



EMERGENCY PLAN

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TABLE OF CONTENTS

Introduction	PAGE 4
Purpose	PAGE 5
Emergency Management Process	PAGE 6
Emergency Management Roles and Responsibilities	PAGE 7
Victoria Gardens Emergency Partners	PAGE 8
Emergency Staff Contact List	PAGE 11
Staff Fan Out List	PAGE 12
Emergency Preparedness	PAGE 13
Hazard Identification Risk Assessment	PAGE 14
Victoria Gardens' HIRA	PAGE 17
Emergency Plan	PAGE 19
Evacuation	PAGE 28
Procedure in Case of Fire	PAGE 34
Victoria Gardens Emergency Codes	PAGE 37
Appendix One: Bomb Threat – Code Black	PAGE 38
Appendix Two: Missing Resident – Code Yellow	PAGE 43
Appendix Three: Water Supply Cut Off – Code Grey	PAGE 47
Appendix Four: Flooding – Code Brown	PAGE 49
Appendix Five: Power Failure - Code Grey	PAGE 52
Appendix Six: Loss of Heat or Cooling - Code Grey	PAGE 58
Appendix Seven: Telephone Communication Disruption - Code Grey	PAGE 61
Appendix Eight: External Air Exclusion - Code Grey	PAGE 63

Appendix Nine: Suspected Poisoning - Code Blue	PAGE 65
Appendix Ten: Violent Intruder - Code White	PAGE 67
Appendix Eleven: Loss of Hot Water - Code Grey	PAGE 70
Appendix Twelve: Violent Resident - Code White	PAGE 72
Appendix Thirteen: Loss of Elevator Service - Code Grey	PAGE 75
Appendix Fourteen: Hostage Taking - Code Purple	PAGE 77
Appendix Fifteen: Boil Water Advisory - Code Brown	PAGE 79
Appendix Sixteen: Chemical Spill - Code Brown	PAGE 82
Appendix Seventeen: Inclement Weather - Code Orange	PAGE 85
Appendix Eighteen: Medical Emergency - Code Blue	PAGE 86
Appendix Nineteen: Fire - Code Red	PAGE 88
Appendix Twenty: Evacuation - Code Green	PAGE 89
Appendix Twenty-One: Community Disaster - Code Orange	PAGE 90
Appendix Twenty-Two: Gas Leak - Code Brown	PAGE 92
Appendix Twenty-Three: Loss of Dietary Services - Code Grey	PAGE 94
Appendix Twenty-Four: Person with a Weapon - Code Silver	PAGE 95
Appendix Twenty-Five: Natural Disasters or Extreme Weather Events - Code Orange	PAGE 98
Appendix Twenty-Six: Outbreaks, Epidemics and Pandemics	PAGE 100
Appendix Twenty-Seven: Emergency Management Roles & Responsibilities	PAGE 101

INTRODUCTION

Victoria Gardens Long Term Care's Emergency Plan establishes a foundation for responding to incidents and emergencies that may occur in or around the Home. This document was developed by the Home's management team in consultation with key stakeholders, community partners, and resident / family councils. The plan outlines required actions in assessing the risk of potential hazards, responding to, and recovering from an emergency.

In the creation and review of the Emergency Plan, ethical guidelines were considered. Key ethical values such as fairness, professional duty, transparency, and consistency were guiding factors in the development of the Emergency Plan. Prioritizing actions, resource allocation, and ongoing standards of care were also taken into consideration.

The Emergency Plan provides the framework for responding to, recovering from, and mitigating the impact of an emergency. The plan outlines the Home's emergency management process, the roles and responsibilities of all parties involved, procedures for specific emergency responses, and communication protocols.

The policies specified throughout the Emergency Plan can be cross-referenced to the Home's Emergency and Fire Manual. Procedures for responding to specific emergencies are listed in the appendices of this document.

The Home's Emergency Plan is available on the Home's website, the Home's core competency and training platform (Surge Learning), and in printed form upon request. Accessible formats and communication supports are also available upon request.

PURPOSE

Long-term care homes in Ontario are required to have written emergency plans for specified emergencies. This is set out under the *Fixing Long Term Care Act 2021*, Ontario Regulation 246/22 (O. Reg. 246/77) and other applicable legislation, regulations, and directives. Fire safety planning is required under the Ontario Fire Code. Homes are responsible for ensuring compliance with all mandatory acts and regulations.

An emergency is defined in the *Fixing Long Term Care Act (2021)* as “an urgent or pressing situation or condition presenting an imminent threat to the health or wellbeing of residents and others attending the Home that requires immediate action to ensure the safety of persons in the Home.”

The aim of the Emergency Plan is to make provisions for the efficient administration, coordination, and implementation of arrangements and response measures taken by the Home to protect the health, safety, and welfare of all staff, students, volunteers, visitors, and residents.

This shall be completed by:

- Identifying potential hazards and risks that may give rise to an emergency impacting the home
- Identifying the structure for emergency responses within the Home
- Identifying the roles and responsibilities required to respond to and recover from emergencies and disasters
- Identifying standard response goals for emergency response operations and decision making

Emergencies are distinct from the normal daily operations carried out in the Home. More specifically, an emergency refers to “a situation or impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risk, an accident or an act whether intentional or otherwise”.

In any emergency response, it is critical that clear lines of authority or chain of command exist within the facility. This ensures that there is timely and efficient decision-making and communication. To this end, the Charge Nurse in the building shall be the Person in Charge. Once the Administrator is on the scene, they shall then become the Person in Charge. If the Administrator is unavailable, the Director of Care shall be the Person in Charge. If the Director of Care is not available, the Charge Nurse remains the Person in Charge.

EMERGENCY MANAGEMENT PROCESS

The Home's emergency management process includes identifying and avoiding or reducing risks, preparing for those that cannot be avoided, activating an emergency plan to respond to an emergency, and returning to normal functioning. This is commonly referred to as the five components of emergency management.

- Prevention: Actions taken to stop an emergency or disaster from occurring.
- Mitigation: Actions taken to reduce the adverse impacts of an emergency or disaster that cannot be reasonably prevented.
- Preparedness: Actions done in advance to ensure the organization is ready to manage a disaster should it arise.
- Response: Measures taken immediately before, during or immediately after an emergency for the purpose of managing the consequences.
- Recovery: The process of restoring an affected community to a pre-disaster or higher level of functioning.

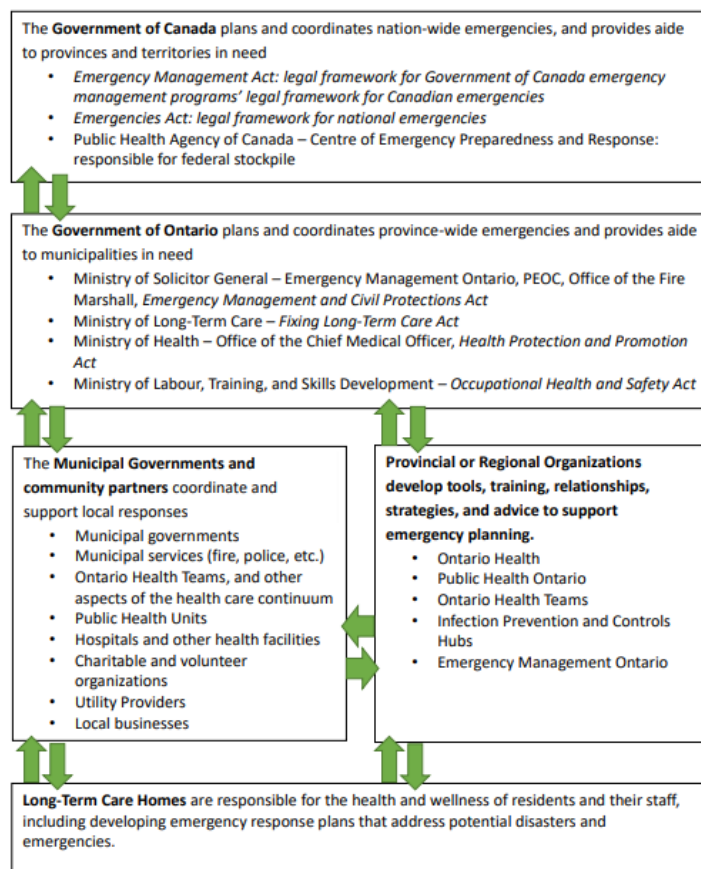
EMERGENCY MANAGEMENT ROLES AND RESPONSIBILITIES

Victoria Gardens recognizes its duty to safeguard the health and safety of those who live and work within the Home. To this end, the Home works in collaboration with municipal government agencies and community partners to coordinate local responses to emergency situations. To ensure local responses are streamlined and effective, the Home utilizes the emergency planning tools and resources available through the provincial government.

In the event an emergency exceeds part or all the capacity of the Home to efficiently respond, the Home can request support from community partners and the municipality via their emergency management office, as needed.

The requests for assistance between levels of government generally follow a structure from the bottom up: from community to provincial or federal levels of government. All levels of this hierarchy work on different types of tasks and activities, with many jurisdictions and organizations working together in partnership through emergency management structures.

The following figure indicates the roles and responsibilities of key players in emergency management. The green arrows indicate relationships where aid or assistance can be requested and received.



VICTORIA GARDENS EMERGENCY PARTNERS

The following table identifies specific entities that may be involved in or that may provide emergency services in the area of the Home. These resources may be involved in responding to the emergency. The roles and responsibilities of these entities are described in the section above. A plan for consulting with each resource is outlined in specific emergency plans included within the Emergency Plan.

INTERNAL USE ONLY

INTERNAL USE ONLY

INTERNAL USE ONLY

EMERGENCY STAFF CONTACT LIST

Position	Name
Owner	Martin Sole
Owner	Deborah Silver
Administrator	Cindy Coyle
Business Coordinator	Violet Duran
Director of Care	Maria Ambroszkiewicz
Activity Director	Tracy Smoke
Medical Director	Dr. C. Okorie
Food Services	Therese De Castro
IPAC Lead	Katherine Wilson
Nursing Support Coordinator	Micky Morrison
Finance Manager	Amanda Leupen

STAFF FAN OUT LIST

INTERNAL USE ONLY

EMERGENCY PREPAREDNESS

When developing emergency plans, Homes are required to consult with appropriate emergency service providers in the area as well as community agencies, health service providers, partner facilities, resources that will be involved in responding to the emergency, etc. These entities may be involved in or provide emergency services in the area where the Home is located. This consultation must be recorded (See the Emergency and Fire Manual for records). As well, the Home must consult with the Residents' Council and Family Council (see Manual for details).

Various components of the emergency plan have been reviewed by relevant community partners as required. Records of these consultations are available in the Emergency and Fire Manual.

The Home shall also ensure that all hazards or risks that could lead to an emergency impacting the Home are identified and assessed, whether the hazards or risks arise within the Home or in the surrounding vicinity or community. This is known as a Hazard Identification Risk Assessment (HIRA).

Understanding the risks and hazards, their likelihood of occurring, and connecting with internal and external partners in how to address them is critical to creating effective emergency plans.

A hazard is any process, phenomenon or human activity that may cause harm including loss of life, injury or other health impacts, property damage, environmental degradation, or social/economic disruption. Hazards can result from several triggers (such as accidents or natural forces). Hazards can also lead to or trigger other hazardous events.

HAZARD IDENTIFICATION RISK ASSESSMENT

Hazards that potentially could affect Victoria Gardens were brainstormed with the management team, with input from residents, families, and staff. Resources, such as the City of Hamilton and the Government of Ontario, were used to review possible hazards.

Once possible hazards were determined, the risk of each occurring was determined. Risk is determined by evaluating the likelihood (probability) and consequence (impact) of each hazard. Plans based on each hazard are also identified in the HIRA.

The following measurements were determined from the Methodology Guidelines 2019 from the Government of Ontario.

Likelihood:

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

Consequence:

There are ten different consequence categories to consider: fatalities, injuries, psychosocial, social connections, evacuation, property damage, critical infrastructure service, environmental damage, economic and reputational damage. Each category is to be considered and rated from none, low, medium or high. Count the number of times each rating was used. Multiply the count for medium by 2 and high by 3. Add the totals for low, medium and high. The result is the total of the overall consequence score for the hazard.

Rank	FATALITIES	INJURY/ILLNESS	PSYCHOSOCIAL	SOCIAL CONNECTIONS	EVACUATION or SHELTER-IN-PLACE
None	Not likely to result in fatalities.	Not likely to result in injuries or illness.	Not likely to result in significant impacts to individuals' mental and emotional wellbeing.	Not likely to impact access to supports and networks. Trust and cooperation are unaffected.	Not likely to result in an evacuation shelter-in-place orders, or people stranded.
Low	Causes loss of life within the scope of normal operational capacity.	Causes injury/illness within the scope of normal operational capacity.	Localized, moderate and/or generally short-term impacts to individuals' mental and emotional wellbeing.	Likely to result in some localized reduced access to supports and networks. Trust and cooperation are affected.	A small or localized portion of the population is evacuated, sheltered-in-place, or stranded.
Med	Causes loss of life requiring extra emergency operations support.	Causes injury/illness requiring extra emergency operations support.	Significant but generally localized impacts to individuals' mental and emotional wellbeing, including long-term impacts.	Likely to result in reduced access to supports and networks. Trust and cooperation are affected.	A moderate and generally localized portion of the population evacuated, sheltered-in-place, or stranded.
High	Loss of life severe enough for mass fatality procedures to be activated.	Injury/illness requiring mass-casualty or other highly specialized plans and supports.	Widespread impacts to individuals' mental and emotional wellbeing, including long-term impacts.	Likely to result in significantly reduced access to supports and networks. Trust and cooperation are severely affected.	A large or widespread portion of the population is evacuated, sheltered-in-place, or stranded.
Circle:	None/Low/Med/High	None/Low/Med/High	None/Low/Med/High	None/Low/Med/High	None/Low/Med/High

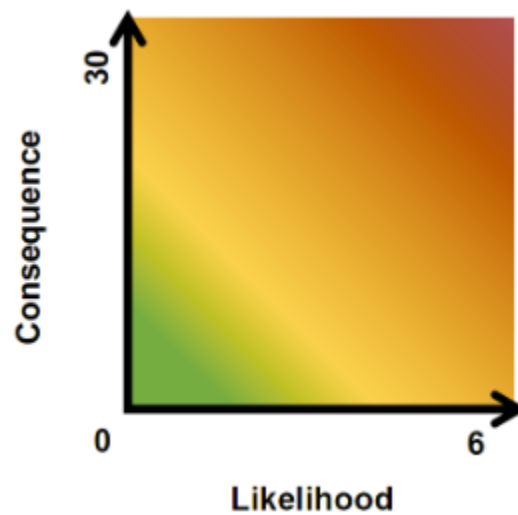
Rank	PROPERTY DAMAGE	CRITICAL INFRASTRUCTURE	ENVIRONMENTAL	ECONOMIC	REPUTATIONAL
None	Not likely to result in property damage.	Not likely to disrupt assets or services.	Not likely to result in environmental damage.	Not likely to disrupt business/financial activities.	Not likely to result in significant political or reputational impacts.
Low	Could cause minor, mostly cosmetic damage.	Could cause minor disruption of assets or services.	Could cause localized and reversible damage. Quick clean up possible.	Disruption of business/financial activities or the economy of the local area.	Likely to result in limited or short-term political or reputational impacts.
Med	Localized severe damage.	Could cause major but localized or short-term disruptions to critical infrastructure services.	Could cause major but reversible damage. Clean up difficult.	Could result in losses for a few businesses, some negative consequences for the economy of the region.	Likely to result in some significant or long-term political or reputational impacts.
High	Widespread severe damage.	Could cause widespread, severe, ongoing disruption of assets or services.	Could cause severe, irreversible damage. Clean up not possible.	Could result in losses for an industry, or severe economic impact in the region or province.	Likely to result in significant and/or lasting political or reputational impacts.
Circle:	None/Low/Med/High	None/Low/Med/High	None/Low/Med/High	None/Low/Med/High	None/Low/Med/High

Scores for each category should be added together, for a maximum possible total of 30.

