

# **DERBECKER'S HERITAGE HOUSE**

## **EMERGENCY PLAN**

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## **DERBECKER'S HERITAGE HOUSE**

### **EMERGENCY PLAN**

Derbecker's Heritage House has an Emergency Management Plan that promotes processes related to the prevention of risk and ensures that people and property are safeguarded in the event of an emergency.

We utilize a series of recognized Codes identified by colour and procedures to ensure a common understanding of the emergency.

Our Incident Management Team will first focus on life safety; when life safety has been addressed the Team will organize the scene and ensure necessary actions are taken including:

- protecting the health and safety of residents/ team members
- minimizing damage to the building
- ensuring continued operations
- minimizing inconvenience to residents/ team members
- acknowledging our responsibility to our community

We keep current a list of all service providers and contractors that will be contacted on an as required basis to assist with the provision of supplies, emergency transportation, emergency shelter, and building repairs.

### **COMMUNICATION PLAN**

Derbecker's Team Member Fan Out will be kept current and be activated by the Incident Manager or designate as required to contact team members in an organized fashion in the event of an emergency.

A communication team will be set up to ensure frequent and ongoing communication with residents, families, team members, volunteers, and Resident Council with the goal of keeping all parties up-to-date of the status of the emergency. The Administrator/Incident Manager or designate will ensure ongoing communication using various methods at the beginning of the emergency, when there is a significant change throughout the course of the emergency, and when the emergency is declared over.

A family telephone tree has been developed and various team members will call family members to assure them of their family member's safety and advise them of the plan. Please keep in mind that in crisis such as severe weather, telephone contact may be lost. Our team will be focused on providing care and protection so telephone inquiries should be short.

Communication may be written such as email and will consist of these basic elements:

- type of emergency
- estimated time and severity of impact

- expected disruptions to services and routines
- actions to mitigate risks
- what residents and family members can do to help

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

## **CODE RED: FIRE**

Derbecker's Heritage House has an approved Fire Safety Plan that has been developed in accordance with local and provincial regulations and approved by the Fire Department.

### **EMERGENCY PROCEDURES FOR VISITORS/VOLUNTEERS/OUTSIDE SERVICES**

#### **Upon discovery of a fire:**

- REACT**
- Remove any person in immediate danger if it is safe to do so
  - Ensure the door is closed behind you to confine the fire and smoke
  - Activate the fire alarm system as soon as possible; use the pull station
  - Call out for team member assistance
  - Tell team members of emergency details Immediately upon hearing the fire alarm:

#### **Immediately upon hearing the fire alarm:**

- Remain with and reassure the resident.
- Close windows and door to room.
- Prepare for the possibility of leaving the room/facility by putting the resident's shoes/slippers on and a coat/sweater if available.
- Wait for further instructions.
- If you have not yet entered the building when the alarm sounds, remain outside.

If evacuation is necessary:

- Remain with and reassure the resident.
- Get a blanket to keep resident warm.
- Exit building following instructions from team members.
- Reassure the resident.

### **INSTRUCTIONS FOR RESIDENTS IN CASE OF FIRE ALARM AND IN CASE OF FIRE**

In case of fire: **REACT**

- Remove yourself from the fire area. Do not conceal or attempt to extinguish the fire.
- Ensure you close the door behind you to contain the fire. Do not re-enter the room where the fire is located.
- Activate the Fire alarm at the closest pull station.
- Call out for team member assistance.
- Tell team members where the fire is located and proceed to a safe area

In the event of a fire, team members will activate the fire alarm and implement/ put into action our Fire Safety Plan. All staff have assigned roles and actively participate in monthly fire drills.

## **CODE GREEN: EMERGENCY EVACUATION**

Where evacuation is required, the objective is to remove all or part of the resident population as quickly and safely as possible from an area in the facility or completely away from the building. Life safety is the main goal; the building and records are secondary.

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

Code Green: announcement indicates less urgent evacuation e.g. extreme weather, loss of essential service such as water, hydro. A little more time can be taken to evacuate residents. There is lead time before the threat becomes imminent.

### **TYPES OF EVACUATION:**

- 1) Partial: necessary where smoke or fire damage can be contained or weather conditions have cause partial damage to the building.
- 2) Total: necessary where smoke, fire damage cannot be contained or an explosion or external disaster requires that residents be moved to another location. At the discretion of the Incident Manager, or at the request of the Fire Department at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the facility is to be totally evacuated.

### **EVACUATION PROGRESSION:**

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

Fire Department responsible for:

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

Ambulance Officer, responsible for:

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

Police Department, responsible for:

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

**NOTE:**

- 1) All instructions of the Fire Department must be followed upon their arrival.

2) Once outside, the Ambulance Officer will assess the type of suitable transportation for each resident and is in charge of transportation.

Residents will be evacuated in an organized manner starting with room of origin, then rooms beside and across the hall, then fanning towards the rooms farthest away from the emergency. Residents will receive an identification lanyard with all pertinent information, then triaged according to the severity of injury or no injury.

All departments/ team members have designated duties to perform to ensure the evacuation is conducted in an efficient manner. Plans are in place to ensure all required supplies are gathered including but not limited to medications, food & fluids, clothing, linens, personal hygiene and incontinent products. Team members to refer to specific procedures in the Emergency Plan manual.

