

	Manual:	Emergency Preparedness	Reference:	EP001010.00
	Section:	Code Black	Created:	February 26, 2019
	Subject:	Code Black – Bomb Threat	Reviewed:	July 20, 2026

POLICY

It is the policy of the Homes to treat any type of bomb threat from any source a serious matter. All appropriate measures will be taken to ensure the safety of everyone within the home and on the campus.

A code black may be initiated in various ways, including, but limited to social media, phone call, email and/or finding a suspicious package/envelope.

The purpose of the code black is to provide direction to all personnel involved in a bomb threat situation. Following outlined procedures will help to minimize potential injury or harm and effectively resolve the crisis.

DEFINITIONS

Verbal Bomb Threat: received by telephone (most common) or conversation overheard within the campus

Written Bomb Threat: a note, envelope and/or a suspicious package is received or found

PROCEDURE

A) Receiving a Bomb Threat

1. Remain calm.
2. If a note/letter/package is received or found, minimize the handling of the item, secure the area; leave the item as is.
3. If the threat is overheard, try to ascertain as much information as possible/person to provide details.
4. If the threat is received by telephone, try to keep the caller on the line and attain as much information as possible/person to provide details.
5. Use the Bomb Threat Checklist as a guide.
 - a. Can you identify the caller's gender (e.g. male or female)?
 - b. Does the caller have a distinctive accent?
 - c. Is the voice disguised, muffled or strange-sounding?
 - d. Is the voice shrill or deep?
 - e. Are there background noises (e.g. is the caller indoors or outdoors)?
 - f. Note details about what was said.
 - g. Any additional unique features?
6. Take measures to get another staff member's attention, so they can call 911.
7. Use a different phone than the one on which the threat was received to call 911.

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8. When calling 911, state:
 - a. “This is **Parkwood Mennonite Home**. We have just received a bomb threat. Our address is 726 New Hampshire Street, Waterloo. Our phone number is 519-885-4810”.
 - b. “This is **Fairview Mennonite Home**. We have just received a bomb threat. Our address is 515 Langs Drive/799 Concession Road, Cambridge. Our phone number is 519-653-5719.”
 - c. “This is **Craigwiel Gardens**. We have received a bomb threat. Our address is 221 Ailsa Craig Main Street, Ailsa Craig. Our phone number is 519-293-3215.”
9. Designate a team member to notify the charge nurse (or designee), who will assume control of the situation.
10. The charge nurse, or designate, will page “**Code Black Location**” and any other instructions required three (3) times.
11. Emergency Services will determine if a building evacuation is required. The charge nurse, or designate, will announce “**Code Green home area to evacuation location**” to initiate the Code Green Evacuation, as necessary.
12. The decision to cancel Code Black is made by Emergency Services. When the all clear is given, the charge nurse, or designate, will page “**Code Black, All Clear**” three (3) times.

B) Bomb Search Procedures

Team members do not have the right to refuse to search their immediate work area for suspicious packages. As per the Ministry of Labour, since employees are the most qualified to notice an unusual or suspicious object in their own work area, conducting a search of that work area could be considered a reasonable job function. Also, the Ministry of Labour considers that until a suspicious object is found, reasonable grounds for believing that a bomb is present have not been established.

1. A search must be as quick and thorough as possible. Remind team members a search is “eyes only”; do not to open or touch suspect objects.
2. Using ‘Facility Location Cards’ provided, staff will be sent in pairs to search and will report back to the charge nurse within 15 minutes.
3. Staff will search designated areas for the purpose of identifying suspicious objects.
4. Special attention will be given to areas to which the general public has easy access such as lobbies, washrooms, stairways, halls, building perimeter.
5. When searching an individual room or area, first have an overall cursory look at the area to see if anything suspicious is noticed. Next, conduct a more thorough search of the room. Start at the back of the room working your way towards the exit.
 - a. Do not open locked drawers or doors unnecessarily.
 - b. Do not move anything.
 - c. Do not jar or shake any suspicious objects.

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6. Notify the charge nurse, or designate, if a suspected object is found.
7. Continue the search to ascertain all other areas are clear.

If a suspicious or suspected object is found:

1. Immediately remove residents from the vicinity.
2. The charge nurse, or designate, will:
 - b. Lock entrances to prevent further entry.
 - c. Assign staff to check all exits to ensure they are locked and the alarm system is on and functional, unless evacuation is ordered.
 - d. Ensure residents and visitors remain in their rooms.
3. One staff member will remain in the area, at a safe distance, to direct Emergency Services to the suspicious object and to ensure residents, families and team members do not enter.

Situations resulting in an emergency code are dynamic and the response may change. Be prepared for an emergency code to be superseded by a new one if the situation evolves, for example, a code may transition to a code green if the home needs to be evacuated. To ensure you are following the proper direction, monitor for announcements and instructions for updates to the emergency status.

A) Debriefing, Documentation and Review

1. A debrief will be held each time a code is tested or triggered. If tested, those involved in the code will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the code being declared over. Debrief will include team members, residents, families, Residents' Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Team members will review changes and training will be provided if needed post event.
3. All team members receive annual education related to Code Silver according to the requirements of the *Fixing Long-Term Care Act*, 2021, Ontario Regulation 246/22, *Retirement Homes Act*, 2010 and Ontario Regulation 166/11.

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Attachments

- EP001010.00(a) Code Black - Bomb Threat Checklist (Fairview)
- EP001010.00(b) Code Black – Bomb Threat Checklist (Parkwood)
- EP001010.00(c) Code Black – Bomb Threat Checklist (Craigwiel)
- EP001010.00(d) Code Black - Bomb Threat Interview Checklist
- EP001010.00(e) Code Black – Facility Location Cards (Fairview)
- EP001010.00(f) Code Black – Facility Location Cards LTC (Parkwood)
- EP001010.00(g) Code Black – Facility Location Cards – RS (Parkwood)
- EP001010.00(h) Code Black – Facility Location Cards (Craigwiel)

	Manual:	Emergency Preparedness	Reference:	EP002010.00
	Section:	Code Blue	Created:	January 31, 2019
	Subject:	Code Blue - Medical Emergency	Reviewed:	June 4, 2026

POLICY

It is the policy of the Homes to provide emergency medical assistance when a life-threatening incident occurs. A medical emergency may include any number of events including, but not limited to, a cardiac event, a fracture, choking, etc.

In the case of a resident medical emergency, the Advanced Directive will be reviewed and followed.

PROCEDURE

A) Instruction for Staff

1. Nursing staff are required to respond when Code Blue is paged. Registered staff will prioritize a Code Blue in the scope of their duties.
2. Anyone who observes a medical emergency, accident or finds a person in distress will remain with the person until medical assistance arrives. This person will use the phone or call out for help.
3. Staff who are trained in assessment, first aid skills and/or CPR may initiate treatment appropriate to the medical emergency and page Code Blue.
4. To page a Code Blue:
 - a. Page "*Code Blue (state location)*" three (3) times.
 - b. Designate staff to meet emergency responders at the front door.
 - c. Designate any other staff to help with the emergency for crowd control, get first aid kit or other supplies or send extra staff back to work.
 - d. Stay with the individual until medical assistance arrives.
5. The charge nurse, or designate, will be notified, respond and assess the extent of injury/illness and summon medical assistance as necessary, by calling 911.
6. When the medical emergency is over, the charge nurse, or designate, will page "*Code Blue – All Clear*" three (3) times.

If the medical emergency involves a resident:

1. Consult the resident's Advanced Directive for guidance.
2. Provide emergency responders paperwork to accompany resident to hospital (resident data sheet, copy of MAR).
3. Document observations, findings, interventions and medical attention provided in the resident's electronic chart.
4. Notify the attending physician of the incident.
5. Notify the Substitute Decision Maker of the incident.

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	Section:	Code Blue	Created:	January 31, 2019
	Subject:	Code Blue - Medical Emergency	Reviewed:	June 4, 2026

If medical emergency involves an employee, volunteer or visitor:

1. Complete an Incident Report; completed report is given to the Executive Director, or designate.
2. Notify the person's emergency contact; inform them of the situation (if available).
3. If the event occurs after hours, notify the Executive Director, or designate.
4. Complete reporting as applicable (e.g. Ministry of Labour)

Situations resulting in an emergency code are dynamic and the response may change. Be prepared for an emergency code to be superseded by a new one if the situation evolves, for example, a code red may transition to a code green if the home needs to be evacuated. To ensure you are following the proper direction, monitor for announcements and instructions for updates to the emergency status.

B) Debrief, Documentation and Review

1. A debrief will be held each time a code is tested or triggered. If tested, those involved in the code will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved and actions taken. If triggered, a debrief will be completed within 30 days of the code being declared over. Debrief will include team members, residents, families, Residents' Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Team members will review changes and training will be provided if needed post event.
3. All team members receive annual education related to Code Blue according to the requirements of the *Fixing Long-Term Care Act*, 2021, Ontario Regulation 246/22, *Retirement Homes Act*, 2010 and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP003010.10
	Section:	Code Brown	Created:	January 31, 2019
	Subject:	Code Brown – Chemical Spills	Reviewed:	June 4, 2026

POLICY

It is the policy of the Homes to respond quickly and safely to any chemical spill which may pose a risk to the safety of residents, families, volunteers and team members.

DEFINITIONS

1. **Minor Spill** A minor spill is one that usually presents little or no hazard to person or property and is small enough to be safely cleaned up using materials on hand.
2. **Major Spill** A major spill is one which may cause an immediate health hazard and are to be reported immediately to the Provincial Emergency Program.

A major spill is one that cannot be contained safely with the materials on hand and/or threatens to enter the sewer system or travel beyond the boundaries of the property/building to endanger the environment.

PROCEDURE

A) Minor Chemical Spills

S – Secure area and safely evacuate all persons from the immediate vicinity.

P – Prevent the spread of vapors/fumes by closing doors and interior windows.

I – Initiate response by paging “Code Brown *Location*” three (3) times.

L – Leave all electrical equipment alone. Do not turn anything on or off (including light switches).

L – Locate SDS sheets for the chemical if possible; follow procedure for clean-up if it is safe to do so.

1. A minor spill may be detected by a strong or offensive odour or a small pool of liquid on the ground. Anyone finding a minor chemical spill must:
 - a. Isolate the spill, close doors, remove everyone from the area and put up caution signs.
 - b. Report the spill to the Charge Nurse, or designate.
2. Team members will determine if a Code Brown needs to be initiated. If so, the Charge Nurse, or designate, will page “Code Brown *Location*” three (3) times.
3. Team members will locate a staff member with adequate training to clean the area following cleaning protocol listed on the SDS sheet.
4. If the minor spill is in an open area and the vapours are being dispersed it will not be considered a significant hazard.
5. If the vapours from the minor leak or spill can collect in a confined space sufficiently to form an explosive mixture it will be considered a significant hazard and a partial or full evacuation must take place immediately by following Code Green Evacuation policy.

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	Section:	Code Brown	Created:	January 31, 2019
	Subject:	Code Brown – Chemical Spills	Reviewed:	June 4, 2026

6. Anyone injured as a result of the spill will report to the Charge Nurse, obtain first aid and complete an Incident Report.

B) Major Chemical Spills

1. A major spill may be detected by the existence of a large vapour cloud or a large pool of liquid on the ground.
2. Anyone who finds a major spill must report this immediately to the Charge Nurse, or designate, who will initiate the Code Brown procedure by paging “Code Brown *Location*” three (3) times.
3. The Charge Nurse, or designate, will call 911 immediately for Emergency Services.
4. The Charge Nurse, or designate, will also contact the Executive Director to notify them of the situation.
5. Immediate steps to protect residents and others in the area:
 - a. Move persons away from the scene
 - b. Designate staff to keep others away from the spill
 - c. Instruct others not to walk into or touch any of the spilled substance
 - d. Advise others to try not to inhale gasses, fumes, and smoke. If possible cover mouth with a cloth while leaving the area.
 - e. Cleanse victims that may have come in contact by flushing skin or eyes with cold water. Consult SDS sheets if available and seek medical treatment if needed.
6. The Charge Nurse, or designate, must report an environmental emergency and receive safety instructions by calling:
Provincial Spills Action Centre at: 1-800-268-6060
7. The Emergency Response Team from the Spills Action Centre will determine if it is safer for the residents to evacuate or to shelter in place.
8. If an evacuation must take place, the Charge Nurse, or designate, will initiate Code Green Evacuation policy by paging “Code Green *Location*” three (3) times.
9. If residents are safe to shelter in place, appropriate steps must be taken to protect residents:
 - a. Close all windows and doors
 - b. Seal gaps at doorways and windows with wet towels
 - c. Turn off ventilation systems
 - d. Close off non-essential rooms
 - e. Seal ventilation openings wherever possible
 - f. Fill tubs with water supply and the turn off the supply lines
 - g. Remove contaminated clothing/equipment and place in a plastic bag
 - h. Avoid eating or drinking any food or water that may be contaminated

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10. Anyone injured as a result of the spill will report to the Charge Nurse, obtain first aid and complete an Incident Report.

C) Debrief, Documentation and Review

1. Those involved in the Code Brown will meet to discuss the event after the all clear, ensure that a report is completed including a record of who was involved, and actions taken.
2. Policy changes are made as needed. Staff will review and training will be provided, if needed post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report. Any other support for staff involved will be provided as needed.
4. A debrief will be held each time a Code Brown is tested or triggered. If tested, those involved in the Code Brown will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Brown being declared over. Debrief will include staff, residents, families, Residents' Council, Family Council and service providers.
5. Provide support for those who are impacted by the Code Brown and show signs of distress.
6. All staff receive annual education related to Code Brown according to the requirements of the *Fixing Long-Term Care Act, 2021*, Ontario Regulation 246/22, *Retirement Home Act, 2010* and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP004010.00
	Section:	Code Green	Created:	February 13, 2019
	Subject:	Evacuation (Partial or Full)	Reviewed:	June 19, 2026

POLICY

It is the policy of the Homes to develop and implement a complete evacuation plan to remove residents from the Home in case of an emergency. The evacuation plan includes a safe and appropriate off-site location designated as an emergency shelter for residents to be moved to in case the Home becomes unsafe.

PURPOSE

- Provide clear direction for staff at each stage of evacuation including: management of evacuation, accessing the designated emergency shelter and tracking resident movements (throughout the evacuation).

DEFINITIONS

Partial Evacuation: Involves removing people from an area where a dangerous situation has occurred to a safe area, preferably behind a fire separation. Partial evacuations may occur horizontally on the same floor or vertically to a safer location on another floor. Residents remain somewhere safe within the facility.

Full Evacuation: Everyone is removed from the Home. The decision to fully evacuate will be made by the Charge Nurse or designate in conjunction with Emergency Services personnel.

PROCEDURE

A) Circumstances Requiring Evacuation

1. Fire
2. Explosion
3. Flood
4. Bomb threat
5. Loss of heat, hydro or water for an extended period of time
6. Community disaster (toxic spill, loss of utilities or gas leak)
7. Any other reason to ensure the safety of residents

B) Designated Emergency Shelters

1. PARKWOOD Emergency Shelter
 - a. In the event of a building evacuation, the designated emergency shelter contacted is:
RIM Park – Manulife Financial Sportsplex and Healthy Living Centre
2001 University Ave., Waterloo.
 - b. The Sportsplex is open from 8:00 a.m. (0800) to 11:00 p.m. (23:00), Monday to Sunday (may be closed during some holidays). During those hours, the following number is to be called: (519) 884-5363, extension 0 (you may have to press 0 twice).

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- c. In the event of an emergency during off hours or if you cannot reach a person at the above number the following procedure is to be used:
 - i. Call the On-Call operator at: (519) 886-2310.
 - ii. Inform the On-Call operator that you require the Sportsplex to be opened for an emergency. If you leave a message, a call back number must be left and they will call you back. The On-Call operator usually answers this line.
 - iii. A Facility Attendant will open the Sportsplex.
- d. If residents require long-term accommodations, see current commitment letters located in emergency plan binder.

2. FAIRVIEW Emergency Shelter

- a. In the event of a full building evacuation, the designated emergency shelter to contact is:
Preston Mennonite Church, 791 Concession Road, Cambridge
- b. There are two keys at Fairview.
 - i. Lock box at Suites entrance (code in medication cart)
 - ii. Long-Term Care Charge Nurse (key ring)
- c. The Church must be informed of occupancy by calling 519-222-7571 (Janine Rorke).
- d. If residents require long-term accommodations, see current commitment letters located in emergency plan binder.

3. CRAIGWIEL Emergency Shelter

- a. In the event of a full building evacuation, the designated emergency shelter to contact is:
Ailsa Craig Community Centre, 155 Annie Ada Shipley Street, Ailsa Craig
- b. In the event of an emergency, contact the Community Centre office (Arnie Marsman) at 519-294-6244.
- c. If residents require long-term accommodations, see commitment letters located in emergency plan binder.