Total consequence scores and categories: **0 – 10 Low** **11 – 20 Medium** **21 – 30 High**

The consequence and likelihood scores are then used to determine the risk. The results are recorded on the chart below to determine the risk level. Green is low risk, yellow or orange is medium risk and red is high risk.

Total Score (L x C)	Category
0	N/A
0 - 30	Very Low
31 - 60	Low
61 - 90	Moderate
91 - 120	High
121 - 150	Very High
151 - 180	Extreme



www.emergencymanagementontario.ca/sites/default/files/content/emo/docs/HIRA_Methodology_Guidelines_2019.pdf

VICTORIA GARDENS' HAZARD IDENTIFICATION RISK ASSESSMENT

Hazard	Likelihood Score	Consequence Score	Risk Assessment Level	Plan Based on Risk
Medical Supply Shortage	4	2	Very Low	Emergency supplies are available in the Home. Alternative options to be considered with supply issues.
Food Shortage	3	6	Very Low	Emergency supplies are available in the Home. Policies are in place.
Telecommunication Emergency	5	5	Very Low	Home has policies in place
Energy Supply Emergency	4	6	Very Low	Home has policies in place
Drinking Water Emergency	3	4	Very Low	Home has policies in place
Transportation Incident	5	4	Very Low	Home has policies in place
Bomb Threat	1	17	Very Low	Home has policies in place.
Building or Structure Failure	3	13	Low	Evacuation and temporary shelter provisions are in place.
Cyber Attack	5	7	Low	Policies in place for use of backup systems.
Extreme Ice Storm	5	12	Low	Home has policies in place
Fire or Explosion	3	13	Low	Home has policies in place
Hazardous Materials Incident or Spill (Any Code Brown)	4	9	Low	Home has policies in place
Extreme Cold or Heat	5	12	Moderate	Home has policies in place.

Active Shooter or Violent Situation	5	13	Moderate	Home has policies in place.
Extreme Weather	5	16	Moderate	Home has policies in place
Human Health Emergency	5	10	Moderate	Home has policies in place
Flooding	5	13	Moderate	Home has policies in place

EMERGENCY PLAN

If an emergency arises within the Home, the Charge Nurse shall be informed and will take command of the situation. All staff that are on duty will form an immediate crisis response team.

The Charge Nurse will assess the situation and declare an emergency within the Home. The Charge Nurse would then determine what actions are to be taken and what code may need to be activated. The procedure indicated for the emergency is then to be followed (outlined in Tab 4 of the Emergency and Fire Manual).

Depending on the extent of the emergency, additional forces may need to be called, such as the Fire Department or Police Department. Once emergency personnel arrive, they are to take responsibility for the situation and provide instruction to the Charge Nurse. The Charge Nurse shall collaborate with the emergency personnel on procedures to follow.

The Charge Nurse shall also contact the Administrator and Director of Care. If the Administrator is unavailable, the Director of Care would then take command of the emergency. However, if both the Administrator and Director of Care are unavailable, the Charge Nurse will remain in command of the emergency situation. The person in charge of the emergency response is known as the Person in Charge.

If additional staff are required for the emergency response, the emergency staff fan out list will be initiated. The Person in Charge will call the Team Captains, who will then contact the remaining members of staff.

If evacuation of the building is required, evacuation procedures are to be followed. These procedures shall be coordinated by the Person in Charge and emergency personnel. See EF-03-04 for procedures.

EVACUATION PROGRESSION

- Residents and staff would first be evacuated out of the building to the Home's patio or parking lot, following the direction of the emergency personnel.
- If it has been determined that the Home is unsafe to return to, residents and staff will be evacuated to the Home's emergency evacuation center – Cathedral High School.
- Once at Cathedral High School, the Person in Charge will work with the emergency personnel to determine if the Home will be unsafe to return to for a short or extended period of time. If it is anticipated that it will be an extended period of time, temporary evacuation shelters are to be contacted.

COMMUNICATION

The Person in Charge remains in close communication with the emergency personnel. Relevant information to the emergency response will then be disseminated to the rest of the staff who are working.

Management shall be notified of the emergency as a part of the fan out list. Additional staff are to be notified of the emergency through the initiation of the emergency fan out list.

Residents in the Home shall be informed of the emergency response and what actions are being taken. This is to occur throughout the emergency by all staff who are working.

Resident families are to be informed of the emergency when it is safe to do so. This will occur through email blasts as well as phone calls when needed.

The Home's media consultant is to be contacted by the Person in Charge as a part of the emergency response once it is safe to do so. The media consultant will create a communications announcement on the emergency situation. This will then be shared on the Home's website and through email blasts to family.

Email blasts will also be sent to the Home's staff, volunteers, caregivers, Family Council and Resident' Council members, as applicable. Continuing communications will occur throughout the emergency to ensure all parties are aware of actions that are taken. At a minimum this will occur at the beginning of the emergency, at the end of the emergency and during the emergency.

DECLARING THE EMERGENCY OVER

The emergency would be declared over by the emergency personnel in consultation with the Person in Charge. This would then be communicated to all members of the team, residents and their families.

RECOVERY FROM AN EMERGENCY

The Home shall ensure that once an emergency has been declared over, residents, their substitute decision makers, staff, volunteers and students are debriefed. This debrief will involve planning for resuming normal operations within the Home. This includes transporting residents back Home, ensuring supplies are restocked and in place and that food and fluids are available. A sufficient inventory of supplies is required to meet the needs of all residents before they return Home. The Home shall also consult with entities, community partners, and health services providers to ensure the Home is fully capable to resume normal operations.

Returning to normal function may be a slow process and will be dependent on the emergency. This can include repair of damaged infrastructure, accessing and installing safe equipment, working with municipal service providers to clear the Home for residency, returning residents from evacuation sites, and working with staff to return to regular roles.

The Home shall also provide support to those who experienced distress during the emergency. Various resources may be utilized to provide support.

- 911 if distress is noted that provides a risk to the resident or others.
- The Home's Social Worker can provide support to residents as required. External social work services may also be accessed from Agewise Solutions (519-342-2024).
- Staff can access the Home's Manulife benefits for support.
- The Canadian Mental Health Association can also be contacted for support (905-521-0090).

EDUCATION AND TRAINING

The Home shall ensure that all staff, students and volunteers are trained in the emergency plan upon hire, before they perform their responsibilities, and annually thereafter.

Drills and tabletop exercises shall be completed regularly. Records of these training sessions shall be kept in the Emergency and Fire Manual.

COMMUNITY PARTNERS

The Home shall ensure to keep current all arrangements with entities that may be involved in or provide emergency services in the area where the Home is located. This includes the temporary evacuation partners, emergency services and service providers within the Home.

ROLE OF EMERGENCY PERSONNEL

Hamilton Fire Department:

- Establish an incident command center
- Ensure that the Person in Charge provides a roster of individuals within the Home at the time of the emergency
- Be the lead agency for transferring residents from the "hot and warm" zone
- Coordinate the transferring of residents from the "cold" zone
- Notify Hamilton Street Railway (HSR) for the provision of buses for

- temporary sheltering and transit if required
- Notify the Canadian Red Cross if required
- Notify the Director of the Emergency Social Services Control Group to set up a temporary reception center if required or source any additional supports
- Activate the City of Hamilton's Emergency Operations Center if required

Hamilton Paramedic Service:

1. Stabilize residents at the scene
2. Set up a triage area for mass casualties if required
3. Assist with transfer of residents
4. Transport residents to hospital or a temporary location
5. Request mutual assistance from other municipalities as required

Hamilton Police Service:

- Support Fire Department and Paramedics
- Provide traffic control and secure the scene
- Close roads as necessary to ensure access by emergency personnel
- Conduct investigation if criminality is involved or suspected
- Track casualties and assist with victim services

Transit (HSR):

- Provide buses to be used as a temporary shelter
- Provide transit to a temporary reception area

Ontario Health atHome:

1. Reference their system to determine any available beds
2. Prioritize the accommodation of residents with special needs
3. Consider other available beds that are not being used to maximum accommodations

City of Hamilton Emergency Social Services Control Group:

- In coordination with the Red Cross, will provide support including set up of a temporary reception center, registration, provision of food/drink, clothing, and personal services

EVALUATION

The Home shall ensure that the emergency plans for the Home are evaluated and updated at least annually. This includes updating all emergency contact information for the emergency

community partners as identified. During the evaluation and updating the plan, the Home's community partners shall be consulted with to provide an opportunity to offer feedback. As well, within 30 days of the emergency being declared over (after each instance that an emergency plan is activated), the emergency plans shall be evaluated and updated.

PLACEMENT GUIDELINES

In the event of an emergency evacuation that requires residents and staff to leave the premises of the Home, Victoria Gardens has an agreement in place with Cathedral High School. The school is to be used as a temporary evacuation center until further information is noted about the state of the Home.

If it is determined that the Home is safe for residents and staff to return, residents will return to Victoria Gardens from Cathedral High School. If the return to the Home is not anticipated within a short time, Victoria Gardens has an emergency shelter agreement with other Long Term Care Homes in Hamilton.

See Policy **EF-03-06: Temporary Evacuation Centers** for an exhaustive list.

Evacuation Centers that are able to accommodate a larger group of residents shall be contacted first. Efforts should be made to minimize the number of evacuation centers used, where possible. Staff will also have to be sent with residents to the evacuation centers. As well, the City of Hamilton may provide accommodations for residents or resident families may also wish for their family member to return home with them.

A log shall be kept in order to keep track of the location of all residents and which evacuation center they are located at.

Victoria Gardens Emergency Plan – Resident Location Log

In the event of an emergency and residents are to be transferred to another location (evacuation center or another long-term care home), this log is to be used. This log will be filled out and kept with the Charge Nurse to keep track of where residents are transferred to.

Time and Date of Transfer	Vehicle Used	Residents Transferred	Staff Transferred	Location Transferred To

Victoria Gardens Emergency Plan – Resident Location Log

Another tool used in the event of an emergency – for staff to record locations of where all residents have been evacuated to.

	Resident Name	Evacuated To	Comments
1			
2			
3			
4			
5			

ACCESSING EMERGENCY SUPPLIES

Victoria Gardens shall maintain an emergency supply of various resources that are vital for an emergency response. The Home has a supply of resources both within the Home as well as in an off-site storage facility. These resources include:

- Food (the Home has a regular supply of food supplies within the Home as well as an emergency kit of ready to eat meals within the off-site storage facility)
- Fluids (the Home has a regular supply of fluids within the Home as well as an emergency supply of additional fluids within the off-site storage facility)
- Linen (the Home has a regular supply of linens within the Home as well as an additional supply within the off-site storage facility)
- Personal Protective Equipment (the Home has a regular supply of PPE within the Home as well as additional supplies in off-site storage)
- Hand Hygiene Products and Cleaning Supplies (the Home has a regular supply of products within the Home as well as additional supplies in off-site storage)
- Medication Administration supplies, including medication cups and pill crusher (the Home has a regular supply of products within the Home as well as emergency supplies within the Evacuation Box)

Management has a master list of all supplies that are available within the off-site storage facility. These supplies are regularly reviewed and inventoried (once every few months) to ensure that expiry dates are monitored, and items are readily available. Any items with an impending expiry date will be rotated with newer supplies. Supplies within the Home are regularly monitored as a part of day-to-day operations by the Nursing Support Coordinator

In the event of an emergency situation and additional supplies are required or residents are to be evacuated from the Home, the person in charge of the emergency response (Administrator, Director of Care, or Charge Nurse), would delegate a staff member to obtain supplies from the off-site storage facility. A staff member will be chosen based on the ability to obtain supplies and who has a vehicle to transport supplies. Staff from any department could be chosen. A key or combination for the storage facility will be given to the person from a member of the Management Team. Instructions will be given to the staff member specifying what supplies are needed.

Supplies would be obtained once the initial evacuation from the building is completed.

STORAGE LOCATION

Access Storage

EMERGENCY GENERATOR

A portable gas-powered generator was previously used before the installation of the emergency generator. The portable generator is no longer in service and has been removed from use. This policy has been updated accordingly in consultation with Calibre Electric and should be followed.

This generator is available at all times and has the capacity to maintain, in the event of a power outage, the Home's heating system, emergency lighting in hallways, corridors, stairways and exits, and essential services (which includes dietary services equipment, equipment required to store medications at safe temperatures and to prepare and deliver drugs, the call bell system, elevators, and safety/emergency equipment).

In the result of a power outage, even if the generator restores power, the Charge Nurse must reset the Home's call bell system.

The generator system is designed to operate automatically in the event of a utility power failure.

1. Upon loss of utility power, the generator will automatically receive a start signal.
2. A normal delay of up to 30 seconds will occur while the generator starts and reaches operating speed. During this time, electrical power to the building may be temporarily unavailable.
3. Once operating parameters are achieved, the Automatic Transfer Switch (ATS) will automatically transfer the electrical load to the generator.
4. Power to the entire building will be restored through the generator system.
5. Upon restoration of utility power, the ATS will automatically transfer the load back to the utility source.
6. The generator will complete its programmed cool-down cycle and automatically shut down.

The generator is programmed to automatically perform a self-test weekly. No staff intervention is required during the automatic self-test.

If an error code or alarm is generated:

- The monitoring application automatically notifies Calibre Electric, the Administrator and Environmental Lead.
- Calibre Electric will review the alarm and determine the required response.
- A qualified technician will be dispatched when necessary.
- The Home will be notified of the alarm or fault condition, planned service response, and the corrective actions required.
- Environmental Lead shall document the notification and any follow-up actions required.

The emergency generator system shall undergo preventative maintenance yearly by Calibre Electric. Only authorized personnel shall operate, inspect, service, or repair the generator system.

