EMERGENCY PLAN

Pioneer Manor, Long-Term Care Facility

960 Notre Dame Ave, Sudbury

Code RED:	Fire
Code GREEN:	Evacuation
Code YELLOW:	Missing Resident
Code BLACK:	Bomb Threat
Code White:	Aggressive Person
Code Brown:	Hazardous Chemical Spill
Code Grey:	Loss of Essential Services
Code Orange:	External Community Disaster
Code Blue:	Medical Emergency
Pandemic Plan	Resident care plan
	Food Service Pandemic Plan
	Food Service Emergency Plan

Designated Position Chart

Revised Jan, 2026

Emergency Plan

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1.0 *Introduction*

Pioneer Manor is committed to protecting the health & well-being of all occupants of the Home and has put in place comprehensive emergency preparedness plans for disasters including a fire, a bomb threat, a missing resident, Hazardous chemical spill, loss of essential services, external community disasters, medical emergency, pandemic situation, and the need for evacuation.

This Long-Term care Emergency Preparedness Manual provides the information provided in the legislative requirements for licensed long-term care homes set out under the ***Fixing Long-Term Care Act, 2021(FLTCA), and Ontario Regulation 246/22 (O.reg.246/22) and other applicable legislation, regulations, and directives.***

The Emergency Plan is composed of individual Code plans, and a Pandemic Plan; each representing an emergency/disaster situation as follows:

Code Red:	Fire	*Fire Safety Plan*
Code Green:	Evacuation & Hostage Taking	*Emergency Evacuation Plan*
Code Yellow:	Missing Resident	*Missing Resident Search Plan*
Code Black:	Bomb Threat	*Bomb Threat Response Plan*
Code White	Aggressive Person	*Aggressive Resident Plan*
Code Brown	Hazardous Chemical Spill	*Hazardous Chemical Protocol*
Code Grey	Loss of Essential Services	*Loss of Essential Services Protocol*
Code Orange	External Community Disaster	*External Community Disaster Protocol*
Code Blue	Medical Emergency	*Medical Emergency Protocol*
		Pandemic Infection Control
		Food Service

Each plan provides instructions and guidelines for effective responses to an emergency situation or Pandemic. Staff, volunteers, students, residents/families, and tenants receive regular education on all components of the Emergency Plan to ensure a coordinated response within the Home and with emergency personnel to an actual or impending threat that may affect the lives and property of residents and staff of Pioneer Manor.

A written fire plan is required by law under the Ontario Fire Code O. Reg. 388/97 that is a provincial regulation made under the *Fire Protection and Prevention Act, 1997*. The Home is also mandated by the Ministry of Health & Long-Term Care (MOHLTC) and Accreditation Canada to have written emergency plans and to carry out regular education.

Pioneer Manor's Emergency Preparedness Team is responsible to review, implement and monitor the effectiveness of the Emergency Plan in accordance with the Fire Code, the MOHLTC and accreditation standards. Each section of the Plan is reviewed annually by the Team and the Fire Safety Plan is endorsed by the City of Greater Sudbury's Fire Department. The Emergency Plan is updated regularly to reflect organizational and structural changes of the Home. The Pandemic Plan is reviewed annually with the Infection, prevention and Control committee, in accordance with the Public Health and District

Any questions, comments, or suggestions may be directed to:

Mike Gray
Manager of Physical Services
Pioneer Manor, Long-Term Care Home

960 Notre Dame Ave
Sudbury, ON P3A 2T4
Telephone: 705) 566-4270
Fax: 705) 5524-1767

2.0 *Implementation of the Emergency Plan*

2.1 Emergency Preparedness Team

2.1.1 Purpose

The Emergency Preparedness Team is responsible to review, update, implement and monitor the effectiveness of the Emergency Plan and to coordinate an emergency awareness program for staff, volunteers, students, residents/families, and tenants of the Home, as per the Terms of Reference.

2.1.2 Membership & Meetings

Membership on the Emergency Preparedness Team is voluntary and includes employer and employee representatives from a cross-section of classifications, a representative from the Greater Sudbury Fire Department, a Lessee representative and the Director of the Home as Ex-Officio. Team meetings take place at a minimum quarterly and at the call of the Chair.

2.2 Training & Education

The Emergency Preparedness Team establishes an annual training & education program schedule. Topics are selected based on regulatory requirements and identified training needs. Each Code Plan herein has its own individual training & education program that is identified at the beginning of the Plan.

2.3 Distribution of the Emergency Plan

Copies of the entire Emergency Plan and any amendments/updates are distributed as follows:

a) 1 copy in the emergency duffle bag
b) Pioneer Manor Public website

The first section of the Emergency Plan, the Fire Safety Plan and the Emergency Evacuation Plan will be combined and distributed as follows:

a) 1 copy to the CGS Fire Department
b) 1 copy in the Fire Safety Plan box at the Notre Dame entrance

3.0 *Contact Information*

3.1 **Building Owner:**

City of Greater Sudbury
P.O. Box 5000, Stn A
200 Brady Street
Sudbury, ON P3A 5P3
Tel: (705) 671-2489

3.2 **Facility Contacts:**

Main Reception	(705) 566-4270
Director	(705) 566-4282, ext. 3200

Mgr of Physical Services	(705) 566-4282, ext. 3270
24 Hours Emergency (Nursing Supervisor)	(705) 677-597

4.0 *Building Audit*

Building Description	Group "B" Care and Occupancy" under the Fire Code 444 bed long-term care facility Leased space for the Alzheimer Society Day Program Family Health Team Dr.St-Martin North East Specialized Geriatric Services
Address	960 Notre Dame Ave Sudbury, ON P3A 2T4
Building Construction (refer to schematics)	1952 original construction Additions made in 1959, 1961, 1966, 1974, 1985/86, 1988, 2005, 2009/2010, 2026
Building Size	approx. 370,959 Sq Feet.
Number of Stories	One, two & three, and 5 story
Exit Locations	Refer to schematics
Fire Department Access	Notre Dame entrance & rear entrance (refer to schematics)
HVAC System	Individual sections with auto/manual shut off
Occupant Load	Refer to schematics for breakdown per levels
Common Room Capacity Main Lobby Winter Park Place of warship Bistro OTN Room Leisure Room (2nd & 3rd floor) L/M & R/S Dining Rooms Dining Rooms in South & West wings Great Rooms (Long Lake1s floor & McCrea 2nd floor) Gym Conference Room 2099 Training Room	 ~167 people (~1,500 sq ft with non-fixed chairs) ~477 people (~4,875 sq ft with non-fixed chairs & tables) ~75 people (~1,125 sq ft with non-fixed chairs) ~117 people (~1,200 sq ft with non-fixed chairs & tables) ~51 people (~529 sq ft with non-fixed chairs & tables) ~60 people each (non-fixed chairs & tables) ~132 people each (~1,350 sq ft with non-fixed chairs & tables) ~88 people (~900 sq ft with non-fixed chairs & tables) ~ 95 people (~960 sq ft with non-fixed chairs & tables) ~70 people (720 sq ft with non-fixed chairs & tables) ~ people (sq ft with non-fixed chairs & tables) ~ 78 people (800 sq ft with non-fixed chairs & tables)
Emergency Power/Lights Type: Location: Power Capacity: Voltage: Main Fuel Location:	100% generator power 2 Diesel generator Building at east end of property 1,000 kw + 900kw 347/600 V 8,000 L buried north of building, second 17000Lunder generator
Voice Communication System	Overhead paging system via telephone

Elevators (location, weight capacity, passenger capacity, service company)		
Main Entrance: Device #1 2,300 kg 31 passenger Thyssen Krupp	Main Entrance: Device #2 2,300 kg 31 passenger Thyssen Krupp	Mallard - Scenic 1,814 kg 25 passenger Thyssen Krupp
Winter Park 1,587 kg 21 passenger OTIS	MacRae - Ramsey/Scenic 907 kg 10 passenger Thyssen Krupp	Veranda: Device #3 2041 kg 28 passenger Thyssen Krupp
Veranda: Device #4 2041KG 28 Passenger Thyssen Krupp		
Heating Fuel System Type: Meter Location Pipe Location: Utility Contact:	Natural Gas Both pounds & inches Refer to schematics Refer to schematics Union Gas 24 hr emergency contact - 566-4310 or 1-877-969-0999	
Main Electrical Power Disconnect	2 main disconnects in the boiler room (basement) 1 main disconnect in Veranda Penthouse. 3 main transformers owned by Sudbury Hydro	
Lock Boxes	None	