Service agreements are in place with community agencies for place of refuge and transportation should we need to totally evacuate the building. These agreements are reviewed annually.

## **CODE WHITE: PHYSICAL THREAT/ VIOLENT OUTBURSTS**

### **CODE WHITE RESPONSE**

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

If confronted by a violent or aggressive resident, team member, volunteer, or visitor will do the following:

- If safe to do so, try to diffuse the situation with the aggressive person(s)
- Seek immediate assistance (this may involve activating call bell or fire alarm)
- Announce or have someone else announce “Code White and location” if the situation escalates into a dangerous situation
- If safe to do so, isolate the person(s) away from residents and team members and ask person to leave the premises
- Notify appropriate supervisor/Administrator, who will investigate and document the incident and file appropriate reports to provincial regulatory authority, support services, etc.
- Regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved

As part of the recovery process, the Administrator or designate will:

- 1) Consider the physical and mental health needs of all team members and residents.
- 2) Ensure supports are provided, using existing and additional identified programs as needed i.e. individual and group counseling, etc.

### **PROTEST/DEMONSTRATION/DISTURBANCE**

Any person who suspects/sees a protest or disturbance on the grounds will:

- 1) Inform the Incident Manager/Manager in charge immediately.
- 2) Not confront or attempt to remove strangers who enter the location

The Incident Manager or designate will:

- 1) In the event of violence/significant disturbance, announce Code White (including the area of the location affected).
- 2) In the event of violence/significant disturbance, notify police; call 911 and provide as much information as possible relating to the incident.
- 3) Delegate team members to lock all entry and exit doors to prevent entry into the building. All other doors of the location should be locked as per normal day to day security requirements while at the same time not inhibiting evacuation of the building should it be necessary.
- 4) Inform staff that no visitors are permitted into the building without a team member escort.

### **THREATENING COMMUNICATION**

Threatening communication is any form of communication that is intended to manipulate, control, hurt, and/or intimidate in order to cause a change in the target's (victim's) behaviour. Threatening communication can be sent in a number of ways such as mail, email, social media, telephone, voicemail, etc.

Upon receipt of threatening communication

- Treat all threats seriously
- Immediately contact Administrator and/or Manager in charge of the building for further direction

If the communication is received in writing:

- Limit handling of the letter
- Keep the envelope
- Do not time stamp or write on the letter
- Contact Administrator or designate

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

- Contact Administrator or designate

If the communication or photos is received over social media:

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

If the communication is received over the phone or voicemail:

- Note the date, time, and phone number
- Write down what was said in detail
- Do not argue with the caller
- Do not transfer the call
- Do not make any further calls from the extension that the call was received on
- Upon completion of the call, immediately move to a different phone and immediately contact the Administrator or designate

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

### **CODE YELLOW: MISSING RESIDENT**

#### **CODE YELLOW RESPONSE**

In the event that a resident cannot be located within 5 minutes of the absence being reported, Code Yellow will be called to alert team members and prompt an appropriate response, including an organized and comprehensive centralized search procedure.

All Team Members will:

- 1) Notify the nurse/manager in charge on home area/floor immediately when a team member is unable to locate a resident.

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

- 1) Alert building Charge Nurse/Manager.
- 2) Direct team members to thoroughly search their home area/floor, check the sign out book, and check for resident with Recreation team and uninsured service providers.

If the resident is not found after the initial search, the Charge Nurse will:

- 1) Call 911 for police assistance.
- 2) Notify the Administrator, DOC, and the family of the missing resident

If the resident is found, the Charge Nurse will:

- 1) Make an announcement that the resident has been found and the CODE YELLOW is cancelled; thank team members for their response, and advise them that they may return to normal duties
- 2) Notify the police, family, Administrator, and DOC.
- 3) Have the resident's condition assessed, complete incident report, provide resident with reassurance, complete Missing Resident Search checklist, and sign off as Search Coordinator

All on-duty team members will participate in the search.

### **CODE BLUE: MEDICAL EMERGENCY**

#### **CODE BLUE RESPONSE**

In the event of a life threatening medical emergency affecting any individual(s) onsite i.e. cardiac arrest, respiratory issue, choking, etc., Code Blue will be called to alert team members and prompt an appropriate response.

Upon discovering a medical emergency, Team Members will:

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

The Nurse/Manager in Charge/First Aider will:

- 1) Respond to site.
- 2) Direct a team member to call 911 for an ambulance and notify POA/Responsible Party.
- 3) Direct appropriate resuscitation procedures until arrival of paramedics.
  - In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles.
  - For residents, confirm DNR order/status to find out if resident requires CPR or not.
- 4) Continue resuscitation procedures or comfort measures as applicable until arrival of 911.

The Nurse or designate will:

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

All team members will keep nearby residents and visitors away from the scene and help maintain calm.

### **MANAGEMENT OF A CHOKING RESIDENT**

Residents who are experiencing choking will be treated as a medical emergency and a Code Blue emergency response will be initiated.