C) Priority of Evacuation

1. Anyone in the immediate area of danger.
2. Ambulatory residents will be moved under supervision to a safe area.
3. Residents requiring total assistance or who are resistive are evacuated last.

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D) Transportation for Evacuation

1. FAIRVIEW/PARKWOOD: Grand River Transit will be contacted by first responders as part of their responsibility for Emergency Response within Waterloo Region.
2. CRAIGWIEL: Langs Bus Service will be contacted at 519-245-2350 (after hours 519-646-4325)
3. The campus bus can also be utilized to move residents to emergency shelters.

E) Command Centre

1. PARKWOOD (LTC): The command centre is the front office; alternative is the hair salon.
PARKWOOD (RH): The command centre is the Suites lobby; alternative is the Fellowship Hall.
2. FAIRVIEW (LTC): The command centre is the Hespeler home area, PSW desk; alternative is reception.
FAIRVIEW (RH): The command centre is the retirement home lobby; alternative is the auditorium.
3. CRAIGWIEL: The command centre is the Lucan nursing station; alternative is the auditorium.

F) Staff Responsibilities – Partial Evacuation Required

1. If an emergency warrants a partial evacuation, the Charge Nurse will page “Code Green *Location*” three (3) times.
2. All staff will follow instructions as listed in the Fire Safety Plan for the appropriate building/home area.

G) Staff Responsibilities – Immediate, Full Evacuation Required

1. The Charge Nurse, or designate, will consult with Emergency Services personnel to determine the appropriate evacuation response. If a full evacuation is required with the intent to abandon the building for a period of time, proceed with the steps outlined below.
2. The Charge Nurse or designate will:
 - a. Activate the Code Green policy by paging “Code Green” three (3) times.
 - b. All staff will report to the command centre for instructions from the Charge Nurse.
 - c. Assign someone to initiate the Emergency Fan-out List, using the One-Call procedure.
 - d. Assign a control person at each exit to record departures of residents. Each person will have a resident list to use to track residents.
 - e. Assign a staff person to obtain the Code Green binder containing all resident census information to be taken to the emergency shelter.
 - f. Assign staff to begin evacuating residents from the Home according to priority (as listed above).

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- i. PARKWOOD (LTC/RH): lanyards containing resident face sheets are distributed to residents as they are leaving the building; residents to be checked off list that they have left.
 - ii. FAIRVIEW (LTC): lanyards containing resident face sheets are distributed to residents as they are leaving the building; residents to be checked off list that they have left.
FAIRVIEW (RH): lanyards containing resident face sheets are distributed to residents as they are leaving the building; residents to be checked off list that they have left.
 - iii. CRAIGWIEL: lanyards containing resident face sheets are distributed to residents as they are leaving the building; residents to be checked off list that they have left.
- g. Ensure all residents have been evacuated and are ready for transport to the emergency shelter.
- h. Designate someone to contact the emergency shelter and prepare for residents' arrival.
- i. CRAIGWIEL: Designate someone to contact emergency transportation.
- j. Designate several staff to contact family members to determine if family can provide lodging and care for resident.
 - i. Inform of resident location.
 - ii. Obtain/provide detailed instruction of how they may assist.
 - iii. If family is requested to stay away from emergency shelter, they are to be informed of the process for future contact of their family member.
- k. Upon departure of all residents and staff to emergency shelter, complete a final count of all residents and staff to ensure everyone is accounted for.
3. Activate door markers indicating that the room has been checked and evacuated when removing residents.
4. On completion of resident safe transport to the emergency shelter, the Charge Nurse, or designate, will prepare the following items required for residents at the emergency shelter:
 - a. Arrange for wheelchairs and walkers for delivery to shelter.
 - b. Arrange MAR, medication and treatment supplies for delivery to shelter.
 - c. Arrange for required resident personal supplies (clothing, toiletries, continence supplies, etc.).
5. On final abandonment of building:
 - a. Secure the main entrances/exits.
 - b. Ensure security is in place and required access keys are available to designated staff.

H) Other Staff Responsibilities During Evacuation

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1. The Executive Director or designate will:

- a. Ensure the Emergency Fan-out List is activated, using the One-Call procedure.
- b. Notify President & Chief Executive Officer and Chief Operating Officer of the evacuation.
- c. Notify the appropriate authorities of the evacuation. Initiate mandatory reporting and liaise with appropriate authorities during the time away from the Home.
- d. Establish and attempt to remain at the Command Centre.
- e. Communicate with all Emergency Services Personnel involved and follow all instructions given.
- f. Brief all Directors of the situation.
- g. Contact expected supplier deliveries; stop action on delivery or re-route to shelter.
- h. Connect with President & Chief Executive Officer, or designate, regarding communication with media.
- i. Ensure the designated emergency shelter is notified that residents will be transferred.
- j. Ensure all residents have been safely evacuated and are accounted for.
- k. Ensure security is arranged for the Home during the time the building is left empty.
- l. Along with the Director, Land and Building, do a final check to ensure all equipment is turned off, heating system lowered and all windows and doors are secured and locked.

2. The Director of Care, the Director of Retirement & Community Services and/or designate(s) will:

- a. Notify the Medical Director, Attending Physicians, Public Health and the pharmacy of the evacuation; liaise with these parties during the time away from the Home.
- b. Notify the Director, Clinical Services/Associate Director, Clinical Services; provide direction for remote access on PointClickCare.
- c. Evacuate a three-day supply of all medications and treatments for each resident.
- d. Evacuate all resident care records and other essential records.
- e. Evacuate a three-day supply of all care supplies for each resident.
- f. If it is safe to do so, allow staff to gather their personal belongings as they may not be allowed entrance back into the building.

3. Nursing Department Responsibilities:

- a. Evacuate residents and assist with the transfer of residents to emergency shelter.
- b. Assist in the evacuation of resident care supplies (e.g. portable oxygen), medication cart and resident chart cart.
- c. Turn off all electrical equipment.

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- d. Remain with the residents at the emergency shelter.

4. Director of Programs and Department Staff will:

- a. Assist with evacuating residents.
- b. Go to designated shelter to receive and supervise residents.
- c. Contact volunteers to notify them of the evacuation.
- d. Director of Programs will account for all department staff upon arrival at the emergency shelter.

5. Director, Land and Building/Maintenance or designate, will:

- a. Ensure all equipment is checked and turned off.
- b. Complete the final security check of the building with the Executive Director, or designate.
- c. Evacuate essential records and suppliers' phone numbers.
- d. Liaise with Emergency Shelter Staff and support workers to set up areas to receive residents.
- e. Notify utility companies, Fire Monitoring and Fire Department of the evacuation and liaise with these parties during the time away from the Home.
- f. Notify all suppliers of the evacuation; liaise with parties during the time away from the Home.

6. Environmental Services Staff (Housekeeping/Laundry) will:

- a. Assist with evacuating residents.
- b. If it is safe to do so, bring a one-day supply of clothing for each resident and essential supplies.
- c. Go to the emergency shelter and assist in the set-up of areas.

7. Director of Food Services

- a. Ensure all equipment is checked and turned off.
- b. Evacuate essential records and suppliers' phone numbers.
- c. Account for all food services, laundry and housekeeping staff.
- d. Liaise with Red Cross and support workers to supply initial nourishment and prepare area for meal delivery.
- e. Notify all suppliers of the evacuation and will liaise with these parties during the time away from the Home.

8. Food Services Staff will:

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- a. Pack and transfer any essential food and paper supplies.
- b. Evacuate any necessary equipment.

9. Administrative Staff and Support Staff will:

- a. Evacuate all essential documents and records.
- b. If it is safe to do so, collect laptop computers and bring to evacuation centre.
- c. Go to designated shelter to set up a reception area/control centre.
- d. Assist with contacting off duty staff and other individuals as requested.
- e. Assist with contacting family members to notify them of the evacuation.
- f. Assist with other duties as assigned.

10. IT Support, or designate

- a. Resident information is cloud-based, allowing for remote access.
- b. Ensure PointClickCare remote access is granted, if not already done.
- c. Ensure computers are functioning properly.

I) Debrief, Documentation and Review

1. A debrief will be held each time a Code Green is tested or triggered. If tested, those involved in the Code Green will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Green being declared over. Debrief will include staff, residents, families, Residents' Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Staff will review changes and training will be provided if needed post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Green and show signs of distress.
5. All staff receive annual education related to Code Green according to the requirements of the *Fixing Long-Term Care Act, 2021* and Regulation 246/22 and *Retirement Homes Act, 2010* and Ontario Regulation 166/11.

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP005010.00
	Section:	Code Grey	Created:	February 27, 2019
	Subject:	Code Grey – External Air Hazard	Reviewed:	June 4, 2026

POLICY

It is the policy of the Homes to respond quickly to any external air contamination event that may pose a risk to the safety of residents and others on the campus. Contamination events may include a chemical spill, a train derailment with hazardous materials or extensive smoke from fire.

RESOURCES

Government of Canada [Environment and Natural Resources, Air Quality](#)
Ministry of the Environment, Conservation and Parks [Air Quality Ontario](#)
Region of Waterloo (519 575 4400) [Air Quality Advisories](#)
North Middlesex (519 294 6244) [Resources](#)

PROCEDURE

A) External Air Hazard (Outside the Home)

1. The initial alert comes from an external source that has detected a potential air quality threat in the vicinity of the home. These agencies include: fire department, police services or environmental ministries.
2. The person receiving the notification of an air contamination in the vicinity of the home, will immediately release the information to the Executive Director, Charge Nurse, or designate.
3. The Charge Nurse, or designate, will page “Code Grey” three (3) times.
4. If the Executive Director is not onsite, the Charge Nurse, or designate, will notify them of the situation.
5. Executive Director, or designate, to notify the COO, or designate, of the situation.
6. Upon hearing the Code Grey paged, team members will go to the command centre to receive instructions from the Charge Nurse, or designate.
7. Charge Nurse, or designate, may use the one-call to notify tenants living in independent apartments, family members and team members of the code grey in the vicinity. Messages will be posted electronically, if possible.
8. Instructions for team members to protect residents by minimizing the intake of contaminated air may include:
 - a. Close and seal all external doors
 - b. Restrict entry or exit
 - c. Close and seal all windows.
 - d. Post warning signage on exterior doors for those approaching (long-term care and retirement)
 - e. Designate a team member to remain at key entrances to ensure doors remain closed.

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP005010.00
	Section:	Code Grey	Created:	February 27, 2019
	Subject:	Code Grey – External Air Hazard	Reviewed:	June 4, 2026

- f. If necessary, shut down the HVAC system (maintenance will do this) to prevent outside air from circulating inside.
- g. If advised by Emergency Services, close gas valves including the main valve to the building (maintenance will do this).

NOTE: The main valve must be reopened by a certified technician and all equipment must be restarted by qualified persons ONLY after the “All Clear” is given.

- h. Follow all additional instructions from Emergency Services.
9. External air hazards are affected by prevailing winds which will eventually disperse and dissipate the contamination. Code Grey typically does not last more than a few hours.
10. The Charge Nurse, or designate, will coordinate with Emergency Services to monitor air quality. When advised, the Charge Nurse, or designate, will page “Code Grey – All Clear” three (3) times.

Situations resulting in an emergency code are dynamic and the response may change. Be prepared for an emergency code to be superseded by a new one if the situation evolves, for example, a code red may transition to a code green if the home needs to be evacuated. To ensure you are following the proper direction, monitor for announcements and instructions for updates to the emergency status.

B) Debriefing, Documentation and Review

1. A debrief will be held each time a Code Grey is tested or triggered.
 If tested, those involved in the Code Grey will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved and actions taken.
 If triggered, a debrief will be completed within 30 days of the Code Grey being declared over.
 Debrief will include team members, residents, families, Residents’ Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Team members will review changes and training will be provided if needed post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Grey and show signs of distress.
5. All team members receive annual education related to Code Grey according to the requirements of the *Fixing Long-Term Care Act, 2021*, Ontario Regulation 246/22, *Retirement Homes Act, 2010* and Ontario Regulation 166/11.

Attachments EP005010.00(a) External Air Hazard - Signage
 EP005010.00(b) External Air Hazard - One Call Draft

	Manual:	Emergency Plan	Reference:	EP006070.00(c)
	Section:	Code Orange	Created:	February 12, 2019
	Subject:	Emergency 3-Day Food Plan	Reviewed:	May 26, 2026

POLICY

It is the policy of the Homes to have a plan in place to ensure residents receive safe, wholesome food in the event of a loss of power, gas and/or water. The Homes will provide food and fluids for 24 hours from current in-house supply.

The Emergency 3-Day Food Plan policy applies to long-term care and retirement residents. Independent Apartment tenants will be contacted regarding meal services and assistance will be provided as needed.

PROCEDURE

A) Director, Food Services or designate will:

1. Ensure a one (1) day supply of disposable dishes, cutlery, cleaning supplies, garbage bags.
2. Ensure an inventory of food items such as: canned items (soups, meats), fruit and vegetable juices, milk powder, ready to eat cereal, bread/crackers, pasta, cookies, margarine, butter, prepared pudding, peanut butter, jam/jellies, gelatin powder and bottled water.
3. Assess schedule to ensure adequate staffing; attain support if required.
4. To ensure safe procedures (may be more difficult to achieve in an emergency):
 - Implement handwashing stations (hand hygiene)
 - Utilize disposable products when possible
5. Maintain contact with Public Health for further advice and direction during loss of service.

B) Food Services Staff will:

1. Meal production will commence based on the 3-day emergency menu (No refrigeration).
2. Ensure food remains in storage and packages until just prior to meal service. Contents of opened tins should not be saved/used the next day. All food will be covered until it is needed.
3. If using a barbecue, cook food at the suitable temperature until appropriate internal temperature is reached. Hot food will be consumed as soon as possible (no longer than 2 hours after preparation).
4. Follow standardized food safety practices.

Note: Emergency 3-Day Food Plan is a sample. Items may be substituted based on availability and resident preferences.

 Fairview Parkwood Craigwiel COMMUNITIES	Manual:	Emergency Plan	Reference:	EP006070.00(c)
	Section:	Code Orange	Created:	February 12, 2019
	Subject:	Emergency 3-Day Food Plan	Reviewed:	May 26, 2026

MEAL	PORTION	DAY ONE	DAY TWO	DAY THREE
Breakfast All Diets	125 ml	Assorted Juice	Assorted Juice	Assorted Juice
Regular/Minced/Pureed	125 ml 180ml 60 ml 2 slice	Assorted Fruit Cup Oatmeal Cottage Cheese WW Bread, Assorted Jam	Assorted Fruit Cup Cream of Wheat Cheddar Cheese Slice WW Bread, Assorted Jam	Assorted Fruit Cup Oatmeal Fruit Yogurt WW Bread, Assorted Jam
	125 ml 180 ml 2 each 2 slice	Assorted Fruit Cup Assorted Cereal Peanut Butter White Bread, Assorted Jam	Assorted Fruit Cup Assorted Cereal Peanut Butter White Bread, Assorted Jam	Assorted Fruit Cup Assorted Cereal Peanut Butter White Bread, Assorted Jam
AM Snack All Diets	125 ml	Assorted Juice	Assorted Juice	Assorted Juice
Noon Meal All Diets	125 ml	Assorted Juice	Assorted Juice	Assorted Juice
Regular/Minced/Pureed	250 ml 125 ml	Spaghetti & Meal Sauce Green Beans WW Bread Chocolate Brownie	Sweet Hickory BBQ Baked Beans Mashed Potatoes Creamed Corn WW Bread Butter Tart Square	Macaroni & Cheese Garden Peas Date Square
	1 each 1 each 125 ml	PB&J on WW Bread Strawberry Applesauce Assorted Fruit Cup	PB&J on WW Bread Applesauce Cup Assorted Fruit Cup	PB&J on WW Bread Blueberry Applesauce Assorted Fruit Cup
PM Snack All Diets	125 ml	Assorted Juice	Assorted Juice	Assorted Juice
Regular/Minced	2 each	Assorted Cookies	Assorted Cookies	Assorted Cookies
Pureed	125 ml	Chocolate Pudding	Vanilla Pudding	Butterscotch Pudding
Dinner Meal All Diets	125 ml	Assorted Juice	Assorted Juice	Assorted Juice
Regular/Minced/Pureed	2 each 180 ml 1 each 125 ml 125 ml	Unsalted Crackers Tomato Soup Egg Salad on WW Bread Chickpea Salad Assorted Fruit Cup	Unsalted Crackers Cream of Mushroom Soup Tuna Salad on WW Bread Iceberg Salad, Italian Dressing Assorted Fruit Cup	Unsalted Crackers Chicken Noodle Soup Salmon Salad on WW Bread Cucumber Slices Mandarin Oranges
	2 each 180 ml 1 each 125 ml	Unsalted Crackers Tomato Soup PB&J on WW Bread Chickpea Salad Assorted Pudding Cup	Unsalted Crackers Cream of Mushroom Soup PB&J on WW Bread Iceberg Salad Assorted Jell-O Cup	Unsalted Crackers Chicken Noodle Soup PB&J on WW Bread Cucumber Slices Assorted Pudding Cup
HS Snack All Diets	125 ml	Assorted Juice	Assorted Juice	Assorted Juice
Regular/Minced	2 each	Assorted Cookies	Assorted Cookies	Assorted Cookies
Pureed	125 ml	Butterscotch Pudding	Lemon Pudding	Vanilla Pudding

Note: Available for all meals – instant coffee/tea, Coffee Mate/sugar, powdered or UHT milk, nutritional supplements, fresh fruit, ginger ale and diet ginger ale. If power, gas and water are unavailable, items will be heated on BBQs. Potable water will be used to prepare all soups, crystals and milk. Disposable serving items will be used.