5.0 *Fire Protection System Audit*

Fire Alarm System	Type: Make: Model: Panel Locations: Annunciator Locations: Monitoring:	2 stage addressable and conventional Edwards EST 4 Room A102 by Winter Park elevator Refer to schematics Tellus Security, (555) 959-8181 (ID 0727)
Sprinkler Systems	Type: Control Valve: Fire Dept Connection: Fire Booster Pump:	Auto sprinkler Wet Pipe Refer to schematics Siamese connection (refer to schematics) Refer to schematics
Fire Department Connections		Refer to schematics
Standpipes / Hose Cabinets		Type: wet (refer to schematics for hose cabinets & main valve)
Portable Extinguishers		ABC / BC / K (refer to schematics for locations)
Fixed Extinguishing System		Dry-chemical extinguisher system (in range hood over gas burners in the Bistro)

Emergency Lighting Units	In dark areas
Alternative Measures for System Failures Fire Alarm: Fixed Extinguishing System	 Battery & generator back-up power; Fire Watch Procedures Use of portable fire extinguisher

6.0 *Potential Hazards & Controls*

Area	Potential Fire Hazards/Risks	Control Measures
Bistro	Gas burners, grill, fryer	Dry-chemical extinguisher system (in range hood over gas burners) K-portable extinguisher
Serveries (kitchenettes)	Stoves, microwaves, toasters	Electrical shut off switch & restricted access by residents
Laundry (P110) & resident laundry rooms (M131, PP2104)	Lint traps	Regular preventive maintenance & cleaning schedule
Paint Storage Room (V022)	Paint & paint remover	Room is locked and secured with a fireproof door
WHMIS Room (V017)	Controlled products	Room is locked and secured
Oxygen Storage Rooms (CP1045, PP2045, TP3045, 1337, 2356,3356,4356. 5358	Stationary liquid oxygen cylinders	Stored according to laws/regulations/ standards - smoke-free building
Therapy Rooms, Soiled utility room,	Hydroculators	Storage policy and regular audits
Hairdressing Salon (N105)	Hair dryers and irons	Room is locked when unattended - electrical devices are unplugged or turned off after use
Maintenance Shop (V020)	Lubricants & acetylene	Fire extinguisher in room
Transformer Room (V037)	Sump pump location	Back up sump pump in place
Garage	Fuel and fuel operated equipment	Fuel stored in flammable storage cabinet
Generator House & Fuel Container	Fuel leak	Leak alarm in place

7.0 *Communication Procedures*

It is recognized that during an emergency, reception of information over the paging system may be difficult. It is imperative that all staff receive accurate information as to the specific location of the affected area once it is known. Pioneer Manor's areas are identified by name as follows (refer to the floor diagram at the beginning of the plan)

Alzheimer's Society
Amber
Basement Victor
Boiler Room Whiskey
Cedar
Cranberry
Dr. St. Martin(clinic)
Family Health Team
Geriatric Wing
Killarney
Lodge(1st & 2nd floor)
Laundry
Lima
Lobby
Mike
November
Park
Poplar
Pine
Romeo
RGP
Sierra
Stairwell A,B,C, D,E,F
Trillium
Tulip
Uniform
Winter Park
Winter Park Link
York North
York South
Waterlily Lane
Lavendar Gardens
Cherry Blossom
Poppy Place
Orchid Park

If the affected area is Cedar, the area will be announced three times as follows:

For Fire:	For Evacuation:
Code Red, Cedar, Room 105	Code Green, Cedar, horizontal to Cranberry

7.1 **Back-Up Communication Procedures**

If the paging system is non-functional, the telephone lines will be used. The Emergency Control Officer may designate the Communication Runner as a go-between to relay information.

If the internal telephone system in not operational, in house walkie-talkies may, or cell phones can be obtained from the on-call person, the Resident Care Supervisor, and from any other person who carries a personal cell phone.

Area-to-area communication can be done with the assistance of the Communication Runner in the suggested order below:

- The Emergency Control Officer will report instructions to Cranberry (Emergency Operations Centre), then;
- Cranberry reports to Cedar, Killarney, Park, The Family Health Team & the Alzheimer Society
- Cedar reports to Pine & Poplar, Tulip, Trillium;
- Pine reports to Trillium & Tulip, Water Lily, Lavendar Grardens,
-Lavendar Gardens, reports to Cherry Blossom, Poppy Place
- Killarney reports to Dr. St-Martin, North East Specialized Geriatrics Services
-York/ reports to the Lodge 1st and 2nd floor.

7.2 **Paging Procedures**

a) Lift the receiver and dial 5558
b) Dial 00 and two beeps will sound - the paging system is now activated
c) Speak loudly and clearly while making the announcement
d) Hang up

7.3 **Calling 9-1-1**

The telephone system is programmed to recognize and dial 911 when dialing 9-1-1.
If the telephone system is non-operational, a residential or cell phone can be used to dial 911.

8.0 *Fan-Out Procedures*

The Fan-Out procedures are implemented when further assistance from management and staff is required to evacuate residents or in the event of extreme staff shortages (e.g. fire, flu outbreak, winter storm).

The Ward Clerk updates the fan out list to ensure staff and contact numbers are current.

All management personnel on the fan out diagram must keep a copy of the fan-out diagram, procedures and contact list at home to reference. A copy of these documents is also kept in the Administrative On-Call bag. The contact list is saved under the S_PM_Manager folder in the computer's public directory.

The fan out diagram establishes the lines of communication to call in management and staff.

8.1 **Calling Procedures:**

1. During regular business hours the administrator, or delegate, of the building would initiate the fan out procedures. During afternoons, nights and on weekends, the supervisor contacts the On-Call Person who then makes the decision to activate the fan out procedures. In the unusual event that the On-Call Person is not accessible, contact any person on the On-Call roster until someone is reached.

2. Calls are made to persons according to the fan out diagram.

3. Once contacted, the Scheduling Clerk and the Payroll Clerk immediately report to the facility and proceed to call in extra staff. Telestaff should be utilized to send electronic messages to staff they we are in an emergency before actual calls are made.

4. As management are contacted, they make their calls before coming in. All others report to the facility immediately.

5. If a management person is not available when called, leave a voice message and proceed to call the persons they were responsible of calling. If others are unavailable keep going down the fan out call list, OR delegate others to call. Once all calls are completed, try paging missed ones if they have pagers. Paging should only be done as a last measure as there is no time to waste in waiting for a return call.

7. If a person is not available and does not have an answering machine, skip to the next one. Once at the facility, advise the Receptionist/Typist and/or the Administrator of Accounts of persons missed and they will follow-up by re-contacted them and leaving a message on their work voicemail and e-mail (if feasible).

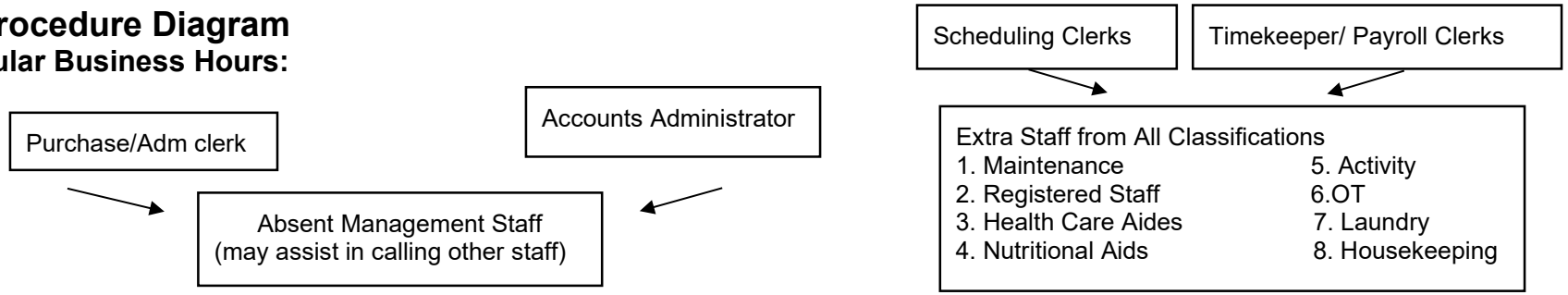
8. Once calls are completed, management personnel immediately report to the facility's Emergency Operations Centre.

