone status
    - Contact Ottawa Hydro at 613-738-0188 to determine restore time

MORE THAN 2 HOURS

- Notify Food Services Manager/Designate for alternate meal preparation
- Determine if additional staff is required

MORE THAN 12 HOURS

- Executive Director/Designate will notify Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- Nursing will determine any residents that will need to be changed from toileting to incontinence product protocol
- Nursing will determine able body residents to go to SDM/POA homes if not affected by the power outage
- Executive Director/Designate will determine the need for having non-essential services staff on property
- Food Services Manager/Designate will assess refrigerated food on site to determine alternate cooking methods such as alternate building if not affected by outage or barbeque
- Food Service Manager/Designate will arrange additional water supply
- Alternative measures will be in effect until power is restored
- Food Services Manager/Designate will contract emergency refrigerated trucks and external generators

II. LOSS OF INTERNET

- The RN in Charge will contact the internet service provider to review reported outages:
    - https://www.rogers.com/support/outage
- If the outage persists and/or there are no outages in the area, the RN IN Charge will go to the Server Room located on the Basement Room 005 beside the maintenance shop. There are detailed instructions on the wall with how and what to re-set.
- If the outage continues for more than 15 minutes after hard re-set, the RN In Charge will contact the Director of Operations
- If the outage is identified as continuing for a prolonged period of time, the RN in Charge will coordinate the following:
    - Contact TSA IT Service Desk 1-833-872-4873 Option 1
    - Using EMAR Backup print all resident EMAR, ETAR
    - Notify the Executive Director who will coordinate communications with team members, families, and residents on how to contact the home

III. LOSS OF WATER

- Toilets will only have limited amount of normal function
- Toilet force flushing with pouring water into the tank or bowl may be required
- Cooking will be affected

RN IN CHARGE/DIRECTOR OF OPERATIONS

- Investigate source of outage
- **Initiate Essential Services Only;** housekeeping, laundry, maintenance, and clerical will be utilized to support the resident home areas
- Notify the Director of Operations if after hours
- Assign staff to fill bathtubs with water
- Contact the Ottawa Public Works Department **(3-1-1)** for information regarding the severity and duration of the disruption

MORE THAN 2 HOURS

- Food Services Manager/Designate in preparation for alternate meal preparation
- Determine if additional staff is required

MORE THAN 12 HOURS

- Executive Director/Designate will determine the need for having non-essential services staff on property

- Food Services Manager/Designate will assess refrigerated food on site to determine alternate cooking methods such as alternate building if not affected by outage or barbeque
- Director of Environmental Services will check propane on site in preparation for alternative cooking methods
- Food Service Manager/Designate will arrange additional water supply
- Alternative measures will be in effect until services is restored

Bottled Water Suppliers

○ Canadian Springs	613-729-9289
○ Culligan of Ottawa	613-225-9175
○ Vaporel Plus	819-772-8832

Portable Toilets

○ Tomlinsons	613-822-6844
○ Purle Potties	1-833-768-8948

Water Tanker Services

○ Russ Keenan Enterprises	613-822-4733
○ W&K Water Supply	613-298-4055

IV. LOSS OF HVAC (HEATING, VENTILATION & AIR CONDITIONING)

Heating Failure with Risk of Temperature Drop Below 22C

RN IN CHARGE/DIRECTOR OF OPERATIONS

- Investigate source of the issue
- Notify the Director of Operations and Director of Nursing if after hours
- Provide extra blankets from the laundry emergency stock
- Ensure all curtains and blinds are closed
- Limit exterior door use
- Move residents into a lounge or other room where multiple people will provide warmth
- Move residents to another home area where heat is functional
- Determine if additional staff is required
- Discharge appropriate residents where possible to family until the heat is restored
- Initiate resident evacuation in situations where the temperature becomes a health or safety risk