 <i>Fairview Parkwood</i>	Manual:	Emergency Plan	Reference No.:	EP006070.00(c)
	Section:	Code Orange	Created:	February 12, 2019
	Subject:	Emergency 3-Day Food Plan	Reviewed:	May 26, 2026

Day One					
Meal	Portion	Regular/Regular	Regular/Minced Meat	Regular/Minced	Regular/Puree
Breakfast All Diets	125 ml	Assorted Juice	✓	✓	✓
	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
	180ml	Oatmeal	✓	✓	180ml puree
	60 ml	Cottage Cheese	✓	✓	1#16sc puree
	2 slice	WW Bread	✓	✓	1#16sc puree
	1 each	Assorted Jam	✓	✓	x
	125 ml	Assorted Cereal	✓	✓	180ml puree
	180 ml	Peanut Butter	✓	✓	1#16sc cottage cheese
	2 slice	White Bread	✓	✓	1#16sc puree
	1 each	Assorted Jam	✓	✓	x
AM Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Noon Meal All Diets	125 ml	Assorted Juice	✓	✓	✓
	250 ml	Spaghetti & Meat Sauce	2#8sc minced	2#8sc minced	2#8sc puree
	125 ml	Green Beans	✓	1#10sc minced	1#10sc puree
		WW Bread	✓	✓	1#16sc puree
		Chocolate Brownie	✓	✓	1#12sc puree
	1 each	PB&J on WW Bread	✓	✓	1#6sc puree
	1 each	Strawberry Applesauce	✓	✓	✓
	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
PM Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced	2 each	Assorted Cookies	✓	✓	1#12sc puree
Pureed	125 ml	Chocolate Pudding	✓	✓	✓
Dinner Meal All Diets	125 ml	Assorted Juice	✓	✓	✓
	2 each	Unsalted Crackers	✓	✓	x
	180 ml	Tomato Soup	✓	✓	✓
	1 each	Egg Salad on WW Bread	✓	1 each minced	1 each puree
	125 ml	Chickpea Salad	✓	1#10sc minced	1#10sc puree
	125 ml	Assorted Fruit Cup	✓	125 ml minced	125ml puree
	2 each	Unsalted Crackers	✓	✓	x
	180 ml	Tomato Soup	✓	✓	✓
	1 each	PB&J on WW Bread	✓	✓	1#6sc puree
	125 ml	Chickpea Salad	✓	1#10sc minced	1#10sc
		Assorted Pudding Cup	✓	✓	✓
HS Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced	2 each	Assorted Cookies	✓	✓	1#12sc puree
Pureed	125 ml	Butterscotch Pudding	✓	✓	✓

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Plan	Reference:	EP006070.00(c)
	Section:	Code Orange	Created:	February 12, 2019
	Subject:	Emergency 3-Day Food Plan	Reviewed:	May 26, 2026

Day Two					
Meal	Portion	Regular/Regular	Regular/Minced Meat	Regular/Minced	Regular/Puree
Breakfast All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced/Pureed	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
	180ml	Cream of Wheat	✓	✓	✓
	30 g	Cheddar Cheese Slice	✓	1#16sc shredded cheddar cheese	1#16sc puree scrambled eggs
	2 slice	WW Bread	✓	✓	1#16sc puree
	1 each	Assorted Jam	✓	✓	x
	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
	180 ml	Assorted Cereal	✓	✓	180ml puree
	2 each	Peanut Butter	✓	✓	1#16sc puree cottage cheese
	2 slice	White Bread	✓	✓	1#16sc puree
	1 each	Assorted Jam	✓	✓	x
AM Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Noon Meal All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced/Pureed	250 ml	Sweet Hickory BBQ Baked Beans	180ml	1#6sc minced	1#6sc puree
	125 ml	Mashed Potatoes	✓	1#10sc minced	✓
	125 ml	Creamed Corn	✓	✓	1#10sc puree
	1 slice	WW Bread	✓	✓	1#16sc puree
	1 (2x2)	Buttertart Square	✓	✓	1#12sc puree
	1 each	PB&J on WW Bread	✓	✓	1#6sc puree
	1 each	Applesauce Cup	✓	✓	✓
	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
PM Snack All Diets	125ml	Assorted Juice	✓	✓	✓
Regular/Minced	2 each	Assorted Cookies	✓	✓	1#12sc puree
Pureed	125 ml	Vanilla Pudding	✓	✓	✓
Dinner Meal All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced/Pureed	2 each	Unsalted Crackers	✓	✓	x
	180 ml	Cream of Mushroom Soup	✓	180ml puree	180ml puree
	1 each	Tuna Salad on WW Bread	1 each minced	1 each minced	1 each puree
	125 ml	Iceberg Salad	✓	125ml minced	125ml puree
	1 each	Italian Dressing	✓	✓	x
	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
	2 each	Unsalted Crackers	✓	✓	x
	180 ml	Cream of Mushroom Soup	✓	180ml puree	180ml puree
	1 each	PB&J on WW Bread	✓	✓	1#6sc puree
	125 ml	Iceberg Salad	✓	125ml minced	125ml puree
	125 ml	Assorted Jell-O Cup	✓	✓	✓
HS Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced	2 each	Assorted Cookies	✓	✓	✓
Pureed	125 ml	Lemon Pudding	✓	✓	✓

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Plan	Reference:	EP006070.00(c)
	Section:	Code Orange	Created:	February 12, 2019
	Subject:	Emergency 3-Day Food Plan	Reviewed:	May 26, 2026

Day Three					
Meal	Portion	Regular/Regular	Regular/Minced Meat	Regular/Minced	Regular/Puree
Breakfast All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced/Pureed	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
	180ml	Oatmeal	✓	✓	180ml puree
	60 ml	Fruit Yogurt	✓	✓	1 each vanilla yogurt
	2 slice	WW Bread	✓	✓	1#16sc puree
	1 each	Assorted Jam	✓	✓	x
	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
	180 ml	Assorted Cereal	✓	✓	180ml puree
	2 each	Peanut Butter	✓	✓	1#16sc p cottage cheese
	2 slice	White Bread	✓	✓	1#16sc puree
	1 each	Assorted Jam	✓	✓	✓
AM Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Noon Meal All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced/Pureed	250 ml	Macaroni & Cheese	✓	1#6sc minced	1#6sc puree
	125 ml	Garden Peas	✓	1 each minced	1 each puree
		Date Square	✓	✓	1#12sc puree
	1 each	PB&J on WW Bread	✓	✓	1#6sc puree
	1 each	Blueberry Applesauce Unsweetened	✓	✓	✓
	125 ml	Assorted Fruit Cup	✓	125ml minced	125ml puree
PM Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced	2 each	Assorted Cookies	✓	✓	1#12sc puree
Pureed	125 ml	Butterscotch Pudding	✓	✓	✓
Dinner Meal All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced/Pureed	2 each	Unsalted Crackers	✓	✓	x
	180 ml	Chicken Noodle Soup	✓	✓	180ml puree
	1 each	Salmon Salad on WW Bread	✓	✓	1 each puree
	125 ml	Cucumber Slices	✓	1#10sc minced	1#10sc puree
	125 ml	Mandarin Oranges	✓	1#10sc minced	1#10sc puree
	2 each	Unsalted Crackers	✓	✓	x
	180 ml	Chicken Noodle Soup	✓	✓	180ml puree
	1 each	PB&J on WW Bread	✓	✓	1#6sc puree
	125 ml	Cucumber Slices	✓	#10sc minced	1#10sc puree
		Assorted Pudding Cup	✓	✓	✓
HS Snack All Diets	125 ml	Assorted Juice	✓	✓	✓
Regular/Minced	2 each	Assorted Cookies	✓	✓	1#12sc puree
Pureed	125 ml	Vanilla Pudding	✓	✓	✓

	Manual:	Emergency Preparedness	Reference:	EP006010.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Code Orange - Explosion	Reviewed:	September 22, 2026

POLICY

It is the policy of the Homes to respond quickly and safely to any emergency to minimize risk and/or injury to residents, staff, volunteers and visitors and damage to equipment, furnishings and the building's physical structure. Internal building disasters, such an explosion, have the potential to disrupt normal operations.

PROCEDURE

An explosion could result in significant disruption of systems/service and/or compromise the internal/external building.

The Executive Director, or designate, will initiate mandatory reporting, as applicable.

A) Explosion

Small, contained explosion

Any staff person who witnesses a small, contained explosion will:

- Remove anyone in the immediate area to a safe location
- Page "*Code Orange - explosion (location)*" and repeat three (3) times
- Call the Charge Nurse, or designate
- If a fire is present, activate the fire alarm and initiate Code Red procedures, page "*Code Red (location)*" and repeat three (3) times

The Charge Nurse, or designate, will:

- Call 911, if necessary
- Notify the Executive Director/On-Call Director, provide status, update and determine next steps
- Ensure injured individuals receive first aid, as necessary

The Executive Director/On-Call Director will:

- Notify the Maintenance/On-Call Maintenance of the explosion; update regarding status

The Maintenance/On-Call Maintenance will:

- Call service providers, as required

Large, uncontrolled explosion

Any staff person who witnesses a large, uncontrolled explosion will:

- Remove anyone in the immediate area to a safe location
- Page "*Code Orange – explosion (location)*" and repeat three (3) times

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006010.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Code Orange - Explosion	Reviewed:	September 22, 2026

- Activate the fire alarm
- If full or partial evacuation is required, page “*Code Green – evacuation (location)*” and repeat three (3) times

The Charge Nurse, or designate, will:

- Call 911, if required
- Notify the Executive Director/On-Call Director, or designate, to determine next steps
- Ensure individuals receive first aid, as necessary
- Follow Code procedures

The Executive Director/On-Call Director will:

- Notify the Maintenance/On-Call Maintenance of the explosion; update regarding status
- Notify the President & CEO, or designate, of the explosion; update regarding status

The Maintenance/On-Call Maintenance will:

- Call service providers, as required

Additional:

1. Instructions given from Emergency Services may override instructions listed above.
2. Any gas lines and/or equipment shut off or damaged in the explosion must be inspected and approved by a qualified technician prior to being turned on.
3. Any other code which develops because of an explosion shall be paged overhead and staff will follow the corresponding procedure (e.g. Code Green – partial or full evacuation, Code Blue, Code Red, etc.); emergency menu will be initiated, if required.
4. Once the emergency is controlled and it is safe to do so, the Charge Nurse, or designate, will page “*Code Orange (location) All Clear*” and repeat three (3) times.

B) Debrief, Documentation and Review

1. A debrief will be held each time a Code Orange is tested or triggered. If tested, those involved in the Code Orange will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Orange being declared over. Debrief will include staff, residents, families, Residents’ Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Staff will review changes and training will be provided if needed post event.

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006010.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Code Orange - Explosion	Reviewed:	September 22, 2026

3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Orange and show signs of distress.
5. All staff receive annual education related to Code Orange according to the requirements of the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22 and *Retirement Home Act, 2010* and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP006020.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Code Orange - Flood	Reviewed:	September 22, 2026

POLICY

It is the policy of the Homes to respond quickly and safely to any emergency to minimize risk and/or injury to residents, staff, volunteers and visitors and damage to equipment, furnishings and the building's physical structure. Internal building disasters, such a flood, have the potential to disrupt normal operations.

PROCEDURE

A flood could result in significant disruption of systems/service and/or compromise the internal/ external building.

The Executive Director, or designate, will initiate mandatory reporting, as applicable.

A) Flood

Any staff person who discovers a flood or major water leak will:

- Evacuate anyone in the immediate area to a safe location
- If able, turn water supply off at the source
- Page "Code Orange - flood (location)" and repeat three (3) times
- Call the Charge Nurse

Charge Nurse or designate will:

- Call 911, if necessary.
- Attempt to shut off the water supply, if not done so already
- Notify the Executive Director/On-Call Director, provide status, update and determine next steps
- Ensure injured individuals receive first aid, as necessary

Executive Director/On-Call Director will:

- Notify Maintenance/On-Call Maintenance of flood; update regarding status
- Notify the President & CEO of flood; update regarding status

Maintenance/On-Call Maintenance

- Call the Plumbing Service Provider

Additional:

1. **If safe to do so**, turn off all electrical and mechanical equipment in the area.
2. Restrict access to the area.

 Fairview Parkwood Craigwiel COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006020.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Code Orange - Flood	Reviewed:	September 22, 2026

3. If safe to do so, attempt to block/slow any spreading water with rolled towels, blankets, etc. or obtain the spill kit.
 - Fairview: service hall (next to loading dock)
 - Parkwood: loading dock, service hallway (Weber Woods/Snyder's Corner), service hallway (ground floor, indoor parking)
 - Craigwiel: service hall (across from kitchen)
4. Any equipment affected by the flood must be inspected and approved by a qualified technician prior to being turned on.
5. If the flood requires residents to be evacuated from the building, *Code Green - Evacuation* procedures will be initiated and followed.
6. Any other code which develops because of a flood shall be paged overhead; staff will follow the corresponding procedures (e.g. Code Blue, Code Red, etc.)
7. Once the emergency is controlled and it is safe to do so, the Charge Nurse, or designate, will page "Code Orange Flood (location) All Clear" and repeat three (3) times.

B) Debrief, Documentation and Review

1. A debrief will be held each time a Code Orange is tested or triggered. If tested, those involved in the Code Orange will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Orange being declared over. Debrief will include staff, residents, families, Residents' Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Staff will review changes and training will be provided if needed post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Orange and show signs of distress.
5. All staff receive annual education related to Code Orange according to the requirements of the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22 and *Retirement Homes Act, 2010* and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP006030.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Code Orange – Gas Leak	Reviewed:	September 22, 2026

POLICY

It is the policy of the Homes to respond quickly and safely to any emergency to minimize risk and/or injury to residents, staff, volunteers and visitors and damage to equipment, furnishings and the building's physical structure. Internal building disasters may have the potential to disrupt normal operations.

PROCEDURE

A gas leak could result in significant disruption of systems/service and/or compromise the internal/ external building.

The Executive Director, or designate, will initiate mandatory reporting, as applicable.

A) Gas Leak

Any staff person who discovers a gas leak or a gas odour will:

- Page “Code Orange - Gas Leak (location)” and repeat three (3) times
- Call the Charge Nurse, or designate
- Open windows to disperse the gas fumes
- Evacuate anyone in the area to a safe location

Charge Nurse, or designate, will:

- Call 911, if necessary
- Notify the Executive Director/On-Call Director, provide status, update and determine next steps
- Ensure injured individuals receive first aid, as necessary

The Executive Director/Director On-Call will:

- Notify Maintenance/Maintenance On-Call of gas leak; update regarding status
- Notify the President & CEO, or designate, of gas leak; update regarding status

Maintenance/On-Call Maintenance will:

- Call the Gas Provider (Fairview, Parkwood, Craigwiel - Enbridge 1 866 763 5427).

Additional

1. If the source of the gas leak is known **and it is safe to do so**, the Charge Nurse, or designate, will:
 - a. Turn off the gas supply to the piece of equipment at the source.
2. If the source of the gas leak is not known **and it is safe to do so**, the Charge Nurse or designate will:

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006030.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Code Orange – Gas Leak	Reviewed:	September 22, 2026

- a. Turn off the gas supply to the building.
3. Instructions given by Emergency Services may override instructions listed here.
4. Any gas lines and/or equipment shut off must be inspected and approved by a qualified technician prior to being turned on.
5. If the gas leak requires residents to be evacuated from the building, *Code Green Evacuation* procedures will be initiated and followed.
6. Any other code which develops because of a gas leak shall be paged overhead and staff will follow the corresponding policy (e.g. Code Blue, Code Red, etc.)
7. If the gas supply is to remain off for a significant length of time and residents are safe to remain at the Home, staff will follow Loss of Essential Services policies and procedures.
8. Once the emergency is controlled and it is safe to do so, the Charge Nurse, or designate, will page “*Code Orange Gas leak (location) All Clear*” and repeat three (3) times.