9. If staff are not available when called, leave a voice message (if available). Make note of persons not available for later follow-up. Once all calls are completed, try paging missed ones if they have pagers. Paging should only be done as a last measure as there is no time to waste in waiting for a return call.

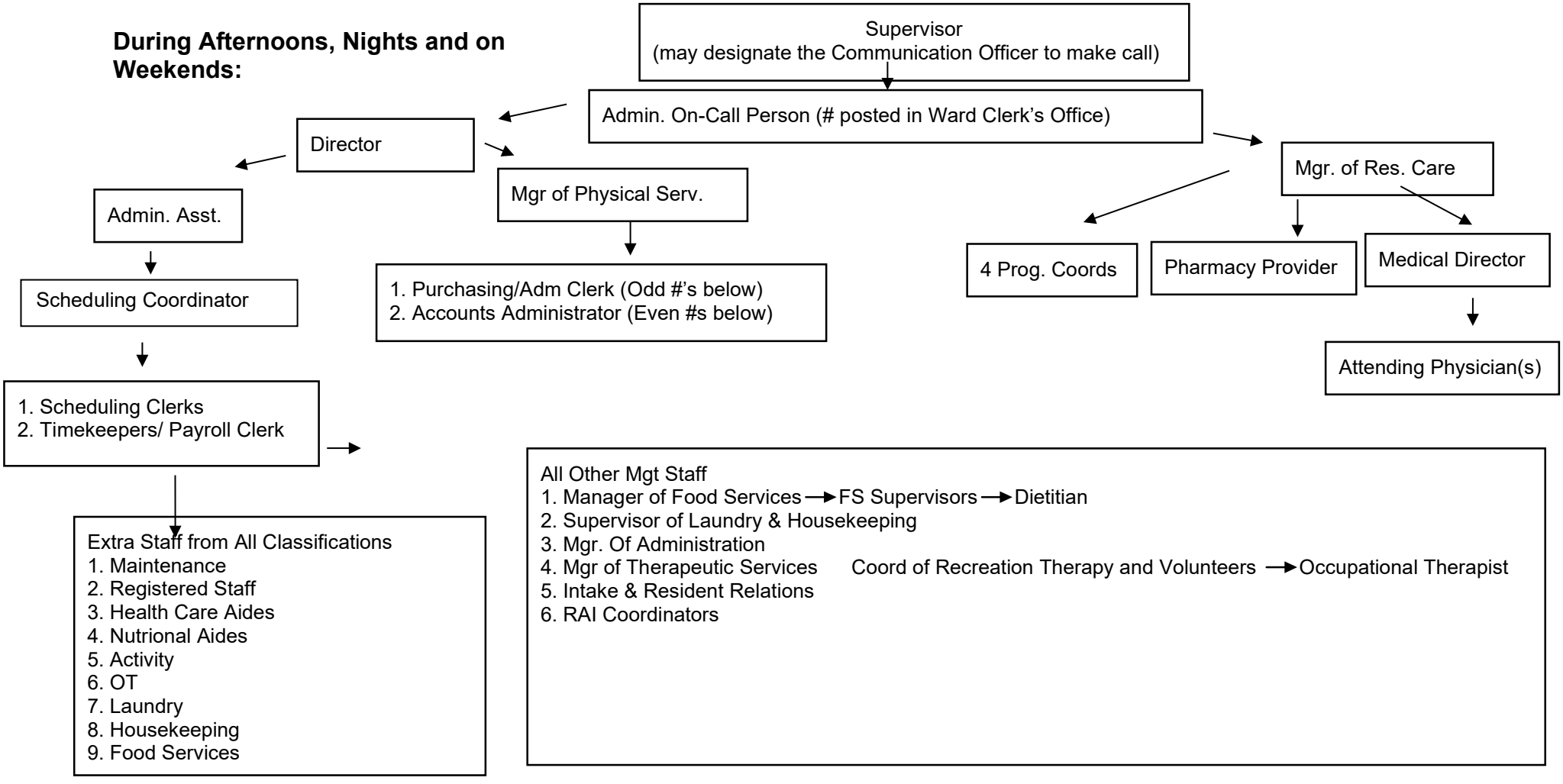
The following diagram demonstrates the lines of communication to call in management and staff.

Fan Out Procedure Diagram

During Regular Business Hours:



During Afternoons, Nights and on Weekends:



Pioneer Manor, Long-Term Care Facility
Emergency Plan

9.0 *Designated Positions/Locations*

The Emergency Plan has established designated positions to respond according to the emergency at hand. Each plan includes specific duties to be performed by each of the following designated positions.

9.1 Emergency Operations Team

The Emergency Operations Team (EOT) is composed of all management and administrative personnel. Depending on the situation, the EOT will assist the Emergency Control Officer in making decisions and carry out duties as assigned within each Code plan.

9.2 Emergency Operations Centre

The Training room (Y2406) is the primary Emergency Operations Centre (EOC). If it is not feasible to use roomY2406, the second floor Leisure Room will be used, or the Emergency Control Officer will designate an alternate location. The EOC should be equipped at a minimum with a telephone, tables and chairs.

9.3 Communication Centre

The primary Communication Centre is the Cranberry resident care desk, as this has a communication speaker to the front entrance door. If Cranberry is the affected area, the secondary Communication Centre will be the Water Lily Way resident care desk.

Both Communication Centers are equipped with a fluorescent vest, clipboard, and necessary emergency forms.

9.4 Command Post

During a Code Yellow, the reception desk is the designated Command Post.

9.5 Emergency Control Officer

The Resident Care Supervisor #2 for code red or for all other codes, the Resident Care Supervisor responsible for the home area. The ECO will take charge of the emergency situation until the Emergency Operations Team and/or emergency services arrive, e.g. fire department, police, or other. The ECO's primary duties are to coordinate all resources available to ensure the emergency is resolved and to ensure the Cancelation of the Code as assigned within each plan.

9.6 Communication Officer

The primary Communication Officer is a designated Health Care Aide from Cranberry (secondary is a Health Care Aide from Water Lily Way). The Communication Officer's main duties are to make paging announcements and communicate between emergency personnel and the Emergency Control Officer/Emergency Operations Team.

9.7 Communication Runner

Refer to the *Emergency Plan: Designated Positions* chart (Appendix A) for the assigned Communication Runner. Upon notification or hearing the fire alarm, the Communication Runner's duties include but are not limited to escorting emergency personnel to the disaster area and taking directions from the ECO or the EOT.

9.8 **Emergency Brigade**

Refer to the *Emergency Plan: Designated Positions* chart (Appendix A) for the assigned Emergency Brigade members. Upon notification or hearing the fire alarm, members of the Emergency Brigade's duties include but are not limited to attempting to extinguish fire with a fire extinguisher if safe to do so, assisting in evacuating persons, removing resident from danger/situation and taking directions from the ECO or the EOT.

9.9 **External Searchers**

During a Code Yellow, staff from various classifications are assigned to conduct an external perimeter search for a missing resident/client. Refer to the Emergency Plan: Designated Positions chart for assigned positions.

9.10 **Emergency Preparedness Team**

Composed of employer and employee representatives from cross-section of classifications, a representative of the Greater Sudbury Fire Department, a Lessee representative, and the Director of the Home as Ex-Officio.

9.11 **Emergency Management Operations**

The Emergency Management Operations Team (city's emergency team) will be activated by the Home's director, or delegate, when assistance is required.

10.0 ***Rescue Markers***

The rescue markers are affixed to all doors in the Home and are used as an indicator that a room has been checked for smoke/fire, has been evacuated, or has been searched for a missing person or bomb.

Pioneer Manor utilizes "red & white swing style" markers and are affixed to the doors.

When a room is checked or searched, the white plate of the "red & white swing style" markers, is to be swung upwards and leaning on the door frame.

When a room has been evacuated, both plates of the "red & white swing style" markers are to be swung up and leaning on the door frame.

If either marker has been dislodged, this may have been caused by a person leaving the room or entering the room. Staff must re-check the room and ensure the resident is safe or evacuated.