Cooling Failure with Risk of Temperature Exceeding 26-degree Celsius

- Investigate source of the issue
- Notify the Director of Operations and Director of Nursing if after hours
- Ensure all curtains and blinds are closed
- Close windows if temperatures are above 26
- Move residents to another home area where cooling is functional
- Discharge appropriate residents to family until the cooling system is restored, where possible

- Initiate resident evacuation in situations where the temperature becomes a health or safety risk

V. BOIL WATER ADVISORY

RN IN CHARGE

- Notify the Director of Operations, Director of Nursing & Food Services Manager if after hours
- Alert nursing staff to suspend all showers and bathing until further notice
- Turn off water lines to individual taps in all resident rooms and any taps accessible by residents. Water hoses accessible under sinks. Turn off both hot and cold-water lines
- If unable to turn off water lines, cover all faucets in resident washrooms, bathing rooms and public bathrooms with small black garbage bags secured with zip ties
- Laundry services can continue without change

FOOD SERVICES MANAGER/DESIGNATE

- Bottled water & pre-packaged beverages only for drinking
- Switch to emergency menu utilizing pre-packaged foodstuffs
- Substitute packaged broths & liquids for diluting if needed
- Initiate boiling all water needed for food prep using the steam kettle
    - Bring water to temperature of 212F / 100c for 3 min
- Suspend use of ice, juice & coffee machines
- Ensure sanitizing cycle used in all dishwashers
- Arrange for additional water supply

Bottled Water Suppliers

○ Canadian Springs	613-729-9289
○ Culligan of Ottawa	613-225-9175
○ Vaporel Plus	819-772-8832

Water Tanker Services

○ Russ Keenan Enterprises	613-822-4733
○ W&K Water Supply	613-298-4055

EMERGENCY DECLARED OVER

CODE GREY is declared over when it has been determined that it is safe to resume regular operations

The code is cleared by the RN in Charge/Designee

- Announce 3 times over the paging system.

Code Grey All Clear
Code Grey All Clear
Code Grey All Clear

RN IN CHARGE
Will notify the Director of Operations if after hours

EXECUTIVE DIRECTOR/DESIGNEE

- Will ensure the following notifications take place:
    - Social Mission Regional Director/Assistant Territorial Social Mission Secretary
    - Within 1 Business Day, The Ministry of Long-Term Care if the Code Grey lasted 6 hours or more
    - Resident SDMs/POAs

RECOVERY PLAN

Recovery may take several hours to several days or longer depending on the severity of the event:

- Charge Nurses will conduct a head count and assessment of residents. DOC/RN Nurse Designate will triage
- Charge Nurses/ Supervisors/RN In Charge will check with staff to ensure they are able to return to their assigned duties. Any staff who needs to be excused to rest will replaced as per the call in process and **Staffing Contingency Plan if necessary**
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so, an initial debrief will be held
- Incident report will be initiated by the RN In Charge/Director of Operations
- All staff will be encouraged to document their experiences when able to do so to capture all challenges, outcomes, and learnings for future planning
- Forms and statements will be collected by the Executive Director/Designee on site

WITHIN 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents' & Family Councils

- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE GREY

- This emergency code will be tested **annually** unless initiated during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes
- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Quality Improvement Committee to coordinate revision of the CODE GREY emergency plan as required

CODE GREY-BUTTON DOWN

APPLICATION:
Code Grey Button Down is the procedure for restricting the entry of outside air into the building in the event of hazardous gases/fumes being present in the outside air.

PLAN ACTIVATION: CODE GREY BUTTON DOWN
Upon being notified of an incident or potential incident producing hazardous fumes external to the facility, the RN in Charge will activate a CODE GREY – BUTTON DOWN by paging over the emergency paging system:

- At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

  CODE GREY – BUTTON DOWN, please close all windows and exterior doors
  CODE GREY – BUTTON DOWN, please close all windows and exterior doors
  CODE GREY – BUTTON DOWN, please close all windows and exterior doors

- Release [MIC] button & press [ALL CALL] to close the system

RN IN CHARGE

- Assign staff to each entrance to restrict the exit of residents, clients, staff and visitors 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.)
- Notify the Director of Operations & Director of Care
- Have residents & staff that are outside return inside.
- The Director of Operations will establish contact with the local emergency services as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility.