The Nurse or designate will:

- 1) Assess the situation to determine if the resident is able to breathe. Look for signs that the resident is suffering from total airway obstruction. These signs include the resident being unable to make any sounds above a wheeze, the face turning blue, and hands clutching the throat in the universal symbol for choking.
- 2) If the resident is not able to speak, cough, or breathe, or is making high-pitched noise, immediately begin care for choking.
- 3) A trained nurse/healthcare provider will perform abdominal thrusts to clear airway.
  - If the resident becomes unconscious, call for medical help using 911.
  - If CPR is required as per residents' goals of care, ensure that the resident is lying on a hard surface to enable ease when doing CPR.
  - Continue providing emergency care until EMS arrives on scene.
- 4) Notify POA/SDM, most responsible physician and Director of Care of the incident and actions taken.

### **Post Choking Incident:**

Following a choking event, the nurse or designate will:

- If the resident expels the object, continue to monitor resident's vital signs q shift x48hrs after the choking episode, watching the residents for symptoms of aspiration pneumonia. Conduct chest assessment Q shift with vital signs checks x48hrs.
- Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, discomfort.
- Contact the Dietitian via phone/virtual for consultation post incident.
- Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist.

- Review and update the residents' plan of care to ensure risks are identified and based on resident individualized care needs.
- Document incident in the risk management tab of the resident electronic health record.

The PSW will:

- 1) Immediately report any signs of chewing or swallowing difficulties during snack, meal times, and when consuming any other food or fluids to the nurse.

The Director of Care or designate will:

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

**CODE ORANGE: EXTERNAL EMERGENCY (COMMUNITY DISASTER, NATURAL DISASTER, EXTREME WEATHER EVENT, EXTERNAL FLOOD) CODE ORANGE RESPONSE**

In the event of an external disaster, community utility failure, air exclusion event, severe weather events including weather watches and warnings, wildfire danger, a Code Orange will be called to alert team members, visitors, and residents and prompt an appropriate response.

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

Any person who becomes aware of external air exclusion (chemical, biological, radiological, etc.) will:

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Call Code Orange.
- 2) Tune into local radio/television/internet for information and direction from provincial or community authorities.
- 3) Alert team members that an evacuation may be necessary.
- 4) If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place".
- 5) Seal building so contaminants cannot enter by:
  - Ensuring that all windows and doors are closed
  - Sealing gaps under doorways, windows, and other building openings
  - Ensure that all heating, air conditioning, and ventilation systems remain off
  - Limit access to the building
- 6) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- 7) Initiate Code Green evacuation procedure as required.

All Team Members will:

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

### **SEVERE WEATHER/WILDFIRE**

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

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Call Code Orange.
- 2) Tune into their local radio station/television station/internet for updates on severe weather/wildfire warnings.
- 3) Advise team members, residents, and visitors of severe weather/wildfire warning.
- 4) Direct team members to move residents away from windows and close blinds and curtains as time allows, preventing window glass from shattering onto them or debris from entering through windows, etc.
- 5) Direct team members to have emergency supplies readily accessible.
- 6) Direct Maintenance team to verify that the generator is adequately fueled and in good working order.
- 7) Initiate Code Green evacuation procedure as required.

### **EARTHQUAKE**

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

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

In the event of an earthquake all Team Members will:

- 1) Protect self – drop, cover, and hold on.
- 2) Not attempt to assist others until the shaking stops.
- 3) Stay covered until the shaking stops.
- 4) Stay away from windows, bookcases, and other hazards.

- 5) If inside, stay inside. Do not attempt to exit.
- 6) Crawl under a strong table, counter, or desk if possible and hold onto the legs.
- 7) Do not stand in a doorway.
- 8) If outside, stay outside.
  - Move away from the building and power lines
  - Avoid overhanging structures
  - Remain in location until the shaking stops

When the shaking stops:

- 1) Put out small fires quickly if it can be done without endangering themselves or other individuals.
- 2) Alert residents, team members, and visitors to expect aftershocks.
- 3) Alert residents, team members, and visitors of fallen power lines and other hazards.
- 4) Attempt to continue operations onsite. Continue to provide essential care and service as much possible.
- 5) Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
- 6) Check the operating status of all telephones, and replace receivers on the bases.
- 7) Check for injuries: assess if anyone is injured and provide medical assistance where required, or initiate team member fan out.
- 8) Check for people who may be trapped: inspect residents' rooms, nursing/wellness stations, and other locations in your area. Leave doors to rooms open.
- 9) Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
- 10) Do not evacuate until advised by the Incident Manager. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways, or navigate disabled stairways.
- 11) Do not consume or distribute food or water unless you are certain it is free from contamination.
- 12) Do not flush toilets – conserve water.
- 13) Assess the damage to your designated area/unit, and inform the Incident Manager. Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and protect medications and required supplies. Post signs indicating dangerous areas, and notify the Incident Manager of unsafe situations.
- 14) Report to the Incident Manager.

The Incident Manager will:

- 1) Call Code Orange.
- 2) Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
- 3) Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.
- 4) Instruct residents, team members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
- 5) Ensure all residents, team members, volunteers, and visitors present at the time of the earthquake are accounted for. If anyone is missing, either conduct an immediate search or await instruction from

emergency services, depending on the condition of the building.

- 6) Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.
- 7) Arrange for first aid to be administered as necessary. Seriously injured individuals should not be moved unless they are in immediate danger of further injury.
- 8) Take direction from Emergency Services personnel.
- 9) Arrange for the building to be inspected before residents and team members are re-admitted.

