EMERGENCY PREPAREDNESS MANUAL

FOR

GOLDEN DAWN SENIOR CITIZEN HOME

GOLDEN DAWN SENIOR CITIZEN HOME
80 Main Street
Lion's Head, ON N0H 1W0

Review in Progress March 21, 2025
Approved by Rachael Wilkens

Administrator

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AUTHORITY

This plan is published as required under the Fixing Long Term Care act (2021) and O. Reg 246/22.

The Emergency Management and Civil Protection Act (EMCPA) is the legal authority for all municipal and ministry emergency response plans in Ontario.

Section 1: **BUILDING DESCRIPTION**

ADDRESS

Building Address:	*80 Main Street, Lion's Head, Ontario*
Major Intersecting Street:	*Main Street and Webster Street*
Floor Identification:	*Ground Level – East 1, West 1 - Long-Term Care Facility*
	Second Floor – East 2, West 2 – Senior Apartments

AUTOMATIC SPRINKLER SYSTEM

The building is equipped with automatic wet sprinkler protection throughout the kitchen and laundry with smoke/fire alarms throughout the ground floor. The main shut off value is under stairwell inside East exit.

STANDPIPE AND HOSE SYSTEM

The building is equipped with a wet standpipe and hose protection throughout all floor areas. Hose cabinets are equipped with 38 mm (1 ½ in) hose connections with 23 m (75 ft.) of 38 mm (1 ½ in) hose and nozzle. 65 mm (2 ½ in) hose connections are provided for fire department use.

FIRE EXTINGUISHERS

Fire Extinguishers are located with all hoses systems (Class ABC) throughout the floors. Fire Extinguishers are also located in:

South Wing Location	**East 1 Floor Location**	**West 1 Floor Location**
Charting Room entrance Main Office Storage/Mechanical Room Lunch Room - Staff	Kitchen Hallway – hose & extinguisher Service Entrance	Hallway - hose & extinguisher Auditorium
South Wing 2 Location	**East 2nd Floor Location**	**West 2nd Floor Location**
Hallway x2	Hallway – hose & extinguisher	Hallway – hose & extinguisher
	Others Laundry Level 2 Foyer Level 2	

STAIRWAYS

The building has 3 **exit stairways**. All stairwells exit onto the fire route which surrounds the perimeter of the facility. The stairwells are identified as "A", "B" and "C".
Stairwell A –Next to the Elevators on East Wing
Stairwell B – Between West and East – by Nursing Office
Stairwell C – End of West Hall

FIRE COMPARTMENTS

The building is subdivided into fire compartments that are designed to be used for horizontal evacuation in an emergency. The compartment separations are located throughout the facility and on the resident units.

FIRE ALARM SYSTEM

The fire alarm system is a two-stage system.

The first stage sounds an alert signal at 3 second intervals over speakers/bells, which have been installed throughout the building.

The second stage sounds an evacuation alarm which is one ring per second *(i.e. loud steady ring)* over the same speakers/bells.

The fire alarm system is monitored through a direct connection to a monitoring company.

VOICE COMMUNICATION SYSTEM

Facility uses 2-way radios.

Portable phones for communication are carried by some of the supervisory personnel. As a secondary means of communication with Emergency personnel (i.e. firemen), 2 –way Radios will be carried by all supervisory personnel.

EMERGENCY LIGHTING

Should a power failure to the entire building occur, all electrical service supplied by a backup generator.

EMERGENCY POWER (GENERATOR)

Emergency power is provided by one diesel generator, located outside in apartment (west) parking lot. Emergency Power is supplied to the whole facility including fire alarm system, fire pumps, elevators, emergency lighting, resident room heating and exit signs.

ELEVATORS

This building is served by one elevator. The elevator is locked out in the event of an alarm.

BUILDING SECURITY

Automated camera with video recording monitors, 24 hours/day, 7 days/week. Cameras are being recorded on the video security system in the Facility Supervisor's office. The front entrance doors are locked by a Key at 10:30 pm and unlocked at 5:30am.

EMPLOYEE MEETING AREA

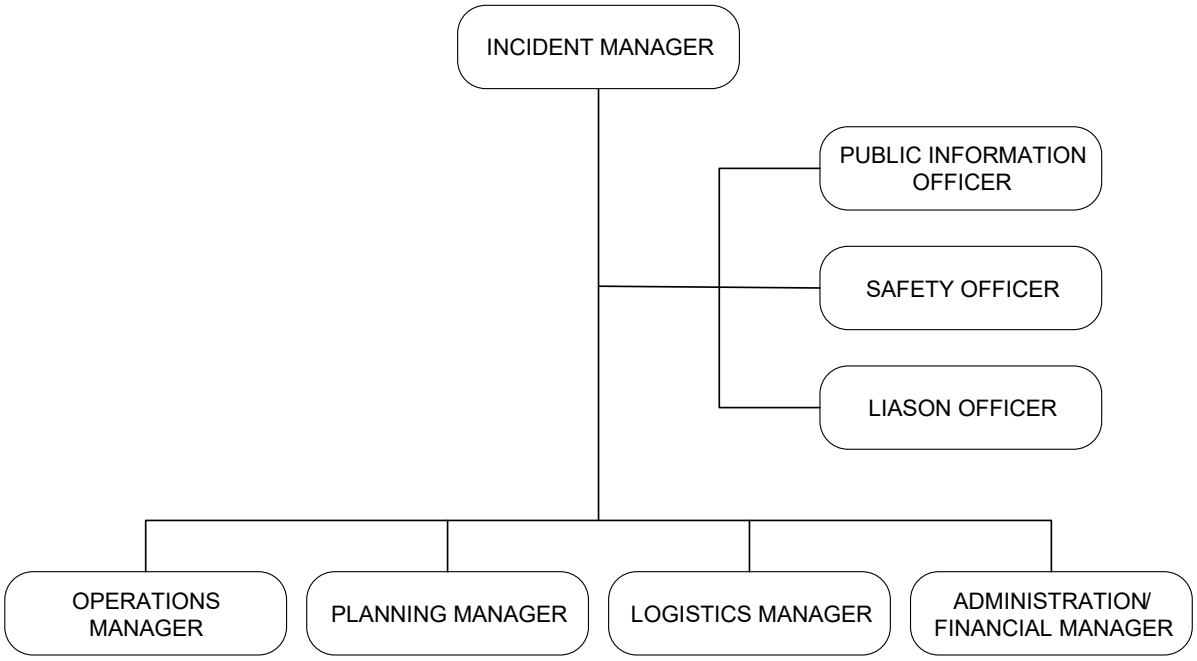
Initial evacuation will normally require the horizontal relocation residents, staff and other occupants from the affected areas to an adjacent safer area.

If it becomes necessary to evacuate the facility, occupants will be evacuated to the closest and safest exit.

Ambulances and secondary transportation will be used to move residents/clients to other pre-arranged Facilities to be determined by the Incident Manager.

Section 2: **EMERGENCY RESPONSE TEAM**

EMERGENCY RESPONSE TEAM



INCIDENT MANAGER

The Charge Nurse will be the Incident Manager unless relieved by the Administrator or Manager on Call and is authorized to co-ordinate all activity and take all necessary actions to deal with a hazardous incident.

ADMINISTRATOR / SUPERVISOR ON CALL

In the event that the Administrator is unavailable or incapacitated, refer to the Manager on Call calendar for supervisor authorized to act on their behalf. Where there are supervisory personnel on site, they may be delegated responsibilities for some or all of the functions that are the responsibility of management.

SENIOR IMS TEAM

The Incident Management System (IMS) is the internationally accepted organizational structure for responding to incidents of all scales and all types. The Senior IMS Team will be made up of managerial staff during a major incident that requires a larger or more complex response.

IMS is an expandable system based on functions, not positions. Each function is assessed to see if it is required for the incident. A function may be fulfilled by one person or a team of people. For smaller events one person may fulfill multiple functions.

IMS can be used for both emergency and non-emergency events, for example, the planning of a large public event.

The key functions are:

Incident Manager

Organize and direct the emergency response for the emergency / incident. Give overall direction for facility operations and if needed, authorize evacuation. There will always be an Incident Manager for every incident.

Operations

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

Logistics

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

Planning

The planning function develops scenario/resource projections for the IMS team and undertakes long range planning (more than 2 hours).

Administration/Financial

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

Public Information

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

Liaison

Liaison is the function of communications / being the contact person for representatives from other agencies.

Safety

In every emergency or incident, the health and safety of staff, residents and clients is paramount. The safety function monitors and has authority over the safety of operations.

If the scale of the incident dictates, each of the functions above may have an individual or team to assist in the meeting of their tasks. Job Action Sheets are guides to assist the people assigned to the function(s) to fulfill their responsibilities.

A full briefing must be given to personnel arriving to fill functions or relieving others at the end of a shift.

Section 3: **EMERGENCY CODES/PLANS**

CODE RED – FIRE/EXPLOSION

INTRODUCTION

Code Red covers the emergency response to fire.

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

The Ontario Fire Code (0. Reg. 388-97) "as amended" states that every person who contravenes any provision of the fire code and every director or officer of a corporation who knowingly concurs in such contravention is guilty of an offense, and on conviction is liable to a fine of not more than $50, 000.00 or to imprisonment for a term of not more than one year, or to both," also, "where a corporation is convicted of an offense under" the above "the maximum penalty that may be imposed upon the corporation is $100,000.00."

The Ontario Fire Code (o. Reg. 388-97) "as amended" is the provincial regulation governing all aspects of fire prevention and protection, within the province of Ontario. This code requires the owner to be responsible for carrying out the provisions of this code, and defines "owner" as "any person, firm, or corporation controlling the property under consideration."

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

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

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

Because a fire frequently follows an explosion, the same procedures will be used to evacuate the building for both a fire and an explosion.

ALARMS

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

First Stage

A slow intermittent ring (3 seconds apart) is a fire alarm.

Second Stage

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

The alarm system can be manually placed into the Second Stage using an alarm key at any pull station. Should complete evacuation of the building be required the building Incident Commander is to activate the 2nd stage in coordination with the Northern Bruce Peninsula Fire Department.

Annunciator

The fire annunciator is an electronic panel indicating the status of the fire alarm system and the system activators which include smoke detectors, heat detectors, pull stations, sprinkler alarms, and other devices.

The annunciator panel is located in the East Entrance Foyer.

The main fire alarm panel is located in the centre of the East, West and Admin Wings beside the O2 Storage Room.

Secondary annunciator panels are at the nursing station at every resident home.

Each location has two statuses: Clear or Alarm.

- The Clear status is indicated by a **green** light.
- The Alarm status is indicated by a **red** light.

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

Reset

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

After investigation of the alarm, finding that the alarm was false or that the emergency has been successfully dealt with, the alarm may be silenced. At the Main Panel location press acknowledge first and then reset on the display panel. The system should reset to normal.

Note: system cannot be reset if there is smoke in proximity to a detector or a manual pull station has not been reset.

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

TYPES OF EVACUATION

Horizontal Evacuation

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

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

Vertical Evacuation

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

The preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents / clients via stairways. However, there may be situations where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route) and therefore a vertical evacuation of those persons is required.

Total Evacuation

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

FIRE INSTRUCTIONS

Upon the discovery of a fire emergency, the acronym "REACT" will assist staff in following the correct emergency procedures. The sequence of steps in the acronym will vary depending upon the circumstances of the fire and the abilities of the responding individuals. For example, activation of the fire alarm could be the initial step upon discovery of smoke or fire, to alert other staff of the danger.

If you discover fire or smoke R E A C T:

Remove persons in immediate danger if possible.

Ensure the door(s) is/are closed to confine the fire and smoke.

Activate the fire alarm system using the nearest pull station.

Call the fire department and/or notify the switchboard.

Try to extinguish the fire or concentrate on further evacuation.

If you hear the alarm:

DO NOT

- Use telephones unless you have important information to relay
- Panic
- Shout “Fire”
- Use the elevators

DO

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

EMERGENCY PROCEDURES

Incident Manager

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

The Incident Manager will:

During the incident:

1. Determine the source of the fire (alarm) or smoke. Confirm there is a fire.
2. Ensure the fire alarm system has been activated.
3. Incident Commander wears the yellow safety vest.
4. Ensure evacuation of the fire area begins immediately, starting with the rooms closest to the fire location.
5. Delegate a staff to Announce: “Attention, Attention, Code Red (location/department)” **x 3** over the paging system (Paging Instructions are on the same form as the Emergency Codes pinned on the wall behind the phone).
6. Delegate a staff to Announce: “Attention, Attention Code Red (Location/Department)” **x 3** over the 2-way radio.
7. Staff on East Wing lock out the elevator.
8. Delegate a staff to get the 2-way radio from West or East.

9. If West 1 has not informed the Incident Commander that 911 has been called delegate a staff to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm.
10. Delegate a staff to meet the firefighters at the front door and escort them to the area of the fire. Ensure the front door is unlocked.
11. Supervise and direct the evacuation, assembly and relocation of all visitors and residents. The two outside muster points for safe Resident pick up are: Parking lot, and the receiving area.
12. Delegate staff (as available) to go the following areas to pick up the assignment sheets: An action sheet will give direction on which unit to go to. Each Action sheet must be **signed off** and r**eturned** to the Incident Commander.
    - East
    - West
    - Activation and Physio Room
    - Auditorium and Dining Room
13. Delegate staff (as available) to monitor exit doors and account for all residents and visitors. In the following areas. (Each Action sheet must be **signed off** and r**eturned** to the Incident Commander).

    - Auditorium rear to west stairwell
    - West Stairwell to Apartment Parking
    - TV room to Courtyard
    - Service Entrance
    - Hallway near Maintenance room to Courtyard
    - Front Doors (East Entrance)
    - Please stand in the stairwell and listen for anyone entering the stairwell from above or below you. When the fire bells are activated all the Mag doors will release, so any Resident can get into a Stairwell without supervision.
    - When the drill is over the fire bells will stop ringing. Please ensure the Stairwell Doors have been reset before returning to work. The keypad for the stairwell doors will have a red light indicating the door is locked. We want to always ensure the safety of our Residents.

Registered Staff/Supervisors can do a Staff Schedule Care mass message to notify staff if there is an indication of a true Emergency to their phones.

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

The Administrator or Supervisor on Call will provide managerial assistance to the Incident Manager, Fire Department, Emergency Medical Services, Police Services or other agencies in ensuring the safety and wellbeing of the residents, visitors, volunteers and staff.

The Administrator or Supervisor on Call will advise the Ministry of Long-Term Care and other appropriate agencies as needed.

After the incident has concluded:

1. Have "Attention Attention, All Clear" announced to all staff over the paging system 3 x on the paging system and over the 2-way radio (Paging System instructions are on the same form as the Emergency Codes pinned on the wall behind the phone)
2. Reset the fire alarm system(s), mag lock system, and elevators.
3. Ensure that the maintenance department is advised of any fire equipment that was used.
4. Complete the appropriate incident reports and forward a copy to the Administrator.
5. Document staff in attendance and forward the list to the Administrator.

All Staff

If you hear the alert signal:

1. Listen for location of the fire or check the nearest annunciator panel.
2. If you are close to the annunciator panel, immediately check the annunciator for the location of the alarm and advise the Charge Nurse.
3. If the fire is in your area, see "REACT" fire instructions above. (Refer to page 46)
4. One staff member is to remain on their Resident Home Area (RHA) to supervise the residents. All other staff will proceed to the fire location. The Cook will remain in the Main Dining Room, ensuring there is no Resident or families in the front lobby. Two staff from the front office will stay and oversee the front lobby. A 2-way radio is to be used by the staff member from the front office.
5. The staff member remaining on their Resident Home Area will:
    a. Put on the Orange safety vest.
    b. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident/client from exit doors/stairwell doors.
    c. Activate 2-way radio to channel 2.
    d. West 1 Orange safety vest Person ensures the analogue phone is plugged into the telephone outlet. Call 9-1-1 and inform the Incident Manager via 2-way radio.

e. Check all rooms to account for all residents and make note of all residents who are not on the unit.

6. Properly shut down any equipment in your work area (e.g. ovens, laundry equipment, etc.) and close all doors.
7. All other staff proceed directly to the area of the fire. Use the stairs – DO NOT use the elevators (unless approved by the Fire Department).
8. If you are not in your work area when the fire alarm sounds (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Red location.
9. Report to the Incident Manager.
10. If assigned, assist with the relocation of endangered residents.
11. Prepare for the assembly and relocation of residents. Ensure that all of the residents who require special assistance are prepared for relocation.
12. Close all unlocked doors to contain the fire and smoke.

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

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

EVACUATION OF THE FIRE AREA

Golden Dawn has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close.

Golden Dawn has been built with fire containment features, and in most situations, residents can be safely evacuated to another wing or area that is separated by fire doors.

Procedure

The goal must be to evacuate all endangered occupants from the fire area and confine the fire as quickly as possible.

1. Evacuate the rooms on either side of the room of fire origin and the room directly across the hall. As each room is evacuated during the primary search, identify this room flipping the vacant indicators on each door. These indicators are located on the front of each door.

   Note: The burgundy vacant indicators magnets will not be flipped on doors in a Code Red if a person is in the room. During the evacuation, a resident may have entered one of the rooms that have been identified as empty. To prevent the possibility that someone is left in the fire area, a secondary check of all rooms should be carried out, if possible. The 'Orange safety vest' person will initiate a second check of all areas.

2. Ambulatory and wheelchair residents should be evacuated first, as they can be moved quickly.
3. Slow-walking residents and clients can be pushed in a wheelchair to speed evacuation. Most residents can be carried or pulled on a blanket to a safe area if necessary.
4. Other non-ambulatory residents should then be evacuated because of the time and resources necessary to move them.

5. For a horizontal evacuation, residents and visitors can be safely evacuated to another wing or area that is separated by fire doors.
6. Residents are to be moved into a lounge or room outside of the fire zone in order to avoid congestion in the hallways.
7. Residents and visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the firefighters.
8. In the event of a vertical evacuation, the elevator will not be used unless approved by the Fire Department.
9. Vertical evacuation using the stairs will require all available staff to assist and will only be used in the event of a confirmed risk (fire, smoke, etc.). The Incident Manager will discuss the use of the elevator with the Fire Department as soon as possible.
10. Visitors can be permitted to assist in the area to which residents have been evacuated in small numbers where they are of assistance. Visitors are not to be permitted in the fire area or allowed to congregate in the hallways. Any visitors not assisting are to be asked to leave the building until the "All Clear" has been given.
11. Any events that are taking place with large numbers of guests are to be evacuated outside immediately at the sound of the fire alarm.
12. Close all doors in the fire compartment. Occupants requiring assistance to evacuate should be reassured and told to remain in their rooms with the door closed. They will be evacuated as soon as possible.
13. After all residents have been evacuated, with time and safety permitting, the registered nursing staff is to move the medication cart from the fire area to the evacuation area. If time permits. Resident I.D. name tags will be in the Emergency Folder.

14. The Incident Manager will delegate a person to be responsible for tracking the residents from their assigned wing and reporting to the Incident Manager the status of the residents (i.e. all residents accounted for, or residents not accounted for).
15. If a more extensive or total evacuation of the building is required, a **Total Code Green** will be announced, and the second stage alarm (steady continuous ringing) will sound at the direction of the Incident Manager. Total evacuation starts with the area closest to the event that is causing the evacuation. *Refer to Code Green for the full evacuation policy.*

Once in the adjacent fire zone or outside:

1. Ensure employees and residents are assembled at the designated meeting area which will be determined by the Fire Department and Administrator or designate.
2. Report on the status of their section to the Incident Manager

CONSIDERATIONS AND POLICIES

Fire Fighting Considerations

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

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

Fire Safety Policies

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

Smoking

Golden Dawn is a non-smoking facility. Smoking is not permitted within the building.

- Violation of this policy by staff will result in disciplinary action being taken.

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

Space Heaters

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

Extension Cords and Power Bars

Extension cords and power bars must be used in a safe manner. An extension cord or power bar attached to multiple appliances could overheat and cause a fire so check the approved load of the cord or power bar. Extension cords and power bars will never be spliced. Extension cords should not be run under rugs, through doorways, or fastened to walls or ceilings except in the event of a power failure or equipment emergency, and then only on a temporary basis.

Electrical Appliances

All electrical equipment brought into the facility on admission is to be inspected to ensure it is, CSA certified and bears the CSA label. Any additional equipment must be inspected by the Maintenance Dept.

Combustible Material

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

When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen equipment must be stored in suitable location and at least 5 feet from any heat source (for example radiators).

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

Grounds maintenance equipment such as gasoline-fueled lawn mowers, leaf blowers and snow blowers are only to be fueled when the equipment is cold and a minimum of 10 metres from the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building.

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

Housekeeping

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

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

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

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

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

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

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

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

Staff Knowledge

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

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

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

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

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

Training and Maintenance

Fire Safety Training

Fire drills shall occur once a month on each shift (days, afternoons, and nights). The Administrator, Maintenance Supervisor and the Supervisor on Call shall implement the fire drill.

The Maintenance Supervisor will keep a detailed log of all fire drills including:

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

A report of all staff in attendance will be forwarded to the Administrator.

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

RNs, RPNs, supervisors, and maintenance staff will receive specific in-service training reviewing their roles in the event of an emergency, and the roles of the Incident Manager.

Fire Drills Using the Alarm System

Prior to the fire drill the Supervisor running the drill will:

1. Notify the Northern Bruce Peninsula Fire Department approximately 5 minutes before the fire drill is to commence, notifying them of the approximate time for the drill. Obtain the ID number of the person you are speaking with for confirmation.
2. Call the fire alarm monitoring company to advise them of the drill.
3. Use a device (flashing red light) or sign (fire in room) to indicate the location of the fire.
4. Staff noticing the fire should remove those in immediate "danger" and activate the fire alarm.
5. Staff will then follow the Code Red procedures.