B) Debrief, Documentation and Review

1. A debrief will be held each time a Code Orange is tested or triggered. If tested, those involved in the Code Orange will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Orange being declared over. Debrief will include staff, residents, families, Residents’ Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Staff will review changes and training will be provided if needed post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Orange and show signs of distress.
5. All staff receive annual education related to Code Orange according to the requirements of the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22 and *Retirement Homes Act, 2010* and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP006050.00
	Section:	Code Orange	Created:	February 25, 2019
	Subject:	Code Orange – Loss of Sanitation	Reviewed:	June 4, 2026

POLICY

It is the policy of the Homes to develop an effective and appropriate plan to minimize disruption of resident care and protect the safety of residents and employees in the event of a disruption of sanitation.

PROCEDURE

1. In the event that city sanitary systems are disrupted, the priority will be to identify emergency requirements to provide temporary toileting facilities and ensure proper waste disposal.
2. If sanitation will not be re-established within 24 hours, evacuation of the Home should be considered following Code Green Evacuation policy.
3. The Executive Director, or designate, will initiate mandatory reporting, as applicable.

a) Loss of Sanitation

1. Contact Municipal Services to update facility status; request emergency water and sanitary supplies including outdoor latrines, as required.
2. Public Health will advise if the above procedures are not appropriate.
2. Director of Building Services/Maintenance staff will communicate emergency sanitation information to all building occupants.
3. Emergency toilet locations (as approved by the Executive Director, or designate). Toileting procedures for approved locations:
 - Place designated toilet liner in the toilet bowl/commode before use.
 - DO NOT FLUSH emergency toilets as this will use up valuable water supply.
4. Use disinfectants, as available.

b. Toileting Facilities

1. The minimum number of portable toileting facilities should be 2 toilets per every 25 persons.
Campbell's Portable Toilets: 519-822-1521
2. Portable Facilities: In general, there should be two portable facilities for each area (unit), and one or two additional within in common areas deemed safe and central to continuing operations.
3. All facility toilets will be closed and the rooms sealed off to prevent unauthorized use and depletion of existing critical water supplies.
4. Bag and Tag Alternative: Place a bio-degradable bag over the bowl and held in place with the toilet seat. Utilize bio-hazard protocols, if necessary.

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006050.00
	Section:	Code Orange	Created:	February 25, 2019
	Subject:	Code Orange – Loss of Sanitation	Reviewed:	June 4, 2026

c. Debrief, Documentation and Review

1. A debrief will be held each time a Code Orange is tested or triggered. If tested, those involved in the Code Orange will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Orange being declared over. Debrief will include staff, residents, families, Residents' Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Staff will review changes and training will be provided if needed post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Orange and show signs of distress.
5. All staff receive annual education related to Code Orange according to the requirements of the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22 and *Retirement Homes Act, 2010* and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP006070.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Loss of Utilities	Reviewed:	March 20, 2026

POLICY

It is the policy of the Homes to respond quickly and safely to any emergency to minimize risk and/or injury to residents, staff, volunteers and visitors and damage to equipment, furnishings and the building's physical structure. Loss of utilities, including hydro, natural gas supply and air conditioning have the potential to disrupt normal operations.

PROCEDURE:

Loss of Hydro

Temporary disruption: Home's generator will supply back-up power for a period of 24 hours while operating on a full load.

Disruption expected to last longer than 24 hours: arrange diesel fuel to refill the generator; maintain the generator's operation.

Emergency fuel supply:

FAIRVIEW: Transit Petroleum: 519 571 1220 (direct cardlock fuel location 1-800-717-3835)

PARKWOOD: Transit Petroleum: 519 571 1220 (direct cardlock fuel location 1-800-717-3835)

CRAIGWIEL: Enbridge Gas: 24-hour emergency number 1-866-763-5427

If fuel cannot be supplied, evacuation of the building will be considered.

Emergency Box:

Box contains: heater, extension cords, flashlights, batteries, forms, pens

FAIRVIEW: at 1st and 2nd floor nursing station, Suites Mail Room

PARKWOOD: Environmental Services Shop; additional heaters located in each Pastoral Services and Nursing Restorative Care office.

The following equipment will continue to work during a power disruption:

- Elevators (with minimal lighting)
Note: PARKWOOD (LTC): elevator behind café only
- Desktop phones
Note: CRAIGWIEL: one line only (5th line)

Red receptacles are connected directly to the generator. The following equipment is to be plugged into red receptacles:

- Resident beds, therapeutic surface mattresses (resident rooms)
- Oxygen concentrators (resident rooms)

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006070.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Loss of Utilities	Reviewed:	March 20, 2026

- Medication room refrigerators (medication room)
- Vaccine refrigerators
- Mechanical lifts to maintain charge (if necessary, move to common area red receptacles)
- Fax machine (medication room)
- Computers at Nursing Stations (press the power button to re-start the computer after the power has failed)
- Network computer (must always be plugged into red receptacle)
- Use red receptacles to charge portable phones and laptop computers as needed

Maintenance

1. Magnetic locks (exterior building doors, home area entrances and fire doors) will release on a power disruption; reset to normal state as soon as a power disruption occurs. If locks cannot be reset, designate staff to remain at critical entries to monitor movements of all persons.
2. Ensure the generator is functioning (if not operating, start manually); monitor fuel levels; resupply as necessary
3. Ensure generator is powering all critical equipment

Directors

1. Executive Director, or designate, contact the local hydro company for power disruption information including scope and restoration time.
Note: information may also be available via text messages/app from hydro company
2. Directors/Assistant Directors will meet at the Front Desk (or other central location) as soon as power goes out to coordinate information about hydro disruption and actions required.
Maintenance to update as information is available (including monitoring of critical entries, if needed).
3. Directors/Assistant Directors will provide equipment and care information to support staff as needed.
4. Directors will meet as needed to update information and coordinate required actions.
5. Executive Director, or designate, will assign staff to perform a fire watch patrol every hour to inspect for any fire hazards.
6. Directors/Assistant Directors will assign staff to ensure residents are safe, warm/cool and hydrated.
7. Executive Director, or designate, will communicate with families, contract workers, volunteers and visitors during hydro disruption, as needed.

 Fairview Parkwood Craigwiel COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006070.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Loss of Utilities	Reviewed:	March 20, 2026

Nursing

1. Ensure all resident/nursing equipment is plugged into a red receptacle (resident beds, therapeutic surface mattresses, oxygen concentrators, medication room/vaccine refrigerators, mechanical lifts).
Note: try to keep refrigerators closed.
2. Ensure staff have a flashlight, if needed.
3. Cancel baths and showers to save the hot water supply; use alternative bathing plans (i.e. disposable bed baths).

Food Services

1. Follow procedures outlined in “Loss of Utilities Meal Plan”.
2. Cooks will refer to the 4-day menu (attachment); check available food supply.
3. Try to keep all refrigerators and freezers closed.

Natural Gas

The Home relies on natural gas for heating and hot water supply for cooking and laundering.

Note: CRAIGWIEL: generator operates using natural gas

How to detect a natural gas leak

Smell: Transmission natural gas has a stale petroleum/hydrocarbon smell. Before it is delivered to your home, natural gas has mercaptan added giving it a Sulphur or “rotten egg” smell to help detect leaks.

Sight: Natural gas is colourless, but vapour and “ground frosting” may be visible when high pressure gas escapes. A gas leak may also be indicated by bubbles in wet or flooded areas, distinct patches of dead vegetation, dust blowing from a hole in the ground or flames if the leak has ignited.

Sound: A hissing or roaring noise along the right-of-way of a pipeline could also indicate a natural gas leak.

Maintenance

1. All gas operated equipment and location of shut off valves are identified in building drawings; systems and equipment manuals are located in the Maintenance Office.
2. Maintenance, or designate, will determine where the problem is (internal or external).
 - Internal: contact the service provider for maintenance of equipment
 - External (e.g. regional): contact the local gas provider to determine the problem and estimated duration of gas loss
 - Advise the Executive Director, or designate, to initiate appropriate response procedures; communicate to all departments

What to do if you suspect a leak *inside*:

 Fairview Parkwood Craigwiel COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006070.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Loss of Utilities	Reviewed:	March 20, 2026

- Evacuate the premises and leave the door open when you exit
- Don't use electrical switches, telephones, appliances, etc.
- Once outside and away from the building, call 911 immediately
- Contact Enbridge Gas - 24-hour emergency number 1-866-763-5427
- Don't use lighters or matches and do not smoke

What to do if you suspect a leak *outside*:

- Call 911 immediately
- Contact Enbridge Gas – 24-hour emergency number 1-866-763-5427
- Keep clear of the area
- Don't start any motors or motor vehicles near the area of the gas odour
- Don't use lighters or matches and do not smoke

Heat/Hot Water Disruption Procedure

Note: Craigwiel has additional electric heat in the building

- Keep all windows and doors closed to retain heat.
- Supply residents with sweaters, jackets and extra blankets as needed.
- Provide portable heaters in the common areas on each home area.
- Serve hot beverages to residents.
- Refrain from using hot water for bathing until further notice; use alternative bathing plans (i.e. disposable bed baths)
- Food Services will use available non-gas-powered equipment and disposable supplies for meal production.
- Evacuation of the Home may need to be considered in cold weather conditions depending on the duration of the outage. Evacuation will follow Code Green Evacuation policy.

Air Conditioning

Generator Capacity

Fairview: long-term care – current building does not connect air conditioner to generator; limited connection in phase II and phase III of the building

Parkwood: air conditioner does not connect to generator

Craigwiel: air conditioner does not connect to generator

Maintenance is to be called; Maintenance will call the on-call manager if issue cannot be resolved.

1. Identify internal problem; contact appropriate service contractor for repairs.
2. Communicate any issues to the Executive Director, or designate (i.e. manager-on-call).

 Fairview Parkwood Craigwiel COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006070.00
	Section:	Code Orange	Created:	February 22, 2019
	Subject:	Loss of Utilities	Reviewed:	March 20, 2026

3. Maintenance will plug in available fans (if temperature is under 30 degrees).
4. If individual suite is affected (retirement suites) a portal air conditioner will be brought to the affected resident suite.
5. If long term care is affected, portable air conditioners will be taken to the designated cooling areas.
PARKWOOD: 2 portable air conditioners available
CRAIGWIEL: 4 air conditioners available
FAIRVIEW: 2 portable air conditioners available

Executive Director

Building-wide outage:

- Using the one-call now platform, contact residents, family member(s)/SDM to advise of the issue; review assistance families may provide (fans, out of the home visits or temporary alternative placement).
- Use portable fans in central corridors; keep resident room doors open to encourage air circulation.
- Reduce resident activities and movement to avoid overheating, may cancel some activities.
- Staff to use cool water for bathing and washing residents.
- Using the one-call now platform, contact residents, family member(s)/SDM when the issue has been resolved.

Individual Suites:

- Contact resident/SDM/family to advise of the issue and review steps taken.
- Work with resident/SDM to resolve concern; continue to keep resident/SDM involved.
- Resolution will be established jointly by the home and the resident/SDM.

Food Service

1. Ensure adequate supply of water and cool beverages are available and distributed to residents.
2. Follow procedures outlined in "Loss of Utilities Meal Plan"; use disposable supplies to avoid creating excess heat.

Attachments

EP006070.00(a) Loss of Hydro Instructions – Fairview
EP006070.00(b) Loss of Hydro Instructions – Parkwood
EP006070.00(c) Emergency 4-Day Food Plan

	Manual:	Emergency Preparedness	Reference:	EP006060.00
	Section:	Code Orange	Created:	February 25, 2019
	Subject:	Code Orange – Loss of Water / Boil Water Advisory	Reviewed:	June 4, 2026

POLICY

It is the policy of the Homes to ensure an effective and appropriate plan is in place to minimize disruption of care to residents and to protect the safety of residents and employees in the event of a disruption of water.

PROCEDURE

- In the event that city water supply has been disrupted, the priority will be to identify emergency water requirements, provide temporary toileting facilities, and ensure proper waste disposal.
- If the water supply will not be re-established within 24 hours, evacuation of the Home should be considered following Code Green Evacuation policy.
- The Executive Director, or designate, will be the Incident Commander.
- The Executive Director or designate will initiate mandatory reporting, as applicable.

a) Water Requirements

1. A minimum of 2 litres of potable drinking water per person per day over a 3-day period should be available for major emergencies.

To calculate: Occupancy (resident + staff + volunteers) x 2 x 3 = water requirement.

2. Another 1 litre per person per day will be required for washing and food preparation.

Note: The Home will work with local water distribution organizations to deliver additional and ongoing water reserves to the campus (e.g. – water trucks, bottled water)

b) Existing Water Supplies Contamination

1. The Executive Director or designate will issue a Boil Water Advisory and will arrange for distribution of "BOIL WATER ADVISORY" and "DO NOT DRINK WATER" notices.
2. Contact Municipal Services to update facility status and request emergency water supplies including outdoor latrines as required.
3. Director of Building Services/Maintenance staff will:
 - a. Perform damage assessment.
 - b. Shut off water supply lines to all areas (excluding fire sprinkler system).
 - c. Identify emergency water source locations. Such locations may include:
 - i. Hot water holding tank
 - ii. Toilet tanks (not the bowl)
 - iii. Ice cubes from ice machine
 - iv. Water pipes if external water supply has been severed (release air pressure into the plumbing system by turning on the highest faucet in the building and then draining from the lowest faucet).

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006060.00
	Section:	Code Orange	Created:	February 25, 2019
	Subject:	Code Orange – Loss of Water / Boil Water Advisory	Reviewed:	June 4, 2026

- d. Verify on-hand water supplies and confirm volume to the Executive Director, or designate.
 - e. Arrange for pick-up and distribution of emergency water supplies as directed.
4. Discontinue all laundry operations.
5. Housekeeping processes to be modified:
 - a. Eliminate typical wet mopping procedures.
 - b. DO NOT damp mop floors. Use dry mop only.
 - c. Disinfect toileting areas frequently.
6. Food Services will:
 - a. Post "Non-potable" water signs throughout food preparation areas and delivery areas including the main kitchen, ice machine, and juice machines.
 - b. Requisition bottled water as required for food preparation purposes.
 - c. Educate those preparing and/or serving meals or nourishments to residents of the precautions that are taken under a Boil Water Advisory so that they are prepared to answer any questions.
 - d. Designate staff to assess and confine ALL food items that may have come in contact with "non-potable" water prior to the alert.
 - e. Contaminated food products are to be tallied and recorded prior to being discarded.
 - f. Consider the preparation of hot and cold food and nourishments that can be made without potable drinking water. Initiate Loss of Services Meal Plan policy as required.
7. Designated Staff will:
 - a. Post "NON-POTABLE" water signs at all water taps within their assigned area including:
 - i. Common Washrooms
 - ii. Resident Washrooms
 - iii. Dining Areas
 - iv. Utility Rooms
 - v. Laundry Room
 - vi. Water taps in kitchen used for food preparation, handling, pot washing
 - b. Communicate the following water treatment procedures in the event of a Boil Water Advisory:
 - i. Bring water to a boil for two minutes and then allow to cool
 - c. Public Health will advise if the above procedures are not appropriate, e.g. for water that is heavily polluted or has parasite contamination.
 - d. Tape plastic bags over all toilet seats (except those approved by the Incident Commander for emergency use).
 - e. Tape flush handles on all toilets (DO NOT FLUSH), close doors to resident washrooms and tape shut.

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP006060.00
	Section:	Code Orange	Created:	February 25, 2019
	Subject:	Code Orange – Loss of Water / Boil Water Advisory	Reviewed:	June 4, 2026

8. Emergency toilet locations (as approved by the Incident Commander) Toileting Procedures for approved locations:
 - i. Liners/garbage bags must be placed in the toilet bowl before use
 - ii. DO NOT FLUSH emergency toilets as this will use up valuable water supply
 - iii. Dispose of contaminated liners/garbage bags in regular garbage
9. Waste disposal guidelines:
 - i. Identify approved garbage can locations
 - ii. Garbage in resident rooms will be removed by housekeeping services
10. Water substitutes for cleansing (resident focus):
 - i. Hand wipes
 - ii. Hand sanitizers (if hands are not visibly soiled)
 - iii. Use damp wash cloth to clean teeth, wash face, comb hair and wash body
11. Disinfectants:
 - i. Follow manufacturers recommendations for manually mixing chemicals, if automatic dispensing system is used
 - ii. Use common disinfectants as available; an alternative and very effective disinfectant solution is 1-part liquid chlorine bleach to 10-parts water

c) Debrief, Documentation and Review

1. A debrief will be held each time a Code Orange is tested or triggered. If tested, those involved in the Code Orange will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Orange being declared over. Debrief will include staff, residents, families, Residents' Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Staff will review changes and training will be provided if needed post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Orange and show signs of distress.
5. All staff receive annual education related to Code Orange according to the requirements of the *Fixing Long-Term Care Act, 2021* and Regulation 246/22 and *Retirement Homes Act, 2010* and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP006040.00
	Section:	Code Orange	Created:	February 27, 2019
	Subject:	Code Orange – Natural Disasters and Severe Weather	Reviewed:	September 18, 2026

POLICY

It is the policy of the Homes to respond quickly to a natural disaster or severe weather event that may pose a risk to the safety of residents and others on the campus.