Room Checked Markers

Room Evacuated Markers

OBJ OBJ

11.0 *Emergency Kit*

The emergency kit contains supplies such as a radio, writing materials, first aid kit, forms, etc. The kit is composed of a red duffle bags located in the Photocopy room at the main entrance. A member of the Emergency Operations Team or delegate will retrieve the kit as needed. The Manager of Physical Services inspects and replenishes the kit on a quarterly basis.

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APPENDIX A

Emergency Plan: Designated Positions Chart

APPENDIX B

Maintenance Records

(refer to Fire Department's copy of the Emergency Plan at the Reception Desk)

APPENDIX C

Building Audit

AGGRESSIVE PERSON RESPONSE PLAN

Pioneer Manor, Long-Term Care Facility

960 Notre Dame Ave, Sudbury

CODE WHITE: AGGRESSIVE PERSONS

Aggressive Person Plan

Table of contents

1.0 Introduction

a. As a component of the Emergency Plan, Code White for Aggressive Person Response Plan provides instructions for a coordinated operational response to episodes where individuals become violent and/or display behavior(s) which threatens the safety of staff, residents, and others (visitors, students, service providers etc.).

b. The plan will attempt to de-escalate threatening behavior perceived by staff and intervene immediately when safety of staff, residents and others is compromised.

c. The plan can be activated by any staff member who:
- Perceives themselves or others to be in imminent danger of physical harm from a responsive behavior of a physically aggressive nature.
- Perceives a person is acting out in a manner that is dangerous to self, others or the environment.
- Perceives a situation that is rapidly escalating out of control

2.0 Definitions

2.1 Emergency Control Officer:
- The RN supervisor who is responsible for the Home Area where the incident is occurring.

2.2 Behavioral Supports Ontario program staff (BSO):
RPNs and HCAs who are specially trained in the management and prevention of responsive behaviors and gentle handling techniques.

2.3 Emergency Brigade:
Refer to Appendix A of the Emergency Plan: Designated Position charts for the assigned Emergency Brigade members.

2.4 Gentle Persuasive Approaches (GPA):
Curriculum designed to help professional caregivers and health care workers care for residents with responsive behaviors and intervene in an effective manner that is non-punitive, respectful, and self-protective.

3 Training and Education

3.1 Code White education and training for all staff, students and volunteers is delivered annually and may include but is not be limited to in-class presentations, area/classification specific training, facility-wide drills, table-talk discussions, and mock scenarios.

3.2 All newly hired staff, students and recruited volunteers are instructed to read and familiarize themselves with the Code White Plan

3.3 GPA will be offered to all Pioneer Manor staff to enhance their ability to respond to these behaviors and the management of such episodes. (cross reference Resident Care "Responsive Behaviours Prevention, Assessment And Management of" Policy and Procedure

4 Implementation of Code White

4.1 When meeting with a severe physically responsive person who displays escalating behavior, GPA principles are to be utilized.

- Ensure only one person is communicating with the person
- Stay calm, confident and self-controlled
- Do not retaliate with anger or aggression
- Keep communication simple, short and clear
- Avoid arguments and power struggles
- Keep a safe distance between you and the responsive person
- Seek help from staff in immediate vicinity, use versus badge or pull stations.

4.2 If the aggressive person is **not** a resident, delegate a staff member to call Emergency Services "911" and initiate below response

4.3 Initial Response by employee activating code white

- Identify that a situation exists requiring immediate attention.
- Ensure self and others remain at a safe distance.
- Remove any items that may endanger the person or persons in the area.
- Monitor situation closely but out of line of sight.
- If attempts to defuse the person are unsuccessful, seek help from coworkers.
  Delegate a staff member to page "Code white, name, area, room number or location i.e. "Code White, Mrs. Smith, near Tuck shop", "Code White, Mrs. Smith, near Tuck Shop", Code White, Mrs. Smith, near Tuck Shop" three times over the paging system.
  NOTE: If aggressor is from the public, identify them as "Visitor" when paging i.e" Code White, Visitor, near Tuck ShoP"

Paging Procedures
Lift the receiver and dial 5558
Dial 00 and two beeps will sound - the paging system is now activated
Speak loudly and clearly while making the announcement
Hang up

4.4 Staff areas of responsibilities when a Code White is initiated

4.4.1 Emergency Control Officer will (as feasible):
Stay with the resident throughout the incident, delegating tasks to others
May refer to the Incident Coordinator Checklist for guidance (Appendix A)
Assesses the situation
Makes decisions re interventions
Will determine who will be designated the primary communicator with the resident
Provides clear directives, delegation to others and determines when staff can be released from the situation
May delegate someone to walk ahead, clearing the path of dangers and alerting/cautioning others mitigating risk
Consider gathering the MAR, Personhood Assessment, chart, POA information
Assess need for additional resources and call upon if needed(e.g. physician, police)

If between 0800 – 1700 hrs (Mon – Fri) and need for physician intervention is determined, call attending physician if in the building. If attending physician is not available, may try Medical Director if available.
Delegate someone to call Police- clearly indicating the seriousness of the situation (refer to template for calls to 911, Appendix B)
Acts as the spokesperson for the team
If an injury occurs, ensure proper first aid is given
Ensure proper documentation is completed
Leads the debriefing process (Debrief forms included on the IC clipboard)
Complete and submit to police Suspect Description Sheets if required. (found on IC clipboard) (Appendix C)
After the situation has completely de-escalated with no remaining threat, s/he ensures the code cancellation is paged three times.

4.4.2 Staff in the Home Area will:

Remove residents from immediate area to a safe location
Support the residents that have been removed from the situation
Assist The Incident Coordinator as directed

4.4.3 Behavioral Supports Ontario program staff (BSO)will:

If working within the role of BSO, staff member will ensure their resident(s) are safe then proceed to the location of the Code White
If not working as a BSO, staff member is to hand off responsibility for the residents in their assigned Home Areas and then proceed to the location of the Code White
If possible, gather first before intervening, seeking direction from IC and briefly strategizing
Assist the Incident Coordinator with interventions aimed at containing and reducing risk to the residents and others in the immediate area
Stay in visual contact with the person until the situation is diffused and are released by IC

4.4.4 Emergency Brigade will:

Secure their area of responsibility and proceed to the location of the Code White.
If the Code White is in the Lodge, the Emergency Brigade is to remain at the main doors of the Lodge entrance until the Incident Coordinator requests their assistance.
Assist in removing residents from immediate area
Support the residents who have been removed from immediate area
If directed, meet officers at front door. "I'm _____, I'm here to take you to the situation."
Assist The Incident Coordinator as directed

5 Documentation Requirements When a Code White is Called:

5.1 Incident Coordinator is responsible to:

a)Ensure the completion the Code White Report forms including the attendance record.
b)Ensure completion of resident incident report in PCC indicating incident "Type" as "Verbal **or** Physical Aggression Initiated".

c) Ensure completion of resident incident report in PCC if a resident other than the aggressor experiences an injury. Incident "Type" is selected as "Verbal **or** Physical Aggression Received".

d)Ensure the completion of a Supervisors Report of Injury and notify the Disability Manager if a staff member is injured.

e)Ensure the completion of a Paper version of Incident Report if other than resident or staff is injured in the event.

f)Complete or delegate a registered staff member to complete a ``Responsive Behaviour Referral to BSO Team`` in PointClickCare (PCC) for follow-up if a resident was the aggressor.

g)Original version of the completed Code White Report form and Attendance sheet is to be placed in the mailpan of the Supervisor of Laundry and Housekeeping, who will then scan and upload the report to the "Emergency Preparedness Records of Event" file located at PM_managers/emergency preparedness/emergency preparedness of event

5.2 BSO Staff member(s) are responsible to:

a)Complete and document a full assessment of the situation including antecedents (triggers), behaviours and consequences of interventions

b)Follow up to any ``Responsive Behaviour Referral to BSO Team with a full

c)P.I.E.C.E.S. assessment as appropriate

d)Complete a progress note(s) for all interventions including any responses seen

5.3 Home Area registered staff member is responsible to:

a)Notify the resident's Substitute Decision Maker of the event, documenting the notification in PCC progress notes.

b)Document under the `Behaviour` focus in PCC for all residents who were directly involved

c)Update RCP as necessary

d)Complete a progress note(s) for all interventions initiated by nursing including any responses seen to the intervention.

e)If aggressive person is a resident and causes harm to another resident, is injured or is sent to hospital a MOHLTC "Critical Incident" report must be completed. The registered staff member is to contact the Program Coordinator **immediately** and notify of situation or contact administrative person on call if after hours.