At the conclusion of the drill:

1. Reset the manual pull station and fire panel.
2. Notify the fire alarm monitoring company that the drill has been completed and confirm that the alarm was activated during the drill.
3. Notify the Northern Bruce Peninsula Fire Department that the drill has been completed.
4. Hold a debriefing meeting with the participants to determine what went well during the drill, what challenges were encountered and what steps could be taken to improve response.
5. Confirm that all required fire protection equipment functioned as designed. All deficiencies must be forwarded immediately to the Maintenance Supervisor
6. Have staff sign the attendance form following the drill.
7. Completed fire drill documentation will be forwarded to the Administrator.

Fire Safety Equipment Maintenance

Monthly

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

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

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

Annually

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

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

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

The Building Owner is responsible for confirming that fire alarm technicians working on the building's fire alarm system have completed a fire alarm training course acceptable to the Ontario Fire Marshal.

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

IT WILL BE THE RESPONSIBILITY OF THE MAINTENANCE SUPERVISOR TO ENSURE PERFORMANCE OF THE FOLLOWING REQUIRED CHECKS, TESTS, AND INSPECTIONS.

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

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

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

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

DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:

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

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

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

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

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

ONTARIO FIRE CODE, IMPORTANT REFERENCES

Article 1.1.1.1

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

Article 1.1.1.2

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

Article 1.1.1.3

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

Sentence 1.1.2.1 (1)

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

Note:

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

Fire Alarm System

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

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

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

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

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

Portable Fire Extinguishers

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

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

Fire Department Access

Fire Code Reference No.		Frequency	By
2.5.1.2. (1)	Fire access route or access panels or windows provided to facilitate access for firefighting operations are not obstructed by vehicle, gates, fences, building materials, vegetation, signs or other form of obstruction.	As required	Maintenance
2.5.1.2. (2)	The fire department sprinkler and standpipe connection shall be maintained free of obstructions.	As required	Maintenance
2.5.1.3.	Fire access routes shall be maintained so as to be for use at all times by fire department vehicles.	As required	Maintenance

Means of Egress

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

Service Equipment, Ducting, and Chimneys

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

Sprinkler System

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

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

Emergency Generator

The emergency generator shall be inspected, tested and maintained in conformance with CSA-C282, "Emergency Electrical Power Supply for Buildings".
Refer to CAN/CSA – C282-M89 for exact requirements.

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

Standpipe and Hose Systems

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

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

Fire Extinguishing Systems for Cooking Equipment

Refer to NFPA 96-1994 and NFPA 17A-1994 for exact details
The Ontario Fire Code, Clause 6.8.1.1 (1)(i), makes reference to NFPA 17A, "Wet Chemical Extinguishing Systems". NFPA 17A states that monthly inspections shall be conducted in accordance with the manufacturers listed installation and maintenance manual or the owner's manual. As a minimum this "check" or inspection should include the following in accordance with NFPA 17A-1994.

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

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

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

The Ontario Fire Code Sentence 2.6.1.13 states;

Commercial cooking equipment exhaust and fire protection systems shall be maintained in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations".
An approved contractor in accordance with NFPA 96-1994 will perform this maintenance every 6 months.

Fire Alarm / Sprinkler Shutdown

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

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

During such shutdowns, the Charge Nurse will organize staff to patrol all unprotected areas every half-hour until such times as the system is restored.

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

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

Resident care staff under the direction of the nurse designate will make rounds of the resident home area(s) that do not have an active fire alarm system every 60 minutes to check for potential signs of a fire emergency (i.e. check for the odor or sight of smoke or flame).

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

Maintenance staff or designated personnel will make rounds of all non-resident home areas every 60 minutes to check for potential signs of a fire emergency (i.e. check for the odor or sight of smoke or flame). These rounds will include the active checking of all rooms and closets including lounges, kitchens, storage areas, mechanical rooms, locker rooms, offices and all other areas. The staff will immediately sound the alarm and communicate with the charge nurse in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

In the event that the fire watch is required when maintenance personnel are not present, the charge nurse will delegate a staff member to fulfill the rounds normally made by maintenance staff and notify the Supervisor on Call. Appropriate staff will be called in or assigned as per the decision of the Administrator or Supervisor on Call.

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

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

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

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

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

CODE GREEN - EVACUATION

INTRODUCTION

Background

An evacuation is defined as an organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas. An evacuation is one means of protecting people from the effects of a hazard. In planning for evacuation, the characteristics of the hazard and its magnitude, intensity, speed of onset, and anticipated duration are all significant factors. These will determine the number of people to be evacuated, the distance people must be moved to ensure their safety and the need for reception facilities.

The facility must be prepared to conduct both small-scale (e.g. single floor) and large-scale (full facility) evacuations at all times of the day.

Code Green is to provide guidelines on a safe and efficient evacuation of an area, wing, floor, building or the entire Golden Dawn.

Examples of circumstances necessitating an emergency evacuation include; fire / explosion, bomb threat, community disaster (e.g. toxic spill, tornado), structural failure (e.g. roof collapse), etc.

In the event of a total evacuation, Golden Dawn will activate Annex A: Total Evacuation Plan.

DEFINITIONS

Horizontal Evacuation

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

Vertical Evacuation

Vertical evacuation involves moving from one floor towards the ground floor, which is not necessary at Golden Dawn.

DO NOT use the elevator unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat)

Total Evacuation

Total evacuation involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. The emergency services will normally be on location to provide assistance. In the event of a total evacuation, Golden Dawn will activate Annex A: Total Evacuation Plan.

PROCEDURE

Plan Activation

Each emergency situation will have an Incident Manager responsible for the safety of all persons in the building, the initiation of the emergency plan, and delegating responsibilities to ensure the emergency plan(s) are properly activated.

Where possible, the decision to evacuate an area is to be made in consultation with the Administrator or the Manager on duty in their absence.

This plan may be activated in whole or in part, as required, by any member of the Emergency Preparedness Team.

Upon activation, Golden Dawn will need to declare an emergency to allow all participating agencies to respond in accordance with the procedures described within this plan and in accordance with their agency operating procedures.

Responsibilities

Originating Staff

1. If discovering an emergency that is potentially life threatening, immediately sound the alarm for the type of emergency, and where safe to do so, remove residents and all others from harm's way.
2. If there are no person(s) in immediate danger, notify the Incident Commander of the emergency. The Incident Manager and will make the decision to evacuate, if required.
3. Follow the directions of the Incident Manager.

Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager unless relieved by a more Senior Manager.
2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke (refer to Code Red).

5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a "Code Green" for the specific unit/floor.
7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat).
8. The second stage alarm is activated at any pull station by using an alarm key, located at nursing stations.
9. For a partial evacuation Attention Attention"Code Green (building)" will be announced and **repeated 3 times.** Identify the area and the unit: This will be done over the 2 way radio.
    a. *Attention Attention" Code Green (wing and unit)"*
    b. *Attention Attention "Code Green (wing and unit)"*
    c. *Attention Attention "Code Green (wing and unit)"*
10. In the event of a total evacuation of a building "Code Green Golden Dawn" will be announced **3 times**: This will be done over the 2 way radio.
    a. *Attention Attention "Code Green* Golden Dawn*"*
    b. *Attention Attention "Code Green* Golden Dawn*"*
    c. *Attention Attention "Code Green* Golden Dawn*"*
11. Call 9-1-1 stating the type and location of the emergency.

All Staff

1. All Fire Alarms will be treated as an emergency and evacuation of the fire area will be commenced immediately.
2. When a decision is made for an emergency evacuation **Evacuate Now**!

Priority of Evacuation

1. Residents in immediate danger will be evacuated first.
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area. If a resident is aggressively resistant move on to the next resident so as to not delay the evacuation process. Staff will return to aggressively resistant residents once others at imminent risk are safe.
3. All wheelchair residents should be assisted to safe fire barriers and, if their wheelchairs are required for other residents, are to be removed from their wheelchairs.

4. All non-ambulatory residents. Most residents can be carried or pulled on a blanket to a safe area if necessary.
5. Residents who aggressively resist the evacuation.

Note: Where possible, traffic in the corridors and stairwells will move in one direction for ease of flow. Where two directional traffic flow is necessary, staff will keep to the right to minimize directional conflict.

Partial Evacuation

Incident Manager

1. Initiate the Emergency Staff Call back List (Fan Out List) and activate the Senior IMS team. Refer to Section 2.
2. Set up a command post in the Common Room if safe to do so or alternative location announced to staff.
3. Retrieve the Resident I.D. tags from all nursing stations and apply on each Resident.
4. Remove visitor and volunteer logs to the command post to assist with a safety accountability of all staff.

Senior IMS

1. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
2. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
3. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
4. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
5. Notify the MOHLTC.

In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.

Orange safety vest

1. Ensure one staff member stays in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.

2. Provide direction and guidance to staff participating in the evacuation.
3. Take direction from and report to the Incident Manager.
4. Ensure that all evacuees are identified with I.D. tags.
5. Be responsible for maintaining a head count of residents and staff and keeping the Incident Manager informed.
6. Responsible for the removal of the resident charts and medication carts if time and situation permit.
7. Provide for the continuing care of the residents.

All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

   Note: One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.
2. If you are responding to the emergency call back, report to the Command Centre (Common Room) for further instruction.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevator unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof collapse).
6. If you are not in your work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.
10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated. Flip the burgundy vacant indicator magnet. Do not use an evacuated indicator if a person is still in the room.

Total Evacuation

Senior IMS

1. **Refer to Annex A: Total Evacuation Plan**
2. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
3. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
4. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
5. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
6. Notify the MOHLTC.

In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.

Incident Manager

1. Registered Staff/Managers can do a Staff Schedule Care mass message to notify staff if there is an indication of a true Emergency by phone.
2. Set up at Central Command (Common Room), if safe to do so, or alternative location announced to staff.
3. If necessary, designate a staff member to contact the transfer facilities to advise that residents will be coming and confirm that these alternate facilities are prepared to receive residents. Confirmation of facilities to be communicated to the Incident Manager.
4. Direct the activities of all Golden Dawn personnel.
5. Retrieve the Resident I.D. tags from all nursing stations and apply on each Resident.
6. Designate two outside exit areas as safe resident pickup sites to bring residents from the evacuation prior to being transferred to another facility or with family.

   Area one – will be for non-injured and stable residents.

   Area two (triage) – will be for resident(s) requiring emergency care, either as a result of the emergency itself or due to some pre-existing medical condition(s).
7. Designate Staff to supervise the pickup site. Delegate additional staff/volunteers to assist as resources are available.
8. Communicate with the staff on the nursing units the list of residents to go to each holding area.

9. Confirmation of residents at each pickup site will be made with designated staff member supervising the area.
10. Ensure that all residents are identified with name badges.
11. Residents will be prioritized for transportation to the hospital or other temporary facilities, with ambulance directed to the most seriously injured, in order of severity.
12. Alternative transportation will be arranged for ambulatory residents and other residents who do not require an ambulance for transport (i.e. relative of residents, staff and volunteers).
13. Log each Resident's destination, who they left with and how they were transported. Refer to Appendix D Evacuation Log.
14. Transport the Residents' charts to the place where the Residents have been relocated.
15. Remove staff schedules, visitor and volunteer logs to the command post to assist with a safety accountability of all staff.
16. Provide for the continuing care of the residents.

Orange safety vest

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Incident Manager or other Incident Management System managers.
3. Ensure that all evacuees are identified with I.D. tags.
4. Be responsible for maintaining a head count of residents and staff and keeping the Incident Manager informed via 2 way radio.
5. Responsible for the removal of the resident charts and medication carts if time and situation permit.
6. Provide for the continuing care of the residents.

All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.

   Note: One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.

2. If you are responding to the Emergency Staff Call List, report to the Central Command (Common Room) for further instruction.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green.

CODE BLACK – BOMB THREAT

INTRODUCTION

Code Black covers the emergency procedure required when Golden Manor is threatened or affected by a bomb or terrorist incident

Bomb threats are usually made by telephone. Few of these threats are real. Bombers that go to the trouble of manufacturing and placing a device typically will not call in a warning. If a caller can give specific information about the bomb, such as the location and time of detonation, it is more likely that a bomb has actually been planted. Most devices will be left outside where it is easier to leave without being noticed or identified.

The principle aim of a bomb threat is to disrupt operations, discredit the property owner or tenants, or undermine the morale of the employees. The majority of bomb threats are simply hoaxes. The hoax may, but more often will not, include a pre-positioned suspicious object. A well-conceived hoax bomb will be very realistic and only an expert may judge its lethality. Bombers usually prefer to place devices in easily accessible locations (e.g., outside of buildings, lobbies, near exits) to minimize risk of capture. Evacuating a building without first checking these common areas may put occupants at increased risk. Bombers have used telephone threats to herd people towards a device.

Good housekeeping simplifies the task of identifying suspicious packages. Security measures make it more difficult to plant a bomb. Locking cabinets, rooms, offices, etc. also limits unauthorized access and reduces the areas that need to be searched.

There are three options available depending on the situation:

1. Complete evacuation of the premises
2. Partial evacuation to a safe outside area or another internal area
3. No evacuation

Initiating a search after a threat is received and evacuating a building after a suspicious package or device is found is perhaps the most desired approach. It is not as disruptive as an immediate evacuation and will satisfy the requirement to do something when a threat is received. If a device is found, the evacuation can be accomplished expeditiously while at the same time avoiding the potential danger areas of the bomb.

Safety should always be the foremost consideration when deciding whether or not to evacuate
Authorities are in agreement that the most effective and fastest search of a building can be made by the normal occupants of the building. The occupants are in the best position to conduct the search because they are the only ones who will know if a box, briefcase, etc. belongs in that location.

However, under Ontario health and safety legislation, workers cannot be forced to take part in any activity, which could be hazardous to their health or safety. Therefore, any employees who engage in bomb searching activities must be volunteers and must be provided with appropriate training in searching for bombs.

EMERGENCY PROCEDURES FOR THREAT VIA TELEPHONE

Switchboard

If you receive a bomb threat call, follow the following procedures:

1. Be calm and courteous. DO NOT HANG UP.
2. Do not interrupt the caller.
3. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
4. Keep the caller on the line as long as possible.
5. Obtain as much information as you can by completing the Threatening Call Information Report (see end of Code Black - Bomb Threat section). A copy of this report should be kept at the switchboard.
6. Notify your supervisor and provide him / her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Administrator or Alternate.

If you are notified that a bomb threat has been made:

1. Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas readily accessible to the public.
2. If you find a suspicious object, notify the Administrator or Alternate.
3. Do Not Touch The Object
4. Provide voice communication messages as instructed by the Administrator or the Police.

If instructed to do so, activate procedures to summon off-site staff to the facility (using

5. "Fan-out List" where implemented).
6. Assist with the evacuation, assembly, and relocation of residents, including arranging for alternate accommodation and transportation.

Management

1. The Incident Manager (Administrator) or Alternate have been appointed to co-ordinate all activities related to a bomb threat.
2. Any and all bomb threats received by Management will be reported immediately to the Administrator or Alternate. It is their responsibility to notify:

a. Police Department (call 9-1-1)

b. All Department Heads

3. If the Police call with information relating to a bomb threat, they shall be directed to the Administrator or Alternate. On receiving such information from the Police, Management and Building Staff will follow instructions given by the Police.
4. In the absence of any instruction from the police the Administrator or Alternate will make the decision of whether or not to evacuate based on the information received.
5. The Charge Nurse will delegate an employee to monitor the front entrance to allow only emergency personnel into the building until further notice.
6. While the information is being evaluated, the Charge Nurse can ask for volunteers searching the exits for suspicious objects in anticipation that an evacuation may be necessary or wait for emergency personnel to begin the search.
7. If it is decided that an evacuation is necessary, it should not be initiated until management has determined that the evacuation route has been searched and confirmed to be safe.
8. When the Administrator or Alternate determines that an evacuation or partial evacuation is necessary the Supervisor on Call and Staff shall be instructed to initiate evacuation procedures by announcements over the voice communication (public address) system.

Charge Nurse

If you receive a bomb threat call, follow the following procedures:

1. Be calm and courteous. DO NOT HANG UP.
2. Do not interrupt the caller.
3. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
4. Obtain as much information as you can by completing the Threatening Call Information Report (*see end of Bomb Threat section*). A copy of this report should be kept at all telephones.
5. Notify the Administrator and/or On Call Manager of the bomb threat.
6. If the Administrator or Alternate are not on site, fulfill the responsibilities of the Incident Manager until they arrive on site.
7. Upon request, provide search personnel, the police and/or the fire department with master keys for all areas and rooms in the building.

Upon notification of a telephone threat:

1. Assume the role of Incident Manager until relieved of the position by a more senior manager.
2. Announce calmly to all visitors and staff (or have announced) a "Code Black" three times.
    a. If the caller identified a specific location the announcement will be:
        i. *"Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You"*
        ii. *"Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You"*
        iii. *"Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You"*
    b. Then initiate an evacuation of the identified floor by announcing:
        i. *"Code Green (location)"* ii. *"Code Green (location)"* iii. *"Code Green (location)"*

***Note:** as this is not a fire, the elevators may be used for the evacuation (always evacuating to a lower level but not below ground level.)*

    c. If the caller was not specific as to the location the announcement will be:
        i. *"Code Black Golden Dawn. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"*
        ii. *"Code Black Golden Dawn. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"*
        iii. *"Code Black Golden Dawn. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"*

3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.
4. Set up a command post in the Common Room.
5. Ensure the area used for the command post is searched for a threat before use.

All Staff

If you receive a bomb threat call, follow the following procedures:

1. Be calm and courteous.
2. Do not interrupt the caller.

3. Keep the caller on the line as long as possible.
4. Obtain as much information as you can by completing the Threatening Call Information Report (see end of Bomb Threat section). A copy of this report should be kept at all telephones.
5. Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Administrator or Alternate.

If you are notified that a bomb threat has been made:

1. Immediately turn off cell and wireless phones and two way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications.
2. Quickly but thoroughly check your work area/ward for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas readily accessible to the public, including all resident rooms. Pay particular attention to any shipments received in the last 12 hours.
3. Use the floor plans located in the emergency folder on each unit and department to document each area searched.
4. Report back to the Incident Manager with your completed audit forms and follow their directions.
5. If you are available, respond to the command post in the Common Room. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.
6. *If you find a suspicious object,* ***do not touch the object*** *and notify the Incident Manager*
7. Prepare residents for a potential evacuation.
8. Wait for instructions to evacuate from the Incident Manager
9. If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Manager.
10. Upon evacuating the building, go immediately to your designated meeting area.

WRITTEN OR MAILED THREAT

Person Receiving the Threat

1. If you open a letter and recognize it as a threat avoid handling the document and envelope so fingerprint / DNA evidence will be preserved.
2. If you receive an email, text or social media message that contains a threat, do not delete it.
3. Immediately notify the Administrator or your direct Supervisor (if immediately available) who will assume the role of Incident Manager.

4. Follow the instructions of the Incident Manager.

Incident Manager

1. Upon notification of a written or mailed threat, assume the role of Incident Manager until relieved of the position by a more senior manager.
2. Announce calmly to all visitors and staff (or have announced) a "Code Black" three times.
    a. If the threat identified a <u>specific location</u> the announcement will be:
        i. *"Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You"*
        ii. *"Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You"*
        iii. *"Code Black Golden Dawn. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"*
3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.
4. Set up a command post in the Common Room.
5. Ensure the area used for the command post is searched for a threat before use.

All Staff

1. Immediately turn off cell and wireless phones and two way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications.
2. Use the floor plans located on the emergency envelope on each unit and department to document each area searched.
3. Report back to the Incident Manager with your completed audit forms and follow their directions.
4. If you are available, respond to the command post in the Common Room. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.

A NON-SPECIFIC THREAT

Incident Manager

1. If the threat is non-specific as to location, set up a command post in the Common Room.
2. Ensure the area used for the command post is searched for a threat before use.
3. Delegate personnel to initiate the staff call-back list.
4. Request additional help, as needed, using a landline phone.

Provide details of the threat and a floor plan of Golden Dawn to staff to initiate the search for the bomb in order of the checklist. This will include a search of the grounds. It is

5. recommended that staff be assigned to search the area of the Home they are most familiar with.
6. Review the information with the police to determine additional actions to be taken.

All Staff

1. If you are responding to the call back, report to Reception or alternate location.
2. When reporting in from the staff call back list, you will be assigned to assist in the search.
3. Follow search instructions from the Incident Manager.
4. Searches will include closets, bathrooms, toilets, garbage cans, laundry carts, medication carts, cabinets, under chairs, tables, and beds. Rooms should be searched in a counter clockwise rotation and from ceiling to floor.
5. As rooms are searched identify them with a "Room Checked" indicator.
6. Each search team will report to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting in will be done by physically reporting in.

SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED

Identification of Suspicious Packages

Bombs and biological/chemical/radiological agents have been known to be delivered to intended targets through the mail system. These weapons may be delivered in the form of a package, regular envelope, or even a hollowed-out book. Identifying these packages and dealing with them appropriately before they reach their intended destination is crucial to the safety of the building and its occupants.

Characteristics of suspicious packages/letters may include one or more of the following indicators:

- Excessive, inadequate or missing postage
- Handwritten or poorly typed addresses
- Incorrect titles or no name
- Misspelling of common words
- Oily stains, discolouration or odour
- No return address
- Excessive weight
- Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Restrictive markings such as “Personal”, “Confidential”, or “To Be Opened By”
- Postmark city/province/state does not match the return address
- Foreign mail from politically unstable or hostile countries
- Unprofessional wrapping
- Threatening markings on exterior of package
- Inappropriate air mail or special delivery stickers

Upon discovering a suspicious package, follow the emergency procedures.

Person Discovering the Threat

1. Do not touch, move or open the object.
2. Leave the area immediately.
3. Notify the Incident Manager or Police of the location and external appearance of the suspicious object.
4. Keep residents and other staff members out of the area where the threat is located.
5. Follow the directions of the Incident Manager and Police.

Incident Manager

1. Upon notification of the location of a suspicious object, initiate evacuation of the area by announcing, or having announced, *“Code Green (location)”* (repeat 3 times).
2. Obtain the following information from the discoverer:
    a. Object location
    b. Object description
    c. Any other useful information
3. Advise the Police of the location and external appearance of the suspicious object.