In the event the generator fails to start or fails during operation, the Charge Nurse shall immediately notify the Administrator and Environmental Services Manager. The Home shall implement its emergency code for Power Failure as per Home policies. All incidents, corrective actions, and service reports shall be documented.

EVACUATION

There are several types of evacuations, depending on the extent of the emergency:

1. Partial, Internal Evacuation:
 - a. Horizontal evacuation involves moving from one area of the floor to another area on the same floor behind fire barrier doors.
 - b. Vertical evacuation involves moving from one floor towards the ground floor.
2. Total, External Evacuation:
 - a. Total evacuation involves total evacuation to the outside of the building.

EVACUATION ORDER

- Those nearest the danger.
- Walking residents - gather them together, holding hands if possible. Appoint someone to go with them to a safe area. Do not leave ambulatory residents without guidance.
- Wheelchair residents are then moved using a wheelchair or evacuation chair.
- Bed-ridden residents – roll residents in blankets and drag safely down the stairs, and then use an evacuation chair.
- Resistive Residents – Staff must not waste valuable time trying to move those who resist. These residents will be moved from Home once other residents are evacuated.
- Evacuate all animals.

The elevator is not to be used for movement of residents unless authorized by emergency personnel.

PERSON IN CHARGE

- The Person in Charge is the Charge Nurse. Once emergency personnel arrive, they may take control of the emergency situation.
- The Person in Charge will lead the evacuation, be in charge of the response, and delegate tasks to staff.
- When an evacuation of the Home is needed, the Person in Charge will make an

announcement over the building's PA system. They will announce, repeating three times: "Code Green. Evacuation. Evacuate residents from _____". The location of evacuation is to be announced so that residents are organized to one location.

- The default evacuation will occur from the west stairwell, out of the building. Evacuation will proceed starting from 1st floor, then 2nd floor, then 3rd floor. This will vary depending on the type of emergency, location of emergency, and accessibility to exits.
- The default evacuation area will be located in the Home's parking lot under the overpass. Ensure this is communicated to staff. This may vary based on the accessibility, type of emergency, and location of emergency.
- The Person in Charge will obtain the visitor log from the front door, the staff sign in book from the front door, and 24-Hour Report from the 1st floor nursing station. These are used to account for staff, visitors, and residents in the building.
- The Person in Charge will direct the registered staff member on each floor to obtain the resident census or daily report sheet for that floor and begin evacuation.
- Obtain:
 - The EVACUATION BOX from the 1st floor clean utility/photocopy room
 - The emergency laptop and charger from the 1st floor clean utility/photocopy room
 - The cell phone from the 1st floor medication room
 - The walkie talkie from the 1st floor clean utility/photocopy room
- The Person in Charge will ensure that emergency services have been called (fire department, police department, etc.). Using the Staff Fan Out List (located in the evacuation box), call members of management to initiate the emergency and obtain additional personnel to assist with the evacuation. This is especially important during the night when staffing is at a minimum level.
- The Person in Charge will ask a member of management for the lock box code to obtain the emergency set of keys (located in the 1st floor clean utility/photocopy room).
- Designate a staff member to set up and maintain the evacuation area. This is the area where evacuated residents are brought. Staff from recreation, laundry, kitchen, housekeeping, etc. may be designated.
- Ensure communications are maintained with staff, and residents during the evacuation procedure.

REGISTERED STAFF

The Registered Staff will be directed to:

- Obtain the resident census / daily report sheet. This is to be used to account for all residents during the evacuation procedure.
- Supervise PSW staff with the evacuation of residents. Keep track of residents that are being evacuated to ensure an accurate record is maintained of each resident's location.
- Use the Red Emergency Bag that is located in each medication room to gather supplies. All resident medication pouches, narcotics, insulin, medical supplies, and STAT box (on 2nd floor) are to be placed in the bag. These supplies are then brought from the building to the evacuation area. This ensures that all residents have timely access to all drugs that have been prescribed to them.

EVACUATION AREA STAFF MEMBER(S):

1. Assigned staff member is to obtain:
 - a. Caution Tape (from evacuation box)
 - b. Walkie Talkie (from 1st floor clean utility / photocopy room)
 - c. Blank resident daily report sheets (from the 1st floor nursing station)
 - d. Safety Vest
 - e. Pen and Clipboard (from evacuation box)
2. Section off the evacuation area using CAUTION tape (located in the evacuation box). This will keep residents in one area.
3. Keep track on the daily report sheets which residents have been evacuated to the evacuation area. Monitor residents to ensure they stay in the area and do not wander off.
4. Provide reassurance and support to residents. Offer fluids to residents. Ensure residents are not hot / cold depending on the weather. Offer blankets if needed. Provide seating for residents without a wheelchair.
5. Emergency ArmBands (located in evacuation box) are to be placed on every resident. Resident information tags, which include information on resident transfer, ambulation and responsive behaviours, shall be completed and attached to each resident.
6. As more residents are evacuated, additional staff will be required for monitoring. The walkie talkie can be used to contact the Person in Charge for assistance.

ALL STAFF

1. Listen for the location of the Code Green. All staff are to immediately respond to the

code.

- KITCHEN:
 - Staff are to turn off stoves, ovens, appliances, etc. Ensure the kitchen is locked and then report to registered staff and begin to assist in the evacuation procedure. Provide fluids / snacks to residents who have been evacuated, if required.
 - LAUNDRY, HOUSEKEEPING, AND MAINTENANCE:
 - Staff are to ensure all supplies are put away, and laundry machines are turned off. Then report to registered staff to assist in the evacuation process.
 - PSW:
 - Begin evacuating residents from the building, following the order of evacuation. Ensure residents are dressed according to current weather. Bring additional linens with residents as able. Resident rooms, bathrooms, dining rooms, and activity rooms are to be searched to ensure all residents are evacuated. Door tags are used to show a room is vacant. Ensure one side of the hallways remain clear to allow for emergency personnel. Ensure residents are accounted for using the daily report / census sheet. Continue providing resident care.
2. ALL OTHER DEPARTMENTS:
- a. Evacuate the working area, close doors, and report to registered staff to begin to assist in the evacuation process. Members of management will contact families, media, as required

EVACUATION BOX

The Evacuation Box contains:

1. Emergency Policies and Procedures
2. Resident yellow emergency armbands
3. Resident information tags
4. Tape
5. Pens and pencils
6. Notebook
7. Blank Resident Logs
8. Medication Cups
9. Clipboard
10. Emergency Laptop and Charger
11. Medication Crusher
12. Fluid Thickener
13. Blank Release Forms
14. Spoons

15. Hand Sanitizer
16. Tapes
17. Resident Information Cards

Under direction from the emergency personnel, if there is time, additional emergency supplies can be gathered from the Home. This includes additional linen, clothing, medical supplies, food, and fluids. If the elevator is able to be used, medication carts are able to be brought from the Home.

TRANSPORTATION

If transportation is required for travel to another evacuation location, the emergency personnel will provide support. Emergency services will contact the City of Hamilton for transport such as buses. The Home may also call taxis to transport residents and staff.

When residents are evacuated from the Home area, a log is to be kept ensuring that the location of every resident is accounted for. Staff are to accompany residents. These will be assigned by the Person in Charge and shall also be accounted for on the log. A resident's medications are also to go with the resident.

If there is time, resident family members shall be contacted to have the option to take their family member home. Blank release forms are to be included in the emergency kit if the resident does go home with their family. Emergency supplies are to be taken to the evacuation location alongside staff.

EMERGENCY RESIDENT RECORD AND EMAR ACCESS

Resident medication lists and care plans are able to be accessed by the Home's emergency laptop. If paper copies of resident's medication lists are required, the Person in Charge may contact Geriatrix Pharmacy to have paper copies delivered to the Home/Evacuation Center.

In the case of an evacuation, resident information is able to be accessed remotely. If evacuating to Cathedral High School, the school's internet can be accessed. If residents are being evacuated to partner long term care homes, Point Click Care emergency login information is to be given to each Home to ensure that the resident's information can be accessed.

Login Information:

EVACUATION PROGRESSION

1. Residents and staff would first be evacuated out of the building to the Home's parking lot.

2. If it has been determined that the Home is unsafe to return to, residents and staff will be evacuated to the Home's emergency evacuation center – Cathedral High School (see EF-03-05: Placement Guidelines)
3. Once at Cathedral High School, the Person in Charge will work with emergency personnel to determine if the Home will be unsafe to return to for a short or extended period of time. If it is anticipated that it will be an extended period of time, temporary evacuation shelters are to be contacted (see EF-03-06: Temporary Evacuation Centres).

PROCEDURE IN CASE OF FIRE

1. When a fire is detected or the fire alarm sounds, the location is to be announced on the overhead speaker. Staff on the first floor are to go to the fire panel, located on the first floor by the front office. They are to announce the location of the fire using the pager system, announcing "Code Red and Fire Location". This is to be repeated three times.

The wall beacon outside of the affected room will light up to indicate which room is affected. This only occurs if the alarm is triggered by smoke or fire.

2. Elevator Use: When the fire alarm sounds, the elevator must be brought to the first floor and placed in "Recall Position - On", unless the alarm is activated by a smoke detector or sprinkler head directly in front of the elevator. In this case the elevator will automatically place itself on another floor, away from the fire and stay in "Recall Position - On". Staff are not to use the elevator when the fire alarm is sounding. The elevator is not to be used for movement of residents, unless authorized by the Fire Marshall.

3. Appointment and Organization of Designated Supervisory Staff: The Charge Nurse is to use the stairs and report to the 1st floor to meet the fire department to ensure that they are brought directly to the affected fire area. The Charge Nurse will provide the firefighters with all keys necessary to the building.

4. All other staff are to listen for the location of the fire on the pager system. They are to report to their normal working area and assist with fire evacuation preparations. All staff present in the building must respond to any alarm. Staff will be instructed to either stay on their unit or to go to the fire site using the opposite stairwell of the fire.

5. Once the location of the fire has been identified, staff may use the key located on each fire alarm pull station to turn the alarm to the second stage "Evacuation Mode". If this is not completed, the system will automatically switch over after five minutes.

6. As all magnetized doors will unlock, one staff member must go to each exit and remain there to ensure no resident walks out (except on nights). Emergency back-up alarms must be turned on manually on all doors. These alarms can only be turned off once the doors have locked after the emergency has ended.

7. After hearing the announcement from the first floor as to the location of the alarm, staff on that floor will check all rooms until the source of the alarm is located. Staff can then start evacuating residents who are in the room that triggered the alarm. Another announcement on the pager system can be made to indicate the specific room that the fire was located. Once the room of origin, or the affected room, has been evacuated, the door is to be closed. Staff are then able to regroup and begin evacuating residents from the adjoining rooms next to the room of origin.

8. Staff shall keep in mind the order of resident evacuation (outlined below).

9. Once a room is empty, close the door and tag it using “Flex-Evac Evacuation Indicators”, which are located on each resident bedroom door. These indicators are lifted and attached to the door frame via a magnet. This exposes a “VACANT” sign and creates a link between the door and doorframe. If the door is reopened, the link is broken and the flap drops down. Staff will continue evacuating residents from the affected area until all residents have been evacuated. Staff are to approach stairwells and fire doors with caution. Check all doors before opening - feel for heat using the back of the hand. Proceed only if the way is clear of fire and smoke.
10. Residents are to be relocated laterally on the other side of the fire separation doors. If an area must be evacuated, evacuate in a lateral direction to a safe zone, but remember to not cross an unsafe zone.
11. Never re-enter the building unless advised to do so by the Fire Department.
12. It is important that all staff, and residents, are accounted for when evacuating horizontally, or vertically to the outside.
13. During the evening and night shifts, when staffing is at a minimum, and it has been determined that a fire is in progress, it will be necessary to use the telephone fan-out system to bring in additional help for the evacuation.
14. If a full evacuation from the building is required, all residents are to be moved to the outside of the building by using the nearest and safest exit. Follow Code Green Procedures.

First Floor Procedure

When the fire alarm is sounded and it has been determined that the fire origin is in your floor area (1st floor), the residents may be moved horizontally (sideways) to a safe fire zone, or they may be moved out of the building.

When the fire alarm is sounded, and it has been determined that the fire origin is not on your floor (not on 1st floor), keep the residents on the floor and if necessary, evacuate them to the evacuation zone that is not affected.

Second and Third Floor Procedure

When the fire alarm is sounded, and it has been determined that the fire origin is in your floor area, the residents may be moved horizontally (sideways) to another area or they may be moved to a lower floor (but not the basement) by using a stairway.

When the fire alarm is sounded and it has been determined that the fire origin is not on your floor, keep the residents on the floor and if necessary, evacuate the residents laterally to an unaffected zone.

Order of Occupant Evacuation

1. Those nearest the danger.
2. Walking residents - gather them together, holding hands if possible. Appoint someone to go with them to a safe area. Do not leave ambulatory residents without guidance.
3. Residents in a wheelchair or those requiring assistance / handicapped occupants are then moved using a wheelchair or evacuation chair.
4. Bed-ridden residents – roll residents in blankets and drag safely down the hall, and then use an evacuation chair for stairs.
5. Resistive Residents – Staff must not waste valuable time trying to move those who resist.

Minimum Staffing Levels

The Home shall maintain minimum staffing levels for all shifts to ensure that the actions indicated in the fire safety plan can be fulfilled accordingly. A staff “Fan Out” list is used to bring in additional staff, as required, to assist with these actions and if evacuation of residents from the building is required.

The minimum number of staff for each shift are as follows:

Oxygen Tanks and Concentrators

During the movement and evacuation of residents, oxygen tanks and concentrators must also be removed from the affected area. Oxygen can contribute to a fire. As well, tanks and concentrators are highly pressurized and may explode in heat. During the clearing and evacuation of rooms, staff must also remove any oxygen tanks or concentrators from that space.

VICTORIA GARDENS LONG TERM CARE EMERGENCY COLOUR CODES

CODE GREEN – Evacuation
CODE YELLOW – Missing Person
CODE ORANGE – Disaster
CODE RED – Fire
CODE WHITE – Violent Situation
CODE PURPLE – Hostage Taking
CODE BROWN – Hazardous Spill
CODE SILVER – Person with a Weapon
CODE BLACK – Bomb Threat
CODE GREY – Infrastructure (Loss or Failure)
CODE BLUE – Medical Emergency

Adapted From : Ontario Hospital Association

APPENDIX ONE: BOMB THREAT – CODE BLACK

RESOURCES

Bomb threat kits are available in each clean utility room

Hamilton Police Department

In the case of evacuation, see Evacuation Policy for details

DEFINITION

CODE BLACK is the designated phrase to alert staff of a bomb threat or discovery of a suspicious package or letter.