If a natural disaster or severe weather event is credible, use the Natural Disaster and Severe Weather Checklist to assist in preparing.

PROCEDURE

A) Natural Disasters and Severe Weather Event

1. Natural disasters and severe weather in the local area includes thunderstorms, snow/ice storms and extreme cold, and tornado/heavy winds. Natural disasters and severe weather have the potential to disrupt regular resident care and services.
2. Upon notification of severe weather in the surrounding community (from the Emergency Response System), the Charge Nurse, or designate, will page “Code Orange” three (3) times.
3. The Charge Nurse, or designate, will contact the Manager On-Call/Maintenance On-Call.
4. The Manager On-Call/Maintenance On-Call will notify the Executive Director, or designate, of the situation.
5. Upon hearing the Code Orange paged, staff will go to the command centre to receive instructions from the Charge Nurse, or designate.
6. If the designated command centre is not safe, the Charge Nurse, or designate, will determine the safest location in the building for an alternative command centre. The Charge Nurse, or designate, will page overhead for staff to report immediately for instructions.
7. Should a natural disaster or severe weather result in a disruption of essential services (hydro, gas or water) the Loss of Essential Services policy will be followed.
8. Should severe weather result in a partial or full evacuation, the Code Green Evacuation policy will be followed.
9. All staff will follow the instructions of the local emergency authorities and/or the Charge Nurse, or designate, until the event has passed. Resolution of the event is determined by the local emergency authorities.
10. Maintenance will be responsible for inspecting all equipment and the interior/exterior of the building for damage. No equipment will be turned on or used until it has been inspected and staff has been given authorization to do so.
11. In the event of a significant disruption of systems or service as the result of a natural disaster or severe weather, the Executive Director, or designate, will follow guidelines for reporting to the appropriate governing bodies.

	Manual:	Emergency Preparedness	Reference:	EP006040.00
	Section:	Code Orange	Created:	February 27, 2019
	Subject:	Code Orange – Natural Disasters and Severe Weather	Reviewed:	September 18, 2026

Thunderstorm

All thunderstorms are dangerous. Some severe thunderstorms can produce tornadoes, strong winds, hail and flash flooding.

Note: Rubber soles shoes and rubber tires provide NO PROTECTION from lightning.

- Postpone outdoor activities.
- Bring all residents inside the home; if unable, into a vehicle if possible.
- If time permits and it is safe to do so, secure outdoor objects that could blow away or cause damage.
- Close windows and secure doors; draw curtains, window blinds and/or shades.
- Avoid showering or bathing; plumbing and bathroom fixtures can conduct electricity.
- Unplug unnecessary electrical items. Power surges can cause serious damage.
- Monitor the weather through the Emergency Response System.

Snow, Ice, and Extreme Cold

Heavy snowfall, ice and extreme cold can immobilize an entire region. Winter storms can result in power failure, road closures (limiting access to emergency services) and hypothermia.

- Keep residents inside the building.
- Listen to Emergency Response System for updates and emergency information.
- Monitor entrances, walkways and driveways to ensure they remain clear for emergency vehicles. Ensure fire exits are cleared for use in the event of fire.
- Staff who are unable to leave for an extended period will receive meals and other necessities from the home. Temporary housing accommodations can be arranged for staff.
- Monitor the weather through the Emergency Response System.

Tornado

Tornadoes develop from thunderstorms and can cause fatalities and devastate a neighbourhood in seconds. A tornado appears as a rotating, funnel-shaped cloud that extends from the sky to the ground with whirling winds that can reach extreme speeds.

- Use Emergency Response System to monitor the local weather.
- Prepare by closing windows and drawing curtains and blinds. Close and secure exterior doors. Close interior doors, as able.
- Move residents to interior areas such as hallways, or against inside walls; away from windows and doors. Residents should stay as low to the ground as possible – in wheelchairs or beds, i.e. not standing.
- Distribute flashlights and other supplies as required.
- Monitor the weather through the Emergency Response System.

	Manual:	Emergency Preparedness	Reference:	EP006040.00
	Section:	Code Orange	Created:	February 27, 2019
	Subject:	Code Orange – Natural Disasters and Severe Weather	Reviewed:	September 18, 2026

B) Debrief, Documentation and Review

1. A debrief will be held each time a Code Orange is tested or triggered. If tested, those involved in the Code Orange will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Orange being declared over. Debrief will include staff, residents, families, Residents' Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Staff will review changes and training will be provided, if needed, post event.
3. Anyone who may have been injured will seek first aid and complete an Incident Report.
4. Provide support for those who are impacted by the Code Orange, or show signs of distress.
5. All staff receive annual education related to Code Orange according to the requirements of the *Fixing Long-Term Care Act, 2021* and Ontario Regulation 246/22 and *Retirement Homes Act, 2010* and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP007010.00
	Section:	Code Purple	Created:	February 20, 2019
	Subject:	Code Purple – Intruder or Hostage Taking Situation	Reviewed:	May 26, 2026

POLICY

It is the policy of the Homes to have an appropriate response plan in place for staff to follow in the event of an intruder or hostage taking situation.

PROCEDURE

A) General Principles of Code Purple

1. Not all of those exhibiting violent behaviour are residents or have a history of mental illness. Others who might present such behaviours might be disgruntled employees or ex-employees, unhappy family members, estranged spouses, non-custodial parents or those interrupted while engaged in criminal behaviour.
2. On rare occasions, an individual may become desperate enough to bring a weapon to the facility, and to take another person or persons hostage in an attempt to force the resolution of some problem. Individuals exhibiting such behaviours are the responsibility of the Police, and our staff will only intervene in order to prevent further injury to residents, staff, or other visitors.
3. The degree to which our staff will respond will be determined by whether or not the individual is armed, and whether they are holding a hostage.
4. Staff are never expected to confront or attempt to disarm any individual who is carrying a weapon of any type. Weapons include anything that can be used to cause injury or death. This includes firearms, edged weapons (knife, broken glass, screwdriver), bats, poles, chairs, etc. Edged weapons are extremely difficult to protect against.
5. Staff will always permit the wishes of such individuals, as an alternative to confrontation in order to minimize the risk for all concerned. Lines of escape will never be blocked; as such individuals can be dealt with by the Police at a later time.
6. All Code White responses will escalate to Code Purple as soon as it becomes clear that the individual has one or more hostages.
7. All Code Purple responses will be the responsibility of the Police. Staff will always avoid areas where a Code Purple is in progress.
8. Staff will always attempt to ensure that residents and visitors cannot access the area where a Code Purple is occurring.
9. At some point, Police may decide that the use of lethal force is required in order to protect hostages or bystanders. This will occur whether inside the facility or not, and will occur without warning or prior consultation. Police have many tools available, including, but not limited to, batons, pepper spray, tear gas, rubber baton rounds, conducted energy weapons (taser) and firearms. The use of lethal force is the last resort, but staff should be prepared for this outcome. In a Code Purple, the safety of residents/caregivers, staff, students, volunteers and police officers are paramount.

	Manual:	Emergency Preparedness	Reference:	EP007010.00
	Section:	Code Purple	Created:	February 20, 2019
	Subject:	Code Purple – Intruder or Hostage Taking Situation	Reviewed:	May 26, 2026

B) Code Purple Action Steps – All Staff

It is anticipated that any Code Purple is likely to escalate from a pre-existing Code White situation. In such situations, the Executive Director, Director of Care or designates will either be at the site of the incident or en-route. At a minimum, one or more staff members will already be on site, attempting to deal with the Code White situation.

As per the Media Policy, the President & Chief Executive Officer, or designate, will be responsible for providing all information to the media in the event of a crisis. The intent of this is to ensure individual(s) representing the Home is prepared and the tone/content of the communication remains consistent.

Immediately upon seeing that the individual is armed and/or that they are holding one or more persons hostage, the following steps should be taken:

1. General Staff Response on Affected Areas

- a. Do not physically confront the individual. If at all possible, leave the area and wait for the Police in a safe location.
- b. Any team member will call 911; follow the instructions of the 911 operators.
- c. Contact the Charge Nurse or designate to page “**Code Purple Location**” three (3) times, if appropriate (i.e. if page does not escalate the situation).
- d. Communicate the Code Purple to the Leadership Team and Resource Team using the one-call system.
- e. Observe the situation, looking for clues about what might be wrong:
 - Any sign of weapons
 - What types of weapons
 - What else are they holding
 - Any resident rooms nearby
 - What room numbers
 - Are there any residents who will experience significant clinical risk if resolution is delayed (e.g. a diabetic whose insulin has been given but has not received food)
 - Does the subject appear to be aware of the resident(s)
 - Who are the hostages
 - Where/how are they being held (e.g. sitting, standing, restrained, clothing)
 - Any evidence of alcohol/drug use (e.g. slurred speech, abnormal gait, drowsiness, confusion)
- f. Keep your tone of voice neutral but concerned
- g. Avoid comments or responses which might be seen as judgmental

 Fairview Parkwood Craigview COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP007010.00
	Section:	Code Purple	Created:	February 20, 2019
	Subject:	Code Purple – Intruder or Hostage Taking Situation	Reviewed:	May 26, 2026

- h. Attempt to dissuade the individual from leaving with the hostage(s) if it is safe to do so, for all concerned.
- i. Gather as much information as you can, from a safe location if an opportunity presents, but **NEVER PLACE YOURSELF IN A POSITION WHERE YOU MIGHT BE TAKEN HOSTAGE OR INJURED**
- j. Attempt to place your subject in one of the following categories:
 - Suspicious persons in unauthorized areas
 - Resident(s) with a known history of violent behaviour
 - Resident(s) exhibiting violent behaviour for the first time
 - Angry relative(s), family member(s), friend(s)
 - Over protective parent(s), child/children
 - Estranged spouse(s), partner(s)
 - Non-custodial parent(s)
 - Disgruntled employee(s) or ex-employee(s)
- k. Never make any promises that you cannot keep
- l. Never attempt to block their egress from the facility
- m. Attempt to keep other individuals (visitors, residents) at a safe distance
- n. Do not permit other individual(s) to engage in conversation with the subject
- o. Establish a Point of Command at a safe location
- p. Await the arrival of Police
- q. Brief the Police on what has happened, and on what you have learned about the individual
- r. Remain in your existing location until directed to move by the Police
- s. With the approval of the Police, withdraw to a safer location, **ONLY IF THE POLICE TELL YOU THAT IT IS SAFE TO DO SO.**

IMPORTANT NOTE: In such circumstances, it is necessary to understand the difference between concealment and ‘cover’. Concealment may block the view of the subject, but it affords no protection against gunfire. A normal drywall and stud wall would be an example of concealment. On the other hand, ‘cover’ may block the view of the subject, but is unlikely to be penetrated by a bullet. A cinder block fire wall would be an example of ‘cover’. While concealment may be all that is available, ‘cover’ is preferable and much safer.

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2. Staff Response (Unaffected Areas)

Upon hearing the Code Purple page on the overhead, all staff members will immediately take the following actions:

- No staff member shall enter the area affected by the Code Purple
- No staff member will permit a resident or a visitor to enter the area affected by the Code Purple
- Each room or office will 'lock down' for the duration of the emergency; residents will be confined to their rooms, with doors closed and locked, if possible; you may attempt to barricade the door if you are in a room where there is no lock on the door.
- No telephones will be used, except for emergency messaging
- No resident, staff, or visitor shall leave any area, until the '**Code Purple, All Clear**' has been sounded
- No one will leave the building without the approval of the Police

Managing the Subject:

- In the event that the subject is uninjured, the Police will determine the next course of action with the perpetrator.
- In the event that the use of tear gas and/or pepper spray is required, but the subject is otherwise uninjured, they will be taken into custody by the Police and removed from the building, with decontamination being accomplished in the parking lot.
- In the event that the subject is injured, they will be taken into police custody and then treated by medical staff accordingly; first aid can be administered while waiting for EMS, if it can be done safely.
- In the event that the subject has been killed by Police, they will be left in place for the purposes of investigation of the shooting. This may deny access to the location for a period of hours or days. All appointments will be cancelled. Upon completion of the investigation the body of the subject will be removed by the Coroner. Police will advise when the area can be cleaned and returned to normal operations

All Clear:

The resolution of the incident will be the decision of the Police. When the situation has been resolved, and the aggressive or violent individual has been rendered harmless, the Executive Director/Director of Care or designates should immediately:

- Page an all clear "**Code Purple, All Clear**" three (3) times;
- Determine when the affected area will be released for normal service and make appropriate arrangements.
- Complete Incident Report(s) to all applicable governing bodies (e.g. Critical Incident Report to the Ministry of Long-Term Care).

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- d. Affected staff and residents, particularly those in the immediate vicinity of the incident, may require Critical Incident Stress De-briefing. Arrangements should be made for this service (likely through Employee Assistant Program or other recommended agencies).
- e. Anyone who may have been injured will seek first aid and complete an Incident Report. Any other support will be provided as needed.
- f. Staff shall return to their work area for debriefing. Staff from the affected area shall go to a designated meeting point.
- g. Provide support for those who are impacted by the Code Purple and show signs of distress.

HOSTAGE TAKING SURVIVAL TIPS

In the event of a hostage situation, there are certain basic survival guidelines that healthcare workers and others can exercise:

1. Be aware the first 15 to 45 minutes of a hostage situation are the most dangerous.
2. Be patient. Accept your situation and be prepared to wait.
3. Do not attempt to negotiate with the hostage taker(s).
4. Do not try to be a hero. Avoid an aggressive or threatening stance or demeanor.
5. Cooperate with the hostage taker and follow instructions. If the opportunity affords itself, try to establish rapport with the hostage taker(s).
6. Treat the hostage taker(s) with the utmost respect.
7. Do not speak unless you are specifically addressed/questioned.
8. Do not volunteer information or make suggestions or make promises you cannot keep.
9. Discard anything that may label you as a person of importance or someone the captors may fear. i.e. pager, ID badge, etc.
10. Be observant.
11. Be prepared to communicate with Police on the phone.
12. Do not try to escape - if you see a chance to escape consider it very carefully and re-think before you try. A foiled attempt can prove extremely dangerous for you and the other hostages.
13. When rescue comes, take cover on the floor for your protection.

C) Debrief, Documentation and Review

1. A debrief will be held each time a Code Purple is tested or triggered. If tested, those involved in the Code Purple will meet to discuss the event after the “*all clear*”, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Purple being declared over. Debrief will include team members, residents, families, Residents’ Council, Family Council and service providers. The Police should be invited to the debriefing.

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2. Policy will be reviewed at least annually and updates made as required. Team members will review changes and training will be provided if needed post event.
3. All team members receive annual education related to Code Purple according to the requirements of the *Fixing Long-Term Care Act*, 2021, Ontario Regulation 246/22, *Retirement Homes Act*, 2010 and Ontario Regulation 166/11.

	Manual:	Emergency Preparedness	Reference:	EP008010.00
	Section:	Code Red	Created:	January 1, 2019
	Subject:	Code Red – Fire Safety Plan Policy	Reviewed:	May 26, 2026

POLICY

It is the policy of the Homes to have a Fire Safety Plan as part of the overall Emergency Plan.

PURPOSE

To provide employees and residents with an efficient procedure in case of fire in the Home.

To provide regular training of the fire safety procedures to be prepared in case of a real event.

PROCEDURE

1. A paper copy of the corresponding Fire Safety Plan is located at the entrance to each building and/or Home Area.

Fairview

- Long-Term Care
- Suites
- Apartments and Centre
- Courts
- Preston School Apartments (PSA)

Parkwood

- Long-Term Care and Suites
- Delphine & Lloyd Martin Apartments

Craigwiel Gardens:

- Long-Term Care / Seniors Active Living Centre

2. All employees are required to read and be familiar with the fire procedure and participate in scheduled fire training and drills.
3. Upon hearing the fire alarm ring, all staff in the building (on or off duty) are required to respond as indicated in the appropriate Fire Safety Plan.
4. The Fire Safety Plan will be reviewed at least annually by the Executive Director, or designate.