4. Facilitate evacuation of the floor by following the Code Green procedures.
5. Provide instructions to staff members involved in the evacuations and ensure the area to which residents are being moved is searched before they are moved into it.
6. If the device is confirmed to be an explosive device by the police, initiate a Code Green and coordinate an orderly evacuation of the entire Home, one area at a time, starting with those areas closest to the location of the device.
7. Notify the Administrator immediately.

All Staff

Upon discovering a suspicious package:

1. Do not touch, shake or bump it.
2. Do not open, smell, examine, touch or taste.
3. Treat it as suspect.
4. If you suspect that the package/device is a bomb:
    a. Evacuate the immediate area
    b. Notify the police
5. If you suspect that the package/device is contaminated with a chemical or biological agent (e.g. powder found in an envelope):
    a. Evacuate the room and close the door
    b. Minimize physical contact with other people.
    c. Wash your hands with soap and water.
    d. Remove contaminated clothing and place in a sealed container (e.g., plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible.
    e. List all people who may have been in contact or close proximity to the suspicious package/device and provide this list to appropriate authorities.
    f. If necessary, seek medical assistance as soon as possible.
    g. Clear the immediate area where the package was discovered.
6. Notify supervisory staff and provide the following information:
    a. Object location
    b. Object description
    c. Any other useful information
7. Report incident to the police (dial 9-1-1).

Upon announcement of a Code Green:

1. Follow evacuation procedures and remove residents, staff and others from the location identified and secure the area.

Note: the area to which the residents are being moved must be searched before the residents are moved into it.

2. In the area near the suspicious object do not activate light switches, slam doors, move nearby objects or use portable radios or wireless phones.
3. It must never be assumed that there is only one device. Continue the search in all other areas of Golden Dawn until thoroughly complete.

Administrator

1. Upon notification of the discovery of a suspicious object immediately establish the senior IMS Team.
2. Notify, or designate a senior staff member to notify, the Ministry of Health and Long Term Care.

AFTER THE THREAT HAS CONCLUDED

Incident Manager

1. Complete the Ministry of Health Incident Report and forward it to the Administrator or supervisor on call.
2. Conduct a short debriefing at the command post to obtain timely feedback from staff on the handling of the event.
3. Ensure the Incident Manager Checklist – Bomb Threat is complete.
4. Compile a report of all staff in attendance and attach it to the Checklist-Bomb Threat and submit it to the Administrator.

Managers

1. Provide a short debrief to your team at your next staff meeting, identifying what went well and what needs improvement.

All Staff

1. Participate in debriefings.
2. Provide feedback to the Incident Manager regarding the response to the threat.
3. Direct any media calls or external inquiries to the Administrator.

Administrator

1. Review the Incident Report and forward it to the Ministry of Health and Long Term Care.
2. Receive reports from staff involved in the incident.
3. Conduct a debriefing of all the managers involved in the incident.

THREATENING CALL INFORMATION REPORT

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

Name of person receiving the call: _____		Date: _____
Number at which call was received: _____		Extension: _____
Time call received:	Time call ended:	Length of call:

Identifying characteristics of the caller:

Sex: ☐ Male ☐ Female Estimated age group: _____

Accent: _____

Caller's Voice:

☐ Calm ☐ Laughter ☐ Nasal ☐ Deep Breathing

☐ Angry	☐ Crying	☐ Stutter	☐ Cracking Voice
☐ Excited	☐ Normal	☐ Lisp	☐ Disguised
☐ Slow	☐ Distinct	☐ Raspy	☐ Accent
☐ Rapid	☐ Slurred	☐ Deep	☐ Vulgar
☐ Soft	☐ Loud	☐ Whispered	☐ Clearing throat
☐ Nervous	☐ Lisp	☐ Emotional	☐ Ragged

Command of the language (articulate, poor, words out of context, mispronunciation):

_____ Mannerisms (pet phras

uncommon words):

_____

Anything familiar about the voice:

_____

Any background noises:

☐ Street noises	☐ Music	☐ Factory machinery	☐ Static
☐ Voices	☐ House noises	☐ Animal noises	☐ Booth
☐ PA system	☐ Motor	☐ Clear	☐ Office machinery
☐ Aircraft	☐ Bar sounds	☐ Trains	☐ Children

_____ _____

_____

Other:

Does the caller seem to be familiar with the area or building? ☐ Yes ☐ No

Please explain: _____

Threat Language:

☐ Well spoken ☐ Incoherent
☐ Foul ☐ Taped
☐ Irrational ☐ Message read by threat maker

Call police 9-1-1. Time called: _____

Exact wording of the threat:

_____

_____
_____
_____
_____
_____
_____
_____

Time Task Completed	
	When will the bomb explode?
	Where is the bomb? (Specific location):
	What does it look like?
	Why did you place the bomb there?
	What is your name?*
	Where are you calling from?*

**Note:* Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.*

Notify Immediate Supervisor or Charge Nurse. Time notified: _____

Notify Administrator or Supervisor on Call. Time notified: _____

Use the back of the sheet to add as many details as possible

FOLLOW CODE BLACK PROCEDURES

Revised: _____

CODE GREY- AIR EXCLUSION

INTRODUCTION

External air exclusion is only put into action where evacuation into the open air would be more hazardous to the health and safety of residents and staff (e.g. external chemical cloud, considerable smoke from local fire).

EMERGENCY PROCEDURES

Charge Nurse/Incident Manager

1. Upon being notified of an incident or potential incident producing hazardous fumes external to Golden Dawn, the Charge Nurse will assume the role of the Incident Manager until relieved by a more senior manager.
2. Announce Attention Attention Code Grey 3 x over the internal paging system
3. Advise all staff of the "Code Grey" advising them to "close all open windows and exterior doors."
4. Notify the Manager on Call.
5. Have outside residents return inside.
6. Ensure residents, staff and visitors are monitored for abnormal breathing difficulties.
7. Establish contact with the local emergency services (Fire / Police), as appropriate, to gather information on the extent of the hazard and provide an update on the status of the Home.

All Staff

1. Upon notification of a Code Grey, close all open windows and exterior doors in your area.
2. If outside, move staff and residents indoors.
3. Follow the instructions of the Incident Manager.
4. Report any abnormal breathing difficulties to the Incident Manager.

Facility Supervisor

1. Upon notification of a Code Grey, report to the Golden Dawn to shut down the ventilation systems and gather information on the extent of the hazard.
2. Maintain contact with local emergency services.
3. Monitor CO levels in the ventilation program and local detectors.
4. If required to restart the ventilation due to high internal temperature or CO level in the Golden Dawn discuss with local emergency services when wind direction become favorable, if the ventilation system could temporarily be restarted.
5. If ventilation is restarted continue monitoring wind direction until the all clear signal is given by local emergency services**.**

CODE YELLOW- MISSING RESIDENT

INTRODUCTION

A “Code Yellow” procedure will be implemented immediately upon discovering a Resident is missing. A Resident is considered missing when they are not in a location where staff would expect to find them.

Staff members will conduct a short search, as defined in the procedure below, before a Code Yellow is announced.

In the event that a Resident is missing, the following action will be taken:

FIRST PHASE -IMMEDIATELY

Originating Staff

1. If you realize a resident is unaccounted for inform the Registered Staff for the unit.
2. Upon notification that a resident is unaccounted for, begin a systematic search of the unit.
3. Check areas the resident may have gone, querying other staff, checking sign in/sign out white binders, and checking sign in/out clipboards with screener.
4. In Appendix E complete the Missing Person Search Zone for the unit.
5. Report back to the Registered Staff with the completed Missing Person Search Zone Checklist forms and follow their directions.

SECOND PHASE (10 MINUTE TIME FRAME)

Incident Manager

1. Upon notification that a resident has been unaccounted for 5 minutes, assume the role of Incident Manager until relieved by a more senior staff member. (Incident Manager can be identified by wearing a Yellow Safety Vest)
2. Utilize the Incident Manager Check List – Code Yellow to track actions and log the times of the response.
3. Use the Missing Person Search Zone located in the Disaster Emergency Checklist Binder, document each area searched.

4. Organize the unit staff to do a follow up search of the unit and areas of the Home where the resident may routinely visit; recheck the sign in/out binders; and follow up with visitors that may have visited the resident that day.
5. If the search is unsuccessful:

   Announce / page calmly to all visitors and staff (or have paged), three times.

   a. *"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

   b. *"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

   c. *"Attention please, would (resident/client's name) please return to (wing/program area) immediately."*

   Repeat this announcement again after 1 minute if the resident/client does not return.

   Note: The purpose of this announcement is to alert staff that you are looking for the resident without the urgency of a Code Yellow announcement to determine if they are with a staff member or visitor.
6. If it is suspected that the resident has left the building with a family member, delegate a staff member to call the family to confirm.
7. Delegate staff to check the front lobby, smoking area and courtyard.
8. If the Resident is not located within 10 minutes, bring the Resident's chart and picture to the Command Center (Common Room).
9. Pictures can be found on Point Click Care (under Residents chart, at the top is an edit button, click and select photo, right mouse click to copy image and print)

Note: This stage shall last no longer than 10 minutes for a total of 15 minutes after the first indication that resident/client was missing

All Staff

1. Follow the direction of the Incident Manager.
2. Assist with the follow up search and contacting visitors/family members, as requested by the Incident Manager.
3. Be on the lookout for the missing resident. If you do not know what the missing resident looks like, be alert to persons in your area that seem lost or are unknown to you.
4. Report to the Incident Manager any person in your area that you do not know and fits the description of the missing resident or who appears lost.

THIRD PHASE (INITIATED 15 MINUTES AFTER THE FIRST INDICATION THE RESIDENT WAS MISSING)

If the resident has not been located within 10 minutes of the Incident Manager being notified, regardless of the completeness of the current search, the following tasks will be completed:

Incident Manager

1. Commence Announcing for a "Code Yellow". Announce calmly to all visitors and staff (or have announced) a "**Code Yellow" three times:**
    a. *"Code Yellow (Resident/Client name) (Resident Home Unit)."*
    b. *"Code Yellow (Resident/Client name) (Resident Home Unit)."*
    c. *"Code Yellow (Resident/Client name) (Resident Home Unit)."* **The announcement will be repeated after 1 minute**
2. Notify the police 9-1-1, providing a description of the resident/client.
3. Complete a full building search. (Checklist is in the Emergency Checklist Binder)
4. Complete a Missing Person Report with the Ontario Provincial Police.
5. Move to the Command Center (Common Room) where all responding staff will report for instruction.
6. Give staff a description of the resident (physical description and clothing), including photo and a **clipboard** with search floor plan/area map and appropriate keys (**located in Board Room cabinet**) for them to initiate the search of the resident. Where possible, assign staff to search areas that they are most familiar with (e.g. dietary staff to search kitchen and support areas, nursing staff search the unit they are working on) for the initial search.
7. When Police arrive, provide them with a photo of the resident/client, and a summary of the actions taken prior to their arrival. The staff search will continue in supplement to the police action.
8. Notify the Manager on Call who will notify the Administrator.
9. The search will include a search of the grounds. Any search external to the building (including on the grounds) will be done in pairs.
    a. If it is suspected that the resident may have left the building, you may direct specific staff to start an external facility search at the same time an internal search is being performed.
    b. Provide maps for all the designated search areas beyond the grounds of the Home.
10. Direct staff to report back to you at a minimum every 10 minutes.

11. After staff have reported back that their assigned search is complete, reassign them to another search area.
12. Assign staff members, who are reporting in from the Emergency Fan Out List, to search in pairs beyond the grounds of the Home and provide them with maps.
13. When sufficient staff is present, commence a second search of the Home and the grounds.
    a. Determine if the search area should be expanded further.
14. Review video surveillance.
15. Notify the family of the resident.

All Staff

1. Following the announcement of a Code Yellow, if you are available for the search, respond to the command post in Common Room.

   Note: At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents

2. Conduct a search of both sides of the buildings in an organized fashion, using the floor map by checking:
   a. Each room, on/under beds
   b. Each bathroom
   c. Utility rooms
   d. Linen closets
   e. Stairwells
   f. Elevators
   g. Service areas
   h. All keyed doors
3. When conducting a search of a floor start the search at the Nursing Station and complete the search, ensuring that each room has been searched twice.
4. As rooms are searched, identify them with vacant indicators and mark them on the search map. Then search the stairwells.
5. Report back to the Incident Manager every 10 minutes to provide an update and to be given further instructions. The reporting can be done either by physically reporting in, by cell phone, or by another device.
6. Once your assigned search area is complete, return to the Incident Manager for further assignment.
7. Notify the Incident Manager immediately upon the location of the missing resident.

Administrator

1. Establish the Senior IMS Team in the Administrators Office.
2. Contact the Ministry of Health and Long Term Care.

AFTER THE INCIDENT HAS CONCLUDED

Incident Manager

1. Once the Resident has been located notify:
    a. The Police Services (9-1-1)
    b. Resident POA
    c. Administrator
    d. Director of Nursing
    e. Medical Director
    f. All units and departments by Announcing an "All Clear" 3 times

        i. *"Code Yellow, (Resident Name), All Clear"* ii.

        "Code Yellow, (Resident Name), All Clear" iii.

        "Code Yellow, (Resident Name), All Clear"

2. Advise all searchers and authorities that have been contacted that the resident/client has been located. (Administrator, Police, Ministry of Health and Long Term Care.) 3. Contact the resident's family to advise them that the resident has been found.

4. Complete appropriate progress notes and incident form.

Charge Nurse

1. Complete an assessment of the Resident's condition. Document and indicate follow-up. The Physician will see the resident within 24 hours, where appropriate.
2. If required, the resident may need to be sent to ER for assessment (e.g. exposure to cold).

DEBRIEF

Incident Manager

1. Ensure that all documentation is completed.

2. Chair a Code Yellow Debrief session within 1 business day of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement.

Administrator / Manager on Call

1. Complete the Critical Incident Form and submit to the Ministry of Health & Long Term Care.
2. Schedule a more detailed review within one week of any incident where police were notified.

CODE WHITE- VIOLENCE

INTRODUCTION

A staff member assessing a situation as posing an immediate danger to themselves and/or others can call a "Code White" at any time. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff will use non-violent interventions (Gentle Persuasive Approach). The primary aim is to remove all persons from the situation to minimize the risk of injury.

This procedure will provide direction in a situation where there is a potential for serious injury or uncontrollable behavior. (For controllable situations, the same procedure will be followed omitting the steps which involve contact with police services.) In the event that a serious violent or potentially uncontrollable situation occurs, the following action will be taken:

POTENTIALLY VIOLENT SITUATION

Originating Staff

1. Announce a Code White (**repeat 3 times**), identifying the location of the incident:
    a. *Attention Attention "Code White (location)"*
    b. *Attention Attention "Code White (location)"*
    c. *Attention Attention "Code White (location)"*
2. If you identify a crisis situation remove yourself from the confrontation and immediately notify the police services by calling 9-1-1 and provide as much detail as possible.

Note: the announcement will not include if a weapon is involved.

3. Notify the Charge Nurse or your direct Supervisor (if immediately available) of the situation, providing as much information as possible.

Charge Nurse/Incident Manager

1. Upon notification of a potentially violent situation take lead as the Incident Manager.
2. If 9-1-1 has not been called, the Incident Manager will assess the situation and assign staff member to call if needed.
3. Delegate a staff member to meet the police at the main entrance and provide directions to the scene as well as alternative access to the area (e.g. location of the stairways and the elevator).
4. Delegate a staff member to call the Manager on Call.

All Staff

1. Upon notification of a Code White, all registered staff (RNs and RPNs) will report to the area. Other staff already in the area of the emergency, assist by evacuating residents from the area of the threat. The Incident Manager may send you back to your duties if further assistance is not necessary.
2. Reception will direct visitors/residents entering Golden Dawn away from the area until the incident has been confirmed safe by the Incident Manager.
3. Use tactical verbal communication and non-violent interventions to de-escalate the situation if it is safe to do so.
4. If the aggressor has a weapon, do not attempt to remove the weapon or to subdue the person. The only goal will be to remove others from the situation.
5. If any injuries are incurred, provide first aid in a safe location and notify EMS 9-1-1

INCIDENT CONCLUDED

Incident Manager

1. Once an incident has been controlled and the concerned area is safe for everyone to enter, announce, or have announced an "All Clear" (**repeat 3 times**):
    a. *Attention Attention "Code White All Clear"*
    b. *Attention Attention "Code White All Clear"*
    c. *Attention Attention "Code White All Clear"*
2. At the conclusion of the incident complete the Incident Report and forward it to the Administrator or supervisor on call.
3. Contact resident POAs who were involved/affected by the incident.

Administrator

1. Notify the Health & Safety Committee and the Ministry of Labour if any staff suffers a critical injury (as defined by the *Occupational Health & Safety Act*).
2. Determine if the Ministry of Health and Long Term Care should be notified.
3. Schedule a detailed review within one week of any Code White incident where the police are involved.

All Staff Involved

1. If you were involved in the situation, complete a written report of the details of the incident and submit it to the Administrator within 24 hours of the incident. The report should be completed before leaving the facility.

CODE BROWN- HAZARDOUS MATERIALS ACCIDENTS

INTRODUCTION

Code Brown covers the emergency response to a situation where hazardous materials may affect the health of the residents or the security of Golden Dawn.

Where hazardous materials are spilled and the spill is of the size or potential hazard where housekeeping or maintenance staff is unable to carry out safe cleanup, a “Code Brown” will be called.

A spill may include liquids, powders or even gaseous substances

EMERGENCY PROCEDURES

Originating Staff

1. Upon discovery of a spill of a hazardous or unknown substance, notify the Charge Nurse or your Manager who will assume the role of Incident Manager.
2. Follow the direction of the Incident Manger.
3. Notify the Incident Manager if you have been contaminated or if you are experiencing any health effects related to contamination.

Management

1. Upon notification of a spill of a hazardous material assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor
2. Any spill or leak of a chemical must be treated as being a potential hazardous material incident until the chemical can be identified.
3. Proceed to the location to assess the situation.
4. Immediately evacuate all persons from the danger area(s).
5. Cordon off the area and keep people away from the area until the spill is cleaned up.
6. Notify staff in the area of the spill of the “Code Brown” identifying the location (building/area).
7. Determine the name of the spilled or leaking chemical or material from the label on the container or from the shipping manifest or invoice.

   Note: If the type of spilled/leaked substance cannot be determined, then it must be assumed to be the most dangerous substance used/stored in the building.
8. Determine if the chemical or material is one of the following:
   a. explosive material,

b. flammable gas,
c. poisonous gas,
d. corrosive gas,
e. flammable or combustible liquid,
f. flammable solid,
g. oxidizer,
h. poisonous or infectious substance,
i. reactive material, or
j. corrosive material.

If necessary, consult the MSDS located in the service entrance storage and in the laundry room, to determine the characteristics of the material.

If the chemical or material is not one of the above, you do not have a hazardous material incident and the material can be cleaned up using normal housekeeping procedures.

If the chemical or material is one of the above, you are dealing with a hazardous material and the following procedures must be followed:

1. If the spill is of a flammable material or there are any injuries/illness from the spilled material:
    a. Call 9-1-1;
    b. Clear the area of all persons;
    c. Ensure there are no sources of ignition; and
    d. Ventilate the area by opening windows (if safe to do so).
2. Establish:
    a. health hazard
    b. fire hazard
    c. hazard to the environment
    d. procedure for containing the spill/leak
    e. procedure for disposing of the spilled chemical/material
3. If the hazard cannot be safely dealt with by in-house personnel, the Incident Commander will notify the Fire Department at 911 and the Supervisor on Call.
4. Determine the need to evacuate the building or part or the building from the information in the MSDS.
5. Prevent all non-emergency persons from entering the spill area.
6. If an emergency evacuation of the spill zone or a greater area is required, activate a Code Green.
7. Notify the MOLTC, and MOL immediately if any evacuation or displacement of residents occurs or if there is any disruption to the facility operations.

8. Ensure that the appropriate staff cleans up the spill.
9. If the personal protective equipment specified in the MSDS is available and if you are sure of the procedures to follow, proceed to clean up the spill.
10. **If the personal protective equipment specified in the MSDS is not available or if you are not sure of the procedures to follow, you must contact the hazardous waste removal contractor immediately and arrange for them to clean up the spill.**

If anyone is, or appears to be, injured or ill as a result of the spill:

1. Call 9-1-1. Ensure that emergency responders are informed of the name of the chemical or material involved.
2. Provide any medical treatment specified in the Material Safety Data Sheets (MSDS). These can be found in the service entrance storage and in the laundry room.
3. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes. Clothing must be laundered before reuse.
    a. Eye wash stations are located in kitchen, service hall janitors room and laundry room.
    b. Showers that can be used for emergency decontamination are located in the tub room on the West Wing.

Note: if the product is flammable or highly toxic, then contaminated clothing should be disposed of properly – not laundered.

All spills, no matter how small, are to be documented.

1. A record shall be kept of:
    a. The name of the spilled material,
    b. The quantity involved,
    c. The names of persons involved in the spill and clean-up,
    d. The names of anyone requiring medical treatment,
    e. Any outside agencies or contractors that were involved,
    f. How the spilled material was disposed of.
2. If the spill does not create a major difficulty an incident report may be faxed to the MOHLTC.
3. Notify the Ministry of Labour if there are any critical injuries to staff members.

Maintenance

1. Upon notification of a hazardous material spill report to the Incident Manager.
2. Assess the spill from a safe location to determine if it is within the capability of the team to clean up. The complexity and detail of the cleanup plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.
3. Review Material Safety Data Sheets (MSDSs) or other references for recommended spill cleanup methods and materials, and the need for personal protective equipment (e.g. masks, goggles, gloves, protective clothing, etc.).
4. Ensure proper Personal Protective Equipment (PPE) is utilized based on the chemical spilled as per the MSDS sheet.
5. If appropriate, contain and clean up the spill by:
    a. Stopping any on-going leak.
    b. Protecting drains in the immediate area by covering them with rubber sewer drain covers or surrounding them with spill socks.
    c. Distributing loose spill control materials (e.g. sawdust, Oilsorb, absorbent pads) over the entire spill area working from the outside, circling to the inside. This reduces the chance of splash or spread of the spilled chemical.
    d. Once spilled materials have been absorbed, using a brush and scoop to place materials in an appropriate container. Polyethylene bags may be used for small spills. Five gallon pails with polyethylene liners may be appropriate for larger quantities.
    e. Completing a hazardous waste label, identifying the material as Spill Debris involving (identify) chemical, and affix onto the container. Spill control materials may need to be disposed of as hazardous waste – refer to municipal public works for specifics based on the type and quantity of the chemical spilled.
    f. Decontaminating the surface where the spill occurred using a mild detergent and water when appropriate.
    g. Contacting the hazardous waste removal contractor to have the waste removed.