A bomb threat is a message received by telephone, fax, email, letter, or social media. It may also be a verbal or a written note. This threat states that an explosive or incendiary device is in the Home or on the property which could endanger the lives of the residents, staff, or visitors. A bomb threat can also be the discovery of a suspicious package or letter. This may be found in the Home, on the property or have been sent to the Home. If the Home cannot quickly identify where the package came from, who owns it or why it is there, the Home must consider it to be suspicious. Other characteristics include items with excessive tape, excessive weight, excessive postage or discolouration on the package

PROCEDURE

Upon receipt of a bomb threat in any form, it is impossible to know if it is real or a hoax. Therefore, precautions need to be taken for the safety of all residents, staff, and visitors. Threats are credible until otherwise proven. It is important to remain calm and gather as much information about the situation as possible.

RECEIVING THREAT BY TELEPHONE

1. Endeavour to keep the person on the phone for as long as possible. Remain calm and courteous. Speak in a normal tone. Do not interrupt the caller.
2. Record time of the call.
3. Establish location of the bomb and what it looks like.
4. Establish when the bomb is set to go off.
5. Try to establish the purpose of the threat (personal, property, area, etc.).

6. Try to establish the origin of the call (background noises, traffic, equipment, voices, etc.).
7. Try to determine the language or dialect of the caller. Try to determine the apparent state of mind of the caller.
8. Try to establish the sex and approximate age of the caller. Ask their name and where they are calling from.
9. Ask the caller to repeat the message. Try to prolong the conversation as long as possible.
10. While on the telephone and it has been determined that there is a threat, try to signal another staff member with non-verbal cues to call the police.
11. Record details of the call.
12. Complete the "Bomb Threat Report Form", located at each nursing station.

AFTER RECEIVING TELEPHONE CALL

- Notify the Charge Nurse of the call and forward the written report of details of the call.
- Call 911 and inform them of the bomb threat and location. Try to have the police trace the call.
- Review the phone call and write down any details that may have been forgotten. In the excitement, it is easy to forget details that might have been observed.

THREAT IS DISCOVERED

1. If a suspicious package or letter is received or found, it should not be touched, moved or opened. Avoid handling the package. If an email is received, the message should be saved.
2. Do not activate light switches or move nearby objects. Do not use radios, cell phones or other electronic devices in the area.
3. The Charge Nurse is to be notified, 911 is to be called and the immediate area is to be evacuated.

CHARGE NURSE

1. Ensure that 911 has been called using a land line.
2. Page CODE BLACK and the affected location. Note that all cell phones and wireless devices are to be turned off. Repeat the message three times.
3. Interview the person who received the telephone call or discovered the suspicious object. Review details regarding the situation.
4. Inform all staff of the situation and provide instructions on actions to be taken.
5. Determine appropriate actions based on the report received and available staff. Organize staff to potentially evacuate residents.
6. Consider evacuation of high-risk areas and the deployment of staff to those areas.
7. Assign a staff member to monitor and control the entrance and exit of people within the Home.
8. Designate staff to monitor residents and ensure needs are being met.
9. Notify the Administrator and/or Director of Care of the situation.

SUPERVISORY (REGISTERED STAFF AND MANAGEMENT) STAFF

1. Upon hearing CODE BLACK, go to the nursing station to await further information and directions.

STAFF GUIDELINES

1. Upon hearing CODE BLACK, immediately return to the work area and report to the nursing station.
2. Remain calm and avoid alarming residents.
3. Proceed as directed by Charge Nurse.
4. Do not turn lights on or off. Do not use call bells. Do not use cell phones or portable radios.
5. Look for suspicious objects in the area. Listen for unusual sounds. Enter areas cautiously.

6. Upon direction of police, search the assigned area systematically and thoroughly. Work in pairs. Do not touch suspicious objects. Do not move things. Do not open or close windows. Report back to the Charge Nurse every ten minutes.
7. Searches must include closets, bathrooms, toilets, garbage cans, recycling bins, laundry carts, medication carts, cabinets and underneath chairs, tables and beds.
8. When a room has been searched, mark that room has been completed using door tags.
9. If any suspicious object has been found, report immediately to the Charge Nurse.
10. Evacuate the room and adjacent areas. Evacuate residents from the immediate area as well as the same area on the floor above and below. Cordon off the suspected area until checked by police.
11. Do not assume there is only one device.

ONCE POLICE HAVE ARRIVED

- Once police have arrived, they will assume control of the situation.
- Ensure that keys are available so that searchers can inspect all rooms. Lockers will be searched. Any locks without keys will be cut.
- The Charge Nurse shall remain with the commander from police during search to provide aid and council during the search.
- If a suspected bomb is in the building, the responsibility for investigation will be that of the law enforcement officials.

EVACUATION GUIDELINES

The decision whether to evacuate or not to evacuate the facility is the responsibility of the police. If a decision to evacuate is made, the following procedure will be used for the evacuation.

1. The signal for evacuating the facility in the event of a bomb threat will be the initiation of the 2nd Stage Fire Alarm Bells and announcing a CODE GREEN.
2. If emergency shut down procedure is determined necessary, all electricity and gas should be cut off at the main switch or valve.

3. Priority of evacuation would be determined by the suspected location of the bomb. It is recommended to evacuate the floors one level above and below the danger area, to remove those from the danger as quickly as possible.
4. If the area or building is evacuated, controls must be established immediately to prevent unauthorized access to the building. The police will assist in establishing controls to prevent re-entry into the area until the danger has passed.
5. Remove residents, staff and animals to a safe area or building, if one is available. If no safe building or area is available and they must be moved to the outside, they should be at a safe distance, (300 yards) to protect against flying glass and debris in the event of an explosion.
6. Follow Home's Evacuation Policy for further details.

POST INCIDENT

- Once directed by police, announce an "ALL CLEAR".
- Conduct a debrief with staff to review the situation and determine opportunities for improvement.
- Complete Critical Incident Report as per Ministry guidelines.
- Ensure resident safety and comfort.

FREQUENCY OF CODE TESTING: Every Three Years

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented

APPENDIX TWO: MISSING RESIDENT – CODE YELLOW

RESOURCES

Hamilton Police Department

Ministry of Health and Long-Term Care

Hamilton Emergency Services

POLICY

A missing resident is considered to be an emergency situation. This is designated as a “Code Yellow”. A resident is considered missing when their whereabouts are unknown and they are not in a location where staff can expect to find them.

PREVENTION STRATEGIES

There are several strategies that the Home uses to prevent a missing resident. These include:

- Identifying residents who are at risk for wandering and ensuring their care plan includes this risk and individualized strategies for prevention
- Resident census on each floor
- Locks on doors, elevators and storage rooms
- Fenced-in patio
- Security cameras on each floor and exterior of building
- Maintaining visitor logs for all visitors to the Home
- Magnetic board on each floor indicating the location of each resident
- Leave of Absence (LOA) tab in each resident’s chart (contains sign in and out sheets)
- Maintaining policies and procedures
- Training and education for staff
- 24-Hour report for any residents on LOA or in hospital

WHEN A RESIDENT IS UNABLE TO BE LOCATED

The following steps are to be taken within the first five minutes of identifying that a resident may be missing:

- Begin a preliminary search of the floor where the resident's room is. Ask other staff members if they have seen the resident.
- Check the resident's chart to see if they have been signed out by themselves or another person (under LOA tab). Check the magnetic board on the floor to determine if the resident's location has been updated.
- Check the Home's visitor log to determine if the resident has had any visitors that day. Determine if the resident is participating in an activity or program. Determine if the resident may be at an appointment.
- Report to the Charge Nurse that a resident is missing. Report who noticed the person missing, what the person was last seen wearing, where they were last seen and what time they were last seen.

CHARGE NURSE

- Upon alert of a missing resident, the Charge Nurse assumes responsibility for the Code Yellow. The "Code Yellow Checklist" may be used to review steps to be taken.
- A clear announcement shall be made, "Attention – would (resident name) please return to their floor", repeated three times, loud and clear. This announcement should be repeated throughout the search to ensure that the announcement is heard by all in the Home.
- Organize staff who are in the Home to complete a systematic search of all Home areas. This will include all resident rooms, washrooms, dining rooms, activity rooms, patio, and utility rooms. Be sure to check under beds, behind drapes and behind furniture. The "Location Checklist" may be used to organize the search.
- If a resident's whereabouts remain unknown after ten minutes of being notified, a "CODE YELLOW" should be announced, including the person's name and unit. This announcement should be repeated three times and be made loud and clear. This announcement should be repeated several times during the search.
- If the person has not been located in the facility after fifteen minutes, the Charge Nurse is to call 911 to inform of the missing resident. The Administrator/Director of Care and resident's SDM are also to be notified.

- The police who respond to the emergency shall be given a description of the resident, the resident's admission record (available from Point Click Care) that contains the resident's photo and floor plans for the Home. Details of the situation and steps taken can also be discussed.
- Once police are on scene, staff are to follow instructions from the police department. A command post shall be set up at the nursing station of the resident's floor.

ALL STAFF

- Continue to complete a search of the Home areas assigned by the Charge Nurse. Have staff work in pairs to prevent the missing resident from moving into an area that has already been checked.
- Search an assigned area noting the time that they searched the area. Each area should be searched several times (either by the same people or different people each time). Staff may switch "vacant" tags on doors once a room has been checked.
- Staff shall report back to Charge Nurse every ten minutes to provide updates.
- Staff are to remain silent except for essential conversation and listening for the missing person.
- Calling out the persons' name may not be helpful as residents with dementia rarely respond to calls of the searchers.
- Ensure areas that are locked (utility rooms, closets, etc.) are searched as well as behind doors, drapes, bathrooms, etc.
- If staff are on a break during a Code Yellow, they are to return from break to assist in the search.
- If the resident is unable to be located in the building, an outdoor search is to be initiated. This may be done in collaboration with the police. The surrounding area is to be divided and assigned to staff to search. Each area to be searched thoroughly.

- The Administrator or Director of Care may check the Home's cameras to determine if the resident's last location can be located and if the resident exited the building.
- If a resident signed themselves out of the Home independently and has not returned within the estimated time, 911 should be informed of a missing resident. Information, such as resident description and where they were heading, should be given to the police.

AFTER RESIDENT HAS BEEN FOUND

1. Announce CODE YELLOW all clear and ensure the announcement is clearly repeated three times.
2. Advise all searchers and authorities that code yellow is all clear and resident has been found.
3. The Charge Nurse is to assess the resident's condition and if any injuries are present. A set of vital signs are to be taken. If the resident is ill or injured, emergency services may be contacted at 911 for additional support.
4. Notify the resident's physician, Administrator, Director of Care and resident's SDM of resident's return.
5. Conduct a debrief with staff regarding the incident.
6. Document in Point Click Care under resident's progress notes, as well as an internal incident report. Ensure an accurate record of the search is provided.
7. A Critical Incident Report may need to be completed as per current protocols and sent to the Ministry of Health.

FREQUENCY OF CODE TESTING: Every Year

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure or policy shall be documented.

APPENDIX THREE: WATER SUPPLY CUT OFF – CODE GREY

RESOURCE

City of Hamilton

Water Supplier

PROCEDURE

- If the public water supply is cut off, the Charge Nurse is to be notified. Water cut off affects tap water, laundry services, toilets, showers and tubs, and kitchen services.
- When the Charge Nurse is notified of the water supply cut off, the emergency response is to be activated.
- Contact the Administrator and Director of Care. The management team is also to be notified.
- Announce a CODE GREY and that water supply has been cut off.
- The City of Hamilton or a service contractor will be contacted to restore water to the Home. It shall be determined how long the water supply will be unavailable.
- Disposable hygiene wipes are to be used for resident care. These are located in the 1st floor storage room. Showers and baths are to be postponed – bed baths to be given.
- Water is to be brought in for cooking and drinking purposes. A small quantity of water will be available for immediate use until larger quantities of water are brought in (Culligan, Water Depot, City of Hamilton). Available water to be conserved where possible. Water may also be purchased from a grocery store depending on the time of the day the water is cut off and the current needs of the Home.
- Disposable utensils and dishware are to be used. Dietary services may have to be modified due to limited water. Alternative menus and food items may need to be considered.
- Non essential activities shall be postponed.
- Sinks and toilets are not to be used while water supply is cut off. If cut off is to be for an extended period of time, portable toilets may need to be brought in for use.
- Laundry services will be limited to essential linens. Other laundry service providers may be contacted. Laundry may be completed offsite.

- Hand hygiene to be completed with hand sanitizer or hand hygiene wipes.
- If the water is cut off due to a community disaster, other water suppliers may need to be summoned from areas outside of the region.
- Communication is to be maintained by management, staff, residents, and families during the cut off.
- Emergency fan out list is to be activated if additional staff are required.
- If cut off is expected for an extended period of time, evacuation from the Home may be considered.
- A Critical Incident Report must be submitted to the Ministry following current guidelines.

FREQUENCY OF CODE TESTING: Every Year

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX FOUR: FLOODING – CODE BROWN

RESOURCES

Service Provider (Plumbway)

Hamilton Public Works Department

Damage Repair Company

Insurance Company (Broker Link)

POLICY

A Code Brown is used to designate a flooding incident within the Home. It may be contained or widespread.

PROCEDURE

1. In the event of flooding within the Home, the Charge Nurse is to be notified. The Charge Nurse will assess the situation and determine the extent of the flooding.
2. A “Code Brown” and the location of the flood shall be announced three times to alert staff. Visitors and residents should be instructed to stay away from the area.
3. If flooding is due to running water, the valve on the water pipe is to be turned off. Valves are located on sink and toilet pipes. If flooding affects a wide area of the Home, the main water supply may need to be shut off. The main water shut off is located in the Business Office. If water for the Home is shut off, alternative measures are to be implemented as per Home policy.
4. Wet floor signs shall be placed around the affected area. If an affected area is not able to be secured, a staff member may be posted around the area to ensure no residents, visitors or staff enter.
5. Residents are to be removed from the area involved in the flooding. Residents may need to be moved to upper floors or evacuated to avoid the area involved if flooding is widespread.
6. Wet floor signs shall be placed around the affected area. If an affected area is not able to be secured, a staff member may be posted around the area to ensure no residents, visitors or staff enter.