6 Debriefing:

The Incident Coordinator **must** conduct a debriefing following the incident and prior to any staff involved with the incident leaving the facility

Provides the opportunity to review and ensure all the Code White Report forms are completed as required

Opportunity for each team member to provide comments, voice concerns/issues and to be advised of additional assistance if needed (eg. reporting injuries, emotional management).

Is a time to discuss what went well, what didn't and to make recommendations on how to improve the Code White Response Plan

Code White – Calling 911 TEMPLATE (Prepared by Greater Sudbury Police)

When to call 911: At any time when there has been or will be immediate danger to the health or safety of anyone, or damage to property is underway, **call 911**. Other calls for police should be directed to the general police line: 705.675.9171. Code white procedures are designed to handle volatile situations at the facility. The size, strength, or perceived abilities, of the person(s) causing the threat to safety are factors in the decision to call police. A person with dual-diagnosis or who has consumed a drug, may exceed the capabilities of de-escalation methods. It is far better to have the police attend and perhaps find a situation under control than it would be to arrive to find serious injury or death. Further, the occurrence of aggressive or violent behaviours can increase in mere moments thereby potentially thwarting the Code White effectiveness.

NOTE: The term "Code White" is **not** part of police vocabulary. Using it will likely add confusion to a situation.

Situation 1

911 – No one has been injured:

911 operator: "Police, fire, ambulance. What is your emergency?"

Caller: Police.

911 operator: This is the police. What is your emergency?

Caller: I work at Pioneer Manor as a: _____ (Supervisor, nurse, etc)

There is a _____ (patient, visitor, family member etc.), who has _____)become violent, is throwing things, is yelling at staff, has assaulted someone, refuses to leave, has threatened, etc).

All 911 calls go to the Greater Sudbury Police Communications Division. About now, the information above has been given to the Urban Dispatcher who will have begun to assemble an appropriate response. The 911 Operator is typing and talking at the same time. Everyone in the room (four dispatchers, call takers, and a supervisor) all work in concert. They get information in real time and are aware of what the other Communicators are doing.

911 operator: Do you have a name of that person?

Caller: Yes, it is _____ he/she is about _____ years. He/she has: (cognitive issues, dementia, mental illness etc.).

- Or -

No, he/she is _____ (a visitor, a family member, stranger, etc.)

Police will begin checking their files to see if we have historical information about the party.

911 operator: There will be a series of questions such as:

Can you describe the party?

Where is the party located?

What is he/she wearing?

Are there any weapons?

Anything that can be picked up, thrown, or pushed may become a weapon as soon as its use changes from its intended purpose. (A plate, a fork, a chair, etc. can all become weapons).

This would be an appropriate time to tell police that someone will wait at the main entrance to take the police officers to the situation. If other than the main entrance, the alternate entry point should be describe in meaningful terms someone NOT familiar with the building will understand.

Situation 2

911 - Someone has been injured:

911 operator: "Police, fire, ambulance. What is your emergency?"

Caller: Ambulance and police.

The 911 operator will transfer to call to Ambulance, but will remain on the line. The medical issues will be addressed first, meanwhile, the 911 Operator will begin the assembly of resource and once the medical questions are complete, the police operator will begin the questions detailed above.

Calls to 911 related to fire are handled by police who dispatch the first response. Once fire is mobilized, they take care of getting additional resources should they be needed. Fire also responds to situations of medical aid and often is the first on scene. Ambulance personnel may not go into a situation if it is still active and there may be a threat to their safety. They sometimes wait near a scene until the situation is stabilized by police. Fire may go ahead in, without waiting for the police.

The 911 operator MAY be able tell the caller the Estimated Time of Arrival of officers, but not in every case.

If the 911 Caller must leave the phone to assist with an emergency, someone else may take over the call. Do not hang up on the 911 Operator. If the phone is left off the hook, the police will still be able to hear some of the background sounds, from which they can gain insight. Once the police are interacting with the suspect, then the 911 Operator will terminate the call.

When the police arrive, they will assume control of the situation. It is noteworthy that police are trained to provincial standards in the use of force. They will deal with the situation found in the way they have been trained to and that may be quite different than methods used by medical personnel.

When police have been called there may be a finding that a crime has occurred. Personnel may be asked to provide a statement of their knowledge of the situation. It is very useful if witnesses to an event make notes of their participation WITHOUT discussion with others and as soon as possible after the event has been stabilized. If a suspect flees the scene, their direction and method of travel is important. Vehicle license plate numbers are one of the most useful pieces of information possible for police.

Greater Sudbury Police Service

ROBBERY PREVENTION
SUGGESTED GUIDELINES

CRIME PREVENTION CANNOT BE THE RESPONSIBILITY OF THE POLICE ALONE

If your business and staff are properly prepared, you may never be robbed and if you are robbed, the risk to everyone's safety will be dramatically reduced.

This information brochure will help you to:

Help Spot Danger

You and your staff can learn to spot danger. Watch for anyone loitering or pacing, especially near opening and closing times.

Look for people that are overdressed for the weather including hoodies, a bandana around the neck, sunglasses, or a hat worn covering the face.

Watch for people casing your business by sitting in a car, waiting in a phone booth or standing opposite the property watching your store.

Install closed circuit video cameras both inside and outside the store. All cameras must be situated with care to capture meaningful images. Outside locations must be well lit.

Install height strips at all entrances and exits.

Try to make friendly, recurrent eye contact with anyone you find suspicious. This alone might be enough to break the confidence of the perpetrator. They know this might lead to their identification and arrest later.

Report suspicious individuals and behaviors to the police and trust your instincts. When you get a bad feeling about someone, there may be legitimate foundation.

Understand the Perpetrator's Motivation

The primary reason to motivate someone to risk apprehension and jail is money. Often the desire for money is driven by an unsatisfied addiction. There is a very good chance that the perpetrator will be under the influence of an intoxicant, or in withdrawal, when entering your store. A mind under the influence of drugs may not respond to normal or reasonable logic. The suspect may be under extreme duress and view you and your staff as a barrier to get what they want or need. Although you may feel that a robbery is an attack upon you personally, the suspect only wants money or goods.

Your priority must be to **remain safe**. In addition to the immediate risk of harm by a gun, knife, or some other weapon, many addicts carry contagious diseases such as Hepatitis-C. Even a brief scuffle could leave you with a life threatening illness.

Do **NOT** keep a weapon in your store. There is a **seven times greater risk** to your safety if you keep a weapon there.

Target Hardening

You and your staff should be able to see the exterior surroundings. Reduce and remove window obstructions, especially near cash positions. All entrances should be well lit and free of obstructions that would allow someone to hide undetected.

A well-lit, tidy store with good visibility to all areas of the store is not a good target for a robbery. Convex mirrors will help to see areas of your store that might otherwise be hidden from view.

Install closed circuit video cameras inside and outside your store and keep your system in top shape. Routinely check image quality and replace tapes, if any, once they begin to deteriorate. The prices of digital cameras and recording devices have dropped to a level that makes them affordable, perhaps less than the cost of one robbery. Post signs that clearly indicate the presence of video equipment.

Consider installing panic alarms especially if your store is sometimes staffed by only one person.

Target Hardening (continued)

Reduce the amount of cash kept on hand. More frequent deposits will help. A drop safe that clerks cannot open, combined with clear signs telling potential perpetrators that only small amounts of cash are present may also prevent a robbery.

Once more, if the suspect is alerted to your preparedness, they may leave the store without you ever knowing they were there.

Increased exterior lighting will help discourage loitering, also making it more difficult for a perpetrator to watch your store from outside.

Remote controlled access during quiet business hours is a proven way to reduce robbery. Further, consider initiatives to bring legitimate customers into your store during low activity periods. Free coffee during quiet periods, tied to the sale of something else may be all it takes to pick up sales and increase welcomed traffic. Review your inventory and eliminate all products commonly used in illegal drug trade. This includes items such as rolling papers, hookahs and crack pipes.

Train you staff to move away from the cash area when there are no customers. A suspect may be discouraged by the anticipated time delay and possible difficulty getting staff back to the cash area.