	Manual:	Emergency Preparedness	Reference:	EP008010.00
	Section:	Code Red	Created:	January 1, 2019
	Subject:	Code Red – Fire Safety Plan Policy	Reviewed:	May 26, 2026

Fire Plans:

EP008020.00 Fire Safety Plan - 515 Langs Drive (Fairview LTC)

EP008030.00 Fire Safety Plan - 799 Concession Road (Fairview Suites)

EP008040.00 Fire Safety Plan - 515 Langs Drive (Fairview Apts & Centre)

EP008050.10 Fire Safety Plan - 770 Concession Road (Fairview Courts)

EP008050.15 Fire Safety Plan - 601 Duke Street (Fairview PSA)

EP008060.10 Fire Safety Plan - 726 New Hampshire Street (Parkwood LTC and Suites)

EP008070.00 Fire Safety Plan - 730 New Hampshire Street, (Delphine & Lloyd Martin Apartments)

EP008080.00 Fire Safety Plan – 221 Ailsa Craig Main Street (Craigwiel Gardens)

 Fairview Parkwood Craigwiel COMMUNITIES	Manual:	Emergency Preparedness	Reference:	EP009010.00
	Section:	Code Silver	Created:	February 14, 2019
	Subject:	Code Silver – Person with a Weapon	Reviewed:	May 26, 2026

POLICY

It is the policy of the Homes to develop a planned response to ensure the safety of all employees, residents and visitors of the Home when an individual is in possession of a weapon (anything that can harm, i.e. knife, gun, etc.) and an enhanced police response is required. The response will provide an appropriate response to minimize risk of exposure and possible harm when a person is identified carrying a weapon in or near the campus.

Code Silver **will not result** in staff coming to **assist**, as it is designed to keep **people away** from harm. Police will be contacted as soon as a Code Silver is called. Emergency medical codes will not be called for victims.

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

DEFINITIONS

Code Silver: a threat, attempt or active use of a weapon to cause harm, regardless of the type of weapon

Incident Manager: person responsible for managing the incident at the site; unless otherwise determined the Charge Nurse (for long-term care) is the Incident Manager for the campus

Emergency Operations Centre (EOC): pre-established location; location may act as an assembly point or a location to carry out emergency management functions

- Fairview: on-site location - boardroom at long-term care main entrance; off campus location - Preston Mennonite Church
- Parkwood: long-term care or retirement - Delphine and Lloyd Martin Apartments; Martin Apartments - retirement education room
- Craigwiel Gardens on-site location - boardroom; off campus location - Ailsa Craig Community Centre
- Police will coordinate their own command centre during a Code Silver event

Response

Response will vary depending on the situation and whether it is containable or not.

The following are intended as options (per the Ontario Hospital Association). Each situation is unique and individuals must use discretion and individual judgement to formulate a safe response.

RUN: can you escape quickly and safely?

- If you have the chance, run to safety
- Leave your belongings behind
- Help others stay out of harm's way
- Call for help from a safe location

HIDE: can you hide quietly and find a safe area of refuge?

- Lock doors and barricade yourself
- Hide behind large objects (desks, cabinets, walls)

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- Turn off any lights
- Turn off phone sounds and vibrations; do not turn off your phone
- Remain quiet and low to the ground
- Be prepared to run or fight if you are found

DEFEND: despite attempts to run and hide, you may find yourself face to face with the attacker; defending yourself may be your last resort, but it may also provide you with the chance to run and hide.

- Be prepared to defend yourself
- If available, team up with others, to distract and attack the assailant
- Identify defensive skills and tools
- Remember: your actions before police arrive may save your life

When Law Enforcement Arrives

Law enforcement personnel are the primary responders and will assume control in any Code Silver response. When police respond:

- Remain calm; follow instructions
- Put down items in your hands that could be mistaken for a weapon
- Raise your hands and keep them visible at all times
- Avoid making quick movements towards officers, pointing, screaming or yelling
- Officer may order you to lay down and/or handcuff you
- Do not stop to ask officers for help or directions to escape
- Be prepared to provide information if asked (location of the attacker; number of attackers; physical description; number and type of weapons; potential victims and their locations)

PROCEDURE

A) Initiate a Code Silver

1. Any employee must immediately initiate Code Silver procedures when they observe or are told of a person who is (or persons who are) attempting to harm or injure people with any weapon or are carrying a weapon on or near the campus.
 - a. Communicate emergency to others in the area if it is safe to do so.
 - b. Communicate the emergency to all those in the building either by overhead announcement or internal communication system by announcing “**Code Silver and location**” three times.
2. **Call 911 immediately** - follow the instructions of the 911 operators and steps below, as applicable.
3. All staff will make every reasonable effort to protect themselves, residents, visitors and others in their immediate area, following the procedures set out in this policy, as applicable.

B) CALL the Incident Manager as soon as possible.

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1. Incident Manager to call 911 immediately, if this has not been done.
2. Incident Manager to collect as much information as possible including:
 - a. Location of the assailant(s) (current, last known, and/or direction headed)
 - b. Type of weapon(s)
 - c. Description of the assailant(s)
 - d. Any comments or demands made by the assailant
 - e. Information on victims and/or hostages
 - f. Any other information you feel may be relevant
3. Remain on the line with law enforcement; follow the instructions

C) Any person, if able to evacuate, upon notification of the Code Silver announcement will:

1. If you can leave safely, evacuate.
2. Quickly leave the area, evacuating as many residents and other people as possible.
3. Redirect people entering the area to evacuate to a safe location.
4. If possible, go to the EOC; wait for further direction.
5. Participate in debriefing session post-emergency.

D) Any person, unable to evacuate, upon notification of the Code Silver announcement will:

1. Go to the nearest room or office as quickly as possible; secure the door.
2. Bring any staff, residents and others that are in the immediate area to the secure room.
3. Move/use furniture to block door entrance.
4. Close all windows and blinds.
5. Move away from exposed windows and doors; cover interior windows if able; lay on the floor, under/behind furniture or hide against the wall that is on the same side as the door into the room (the room must appear empty).
6. Turn off lights, monitors and screens.
7. Keep everyone quiet.
8. Silence all cell phones; use only for emergency assistance if required.
9. Do not answer the door or respond to commands until certain they are issued by law enforcement.
10. Hide in place until “**Code Silver, All Clear**” is announced overhead.
11. Participate in debriefing session post-emergency.

E) Staff in other locations within the Home

1. Contact the Manager-on-Call to notify of the situation (Manager-on-Call to notify the Executive Director and other members of the Leadership Team).
2. Do not attempt to return to your department.
3. Follow the instructions of the Supervisor in your current location.
4. If possible, lock doors including doors between areas.
5. Stay where you are, protecting yourself and assisting others in your area, if possible.

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6. Divide into small mixed groups of staff, residents and visitors; hide in resident rooms, meeting rooms, bathrooms, offices, etc., wherever is available and safe to do so.
7. Advise residents, visitors and others to hide; ask them to remain calm, quiet.
8. Move away from exposed windows and doors; cover interior windows if able; lay on the floor, under/behind furniture or hide against the wall that is on the same side as the door into the room (the room must appear empty).
9. Minimize movement within the area to essential, safety-related matters.
10. Silence personal alarms and avoid using mobile phones and other electronic devices.
11. Do not use the telephone unless directly related to the Code Silver incident.

F) Staff responsibilities

1. Incident Manager will:

- a. Utilize security cameras as available, to monitor and record the assailant, if possible.
- b. Prepare to meet law enforcement at a pre-determined location.
- c. Provide law enforcement site (building) plan.
- d. Provide law enforcement with a situation update.
- e. Provide law enforcement with master keys.
- f. Assist law enforcement with all requests.
- g. Confirm attendance of persons from affected area, to determine if anyone is unaccounted, as best as possible, using the sign-in/out book and staff testimonies.
- h. Take notes and document, as possible.
- i. Secure (as safety allows) specific interior and exterior doors as directed by law enforcement.
- j. Ensure all public announcements and/or communications requested by law enforcement are made.
- k. Provide access/egress control as directed.
- l. Maintain contact with the Police Command Centre, providing regular updates, and information on any situation changes as they occur.

2. Executive Director, or designate, will:

- a. Remain calm.
- b. Notify the President & Chief Executive Officer, or designate, and governing bodies.
- c. Assist law enforcement with all requests.
- d. Undertake the role of Incident Director, if required.

Other codes that may escalate into a Code Silver

- **Code White:** when staff are involved in the management of an aggressive or violent person; staff will come to assist when a Code White is called

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- **Code Purple:** where hostages are being used as currency; situations usually more physically contained in nature than Code Silver scenarios and may not require the same scope of response from law enforcement and staff

G) Recovery

LAW ENFORCEMENT WILL ADVISE THE INCIDENT MANAGER WHEN IT IS SAFE TO END THE CODE SILVER.

1. The Incident Manager will page “**Code Silver, All Clear**” three (3) times, once law enforcement has confirmed it is safe to do so.
2. Anyone who may have been injured will seek first aid and complete an Incident Report.
3. Team members will return to their work area for a debriefing. Staff from the affected area shall go to a designated meeting point to meet with the Incident Director. As soon as possible, the Incident Director shall conduct a debriefing including participation of any responding law enforcement.
4. Provide support for those who are impacted by the Code Silver and show signs of distress.
5. Consider the physical and mental health needs of all staff and residents; provide support utilizing existing and additional identified programs (e.g. Employee Assistance Program, individual and group counseling).
6. Staff should speak with their department Director regarding any specific concerns, needs or considerations.

H) Debriefing, Documentation and Review

1. A debrief will be held each time a Code Silver is tested or triggered. If tested, those involved in the Code Silver will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Silver being declared over. Debrief will include team members, residents, families, Residents’ Council, Family Council and service providers.
2. Policy will be reviewed at least annually and updates made as required. Team members will review changes and training will be provided if needed post event.
3. All team members receive annual education related to Code Silver according to the requirements of the *Fixing Long-Term Care Act*, 2021, Ontario Regulation 246/22, *Retirement Homes Act*, 2010 and Ontario Regulation 166/11.

	Manual:	Emergency Plan	Reference:	EP010010.00
	Section:	Code White	Created:	30/01/2019
	Subject:	Threat of Violence/Aggressive Behaviour	Reviewed:	May 8, 2026

POLICY

It is the policy of the Homes to managing aggressive, hostile, or violent behavior with minimal restraint, focusing on dignity, safety, and respect for all

The Homes are committed to managing responsive, aggressive, hostile, or violent behaviours using a least-restraint, trauma-informed, person-centered and BSO-aligned approach. Staff will focus on prevention, early recognition, de-escalation, dignity, resident safety and respect for all persons

WHEN TO CALL A CODE WHITE

1. A resident is escalating and not responding to verbal techniques (de-escalation, negotiation, and redirection, or problems solving techniques) fail.
2. When a resident or Individual becomes verbally hostile to anyone.
3. Immediate threat of harm to self or others is present.to self or others

PURPOSE

1. To regain control of a situation in which a person's escalating behaviour is beyond the ability of the staff present to control.
2. To provide the person who is the subject of the Code White with the best and safest care until they regain control of their behaviour.
3. To prevent injury to the person who is the subject of the Code White, residents, staff and others.
4. To prevent property damage.

DEFINITION

A CODE WHITE is indicated in any situation where an individual (resident, staff, volunteer or visitor) is behaving in a way that creates a potential or actual threat or safety risk to:

- a. their own safety
- b. the safety of others
- c. the Home's property

The situation (e.g. responsive behaviour or safety risk) could include verbal threats (with or without a weapon or other instruments of harm), physical intimidation, and/or the application of force (including punching, slapping, striking out with an object, pinching, etc.)

The primary goal in a Code White procedure is to achieve a safe resolution when a person who is the subject of the Code White is, or may escalate to become, violent or harmful.

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Focus on the person's behaviour, not the individual, avoid judgement or demean the individual. Assume they would control their behaviour if they were able to.

PROCEDURE

Any staff member may use the paging system to call a CODE WHITE to get extra help when necessary.

1. To initiate a Code White: Page Code White from any phone – repeating Code White and location three (3) times, e.g. "*Code White Location*".
2. Code White Response Team:
 - a. All staff on or off duty in the building, especially those with GPA training
 - b. The Charge Nurse

A) Person Calling Code White

1. Explain the situation to those arriving; what has been tried to de-escalate the situation.
2. Ask for needed assistance to keep self and others safe.

B) Person De-escalating the Situation

1. The person de-escalating the situation should be the person most familiar with, and having the best rapport with the person who is the subject of the Code White. If a person close to or connected with the person who is the subject of the Code White is available to assist (e.g. lives on the campus), the Charge Nurse, or delegate will contact that person to assist.
2. Cannot be someone who may be the object of the person who is the subject of the Code White's acting out behaviour.
3. The only person who speaks to the person who is the subject of the Code White.
4. The Charge Nurse, or designate, may determine the person de-escalating the situation step back to allow for a new person to be the contact to the person who is the subject of the Code White
5. Does not take part in any physical intervention.
6. Participates in debriefing.
7. Debriefs the subject of the Code White after the Code is concluded, if necessary.

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C) Charge Nurse, or Designate, Responding to Code White

1. Assess the situation based on report by person calling the code and what you see/know about the person who is the subject of the Code White.
2. Organizes and directs a plan of action. This may include, but is not limited to:
 - a. Ensure the area is clear of dangerous objects and furniture or anyone who may escalate the situation.
 - b. Clear other residents/families/visitors from the area.
 - c. Direct someone to provide support to those others who may need it.
 - d. Direct someone to reduce any stimulation, e.g. noise, televisions, etc.
 - e. Direct someone to monitor entrances to secure the area and restrict access.
 - f. Direct someone to record the time and type of action taken for accurate completion of the Code White report during the debrief.
 - g. Direct someone to notify family, if the person who is the subject of the Code White is a resident.
 - h. Determine if a restraint (chemical or physical) is required, following the Restraint Policy and proceeds to arrange for this.
 - i. Determine if police back-up is required; call 911 if it is. Police are called if the person who is the subject of the Code White continues to be physically aggressive/violent to other residents, staff or self, despite best de-escalation efforts.
 - j. Direct someone to call the 'All Clear' when everyone, including the person who is the subject of the Code White, is safe by paging overhead, i.e. "*Code White –All Clear*" three (3) times.
 - k. Conduct a short debrief with everyone involved immediately after the all clear is called with a view to prevention of future incidents.
 - l. Ensure required documentation in the resident chart, if the person who is the subject of the Code White is a resident, and the Code White Report form is completed.

D) Responding Staff Duties

1. Follow all direction from Charge Nurse, or designate.
2. Assist in clearing, making the area and others in the area, safe.
3. Understand the de-escalation person is the only person communicating with the person who is the subject of the Code White in an attempt to resolve the situation.

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4. Participate in debriefing after the “All Clear” is called.

E) Debriefing

A debriefing, led by the Charge Nurse, or designate, is mandatory following all Code Whites. The purpose is to:

1. Ensure the emotional, psychological and physical well-being of all the staff and residents who witnessed any part of the situation.
2. To review the event in a supportive and educational manner, focusing on the team’s intervention and communication during the code.
3. Provide supportive and educational assistance to all staff present at an overwhelming event.
4. Inform staff of other support resources available to them, e.g. pastoral care services, EAP.
5. Gather information required for thorough documentation of the event and prevention of future occurrences.
6. Ensure the Code White Report is completed.

F) Post-Incident Review

A post incident review is conducted by the Executive Director and the Leadership Team in the event of resident or staff injury to:

1. Review and analyze precipitating factors and current Code White process.
2. Ensure the resident’s care plan is updated as it relates to the management of the triggered behaviour, if the person who is the subject of a Code White is a resident.
3. Identify and ~~make a~~ plan to address any training or policy changes regarding Code White.

G) Documentation and Evaluation

1. If the person who is the subject of the Code White is a resident, a progress note will be written in the resident’s health care record which describes behaviour prior to the event; what triggered the event; a description of the interventions implemented and the resident’s response to them; the outcome of the Code White; any injuries sustained by the resident or others; and any suggested prevention strategies to manage future behaviour.

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2. Director of Care, or designate, will complete required reporting to governing bodies, if the criteria for submitting a report are met by the Code White (e.g. Critical Incident for long-term care).
3. In the event of staff injury, an Employee Incident Report is completed and first aid is given.
4. The Charge Nurse, or designate, will complete the Code White Report.
5. Code White Reports will be reviewed at through Abuse Analysis and at Management Meetings and Quality Committee Meetings, as applicable.

H) Attachments

EP010010.00(a) Code White Report

EP010010.00(b) Calling 911 for Code White

EP010010.00(c) Strategies for Dealing with a Code White Situation”

	Manual:	Emergency Preparedness	Reference:	EP011010.00
	Section:	Code Yellow	Created:	January 30, 2019
	Subject:	Code Yellow – Missing Resident	Reviewed:	June 4, 2026

POLICY

It is the policy of the Homes to provide a safe and secure home for residents and ensure a proper procedure is in place to locate any resident whose whereabouts are unknown.