All Staff

1. Any spill or leak of a chemical or other material must be treated as being a potential hazardous material incident until the material can be identified.
2. Immediately evacuate all persons from the danger area(s).
3. If anyone is, or appears to be, injured or ill as a result of the spill,
    a. Call 9-1-1. Ensure that emergency responders are informed of the name of the chemical or material involved.
    b. Provide any medical treatment specified in the MSDS.
4. Notify your supervisor. The supervisor will advise the incident Manager or alternate of the situation.
5. Eliminate ignition sources.
6. Prevent all non-emergency persons from entering the spill area.
7. Follow the instructions of your supervisor.
8. Charge Nurse notifies Manager on Call.

CODE BLUE: NURSE ALERT/ MEDICAL EMERGENCY

INTRODUCTION

Residents, staff members, visitors, volunteers or students may require emergency medical assistance for a variety of reasons. When notified of a medical emergency, advice the Charge Nurse.

DEFINITIONS

CODE 99: NURSE ALERT – a request for nursing and or medical assistance in an emergency involving illness or injury of a resident, staff member, visitor, volunteer or student.

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

Critically injured - means an injury of a serious nature that:

(a) places life in jeopardy;
(b) produces unconsciousness;
(c) results in substantial loss of blood;
(d) involves the fracture of a leg or arm but not a finger or toe;
(e) involves the amputation of a leg, arm, hand or foot but not a finger or toe; (f) consists of burns to a major portion of the body; or (g) causes the loss of sight in an eye.

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

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

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

EMERGENCY ASSISTANCE REQUIRED

Originating Staff

1. Activate the staff assist call bell, if available.
2. Upon discovery of a medical emergency requiring assistance loudly announce "CODE 99: NURSE ALERT" to request the assistance of nearby staff.
3. Request the nearest staff member to page "ATTENTION, ATTENTION, CODE 99: NURSE ALERT" three times with the location.
4. Contact the Charge Nurse and request emergency assistance.

RN/RPN

1. If you hear another staff member requesting medical assistance or “ATTENTION, ATTENTION, CODE 99: NURSE ALERT” paged, and attend the medical emergency.
2. If you are the first arriving Registered Staff, assume the role of Incident Manager until relieved by a more senior Registered Nurse.

Charge Nurse/Incident Manager

1. Upon notification of a medical emergency, attend the scene and assume the role of Incident Manager.
2. Assign a staff member to page "ATTENTION, ATTENTION, CODE 99: NURSE ALERT (location)" three times.
3. Assign a staff member to document the assessment and intervention.
4. Don on the appropriate PPE (mask, gown, gloves and glasses/faceshield).
5. Assess the patient and determine what interventions are required.
6. Ensure the provision of First Aid as needed.
7. Determine if EMS is required. If EMS is required, ensure 9-1-1 is called.
8. Assign a staff member to meet the paramedics if EMS was called.
9. Complete the CODE 99: NURSE ALERT Incident Manager Check List.
10. Advise anyone not required to leave the area or return to their duties.
11. Ensure appropriate documentation is completed: i.e. WSIB forms, First Aid log book, Unusual Occurrence reports, Incident Investigation forms.
12. Notify the Supervisor-on-Call if the emergency is a critical injury/incident.
13. Following any CODE 99: NURSE ALERT the CODE 99: NURSE ALERT Checklist will be completed and directed to the Administrator for Quality Assurance purposes.

Administrator

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

NATURAL GAS LEAK

INTRODUCTION

Natural Gas: From time to time, the gas stoves will emit a slight natural gas odour (smells like rotten eggs). This, however, does not mean there is a natural gas leak or build up in the area and does not pose a hazard. Turning on the exhaust fans over the stoves for a short period of time can dissipate the odour. If the odour persists, ventilate the area and notify the Administrator or Supervisor-on-Call.

Carbon Monoxide (CO): The Carbon Monoxide alarms are specifically designed to detect carbon monoxide and are located in the East Wing Electrical Rooms, Main kitchen, Laundry, Mechanical Room.

CO detectors (no audible alarm) are located in the HVAC return air duct rooms. A detected increase in CO in these rooms will automatically result in the system bringing in more fresh air. Detectors can be monitored through the Siemens control system in the Facilities Supervisor Office.

NATURAL GAS PROCEDURE

All Staff

1. If you smell natural gas (smells like rotten eggs), inform Administrator or Manager on call.
2. Relocate occupants to a safer area.
3. Wait for instructions to evacuate the building.
4. Do not light matches or lighters.
5. Do not ***turn on or turn off*** electrical power.

Management

In the event of a known or suspected gas leak:

1. Instruct Facilities Supervisor (or after-hours maintenance designate) to immediately shut off the gas at the main valve and any secondary valves if necessary. The Facilities Supervisor will retain a list or drawings that identify the locations of all gas shut-off valves, including the main shut-off valve locations.
2. Relocate staff and residents from the affected area or the building following the fire emergency procedures.
3. Instruct occupants to not smoke or use any electrical devices, including cell phones.
4. Call the local HVAC contractor from a phone located well away from the source of the leak. Local contractor will determine if the gas company should be notified.

5. Call 9-1-1 if emergency assistance is required.
6. Notify the Administrator.
   Note: if there is a rupture to a natural gas line within the building, a total emergency evacuation ("Code Green") must be implemented.

CARBON MONOXIDE PROCEDURE

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide (CO) in the air in your building:

- Stale, stuffy air.
- Occupants have symptoms of CO exposure (see below).
- The pilot light on gas-fired equipment keeps going out.
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue.
- Chalky, white powder forms on a chimney or exhaust vent pipe or soot builds up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on.

SYMPTOMS OF CO EXPOSURE

Exposure to CO can cause flu-like symptoms without a fever, including:

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

Where occupants experience these symptoms inside a building but feel better when they go outdoors or away from the building, CO may be the cause.

EMERGENCY PROCEDURES

If a carbon monoxide alarm sounds, there is the potential that higher than normal levels of carbon monoxide are present. The alarm will sound well before the levels reach a dangerous level.

All Staff

If the carbon monoxide alarm sounds:

1. If possible, open the windows and outside doors leading to that area

2. Relocate occupants to another area of the building following the evacuation procedures for a fire emergency.
3. Notify the Supervisor-on-Call.

4. In the event of residents / staff feeling ill, call 9-1-1.

Management

If there is a possibility that occupants have or could be exposed to CO you shall:

1. Shut down equipment in the area that could be the CO source and open a window.
2. Relocate all occupants from the affected area immediately.
3. Call 9-1-1 if medical assistance is required and announce Code 99 – Nurse Alert for immediate nurse assistance.
4. Call the local HVAC contractor to identify the CO source.
5. Inform the Administrator.

ELEVATOR MALFUNCTION

SAFE USE OF ELEVATORS

- Do not smoke in elevator
- Do not use elevator when fire bells are ringing
- Do not jump up and down or wrestle in the elevator. These actions can engage the safety device and then you'll be stuck in the elevator. An elevator cannot distinguish between a malfunctioning component and an exuberant passenger and may engage the safety device, shutting down the elevator.
- Only press the "Up" or "Down" button once; repeated button pushing won't bring an elevator faster. Never press both buttons - you'll just slow down service for yourself and others.
- Once you're on board, press the button for your floor. If you need to keep the doors open longer than the programmed time, press and hold the "Door Open" button.
- If the doors begin to close as you are about to enter, promptly step back and wait for the next car. Using your hand, foot or objects like umbrellas to stop the doors may cause injury to you and damage to the equipment.
- If you hear a buzzing sound, it means the system trying to get the door close, promptly clear the door or press the door open button.
- Always check to be sure the floor surfaces are even before crossing the doorway. If you spot abnormal variations, notify building personnel immediately.

EMERGENCY PROCEDURES

Management

Elevators are a very reliable means of transportation. The regulations governing elevator maintenance and installation require that a number of safety features be provided for every elevator. Occasionally an elevator may malfunction. The safety systems will normally stop the elevator and not allow it to move without the intervention of an elevator technician.

When notified of an elevator malfunction

1. Notify the elevator service company of the elevator malfunction and determine their estimated response time.
2. Determine where the elevator is stopped.
3. Station a person at the floor.
4. Caution elevator occupants not to panic. Reassure the elevator occupants that help is on the way and when it will arrive.

5. Ensure that the elevator occupants do not try to force the doors open.
6. Do not attempt to evacuate elevator occupants.
7. If any occupant is in distress, call the Fire Department for assistance.
8. Follow the directions of the elevator service technician or Fire Department when they arrive.
9. Ensure that the elevator is taken out of service until the necessary repairs are made.

All Staff

If you become aware that someone is trapped in an elevator:

1. Notify supervisory personnel of the situation and the location of the elevator.
2. Reassure the occupants and tell them that help has been called.
3. Follow the directions of the facility management staff.

If you are in an elevator that malfunctions:

1. Remain calm.
2. Press the door open button to determine if the door will open. If you are near the landing, the door will open. Watch your step and slowly step out of the elevator; the floor may, or may not, be leveled with the landing.
3. Push the button for the floor that you were going to
4. Push the button for the floor with which you entered the elevator
5. If you are trapped, call for assistance using two way radio to Registered Staff. Registered Staff will call the service company.
6. Wait for trained emergency personnel to arrive. Even if the air temperature feels warm, there is plenty of air circulating in the elevator and its shaft way.
7. Do not attempt to force the elevator doors open.
8. Do not attempt to evacuate.
9. If someone is in distress notify the facility management staff.
10. Wait for the elevator service company to respond and remove you from the elevator.

OUTBREAK OF COMMUNICABLE DISEASES, A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMIC AND PANDEMIC

OUTBREAK OF COMMUNICABLE DISEASES

INTRODUCTION

An outbreak should be suspected anytime that illness exceeds the normal baseline distribution in a given area, at a given time.

Timely reporting of diseases of public health significance, including outbreaks in long term care homes is mandated and essential for their control, as per Ontario Regulation 135/18 and amendments under the Health Protection and Promotion Act, R.S.O. 1990 c.H.7.

DEFINITIONS

CRITERIA FOR A POTENTIAL RESPIRATORY OUTBREAK

Two cases of Acute Respiratory Infection (ARI) within 48 hours, at least one of which must be laboratory confirmed or Three cases of ARI (laboratory cases of ARI (laboratory confirmation not necessary) occurring within 48 hours in a geographic area (e.g. unit, floor) or More than two units having a case of ARI within 48 hours.

Note: the clinical presentation of influenza in an elderly, fully immunized population can differ from the usual clinical presentation of influenza and typically causes:

- Tiredness (malaise)
- Loss of appetite
- Chills
- Muscle aches (myalgia)
- Headache

In the elderly, fever could be absent or manifest as hypothermia.

An outbreak can be declared at any time by the Medical Officer of Health (MOH), or their designate (usually a Public Health Inspector) or the Infection Control Coordinator or designate for the Golden Dawn.

There will be a discussion between the Grey Bruce Health Unit and the facility regarding whether to declare a facility-wide outbreak or unit specific outbreak when the cases are on one unit and can be confined to that unit.

CASE DEFINITION - RESPIRATORY

Different respiratory viruses often cause similar acute respiratory symptoms. As a result, each respiratory outbreak requires its own case definition. The case definition should be developed for each individual outbreak based on its characteristics. It should be reviewed during the course of the outbreak, and modified, if necessary, to ensure that the majority of cases are captured by definition.

A case definition example: “Any resident or staff presenting with three or more of the following symptoms: fever, sore throat, cough, and runny nose.”

Suspect an outbreak whenever there are two (2) or more cases identified within 48 hours in one geographic area with an acute respiratory illness (ARI) which may include new or worsening:

- Abnormal temperature
- Dry cough
- Productive cough
- Hoarseness/difficulty swallowing
- Chills
- Myalgia

- Runny nose/sneezing
- Nasal congestion/stuffy nose
- Sore throat
- Malaise
- Headache
- Decreased appetite

CRITERIA FOR POTENTIAL ENTERIC OUTBREAK

To be defined as a case within a gastroenteritis, at least one of the following must be met:

1. Two suspected cases of infectious gastroenteritis (nausea, vomiting, and/or diarrhea) in a specific area, such as a home, unit, or floor within 48 hours.

OR

2. Three or more cases of infectious gastroenteritis in a specific area within a four-day period, or three or more units/floors have a case of infectious gastroenteritis within 48 hours.

EMERGENCY PROCEDURES

Responsibilities

Infection Control Coordinator/Designate

1. Cohort and isolate symptomatic residents and place proper signage next to door. Ensure appropriate and sufficient PPE outside room. Restriction of ill residents to their room is recommended as long as it does not cause the resident undue stress or agitation and can be done without applying restraints. Isolation measures should continue until the resident is no longer considered infectious. Length of isolation will depend on isolate and resident response to infection.
2. Notify Charge RN, Infection Prevention & Control Lead (IPAC Lead) and Director of Nursing. For evenings and weekends, notify Manager on call.
3. Notify the Grey Bruce Health Unit, (519) 376-9420 ext 6 or ext 4000 on weekends and public holidays. Have the following information available:
    a. Date of onset/signs & symptoms
    b. Total # of resident/staff on the unit and/or facility
    c. Total # of resident/staff ill at present
    d. Total # of resident/staff immunized against influenza, pneumonia, and covid-19 (for upper respiratory outbreaks only)
    e. Enteric/nasopharyngeal swab kits on hand (check expiry date).
    f. Have Infection Control Manual available for reference 4. Establish outbreak case definition (can wait for ICC)
5. Obtain an outbreak number.
6. Start a line listing of all the symptomatic residents/staff using the Public Health line list form provided by the PHU, available on their website.
7. Implement outbreak control measures to prevent further spread. Refer to Infection Control Manual for specific respiratory or enteric outbreak control measures.
8. Place outbreak signs in appropriate areas:
    a. Front entrance
    b. Emergency entrance, Staff room entrance
    c. Outbreak unit(s)

9. Notify the rest of the team (with PHU this will be your outbreak management team):
    a. Medical Director
    b. Environmental Lead – to increase cleaning on unit and switch disinfectant, if required
    c. Dietary Manager – to provide in-room service if necessary
    d. Infection Prevention & Control Lead – to liase with GBHU etc
    e. Life Enrichment Manager – notification of adjuvant who will notify families of affected residents
    f. Administrator
    g. Director of Nursing
    h. Registered Staff, if available
    i. Other team members:_____

10. Complete Public Health Covid –19 Self-Assessment Audit Tool for Long-term Care Homes, weekly during an outbreak, otherwise bi-weekly.
11. Notify staff and increase surveillance for other residents.
12. Educate residents on an outbreak unit to wash hands frequently, wear a mask (if appropriate), remain in their room, and report any new or worsening symptoms.
13. Educate residents' family members of no general visitors, limited visitation encouraged, hand hygiene, PPE, etc. as needed. Any symptomatic and potentially infectious visitors should be excluded at any time
14. Educate staff on hand hygiene, PPE, donning and doffing, additional cleaning, etc, as needed. Audit compliance.
15. IPAC Lead or designate will update the line listing for GBHU daily, or as changes occur.
16. ICC or designate to be made aware of staff absences that may be related to outbreak. Return to work will be based on the isolate (i.e. 5 days after onset for influenza). If related to outbreak, report to Health & Safety Department.
17. For staff working in more than one facility, this may be discouraged based on isolate and vaccination status (if applicable).
18. All activities should be restricted to the respective unit; no outside groups shall visit.
19. Non-urgent appointments for residents who are on an outbreak unit should be rescheduled
20. In conjunction with GBHU and the outbreak management team, additional measures may be implemented based on containment, isolate, etc.
21. For those who experience distress, please refer to their primary care provider of Employee Assistance Program.

Scheduling Clerks

1. Cohort staff (as best as possible). Exposed staff should continue to work the unit in outbreak; nonexposed staff should not be sent to the unit in outbreak, if possible.

Registered Staff

1. Collect & refrigerate nasopharyngeal swab or enteric specimens as required, including the outbreak number.

All Staff

1. Follow appropriate precautions.

Testing Plan

To be tested annually.

RECOVERY

1. Once the outbreak is declared over, the IPAC Lead will host a debrief sessions with all (resident council, outbreak management team, etc.) and document the findings and recommendations.

DISEASE OF PUBLIC HEALTH SIGNIFICANCE

INTRODUCTION

All communicable disease considered diseases of public health significance or reportable diseases under the Health Protection and Promotion Act, 1990, Ontario Regulation 559/91 shall be reported to the Grey Bruce Health Unit.

DEFINITIONS

Disease of Public Health Significance:

EMERGENCY PROCEDURES

Responsibilities

RPN/Team Leader

1. Implement isolation procedures as per infection control policy and procedure manual.
2. Report any signs and symptoms of suspected infections to the Infection Prevention & Control Lead (IPAC Lead) or designate (or charge nurse after hours).

Infection Prevention & Control Lead/Designate

1. The IPAC Lead or designate will ensure isolation procedures as per infection control policy and procedure manual if not already done.
2. The IPAC Lead or designate will notify the attending physician and the Medical Director if not already done.
3. The IPAC or designate will notify the Grey Bruce Health Unit as per their procedure. Depending on the reportable diseases and in consultation with the GBHU, additional infection prevention and control practices may be initiated (i.e. outbreak management or epidemic/pandemic management).

All Staff

- Follow appropriate precautions.

Testing Plan

To be tested annually.

EPIDEMIC AND PANDEMIC

INTRODUCTION

Refer to Departmental Plans for Details and Assigned Responsibility

DEFINITIONS

Epidemic: a widespread occurrence of an infectious disease in a community or region at a particular time.
Pandemic: an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.
Please note – the terms pandemic and epidemic may be used interchangeably within this document. An epidemic may start at "Phase 4". Depending on the isolate and after consultation with the Grey Bruce Health Unit, not all management strategies may be implemented in each phase; additional management strategies may be implemented.

EMERGENCY PROCEDURES

Pandemic Phase	**Pandemic Management Strategies – Oversight by Internal Pandemic Management Team**
Phase 1 **Novel Virus/Bacterial infections reported** - WHO/PHO Global Declaration Pandemic activity elsewhere in the world – no activity in Canada	**Passive Approach** • Continuity of normal operations – continue to receive admissions • Self-screening- communicate to family members and visitors • Infection Control Coordinator to monitor illness in residents consistent with what is known about virus e.g. influenza-like illness and report as per internal reporting processes • Normal HR functions • Inventory review – document and initiate plan to increase to 4 week in-house inventory • Develop communication plans – staff; residents; family; stakeholders; community/media • Review pandemic plan in light of what is known about the virus

Phase 2 **First case(s) in Canada** Pandemic activity in Canada – no pandemic activity in Province	**Passive Approach** • Continuity of normal operations- continue to receive admissions • Infection Control Coordinator /designate will review surveillance data signs of pandemic strain • Usual reporting procedures to Public Health will be utilized unless advised otherwise • Identify and prioritize time-sensitive tasks • Identify tasks or initiatives that could be put to the side • Staffing plan – what is required to support critical tasks • Normal HR functions – but increase focus on travel to known areas of activity • Business travel reviewed – heightened awareness of areas of activity – cancel unnecessary travel • Communicate travel notices/alerts to staff – engage assistance of HR with employee notifications • Continue to review/monitor inventory

	• Initiate regularly scheduled Pandemic Management Team meetings. • Confirm/clarify roles and responsibilities. • Connect with professional networks to ensure receipt of communiques and identify information sharing opportunities.

Phase 3 **First Cases in Ontario** Pandemic activity in the Province - no pandemic activity in Northern Bruce Peninsula or Grey Bruce area	**Active Approach** □ Near normal operations – continue to receive admissions unless advised otherwise by authorities e.g. MOLTC □ Normal HR functions – but increase focus on travel to known areas of activity □ Follow Provincial directives for planning phases e.g. 2-weeek? □ Review physical access to the Home – door closures? Limited employee access to Main Entrance? Contractors? Deliveries? □ Review essential services and determine business continuity plan – e.g. Physiotherapy; Footcare; Tuck Shop; Volunteers □ Staffing plan – all departments to identify essential vs non-essential staff and business processes □ Establish role of Medical Director and other physicians □ Consider staff who can work from home □ Consider staff who are currently travelling – plan for return? (As directed by authorities at local, regional and provincial levels) □ Consider staff who may work in multiple locations – discuss employer of choice □ Review internal staffing options in the event surge options must be activated □ Ensure mask fit testing is up-to-date and staff lists provided. □ Continue to review/monitor inventory – consider need to ramp up due to challenges with supply/demand □ Establish active screening for all entering the facility – consider use of staff on modified work; consider how to screen staff on all shifts □ Screening guidelines to screeners – provide education – initiate record keeping processes □ Establish connections with networks e.g. AdvantAge Ontario, MOLTC, GBHU etc. for regular updates □ Communicate travel notices/alerts to staff – engage assistance of HR to communicate to staff regarding non-essential travel, consideration to vacation cancellations etc. □ Students – cancel co-op students; nursing students can continue with documented screening, vaccination as applicable etc. □ If College closes, student placements are discontinued □ Operationalize communication plans – internal and external – multi-faceted □ Initiate daily Pandemic Management Team meetings – documentation as per IMS system □ Establish process to track internal costs associated with pandemic – develop list of

	appropriate expenses • Engage Finance to establish cost accounts for revenue and expenses and lost revenue related to pandemic • Determine visitor restrictions – screening – exceptions for extenuating circumstances

Phase 4 **First Case(s) in Grey Bruce or Surrounding Area** Pandemic activity in Timmins	**Active Approach** The WHO and Grey Bruce Health Unit will notify the Home when there is Pandemic spread to the community. ☐ Shift away from normal operations ☐ No admissions to the Home ☐ Residents only to leave for medically necessary procedures, with clear directives regarding PPE and screening. ☐ All departments to operationalize their pandemic plans – directives from GBHU, MOLTC or other authority to be implemented ☐ Consider relevant strategies for employee safety – e.g. physical distancing on units, at breaks ☐ Address staff who have more than one employer ☐ Consider relevant strategies for resident safety – e.g. activity restrictions, dining experience, social distancing while maintaining connection to families ☐ Active monitoring of residents and staff for illness by Infection Control Coordinator ☐ All meetings cancelled unless related to pandemic management ☐ Seek out opportunities to join local, regional and provincial planning tables and information sharing forums. ☐ Determine meeting schedule for Pandemic Management Team ☐ Exception is Joint Occupational Health & Safety meeting – continue in light of need to ensure employee and departmental safety ☐ If not already done, ensure all entrances and exits to the Home are locked ☐ Designate Main Entrance for staff entry – consider lock/buzzer system for entry ☐ If not in place, implement mandatory active screening of all staff and others entering the Home – screening tools as per MOLTC ☐ Strict visitor restrictions ☐ Establish procedure for items being dropped off – consider restrictions e.g. food and beverage restrictions, no-contact process e.g. mail ☐ Establish procedure for items being picked up – e.g. resident laundry ☐ Post signage regarding pandemic ☐ Formalize communication plan – internal and external, and review responsibilities ☐ Cancel any remaining services unless deemed essential – establish processes for access to the Home ☐ Divert resources – each department to operationalize their pandemic plan ☐ Continue to review/monitor inventory including annual rotation of pandemic supply to avoid accidental use of expired supplies. ☐ Increase stock to one month supply of PPE and other critical items as per departmental plans, such as hand hygiene products and cleaning supplies. ☐ Seek inventory and supply preservation strategies – provincial directives, be creative. ☐ Ongoing education and training for staff for personal preparedness, resident care and pandemic management.