7. Areas surrounding the flood (beside and below) shall be monitored to ensure secondary flooding does not occur in another area.
8. Machines and equipment should be removed from the area affected by the flood. They are not to be touched or used until they have been assessed to determine if any water damage occurred.
9. Power or electricity may need to be shut off in an affected area
10. Blankets and towels may be used to contain the water. Mops may also be used to collect the water gathered. Pumps may have to be used to clear a flooded area. A “Wet Vac” is available from the storage room to use as required.
11. Additional staff from housekeeping or maintenance may be called to assist with the clean up.
12. The Charge Nurse is to inform the Administrator and Director of Care of the flood.
13. A service contractor may be required to assess and fix any issues that caused the flood, such as a plumbing problem. The Hamilton Public Works Department may also need to be notified if there is an issue with the city water supply.
14. With any flood situation or water damage, the Home’s insurance company is to be notified. They may provide their own remedial company to clean up and repair any damage or an outside contractor may need to be contacted for damage repair.
15. Any supplies that were affected by the flood shall be reviewed to determine if any damage occurred or if mold growth may occur. Any damaged supplies shall be discarded and replaced.
16. In the event of a flood or water leakage, the area should be assessed related to contamination and need for infection prevention and control principles. Water should be considered to be contaminated until proved otherwise
17. Dehumidifiers may need to be used if necessary.
18. Once the flood situation has been resolved, an “All Clear” announcement shall be made three times. A debrief of all staff involved shall occur to review the situation.
19. The Ministry of Health is to be notified as per current procedure via a Critical Incident Report.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented

APPENDIX FIVE: POWER FAILURE – CODE GREY

RESOURCES

Alectra Utilities
Electrician
Hamilton Public Health
Ministry of Health
Geriatrics
Medigas
Laundromat
Water Supplier
CHUBB Security
Calibre Electric

BACKGROUND

The Home's power is supplied by Alectra Utilities. The Home has an emergency generator in place that will restore power. However, in the case of generator malfunction, this policy is to be followed. The Charge Nurse shall still follow the procedure to determine the extent of the power outage. EM-03-08: Emergency Generator

CALL BELL SYSTEM

In the result of a power outage, even if the generator restores power, the Charge Nurse must reset the Home's call bell system.

EMERGENCY BACK UP

Emergency backup in the case of a power outage is provided by battery powered equipment. The following is a list of equipment powered by batteries and the approximate length of battery life.

Emergency Lights: 1 hour (hallway) and 4 hours (stairwell)

Telephone System: 6 hours

Fire Detection System: Over 20 hours

External Door Alarm System: Over 20 hours

Peg Tube Pumps: 20 hours

Mechanical Lifts: Depend on last charge

PROCEDURE

1. Charge Nurse shall be informed of any power outage. The Charge Nurse will take control of the situation.
2. CODE GREY may be paged to inform staff (if power is still available in that area) or a messenger will be sent to each floor to inform staff of the situation.

FAILURE OF CERTAIN AREA ONLY

Should a certain area be without power, this suggests a localized power loss.

- Check the breaker box for that area to ensure that all switches are on.
- Call the Home's maintenance staff for assistance.
- If they are unable to restore power, call the Home's electrician for assessment.
- Residents in the affected area may need to be moved to another area of the Home depending on their needs and the expected length of the outage.

FULL POWER OUTAGE

1. If there is a full power outage in the Home, call Alectra Utilities to determine if the power outage is specific to the Home or if it is an area wide problem.
2. Inform the Administrator and Director of Care of power outage.
3. Turn on secondary door alarms on all exit doors.
4. Take a head count of all residents and initiate every 15-minute checks (as exit doors will be unlocked).
5. If possible, move residents to a common area for easy monitoring.
6. Initiate an hourly check of the entire building (basement included) for fire, smoke, or safety concerns. Temperatures of all Home areas are also to be monitored.
7. Bring out battery operated flashlights from each Clean Utility Room.
8. Hot water will not be available with no power. Alcohol-based hand sanitizer will be available for staff to use. If hands are visibly soiled and water is not available, moistened towelettes can be used to remove dirt, followed by alcohol-based hand rub.

IF POWER OUTAGE IS EXPECTED TO LAST MORE THAN TWO HOURS

- The Administrator will utilize the Emergency Staff Contact List to inform all management staff to report to the Home and assist staff.
- Determine if additional staff are required. If so, initiate the Staff Fan Out List.
- Check on all residents to ensure their safety. Calm any residents experiencing distress.
- The Home's gasoline powered generator is available for use (for medications and critical devices). See policy for details.
- Critical Incident Report is to be submitted to the Ministry of Health as per current protocols.

IF POWER OUTAGE IS EXPECTED TO LAST IN EXCESS OF 12 HOURS

- If the power to the building is not expected to be restored for an extended period of time, call Hamilton Public Health and the Ministry of Health to determine if a building evacuation is warranted.
- If it is determined that an evacuation is warranted, implement an evacuation procedure.

DEPARTMENTAL RESPONSIBILITIES

NURSING

- To ensure safe medication administration, use high-power battery-operated flashlights. Use emergency laptop/tablet to access EMAR records. If possible, contact Geriatrix Pharmacy for paper copies of EMAR records to be sent to the Home.
- After hallway emergency lights drain, use battery flashlights to light up hallways and common areas when needed.
- Any residents who are on oxygen will have to be switched over to oxygen tanks. Medigas can be called for a delivery of oxygen tanks.
- Peg tube pumps will operate for 20 hours but should the battery fail, the feed is to be converted to flow by gravity.
- Electric air mattresses that do not convert to a mattress during a power outage should be removed and replaced with a regular mattress. Extra mattresses are kept in the basement. Some air mattresses have a bottom section which takes about 24 hours to

deflate and may not require changing until then.

- Mechanical lifts may last for 24 hours if properly charged.
- Elevators will not be operational. Home policy for loss of elevator use to be followed to transport residents, food and drink, and supplies throughout the building.
- If the outage is during the winter or when cooler temperatures are experienced, residents can be kept warm with extra sweaters and blankets.
- If an outage occurs during the summer months, staff must ensure that residents are dressed in light clothes as there is no air conditioning during the outage. Windows may be opened to allow a breeze. Cool beverages are offered and cold cloths can be provided. The Home's heat related illness plan would be followed.
- Personal care wipes are to be used for incontinence care and resident hygiene. No bathing is to be done without restoration of hot water.
- Lack of hot water policy is to be followed.
- A small refrigerator is available in the DOC office that is connected to a small generator. Any refrigerated medications from all floors will be placed here. Vaccines will also be placed in the fridge. A thermometer shall be put into place to ensure proper temperatures are maintained.
- To ensure continuous communications, remove emergency telephone from Clean Utility Room to use and plug into jack at nursing station. The 1st floor nursing cell phone can also be used for communication.
- If call bells are not working, resident checks are to be completed and documented every 15 minutes. Residents can also be given tambourines or bells to alert staff that help is required.
- Paper documentation will have to be utilized if electronic documentation via Point Click Care / Point of Care are unavailable.
- Lab specimen collection shall be rescheduled for another day, when possible.

DIETARY

- All refrigeration will be affected. Refrigerator/freezer to be opened minimally to maintain temperatures in safe zones.
- Food will be safe for use for up to 4 hours without power in the refrigerator. Freezer food

will be safe for use for up to 24 hours without power if unopened. Temperatures must be monitored during power outages.

- Food Services Supervisor shall review menus and alter menu items as needed. Extra staff may be required.
- Disposable cutlery, utensils and cups are to be used as possible. Residents requiring specialized equipment will be accommodated.
- Any dishwashing is to be done by hand, as possible.
- A small supply of bottled water is maintained in the facility. Additional water can be brought in if needed.
- If necessary, kitchen staff will use battery powered flashlights located in the kitchen on shelves.
- All meals must be carried up the stairs. All available staff are to assist with this to ensure that there is no loss of food temperature. Food will be kept covered and temperatures will be monitored.
- The ice maker will keep the ice for 15-20 hours if not opened frequently.

HOUSEKEEPING

- Housekeeping services will not be affected.
- Staff are to use flashlights in an area being cleaned.

LAUNDRY

- Washers/dryers will not work. Laundry staff are to prepare as much disposable supplies as needed, as well as extra towels, sheets, etc.
- Bed stripping that is scheduled to occur that day can be rescheduled to limit the amount of dirty laundry sent down during the day.
- Laundry may be taken to the local laundromat if required.

ACTIVITIES

- All community programs are to be cancelled
- Programs are to be altered or cancelled to meet the needs of residents.

- Activity staff are to assist with meal service (carrying food upstairs as well as serving and feeding.)

MANAGEMENT

- Ensure adequate staff in each department.
- Contact the Ministry of Health via Critical Incident Report. Notify the fire department and CHUBB security. Notify Hamilton Public Health after four hours.
- Ensure service providers that the Home works with, including the pharmacy, physicians, and physiotherapy, are notified.
- As the facility loses its back-up power, guide staff in implementing alternatives.
- After 6 hours of power outage, use the emergency telephone located in the clean utility room.
- Ensure communication is maintained to residents, staff, families, Resident Council, and Family Council. This will occur through email blasts and postings throughout the Home and at the main entrance.
- Internet services will not be available. Activities and jobs requiring the internet shall be rescheduled. An external internet source shall be brought in. Staff will be provided remote access to use the internet. Priority will be placed on using the internet for medications, treatments, and nursing staff. Hot spots on cell phones can also be used for internet access.

AFTER RESTORATION OF POWER

Once power has been restored to the Home, checks are to be conducted to ensure the fire system, doors, and elevator are functional. Ensure all parties (as noted above) are notified of power restoration. Review use of emergency plans and procedures and debrief with staff.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX SIX: LOSS OF HEAT OR COOLING - CODE GREY

RESOURCES

Carrier

Enbridge Gas / Union Gas

Fire Department

Ministry of Health

BACKGROUND

The Home's heating and cooling systems are supplied by Carrier.

PROCEDURE

1. If the Home's heating or cooling systems are noted to be lost, Charge Nurse is to be informed.
2. Assess the situation and determine if the loss of the system is specific to the building or area wide.
3. Contact Carrier to determine how long the heating/cooling system will be down. Request a technician to assess/repair the system.
4. The management team is then able to be informed and updated of the situation.
5. Based on the time of year and current temperatures, implement an appropriate course of action.
6. Ensure the safety of all building occupants (residents, visitors, and staff).

LOSS OF HEAT

- Ensure that residents are dressed adequately and put on a second layer of clothing on each resident (jacket, sweater or blanket).
- Move residents to a common area and bring extra blankets and coats.
- Offer warm fluids and drinks to residents.
- Close all curtains and shut doors to resident rooms to minimize heat loss. If

temperatures are freezing, windows may be covered to minimize heat loss.

- Monitor residents every 15 minutes to ensure they are retaining adequate body heat.
- If the heating system fails when outside temperatures are freezing, an immediate response will be required. The speed of the response will be tied to the outside temperature. This may include evacuation from the Home.
- Check room temperatures every 15 minutes and record to determine the rate of heat loss in the building.
- Use portable heaters if electricity is not interrupted.
- Contact the Fire Department to alert them of possible evacuation of the building.
- The Ministry of Health is to be informed via Critical Incident Report as per current protocols.
- Ensure communications are maintained to residents, staff, and families.

LOSS OF COOLING

1. Implement the Home's Heat Related Illness Prevention and Management Plan (OM-02-01-37).
2. Ensure that residents are dressed adequately in light layers.
3. Move residents to a cool common area. Ensure plenty of fluids are available.
4. Use portable fans or open windows (depending on temperatures).
5. Monitor residents every 15 minutes to ensure they are not overheating.
6. If the cooling system fails when outside temperatures are elevated, an immediate response will be required. The speed of the response will be tied to the outside temperature. This may include evacuation from the Home.
7. Check room temperatures every 15 minutes and record to determine the rate of heat increase in the building.
8. Contact the Fire Department to alert them of possible evacuation of the building.
9. The Ministry of Health is to be informed via Critical Incident Report as per current protocols.

10. Ensure communication is maintained with residents, staff, and families.

IF OUTAGE IS EXPECTED TO LAST 2-12 HOURS

- Administrator to call a meeting of managers and Joint Health and Safety Committee. A Contingency Plan is to be developed to ensure essential priorities are met. This includes medication administration, toileting, nutrition, rest periods and sleeping and activities.
- Determine if additional staff are required. Use Staff Fan Out List to contact staff.
- Assign staff to ensure essential priorities are provided.
- Communicate the contingency plan with staff and implement.

IF OUTAGE IS EXPECTED TO LAST IN EXCESS OF 12 HOURS

- Administrator is to hold an emergency meeting with management, owners and Ministry of Health to determine if a building evacuation is warranted.
- If warranted, implement evacuation procedures.
- With heating loss, if the building temperatures drop below zero degrees, the building shut down procedures may need to be implemented. This can be done in conjunction with the plumbing contractor.
- Ensure the following steps are included:
 - Shut off the main water supply.
 - Drain water pipes, including sprinkler systems.
 - Starting in the basement, open all taps and drain.
 - Empty toilet bowls.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX SEVEN: TELEPHONE COMMUNICATION DISRUPTION - CODE GREY

RESOURCE

Bell Canada

PROCEDURE

1. There are two types of possible telephone communication disruptions: internal or external.
2. The Charge Nurse shall be informed of disruption. The Administrator can then be notified. Assess the situation and check to see how many phones are affected and in which areas.
3. Contact Bell Canada using cellular phones and describe the extent of the problem. Request a full-service call to repair the problem. Determine if the situation is internal or external.
4. Based on the response and estimated length of disruption, a contingency plan is to be developed by Administrator and management.
5. Ensure staff on all floors are notified that the phone system is affected.
6. A cellular system is to be used. Staff are to act as couriers in the building as required. Staff are able to use cell phones for communication.
7. Staff are also to act as couriers in the building as required.
8. Walkie-talkies are available in the emergency box for Registered Staff and the Charge Nurse to use.
9. There is a spare telephone in the first-floor photocopy room that can be plugged right into the phone jack in the wall.
10. The first floor after hours cell phone may also be used for communication.
11. Establish cellular links with key parties, such as the laboratory, pharmacy, Medical Director and Emergency Services.
12. An email blast message can be sent out to residents, families, and staff to inform of cell phone disruption.

13. In the event of a cellular disruption, staff are to act as couriers with key suppliers as required.
14. The Ministry of Health is to be notified via Critical Incident System as per current protocols.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX EIGHT: EXTERNAL AIR EXCLUSION - CODE GREY

RESOURCES

Carrier

Enbridge Gas

Police/Fire Department

Hamilton Public Health

BACKGROUND

In the event of toxic or foul-smelling air outside of the Home, actions need to be implemented to prevent this air from entering the Home. The safety of all residents, staff and visitors must be maintained.

PROCEDURE

- If foul smelling air is noted to be entering the Home, the Charge Nurse is to be notified. The Administrator should then be notified.
- Assess the immediate potential risk for residents.
- Announce a CODE GREY to ensure all departments and staff are notified.
- Close all windows and doors. Shut down all incoming air sources.
- Any residents who are outside are to be brought inside.
- Account for all residents, visitors, and staff members.
- Shut down all exhaust systems. This can be done by calling Carrier.
- Call Enbridge Gas to inquire if the cause of foul air is known.
- Residents may need to be relocated to other areas of the Home if smell is concentrated in one area of the Home. Zone separation doors shall be used for additional control. Wet towels may be placed at the bottom of the door to further prevent air from entering.
- Monitor residents frequently for any difficulty breathing or any adverse effects from the air.