DEFINITION

Missing Person:

Missing Persons Act, 2018, s. 1(2)

A person is a missing person if both of the following circumstances exist with respect to the person:

1. The person's whereabouts are unknown and,
 - i. The person has not been in contact with people who would likely be in contact with the person, or
 - ii. It is reasonable in the circumstances to fear for the person's safety because of the circumstances surrounding the person's absence or because of any other prescribed considerations.
2. A member of a police force is unable to locate the person after making reasonable efforts to do so.

Note: A Code Yellow will be called as per the "*Code Yellow – Missing Resident*" policy, which initiates a code to be responded to prior to police involvement.

Any resident shall be considered missing under the following circumstances:

- Fails to return at the scheduled time following a leave of absence
- Cannot be accounted for during any shift
- Cannot be accounted for during an organized activity

PROCEDURE

A) Safety and Security Precautions

1. If a resident is identified to be at risk for elopement or has a history of elopement, this shall be documented in the resident's care plan.
2. Each Home has security features such as keypad code locks, security cameras and training for team members and families to be vigilant for anyone exiting secured areas unaccompanied.

PROCEDURE:

1. Any staff person, immediately upon discovering that a resident is missing from a home area, reports this to the Charge Nurse. State when and where the resident was last seen, if known, along with any mobility aids resident may be using.
2. The Charge Nurse directs all available staff to thoroughly search the home area. This includes a search of all rooms, service areas, closets, bathrooms, common areas, storage areas, locked

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areas – every space in the home area. In Apartments and Suites, search is limited to public areas only.

3. Verify the resident is not at an activity, out with a family member/friend or on a scheduled outing (check the sign out book).
4. Communication - it is important the Charge Nurse and staff communicate regarding resident description, search progress/notification. Use the most efficient method. This may be landline phone, portable phones, walkie talkies, paging or face to face communication.
5. Contact SDM to inform them of the ongoing search and ask if they may know of an outing with family that may not have been recorded or possible resident's location.
6. If the resident is unaccounted for after a thorough home area search, the Charge Nurse will page three (3) times "*Code Yellow – Resident Name from Home Area*" (return to home area).
7. The Charge Nurse notifies Executive Director or designate and SDM apprising them of the situation.
8. The Charge Nurse, or designate, notifies the campus staff of the missing resident and description; initiate search.
9. A home wide search is done of every space in every home area, all common areas, including elevators and all service areas, such as kitchen, maintenance and laundry.
10. If the resident is not found, the Charge Nurse notifies the Police Department by calling 9-1-1, reporting the resident is missing and giving all pertinent information (establish location for police to meet and prepare for arrival by printing a picture of the resident)
11. Executive Director, or designate, notifies the Leadership Team, the PCEO and COO; members of the Leadership to respond by coming to the home.
12. The PCEO, or designate, notifies members of the Resource Team; members of the Resource Team to respond by coming to the home.
13. Upon arrival the Executive Director, or designate, will assume the Lead position.
14. If search assistance is needed, communication through the One-Call is completed.
15. All available staff to initiate search of the ground and surrounding area. Lead to designate specific search areas to search teams. Search teams to have mobile phone for regular updates.
16. Lead to update police upon arrival; assist police in search. Please note, searching the same areas more than once is advisable since the resident may be moving around and not seen by anyone.
17. When the resident is found, the Lead, or designate, will page "*Code Yellow All Clear*" three (3) times.
18. Lead to contact SDM; continue to update as new information becomes available (i.e. status).
19. After the resident is safe, the Charge Nurse, or designate, will document all detail of the event in the resident electronic record including:
 - a. Date, time and location of where resident was last seen
 - b. Date/time resident was noticed as being missing

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- c. Date/time/location resident was found
- d. Condition of resident when found – any injuries, emotional or other concerns
- e. Subjective observation as to what may have occurred which caused the resident to be missing

B) Debrief, Documentation and Review

1. If mandatory reporting is required, the Executive Director, or designate, will ensure reports are completed and sent to the appropriate governing body (e.g. Ministry of Long-Term Care and RHRA).
2. Those involved in the Code Yellow will meet to discuss the event after the all clear, ensure the Missing Resident Report is completed.
3. A debrief will be held each time a Code Yellow is tested or triggered. If tested, those involved in the Code Yellow will meet to discuss the event after the all clear, ensure all reports are completed including a written record of who was involved, and actions taken. If triggered, a debrief will be completed within 30 days of the Code Yellow being declared over. Debrief will include team members, residents, families, Residents' Council, Family Council and service providers.
4. Policy will be reviewed at least annually and updates made as required. Team members will review changes and training will be provided if needed post event. Staff will review the policy and training will be provided post event and as needed.
5. All team members receive annual education related to Code Yellow according to the requirements of the *Fixing Long-Term Care Act, 2021*, O. Reg. 246/22, *Retirement Homes Act, 2010* and O. Reg. 166/11.

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1. FORMS

- 1 Pandemic/Endemic Planning Checklist
- 2 Mutual Aid Providers
- 3 Management and Support Personnel and Alternatives
- 4 Essential Services/Functions Staffing Allocations
- 5 Employee Skills Questionnaire
- 6 Contact List
- 7 Supplies and Equipment Inventory
- 8 Suppliers and Contractors List
- 9 Inventory of Communication Equipment

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1. POLICY

It is the policy of the Homes to develop and implement a pandemic/endemic plan. The plan will meet the needs of those living and working on our campus.

2. PURPOSE

The purpose of the plan is to:

- protect resident health and their safety and well-being.
- reduce disease transmission, maintain essential services and opportunities,
- support staff
- coordinate communication and decision making.

3. DEFINITIONS

As per Ontario Public Health

An **endemic** disease is one that is consistently present throughout a specific region or population. The prevalence of the disease remains stable and its spread is fairly predictable over time.

An **epidemic** occurs when a disease, specific health-related behavior, or other health-related event spreads unexpectedly or quickly across a specific geographical area or population. It can occur if an endemic disease suddenly becomes more prevalent, or if a new disease begins to affect a region or specific population.

A **pandemic** occurs when a disease spreads across countries or continents at a fast rate with new cases appearing every day. Pandemics have become more likely in recent years due to increased international travel. Increased urbanization also means that many people live in densely populated towns and cities, which can increase rapid transmission of viruses and disease.

Over time, a disease can move from one of these classifications to another (i.e., from epidemic to pandemic, or vice-versa). It is important to note that these terms do not describe the severity of a disease, but rather its prevalence.

4. REFERENCES/LINKED DOCUMENTS

Fixing Long-Term Care Act, 2021, O. Reg. 246/22

Occupational Health and Safety Act, 1990

Ministry of Health: [Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings](#), February 2025

Ministry of Health: [Emergency Management Plans and Strategies](#)

ORCA: [Epidemic and Pandemic Preparedness and Response](#), April 2024

IPAC Hub: [Outbreak Management](#)

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5. PROCEDURE

The Executive Director and Leadership Team is responsible to understand and implement the Pandemic/Endemic Preparedness Plan.

A) Pandemic/Endemic Preparedness

1. Ensure all staff receive education, training and supervision (PPE) related to protection and providing effective care.
2. Institute appropriate occupational health and infection prevention and control measures.
3. Provide appropriate personal protective equipment (PPE) such as masks, gloves and gowns.
4. Coordinate planning with other health organizations, as a pandemic/endemic will affect the whole community, long-term care homes cannot plan in isolation.
5. Review and update emergency plans.
6. Establish an Outbreak Management Team and communicate the roles and responsibilities of this team.
7. Assess resident care needs to identify placement of residents and residents at a greater risk for complications during an outbreak.
8. Identify essential services that could be curtailed.
9. Identify priority groups for access for antivirals and vaccine; understand storage and tracking systems for antivirals.
10. Identify alternative supply chains. Ensure a one-month stock pile of supplies is purchased and maintained.
11. Identify and train to ensure staff have the required skills to meet resident's needs due to the likelihood of staff shortages that may be experienced during a pandemic.
12. Review and update plans for communication with residents' families, staff, media, other organizations in the community (Public Health, coroner's office and funeral directors) and the Resource Team.
13. Contact list for Ontario Health @Home.
14. Review security and physical environment to safeguard supplies and antivirals. Ensure steps to closely monitor access.
15. Review and update policies, including the immunization policy.
16. Maintain an effective surveillance plan.
17. Develop education plans and programs.

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B) Pandemic/Endemic Response

1. The Home's level of response will depend on the phase of the pandemic/endemic worldwide as well as the level of threat in the community. To help ensure an appropriate level of response, Ontario has divided the World Health Organization (WHO) pandemic/endemic activity into three stages:
 - No Pandemic/Endemic activity in the country, province or community
 - Pandemic/Endemic activity in the county or province, but no pandemic/endemic activity in the community
 - Pandemic/Endemic activity in the community
2. When an outbreak of the pandemic/endemic strain is suspected or confirmed within the Home, the Home will take the following steps:
 - a. Notify the local Public Health, Medical Officer of Health, or designate
 - b. Implement infection prevention and control measures
 - Implement control measures for residents
 - Implement control and support measures for staff and volunteers
 - Implement control measures for visitors
 - c. Notify appropriate individuals
 - d. Hold an initial Outbreak Management Team meeting, led by the IPAC Lead
 - e. Monitor the outbreak; continue ongoing surveillance
 - f. Distribute antivirals, if available
 - g. Distribute vaccine, if available
 - h. Review the outbreak with Outbreak Management Team, Residents' Council, as appropriate

6. PANDEMIC/ENDEMIC PLANNING

1. When a pandemic/endemic infection occurs, it will likely spread rapidly to all communities in Ontario. A pandemic/endemic will trigger implementation of the [Canadian Pandemic/endemic Influenza Plan \(CPIP\)](#), the [Ontario Health Plan for an Influenza Pandemic/endemic \(OHPIP\)](#), and local pandemic/endemic contingency plans developed during the pre-pandemic/endemic and pandemic/endemic alert phases.

Appendix 1: Pandemic/Endemic Planning Checklist

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2. Develop, regularly review and update the following plans.

- emergency or disaster plan
- evacuation plan
- drills/exercises to test plans
- plans to ensure continuity of services in the event of internal emergencies, e.g. loss of water, hydro, natural gas, food, power failure

3. Community Partners:

a. Coordinate planning with other health care organizations in the community, such as:

- Local Public Health Unit
- Acute Care
- Home & Community
- Emergency medical services
- Ontario Health @Home
- Pharmacies
- Nursing agencies (potential staff shortages)

b. Mutual Aid: Community Partners can include but are not limited to:

- Other health care and community care services
- Local emergency responders (fire, ambulance, police)
- Schools, community churches, community centres, etc.
- Transportation services (Wheel Trans, school buses, local transit)
- Food service providers (catering, restaurants, food banks, etc.)
- Utilities (gas, electricity, water, telephone, cable)
- Suppliers

c. Mutual Aid agreements may include provision of:

- Alternative sites for care
- Alternative site for administration

Appendix 2 Mutual Aid Providers

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4. Information Centre:

a. Information is transmitted through designated channels, such as:

- Community Hub
- One Call Now
- Bulletin Board with handouts, information

5. Designated spaces:

- For equipment
- Provide privacy

6. Hierarchy:

- a. There is a hierarchy for implementing the pandemic/endemic plan if the IPAC Lead is not available
- b. Emergency apparel/PPE is available, if needed
- c. The hierarchy is communicated to team members

Roles and Responsibilities

Position or Department	Responsibility
PCEO, COO or designate	· Designates lead responsibilities for the Organizational Outbreak Management Team (responsibilities may change from below as required) · Maintains organizational leadership role · Communicates with the Board of Directors · Communicates with media
Resource Team	· Support the PCEO, COO · Support with procuring PPE, clinical supplies · Support with clinical decisions · Support with human resources · Support campus leadership team to respond to campus needs · Support communication · Participate on the Organizational Outbreak Management Team

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Position or Department	Responsibility
	· Participate on campus Outbreak Management Team, as needed · Identify and make campus modifications to reduce or eliminate exposure, ensuring privacy is maintained · Secure financial resources
Executive Director	· Participate in Outbreak Management Team · Maintain leadership role for the campus acting as critical decision-maker · Liaise with Resource Team, as per direction of PCEO · Participate in Association meetings (as per facility) · Initiate discussion and investigation with union representatives about the skills and roles of staff and the potential redeployment and shifting of skilled personnel to ensure services are maintained, if applicable · Secure financial resources to support the needs of the campus · Investigate and identify alternative agencies and organizations that could provide access to resources · Facilitate the decision-making process · Manage internal communications · Ensure each director provides staff with education and training, including cross training for staff that do not routinely provide care for residents but may be required to, including a provision for involvement of families and volunteers. · Ensure Essential Caregivers are in place for residents
Director of Care	· Participate on Outbreak Management Team · Participate in meetings with outside agencies, as needed · Manage staff, residents and family concerns; facilitating conflict resolution · Coordinate and collaborate with equipment suppliers (or alternative suppliers) to procure continuous access to necessary supplies and equipment · Coordinate communication with outside agencies and services, in consultation with the Executive Director and IPAC Lead · Ensure staff are provided with education and training, including cross training

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Position or Department	Responsibility
Infection Control Lead (ICL)	· Chair Outbreak Management Team meetings · Maintain communication with Public Health, MLTC, RHRA and other bodies, as appropriate · Collaborate and coordinate pandemic/endemic plans with Infection Control Lead's from other long-term care facilities and Regional Public Health staff on a regular basis to share, update and co-ordinate plans · Implement the Pandemic/Endemic Preparedness Plan in collaboration with appropriate internal committees; update the plan as new information becomes available · Plan and provide information, education and opportunity for staff, residents and family councils to receive information and education · Work with the Joint Health and Safety Committee to provide information, ensure compliance with applicable standards, attend meetings as appropriate · Work with the Executive Director to communicate information to staff, residents and family/visitors · Monitor the surveillance of illness among residents/tenants/clients, staff, volunteers and visitors · Responsible to implement infection control best practices · Ensure appropriate Personal Protective Equipment is stockpiled and available · Responsible to receive/store /track antivirals and vaccines · Coordinate immunizations and/or antiviral distribution in facility as directed · Maintain outbreak files and documentation · Provide educational sessions with staff, resident and family councils
Director Food Services	· Participate on the Outbreak Management Team · Coordinate and collaborate food suppliers to ensure continuous access to provide basic food services and supplies · Ensure food suppliers have alternative services and emergency back-up. · Ensure residents receive meals/nourishment as per the standards provided · Educate and provide specific training and updates to dietary staff · Communicate staff illness to IPAC Lead · Monitor compliance with infection prevention and control measures

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Position or Department	Responsibility
Director Environmental Services	· Participate on Outbreak Management Team · Educate and train staff on infection prevention and control precautions and practices · Ensure high traffic areas, isolation areas and common areas and surfaces are disinfected frequently · Ensure that alcohol-based hand sanitizers are frequently monitored and restocked regularly · Communicate staff illness to IPAC Lead · Monitor compliance with infection prevention and control measures
RN/RPN	· Participate on Outbreak Management Team, as appropriate · Support staff, residents, family and visitors, · Review concerns with the Director of Care and/or IPAC Lead · Ensure appropriate screening, surveillance and assessments · Coordinate PTAC arrangements, and admissions, transfers and discharges · Ensure resident care and needs are met in accordance with legislative standards · Communicate staff illness to IPAC Lead · Monitor compliance with infection prevention and control measures
Joint Occupational Health & Safety Committee	· Review policies and make recommendations as required to ensure adequate and appropriate standards are maintained for staff safety in the provision of care and services · Provide representation and information related to safety concerns and workplace safety such as correct use and availability of PPE to the IPAC Lead · Campus safety inspections · Review and implement information from IPAC Lead, as appropriate
Director Spiritual Care & Culture/Chaplain, Social Worker	· Provide support to staff, residents, family, volunteers · Liaise with funeral home directors, as needed · Assist with staff, residents, and family concerns; facilitating conflict resolution · Communicate staff illness to IPAC Lead · Monitor compliance with infection prevention and control measures

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Position or Department	Responsibility
Medical Director	· Participate on Outbreak Management Team, as required · Provide or ensure back up coverage is available from community physicians · Review current standing orders; assess if additional medical directives could/should be initiated · Review existing medical directives and provide medical directives for initiation of treatment that can be given if a pandemic/endemic is declared
Attending Physicians	· Physicians to determine best method of communication for rounds during a pandemic/endemic due to other responsibilities and illness, may include faxes, email, or telephone calls with the physicians to review resident issues
Director Program & Services Community Engagement Coordinator	· Participate on Outbreak Management Team (Director, Programs and Services) · Assist in the implementation of scaling down programs, i.e. co-horting home areas · Assess skill set of volunteers and identify capabilities · Communicate staff/volunteer illness to IPAC Lead · Monitor compliance with infection prevention and control measures
Staffing Coordinator	· Work with the Director of Care · Assign daily staffing and resources to appropriate areas, based on skills and needs · Communicate staff illness to IPAC Lead · Monitor compliance with infection prevention and control measures
Essential Care Givers	· Ensure education is completed · Provide direct, necessary support to designated resident · Practice PPE while visiting
All Staff	· Follow outbreak measures · Communicate illness to IPAC Lead and Director · Monitor compliance with infection prevention and control measures

Appendix: 3: Management and Support Personnel and Alternatives

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7. RESIDENT NEEDS

1. Resident care plans are current and available on Point Click Care.
2. Immunization lists of residents are current and available on Point Click Care.