	▯ Support diversion of resources – educational material; in-services; cross training over departments. ▯ Provide staff with directives regarding reporting illnesses and return to work. ▯ Focus on mental well-being of staff – provide support; direct to external resources; leverage support of H & S department ▯ Review policy regarding short-term LOA for residents – consider restricting movement out of the Home ▯ Grey Bruce Supports: ○ HR for Collective Agreement issues; o H & S for employee illness, sick time management, return to work o Purchasing – bulk purchases o Finance – accounts for pandemic costs, material and supplies o Updates & directives; media relations; GBHU support and reporting
Phase 5 **Surge in Provincial Cases** Potential for increased spread and/or increased cases in Grey & Bruce	**Active Approach** ▯ Continue as above ▯ Not normal operations ▯ Support Provincial mandate to curb pandemic activity ▯ Compliance with orders from Chief Medical Officer of Health ▯ Review operations and restrict any non-essential functions that may still be occurring – see departmental plans ▯ Quarantine procedures as per WHO, MOLTC, GBHU directives ▯ Set up isolation unit for potential resident case management and/or cohorting ▯ Diversion of resources/shift in work assignments to support key areas of resident care. ▯ In collaboration with HR, investigate potential to streamline hiring process in order to increase workforce capacity quickly ▯ Staff to choose primary employer ▯ Seek out external groups that could safely be added to the team to ensure resident care can be continued e.g. nursing students, provincial professional databases etc., and work with HR on the hiring process ▯ Daily meetings of the Pandemic Management Team ▯ Focus on mental well-being of staff – provide support; direct to external resources; leverage support of H & S department ▯ Track legislative changes that will assist with our management of the pandemic ▯ Initiate advanced care planning conversations with families

Phase 6 **Pandemic Activity in the Golden Dawn**	**Active Approach** • Not normal operations. • Refer to departmental pandemic plans • Infection Control Coordinator takes active lead on internal initiatives • Further eliminate non-essential tasks and services • Focus is on limiting spread
Confirmed cases in the Home	• Operationalize isolation/cohort plan for affected residents • Operationalize staff plan for providing care for residents in isolation and cohorting to reduce potential of spread. • Ongoing staff education and training and communication. • Focus on mental well-being of staff – provide support; direct to external resources; leverage support of H & S department • Active communication with residents and families – Goals of care conversations • Communication with families continues – Quality Coordinator • Communication with SW LHIN/OH - Administrator • PPE/supply preservations strategies • Active ordering of PPE equipment and supplies – leverage bulk buying opportunities; daily inventory reporting • Maintain connection with professional networks to ensure receipt of communiques and identify information sharing opportunities. • Administrator will maintain connection with local, regional and provincial planning and expert tables
Phase 7 **Widespread Disaster**	"Code Orange" Disaster Mode • Compliance with orders from the Chief Medical Officers of Health; Provincial Government • "end-of-life" decisions – who can we save?
Phase 8 **Recovery and Return to Normal Operations**	• Ramp up procedure? • Focus on stakeholder relief/recognition/support – ongoing (i.e. mental health support, EAP, etc.) • Acknowledge all who assisted • Debrief with all stakeholders • Reorder equipment and supplies

RECOVERY

- Focus on stakeholder relief/recognition/support – ongoing (i.e. mental health support, EAP, etc.)
- Acknowledge all who assisted
- Debrief with all stakeholders
- Reorder equipment and supplies

NATURAL DISASTERS AND EXTREME WEATHER EVENTS/FLOODS

INTRODUCTION

The Emergency Management Committee conducted an in-depth Hazard Identification and Risk Assessment (HIRA) determining the most likely hazards and developing the associated detailed response procedures. Detailed below are the environmental hazards:

Hazard	Likelihood	Consequence	Notes:
Avalanche	NA	NA	NA
Drought or Low Water	Very Unlikely	Medium	
Earthquake	Rare	High	
Erosion	Very Unlikely	Low	
Extreme Cold	Certain	High	
Extreme Heat	Likely	Medium	
Flood	Certain	High	
Fog	Probable	Medium	
High Wind	Likely	Medium	
Hurricane	NA	NA	NA
Land Subsidence	Probable	Medium	
Landslide	Unlikely	High	
Lightning	Certain	Low	
Storm Surge	Rare	Medium	
Thunderstorm	Certain	Low	
Tornado	Rare	High	
Wildland Fire	Certain	High	

Winter Weather	Certain	High	

Reference: 2019-8394-Emergency Response Plan

By-law 2019-8394-Emergency Response Plan will be referenced and utilized for particular plans and engagement with the Municipal Emergency Control Group will occur for plan activation.

EMERGENCY PROCEDURES

Plan Activation

- Flood: Refer to 2019-8394 Emergency Response Plan Annex E: Response Plan

  This plan may be activated in whole or in part, as required, by any member of the Municipal Emergency Control Group, with or without the formal declaration of an emergency. Upon activation, all participating agencies will respond in accordance with the procedures described within this plan and in accordance with their agency operating procedures.

- Wildfire: Refer to Golden Dawn Disaster Emergency Procedure Code Grey - Air Exclusion and 2019-8394 Emergency Response Plan Annex F: Wildland Fire Response Plan
  a. When outside air is hazardous to health and safety of residents and staff.
  b. Further action required as directed by Municipal Emergency Control Group.

- Extreme heat: Refer to COT-GM-ADM-C-02 Hot Weather Protocol

  This policy is in effect from May 15th to September 15th, and will also be implemented:
  a. Any day on which the outside temperature forecasted by Environment and Climate Change Canada for the Timmins area is 26 degrees Celsius or above at any point in the day; and
  b. Anytime the temperature anywhere in the Golden Dawn when measured reaches 26 degrees Celsius or above, for the remainder of the day and the following day.

- Extreme cold: Refer to Golden Dawn Disaster Emergency Procedure Utility Disruption HVAC System Failure
  a. Where temperature is such that it will create an uncomfortable environment for residents and the temperature is less than 18°C

Golden Dawn Disaster Emergency Procedure Code Green – Evacuation and Annex A: Total Evacuation Plan may be activated if situation warrants as assessed by Municipal Emergency Control Group and Golden Dawn Administrator.

Roles and Responsibilities

Charge Nurse/ Incident Manager

Responsibilities assigned in activated protocols.

Supervisors/Administrator

Attend emergency management meetings and communicate/direct staff accordingly.

All Staff

Responsibilities assigned in activated protocols.

Testing Plan

Test, review and modify plan and all associated plans annually or as needed to satisfy the requirements of O.Reg 246/22

RECOVERY

- Debrief with all stakeholders
- Review and revise activated plan within 30 days

BOIL WATER ADVISORIES

INTRODUCTION

A boil water advisory is issued when authorities suspect or have confirmed the presence of harmful microorganisms (germs or pathogens, such as E.coli bacteria, giardia parasite, etc.) in a drinking water supply. Drinking water contaminated with these pathogens can make people and animals very sick. Boiling the water will kill the germs and make it safe to drink.

Drinking Water Advisory – Do Not Drink the Water

- A "Do Not Drink the Water" advisory is issued when authorities suspect or have confirmed the presence of unacceptable levels of chemical contaminants in the drinking water supply. Drinking water contaminated with these levels of chemical contaminants can pose health risks if ingested. Boiling or disinfecting the water will not remove the contaminants.

Drinking Water Advisory – Do Not Use the Water

- A "Do Not Use the Water" advisory is issued when authorities suspect or have confirmed the presence of chemical or radiological contaminants in the drinking water supply. Drinking water contaminated with these contaminants can pose health risks if ingested. **Boiling or disinfecting the water will not remove the contaminants.**
- When a "Do Not Use the Water" Advisory has been Issued:
    - **Do not use** the water from the drinking water supply under any circumstances and **avoid** skin contact.
    - **An alternate source of potable water must be used for all water needs.**

EMERGENCY PROCEDURES

Plan Activation

Boil Water Advisory is issued by the Grey Bruce Health Unit. The notification process is usually done by Public Health and the Municipality of Northern Bruce Peninsula, through social media and websites. The Grey Bruce Health Unit calls retirement homes, long-term care homes and food premises, should the boil water advisory affects that facility.

In the event of a "Do Not Drink the Water" advisory:

- Follow the plan below

In the event of a "Do Not Use the Water" advisory

- Follow the plan below in conjunction with the water supply disruption plan

Roles and Responsibilities

Charge Nurse/ Incident Manager

1. Grey Bruce Health Unit contacts charge nurse or other Manager to notify home of boil water advisory.

2. In the event of a boil water advisory during regular business hours, notify the Administrator and facilities supervisor. In the event of a water supply disruption after business hours, contact the Supervisor-on-Call and facilities supervisor.
3. If resident consumes tap water, communicate with MRP and follow associated direction; communicate with family and continue to monitor resident.

Supervisors

1. Follow communication plan.

All Staff

1. Continue to monitor communication and ensure no consumption of tap water.

Facilities Supervisor

1. Shut off water to:
    a. Food prep areas (serveries and kitchen)
    b. Residents sinks
    c. Sinks in main dining room
2. Place sliding lock on doors to public washroom in lobby to permit access to staff and visitors.
3. make arrangements for additional supplies of bottled water or potable water to ensure onsite supplies are equivalent to 4 Liters per person per 12 hours (estimating the number of residents, staff and volunteers on site - e.g. 164 people = 656 liters).
4. If a resident consumes tap water, contact water plant water quality analyst or distribution operator to test water as reassurance.

Maintenance Staff

1. Post Advisory notice at front entrance, entrances to all resident floors and running sinks.

Nutrition Coordinator

1. Ensure that there is a minimum of 251 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

Ward Clerk

1. Take inventory of available wipes and contact local suppliers (usually Shopper's Drug Mart) for additional stock if required

Housekeeping Staff

1. Make disposable wipes available in resident washrooms.
2. Cleaning may continue as normal.

Nursing Staff

1. Ensure oral hygiene performed with bottled or potable water.
2. Bathing continues as normal.

3. Under the direction of the Incident Manager:
    a. Distribute bottled water to residents as required. Emergency water supply will be brought to the main kitchen by Maintenance. Generally, each unit will be provided with a jug of water; if water on unit is used, call main kitchen and the Dietary Aide will replace empty water container.
4. If a resident consumes tap water inform charge nurse.

Laundry

1. Laundry services may continue as normal.

Dietary Staff

1. Use emergency water supply for cooking and drink preparations.
2. Cleaning and dish washing continue as normal.
3. Shut off all plumbed in equipment (coffee maker, Ice machines, juice machines)

Testing Plan

To be tested annually.

RECOVERY

- Resume water supply to:
    - Food prep areas (serveries and kitchen)
    - Residents sinks
    - Sinks in main dining room
- Debrief with all stakeholders
- Review and revise within 30 days of emergency being declared over

Section 4: **UTILITY DISRUPTIONS**

ELECTRICAL POWER FAILURE

INTRODUCTION

Electrical power failures often result from events such as severe storm conditions and power grid failures.

Flashlights will be kept at each nursing station to assist in the event of a power failure.

In the event of an electrical power failure the generator of the facility's Standby Diesel Power system will be automatically activated.

The expected sequence of events will be as follows:

1. When the electrical power to Golden Dawn is interrupted, there will be up to a twenty second delay during which time the Home will be in darkness, then the lights will be restored. The twenty second delay is the time required for the diesel engine to start. If generator fails to start, call maintenance.
2. Normal electrical outlets and lighting will have power throughout the facility. All systems will work as normal.
3. When the outside power comes back on, the diesel generator will automatically shut off after a short cool down period.

EMERGENCY PROCEDURES

Charge Nurse/Incident Manager

1. If electricity remains off for more than 5 minutes, call maintenance.
2. If a power failure lasts for more than 8 hours, notify the maintenance staff who will set up a time to inspect the generator to ensure it is running within specification (e.g. temperature) and ensure adequate fuel.
3. Notify the Supervisor on Call if additional staff are required to assist with tasks due to the power failure.
4. Consider cancelling programs, special events and non-essential activities and reassigning staff in these departments to assist with essential services.

Registered Staff

1. Ensure that all electronic medical equipment is provided with power through the emergency power system.

2. Complete nursing documentation on the appropriate back-up forms until the computers are operational again (if required).
3. Once the power returns take steps to ensure documentation is added to appropriate computer files.

Maintenance Supervisor

1. Ensure that the generators are operating properly.
2. Monitor fuel supply and notify management if fuel supply is running low.
3. The diesel fuel tank holds enough diesel fuel to last 24-48 hours; however, fuel consumption must be monitored every 6 to 8 hours. Order fuel when it reaches ½ tank.

All Staff

In the event of a power failure:

1. Notify supervisory personnel.
2. Specify the location where the power failure occurred and details of the power failure.
3. Maintain normal services for residents and clients as possible.

GENERATOR TESTING

Maintenance Staff

1. The diesel generator will be tested by Maintenance staff at full load on a monthly basis, at minimum.
2. Arrange for the diesel generators to be inspected and tested by an authorized service company twice per year.

HVAC (HEATING, VENTILATION, AIR CONDITIONING) SYSTEM FAILURE

PROCEDURE

Originating Staff

1. In the event of a HVAC system malfunction or breakdown, contact the Maintenance Supervisor.

Maintenance Supervisor

1. Investigate the cause of the malfunction/breakdown and contact the mechanical services company or utility as required.

2. Where the malfunction/breakdown is anticipated to be extended and temperatures are such that it will create an uncomfortable situation for residents (i.e. less than 18C or higher than 26C), notify the Administrator.

Administrator/Incident Manager

HVAC Heating System Failure

1. Upon notification of an HVAC system failure that is anticipated to be extended, Administrator or designate will assume the role of Incident Manager and assess the situation.

2. In consultation with the Maintenance Supervisor, service contractor, and/or utility, assess the potential restoration time and impact of the outage.

3. Keep staff informed of the actions being taken to resolve the outage?

4. In the event that a heating failure will be extended alternative plans shall include:

    a. Providing extra blankets
    b. Ensuring all curtains and blinds are closed
    c. Limiting exterior door use
    d. Moving residents into a lounge or other room where multiple people will provide warmth
    e. Using supplemental heating units (e.g. electric heaters) in closely supervised situations
    f. Discharging appropriate residents to family until the heat is restored
    g. Non-emergency evacuation in situations where the temperature becomes a health or safety risk

HVAC Cooling System Failure

1. Upon notification of an HVAC system failure that is anticipated to be extended, Administrator or designate will assume the role of Incident Manager and assess the situation.

2. In consultation with the Maintenance Supervisor, service contractor, and/or utility, assess the potential restoration time and impact of the outage.

3. Keep staff informed of the actions being taken to resolve the outage

4. In the event that a cooling failure will be extended alternative plans shall include:

    a. Providing cold beverages and snacks (popsicles, ice cream, etc.) to residents and staff
    b. Ensuring all curtains and blinds are closed to areas exposed to the sun
    c. Moving residents out of rooms where the exterior walls are being exposed to the sun
    d. Limiting exterior door use if the outdoor temperature is higher than the indoor temperature
    e. Opening windows and courtyard exterior doors, with proper supervision, during cooler night time hours
    f. Discharging appropriate residents to family until the cooling is restored
    g. Non-emergency evacuation in situations where the temperature becomes a health or safety risk
    h. The auditorium, dining room and activation room has been designated as the Golden Dawn cooling area

5. Complete an unusual incident report outlining the cause and length of the outage and the solutions implemented to restore the HVAC for all HVAC failures that last more than 2 hours where the temperature drops below 20C or exceeds 26C.

WATER SUPPLY DISRUPTION

INTRODUCTION

The major issue with a water system failure is sanitary and hygiene use such as flushing toilets, bathing etc. Water for cooking and drinking should be available or accessible in adequate amounts through bottled water.

Ensure that there is a minimum of 251 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

PROCEDURE

Registered Nurse

In the event of a water supply disruption during regular business hours, notify the Administrator. In the event of a water supply disruption after business hours, contact the Supervisor-on-Call.

Administrator

Designate the Facilities Services Supervisor or an alternate staff member to contact the Public Works Department (during regular business hours) for information regarding the severity and duration of the disruption. The staff member who contacts the Public Works Department will communicate this information to the Charge Nurse, Administrator, , Director of Care, Environmental Lead, Dietary Manager, Nutrition Coordinator and Office Manager.

UNPLANNED DISRUPTION LASTING LESS THAN 4 HOURS

Incident Manager

1. If the water disruption is expected to be less than 4 hours, ensure bottled water is available for distribution.

Director of Resident Care

1. Consider canceling non-essential programs/events/services, especially those involving outside visitors.

All Staff

1. Under the direction of the Incident Manager:
    a. Distribute bottled water to residents as required. Emergency water supply (located in the Dietary Stock Room). Generally, each unit will be provided with a jug of water; if

water on unit is used, call main kitchen and the Dietary Aide will replace empty water container.

b. No baths, dishes or flushing of toilets will occur during the disruption.

c. Emergency supply of wipes (DOCC compostable cloth) located in the Shed will be brought in by Maintenance. This will allow Nursing to continue to provide care during the disruption.

2. Continue your normal work duties.

UNPLANNED DISRUPTION LASTING MORE THAN 4 HOURS

Administrator

1. If the water disruption is anticipated to exceed four (4) hours, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to 4 Liters per person per 12 hours (estimating the number of residents, staff and volunteers on site - e.g. 164 people = 656 liters).
2. Consider initiating the staff fan out list to provide additional staff to allow staff to take breaks off site where there are functioning toilets, to assist with the distribution of water, and additional resident care requirements.
3. Consideration will be given to providing staff extended breaks to use washroom facilities with running water (e.g. contacting a local school, community centre, business, mall etc. to request permission to use their facilities).
4. If it is anticipated there will be a long term water outage the team may encourage family members to take residents home for the duration of the water disruption where practical.
5. Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair assessable with heating and air conditioning.
6. A water tanker can be used to provide water for flushing toilets with either a pump/hoses or trolleys/pails to transport the water.

Dietary Staff

1. Provide hand-mixed juices to the units.
2. Provide disposable dishes to the units to limit the need to wash dishes.
3. Initiate the Three Sink Method in main kitchen for pots and pans.

Nursing Staff

1.. Take inventory of available wipes and contact local suppliers (usually Shopper's Drug Mart) for additional stock if required

Housekeeping Staff

1.. Large pre-prepared disinfectant wipes will be used to clean surfaces and equipment. The stock of wipes will be kept in the Supply Room.

Laundry Staff

1. Laundry Services will be down for the duration of the disruption.
2. Laundry staff will be reassigned to help Maintenance deliver and monitor water supplies.
3. In the event of long lasting disruption, the Environmental Services/Housekeeping/Laundry Supervisor may arrange for laundry to be done off site at local laundromat.
4. Environmental Services/Housekeeping/Laundry Supervisor will contact laundromat and arrange for transportation of laundry and laundry staff.

DISRUPTION LASTING MORE THAN 24 HOURS

Administrator

If the water disruption is expected to exceed 24 hours consider a non-emergency evacuation.

ADVANCED NOTICE OF A DISRUPTION

Administrator

1. In the event the water disruption has advanced notice (e.g. during water line construction) notify all departments in advance. Plans should anticipate a water outage of up to double the anticipated time (e.g. public works advises water will be out for 2 hours, plan for 4 hours).
2. Consider cancelling all non-essential programming when there is advanced notice of a water disruption.
3. For resident home areas, instruct staff to fill tubs up with water and make pails available for the purpose of flushing toilets. Tub room doors will be locked to prevent resident accidents involving a full tub.
4. Ensure bottled water and canned juices are distributed to each floor and program area.
5. Portable toilets can be rented – including wheelchair accessible toilets in trailers with heating and air conditioning

Section 5: **CRISIS COMMUNICATIONS PLAN**

INTRODUCTION

Timely, frequent and ongoing communications to all stakeholders are vital in an emergency. The following outlines the important processes and methods to ensure communication occurs:

- At the beginning of the emergency;
- When there is a significant status change throughout the course of the emergency; and
- When the emergency is over.

All communications to the public and the media will be accurate, concise, coordinated and respect the privacy of staff/residents and their families. In order to maintain a consistent and clear message, all communications with the public and media will be approved by the Administrator or the Incident Manager during a major event.