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

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

The Incident Manager will:

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

The Director of Environmental Services or designate will:

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

### **CODE BLACK: BOMB THREAT/SUSPICIOUS PACKAGE**

#### **CODE BLACK RESPONSE**

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

The Administrator will:

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

The individual receiving the threat via mail will:

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

The Incident Manager will:

- 1) Call Code Black.
- 2) Immediately contact the police at 911, all other managers, team members, and support services office.
- 3) Determine whether to initiate Code Green evacuation procedures.
- 4) Follow police direction.

### **TELEPHONE THREAT**

The individual receiving the threat by telephone will:

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

The Incident Manager will:

- 1) Call Code Black.
- 2) Alert Administrator, all other managers, team members.
- 3) Determine whether to initiate Code Green evacuation procedures.
- 4) Take direction from Emergency Services personnel.

All Team Members will:

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

### **SUSPICIOUS PACKAGE/DEVICE**

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Call Code Black.
- 2) Instruct team members to clear the area where the package was discovered.
- 3) Notify team members and provide the following information:
  - Object location
  - Object description
  - Any other useful information
- 4) Call 911.

- 5) Instruct team members who have been in close proximity to or in contact with a package/device which is suspected to have been contaminated with chemical or biological agent to:
- Wash their hands with water
  - Remove contaminated clothing and place in a sealed container (i.e. plastic bag) to be forwarded to emergency responders once on site. Shower (with soap and warm water) as soon as possible
  - List all people who may have been in contact with or in close proximity to the suspicious package/device and provide this list to appropriate authorities once they arrive onsite
  - Seek medical attention as soon as possible.

Team Members will:

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

#### **IN THE EVENT OF AN EXPLOSION**

- 1) Call Code Black.
- 2) Ensure treatment of any residents, team members, visitors, or volunteers injured as a result of the emergency.
- 3) Photograph all damage as a result of the incident.
- 4) Preserve evidence in order to assist the police in their investigation.
- 5) Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.
- 6) Designate a team member to notify next of kin of any resident or team member who suffered trauma in the event.

#### **CODE GREY: INFRASTRUCTURE LOSS/FAILURE (LOSS OF ONE OR MORE ESSENTIAL SERVICES / INTERNAL FLOOD) CODE GREY RESPONSE**

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., the Incident Manager or designate will call Code Grey to alert team members, residents, and visitors, and prompt an appropriate response. Repair service contracts (where applicable) will include priority response times.

#### **ROOF COLLAPSE**

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

- 1) Inform the Incident Manager or designate immediately.

The Incident Manager will:

- 1) Call Code Grey.
- 2) Instruct building maintenance personnel to immediately assess the situation i.e. snow or ice on roof needing to be removed immediately, etc.
- 3) Direct team members to relocate residents, visitors, and themselves from the affected area(s) of the building following the fire emergency procedures.

- 4) Call 911 from a phone located well away from the area affected.
- 5) Take direction from Emergency Services personnel.

All Team Members will take direction from the Incident Manager.

### **ELECTRICAL POWER FAILURE**

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

- 1) Notify the Incident Manager or designate immediately.

The Incident Manager will:

- 1) Call Code Grey.
- 2) Notify the local hydro service provider at: Waterloo North Hydro of the power failure and ask for expected duration of the outage. Can check on-line for expected time of restoration.

The Nurse will:

- 1) Identify needs of residents for power (G-Tube, IV, Oxygen etc.).
- 2) Instruct PSWs to switch residents to their portable oxygen tanks.
- 3) Plug landline phone into phone receptacle under computer at main nursing desk.

All Team Members will:

- 1) Use flashlights as needed. Supply located in emergency bin in medication room.
- 2) Provide residents with lanterns as needed.
- 3) Take direction from the Incident Manager.

The Maintenance Team will:

- 1) Ensure the Emergency Generator has activated and monitor it to see that it is working correctly.
  - Instructions for activation of Emergency Generator: Generator is automatic and will switch on when power switches off.
- 2) Ensure that all lights and Generator powered equipment is working.
- 3) Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.
  - Supplies located at: flashlights, batteries in medication room, extension cords in center basement

### **FIRE PROTECTION SYSTEM FAILURE**

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

- 1) Inform the Incident Manager or designate immediately.

The Incident Manager will:

- 1) Call Code Grey.
- 2) Notify all team members that a fire watch has been initiated.
  - Process to notify all team members: use paging system.
- 3) Give verbal instruction to team members and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected 911 is

to be called directly.

- 4) Assign team member(s) to monitor/complete Fire Watch Checklist (in front of fire drill binder) for all areas of the building by doing sixty-minute walk about for the duration of the fire watch.
- 5) Notify Director of Environmental Services and Administrator.

All Team Members will:

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

The Director of Environmental Services or Administrator will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
  - Fire Protection Service Supplier: Georgian Bay 1-800-265-3197
  - Fire Department Contact Info- Woolwich 519-669-6022

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

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

The Administrator or designate will:

- 1) Call Code Grey.
- 2) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
  - HVAC heating system contractor service provider: Cronin & Verhel 519-500-2784
- 3) Request an estimated time to correct the problem following initial investigation by heating contractor.
- 4) Review Evacuation plan and prepare to institute if estimated time for repair is greater than 12 hours.
- 5) Review and implement policy on required interventions during Extreme Cold Conditions.
- 6) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure temperature does not drop below 20°C in any occupied area until heating system is fully restored.
- 7) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 8) Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C. Extra blankets located in center basement linen storage area.
- 9) Implement evacuation plan if building temperatures fall below 15°C.