Normally the highest numbers of robberies occur:

November to February (>50%)

Friday to Sunday (>60%)

10:00 PM to Midnight (>50%)

Important note: If you have recently experienced a robbery, the probability of another robbery is very high. Robbery prevention efforts should be enhanced immediately.

Train for Safety

None of your inventory or the money in the cash is worth more than the safety of your customers or the people that work in your business. Here are the keys to staying safe:

- Remain calm and stay in control.
- Keep the transaction just like any other sale. Brief is good. The longer a perpetrator is on the property, the greater the likelihood of violence and injury.
- Do what the assailant says and do not argue.
- Do not fight with a robber.
- Don’t use weapons. Weapons breed violence.
- Do not surprise the assailant by sudden movement. Tell the perpetrator what you are about to do before you move.
- Give the suspect what is asked for, no more.
- Remember perpetrators seldom hurt people who cooperate.

Be a Keen Observer.

Look at the suspect. Note things like clothing, height, weight, hair colour, tattoos, any unusual characteristic.

Look at the weapon(s). Size, type and colour are useful observations.

Make note of what the perpetrator touches. These items may provide DNA and fingerprint evidence.

Protect these areas from contamination after the suspect leaves until the arrival of the police.

Try to note where the perpetrator goes upon leaving. If a vehicle is used, a license plate is always useful to police. If possible, note the make, model, and colour of a vehicle which is also important information.

Protecting the Scene.

Once a suspect has left, do two things immediately: **Lock all doors** and **call 911**.

Tell the 911 operator: "*We have been robbed".* If anyone has been injured, tell the 911 operator who will send medical aid immediately**.**

Stay on the line. *'The robber has a _____(Describe any weapon(s) seen or unseen i.e.: gun, knife, metal pipe...); He left heading_____ (direction); _____(running,* or *in a blue Chev with lots of rust...).; "He was with another guy_____."* Give the best descriptions you can.

Make certain no one touches areas where the suspect has been or items touched by him, especially a hold-up note. Select one of your best staff, who is calm, to guard the scene until police arrive. An empty cardboard box turned upside down and set over an exhibit is a good way to prevent accidental contamination before the police arrive.

If a customer insists on leaving before the arrival of police, record their name, address and contact telephone numbers.

Don't discuss the event with other potential witnesses. If the news media tries to get information, tell them to contact the police. Premature release of information can seriously damage a police investigation.

Catching the Suspect

If you and your staff have remained calm and given the police helpful and accurate information, the police investigation may lead to the arrest of the person(s) responsible.

A small packet of bills with the serial numbers recorded on a piece of paper known as *Bait Money* is a very effective tool in a police investigation.

Use of a "Robbery Quick Reference Guide" (Attached – next page) will help you and your staff collect and preserve useful information that may become evidence.

Do **NOT** chase a fleeing suspect; the risk to safety is much too great.

Robbery Quick Reference Guide

Stay calm – making mental notes of the suspect will help control fear.

Tell the suspect what you are going to do. Don't make any sudden moves.

Obey suspect demands. Give them what they want. Don't volunteer anything.

Remember suspect description. Height, weight, age, hair, tattoos, scars, clothing.

Evidence left by the suspect may include: DNA, fingerprints, notes, items they touched in your store and even weapons. Also, clothing like gloves, balaclavas and jackets are often discarded by fleeing suspects.

1) Lock the doors as soon as the suspect leaves.

2) Call 911. Say," We have been robbed." Tell the 911 operator if anyone needs medical help. Give descriptions, direction and method of travel for suspect(s).

3) Protect evidence; especially the area around the robbery itself occurred.

4) Calm customers or employees that are agitated.

5) Make notes of what you saw. The back of this page or Suspect Identification Sheets work well.

6) Do not discuss what you went through with anyone until the police say it is okay. Do not talk to the news media. Refer them to the police.

An Important word about video:

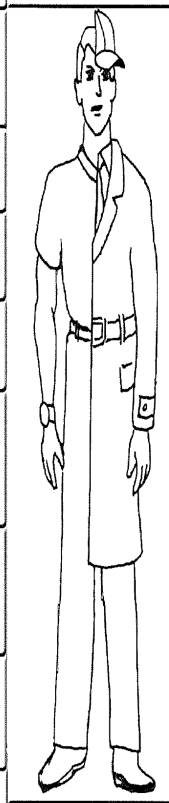
It is very important that video captures meaningful images. Cameras are often placed too high and only ever show the top of a suspect's head. If lighting is not bright enough, the images will also be of little use to you or the police.

Please test your video equipment now and again on a frequent basis. Have someone walk in the areas covered by your cameras and look at the images captured. Can you see the person well enough to make and identification?

Train **all** your staff how to make the images available to the police, including making a CD of DVD, **or** provide a contact number for someone to be available to be contacted 24hrs/day to retrieve video. So often the delay in getting a copy of video to police, in a timely fashion, is not only harmful to the investigation, it delays identification of the person(s) responsible and defeats what could be a useful resource.

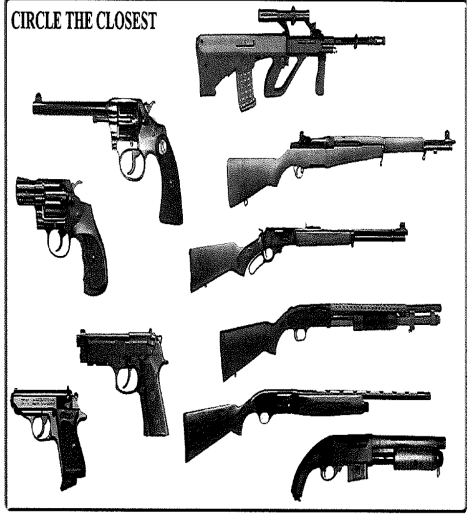
Video is becoming a more important part of safety and investigation everyday. Thankfully, the price of good equipment has fallen. One of the greatest tools to avoid a robbery is to let a potential suspect know there is a good chance they will get caught. Use good video and advertize its usage. Don't let your business become the easiest target. The safety of you, your customers and your staff is at stake.

SUSPECT DESCRIPTION:

SEX:	TATTOOS/ SCARS/ MARKS :	COMPLEXION:
RACE:		
SPEECH (LANGUAGE & ACCENT) :		HAT (COLOUR & TYPE):
AGE:		JEWLERY:
HEIGHT:		
WEIGHT:		COAT/ JACKET:
BUILD:		
HAIR COLOUR:		SHIRT/ BLOUSE:
HAIR LENGHT:		PANTS/ DRESS/ SKIRT:
FACIAL HAIR:	ADDITIONAL INFORMATION:	
EYES/ GLASSES:		SHOES:

WEAPONS:

CIRCLE THE CLOSEST



VEHICLE:

YEAR:	LICENCE PLATE #:
MAKE:	PRONVINCE:
MODEL:	ADDITTIONAL INFORMATION:
COLOUR (TOP & BOTTOM) :	

Forms

- Code White Report Form
- Responsive Behavior Debrief Tool
- Attendance at Code White Form
- Incident Coordinator Code White Checklist

MISSING RESIDENT PLAN

Pioneer Manor, Long-Term Care Facility

960 Notre Dame Ave, Sudbury

Code YELLOW: Missing Resident

Missing Resident Plan

Table of Contents

1.0 *Introduction*

As a component of the Emergency Plan, the Missing Resident Plan provides instructions for a coordinated operational response to a missing resident as well as organizational practices & information related to residents with wandering behaviors. The Missing Resident Plan was developed based on and includes information from the "Search is an Emergency!" Search & Rescue Pre-Plan Manual, courtesy of the Sudbury-Manitoulin Dementia Network, The Alzheimer Society, the Ontario Provincial Police and Greater Sudbury Police Services.

Refer to the first section of the Emergency Plan for more information regarding contact information, communication procedures, fan-out procedures, rescue markers, and the emergency kit.

2.0 *Implementation of the Missing Resident Plan*

2.1 Training & Education

Missing resident training for all staff and volunteers is delivered at a minimum annually and may include but not be limited to in-class presentations, area/classification specific training, table-talk scenarios & discussions, and mock scenarios.

Upon admission residents/families receive information regarding the procedures initiated in the event of a missing resident as well as instructions for informing staff when a resident is leaving the home area. Other means of providing education to residents/families include Resident Council meetings and Family Council meetings, newsletter articles, correspondence, and by observing mock scenarios.