- Contact the Police/Fire Department to obtain an assessment of the situation and for specific instructions. Hamilton Public Health may also be contacted.
- An evacuation of the building may be warranted. Follow evacuation procedures.
- Once air is no longer contaminated, an all clear is to be announced. Air exchange systems need to be turned on. Filters may need to be cleaned or replaced.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX NINE: SUSPECTED POISONING - CODE BLUE

RESOURCES

Poison Control Center

Emergency Services - Ambulance

BACKGROUND

Code Blue is the designated phrase used to alert staff to a medical emergency such as an individual experiencing an acute medical emergency, airway threat, respiratory, or cardiac arrest. This emergency requires an immediate and coordinated response to save a life. A Code Blue would be called to mobilize nursing staff to the location of the emergency to provide immediate intervention and assistance.

PROCEDURE: RESIDENT

1. If a resident is suspected to have been poisoned, the Registered Staff on the floor and Charge Nurse are to be notified.
2. Determine the suspected poison or medication that was ingested and the amount.
3. Telephone the Poison Control Center for instructions. Follow any instructions that are given.
4. Provide care as per current emergency response policies.
5. Call 911 if necessary to take the resident to the hospital.
6. Notify the resident's Attending Physician of any instructions received or notice to transport resident to hospital.
7. Ensure that the hospital is notified of suspected poison and a sample if possible.
8. Inform the resident's substitute decision maker.
9. Notify the Director of Care.
10. Notify the Ministry of Health via Critical Incident Report per current protocol.

PROCEDURE: STAFF, STUDENT, VISITOR, VOLUNTEER

- If a staff member, student, volunteer or visitor is suspected to have been poisoned, the

Registered Staff on the floor and Charge Nurse are to be notified.

- Determine the suspected poison or medication that was ingested and the amount.
- Telephone the Poison Control Center for instructions. Follow any instructions that are given.
- Provide care as per current emergency response policies.
- Call 911 if necessary to take the person to the hospital.
- Ensure that the hospital is notified of suspected poison and a sample if possible.
- Inform the person's family, if possible.
- Notify the Director of Care.
- Notify the Ministry of Labour for any staff, student or volunteer poisoning.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TEN: VIOLENT INTRUDER - CODE WHITE

RESOURCE

Hamilton Police Department

POLICY

A “Code White” is used to alert staff to any actual or potential aggressive or violent situation. This may occur with a resident, visitor, staff member, or any other person in the Home.

A “Code White” is called when staff are facing a situation that feels unsafe or creates a fear of violence due to the behaviour of another person. Instances of violence may include verbal or physical threats, verbal abuse, assault, swearing, intimidation, aggressive behaviour, or throwing objects.

To guarantee the safety of all residents, staff and visitors within the Home, Victoria Gardens shall follow a set of guidelines to ensure that the correct interventions are used when a violent situation occurs.

PROCEDURE

1. Victoria Gardens’ primary concern is the safety of all residents and staff. Any situation involving a violent intruder, including a visitor or staff that becomes violent, must be dealt with quickly.
2. Staff should not attempt to handle aggressive verbal or physical situations alone. Alert a coworker that additional help is required. Calmly request their assistance.
3. Alert the Charge Nurse that additional help is required. They will take the lead in managing the situation when they arrive.
4. Ensure staff work together. Delegate staff to complete tasks as needed.
5. The person is not to be confronted and space shall be provided around the person.
6. Staff shall ensure that all residents, visitors and non-essential staff are removed from the area.

7. Have a staff member prevent residents or staff from entering the area.
8. Try to remove any furniture or objects from the area that could be used as a weapon.
9. Announce a CODE WHITE and the location over the announcing system three times to inform all staff in the building of the current situation. Staff can respond to the area to provide assistance as needed.
10. Staff cannot leave other floors unattended and at least one staff member is to remain on each floor. Staff are to coordinate with each other to send at least one staff member from each floor to respond. Some staff may be unable to respond right away if in the middle of providing resident care.
11. 911 shall be called to obtain police assistance. Designate a staff member to meet police at the main entrance and direct them to the incident location. All details regarding the violent person and situation shall be provided. Once police arrive, they will direct the situation. Staff are to follow guidance given by police.
12. The Administrator and Director of Care shall be notified of the situation.
13. If the intruder demands narcotics, do not argue. Surrender the keys to diffuse any violence.
14. If any injuries have occurred, complete first aid. If additional assessment is required, call 911 for EMS support. If a resident was injured, inform their physician and substitute decision maker.
15. Once the situation has resolved, announce a “CODE WHITE all clear” three times. Conduct a debrief and review the situation with all staff that were involved. Determine any areas for improvement.
16. A Critical Incident Report to the Ministry of Health may need to be completed per current protocol (Reference: OM-02-01-24: Critical Incident Reporting).

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX ELEVEN: LOSS OF HOT WATER - CODE GREY

RESOURCES

Carrier

Enbridge/Union Gas

Laundromat

PROCEDURE

- If there is a loss of hot water noted, the Charge Nurse is to be informed.
- The Charge Nurse will initiate the emergency response. The situation is to be assessed and the supplier (Carrier) is to be contacted. The reason for the loss of hot water is to be assessed. The gas company may need to be called if an issue is noted on their end.
- Administrator and Director of Care shall be notified.
- While there is no hot water in the building, the following contingency actions are to be followed:
 - Resident baths and showers to be postponed until hot water is available. Hygiene wipes and no-rinse products are to be used for resident care activities.
 - Washing machines will not be in use. Disposable items such as bibs and cloths should be used as much as possible. An outside laundromat may need to be utilized.
 - In the kitchen, hot water will be unavailable to use for washing dishes. Disposable items should be used when possible. Alternative washing methods for dishes shall be used.
 - Water may be able to be heated up in the kitchen on the stove or with the coffee machine. This can be used for essential tasks within the Home.
- Communication shall be maintained with residents, staff, and families regarding the lack of hot water.
- Once hot water is restored, an all clear is to be announced. Plans shall be initiated to complete care and activities that were postponed during the loss of hot water. This may include bringing in additional staff to assist. Activities may include catching up on laundry and dishes and ensuring any residents who missed a shower or bath are

provided with such. Any additional activities that were postponed are also to be completed.

- If loss of hot water is to be for an extended period of time, additional plans shall be discussed by the Administrator and management team.
- A Critical Incident Report may be submitted to the Ministry of Health as per current protocols.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TWELVE: VIOLENT RESIDENT - CODE WHITE

RESOURCE

Emergency Services – Hamilton Police Department

POLICY

A “Code White” is used to alert staff to any actual or potential aggressive or violent situation. This may occur with a resident, visitor, staff member, or any other person in the Home.

A “Code White” is called when staff are facing a situation that feels unsafe or creates a fear of violence due to the behaviour of another person. Instances of violence may include verbal or physical threats, verbal abuse, assault, swearing, intimidation, aggressive behaviour, or throwing objects.

To guarantee the safety of all residents, staff and visitors within the Home, Victoria Gardens shall follow a set of guidelines to ensure that the correct interventions are used when a violent situation occurs.

PREVENTION

The Home has several policies in place for managing responsive behaviours noted in a resident:

- NM-03-07-01 Responsive Behaviour Policy
- NM-03-07-02 Developing Effective Strategies to Manage Responsive Behaviour

The Home also has a flagging policy in place where residents who have a history of physical behaviours are “flagged” by having an image of an eye on their ID band, on their name outside of their room, and above their bed. This indicates to staff that the resident has the possibility of having physical behaviours. If a resident's responsive behaviour is not able to be managed with techniques described in above policies, the behaviour is escalating, or other people are at risk, additional interventions are required to ensure safety.

PROCEDURE

- Victoria Gardens’ primary concern is the safety of all residents and staff.

- Staff should not attempt to handle aggressive verbal or physical situations alone. Alert a coworker that additional help is required. Calmly request their assistance.
- Alert the Charge Nurse that additional help is required. They will take the lead in managing the situation when they arrive. Ensure staff work together. Delegate staff to complete tasks.
- Ensure that all staff approach the situation in a calm and non-aggressive way. Staff are to be mindful of their body language and tone of voice.
- Increase the resident's personal space and do not crowd them. Attempt to diffuse the situation by distraction or calming the resident. Do not argue with the resident.
- Remove all other residents, visitors, and non-essential staff from the immediate area. Have a staff member prevent people from entering the area.
- Try to remove any furniture or object that could be used as a weapon.
- If additional staff support is required or the situation is escalating, a "CODE WHITE and the location" can be paged three times to request staff from the whole building to respond.
- Staff cannot leave other floors unattended and at least one staff member is to remain on each floor. Staff are to coordinate with each other to ensure that at least one staff member from each floor responds to the code. Staff may be unable to respond immediately if in the middle of resident care.
- Most situations can be diffused through verbal intervention to de-escalate the resident. Using responsive behavior management strategies can be used to help diffuse the situation. Review the resident's care plan or discuss with team members for strategies that may be effective with the resident.
- Physical intervention (restraining) should not be used unless as a last resort in response to overt physical aggression that threatens the immediate safety of staff and residents.
- If the situation is not able to be managed with Home staff, notify police services by calling 911 to request backup assistance. Designate a staff member to meet the police at the main entrance and direct them to the incident location.

- When police arrive, explain the nature of the incident, what the resident is doing, and what interventions have been attempted. Ensure police speak with relevant staff or witnesses to the situation.
- Staff are to follow the guidance and direction given by the police. The resident's physician may need to be called to complete a Form One (Reference: OM-02-01-34: Form 1).
- If any injuries have occurred, complete first aid. If additional assessment is required, call 911 for EMS support. If a resident was injured, inform their physician and substitute decision maker.
- Once the situation has resolved, announce a "CODE WHITE all clear" three times. Conduct a debrief and review the situation with all staff that were involved. Determine any areas for improvement.
- Complete documentation via Point Click Care (internal incident report) as well as to the Ministry of Health via a Critical Incident Report as per current protocol (Reference: OM-02-01-24: Critical Incident Reporting).
- Ensure that the Administrator and/or Director of Care are informed of the situation.

EXTERNAL CODE WHITE

A "Code White External" may be called if another external organization within proximity to the Home is in lockdown or experiencing a situation of violence that may impact the Home. Staff, visitors, and residents are not to leave the Home until an all clear has been given. Ensure all doors and windows are secured and locked. Contact police services via 911 to obtain further guidance or direction.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX THIRTEEN: LOSS OF ELEVATOR SERVICE - CODE GREY

RESOURCES

Elevator Service (OTIS)

Emergency Services (Fire)

PROCEDURE

1. In the event of loss of elevator service to the facility, the Charge Nurse shall be notified. The Administrator shall also be notified.
2. The Charge Nurse shall ensure that no persons are trapped in the elevator. If people are trapped, inform them that help is on the way. Call OTIS or 911 for assistance.
3. Assess the situation and arrange for a visit by the service contractor – OTIS. When OTIS assesses the situation, determine how long the outage is to occur.
4. Administration is to evaluate staffing levels in the Home and determine if additional staff are required. Administrator is to direct and assist management in dealing with the crisis.
5. The Fire Department shall be notified that the elevator is out of service.
6. The elevator will be locked and be inaccessible to residents, staff, and visitors.
7. Dietary staff will carry all meals and serving supplies up the stairs. All available staff are to assist with this process to ensure there is no loss of food temperature. Food temperatures will be monitored. Food will be covered during the transport process to avoid contamination.
8. To reduce the impact of carrying dishware, disposable plates and cutlery may be used. Specialized dishware, utensils, and cups will continue to be used.
9. After meals, supplies and dirty dishes will be brought down the stairs to the kitchen.
10. Laundry staff are to transport clean linen and laundry up the stairs to deliver to the floors.
11. Housekeeping staff are to assist other departments as required.
12. Activity staff will need to modify their schedule. Activities may need to be rescheduled or postponed. Daytime programs will continue with the goal to minimize resident restlessness and anxiety. Activities shall be scheduled to occur on every floor. Activity

staff are to help with meal services.

13. If a resident has to be transported out of the building for an essential reason (hospital, appointment), the Stryker chair is to be used for transporting residents up and down the stairs.
14. Nursing supplies shall be delivered to the floors by staff.
15. Signs are to be placed at the elevators and main entrance door to inform that elevator is out of service.
16. Communications is to be sent out to residents, staff, families and community partners to inform them that the elevator is out of service and when the elevator is expected to return to service.
17. A Critical Incident Report may be submitted to the Ministry of Health via Critical Incident Report per current protocol.
18. If outage is expected to last for an extended period of time, additional interventions may need to be put into place. Resident non-essential activities and appointments may need to be rescheduled. Residents who require frequent access to the 1st floor (such as residents on dialysis or smokers) may need to be temporarily moved to the 1st floor while the elevator is out of service.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX FOURTEEN: HOSTAGE TAKING - CODE PURPLE

RESOURCE

Emergency Services - Police

PROCEDURE

Code Purple is the designated phrase used to describe an incident where any person is forcibly confined, seized, or detained against their will in the presence of a weapon or a threat of violence.

In the event that a hostage situation arises, the objective is to protect the Home's staff and residents, prevent injury from occurring, ensure the safety and welfare of the hostages, and restore normal operations once the emergency is over.

If someone is taken hostage, the following actions are to occur:

1. Remaining staff will inform the Charge Nurse of the situation. 911 is to be called for assistance. An employee shall be designated to meet the police at the main entrance.
2. Code Purple is not to be paged overhead as this may unsettle the hostage taker and avoid extra staff to come assist, minimizing the potential for additional hostages.
3. Remove residents and other staff away from the area, if possible, to minimize risk and preserve safety. If not possible, shelter in place behind secured doors.
4. Redirect or restrict others attempting to enter the area. Prevent traffic by closing doors to the affected area.
5. Inform the Administrator and Director of Care.
6. Comply with the wishes of the hostage taker to prevent injury.
7. Attempt to establish the number of hostages, the identity of the hostages, the number of captors, and the type of weapons involved.
8. Inform police of this information. Police are also to be informed of any threats or demands by hostage takers, the location or area controlled by the hostage takers, and the description of hostage takers.
9. Inform the police of the floor plan of the Home so they are aware of the Home's layout.

10. All negotiations with hostage takers will be done by the police who have personnel specifically trained for this purpose. The police will assume control in any Code Purple emergency upon arrival to the Home.
11. Ensure all staff, residents, and visitors to the Home are accounted for. Use the 24-Hour report, visitor log, census log and staff sign in sheets.
12. After Code Purple has resolved, account for all staff, residents, and visitors. Ensure any person involved speaks with the police. Conduct a debrief for all those involved. Provide support to residents, staff, families and visitors for counselling medical assistance, as needed. Ensure medical care is provided to those who require assistance.