Golden Dawn Senior Citizen Home will coordinate communications as needed.

EMERGENCY PROCEDURE

Procedure to ensure frequent and ongoing communications:

- Staff, volunteers, students
    1. Staff Schedule Care – Immediate: Registered Staff/Supervisors can send a mass message to notify staff of activation of emergency response and staff responsibilities to their phones.
    2. Memos
    3. Staff meetings
- Residents, substitute decision-makers, caregivers, Residents' Council and Family Council
    1. Family email list
    2. Telephone communication
    3. Letters
    4. Social media
    5. Residents' and Family Council meetings

Access to reliable communication equipment:

- In the event of any communication disruption, the IT department will be contacted to resolve issues.
- Analog phone
    - Purpose: obtaining emergency assistance, at all times, including in the event of a power outage
- Two way radio communication
    - Purpose: In the event of a fire alarm or phone outage the following personnel or designate will return to their workstation and initiate 2 way radio communication. Set all - two way radios on channel - two (2)
    - Location:

Personnel	Location	Radio #
Incident Commander	Main Administration Office	11
Front Office	Main Administration Office	10
Charge RN	West 1 Nursing Station	8
Maintenance Supervisor	Maintenance Office	4
Maintenance Staff	Maintenance Office	14,15
RN East Wing	East 1 Nursing Station	9
Team Leader W1	W1 Nursing Station	6
Team Leader W2	W2 Nursing Station	7
Team Leader E1	E1 Nursing Station	1
Team Leader E2	E2 Nursing Station	2
Team Leader E3	E3 Nursing Station	3
Team Leader SC	SC Nursing Station	5
Kitchen	Kitchen	13
Housekeeping Supervisor	HK Supervisor's Office	12

INCIDENT MANAGER

In an emergency event, the Incident Manager determines if there is a need to designate a Public Information Officer and who will fill that role.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer should be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

Notify the Administrator of any contentious issues that may be in the media.

The Senior IMS group may consider contacting a professional firm to fill the role of the Public Information Officer for major or contentious issues. This firm would not be the public spokesperson, which should be a representative of the organization, but fulfill in providing crisis communications support and guidance.

PUBLIC INFORMATION OFFICER (PIO)

The Public Information Officer(s) must work closely with the organization to ensure that a single consistent message is communicated.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

The PIO will the Incident Manager and Administrator of any contentious issues that may be in the media.

NEWS BRIEFINGS

All staff and volunteers must understand that it is critical to the reputation of the organization that opinions and inaccurate information do not taint the reality of the situation. Therefore, all staff and volunteers are asked not to comment to the media during an emergency.

If a staff member is approached by the media or someone suspected of being the media, their comments should be restricted to a calm and professional statement such as:

“At this time, our staff and emergency services are actively responding to the situation and our residents are our first priority. The Administrator or a representative will have the opportunity to speak to you shortly.”

The staff member should immediately notify the Public Information Officer or their supervisor if they have been approached by a media person or suspected media person. Note that the person may or may not have typical media equipment (e.g. camera, recorder, note pad).

Some media personnel may not present themselves as being part of the media, but as other interested parties including claiming to be family members, residents, etc. in order to engage a

conversation. Therefore, staff should always be conscious of their comments to any person around them. Further, there is no such thing as “off the record”.

When a press release is made, copies should be made available either in hard copy or electronically to all personnel. This ensures that everyone is aware of the same information that is being released to the media in the event that the media follows up with someone else within the organization.

Prior to releasing information, it is critical to ensure that the facts have been confirmed rather than making a premature statement and having to retract or correct it later. Only confirmed facts should be presented. At no time should personal opinions, speculations, feelings or comments regarding the incident or the response be made in public or to the media. Statements should never be made that you would not want quoted in the media.

All media releases must conform to confidentiality policies and legislation.

All media statements should be made using plain English, not using media or medical terminology either written or verbally.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer will be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

The spokesperson for news briefings may be someone other than the Public Information Officer, such as a senior manager, Administrator etc. In these situations, the role of the Public Information Officer is to assist this person with their statements, anticipate potential questions, and draft answers in advance. During the news briefing, the Public Information

Officer acts as the mediator and ends the briefing as soon as the allotted time is done.

If multiple agencies are involved in the incident, the Public Information Officer should work closely with those filling the Public Information Officer role for the other agencies. Working together with other agencies and staff within your facility will ensure that information released is coordinated, sending a single message.

News media staff should be asked for their credentials (e.g. I.D. Cards) before they are included in a media briefing or tour.

Where possible, record all interviews, briefings or other discussions with the media to create a “record” of the interaction for both quality assurance and training purposes.

Keep media outside of the emergency area or zone, or from areas where their presence may cause clients, families and volunteers to feel uncomfortable.

When setting up a media area, it should have easy access without traveling through the facility or area where emergency operations are occurring. Media personnel may want to take pictures (either video or still photos) of the "action", and therefore a guided tour to an area where they can take photos may be appropriate if deemed appropriate by the Administrator, and as long as it is not detrimental to the incident response or facility operations. By offering a media tour in a coordinated manner, it should reduce the media's drive to get into areas that may disrupt operations.

A white board/bulletin board should be set up to display information such as the next briefing time and approved information.

Additional staff should always be present in the media room while any news conference is in session to provide security and ensure the safety of all visitors. Uniformed security staff should be avoided so as to not provide the impression of "controlling" the media.

The Public Information Officer and any assigned speaker to the media will:

1. Be knowledgeable and provide the basic facts of the incident being covered.
2. Briefly respond to questions by providing essential information only.
3. State only the facts and avoid speculation about causes and long-term effects of the incident.
4. Avoid comment on areas that are not within their field of expertise or responsibility by advising that you do not know, but will follow up and obtain further information. Do not use "no comment" or *"we cannot comment",* but use words such as, "*that is out of my personal knowledge and we will get back to you with more information"* or "*we will provide information as soon as it is available"*, or "*as you understand, personal client information cannot be released".*
5. Provide reassurance that appropriate resources are being used to resolve the incident and provide the best possible safety and security to residents, family members, volunteers, staff and others involved in the incident.
6. Do not speak for or comment regarding other organizations unless previously agreed to.

ON-CAMERA INTERVIEWS

If a staff member is asked to participate in an interview, they will:

1. Obtain authorization from the Administrator.

2. Ask the reporter to provide the questions beforehand and plan a properly phrased response. Be prepared however, to be asked questions that are not provided.
3. Listen to each question carefully and take a moment to compose an answer that is factual, concise, and grammatically correct.
4. Understand there is no obligation to answer every question.
5. Be conscious of appearance and body language.
6. Avoid humour as it is incompatible with the seriousness of the situation.

COMMUNICATIONS PLAN PUBLIC INFORMATION OFFICER CHECK LIST REVIEWED May 13, 2024

DATE:

Time Task Completed	
	Time Public Information Officer designated:
	Incident:
	Public Information Officer:
	Incident Manager:
	Senior Director(s) on location:
	Administrator on location:
	Time (Note Below):
	Briefed by Incident Manager.
	Type of incident:
	Time incident started:
	Services on location or involved in responding to the incident. EMS: 9-1-1 Police: 9-1-1 Fire: 9-1-1 Public Health: Public Works: Transit: Other: Other:
	Any injuries or deaths:
	General actions being taken:
	Issues of contention identified:
	Briefing with Administrator or Senior Director.
	Spokesperson identified:
	Interview or press briefing time scheduled for:
	Location for interview/briefing identified:
	Length of interview / briefing:

Time task Completed	
	Briefing notes.
	Key points to communicate:
	The priority is the health and safety of our residents, volunteers and staff.
	All available resources required are being deployed.
	Working closely with emergency/allied agencies (identify key agencies).
	Working to ensure that the incident will not reoccur: Other points:
	Identify questions media may ask: Q: A: Q: A:
	Briefing / press release approved by Administrator / Supervisor on Call.
	Copies of press release printed for distribution to press.
	Record all interviews, briefings, or other discussions with the media
	Notify the Administrator of any contentious issues that may be in the media

Section 6: **RESOURCE PROVISION**

RESOURCES, SUPPLIES, PPE AND EQUIPMENT

Responsibilities

Facilities Supervisor

1. Ensure there is a sufficient supply of all cleaning products, PPE and supplies that are required and must be available in the home for use by the staff in the home.
2. Must take inventory of stock and ensure to order items in a timely fashion when stock is low.
3. Will perform audits to ensure chemical storage rooms have been checked, inventoried and accurately recorded.
4. Maintain supplier contact information.

Maintenance staff

1. Receiving
    a. Ensure all products remain in receiving area (behind locked doors) until able to bring them to the appropriate storage area.
    b. Rotate stock ensuring to put new stock behind old stock to avoid product expiring before use.
    c. Bring any documentation such as shipping statements to the appropriate supervisor.
2. Storage and Delivery
    a. Ensure that all chemicals are properly labelled and stored where residents cannot gain access. Janitor rooms must have the door closed and locked at all times. All supplies are to be kept in locked storage rooms, which are inaccessible to residents and visitors.
    b. Staff must ensure that all hazardous substances on the cart are kept in direct supervision while in transit to protect residents from accessing harmful chemicals.
    c. Ensure Housekeeping chemical room and nursing areas are fully stocked with all items required to do their job properly.
    d. To inform Facilities Supervisor when items are low in the chemical storage room, linen, product and PPE storage.

FOOD AND FLUID PROVISION

Introduction

- A supply of Emergency water (24 L) is stored in the Dietary Stock room. This supply contains a “Best Before” date and is rotated using “First in-First out” as needed. In the event of an interruption of water services this supply is brought to the Kitchen for cooking and distribution to the units for consumption.
- There is a seven (7) day supply of dry goods and a three (3) day supply of fresh goods available at all times to prevent a disruption of service in the event of an emergency.

- Sysco can deliver food on Thursday's and Flanagan can deliver Tuesday and Thursdays.Several local grocers will accept Purchase orders from the facility to purchase emergency food items.

Responsibilities

Nutrition Coordinator

1. Ensure safe receiving and storage of all perishable and non-perishable food items.
2. Maintain a four (4) day supply of perishable food and a seven (7) day supply of nonperishable food and enteral feeding.
3. Ensure that there is a minimum of 24 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

Dietitian

1. In the event of an emergency situation the Dietitian & Nutrition Coordinator in conjunction with the Incident commander will determine what measures are required.
    a. Safe cooking and drinking water is available from storage.
    b. Emergency menus for loss of water, loss of power, 7 & 14 Day Pandemic Emergency menus are available from our major food suppliers and purchasing.

Facilities Supervisor

1. Maintain emergency drinking water contract (see emergency contact list – Fortier Beverages) and contact when services required.
2. Contact water tanker service providers to obtain potable water through City of Timmins public works.

PHARMACY SERVICES

Responsibilities

Pharmacy Service Provider

1. Ensure medication is available on a 24-hour basis, 7 days per week (Through Medisystem Pharmacy)
    a. Emergency medication may be immediately accessible from an Emergency Starter Box in the home.
    b. After hours service include the pharmacy pager/cell number, Clinical Consultant Pharmacist cell number and local emergency pharmacy number
2. In the event of a disaster, fire or other forced evacuation of the facility, Medisystem Pharmacy will undertake the following, as the need arises:
    a. replacement of all required medications
    b. delivery of required medication to alternative locations
    c. print and deliver or provide in an electronic format MAR Sheets to agreed-upon locations
    d. supply ongoing refills to the alternative locations for the duration of the evacuation

Section 7: **APPENDICES**

A. Human Resources Audit
B. Floor Plans & Building Drawings
C. Fire Watch Checklists
D. Evacuation Log
E. Missing Person Search Zone
F. IMS Checklists
G. Emergency Code Checklists
H. Action Sheets
I. Emergency Phone Numbers

ANNEX A Total Evacuation Plan
ANNEX B Point Click Care – Emergency Preparedness
ANNEX C Provincial Long-Term Care Home Covid-19 Outbreak Standard Operating Procedures

Appendix A: Human resources AUDIT

HUMAN RESOURCES AUDIT			
	DAYS	AFTERNOONS	NIGHTS (1800-0600)
Administrator	1 - 4.5 days		
Office Manager	1 - 3 days		
Administrative Assistance	1 – 4.5 days		
Director Of Nursing	1 – 4.5 days		
RAI Co-ordinator	1 – 4 days		
Infection Control Lead	1 – 3 days		
Registered Staff	2 – 12 hr shift 7 days week		
Registered Staff - Skin & Wound	1 – 8 hr shift per week		1
Registered Staff - RAO	1 – 8 hr shift per week		
Registered Staff – IPAC	1 – 8 hr shift per week		
Registered Staff – Foot Care	1 – 8 hr shift per 4-6 weeks		
Personal Support Worker	6 (0600-1400)	5 (1400-2200)	2 (1800-0600)
Support Aids	1	1	
Dietary Manager	1 – 8 hr shift 3 days		
Dietary Staff	2	2	
Dietitian	1 – day per week		
Housekeeping Staff	1		
Laundry Staff	1		
Environmental Lead	1		
Maintenance	1		
Life Enrichment Manager	1 – 4 days		
Life Enrichment Staff	2	1	
Physio	1 – weekly		
Physio Assistant	1 – 4 days		
Scheduling Co-ordinator	1 – 4.5 days		
Student Placement Co-ordinator	1 – 3 days		
Hair Salon	1 – Wed		
Chaplain	1		
IT	1 – on call		

Appendix B: Building Drawings & Floor Plans

Appendix C: FIRE watch checklists

Golden Dawn Fire Watch Checklists

(Updated13 May, 2024)

Staff Assigned: _____ Date: _____

AREA: CENTER WING

	Time from 1 am to 2400																						
Area/Room	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	22	23	24
Stairwell “1”																								
Maintenance Storage																								
Hallway to Courtyard																								
Fenced Courtyard																								
Between Fence and Bushes																								
Charting Room																								
Nurses Station																								
Medication Room																								
Abbey Area																								
Soiled Utility Room																								
Clean Utility Room																								
Oxygen Room																								
113P																								

Golden Dawn Fire Watch Checklists

(Updated13 May, 2024)

Staff Assigned: _____ Date: _____

AREA: SOUTH/ADMIN WING

	Time from 1 am to 2400																							
Front Entrance Foyer	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Hallway & Screeners Desk																								
Administrator Office																								
Office																								
Common Room																								
Staff Room																								
Staff Room Exit Hall																								
Men’s Locker Room																								
Men’s Washroom																								
Women’s Locker Room																								
Women’s Washroom																								
Office Hallway																								
Public Washroom																								
Activation/Storage/ Mechanical Room																								
RAI Office																								
DOC Office																								
Hair Salon																								

Golden Dawn Fire Watch Checklists

(Updated13 May, 2024)

Staff Assigned: _____ Date: _____

AREA: EAST WING

	Time from 1 am to 2400																						
Area/Room	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
TV Room																								
113																								
112																								
111																								
110																								
109																								
108																								
107																								
106																								
Storage Linen Closet																								
105																								
104																								
103																								
102																								
101																								
100																								
Mattress Storage Room																								
Linen Storage #2																								
Staff Rest Room																								
Foyer by Dining Room																								
Dining Room																								
Ambulance Entrance																								
Entrance to Elevator																								

Golden Dawn Fire Watch Checklists

(Updated13 May, 2024)

Staff Assigned: _____ Date: _____

AREA: SERVICE ENTRANCE WING

	Time from 1 am to 2400																							
Area/Room	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Dietary Manager /Environmental Lead Office																								
Garbage Room																								
Storage Room																								
Kitchen Storage Room																								
Walk in Cooler – 2-door access																								
Alley beside furnace																								
Kitchen																								
Dishwashing Area																								
Dry Storage Area																								
Walk in Freezer																								

Golden Dawn Fire Watch Checklists

(Updated13 May, 2024)

Staff Assigned: _____ Date: _____

AREA: WEST WING

	Time from 1 am to 2400																							
Area/Room	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Staff Washroom																								
Janitor Room																								
114																								
115																								
Tub Room																								
Wheelchair Wash Room																								
Linen Closet																								
Laundry Room																								
116																								
117																								
Service Boiler Room																								
Back Room from Boiler Room																								
118																								
119																								
Auditorium + 2 storage closets																								
Back Hallway of Auditorium																								
120																								
121																								
Stairwell “2”																								

Appendix D: EVACUATION LOG

	EVACUATION LOG		
	NAME	**MODE OF TRANSPORTATION**	**DESTINATION**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

	EVACUATION LOG		
	NAME	**MODE OF TRANSPORTATION**	**DESTINATION**
20			
21			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			

EVACUATION LOG		
NAME	**MODE OF TRANSPORTATION**	**DESTINATION**

Appendix E: Missing Person search zone

Golden Dawn Missing Person Search Zone

Staff Assigned: _____ Date: _____

AREA: CENTER WING

Area/Room	Staff Initial
Stairwell “1”	
Maintenance Storage	
Hallway to Courtyard	
Fenced Courtyard	
Between Fence and Bushes	
Charting Room	
Nurses Station	
Medication Room	
Abbey Area	
Soiled Utility Room	
Clean Utility Room	
Oxygen Room	
113P	

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the burgundy magnetic ”Vacancy” indicator is flipped.
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.

Golden Dawn Missing Person Search Zone

Staff Assigned: _____ Date: _____

AREA: SOUTH/ADMIN WING

Area/Room	Staff Initial
Front Entrance Foyer	
Hallway & Screeners Desk	
Administrator Office	
Office	
Common Room	
Staff Room	
Staff Room Exit Hall	
Men's Locker Room	
Men's Washroom	
Women's Locker Room	
Women's Washroom	
Office Hallway	
Public Washroom	
Activation/Storage/Mechanical Room	
RAI Office	
DOC Office	
Hair Salon	

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the burgundy magnetic "Vacancy" indicator is flipped.
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.

Golden Dawn Missing Person Search Zone

Staff Assigned: _____ Date: _____

AREA: EAST WING

Area/Room	Staff Initial
TV Room	
113	
112	
111	
110	
109	
108	
107	
106	
Storage Linen Closet	
105	
104	
103	
102	
101	
100	
Mattress Storage Room	
Linen Storage #2	
Staff Rest Room	
Foyer by Dining Room	
Dining Room	
Ambulance Entrance	
Entrance to Elevator	

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the burgundy magnetic ”Vacancy” indicator is flipped.
- Report back to the RN/RPN with the completed search zone checklist and follow their directions

Golden Dawn Missing Person Search Zone

Staff Assigned: _____ Date: _____

AREA: SERVICE ENTRANCE HALLWAY

Area/Room	Staff Initial
Dietary Manager/Environmental Lead Office	
Garbage Room	
Storage Room	
Kitchen Storage Room	
Walk in Fridge	
Kitchen	
Dishwashing Area	
Food Storage Area	
Walk in Freezer	

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the burgundy magnetic ”Vacancy” indicator is flipped.
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.

Golden Dawn Missing Person Search Zone

Staff Assigned: _____ Date: _____

AREA: WEST WING

Area/Room	Staff Initial
Staff Washroom	
Janitor Room	
114	
115	
Tub Room	
Wheelchair Wash Room	
Linen Closet	
Laundry Room	
116	
117	
Service Boiler Room	
Back Room from Boiler Room	
118	
119	
Auditorium – 2 storage closets	
Back Hallway of Auditorium	
120	
121	
Stairwell “2”	

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the burgundy magnetic ”Vacancy” indicator is flipped.
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.

Appendix F: IMS Checklists

Senior IMS Checklists Reviewed

Incident Manager Checklist

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

Name: _____

Date/Time Task Completed	Duties of the Senior IMS	Staff Name
	Initiate the Incident Management System	
	Read this entire Job Action Sheet	
	Delegate an Operations Manager (if required)	
	Delegate a Planning Manager (if required)	
	Delegate a Logistics Manager (if required)	
	Delegate an Administration/Finance Manager (if required)	
	Delegate an Information Officer (if required)	
	Delegate a Safety Officer (If required)	
	Delegate a Liaison Officer (if required)	
	Announce a status/action plan meeting of IMS Team	
	Receive status report and discuss initial action plan with team	
	Receive initial facility damage survey report (Logistics function)	
	Obtain resident/client census and status from planning manager	
	Authorize resources as requested by IMS team	
	Establish a meeting cycle and ensure team meets as per meeting cycle	
	Consult with IMS Team on needs for staff and volunteer food and shelter	
	Approve media releases submitted by Information Officer	

Operations Check List

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

Name: _____

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

Logistics Check List

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

Name: _____

Date/Time Task Completed	Duties of the Logistics Manager	Staff Name
	Receive appointment and briefing from the Incident Manager	
	Be familiar with this function and sub-functions (HR, Facilities Management, Security)	
	Delegate assistants as required (Insert names) • Human Resources _____ • Facilities Management Leader_____ • Security Leader _____	
	Brief assistants on situation and action plan	
	Establish a regular meeting cycle of Logistics team members	
	Obtain a damage assessment from the Facilities Management Leader	
	Assess status of telephone and computer systems	
	Assess status of fire alarm system - notify Incident Manager if the fire alarm is out of service and a fire watch is required	
	Establish a system of runners to convey important messages	
	Coordinate efforts of IT, telephone and fire alarm service companies	
	Provide 2-way radios / walkie talkies where required	
	Contact each department to determine equipment and supply needs	
	Create lists of available suppliers, pricing etc.	
	Obtain needed supplies with the assistance of Administration/Finance Manager	
	Attend IMS team meetings	

Planning Check List

Role: The planning function develops scenario/resource projections for the senior management team and undertakes long range planning (more than 2 hours).