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

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

The Administrator or designate will:

- 1) Call Code Grey.
- 2) Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.

- HVAC heating system contractor service provider: Cronin & Verhel 519-500-2784
- 3) Request an estimated time to correct following the initial investigation by contractor.
  - 4) Notify the manager/nurse in charge or designate.
  - 5) Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
  - 6) Review and implement Management of Risk Associated with Extreme Heat policy.
  - 7) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 39°C in any occupied area until cooling system is fully restored.
  - 8) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
  - 9) Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
  - 10) Direct team members to move residents to inner core of building away from exterior walls.

### **LOSS OF POTABLE WATER**

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

The Administrator or designate will:

- 1) Call Code Grey.
- 2) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
  - System contractor service provider: Township of Woolwich 5 19-669-1647

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

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

The Incident Manager or designate will:

- 1) Call Code Grey.
- 2) Direct Maintenance to turn off water supply at main valve and shut off electricity to affected parts of the building.
  - Main valve location: Sprinkler room- west lounge
  - Electricity shut off location: Basement electrical rooms
- 3) Contact a plumber: JC Waterworks 519-894-4005
- 4) Direct Maintenance to turn on faucets and flush toilets to drain pipes and relieve pressure.
- 5) Implement emergency water rations for residents as required (i.e. center basement bottled water supply, boil water advisory).
- 6) Manage any relocation of residents as required whose rooms may have been affected.
- 7) Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
- 8) Determine whether to initiate partial or full Code Green evacuation.

Team Members will:

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

## **MAG LOCKS FAILURE**

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Call Code Grey.
- 2) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
  - Instructions to reset mag locks: push button on bottom of main fire panel
- 3) Assign team members to monitor exit doors until the problem is resolved.
- 4) Notify Director of Environmental Services and Administrator.
- 5) Assign team members to complete a resident room check using fire plan checklist and to do ongoing walk about every fifteen minutes until system is reactivated.

All Team Members will:

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

The Director of Environmental Services or Executive Director will:

- 1) Obtain immediate assistance (service response) from mag lock (security system) supplier.
  - Mag lock/security system supplier: K R Communications 519-684-7570

## **TELEPHONE SYSTEM FAILURE**

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

- 1) Call Code Grey.
- 2) Notify Administrator, DOC, DES, or designate.
- 3) Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Use cell phone to alert Call Center to the failure and alternate contact numbers.
- 5) Notify residents and post signage.

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

- 1) Inform the Incident Manager immediately.

The Incident Manager will:

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

## **CODE BROWN: INTERNAL EMERGENCY (CHEMICAL SPILL / GAS LEAK / HAZARD) CODE BROWN RESPONSE**

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

### **DEFINITIONS:**

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction. A major hazardous material spill or hazmat incident can be defined as:

- a known substance that cannot be contained or cleaned up
- a substance of significant quantity that poses an immediate risk to team members and residents
- the material is unknown
- a chemical reaction is present
- incident could escalate and increase level of risk  
CARBON MONOXIDE Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide detected in the air in the building:
  - Stale, stuffy air
  - Occupants have symptoms of CO exposure (see below)
  - The pilot light on gas-fired equipment keeps going out
  - A sharp odour of the smell of natural gas occurs when equipment turns on
  - The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue (note: some natural gas fireplaces are designed to have yellow flames)
  - Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent
  - Excessive moisture on walls or windows in areas where natural gas equipment is on

### **CO detectors alarm Symptoms of Carbon Monoxide (CO) Exposure:**

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

Any person who suspects exposure to carbon monoxide will:

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

The Incident Manager will:

- 1) Call Code Brown.
- 2) Contact the Director of Environmental Services to identify proper shutdown of gas to equipment.
- 3) Shut down gas to equipment if Maintenance not available. Location of main shutoff valve is outside the west lounge- yellow pipe.

- 4) Assign team members to provide for medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- 5) Take direction from fire department

All Team Members will:

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

### **NATURAL GAS LEAK**

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

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

The Incident Manager will:

- 1) Call Code Brown.
- 2) Instruct Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
- 3) Shut off the valves if Maintenance not available. Located outside west lounge, yellow pipe.
- 4) Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
- 5) Notify the gas company from a phone located well away from the source of the leak.
- 6) Take direction from Emergency Services personnel.

All Team Members will:

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

### **BIOLOGICAL/CHEMICAL THREAT**

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

- 1) Immediately ensure all persons are relocated to an area away from the release.

The Incident Manager will:

- 1) Call Code Brown.
- 2) Keep team members, residents, volunteers, and visitors clear of the area.
- 3) Contact the Director of Environmental Services or designate to investigate and together determine the appropriate actions.
- 4) If no leak or spill, complete Incident Report.
- 5) If leak/spill found:
  - Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
  - Determine the nature, extent, and cause of the spill/leak;
  - Instruct maintenance team to contain the leak.