BEHAVIOURAL GUIDELINES

1. Comply with the demands of the captors.
2. Speak only when spoken to.
3. Do not make jokes.
4. Try not to show emotion as hostage takers tend to play on emotional weakness. Remain calm, patient, and observant.
5. Be polite and courteous.
6. Do not make suggestions to the hostage takers. If anything goes wrong, they will think you planned it that way. Do not negotiate.
7. Do not turn your back on your captors, unless ordered to.
8. Try to maintain eye contact without staring.
9. Avoid any stance that may be interpreted as aggressive or confrontational.
10. Cooperate and follow instructions.
11. Avoid sudden movements

FREQUENCY OF CODE TESTING: Every Three Years

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX FIFTEEN: BOIL WATER ADVISORY - CODE BROWN

RESOURCES

Hamilton Public Health

Water Supplier (Culligan or Water Depot)

Public Works Department

BACKGROUND

This policy is in place to guide staff in the actions that must be taken during a boil water advisory. Local health authorities may issue a boil water advisory if the tap water that is used in the community is or could be contaminated and not safe to use.

PROCEDURE

If a boil water advisory has been declared, the City of Hamilton shall inform the Home. The City should inform the Home for how long the boil water advisory should be in effect. Tap water should not be used as it may be contaminated. The following guidelines should be followed:

1. Inform the Administrator and Director of Care. Managers shall also be notified.
2. All staff and residents shall be notified not to use water from the taps for consumption or care.
3. Signage may be put into place or block off taps to ensure staff and residents do not use water.
4. Communication between management, staff, residents and families shall be maintained during the advisory.
5. Use bottled water for drinking and to prepare and cook food. The Home has a small amount of water available for immediate use. A water supplier can be called for delivery of larger quantities. The City of Hamilton may also be able to provide a supply of water for the building.
6. If bottled water is not available, tap water must be boiled (bring water to a full rolling boil for at least a minute and then cooled before use).
7. Tap water **MUST** be boiled before use, even if it is filtered. Using a filter does not make tap water safe to use.

8. Throw away any ice, filtered water, drinks or food that has been made with contaminated water.
9. Water should not be used from any appliance connected to the water line, such as ice machines.
10. For handwashing, you can use tap water and soap to wash hands for a minimum of 20 seconds. The local health authority will provide guidance if tap water is unsafe to use for washing hands.
11. Alcohol based hand rub can also be used for hand hygiene following normal procedure.
12. For bathing, disposable hygiene wipes can be used to provide care.
13. Teeth should be brushed using boiled or bottled water.
14. Disposable plates, cups and utensils should be used when possible.
15. Nonessential activities may be postponed during advisory to conserve water.
16. Dishwashers are usually safe to use, if the final rinse temperature reaches at least 65.55 degrees Celsius. For washing dishes by hand, boiled or bottled water should be used.
17. Alternative menus and food items may need to be used.
18. It is safe to launder linens and clothing as usual.
19. For cleaning purposes, bottled water, boiled water or water that has been disinfected with bleach must be used.
20. Pets should be given bottled or boiled water to drink – they should not be given tap water that has not been boiled.
21. When the boil water advisory ends, all taps should be turned on and flushed with water for at least 5 minutes.
22. Water filters, ice and water dispensers must be flushed, cleaned and sanitized before use.
23. If additional staff are required, the emergency phone tree can be used to call in for additional help.
24. Depending on the length and severity of the boil water advisory, evacuation from the Home may need to take place.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX SIXTEEN: CHEMICAL SPILL - CODE BROWN

RESOURCES

Ministry of Environment

Fire Department

Spill Response Service

BACKGROUND

A Code Brown (in-facility environmental emergency) is initiated to ensure a quick and appropriate response in the event of a chemical spill. A Code Brown must be initiated when the spill threatens the safety of the occupants of the building, property or the natural environment. A spill may occur when materials are handled or used incorrectly or if they are not properly contained or stored.

TYPES OF CHEMICAL SPILLS

Level One: A small spill (one liter or less, e.g., a chemical spray bottle) which is easily controlled by one employee. A spill of this nature will not affect the environment.

Level Two: A small to mid-sized spill (four liters or less) which may require assistance to clean up. A spill of this nature may have a minor effect on the environment and may be reportable to the Ministry of Environment.

Level Three: A mid-sized to large spill (greater than four liters) which will require assistance and possible outside help to clean up. A spill of this nature may impact human health and may have an effect on the environment. This spill may be reportable to the Ministry of Environment.

PROCEDURE

It is the responsibility of all staff members to be familiar with and review the Safety Data Sheet (SDS) for all the chemicals that are stored and used in their work area. They are to practice safe storage and handling of all hazardous materials. Prior to use, staff are to examine all chemical products to ensure the container is not damaged or leaking. Any potential hazards shall be reported to their direct supervisor.

If a chemical spill is noted:

- Inform the Charge Nurse, who with the assistance of housekeeping and maintenance, will be responsible to direct staff to safely address the chemical spill.

- Remove residents and staff from the area of the spill. Cordon off the affected area. Keep people away from the area. Prevent the spread of vapours by closing doors. Leave all electrical equipment alone. Ensure there are no sources of ignition.
- The Charge Nurse will complete a risk assessment:
 - Evaluate the type of material spilled and the source – seek out the appropriate Safety Data Sheet (SDS) for guidelines on how to safely clean the spill and dispose of the materials used.
 - If you are not familiar with the liquid and its chemical properties, vacate the area and contact management immediately.
 - Determine whether the spill is a Level One, Two or Three.
 - If unable to manage the spill, ensure that “CODE BROWN” and the location of the spill is announced.
 - Call 911 to bring in additional support (if there are any injuries, the spill is flammable, or there is any doubt about the type or nature of the risk associated with the spill).
- Spill Kits are located on every floor in the Clean Utility Room. They contain gloves, goggles, aprons, absorbent materials, disinfecting material, and disposal bags.
- Don the Personal Protective Equipment provided in the spill kit.
- Stop the source of the spill if able. Close valves, rotate punctured containers or plug leaks if it is safe to do so without endangering personal safety.
- Contain the liquid to prevent the chemical from spreading and seal drains with absorbents. Absorbent materials are provided in the spill kit.
- Clean up the spill using the materials provided in the spill kit. Only clean if you have appropriate PPE, are familiar with the SDS and understand the potential hazards involved.
- Place the absorbent materials into an appropriate bucket or bag. Dispose of used absorbents in accordance with local laws and with SDS.
- Decontaminate the surface where the spill occurred
- Clear Code Brown when appropriate.

- Replace PPE and restock any materials that were used during the clean up.
- Staff are to obtain First Aid for treatment if necessary. Staff must complete an Employee Incident Report and any related forms to ensure that the spill has been reported and documented.
- If the chemical spill is unable to be safely managed, an evacuation of the Home may need to occur. An outside contractor may need to be brought in to safely clean up the spill. As well, the fire department may need to be contacted for assistance.
- Ensure any documentation, such as a Critical Incident Report, are completed as required. Conduct a debrief with all staff to discuss the incident and opportunities for improvement.

FREQUENCY OF CODE TESTING: Every Three Years

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX SEVENTEEN: INCLEMENT WEATHER - CODE ORANGE

BACKGROUND

On occasion, inclement weather makes it difficult for employees to get to work. Inclement weather may include weather conditions involving snow, rain, wind and/or ice, which has an adverse effect on road conditions and travel.

This policy provides an overview of how the Home will maintain essential services and operations during inclement weather conditions, while providing for the protection, safety and health of all residents, staff, volunteers, and visitors.

PROCEDURE

It is the policy of Victoria Gardens to remain open during periods of inclement weather.

The following guidelines have been established to ensure continuous operations and fulfillment of essential services during inclement weather conditions:

1. The Home will pay for a taxi for an employee to get to and from work if unable to safely drive their vehicle or access public transportation.
- The Home will pay for overtime of staff who may stay past their shift time to cover for missing staff.
- Contingency staffing plans may be put into place depending on the level of staffing available.

It is each employee's decision to determine if they can safely arrive to work under the current weather conditions. If an employee elects not to attend work, the Home requires the courtesy of a phone call to a manager or supervisor advising of their absence.

Staff members are also required to notify the Home if they will be late to work due to weather conditions.

CROSS REFERENCE

Essential Services Chart

Department Function Priority Planning Tool

Emergency Staff Deployment Schedule

APPENDIX EIGHTEEN: MEDICAL EMERGENCY - CODE BLUE

RESOURCES

Emergency Services (Ambulance)

Code Blue Box

AED Machine

BACKGROUND

Code Blue is the designated phrase used to alert staff to a medical emergency such as an individual experiencing an acute medical emergency, airway threat, respiratory, or cardiac arrest. This emergency requires an immediate and coordinated response to save a life. A Code Blue would be called to mobilize nursing staff to the location of the emergency to provide immediate intervention and assistance.

PROCEDURE

1. If a resident is noted to have a medical emergency, the person who discovers the resident is to notify Registered Staff on the floor. The Charge Nurse is also to be notified.
2. A CODE BLUE is to be paged to alert staff that assistance is required and the location of the emergency. This is to be repeated three times.
3. The first Registered Staff member to respond is to assess the resident and determine the extent of the emergency (choking, shock, injury, non-responsive). Determine if an incident was to be expected (such as palliative resident) and what resident's code status is. Code status is determined from the resident's Advanced Directives, located in the front of the resident's chart.
4. Actions taken will depend on the type of emergency and situation.
5. Once the Charge Nurse arrives, all information is to be provided and the Charge Nurse will take control of the situation.
6. A staff member is delegated to call 911. Information regarding the incident, including the nature of the emergency, if the person is breathing, and the location of the emergency, is to be provided. A staff member shall be delegated to meet emergency personnel once they arrive at the Home.
7. Other staff are to be delegated to obtain emergency supplies, such as Code Blue Box, oxygen machine, vitals machine or suctioning machine.

8. Victoria Gardens policies are to be followed for use of suction machines and for performing CPR, if warranted.
9. Prepare the resident for CPR by positioning them supine on the bed or floor. If the resident is in bed, bring the head of the bed down and remove the headboard.
10. Staff are to ensure the area remains clear of other residents and staff. They are to ensure privacy is provided during care. Ensure a pathway is cleared for emergency personnel..
11. The resident's substitute decision is to be informed of the emergency and to be kept updated of the situation, including transfer to hospital.
12. Staff are to continue providing care until emergency services arrive. Emergency service personnel will take charge of the situation when they arrive. All information regarding residents is to be communicated to emergency services staff.
13. If the resident is transferred to the hospital, ensure all required documentation is sent with the resident.
14. Once the medical emergency situation has resolved, the Charge Nurse is to ensure documentation is completed as per policy. As well, the resident's substitute decision maker and physician are to be updated regarding the situation.
15. A Critical Incident Report may be required to be sent to the Ministry of Health (as per current protocols).
16. Conduct a debrief after the situation to discuss opportunities for improvement.

PROVISION OF CPR

During a medical emergency, the resident's Advanced Health Care directives and code status are to be reviewed. If the resident has suffered a cardiac arrest and has a Do Not Resuscitate (DNR) order in place, CPR may not be initiated. Other treatments, such as suctioning or treatments to promote comfort, may still be provided. If the resident's code status is unknown, CPR may be provided.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX NINETEEN: FIRE - CODE RED

RESOURCE

Hamilton Fire Department

PROCEDURE

Code Red is the designated phrase used to alert staff to smoke and/or fire and to initiate an appropriate response in the case of a fire, fire alarm, or smell of smoke. Staff may also be alerted of a Code Red by a triggered fire alarm system caused by a person triggering a pull station, smoke or heat activating a detector or sprinkler activation. See Tab 1 and 2 (Fire Instructions and Fire Safety) in the Emergency and Fire Manual for procedures.

FREQUENCY OF CODE TESTING: Every Year

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TWENTY: EVACUATION - CODE GREEN

PROCEDURE

A Code Green is the designated phrase used to alert and notify staff to the need to evacuate all or part of the Home to another area within the Home or out of the Home altogether.

A Code Green may be triggered by other emergency conditions or incidents such as fire, chemical spill, bomb threat, air exclusion, flooding, community disaster, an explosion or an extensive loss of utilities.

See above for evacuation procedure.

FREQUENCY OF CODE TESTING: A Planned Evacuation is to take place once every three years.

REQUIREMENTS OF CODE TESTING: Written records of the testing of the emergency plan and planned evacuation shall be kept, and any changes made to improve the procedure and plan shall be documented.

APPENDIX TWENTY-ONE: COMMUNITY DISASTER - CODE ORANGE

RESOURCES

Emergency Services

City of Hamilton

BACKGROUND

Code Orange is the designated phrase used to communicate and activate a standard organizational response to a disaster external to the home that is likely to increase the capacity and use of Home resources. A community disaster would be an external disaster that occurs in the area that the Home is located in or a widespread disaster that affects the operations of the Home. Examples include a chemical, biological, nuclear, or radiological disaster.

The Home shall have an emergency response in place to ensure the safety of the Home's residents and staff, ensure essential operations continue and to restore the normal day to day operation of the Home once the emergency is over. A Hazard Identification Risk Assessment (HIRA) is completed to identify hazards and assess them on their priority within the emergency plan.

PROCEDURE - HOME IS AFFECTED

1. During an emergency situation, the Charge Nurse shall be in command of operations in the Home until the Administrator or Director of Care arrives. If both are unavailable, the Charge Nurse will remain in command.
2. Providing a safe and secure environment as well as meeting all resident needs are key priorities during a disaster.
3. Emergency services (fire and police) will advise the Home on the disaster and what actions need to be completed. All directions from emergency personnel are to be followed.
4. Depending on the disaster, evacuation from the Home may be required. Evacuation protocols are to be followed.
5. If the Home is advised to shelter-in-place, it has been determined that it is safer to remain inside. All exterior doors and windows are to be closed and locked. HVAC systems may need to be turned off to prevent air circulating from outside the Home. Air vents and cracks around doors or windows may need to be sealed. Television, radio, or social media is to be monitored for further directions and information on the disaster.

6. Emergency supplies are to be obtained if warranted. If various services become unavailable, the appropriate procedure is to be followed (such as loss of power, loss of water, etc.).
7. The emergency call in list may be used to bring in additional staff as needed. The Emergency Staff Deployment Schedule is to be utilized if staffing shortages are noted.
8. Residents are to be monitored to ensure adverse effects or any symptoms of exposure are noted immediately (in the case of an environmental disaster or spill).
9. Once an all clear has been obtained from emergency services, normal operations of the Home may resume.

PROCEDURE – OTHER HOMES AFFECTED

Another long-term care home in the area may be affected by a community disaster and are required to evacuate. Victoria Gardens is part of a partnership with the City of Hamilton and other long-term care homes in Hamilton. This partnership is in place to accommodate residents from other Homes. The following procedure is to occur if the Home is to take in additional residents during a community disaster.