Name: _____

Date/Time Task Completed	Duties of the Planning Manager Reviewed	Staff Name
	Receive appointment and briefing from Incident Manager	
	Read this entire Job Action Sheet	
	Establish a status board and keep it current	
	Research the factors surrounding the emergency	
	Ensure all IMS team members have appropriate policies/plans	
	Monitor the external influences (e.g. weather, utilities, staffing, supplies etc.)	
	Project the possible situation(s) in 2 hours (short term)	
	Prepare options to respond to the possible long term situation	
	Prepare a plan / strategy to restore the facility to normal operations	
	Estimate the resource requirements and financial implications (in cooperation with the Administration/Finance Manager) to return to normal operations	
	Attend IMS team meetings	

Administration/Financial Checklist

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

Name: _____Revised_____

Date/Time Task Completed	Duties of the Administration/Financial Manager	Staff Name
	Receive appointment and briefing from Incident Manager	
	Ensure documentation of all IMS team meetings, decisions and actions	
	Receive a copy of all documentation / reports from all IMS functions and organize the documentation	
	Ensure a copy of all outgoing and incoming communications is maintained	
	Maintain chronological chart of all key incidents, actions etc.	
	Monitor and document all purchases and expenditures	
	Maintain written reports summarizing financial data relative to personnel costs, supplies and miscellaneous expenses	
	Monitor current financial balances and credit limits	
	Request approval to extend lines of credit or other banking services as required	
	Negotiate terms of payment for supplies and emergency purchases	
	Document expenditures for reimbursement submissions	
	Notify insurance company of the incident (document time and who was spoken to)	
	Receive and document alleged claims. Use photographs and video to document where appropriate	
	Obtain statements from all claimants and witnesses	
	Enlist the assistance of the Safety Officer and Security function where appropriate	
	Notify and update the facility's legal services and enlist their counsel as required	
	Review contracts or agreements being negotiated on short notice with vendors	
	Provide a summary of all alleged claims for the legal counsel and Administrator	

	Provide or arrange for administrative support to IMS Team	
	Appoint administrative support staff / volunteers as required	
	Administrative support services may include appointing runners for messaging as required	
	Attend IMS team meetings	

Public Information Checklist

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

Name: _____

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

Public Information Communications Plan

Date: _____

Date/Time Task Completed	Public Information Communication Manager	Staff name
	Time Public Information Officer designated	
	Incident	
	Public Information Officer	
	Incident Manager	
	Senior Director(s) on location	
	Administrator on location	
	Briefed by Incident Manager	
	Type of incident	
	Time incident started	
	Services on location or involved in responding to the incident	
	EMS: 9-1-1	
	Police: 9-1-1	
	Fire: 9-1-1	
	Public Health	
	Public Works	
	Transit	
	Other	
	Other	
	Any injuries or deaths	
	General actions being taken	
	Issues of contention identified	
	Briefing with Administrator or Delegate	
	Spokesperson identified	
	Interview or press briefing time scheduled for	
	Location for interview / briefing identified	
	Length of interview / briefing	
	Briefing notes	

Key points to communicate:

- The priority is the health and safety of our residents, volunteers and staff.
- All available resources required are being deployed.
- Working closely with emergency / allied agencies (identify key agencies)

_____
_____

- Working to ensure that the incident will not reoccur.

- Other points:

_____
_____

Identify questions media may ask:

Q: _____

A: _____

Q: _____

A: _____

Date/Time Task Completed	Public Information Communication Manager	Staff Name
	Briefing / press release approved by Administrator / Supervisor on Call	
	Copies of press release printed for distribution to press	
	Record all interviews, briefings, or other discussions with the media	
	Notify the Administrator of any contentious issues that may be in the media	

Liaison Check List

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

Name: _____

Date/Time Task Completed	Duties of the Liaison Manager	Staff Name
	Receive appointment and briefing from Incident Manager	
	Read this entire Job Action sheet	
	Establish a list of key contacts from other agencies Establish a list of key contacts from other agencies • EMS • Fire • Municipal Emergency Operation Center (EOC): • Other agencies	
	Code Green - obtain information on the number of clients that need to be transferred and the type of care required	
	Request assistance from other agencies	
	Respond to requests and issues from IMS team regarding organizational issues	
	Assist the Operations and Logistics Managers in soliciting additional staffing resources from other agencies (as required)	
	Appoint Liaison support staff as required	
	Attend IMS team meetings	

Safety Check List

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

Name: _____

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

Human Resources Check List

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

Time (Note Below):

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

Security Check List

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

Name: _____

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

Information Technology / Tele-communications Check List

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

Name: _____

Date/Time Task Completed	Duties of the Information Technology Manager	Staff Name
	Assess status of telephone and computer systems	
	Assess status of fire alarm system	
	Notify Logistics Manager if the fire alarm system is out of service and a fire watch is required	
	Establish a system of runners to convey important messages	
	Coordinate efforts of IT, telephone and fire alarm service companies	
	Provide 2-way radios where required	
	Provide regular briefings to the Logistics Manager	

Facilities Management Check List

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

Name: _____

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

Appendix G: Emergency Code Checklists

CODE RED – FIRE: INCIDENT MANAGER CHECK LIST

Initial Incident Manager: _____ Date:_____

Task assigned to:	**Incident Manager's Duties**	Time	Delegated by (initials):
	Determine the source of the fire (alarm) or smoke		
	Confirm there is a fire		
	Ensure the fire alarm system has been activated		
	Put on the Yellow Safety Vest		
	Ensure evacuation of the fire area begins immediately, starting with the rooms closest to the fire location		
	Delegate a staff to announce: "Attention, attention, Code Red (location/department)" **x 3** over the paging system (paging System instructions are on the same form as the Emergency Codes pinned on the wall behind the phone)		
	Delegate a staff to announce: "Attention, attention, Code Red (location/department)" **x 3** over the 2-way radio's		
	Delegate a staff to get the 2-way radio from West or East		
	If West has not informed the Incident Manager that 911 has been called, delegate a staff to call the Fire Department (9-1-1)		
	Delegate a staff to meet the firefighters at the front door and escort them to the area of the fire. Ensure the front door is unlocked.		

Note: Press the local "ACK" button on the affected unit fire panel to acknowledge the fire bell to prevent automatic 2nd stage fire bell

CODE RED – FIRE: INCIDENT MANAGER CHECK LIST

Initial Incident Manager: _____ Date: _____

Task assigned to:	**Incident Manager's Duties**	Time	Delegated by (initials):
	Delegate staff (as available) to go to the following areas to pick up the assignment sheets with their action sheets which need to be signed off and returned to the Incident Commander: 1. East 2. West 3. South **Check off the action sheets as they are returned**		
	Delegate staff (as available) to monitor exit doors and account for all residents and visitors in the following areas. Action sheets need to be signed and returned to the Incident Commander once completed. • Front Entrance • Ambulance Entrance • Service Entrance • Staff room Exit **Check off the action sheets as they are returned**		
	Provide assistance to the fire department as requested		
	Registered Staff/Supervisors can do a Staff Schedule Care mass message to notify staff if there is an indication of a true Emergency to their phones.		
	Ensure that the Administrator and the Manager on-call are aware of the emergency		

CODE RED – FIRE: INCIDENT MANAGER CHECK LIST

Initial Incident Manager: _____ Date: _____

Task assigned to:	**Incident Manager's Duties**	Time	Delegated by (initials):
	Refer to Code Green Checklist *** Notify the Fire department of any missing/unaccounted for residents ***		
	After the incident has concluded:		
	Delegate a staff to announce: "Attention, attention, Code Red all clear" **x 3** over the 2 way radio's		
	Reset the fire alarm system(s), mag lock system, ventilation system, and unlock the elevators		
	Ensure that the Maintenance Supervisor (or designate) is advised of any fire equipment that was used		
	Complete the appropriate incident reports and forward to the Administrative Assistant for scanning		
	Document staff in attendance and forward to the Administrative Assistant for scanning		

CODE GREEN - INCIDENT MANAGER CHECKLIST

Initial Incident Manager: _____ Date: _____

Code Green-Is a Horizontal, vertical, partial or total evacuation

Task assigned to:	Incident Manager's Duties	Time	Delegated by (initial):
	Determine the type of Emergency		
	Determine the need for a Code Green (persons in danger)		
	Determine the extent of a Code Green (horizontal, vertical, partial or total evacuation)		
	Activate Stage 1 Fire Alarm		
	Activate Stage 2 Fire Alarm for a total evacuation		
	Delegate a staff member to announce Attention Attention "Code Green (location)" x3 over the radio's		
	Call 9-1-1 stating the type and location of the Emergency		
	Registered Staff/Supervisors can do a Staff Schedule Care mass message to notify staff if there is an Emergency to their phones.		
	Emergency Response Team will determine where the transfer facilities will be		
	The two outside muster points for safe Resident pickup sites-Parking lot and receiving area		
	Delegate Registered Staff to each muster points to supervise and be responsible for liaison with the Incident Manager		
	Direct the activities of all Golden Dawn personnel		
	Maintain a record of evacuees (attached Evacuation Log) i.e. Resident assignment Sheet		
	Notify the Fire Department (9-1-1) or appropriate agency of persons not accounted for and their last known location		
	Ensure all residents are identified with name badges		
	Coordinate the transportation of residents		
	Be responsible for listing the residents' destinations		

CODE GREEN - INCIDENT MANAGER CHECKLIST

Initial Incident Manager: _____ Date: _____

Task assigned to:	Incident Manager's Duties	Time	Delegated by (initial):
	Bring Visitor and volunteer logs to the command post, and access staff schedule to assist with accounting for all staff visitors and volunteers		
	Provide for the continuing care of the residents		
	Access Senior Incident Manager Protocol		
	Notify the MOLTC		

CODE BLACK – Bomb Threat INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Time Task Completed	Duties of the Code Black Manager	Staff Name
	Time original threat received	
	Original threat reported to Charge Nurse by:	
	The Charge Nurse becomes the Incident Manager until relieved by a more senior staff member	
	The Incident Manager advises all staff and visitors "Code Black – Please turn off all cell phones and wireless phones." (repeat three times)	
	Police notified via 9-1-1, by person who received the threat	
	Command post established	
	If the threat identified a specific location or a suspicious object is located commence an evacuation of the floor - staff assigned to search all other areas to ensure there is not a secondary device	
	If the threat is non-specific, staff assigned to search the entire Home	
	Police arrived at Golden Dawn	
	Police assess the situation and provide direction	
	*MOHLTC notified	
	Administrator will determine if the senior IMS team needs to be organized	
	Staff assigned to search the ***Golden Dawn East***	
	Staff assigned to search the ***Golden Dawn Service Ent.***	
	Staff assigned to search the ***Golden Dawn West***	
	Staff assigned to search the ***Golden Dawn South/Admin***	
	Staff assigned to search the ***Golden Dawn Centre***	

CODE BLACK – Bomb Threat INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Time Task Completed	Duties of the Code Black Manager	Staff Name
	Staff assigned to search ***grounds & parking***	
	Suspicious Package Located	
	Suspicious package located. Location:	
	By whom:	
	Police notified of suspicious package. Officer:	
	Police advise what areas need to be evacuated	
	Searchers updated (continue searching other areas)	
	Administrator or Supervisor on Call notified	
	MOHLTC notified by Administrator or Supervisor on Call	
	After All Clear Given	
	Initial debriefing completed at Central Command (Common Room)	
	MOHLTC Incident Report completed	

Notes:

_____
_____
_____
_____
_____
_____

CODE GREY – AIR EXCLUSION INCIDENT MANAGER'S CHECKLIST

Date: _____ Incident Manager: _____

Time Task Completed	Duties of the Code Grey Incident Manager Reviewed 9-Feb-22	Staff Name
	Notification received from	
	Agency	
	Contact Information	
	Known information	
	Delegate a staff to announce Attention Attention Code Grey 3 x	
	Notify all staff of the Code Grey "Code Grey – please close all open windows and exterior doors"	
	Notify the Supervisor on Call	
	Delegate Maintenance to Shut down the Ventilation systems	
	Assign staff to each entrance to restrict the exit of residents, staff and visitors from the facility to reduce harmful effects from outside air. Ensure that each door closes completely before opening the next door in the vestibules. (Although you cannot legally prevent a person from exiting the building, you can explain the potential hazards of the outdoor air quality.)	
	Monitor residents, staff and visitors for abnormal breathing difficulties	
	Establish contact with the local emergency services (Fire / Police) as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility	

CODE YELLOW - MISSING / LOST RESIDENT RESPONSE
INCIDENT MANAGER CHECKLIST

Date: _____ Resident Name: _____ Incident Manager: _____
Missing resident reported to Registered Staff: _____
Missing resident reported by: _____
Time noticed missing by the staff member: _____

Registered Staff becomes the Incident Manager until relieved by the Supervisor on Call

Time Task Completed	Incident Manager's Tasks (Wears the Yellow Safety Vest)	Staff Initial	Task Assigned to
	Search of wing initiated. Checklist is in the Emergency Checklist Binder (Any Staff can initiate the search of the wing)		
	Delegate a staff to check resident sign in/out in binders & screeners clipboard for resident's whereabouts		
	Delegate a staff to Announce: *"Attention please, would (resident/client's name) please return to (wing/program area) immediately."3 X* ***Repeat after 1 min.*** ***Ensure all radios in the building are turned on.***		
	Delegate a staff member to contact visitors who may have been visiting the resident today		
	Delegate a staff member to check the front lobby, smoking areas and courtyards		
	Proceed to the Command Center (Common Room) for Code Yellow		
	10 minutes after Registered Staff notified (total of 15 minutes since resident went missing) regardless of the completeness of the current search for the Resident • Delegate a staff to Announce, "Code Yellow Code Yellow" (Residents/Clients' name and the unit) 3 X **Repeat after 1 min.** • Call P.O.A. of missing Resident/Client • P.O.A.'s name: _____ • Incident Manager to call 9-1-1 (Police complete the missing person's report)		

	• Delegate a staff to call the Supervisor on Call who will provide direction with the Staff Emergency Call List		

CODE YELLOW - MISSING / LOST RESIDENT RESPONSE
INCIDENT MANAGER CHECKLIST

Date: _____

Resident Name: _____ Incident Manager: _____

Time Task Completed		Staff Initial	Task Assigned to
	• Supervisor on Call will check surveillance cameras in the Nursing Station • Delegate a staff to print off a picture of the missing Resident/Client (Pictures can be found on PCC)		
	Initiate a full building search with clipboards (floor plan + key located in Common Room cabinet). Refer to Appendix G In the Emergency Checklist Binder		
	Time the Police arrived at facility		
	Supervisor on Call: • Call the Ministry of Health and Long-Term Care after hours pager (1-888-999-6973) and obtain Reference # if applicable • Complete online Critical Incident Report as per MOHLTC Critical Incident Reporting guidelines/algorithm for missing resident		

CODE YELLOW - MISSING / LOST RESIDENT RESPONSE
INCIDENT MANAGER CHECKLIST

Date: _____

Resident Name: _____ Incident Manager: _____

Time Task Completed	Zones	Staff Completing the Search	Staff initial who completed the search
	Initial Search of the Facility **(Use Missing Person Search Zone Checklist in Emergency Checklist Binder)**		
	East Wing		
	West Wing		
	South/Admin Wing		
	Courtyard		

Notes:

_____

CODE YELLOW - MISSING / LOST RESIDENT RESPONSE INCIDENT MANAGER CHECKLIST

Date: _____

Resident Name: _____ Incident Manager: _____

Time Task Completed	*Zones* Assign different staff to search each area.	Staff Completing the Search	Staff initial who completed the search
	Second Search of the Facility (Use Missing Person Search Zone Checklist in Emergency Checklist Binder)		
	East Wing		
	West Wing		
	South/Admin Wing		
	Centre Wing		
	Service Wing		

Notes: _____
_____
_____

CODE YELLOW - MISSING / LOST RESIDENT RESPONSE INCIDENT MANAGER CHECKLIST

Date: _____

Resident Name: _____ Incident Manager: _____

Resident Located

Where: _____Time: _____

By whom: _____

Resident condition: _____

Medical Assistance required yes □ No □

Time Task Completed		Staff Initial
	Delegate a staff to call the P.O.A.	
	Delegate a staff to Notify the Police (9-1-1)	
	Delegate a staff to Announce, or have announced All Clear *"Code Yellow Canceled" 3X*	
	Delegate a staff to call the Supervisor on Call who will notify the Administrator	
	Ministry of Health and Long Term Care notified*	
	Initial Debriefing (Within 1 business day)*	
	Ministry of Health and Long Term Care Incident Report complete if applicable*	

Comments: _____
_____

* Asterisk notes calls made by the Administrator or Supervisor on Call

CODE WHITE – VIOLENCE SITUATION INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Announce Code White 3 times and specify location • Attention Attention *"Code White (location)"* • *Attention Attention "Code White (location)"* • *Attention Attention "Code White (location)"*
	Call Police (9-1-1)
	Direct staff to remove all persons from the area of the threat
	Identify (if possible) the identity of the person(s) involved
	Determine if any weapons are involved
	Only as a last resort to stop an ongoing attack (and no weapons are involved), assemble a team to restrain the threat – 5 to 6 people to simultaneously intervene)
	Confirm that a staff member is meeting the police at the main entrance with directions and alternate access to the situation
	Ensure first aid is provided (when safe to do so) and EMS is called for any injuries.
	After the incident: Announce Code White All Clear 3 times • Attention Attention "Code White all clear" • Attention Attention "Code White all clear" • Attention Attention "Code White all clear"
	Ensure Supervisor on-call (after hours) is notified of incident
	Contact any POAs of residents who may have been involved/affected by the incident
	Ensure WSIB reports are completed for any injured staff
	Ensure all staff involved in the incident (including those involved in evacuating the area) complete an Incident Report on their observations and actions – prior to leaving
	Complete the incident report and forward it to the Administrator or DOC.

CODE BROWN – EMERGENCY INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Time (Note Below):

_____ Time spill discovered

Person discovering the spill: _____

Location of the spill: _____

Substance spilled (if known): _____

_____ Charge Nurse or area Supervisor notified will assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor or Supervisor on Call

Time Task Completed	Code Brown –Incident Manager
	Cordon off the area and establish a safety perimeter
	Determine if an evacuation is required: YES NO (circle)
	Page Code Green (location) x3 if emergency evacuation of area required
	Notify the Supervisor on Call if evacuation is required or injuries occurred. (Supervisor on Call will notify the Administrator and Maintenance Supervisor)
	Incident Manager will notify all staff of the "Code Brown" identifying the location (floor/area)
	If the spill is of a flammable material or there are any injuries/illness from the spilled material:
	Call 9-1-1
	Clear the area of all persons
	Ensure there are no sources of ignition
	Ventilate the area by opening windows (if safe to do so)

CODE BROWN – EMERGENCY INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Time Task Completed	Code Brown –Incident Manager
	Attend to any people who may be contaminated. Contaminated clothing must be removed immediately, and the skin flushed with water for no less than fifteen minutes. Contaminated clothing left to determine disposal or cleaning methods
	Fire Department arrival (if 9-1-1 called)
	EMS arrival (if 9-1-1 called)
	Police arrival (if 9-1-1 called)
	Maintenance Staff Response
	Maintenance Staff arrive at the location to assess the situation Name: Name:
	Certified worker rep of the Golden Dawn Health & Safety Committee Name: Name:
	Additional team members: Name: Name:
	Name and quantity of the substance spilled determined:
	Material Safety Data Sheet(s) obtained
	Appropriate Personal Protective Equipment (PPE) for the spill available and utilized
	Floor drains and other means of environmental release protected
	Public Works notified if spill reaches floor drains or has other environmental release
	Maintenance staff initiate clean up (if it is within their capability)
	Contaminated material cleaned up properly, contained and labeled
	External assistance requested of commercial spill response team (if required)
	Name and contact information of external support requested: Contact name: Contact Person: Telephone: Other Contact info:
	Supervisor on Call initiates the senior IMS Team if external assistance is required
	MOLTC notified immediately of any evacuation

CODE BROWN – EMERGENCY INCIDENT MANAGER CHECKLIST

Date: _____ Incident Manager: _____

Time Task Completed	Code Brown Incident Manager
	Ministry of Labour notified of any critical injuries to staff
	Proper disposal of waste material
	Method of disposal:
	Name of Disposal Company:
	Contact information:
	Date/Time of removal:
	Surface of spill area decontaminated
	Method of decontamination:
	“All clear” given
	Incident Report completed

CODE 99: NURSE ALERT – Medical Emergency Incident Manager Check List

Date: _____ Incident Manager: _____

Time Task Completed	CODE 99: NURSE ALERT Incident Manager
	Charge Nurse notified of medical emergency
	Patient originally observed / discovered by:
	"CODE 99: NURSE ALERT (location)" Paged **x3**
	Arrival times and names of the responding nursing staff
	The first arriving nurse will become the Incident Manager
	Assign a staff member to document the assessment and intervention.
	A nurse after donning on the proper PPE, will assess the patient and determine what interventions are required.
	Summary of Assessment:
	Summary of Interventions:
	EMS required? (Yes/No)

	9-1-1 called by whom:
	Person assigned to meet EMS:
	Advise any staff or volunteers not required to return to their normal duties.
	Notify the Administrator or Supervisor on Call if the emergency is a critical incident involving a staff member, volunteer or visitor.
Time Task Completed	**DEBRIEF**
	Critically injured - means an injury of a serious nature that: (a) places life in jeopardy; (b) produces unconsciousness; (c) results in substantial loss of blood; (d) involves the fracture of a leg or arm but not a finger or toe; (e) involves the amputation of a leg, arm, hand or foot but not a finger or toe; (f) consists of burns to a major portion of the body; or (g) causes the loss of sight in an eye. As defined by Regulation 834 of the *Occupational Health & Safety Act*
	Administrator or Supervisor-on-Call notifies the Health & Safety Committee of critical injuries to any staff, contracted staff or volunteer.
	Administrator or Supervisor-on-Call notifies the Ministry of Labour of critical injuries to any staff member, contracted staff, volunteer or student.
	Next of Kin notified as appropriate
	Assessment and interventions summarized on Incident Report.
	Incident Report submitted to MOHLTC where appropriate.
	First Aid Kit restocked.