- 6) If required, advise the Administrator that a Code Brown should be called. This may involve evacuation of the affected area.
- 7) If required, call 911 to get Emergency Services assistance.
- 8) Take direction from emergency services personnel.
- 9) When the situation is under control announce a Code Brown – all clear.
- 10) Complete Incident Report (with assistance from maintenance team involved).
- 11) Contact environmental company to arrange proper disposal in keeping with the type of spill.

The Director of Environmental Services or designate will:

- 1) Attend on scene of spill/leak as directed by the Incident Manager.
- 2) Complete directions as per step 2 of Incident Manager’s procedures.
- 3) Assist emergency services as required.
- 4) Assist Incident Manager in completion of Incident Report.

Team Members in the affected area will:

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

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

### **CODE SILVER RESPONSE**

In the event of an intrusion by an armed person, an active shooter, or a hostage taking incident, Code Silver procedures will be enacted to prompt an appropriate response. Note: Code Silver will not result in other team members coming to assist, as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called. When a Code Silver is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area, following the procedures set out below.

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

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

Team members who are in the immediate area of Assailant Do NOT attempt to engage the assailant. This includes verbal and physical attempts do deescalate the situation.

- 1) Remain calm and evacuate:
  - Do not confront a person with a weapon
  - Do not attempt to remove wounded persons from the scene
  - If possible, assist others to leave the area and redirect those trying to enter
  - Evacuate if able and safe to proceed
    - o Only evacuate if you are close to an exit and can get there safely, without attracting

- o attention
- o Have an escape route and plan in mind
- o While evacuating, keep hands visible at all times (not to be mistaken for the shooter)
- o Leave any belongings behind

2) If unable to evacuate, hide:

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

2) Survive:

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

3) Call Incident Manager/Administrator or Nurse/Manager in charge of the building as soon as possible:

- Tell them to initiate Code Silver
- Give as much information as possible, including:
  - o Location of the assailant(s) (current, last known, and/or direction headed)
  - o Type of weapon(s)
  - o Description of the assailant(s)
  - o Any comments or demands made by the assailant
  - o Information on victims and/or hostages
  - o Any other information you feel may be relevant
- Remain on the line, and follow instructions of the Manager (stay as quiet as possible)

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

1] If you can leave safely, evacuate:

- Remain calm and follow Police/Security direction, if available
- Quickly leave the area, evacuating as many residents and other people as possible
- Redirect any people entering the area to evacuate to a safe location
- Move to a safe, pre-determined meeting point (if possible)
- Supervisors: once at meeting point, perform a head count to determine if your team is accounted for
- 2) If you cannot leave safely, hide:
  - Protect yourself and individuals in your area by quickly and quietly:
    - o Closing doors, locking and barricading yourself and others inside (where possible)
    - o Positioning people out of sight and behind large items that offer protection. (e.g. behind desks, cabinets, and away from windows)
    - o Silencing personal alarms, mobile phones and other electronic devices (e.g. TVs, Radios)
    - o Turning off monitors and screens (where possible) to reduce backlighting
    - o Instructing others, who are capable of assisting, to do the same with other resident rooms (i.e. visitors may assist with the resident they are visiting)
  - If able and safe to do so, call 911 to report where occupants are hiding
  - Do not use the telephone unless directly related to the Code Silver. Medical Emergency Codes will not be called for victims of the assailant until the incident site is secured by Police

- Hide in place until “Code Silver, All Clear” is announced
- If the assailant enters your work area, contact 911 if it is safe to do so

Team members who are in other locations within the building

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

The Incident Manager will:

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

### **Upon arrival of police**

Law enforcement personnel are the primary responders and will assume control in any Code Silver response. Do not interfere with the Police Officers by delaying or impeding their movements: The Police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

**Police Officers will be responding with the intent of using the required amount of force to diffuse the situation.** Ensure you do not present yourself as a threat to them:

- Drop any items in your hands (e.g. bags, jackets, etc.)

- Immediately raise hands and keep them visible at all times
- Remain calm and follow Officers' instructions; avoid screaming and/or yelling
- Avoid making quick movements toward Officers
- Do not attempt to grab hold of an Officer
- Do not stop to ask Officers for help or direction when evacuating: Proceed in the direction from which Officers are entering the area or take direction from Incident Manager.

Rescue teams comprised of additional Officers and emergency medical personnel may follow the initial Officers when it is safe to do so. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the area. Once you have reached a safe location, you will likely be held in that area by Police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until Police have instructed you to do so.

### **Recovery**

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

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

### **BUILDING LOCKDOWN**

Lockdown procedures are implemented to secure and protect team members and residents when an unauthorized or suspicious person enters the location and may be implemented in the event of a threatening communication. Lockdown procedures are similar to shelter-in-place procedures in that they are to be used when it may be more dangerous to evacuate than to stay inside. The intent is to reduce the number of casualties, and is initiated when evacuation is not feasible.

### **IMPLEMENTING LOCKDOWN**

When implementing lockdown procedures, ensure communication with team members as calmly as possible, call 911 as soon as it is safe to do so, and follow the direction of the police. By controlling access to, and movement and noise within the building, emergency personnel are better able to manage and respond to the threat. If the intruder is outside the building, secure all windows and doors and gather all team members and residents inside the building, outside of the line of view of intruder. If the intruder has entered the building, secure team members and residents in a safe room or area of the building.