RN IN CHARGE / DIRECTOR OF OPERATIONS / DESIGNEE

- Ensure the main ventilation system is turned off and no external air is being brought into the facility
  - Ventilation system shut down breakers are located on the 3rd floor in the electrical room across from the elevator
  - On the breaker panel marked **DM**, turn off breakers RTU #1 and RTU #2, ERV# 1, ERV# 2, ERV# 3, ERV# 4.

ALL STAFF

- Ensure all windows are shut in your area and monitor to ensure they stay closed

- Monitor residents, staff and visitors for abnormal breathing difficulties and report to the charge nurse any issues
- Await further instructions

EMERGENCY DECLARED OVER

CODE GREY – Button Down is declared over when it has been determined that it is safe to resume regular operations

The code is cleared by the RN IN CHARGE/DIRECTOR OF OPERATIONS/DESIGNEE

- Announce 3 times over the paging system.

Code Grey Button Down All Clear
Code Grey Button Down All Clear
Code Grey Button Down All Clear

RN IN CHARGE

Will notify the Director of Operations and Director of Care if after hours

EXECUTIVE DIRECTOR/DESIGNEE

Will ensure the following notifications take place:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- Ministry of Long-Term Care if the incident resulted in a resident change of status
- Resident SDMs/POAs

RECOVERY PLAN

Recovery may take several hours to several days or longer depending on the severity of the event:

- Charge Nurses will assess each resident for signs of breathing difficulty and continue to monitor closely for 72hrs
- Charge Nurses/ Supervisors/RN In Charge will check with staff to ensure they are able to return to their assigned duties.
- Any staff who is unable to return to their assigned duties will be replaced as per the call-in process and **Staffing Contingency Plan**
- If necessary complete a workplace incident form and scan and email to Human Resources (HR) and OttawaGM.incidents@salvationarmy.ca and supervisor
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so, an initial debrief will be held
- Incident report will be initiated by the Executive Director/Designee or by the RN In Charge if the event occurred after hours
- All staff will be encouraged to document their experiences when able to do so to capture all challenges, outcomes, and learnings for future planning
- Forms and statements will be collected by the Executive Director/Designee on site

WITHIN 30 DAYS OF INCIDENT

Once all information is gathered within 30 days of the incident, the interdisciplinary care team completes a root cause analysis and assessment of the event.

- All interventions required to prevent a similar occurrence and/or improve on response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents and Family Council
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE GREY BUTTON DOWN

- This code will be tested **annually**, unless initiated with a real event during the calendar year
- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes

- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes
- A copy of the debriefing reports will be submitted to the Interdisciplinary Quality Improvement Committee to coordinate revision of the emergency plan as required

CODE LOCK DOWN

APPLICATION:
CODE LOCKDOWN is the procedure staff follow to secure the building and prevent movement and access in response to an external emergency situation

Examples:

- A situation involving an armed suspect in close proximity to the facility;
- Threats of violence to one or more individuals within the facility;
- Active protest or potential mob within the area
- Unknown or developing situation where emergency responders have directed facility to lockdown

PLAN ACTIVATION: CODE LOCKDOWN

RN In Charge to assess the situation:

- Upon information received or liaison with police or emergency services, notify Executive Director/Designee and make decision to initiate lockdown procedures

- Activate a Code Lockdown by paging over the emergency paging system:
  - At a Fire Annunciator panel, press [ALL CALL] then hold the [MIC] side button on handset and announce:

    CODE LOCKDOWN – Please return to your departments. Follow Hold & Secure Procedures. Do not exit the building.