Appendix H: Action Sheets

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Pick up the Completed Attendance sheet on **West Wing - Resident Rooms**
	Pick up the Completed Attendance sheet on **West Wing - Auditorium**
	Pick up the Completed Attendance sheet on **West Wing - Tub Room**
	Return the action sheet to the Incident Commander

Revised: _____

Note:

- **If the assignment sheet is not ready, proceed to the next on the list, then go back.**
- **The Attendance sheet will indicate which Residents are on the unit and their whereabouts if not on the unit. Please indicate if there are any other visitors on the unit.**

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Pick up the Completed Attendance sheet on **East Wing – Resident Rooms**
	Pick up the Completed Attendance sheet on **East Wing – Dining Room**
	Pick up the Completed Attendance sheet on **East Wing – TV Room**
	Pick up the Completed Attendance sheet on **East Wing – Courtyard/Patio**
	Return the action sheet to the Incident Commander

Revised: _____

Note:

- **If the assignment sheet is not ready, proceed to the next on the list, then go back.**
- **The Attendance sheet will indicate which Residents are on the unit and their whereabouts if not on the unit. Please indicate if there are any other visitors on the unit.**

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Pick up the Attendance Sheet from the **South/Admin Wing – Hair Salon**
	Pick up the Attendance Sheet from the **South/Admin Wing – Life Enrichment**
	Pick up the Attendance Sheet from the **South/Admin Wing – Offices**
	Pick up the Attendance Sheet from the **South/Admin Wing – Staff Room**
	Return the action sheet to the Incident Commander

Revised: _____

Note:

- **If the assignment sheet is not ready, proceed to the next on the list, then go back.**
- **The Attendance sheet will indicate which Residents are on the unit and their whereabouts if not on the unit. Please indicate if there are any other visitors on the unit.**

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Monitor Exit Doors: **Ambulance Main Steet Entrance** (Next to the Dining Room)
	Return the action sheet to the Incident Commander

Note:

- **Please prevent Visitors/Resident from entering or leaving the building.**
- **When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.**

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Monitor Exit Doors: • **Service Entrance** (by Kitchen)
	Return the action sheet to the Incident Commander

Note:

- **Please prevent Visitors/Resident from entering or leaving the building.**
- **When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.**

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Monitor Exit Doors: **Staff Room Exit**
	Return the action sheet to the Incident Commander

Note:

- **Please prevent Visitors/Resident from entering or leaving the building.**
- **When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.**

Date: _____ Incident Manager: _____

Reporting Staff Member: _____

Time Task Completed	
	Monitor Exit Doors: • **Front Doors** (Main lobby)
	Return the action sheet to the Incident Commander

Note:

- Please prevent Visitors/Resident from entering or leaving the building.
- When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.

Appendix I: Emergency Phone Numbers

Golden Dawn Senior Citizen Home & Municipality of Northern Bruce Peninsula

Golden Dawn Senior Citizen Home 80 Main Street Lion's Head ON N0H 1W0		
NAME	**PHONE**	**COMMENTS**
Charge Nurse 24 hours a day	519-793-3433	Charge Nurse is incident Commander and will contact a manager on fan-out list

Golden Dawn Management		
POSITION	**CONTACT**	**PHONE**
Administrator	Rachael Wilkens	226-974-5611
Director of Care	Tasha Zurbrigg	519-292-6365
Operations Manager	Gerry Myles	519-477-0387
Life Enrichment Manager	Vicki Caudle	519-270-4765
Dietary Manager	Diane Page	519-275-7005
Office Manager	Kim Ferron	519-379-7367
Environmental Lead	Ryan McCallum	519-375-6407
Infection Control Lead	Shreya Anil Kumar	289-763-2053
RAI Co-ordinator	Lynn Bouchard	519-270-9449

Municipality of Northern Bruce Peninsula			
POSITION	**CONTACT**	**BUSINESS PHONE**	**EXTENSION**
Operations Supervisor	Jeff Mielhausen		
Public Works Manager	Troy Cameron		232
Public Works Assistant	Kiersten Thompson	519-793-3522	239
Chief Building Official	Wendy Elliot	519-793-3522	227
Deputy Chief Building	Emily McDougall		258
Building Inspector	Emily McDougall		
Building & Planning Administrative Assist.	Olivia Daigie		226

Providers for Repairs

The supervisor on call should always verify a situation in person at the Golden Dawn to ensure that a problem requires an emergency/immediate response.
In some situations, a repair can wait until the next business day to avoid costly after hour charges.

The resident's safety, security and comfort must always be considered foremost.

ELEVATORS

One (1) - East Wing

PROVIDER	CONTACT	BUSINESS PHONE
Delta Elevator	Dave Mundy	519-745-5789 1-800-265-6348

FIRE ALARM SYSTEM

System repairs, faults, trouble notification, smoke (Heat detector replacement)

PROVIDER	CONTACT	BUSINESS PHONE
Georgian Bay Fire & Safety	Dwayne Simms	1-800-265-3197

FIRE ALARMS MONITORING

You will need to notify them if our system is not functioning or requires repairs.

PROVIDER	CONTACT	BUSINESS PHONE
Communications System Monitoring	Acct #2310-1215	1-800-265-3118

BUILDING HEATING, COOLING AND VENTILATION ISSUES

2 Boilers heat all the water and building East & West Wings
3 Electric furnaces heat & cool South Wing
AC/heat pumps in all rooms and common areas

PROVIDER	CONTACT	BUSINESS PHONE
JCG Mechanical	Justin	519-378-1495

HOT WATER SYSTEMS, SEWERS, BASEMENT SUMP PUMPS, DRAINS AND BLOCKAGES

PROVIDER	CONTACT	BUSINESS PHONE
Bridge Plumbing	John	519-934-0491 519-270-9840 cell

DOOR LOCKS, STAIRWELL AND ENTRY KEYPAD BYPASS, SPECIAL CARE EXIT MAG LOCKS, DOOR CLOSERS, HANDLES, HOLDERS

PROVIDER	CONTACT	BUSINESS PHONE
Randy's Lock	Randy	519-372-1573

SNOW PLOWING AND SANDING OF PARKING LOT AND MANOR ROADWAY

PROVIDER	CONTACT	BUSINESS PHONE
Rydall	Cory	519-373-7879

SECURITY CAMERAS

PROVIDER	CONTACT	BUSINESS PHONE
Computer Aid	Darren Curry	519-374-4768

ELECTRICAL REPAIRS

Faults, failures and hazardous situations

PROVIDER	CONTACT	BUSINESS PHONE
Bridge Electrical	Pat Bridge	519-934-3718 519-377-2485 cell

PEST CONTROL

PROVIDER	CONTACT	BUSINESS PHONE
Abell Pest Control	Sam Bundell	705-727-1135 Barrie, On 519-371-8656 cell

WANDERGUARD WATCHMATE SYSTEM/NURSE CALL SYSTEM

PROVIDER	CONTACT	BUSINESS PHONE
Cimtel Communications Ottawa	Dimetre	1-800-727-8340 613-880-5945

ROOF LEAKS

PROVIDER	CONTACT	BUSINESS PHONE
AJ German Roofing	Jorge German	226-474-0351

EMERGENCY POWER, DIESEL BACKUP GENERATORS

Problems, Faults, Repairs, Service
One (1) generator

- Located in the west corner of the parking lot

PROVIDER	CONTACT	BUSINESS PHONE
Cummins	Pat Bridge	519-934-3718 519-377-2485 cell
MacDonnell Fuels	Steve	519-376-1916

DRINKING WATER

In the event of water main break, discolored water, contamination, etc.

PROVIDER	CONTACT	BUSINESS PHONE
Foodland	Kyle Hellyer	

MAIN KITCHEN ALL EQUIPMENT

Check with Dietary Supervisor to see if an alternate provision is in place or if repair(s) can wait until next working day.

PROVIDER	CONTACT	BUSINESS PHONE
Diversity; repairs	Steve Muir	226-568-4429

LAUNDRY ROOM EQUIPMENT

Check with housekeeping/Laundry Supervisor if repair is urgent or can wait until normal business hours. Northern Mechanical should be called for repairs of washer and dryers.

PROVIDER	CONTACT	BUSINESS PHONE
Diversity	Brad	800-668-7171 ext 7111 519-375-1016

POINT CLICK CARE

PROVIDER	CONTACT	BUSINESS PHONE
PCC 8-8 Mon-Fri		1-800-277-5889
PCC off hours Emergency Only		

HAZARDOUS MATERIALS REMOVAL

PROVIDER	CONTACT	BUSINESS PHONE
Stericycle	Acct #7048339	1-866-783-7422
Bruce Peninsula Septic Service	A.J.	519-793-3224

OTHER

PROVIDER	CONTACT	BUSINESS PHONE
Vital Aire		519-371-6612
Bright Shores Health System		519-376-9420
Lion's Head Hospital		519-793-3424

Peninsula Family Health Team		519-793-3445
HACCS SW	Tara Phin	1-877-418-5668 ext 5587
Medical Mart	Donna Pellecchia	1-800-268-2848 ext 1135
Medisytem Pharmacy	 After Hours Emergency	1-877-722-7228 1-877-722-7228 option #1

ANNEX A: TOTAL EVACUATION PLAN

SECTION 1: INTRODUCTION

1.1 Background

An evacuation is defined as an organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas. An evacuation is one means of protecting people from the effects of a hazard. In planning for evacuation, the characteristics of the hazard and its magnitude, intensity, speed of onset, and anticipated duration are all significant factors. These will determine the number of people to be evacuated, the distance people must be moved to ensure their safety and the need for reception facilities.

The facility must be prepared to conduct both small-scale (e.g. single floor) and large-scale (full facility) evacuations at all times of the day.

1.2 Purpose

The purpose of this evacuation plan is to prepare for the most efficient deployment of resources to achieve the following:

- to provide effective intra-agency and inter-agency cooperation and communication before, during, and after an evacuation;
- a coordinated response consistent with prevailing conditions and information provided by external agencies and sources;
- to define the roles and responsibilities of the facility and supporting agencies involved in a mass evacuation; and
- to define the procedures to be utilized in minimizing the effects of an evacuation.

1.3 Scope

The evacuation response plan outlines the assistance that will be provided to the facility and its residents during any emergency where an evacuation is warranted. The facility will work in conjunction with the local stakeholders and provincial authorities to help prepare for, mitigate where possible, and coordinate a response to an evacuation.

1.4 Planning Assumptions

The plan assumes the following:

- Municipality of Northern Bruce Peninsula will have the primary responsibility for community mitigation, prevention, preparedness, response and recovery in emergency and disaster situations within its jurisdiction.
- External organizations to the City of Timmins are responsible for having their own business continuity plan.
- Municipality of Northern Bruce Peninsula and partner agencies will follow the response activities set out in the area Emergency Response Plan.

1.5 Plan Limitations

- There may be factors that will adversely affect the facilities ability to assist with evacuations efforts. Efforts may be impacted if infrastructure is deemed unsafe to access, normal channels of communications are disrupted or if critical resources are unavailable.

1.6 Authority

This plan is published as an annex to the facility Emergency Response Plan, as required under the Fixing Long Term Care act (2021) and O.Reg 246/22.

1.7 Activation of the Plan

This plan may be activated in whole or in part, as required, by any member of the Emergency Control Group.

Upon activation, the Municipality of Northern Bruce Peninsula will need to declare an emergency to allow all participating agencies to respond in accordance with the procedures described within this plan and in accordance with their agency operating procedures.

SECTION 2: MASS EVACUATION INFORMATION

2.1 Potential Triggers for a Mass Evacuation

A mass evacuation event could result from, but is not limited to, the following:

- environmental emergency
- structural failure
- hazardous material/ environmental contamination

2.2 Factors Affecting Emergency Response to a Mass Evacuation Event

- Mass evacuation events are a secondary emergency event; primary resources may be fully committed to the initial emergency resulting in limited resource availability.
- An evacuation route could be impacted by multiple variables, including the size of the hazard zone, population to be relocated and weather.

2.3 Mass Evacuation Emergency Management Priorities

In an evacuation situation, the facility and its partner agencies will focus their efforts on achieving the following objectives:

- preservation of life and safety of residents, visitors, staff and emergency first responders;
- support for stranded and evacuated persons; and
- returning the residents to normal through a coordinated recovery process that includes reentry of displaced persons.

2.4 Evacuation Decisions

Evacuation planning should resolve the following questions:

- What areas or facilities are at risk and should be evacuated?
- How will the residents be advised of what to do?
- What do residents need to take with them?
- What travel routes should be used by residents who can leave on their own?
- What transportation support is needed?
- What assistance will the residents require?

- Does the anticipated duration of the evacuation make it necessary to activate shelter and mass care facilities?
- How will evacuated areas be secured?
- What resources will be needed to conduct the evacuation?
- What sources will be contacted to obtain the necessary resources?

2.5 Increased Level of Readiness

Level 4 - Normal Conditions

Level 3 - Increased Readiness

Increased Readiness may be appropriate if there is a greater than normal threat of a hazard which could necessitate evacuation. Level 3 readiness actions may include:

- Review information on potential evacuation areas, facilities at risk, and evacuation routes.
- Monitor the situation.
- Inform first responders and local officials of the situation.
- Check the status of potential evacuation routes and shelter/mass care facilities.

Level 2 - High Readiness

High Readiness may be appropriate if there is an increased risk of a hazard which necessitates evacuation. Level 2 readiness actions may include:

- Monitor the situation.
- Alert staffing and support personnel for possible evacuation operations.
- Coordinate with the township to determine their readiness to evacuate.
- Check the status of resources and enhance short-term readiness if possible.
- Monitor the availability of transportation assets and drivers.
- Advise the residents and support families to monitor the situation.

Level 1 - Maximum Readiness

Maximum readiness is appropriate when there is a significant possibility that evacuation operation may have to be conducted. Level 1 readiness actions may include:

- Place staff, support personnel and transportation providers in an alert status;
- Place off-duty personnel on standby.
- Update the status of resources.
- Check the status of evacuation routes.
- Select shelter/mass care facilities for use.
- Provide information to the residents on the planned evacuation process, securing their belongings, and what items they need to take with them. Prepare to issue an evacuation warning if it becomes necessary.

2.6 Evacuation Shelter Requirements

Pre-incident planning should consider temporary shelters, short term housing, and long term housing. Resource and logistical considerations include fixed facility requirements, staffing, food and water, medical supplies, security, triage and medical care, mental health care, and relocation assistance.

The chart below includes information regarding facilities that may be used as reception centre or shelters during evacuations.

Facility	**Location**	**Contact Person**
Bethel Missionary Church	Lion's Head	Bethel Church
Lions Head Arena	Lion's Head	Northern Bruce Peninsula

Hotels, schools and private facilities may be considered if the duration of the evacuation warrants the need to use them.

The chart below includes a list of support groups to assist with the operations of the reception centre.

Organization	**Assistance *potentially* available**	***Potential* issues or concerns**	**Volunteer or Paid Staff**
Lion's Head Rotary		Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteer
Lion's Club		Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteer

2.7 Transportation

It is anticipated that the primary means of evacuation for most individuals will be personal vehicles. Many people who do not own or have access to vehicles will need assistance in evacuating and may choose to evacuate with the use of their personal support system. In the case of large- scale evacuations with advance warning, pickup points may be designated or a telephone bank established to receive and process requests for transportation.

Public information messages emphasizing the need for family supports to help the residents who lack transportation or need assistance can significantly reduce requirements for public transportation during an evacuation.

Residents will be transported via ambulance only if they meet the eligibility criteria for ambulance use and their representatives will determine the need to utilize an ambulance for transfers during an evacuation as per their policies and procedures.

2.8 Traffic Control

Actual evacuation movement will be controlled OPP as per jurisdiction.

When possible, two-way traffic will be maintained on all evacuation routes to allow continued access for emergency vehicles.

For large-scale evacuations when time permits, traffic control devices, such as signs and barricades, will be provided by the Public Works/Road Department upon request.

Law enforcement will request tow truck services when needed to clear disabled vehicles from evacuation routes.

2.9 Access Control & Security

APPENDIX D EVACUATION LOG

If an evacuated area has sustained damage and cannot be reoccupied for an extended period of time, it may be desirable to implement a permit system to limit access to emergency workers, homeowners, business owners, utility workers, and contractors restoring damaged structures and removing debris.

2.9 Demobilization and Reentry

Residents returning to the facilities require the same consideration, coordination, and control as the original evacuation. For limited incidents, the facility manager will make the decision to return evacuees and disseminate it as appropriate.

The following conditions should prevail in the evacuated area before residents are authorized to return:

- The threat prompting the evacuation has been resolved or subsided.

- Downed power lines have been removed; ruptured gas, water, and sewer lines have been repaired; and other significant safety hazards have been eliminated. However, utility services may not be fully restored.
- Structures have been inspected and deemed safe for occupancy.
- Adequate water is available for firefighting.

For return and re-entry, it may be necessary to provide transportation for those who lack vehicles. Traffic control along return routes may also be required.

Public information intended for returnees should address such issues as:

- Documenting damage for insurance purposes.

SECTION 3: RESPONSIBILITIES

3.1 Federal

The Federal government, through its powers, provides resources and support to the Province. The Federal government will:

- assist the Province when a declared provincial emergency is made as regulated under the Emergency Management Act and outlined in the provincial agreement.

3.2 Provincial

The Province of Ontario, through its various ministries, provides resources and support to municipalities and conservation authorities. The Province will:

- declare a provincial emergency when warranted; and
- in a declared provincial emergency, invoke the Provincial Emergency Response Plan and coordinate delivery of the provincial response.

3.3 Municipal Response and Recovery Responsibilities

When a community emergency occurs, the initial responsibility for the welfare of residents is at the municipal level. As with any emergency, the first priority is life safety. Following is the protection and maintenance of public critical infrastructure in order to maintain basic services (hydro, water, wastewater, gas, telecommunication systems, etc.).

3.4 Grey Bruce Health Services – Lion's Head & Wiarton

If evacuation of these facilities is required, patients should be transported, with appropriate medical or security support, to a comparable facility. The facility operator is responsible for making arrangements for suitable transportation and coordinating use of appropriate host facilities.

3.5.1 Site Operations (Incident Commander)

Golden Dawn Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager unless relieved by a more Senior Manager.

2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke (refer to Code Red).
5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a "Code Green" for the specific unit/floor.
7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat).
8. The second stage alarm is activated at any pull station by using an alarm key, located at nursing stations.
9. For a partial evacuation: Attention Attention"Code Green (building)" will be announced and repeated 3 times. Identify the area and the unit: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
    a. Attention Attention" Code Green (wing and unit)"
    b. Attention Attention "Code Green (wing and unit)"
    c. Attention Attention "Code Green (wing and unit)"
10. In the event of a total evacuation of a building "Code Green Golden Dawn" will be announced 3 times: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
    a. Attention Attention "Code Green Golden Dawn"
    b. Attention Attention "Code Green Golden Dawn"
    c. Attention Attention "Code Green Golden Dawn"
11. Call 9-1-1 stating the type and location of the emergency

- Golden Dawn Incident Manager becomes a liaison to the emergency first responder incident commander

The following city departments and partner organizations will assist the facility in the response and recovery efforts at the emergency site:

3.5.2 Northern Bruce Peninsula Emergency Information Officer

- act as liaison between facility and the media
- designate and supervise an area for the media

3.5.3 Northern Bruce Peninsula Fire Services

- conduct rescue operations as per regulating bylaw 2015-7699 Schedule D and Fire Department Standard Operating Guidelines
- assist with evacuations in the affected areas as required

3.5.4 Wiarton OPP

- evacuate the affected areas as required, as per their authority
- perform traffic and crowd control operations
- disperse people not directly connected with the operations who, by their presence, are considered to be in danger, or whose presence hinders in any way the efficient functioning of the operation secure the affected areas (based on need and availability of staff)

3.5.5 Municipal Emergency Control Group

The Municipal Emergency Control Group is responsible for:

- activate the Municipal Emergency Response Plan if warranted;
- convene the Municipal Emergency Control Group;
- appoint an EOC Incident Commander;
- if necessary, recommend the declaration of a municipal emergency;
- coordinate the acquisition of emergency response equipment, personnel and other resources required at the incident site;
- disseminate vital emergency information to staff, the media and citizens using appropriate channels;
- provide information to the public concerning safety and protective actions to be taken;
- request assistance from agencies not under municipal control, as required (e.g., Municipal Mutual Assistance Agreements, Red Cross, local industry, etc.);
- request provincial assistance to perform specific tasks that may be required; and
- coordinate disaster recovery assistance (Municipal Disaster Recovery Assistance) as deemed necessary;

SECTION 4: EMERGENCY INFORMATION AND NOTIFICATION

4.1 Warning Strategy

Golden Dawn Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager unless relieved by a more Senior Manager.
2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke (refer to Code Red).
5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a “Code Green” for the specific unit/floor.
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10. In the event of a total evacuation of a building “Code Green Golden Dawn” will be announced 3 times: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
    a. Attention Attention “Code Green Golden Dawn”
    b. Attention Attention “Code Green Golden Dawn”
    c. Attention Attention “Code Green Golden Dawn”
11. Call 9-1-1 stating the type and location of the emergency

The Municipality of Northern Bruce Peninsula Emergency Information Officer may use local media (radio, television, newspaper) and social media (Facebook, Twitter) to assist with information distribution. Alerts and key information will also be posted on the City of Timmins’s website.

4.2 Advance Notice of Possible Evacuation

For slow developing emergency situations, advance warning should be given to affected residents as soon as it is clear evacuation may be required. Such advance notice is normally disseminated through door to door procedures. Advance warning should address suitable preparedness actions, such as securing property, gathering medications and notifying loved ones.

Any special circumstances or requests for assistance should be reported to on-scene authorities or EOC.

SECTION 5: VOLUNTEERS

In extreme cases the facility may need to supplement the existing municipal workforce with volunteers. If it becomes necessary, the Life Enrichment Manager will work with local media to recruit volunteers.

Roles and responsibilities of volunteers will vary depending on the situation, safety considerations and the immediate needs of the residents. All volunteers will be briefed and supervised by qualified staff and assigned tasks based on their skills and abilities.

SECTION 6: RECOVERY

The facility will work with its departments, partner agencies, and volunteer resources to restore critical infrastructure, systematically clean up affected areas and return the facility to a state of normalcy.

The prioritization of restoration and clean-up efforts will be determined on a number of influencing factors, with the primary focus being on the protection of facility safety.