## **SHELTER IN PLACE**

This type of lockdown is normally referred to when an environmental threat is present outside and it is not possible or advisable to evacuate the building. This type of action is normally in response to an air contaminant and involves keeping the air contaminants outside the building and keeping persons from unnecessarily putting themselves in medical danger. In the case of external health hazard, where it is not possible or advisable to evacuate the building:

- 1) The Incident Manager or designate will announce “Building Lockdown – Shelter in Place” to all team members as soon as possible.
- 2) The Incident Manager or designate will advise all team members, residents, and visitors in the building to move upwards to an interior room.
- 3) All team members will close windows and doors.
- 4) The Incident Manager or designate will:
  - o Ensure exterior doors are locked.
  - o Turn off heating, air conditioning and ventilation systems.
  - o Check the inventory of openings to ensure that no openings have been overlooked.
- 5) The Incident Manager or designate will monitor radio or television stations for further updates and have occupants remain in the shelter-in-place mode until the authorities indicate it is safe to come out.

## **HOLD AND SECURE**

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

### **What to do – if it’s safe to:**

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

## **LOCKDOWN**

This response is used when the threat is already in the building and measures need to be enacted to prevent the threat from accessing areas where potential victims are or may be, or to protect individuals from entering areas where the threat may be present. Examples of incidents: a person with a weapon inside the building, an active attacker inside the building.

### **What to do – if it’s safe to:**

- 1) Announce “Building Lockdown” to all team members as soon as possible.

- 2) Listen to instructions from emergency responders or building managers.
- 3) Move to a safe area.
- 4) Close and secure doors and windows.
- 5) Barricade doors with furniture or wedges if unable to secure them.
- 6) Turn off lights.
- 7) Keep away from doors and windows.
- 8) Silence cell phones.
- 9) Remain silent.
- 10) Lie on the floor if gunshots are heard.
- 11) Call 911 if it is safe to do so and if you have information such as location of attacker.
- 12) Speak as calmly and quietly as possible. Provide quiet activities to help keep residents focused and quiet.
- 13) Do not open the door for anyone unless you have a plan in place to protect yourself and others from the potential threat. If you open the door, you may be placing others in danger. Police will announce their entry. If still uncertain, and if safe to do so, you can confirm presence by calling 911.
- 14) Remain in the lockdown response until police release you with a key.

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

## **RECOVERY**

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

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

## **BOIL WATER ADVISORY**

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

## **BOIL WATER ADVISORY IMPLEMENTATION**

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

Do not use tap water to:

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

The Administrator or designate will:

- 1) Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
- 2) Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking.

The Infection Prevention & Control Lead or designate will:

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

The Director of Environmental Services or designate will:

- 1) Disconnect all ice making machines from the affected water supply.

The Environmental Services Team will:

- 1) Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
- 2) Reference XXVII-O-10.00(b) Cleaning & Sanitizing Practices during Boil Water Advisory.

The Director of Dietary Services or designate will:

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

The Care team will:

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

#### **WHEN THE BOIL WATER ADVISORY HAS ENDED**

The Environmental Services Team will:

- 1) Flush all water-using fixtures and faucets by running them for five minutes.
- 2) Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.

The Director of Environmental Services or designate will:

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

The Administrator or designate will:

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

The Infection Prevention & Control Lead or designate will:

- 1) Remove signage.

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

Can tap water be used to wash hands?

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

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

Can tap water be used for showering or bathing?

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

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

Can tap water be used for brushing teeth?

No. During a boil water advisory, tap water is NOT safe for brushing teeth. Only pre-boiled water that is cooled, bottled water, or water from another safe source may be used for brushing teeth.

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

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

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

Can tap water be used for washing laundry?

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

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

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

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

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

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

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

Can tap water be used in commercial coffee brewers and hot tea towers during a boil water advisory?  
Yes. Ensure the coffee maker/hot tea tower produces water at 70o C/160o F. This temperature is sufficient to inactivate disease-causing microorganisms. It is recommended that the coffee pot be held for at least five minutes on the burner prior to consumption. Verify temperature using a probe thermometer.

Can tap water be used to prepare food products that use water as an ingredient without cooking?  
No. Use boiled, bottled, or an alternate safe water source in the preparation of food products such as powdered drinks, puddings, jellies, sauces, etc.

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

Can tap water be used to wash dishes by hand? Yes. Follow 3-compartment sink dishwashing procedure, and ensure dishes have enough time for complete air drying to take place.

Can the commercial dishwasher be used to clean and disinfect dishes?  
Yes. Follow normal dishwashing procedures, and ensure dishes have enough time for complete air drying to take place.

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

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

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

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

The local Public Health Unit (PHU) would activate and deactivate an outbreak within the care community. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate. It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable unless otherwise directed.