Students receive missing resident education upon orientation and participate in mock scenarios.

Missing resident education is coordinated jointly by the Emergency Preparedness Team and tenants of Pioneer Manor at a minimum annually and tenants are invited to participate in mock scenarios.

3.0 *Missing Resident Procedures*

3.1 Definitions

Search Coordinator: the RN Supervisor who is responsible for the missing resident's home area. Other RN Supervisor in the building are to assist the Search Coordinator with communications, e.g., maintain contact with the searchers using walkie-talkies, making paging announcements, taking calls from areas with their findings, etc. The Search Coordinator may also delegate their duties to other RN (as available) if another emergency occurs during the Code Yellow.

Command Post: the main reception desk

Outside Perimeters: all external exits, walkways, parking lots, bush areas, ditches, culverts, courtyards, roofs, and around buildings, e.g. garage & generator house.

Common Areas: public washrooms, Winter Park, lounges, Bistro, leisure rooms, parlors, dining rooms, stairwells, elevators, hairdressing shop

Uncommon Areas: tub rooms, therapy rooms, storage rooms, medication rooms, laundry area, electrical rooms, utility rooms, kitchen receiving area, loading dock, basement, Family Health Team,

Reginal Geriatric Program, Alzheimer Society, staff locker area, staff lounges, and any room/area that is continually locked or inaccessible to residents.

Search Kit: located in the RN office near the command post. The Emergency Kit includes items such as floor plans, indoor/outdoor search maps, aerial photographs of the building and surrounding landscapes, and forms.

Search Check List: a check list identifying all potential areas of a home unit that is completed after a search of the unit is done to ensure all areas have been searched (refer to the "FORMS" section herein).

Missing Resident Incident Form: this form is to be initiated by the Registered Staff on the missing resident's home area and completed by the Search Coordinator. The form is attached to each Wandering Resident Profile in the resident chart. Copies are also available in the Search Kit (refer to the "FORMS" section herein).

3.2 Procedures

A missing resident incident must be treated as an emergency. Every minute a person goes missing increases the risk to their health and safety. Staff must learn to recognize the triggers and initiate a Code Yellow without hesitation.

The following triggers should alert staff that a resident is potentially missing, and that the activation of a Code Yellow may be required:

If a resident is not present at:

a) mealtime
b) medication time
c) the time a census is completed
d) a scheduled appointment or activity etc…

3.2.1 Initial Search Procedures

At the occurrence of any of the above triggers or if other suspicions arise that a resident may be missing, the following procedures must be initiated immediately:

1. Staff in the missing resident's area must notify the Registered Staff person for their unit and conduct an initial search of their area and neighboring units, including areas the resident frequents. Also check the resident Temporary Discharge forms (pink) and the appointment book at the resident care desks. **This should take no longer than 5 to 10 minutes.**
2. The Registered Staff person:
   a) Contact the missing resident's family to inquire if they know the resident's whereabouts and to notify them that we are searching for them;
   b) Gathers all information related to the missing resident and begins completing the "Missing Person Incident Form" which is to be given with the following information to the Search Coordinator to complete:
      - Wandering Resident Profile & picture from the missing resident's chart
      - Full description including clothing worn
      - The time and place where the residents were last seen
      - Previous missing person incidents and location found

3. If the resident is not found during the initial search, the Registered Staff person from the home area will notify the RN Supervisor covering his/her area (who will now become the Search Coordinator) and immediately bring all the information gathered to the Command Post (picture, description, timelines, etc.).

4. Upon notification of a missing resident, the Search Coordinator retrieves the Search Kit, wears a fluorescent vest, proceeds to the Command Post to obtain all information from the Registered Staff person, and gives the order to page the Code Yellow.

   The announcement over the paging system must be repeated 3 times and include the name of the resident and identifiable information that would help staff recognize the resident.
   For example: ***"CODE YELLOW, Mrs. Mary Smith, wearing a red sweater and using a blue walker"*** (repeat 3 times)

3.2.2 Code Yellow Search Procedures & Responsibilities

Upon hearing the Code Yellow:
i) All management & non-union personnel secure their area, use the white rescue marker for their office, and then immediately report to the Command Post
ii) All laundry workers, maintenance workers, food services workers and the Housekeeping Admin staff search their immediate areas, use the white rescue marker, and then report to the Command Post

3.2.2.1 <u>The Search Coordinator</u> (or delegate):

The Search Coordinator will (as feasible):

a) Assign a person to photocopy and distribute the missing resident's picture to persons searching the uncommon areas internally and the external perimeter;

b) Deploy laundry, maintenance, kitchen and the housekeeping Admin person to do an external search using supplies and assigned maps outlining the "outside perimeters" and available equipment from the Emergency Kit (e.g. walkie-talkies, flashlights/glow sticks). Refer to section 3.2.3 for further information on how to conduct an efficient ground search. Searchers are to report back to the Search Coordinator with the results of their search within 10 minutes using available walki-talkies. On night shift, the external search is to be limited to the courtyards (police will take over the outside perimeter search if required).

c) Deploy management staff to search uncommon areas inside the building using supplies and assigned floor plans, and report back within 10 minutes at the command post with results of their search;

d) Assign someone to verify security camera footage if available and report back to the Search Coordinator with their result;

e) Assign one person to guard the main entrance, to prevent the lost person from leaving the building during the search;

f) If, after all search areas have reported back within a reasonable time frame and the resident is not found, refer to the Emergency Numbers telephone list (at all phones) and contact the following parties. **Important**: At the discretion of the Search Coordinator, police may be called at any time if

they feel the missing resident may be at higher risk due to the resident's level of dementia, if the resident has other medical conditions, or due to inclement weather conditions.

1. Notify police
2. Notify the Administrative On-Call person.
3. Cross reference the Critical Incident process to ensure compliance
4. Contact the Victim Crisis Assistance & Referral Service Sudbury (VCARS) for emotional support to residents/staff/family of missing resident (if required).
5. Page "Code Yellow - Standby" to notify staff to return to full duties and remain vigilant for the missing person (include the missing person's name and description in the announcement)
6. Obtain 10 photocopies of the resident's picture for the police
7. Liaise with police and other emergency response personnel involved with the search;
8. If the resident is not found within 2 hours of the Code Yellow, have the building repeat a complete Code Yellow search (inside the building only), and repeat again every 2 hours thereafter until the resident is found (page, ***"Attention all staff: Repeat Code Yellow Search for Mrs. Mary Smith, wearing a red sweater and using a blue walker"*** (repeat 3 times))

When the resident is found:

9. Cancel the Code Yellow (paged three times & announced on the walkie-talkies)
10. Notify police and all others on the list above
11. Assess the resident's condition and re-establish therapeutic rapport with the resident
12. Conduct a short debriefing meeting with the staff in the missing resident's home area
13. Document the incident completes the Missing Resident Incident Form, and updates the Missing Resident Incident Tracking Report (filed with the Resident Wandering Profile at all times)
14. Modify the resident's care plan with strategies to manage the wandering/exit-seeking behavior
15. Complete incident report in Point Click Care and referral (Cross reference "Elopement Policy")

3.2.2.2 <u>All Staff in Home Areas</u> (including activity, housekeeping, and nutritional aids):

a) must conduct a full search of their area that includes:
- searching in all resident rooms including washrooms, under and beside beds, behind doors and privacy curtains and in closets;
- looking in all "common areas", and "uncommon areas" in the home area; and
- using the white rescue marker to indicate a room has been checked.

b) do a resident census.

c) complete the "Search Check List" and return it to the Search Coordinator;

d) report back to the Search Coordinator at extension 3297 within 10 minutes with results of their search;

e) return to full duty and remain vigilant for the missing person when the Code Yellow Standby is announced and until the Code is cancelled; and

f) assist the police investigation by providing relevant information regarding the missing resident.