- The Nurse in Charge is to activate the emergency phone tree call in list to bring in management and additional staff to assist in the response. The Emergency Staff Deployment Schedule to be used to ensure priority needs are met.
- Obtain as much information as possible about the residents that will be arriving. This would include the number of residents, the time of arrival, if they are accompanied by any staff and the length of time they would be staying at the Home. Information may also be obtained regarding the resident's health status and needs.
- Additional supplies to be collected and space to be arranged for incoming residents.
- When residents arrive, a receiving area is to be established at the 1st floor nursing station. ID bands to be provided, a photo may be taken of the resident and any additional information regarding the resident is to be obtained.
- Communication to occur throughout the Home to staff, residents, City of Hamilton and other long-term care homes involved in the disaster.

FREQUENCY OF CODE TESTING: Every Year

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TWENTY-TWO: GAS LEAK - CODE BROWN

RESOURCES

Emergency Services - Fire Department

Enbridge Gas/Union Gas

PROCEDURE

The procedure for an internal gas leak will vary from an external air exclusion as the source of the contamination will vary.

If gas is smelled by a staff member (may smell like rotten eggs or sulfur) or the carbon monoxide alarm is activated (alarms on every floor), the Charge Nurse needs to be notified immediately. The Administrator and Director of Care are also to be notified.

A CODE BROWN – GAS LEAK announcement needs to be made to alert all staff, residents and visitors in the Home that there is a gas leak or carbon monoxide alarm.

After notification has been made, windows and doors in the Home are to be opened to let fresh air in. Residents are to be removed from the affected area immediately. The affected area should also be cordoned off to prevent any person from re-entering the area.

Residents and staff may need to be moved from the building to the patio depending on the extent of the gas leak / carbon monoxide.

The Charge Nurse or Administrator is to call Enbridge Gas to inform of the smell of gas and to get a service provider to the Home for an assessment. 911 for emergency services can also be called if warranted. The Fire Department shall be alerted if the carbon monoxide alarm is activated.

Electrical switches or appliances should not be used at this time. Lighters or matches are not to be used in any area of the Home or within the vicinity of the Home.

Residents and visitors are to follow all directions provided by staff.

Depending on the extent of the gas leak/carbon monoxide, residents may need to be evacuated from the Home. Enbridge Gas/Fire Department can provide direction as needed. See evacuation policies for details on procedure.

If a hissing noise is noted, residents and staff are to be immediately evacuated from the Home and to a safe distance away from the Home.

Residents and staff are to be monitored for any adverse effects related to the gas leak or carbon monoxide. Symptoms to monitor for include headache, nausea, dizziness, loss of consciousness, or breathlessness. Charge Nurse is to follow all directions provided by Enbridge Gas or Fire Department. Management is also to be kept updated on the situation. Once all clear has been provided by Enbridge Gas / Fire Department, this is to be announced and communicated to all staff, residents and visitors. A Critical Incident Report may need to be completed as per current guidelines.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TWENTY-THREE: LOSS OF DIETARY SERVICES - CODE GREY

RESOURCE

The dietary services manager shall be responsible for ensuring the food and water supply in an emergency. In the event that the dietary services manager is unavailable, the full time cook or breakfast cook shall work with the Home's management team/Charge Nurse to lead the emergency response. The management team/Charge Nurse shall also provide assistance in an emergency

PROCEDURE

The Home shall keep a few days supply of food and water on site in case of an emergency. As well, an emergency supply of food shall be kept off site in the Home's storage facility. This supply will contain food that meets all food consistency requirements for all residents (pureed, minced, regular). This food shall have a long storage life and require little preparation. The dietary services manager will monitor the food supply within the Home for expiration dates.

The Home's emergency plans shall be followed in the case of a loss of power, loss of water, flood, or power failure. These plans contain contingencies to ensure that dietary services remain in place. As well, kitchen services in the Home may be compromised, such as with a malfunction of equipment. Equipment repair to be arranged as soon as possible.

During an emergency, menus may be required to be altered based on available supplies and equipment. Prepared food may also have to be brought into the home as required. To bring in additional staff, the Home's fan out list can be used. As well, the dietary priority planning tool is to be used to ensure that priority activities are completed within the department.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TWENTY-FOUR: PERSON WITH A WEAPON - CODE SILVER

RESOURCES

Hamilton Police Department

Hamilton Emergency Services

POLICY

A Code Silver is used to communicate when a person within the Home has a weapon that could be used to harm staff or residents. A weapon is any object that may cause bodily harm. A Code Silver shall be used regardless of the type of weapon involved and should be called if there is a threat, attempt or active use of a weapon.

Victoria Gardens' primary concern is the safety of all residents, staff and visitors and to minimize any risk. Any situation involving a person with a weapon is an emergency situation and must be dealt with quickly.

PROCEDURE

- If a visitor or intruder is noted to have a weapon or a person outside the Home is noted to have a weapon, the Charge Nurse is to be notified immediately. Any information related to the situation must be communicated to the Charge Nurse.
- The Charge Nurse shall assess the situation and take charge.
- The Charge Nurse shall call 911 to obtain police assistance as soon as possible. All details regarding the situation shall be provided, including the location of the person, physical description, type of weapon and any victims or hostages.
- A "Code Silver" shall be announced three times to inform all staff in the building of the current situation. This shall only be completed if safe to do so.

If the person with the weapon is inside the building:

- The area involved with the Code Silver shall be evacuated, if possible. The person is not to be confronted. If the person demands narcotics, staff shall not resist and will provide what is demanded. Staff are to stay calm when interacting with the person and comply with what is asked of them.
- No one else, such as visitors, shall be allowed to enter the building (excluding police).

- A “lockdown” of the building shall be initiated. Residents and staff shall be removed from the area. Staff are to remain calm. If staff and residents are unable to evacuate the area, they are to hide. Doors can be barricaded with furniture. Staff and residents are to remain quiet and low to the ground. Hiding behind large objects may also be required.

If the person with the weapon is outside the building:

- All exit doors shall be locked and secured. Windows shall be closed and locked. The patio door shall be locked after all residents are brought in from the patio. Residents and staff are to remain away from the windows. Curtains or blinds can be shut.

All Situations:

- A staff member shall be delegated to meet the police on arrival, if safe to do so. The police shall be provided with door codes and necessary keys to be able to access all areas of the Home.
- Once police arrive, they will oversee the situation and will assume control. All directions shall be followed. Staff shall not interfere with the police response. Information shall be provided to police as required.
- The Charge Nurse shall account for all staff, residents and visitors within the Home. The census on each floor, the Home’s visitor log and the Sign In book can all be used to determine who is in the Home.
- The Administrator and Director of Care shall be notified of the situation.
- Once the situation has stabilized and the police have declared the emergency over, announce a “Code Silver – All Clear” three times.
- Account for all residents, staff and visitors. Ensure no one leaves the Home until they have spoken with police, if necessary.
- If someone was injured during the situation, ensure first aid is provided and call EMS if required.
- The Charge Nurse will conduct a debrief with all staff to review the situation.
- A Critical Incident Report to the Ministry of Health may need to be completed as per current protocol.

- Any media inquiries shall be directed to the Administrator.

FREQUENCY OF CODE TESTING: Every Year

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure or policy shall be documented.

APPENDIX TWENTY-FIVE: NATURAL DISASTERS OR EXTREME WEATHER EVENTS - CODE ORANGE

RESOURCES

Environment and Climate Change Canada

Emergency Services

Ministry of Natural Resources and Forestry

City of Hamilton

BACKGROUND

Natural disasters and extreme weather may include many different weather events, such as tornadoes, thunderstorms, hurricanes, flooding, extreme heat, extreme cold, and earthquakes.

As a part of the Home's Emergency Plan, a risk assessment is completed to determine what emergencies are likely to affect the Home. In Hamilton, where the Home is located, there is a potential to be affected by flooding, extreme ice storms, thunderstorms, extreme heat, and extreme cold. Tornadoes, hurricanes, and earthquakes are at a lower risk from occurring.

Environment Canada issues alerts when potentially dangerous weather conditions are in the forecast. Different alerts are used depending on the expected severity and timing of the event.

Special Weather Statements: Are the least urgent type of alert and are issues to let people know about unusual conditions that could cause concern.

Advisories: Are issues for specific weather events, like blowing snow, fog, frost, and freezing drizzle that are less severe but could still significantly impact Canadians.

Watches: Alert you about weather conditions that are favorable for a storm or severe weather, which could cause safety concerns.

Warnings: As certainty increases about the path and strength of a storm system, a watch may be upgraded to a warning, which is an urgent message that severe weather is either occurring or will occur. Warnings are usually issued 6-24 hours in advance, although some severe weather (such as thunderstorms and tornadoes) can occur rapidly, with less than 30 minutes notice.

Warnings and messages regarding floods will be issued by conservation authorities and the Ministry of Natural Resources and Forestry. There are four levels of messages, including water statement warning, flood outlook statement, flood watch and flood warning.

The City of Hamilton will often send out alerts to the Home to warn of inclement weather, such as heat warnings.

PROCEDURE

The procedure for dealing with natural disasters or extreme weather events will depend on the type and severity of the weather. The Home may be required to evacuate from the current location – evacuation procedures are to be followed. If staff and residents are to stay in the Home during a weather event, the following guidelines may be followed.

Tornado: Residents should be moved away from areas with windows and doors. They may be moved to the first floor for increased safety. All staff and residents shall remain inside. Getting to safety is the main objective. Everyone shall stay close to the ground and away from any heavy furniture or equipment. Everyone should cover their head with their arms, pillows, or blankets. Everyone should stay in place until the tornado has passed.

Flood: Current procedures shall be followed.

Thunderstorms: Severe thunderstorms may produce damaging winds, hail or rainfall. If a storm is expected, the patio shall be cleared of furniture to prevent damage from occurring. Staff and residents shall take shelter inside the Home, staying away from doors and windows.

Extreme Heat or Cold: Current procedures shall be followed.

Winter Storms, Blizzards, and Ice Storms: If power is lost, current procedures are to be followed.

Earthquake: Staff and residents shall stay inside. Move away from glass, hanging objects, bookcases, or furniture that may fall. Do not stand in doorways. Lock wheelchair wheels. Move away from windows and doors. Protect resident head and neck with a large pillow if possible. Keep everyone close to the ground.

Hurricane: If flooding is noted, follow current procedures. If power outages are noted, follow current procedures. Stay away from windows and doors. If any services or deliveries to the Home are disrupted due to weather conditions, emergency supplies are available within the Home.

If additional staff are required, the emergency call list can be used. Once an emergency has ended, an all clear is to be announced. Medical attention to be provided to all who require it. A debrief is to be held with those involved in the emergency response.

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TWENTY-SIX: OUTBREAKS, EPIDEMICS AND PANDEMICS

POLICY

As a part of Victoria Gardens' Emergency Plan, the Home shall have policies and procedures for dealing with, responding to, and preparing for epidemics, pandemics, outbreaks, outbreaks of a communicable disease and outbreaks of a disease of public health significance.

DEFINITIONS

Epidemic: A widespread occurrence of an infectious disease in a community at a particular time. An unexpected increase in the number of disease cases.

Pandemic: An epidemic that is spread over multiple countries or continents.

Outbreak: A sudden rise in the number of cases of a disease.

Outbreak of a Communicable Disease: A communicable disease is an infectious disease that is transmissible by contact with an infected individual or their bodily fluids, by contact with contaminated surfaces or objects, by ingestion of contaminated food or water or contact with disease vectors.

Outbreak of a Disease of Public Health Significance: A disease of public health significance are those diseases that must be reported to the local public health unit as per Ontario Regulations and Acts.

RATIONALE

The objectives of an outbreak investigation are to determine the source of the infectious agent and to prevent its further transmission. It is also important to recognize the means of transmission of the infective agent which will determine the direction of the investigation.

PROCEDURE

See Victoria Gardens Infection Prevention and Control Manual

FREQUENCY OF CODE TESTING: Yearly

REQUIREMENTS OF CODE TESTING: Written records of mock drills and tabletop exercises shall be kept, and any changes made to improve the procedure shall be documented.

APPENDIX TWENTY-SEVEN: EMERGENCY MANAGEMENT ROLES AND RESPONSIBILITIES

The Federal Government coordinates national emergencies, supports provincial response and record activities and oversees federal legislation relating to emergency response.

The Provincial Government ensures the public health and safety through legislative oversight, supports municipalities, declares a provincial state of emergency as needed, requests assistance from the federal government, coordinates the emergency response between ministries and oversees the Provincial Emergency Response Plan.

The Ministry of the Solicitor General oversees the Office of the Fire Marshal and Emergency Management Ontario, assigns types of emergencies to provincial ministries, and oversees the province's legal basis and framework for managing and preparing for emergencies.

The Office of the Fire Marshal and Emergency Management advises governments of public fire protection policy and fire safety issues, maintains a database of vulnerable population locations, and ensures that the provincial response to an emergency is effectively coordinated.

Emergency Management Ontario monitors, coordinates, and assists in the developments and implementation of municipal and ministry emergency management programs. They also maintain the provincial emergency operations center, coordinate the provincial response and recovery, provide advice and assistance to communities through training, and manage and operate the Alert Ready emergency alerting system.

The Ministry of Long-Term Care manages the legislative and regulatory requirements, oversees issues of public interest and home operation, and supports the long-term care home sector.

Long Term Care Homes protect the health and safety of the residents and staff who live and work in the home and connect with other long term care homes and associations to problem solve and share information.

The Ministry of Labor, Training and Skills Development oversees legislation and regulation to ensure the health and safety of all workers.

The Ministry of Health oversees public health units, supports public health units, manages the Emergency Response Plan, and oversees the Health Protection and Promotion Act.

Ontario Health connects and coordinates the provincial health care system, oversees health care delivery across the province, coordinates local planning among health system partners and facilitates discussions and planning.

Public Health Ontario provides scientific and technical advice to public health units and develops evidence-based resources and approaches. Public Health Units support Homes with

tasks, provide direction to support management of diseases and implement the Health Protection and Promotion Act.

Infection Prevention and Control Hubs provide access to IPAC training and practice needs to Homes, strengthen partnerships, support a network of IPAC providers, align local resources and collaborate with other government partners.

Ontario Health Teams facilitate connections between community partners, support emergency planning and response and deliver a full continuum of care for a defined population.

The Municipal Government prepares municipal emergency plans as mandated, supports business and organizations, coordinates emergency responses, declares an emergency if needed, and requests assistance from various resources.

First Nations governments are responsible for creating and implementing emergency management plans to prepare their communities to cope with an emergency. Assistance is provided through the federal government.

Community Partners support the community when experiencing emergencies , develop agreements with Homes to establish roles and responsibilities and provide resources to Homes with their emergency plans. Examples include charitable groups, utility providers, businesses, volunteer services, school boards, hotels, hospitals, partner facilities, first responders and community centers. Resources may also include Ontario Health, Advantage Ontario, and the Ontario Long Term Care Association.