## **PROCEDURE:**

The Administrator or designate will:

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

The Infection Prevention & Control Lead or designate will:

- Assemble the Outbreak Management Team response as per policy
- Track, report, and manage case counts in collaboration with PHU
- Ensure IPAC auditing throughout outbreak/pandemic as required
- Provide pertinent IPAC training and direction to residents, families, and staff p Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.
- Oversee and execute cohorting plans for staff and residents referencing IX--10.50 Cohorting Staff & Residents & IX-F-10.50(a) Cohorting Guidelines During an Outbreak

The Director of Care or designate will:

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

## **BUSINESS CONTINUITY PLAN FOOD & FLUID PROVISION IN THE EVENT OF AN EMERGENCY**

During an emergency/crisis event, foodservices and dining may be impacted, requiring the care community to consider the minimum preparedness needed to maintain essential services. This plan addresses care community considerations for operational/departmental specific needs in concert with foodservice delivery needed in the event of a reduction in power, water, natural disaster, fire, flood, and/or insufficient resources, the care community will have considered:

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

- Up to date names, phone numbers, and email addresses for disaster-support organizations and for all team members for fan out lists
- Food and water for three to seven days
- Disposable dishes and utensils for three to seven days
- A Contact Plan defining who will make decisions about food services and dining created by the Director of Dietary services in collaboration with the Administrator and Incident Manager

- An up to date listing of residents' names, room numbers, nutritional risk and daily food needs {can be obtained through PCC}.

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

- Assorted juices (nine meals)
- Bread, crackers, jelly/ jam (four meals and snacks)
- Assorted cookies (two meals and snacks)
- Canned fruit/pudding (six meals)
- Canned tuna, salmon (two meals)
- Canned baked beans (one meal)
- Canned Puréed meats, vegetables, fruits (nine meals)

**Special Products**

- Tube-feeding supplies (three to seven days)
- Supplement, Thickener

**Items Required for Emergency Plan Include:**

- A manual can opener
- Disposable plates, cups and plastic ware
- Garbage bags
- Scissors

**Other Items to Consider:**

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

**Loss of Water:**

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

**Loss of Power**

- Identify generator powered appliances and equipment; adjust as needed
- Review menus and adjust to prepared menu items as appropriate
- Communicate loss of power and impact to residents, families and staff

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

- Short term food service strategy: ordering in from local restaurants, community services, etc.
- Long term food service strategy: identify backup kitchen service to prepare menu/snacks
- Determine transportation to the care community that maintains temperatures from preparation to service
- Implement disposable dishes and utensils
- Collaborate with Administrator/Incident Manager for ongoing planning
- Communication of food and dining plans when initiated, upon changes, etc. to residents, families, and staff

**Relocation of Residents (Evacuation)**

- Menus (printed and/or electronic)
- Resident lists/ Serving Binder with textures, food preferences, nutritional risk and needs
- Staff contact lists and schedules
- Transport 3 days' emergency food supply and emergency supplies
- Ascertain ordering in food and fluids from restaurants, community services, etc.
- Assign staffing accordingly
- Director of Dietary Services/designate to re-evaluate daily, identify risks, and report to Administrator/Incident Manager or designate
- Director of Dietary Services/designate to communicate with Administrator/Incident Manager daily the food service plan

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

- Implement the 3-day emergency menu plan (XVIII-R-10.00 & attachments)
- Daily evaluation and planning for ongoing meals/snacks
- Communication to residents, families and, staff

**STAFFING CONTINGENCY**

During an emergency/crisis event, staffing levels may be impacted, requiring the care community to consider the minimum staffing needed to maintain essential services in the respective departments.

In preparation for the coverage needed in the event of a reduction in staffing or insufficient staff resources, the care community will have considered:

- Staff skills, including scope of practice, delegation, and cross training
- Agency contracts
- Redeployment of staff – managers, regional teams, corporate office, other locations
- 12-hour scheduling
- Full time/part time ratios

- Management team contingency plan – remote work options and appropriateness
- Assess access to external resources within the local community and health system
- Priority care and services matrix based on varying staff levels
- Training of volunteers, family members, essential caregivers
- Alternative support measures to maintain staffing levels e.g. child care, overnight accommodations, meals, transportation, etc.
- Assessment of flexible scheduling that would ensure team members and managers have time off while continuing to maintain staffing levels through a flexible work plan where feasible

### **RECOVERY PLAN**

Recovery strategies will be put in place at the care community to ensure a smooth return to normal operations post-Emergency. The Administrator is responsible for the official declaration of an Emergency ending.

Emergency Type:

Date Emergency Initiated:

Date Emergency Concluded:

As the care community returns to normal operations, the Administrator/designate will ensure the following is completed:

- Insurance arrangements completed as necessary
- Third Party contracts involved are now complete
- Pre-emergency staffing levels resumed as appropriate
- Any paused or altered programs or processes are restarted
- Managers using Risk Management Schedule to ensure all activities are current and in place
- Debrief of the emergency is completed within 30 days using the debrief template
- Communication with residents via Residents' Council, families via Family Council and/or other means (memo/letter) on the recovery stage/plan, outcomes, and any action items
- Collaborate with Joint Health & Safety Committee to execute recovery plan as appropriate
- Update staff on recovery plan status and any action items p Coordinate support for residents, families, and staff (counselling, support groups)
- Consult with residents, families, staff, and respective external stakeholders to evaluate the emergency plan
- Make any necessary changes to the emergency plan; communicate and train on those changes appropriately

If you have any questions regarding the Emergency Plan, please contact the facility.