8. ESSENTIAL SERVICES

1. An **Essential Service** is a service and/or function that when not delivered creates an impact on health and safety of Individuals.

2. The Home has identified:

- a. essential services that must be maintained during a pandemic
- b. non-essential services that could be reduced or curtailed.
- c. issues / implications due to modified services

Appendix 4 Essential Services/Functions Staffing Allocations

3. The Home identifies core skills required to perform essential services and has a process in place for obtaining information on staff, volunteers and family members ability to assist with essential services.

Appendix 5: Employee Skills Questionnaire

4. The Home has a mechanism to contact outside services, such as:

- Physiotherapy / Occupational therapy
- Respiratory services
- Pharmacy

Appendix 6: Contact Chart

9. ANTIVIRALS AND VACCINES

1. Provincial antiviral priorities may change depending on the pandemic/endemic strain.
Priority will be directed towards those with increased risk of complications/death and people whose skills/services are essential.
2. The Home has a policy on vaccine distribution/administration.
3. Documentation, including Public Health reporting, as required
4. Adequate capacity to store antiviral in a secure designated space
5. Access to an initial supply of antiviral
6. IPAC Lead is responsible to receive/store /track antivirals and vaccines

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7. Determine access to antiviral
8. Contingency plan in case of power failure / malfunction
9. Medical Directives to administer antiviral / vaccine
10. Consents from resident or SDM
11. Tracking to administer, monitor, determine effectiveness/ reaction of antiviral
12. Ethical issues (e.g. only certain staff have access)

10. SUPPLY CHAINS

1. Adequate supplies should be procured in the event of a pandemic/endemic outbreak.
MLTC recommended formula: 25 staff encounters/resident/day x 31 day a month for long term care.
Follow guideline for stock of supplies to be on-hand.
2. Identify type/quantity of supplies and completes a supplies template, such as:
 - Hand Hygiene
 - Personal Protective Equipment
 - Temperature & BP Monitoring Supplies
 - Disinfectants
 - Cleaning
 - Respiratory Care
 - Suction
 - Ice Packs
 - Paper Products
 - IV Products
 - Deceased body management

Appendix 7: Supplies & Equipment Inventory

3. The Home considers the following:
 - Discuss with suppliers about delivery service
 - Back up sources (local suppliers)
 - Discuss with pharmaceutical suppliers
 - Sharing resources with other homes (sources of meds, supplies, staff)
 - Contact food suppliers – 3-day emergency menu

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- Other resources, e.g. products that family members can provide – local grocer, hardware store
- Keep containment boxes on-site; ensure adequate storage space

Appendix 8: Suppliers & Contractors List

11. PERSONAL PROTECTIVE EQUIPMENT

1. PPE Procurement:

- Designate a leader responsible for PPE procurement. Assign alternates
- Identify PPE providers; maintain list of 24-hour contact numbers
- Determine delivery methods and timelines of supplies and equipment
- Develop PPE purchasing agreements and tracking systems
- Establish provision of PPE, if PPE is not available through regular channels
- Communicate the process for accessing stockpiles
- Identify system who might be directly/indirectly exposed
- Methods for the rapid identification of hazardous agents
- Real-time risk information to improve compliance with PPE use

2. PPE Selection:

- Gloves (when in contact with body fluid or contaminated surfaces)
- Gowns (when clothing might be contaminated) / cloth gowns, as appropriate
- Eye protection, such as safety glasses, face shield
- Masks
- Respirators

12. HUMAN RESOURCES

- Department Directors are the human resources lead for their respective departments
- Campus supports include the Resource Team and Finance Team
- JHSC representatives must be consulted in issues pertaining to health and safety of staff
- Encourage and track annual influenza vaccination rates for employees
- Staff Deployment:
 - Department Directors identify skills required during a pandemic/endemic; deploy staff to areas where their skill sets can be best used
 - IPAC Lead will establish “fit to work” based on outbreak measures.

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Work restrictions will be based on agent, mode of transmission, control measures, clinical status of illness and degree and type of contact with residents and staff.

- Infection control and public health professionals consulted in development of practices
- Analyze the physical and cognitive demands of the job routines
- Develop a process to monitor and evaluate staff abilities and limitations
- Match the staff abilities with the demands of the job, where possible
- Identify alternative roles for staff who may require modified duties (accommodation with restrictions should be in consultation with Public Health)

Appendix 5 Staff Skills Questionnaire

6. Staffing Levels:

- A significant number of team members may become ill, reducing your available supply of workers. Staff will be required to respond over a longer period. To calculate workload demands, determine the services needed to continue care, who will do it, and how via a contingency plan
 - Educate staff to the importance of essential workers
 - Education staff how to access the antiviral

7. Develop a Staff Contingency plan that reviews:

- Various levels of staffing
- Skills required during pandemic/endemic emergency
- Lists of altered/redeployed staff skills
- Adequate caregiver to resident ratios
- Labour issues/insurance liability for altered roles/temporary workers (contact # or union rep)
- Outside sources of staffing (agencies, other community organizations, volunteers, family members)
- Work routines for positions
- Cross training lists are maintained
- Recruit student nurses, retired personnel, contractors
- Staff support e.g. childcare, transportation, meals, accommodation, pet care, stress/psychological (EAP)
- Family members that can assist with ADLs
- Prepare for laundry, food and sleeping arrangements for staff
- Provide ways to keep staff on the campus, e.g. day care using volunteers and families

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- Staff uniforms are to be worn only on campus and will be laundered on the campus
- Develop and distribute policy and procedure related to the right to refuse or stop unsafe work, as per occupational health and safety

8. Exceptions in the OH&S Act sec. 43 include:

- Risks that are inherent to the work that the worker was hired to do
- Situations where a work refusal could endanger the health and safety of another person
- Policies to addresses absenteeism:
- Safe work and work refusal policy
- Policies related to sick leave absences/emergencies
- Conditions related to employee return to work
- Related to sick leave unique to an emergency
- Exposure to pandemic/endemic outbreak
- Suspected ill or become ill at the worksite
- Review the CNO ethical issue sections

13. COMMUNICATIONS

1. The Home has a communications plan that includes:

- Communication system with the local public health
- Designates responsibility for communicating with various internal and external bodies
- Designates modes of communication with staff, residents, volunteers and families/visitors, e.g. the Hub, One Call
- Keep a list of key contacts (internal and external)

Policy: Communication Responsibilities During an Outbreak

Appendix 6 Contact Chart

2. Establish a communication policy:

- Consider strategies for pre-pandemic, pandemic/endemic and post pandemic/endemic
- Prepare key messages in advance (visitors, staff, family, media information)
- Select on-site and off-site locations for communicating
- Determine who will communicate with media or public relations
- Ensure that critical information can get to the control center
- Review methods to communicate (e.g. website, one-call, phone updates daily)

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- Conduct an inventory of communication equipment
- Ensure backup systems and emergency power sources are available and tested
- Maintain preventative maintenance agreements
- Consider whether equipment should be purchased or reserved for rental (consider supply and demand during a pandemic/endemic)
- Train all staff who will be required to operate communication equipment
- Use equipment during daily operations to facilitate familiarity
- Post emergency numbers, pertinent internal and external contact, as appropriate (ensure confidentiality is maintained)

Appendix 10: Inventory of Communication Equipment

3. One Call is used for:

- Available to all staff on and off site
- Reviewed and revised each year

14. SECURITY

1. Entry, access and exit from the Home can be controlled, restricted and secured. Test process.
 - Restrict access in affected areas of the residence
 - External support if required
 - Alarm systems checked regularly
 - Security procedures for emptying building

15. TRAFFIC CONTROL

1. Ability to control the flow within the campus
 - Restrict access to Home / areas of the Home
 - Controls and access to elevators
 - Designate entrance and exit for people and vehicles
 - Designate specific areas for deliveries
 - Signage to direct authorized personnel/visitors to correct entrance/no entrance
 - Prepare signs in advance for kit, purchase yellow caution tape to bar off areas

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16. SURVEILLANCE

1. Plan to detect early identification of outbreak; begin control measures.
2. IPAC Lead notification of a suspected outbreak.
3. Strongly encourage an annual immunization program for staff, residents, volunteers, students, and contractors:
 - Track annual vaccination for residents e.g. influenza, COVID, RSV
 - Track annual vaccination for employees e.g. influenza
 - Track immunization status (trend % of staff immunized)
 - Retain staff records of immunization (immunized and non-immunized)
 - Include immunization initiatives in contractual agreements (i.e. agency staff)
 - Communicates the immunization policy to staff, volunteers and contract workers
 - Provide immunization clinics or information on clinics
 - Record a list of staff employed at other residences
 - Educate staff to recognize/assess Acute Respiratory Infections (ARI) or Influenza like illness (ILI)/COVID-19
 - Educate families, volunteers and students to early signs
 - Distribute educational material re: influenza myths, COVID, PPE etc.
4. Investigation and Reporting:
 - Staff are educated to report symptoms of ARI and ILI
 - Establish a process to investigate all occupational accidents, incidents and occupationally acquired illness (e.g. influenza)
 - A designated member of the JHSC will be included in the investigation where worker is critically injured or killed – OHS Act, Sec. 9(31)
 - Identify root cause and improve workplace safety and emergency training
 - Report to authorities, Critical Incident (long-term care); RHRA
 - Report to Public Health (communicable disease), as per guidelines
 - Report to MOL., JHSC, WSIB in cases of occupationally acquired illness
 - Report to MOL., JHSC, WSIB in cases of critical injury or fatality
 - Report to WSIB if health care or lost time results as a consequence of occupational illness or accident
 - Self-screening – Post signs at hygiene stations and entrances to the Home

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17. TRAINING AND EDUCATION

1. Develop and implement a plan to educate and train staff, volunteers, residents and family on emergency policies/pandemic.
 - Designate a Training Leader. Assign alternates.
 - Establish a multidisciplinary team for the development of training and education
 - Consult with JHSC/H&S Representative
 - Assess the training needs of staff; develop a curriculum to meet the identified needs (based on hazard identification and risk assessment)
 - Information and training from local, municipal, provincial and national sources may be available to facilitate program development
 - Emergency/pandemic training provided at orientation and annually thereafter
 - Resources may include:
 - Special equipment
 - Information pamphlets and manuals
 - Specially developed training materials
 - Offer information in different languages
 - Gear information to special learning needs

2. Provide training in different formats (group, train the trainer, team based, regional):
 - Audits
 - Drills
 - Tabletop scenarios/exercise
 - May include local, municipal, regional partners where coordinated multi-organizational response is expected
 - Test entire plan or designated parts
 - Test emergency codes, e.g. code orange, code green
 - General training
 - Emergency management [Plan
 - General safe work procedures
 - Education for altered roles
 - Hazard recognition and hazard reporting
 - Reporting occupational exposure, injury and/or illness
 - Fan out procedure if applicable

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3. Specific Training:

- Prevent spread of infections (hand hygiene, cough etiquette, prompt removal of employees suspected of infection)
- Isolation/universal precautions/ Proper use of PPE
- Use of specialized equipment; e.g. communication equipment, etc.
- Tasks not part of a team member's regular job routine
- Importance of hand washing technique
- Risks and symptoms of ARI & ILI (or specific strain of virus)
- Employer responsibility to protect workers
- Routine infection control procedures
- Risks/myths of influenza immunization

4. Documentation of training includes:

- Name of trainer and training organization
- Attendees and date
- Content (attach an agenda or handouts)
- Skill knowledge (test, quiz, drills)
- Evaluations
- Physical structure/environmental
- New or transferred personnel arrive (with different knowledge or skill sets)
- Changes to methodologies or work practices
- Changes to Personal Protective Equipment
- New or emerging trends
- Results of drills, indicate a need for additional training
- Maintaining records
- Development and implementation of action plans

18. VISITORS AND VOLUNTEERS

- Restrict visitors - plan to reduce visitors to the building (security, signage, restricted access)
- Advance notice of restrictions
- Essential caregiver program
- Education related to hand-washing / PPE

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19. HIGH MORTALITY ISSUES

- Safe keeping of resident items in case of death
- Determine community plan, offsite morgue
- Policies related to deceased residents
- Possible delays of body removals

20. RELOCATION OF RESIDENTS / STAFF

- Relocation plans for immediate safe refuge in residence
- Arrangements with other residences for relocation
- Transportation plan to relocate residents

21. STAFF: PERSONAL PREPAREDNESS

- Take steps to ensure employees and families are prepared for pandemic/emergencies
- Resources to help prepare with checklist/kit of information

22. DEVELOPING A RESPIRATORY PROTECTION PROGRAM

1. A Respiratory Protection Program (RPP) is used to prevent the inhalation of infectious agents that are airborne or suspected droplets in the air (aerosols).
2. Residences to develop and implement an RPP in order to establish appropriate protective equipment, especially with regard to N95 respirators or masks.
3. The OH&S Act, Section 79, requires training of workers about use, care and limitations of any protective devices or apparel that they must use or wear. This would extend to any respiratory equipment.
4. A respiratory protection program is critical to the provision of a safe workplace. The initial and continuing success of this program the responsibility of the Leadership Team.
5. Point of Care Risk Assessment (PCRA):
 - Roles and Responsibilities
 - Hazard Assessment
 - Respirator Selection
 - PPE
 - Health Assessment
 - Training and Education
6. Key Elements of the Program:

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- a. Roles and Responsibilities: Employer, Program Administrator, Employee, Department Supervisor, Person selecting respirators, Fit Tester Health care professional, Joint Health and Safety Committee
- b. Hazard Assessments: A hazard assessment must be conducted to identify hazards in the workplace and to establish appropriate controls.
- c. Hazard assessment may be conducted in house or by an external party. Regardless, the person chosen must be competent through education and experience
- d. Respirator Selection: N95 Respirators: Currently the accepted minimum standard where airborne hazards are present that require respirators. There is no equivalent to the N95 Respirator
- e. Masks or Respirators: It is generally accepted that respirators must be used to protect workers from diseases transmitted by the airborne route, whereas masks would be appropriate to protect workers from diseases spread by the droplet route.
- f. Procedure masks are recommended for diseases spread by droplet route, for example:
 - Acute Respiratory Illnesses (ARI)
 - Seasonal Influenza
 - RSV
 - Etc.
- g. Respirators: Current accepted standards in Ontario (N95) are used for disease spread by airborne route or when an unknown disease is suspected to be airborne.
- h. Respirators are recommended for workers when providing care in cases of pandemic/endemic outbreak.
- i. Fit Testing: Required for all tight-fitting respirators including N95 respirators that have been selected to protect workers from hazards associates with infectious agents.
- j. Fit testing to be done after the employer has completed employee's health assessment and before they are required to wear the respirator at work.
- k. Fit testing should be carried out:
 - Prior to initial use of respirator
 - At least every two years
 - Whenever there is a change in face-piece
 - Whenever significant change to the user's physical condition (e.g. dental work, facial injury, increase/decrease in weight)
 - With any other PPE required
- l. Persons conducting fit testing must be competent, through training and experience, to use accepted protocols to conduct fit test appropriate for N95 respirators. Organizations can send

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- in-house personnel to training program to become qualified fit testers or can contract to an outside agency. Complete records of fit testing activities must be kept.
- m. Training: Employers are responsible to ensure that have received training regarding the care and practical use of respirators (proper use, function and limitations of the mask in order to be in compliance with the OHS Act).
 - n. Training should include:
 - Use of respirators
 - Donning and doffing of PPE, including an N95 mask
 - User seal test check
 - Removal
 - Storage, care, inspection
 - o. Program Evaluation: IPAC Program to be reviewed annually to include:
 - Changes in legislation, standards, guidelines
 - Policy and procedure review
 - Results of fit testing
 - Knowledge transfer from training activities
 - Results of supervisor's audits
 - Concerns raised by respirators users
 - Incident, injuries or illnesses attributed to respirator use
 - Result of health evaluations
 - p. Record Keeping: Record keeping is critical:
 - Consistent application is ensured
 - Concerns are addressed
 - Remedial actions are taken
 - Due diligence is shown