  - Release [MIC] button & press [ALL CALL] to close the system

- Verify that the MAG Lock system is in LOCKED position
- Assign staff member to verify all perimeter doors are locked
- Advise any incoming callers that the building is currently in Lockdown procedures and their call will be returned when safe to do so
- Liaise with police and emergency services and assist as required

ALL STAFF

- Return to your assigned work area
- Turn off all equipment
- Close and lock doors & windows
- Pull blinds and stay away from windows
- Direct all residents, family and visitors to remain inside until the “All Clear” is announced
- Do not respond to media inquires or post on social networking sites
- Be alert and prepared to follow additional procedures

EMERGENCY DECLARED OVER

CODE LOCKDOWN is declared over as directed by police or emergency personnel

The code is cleared by the RN In Charge/Designee

- Announce 3 times over the paging system.

CODE LOCKDOWN All Clear
CODE LOCKDOWN All Clear
CODE LOCKDOWN All Clear

RN IN CHARGE

Will notify the Director of Operations & Executive Director

EXECUTIVE DIRECTOR/DESIGNEE

Will ensure the following notifications take place within required time frames:

- Social Mission Regional Director/Assistant Territorial Social Mission Secretary
- POA/SDM of residents as required
- Ministry of Long-Term Care immediately followed by a report within 10 days as per O. Reg. 246/22, s. 115 (1,2,5)
- Joint Occupational Health & Safety Committee

RECOVERY PLAN

Recovery will take several hours to several days to complete.

- Charge Nurses will complete a head count and assessment of the residents and advise the RN In Charge
- Charge Nurses/ Supervisors/RN in Charge will check with staff to ensure they are able to return to their assigned duties. Any staff unable to return to duty will be replaced as per the Staffing Plan

Charge Nurses are to wait until they receive direction from the Executive Director/Designate before contacting any resident POA/SDM.

- The Organization should consider how to address any operations that may not be immediately available post incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use
- As part of the recovery process, the organization will consider the physical and mental health needs of all workers, residents, and visitors. Support will be provided, utilizing existing and additional identified programs (e.g. EAP, individual and group counselling, and workers compensation, as necessary.)
- Workers should speak with their supervisor regarding any specific concerns, needs, or considerations.

DEBRIEF AND DOCUMENTATION

- Immediately when safe to do so an initial debrief will be held
- Incident report will be completed by the Director of Operations or RN in Charge/Designee
- Forms and statements will be collected by the Executive Director/Designee on site
- Clinical assessment of residents will be completed by Charge Nurse and RN in Charge

WITHIN THIRTY 30 DAYS OF INCIDENT

Once all information has been collected but within 30 days of the incident, a root cause analysis and evaluation of the event is completed.

- All interventions required to improve response will be documented and put in place
- A copy of the report will be distributed and discussed at the Quality Improvement Committee, and Joint Occupational Health and Safety Committee
- A synopsis of the report will be shared with the Residents' & Family Councils
- Organizations who assisted during the emergency will be invited to provide feedback
- The incident will be discussed at Labor Management with applicable trade unions
- Arrangements will be made for a final debrief with all interested parties

ONGOING COMMUNICATION

Will be completed by the Executive Director, as directed by Territorial Secretary for Public Relations but at a minimum will occur at the outset of the emergency, when the status of the emergency changes and when the emergency is declared over. Email, web, telephone, & media releases will be utilized dependent on the type and broadcast of the communication required.

TESTING & EVALUATION OF CODE LOCKDOWN

This emergency code will be tested **every 3 years**, unless initiated during the calendar year

- Debriefing Team Leader(s) will be assigned to the appropriate area with the steps within this policy or corresponding form to review employee performance and provide direction if required for quality improvement purposes

- Debriefing reports will be reviewed by the appropriate Department Head and other team members as appropriate for quality improvement purposes

- A copy of the reports will be submitted to the Emergency Preparedness Committee and the Interdisciplinary Quality Improvement Committee to coordinate revision of the CODE LOCKDOWN emergency plan as required.