3.2.2.3 <u>Students & Volunteers</u>:

Students remain in their assigned home area and assist staff with their search.
Volunteers search their immediate area and report to the Command Post where they may be assigned

duties by the Search Coordinator, i.e., monitor entrances/exits

3.2.2.4 Tenants

Tenants will conduct a thorough search of their area and immediately report their search result to the Search Coordinator at 566-4282, ext. 3297

3.2.3 External Search Procedures

Areas indicated on the designated search maps must be thoroughly and systematically searched, avoiding re-crossing on the grounds. It is recommended that two people be assigned to search a designated area to decrease search time. If there are not enough available, one person may be assigned to cover two or more designated areas, and as more people arrive, they can be deployed to assist searchers. **Important**: do not enter any bush area unless there is a clear indication a person may have wandered there as this contaminates the search area for the search & rescue canine unit.

Due to the limited number of walkie-talkies on hand, persons assigned to search courtyards must return to the Command Post with their search results or call extension 3297 from the nearest telephone.

The following is a guideline to assist the Search Coordinator in organizing the external search: External perimeter searchers will be grouped into three search teams with an assigned team leader for each team. The team leader will carry the walkie-talkie. Team #1 will cover the areas located at the front & South end of the building (search maps # 1, 2, 3); team two will cover the areas located at the front & West end of the building (search maps #4, 5, 6); and team three will cover the back of the building (search maps #7, 8, 9). As an area is completed, searchers communicate to their team leader their results and the team leader will report to the Search Coordinator using the walkie-talkie.

TEAM #	***Search Area Description***	***Search Map***
#1	Front and South end of the building	Search map #1,2,3
#2	Front and West end of the building	Search map #4,5,6
#3	Back of Building	Search map #7,8,9

While Searching:

I. Remain silent except for essential conversation and calling the missing person's name
II. Listen for the lost person who may be crying, singing, or quietly talking
III. Be cognizant that the person may not respond to their name
IV. Keep in mind that people with dementia will go or climb into areas where no one else would go.

3.2.4 Alzheimer Society Missing Client Procedures

When a client from the Alzheimer Society is missing, the Director (or designate) of the Society will contact the Nursing Supervisor's cell number at 705-677-5978, to request that a Code Yellow be initiated.

A representative from the Society will meet the Search Coordinator at the Command Post and provide them all information related to the missing client. The representative will stay with the Search Coordinator until all results are received from each search area of Pioneer Manor. The Search Coordinator will initiate the Code Yellow and all staff are to respond according to the Code Yellow Plan.

If the client is not found, the Society will resume their internal procedures in expanding their search with the involvement of emergency response services. The Search Coordinator will announce the Code Yellow Standby and Pioneer Manor staff will remain on stand-by until the Code is cancelled.

The Society will immediately notify the Search Coordinator when the client is found. The Search Coordinator will provide the Society with copies of all documentation related to the search and participate in a debriefing session as requested.

4.0 *Pro-Active Measures*

All staff, volunteers, contracted service providers, families, visitors, and residents must ensure to notify the resident care staff when a resident leaves or is taken away from their home area. The absence from the home area must be documented by completing a temporary discharge form and/or indicating on the head count sheet who is taking the resident or where the resident is going.

Appendix A

Characteristics of Wandering

Information is taken directly from the “Search is An Emergency!” search & rescue pre-plan manual and slightly modified to reflect Pioneer Manor’s clients as residents.

CHARACTERISTICS OF WANDERING

About Wandering, Dementia, and Risk

People with dementia wander for many reasons. They may be focused on going to a particular place or roaming aimlessly. This need to keep moving is referred to as wandering and can happen during the day or night. Sometimes, the behavior leads the person outside, where traffic, severe weather, and unfamiliar surroundings can lead to danger. Because of deficits in memory, time orientation and judgment, people with dementia can become lost on their own streets not knowing how they got there or how to get back.

Facts About Wandering

- People with dementia who become lost will die from exposure or hypothermia if they are not found within the first 12 hours. That is why SEARCH IS AN EMERGENCY!
- It is helpful to know which door the lost person used to exit, because people with dementia often walk in a straight line until they become stuck. They may not walk out of a wooded area if something impedes their progress.
- People with dementia attempt to return to their former residence or workplace.
- People with dementia tend to go straight across fields, creeks, climb over obstructions and through construction areas, etc. rather than turning toward the path of least resistance, such as along a road.
- People with dementia may be in a heightened anxiety state and are often fearful of the people who are searching for them. They tend to hide from their searchers and often do not call out for help or respond when their names are called.
- People with dementia are often found by people not involved in the official search such as Neighbours or people driving by.
- People with dementia tend to be found within a 2.4 km radius of their home.

Appendix B

Identifying & Responding to Individuals Who Wander

Information is taken directly from the "Search is An Emergency!" search & rescue pre-plan manual and slightly modified to reflect Pioneer Manor's clients as residents.

IDENTIFYING AND RESPONDING TO INDIVIDUALS WHO WANDER

Determining which residents in your organization are at risk of becoming a missing person and developing a plan of action are the steps in preparing for a missing person search and rescue emergency response.

Experts estimate that 60 percent of people with dementia will wander at some time.

How to Identify an Individual at Risk

Residents should be considered "at risk" of becoming a missing person if they are mobile and have had a prior history of wandering or exit-seeking behavior.

Characteristics of individuals who seek exits:

- Usually in the middle stage of dementia.
- Severe short-term memory loss, poor reasoning, spatial disorientation (unable to locate their room / bathroom), and lack of safety awareness.
- May have effective communication ability and social skills.
- Have little insight into their present circumstances and believe that they still have responsibilities, which often relate to their pre-dementia days.
- Wandering is goal directed, highly motivated and often industrious. For example, they think they must get to work or get home before the children.
- Requires some cognitive ability to form a thought, plan an action, and carry out the plan.

P.I.E.C.E.S': Possible Triggers for Wandering

Physical	• Physical discomfort/pain • Underlying medical conditions(s) • Adverse medication reactions • Excess energy • Need to void/defecate • Nourishment (hunger/thirst) • Electrolyte imbalances • Insomnia

Intellectual	8 **A**'s of dementia • **Agnosia** -*Loss of recognition* • **Altered Perception** - *Loss of perceptual acuity* • **Amnesia** - *Loss of memory* • **Anosognosia -** *Loss of knowledge of illness/disease* • **Aphasia**- *Loss of language* • **Apathy** - *Loss of initiation* • **Apraxia** - *Loss of purposeful movement* • **Attentional Deficits** - *Inability to sustain and shift attention*
Emotional	• Anger • Anxiety • Boredom/restlessness • Confusion, e.g. regarding time (day vs night) • Disorientation • Fear • Feeling lost • Looking for something/someone • Insecurity • Stress
Capabilities	• Under/over-stimulation • Absence or lack of mental/physical stimulation • Lack of enjoyable activities • Lack of or absence of motivation, encouragement, and praise
Environmental	• Shift change • Leaving stressful environments (e.g. new and unfamiliar settings) • Excessive noise • Excessive space in room • Outdoor cues (e.g. exit signs, outdoor coats) • Lighting (too bright/too dark, color of light) • Colors, patterns and designs in client's room (e.g. on walls & floor)
Social/Cultural	• Past sleep history • Past work history (e.g. did the resident work shift work?) • Relationship status (e.g. was/is the resident married, had a partner, or was/is single? Did the resident normally sleep with their partner, or do they normally sleep alone? • Relationships with other residents • Consider a resident's past lifestyle (careers, roles), e.g.

Developing Strategies to Manage Residents at Risk

Never try to reason with exit-seekers. This will only escalate their fear and evoke a physical response in return.

There are two types of exit-seekers - elopers and runaways. Each differs in emotional states, perceptions, and reasons for wanting to leave.

1. Individuals at Risk for "Elopement"

Characteristics:

- Perceive themselves as visitors
- May have easy-going calm demeanor
- Become upset and confused when told they cannot leave
- Desire to leave to accomplish an agenda, searching for something
- Generally tell you, "must leave to go to x, y, z." e.g. "Nice talking with you, but I must get to the bank now."

Strategy Suggestions:

Step 1: Validate the person's need to leave
Step 2: Ask "Where are you going? Will you be gone long?"
Step 3: Offer a reasonable explanation why they must postpone leaving, e.g. transportation unavailable (car trouble - will have to re-schedule)
Step 4: Apologize for the mix up, to save face
Step 5: Offer an alternative invitation (cup of coffee, other activity)

2. Individuals Characterized as "Runaways"

Characteristics:

- Focused on trying to break out of the home
- May be very angry, anxious and confused
- May tell people they are being held against their will
- Desire to leave is prompted by concern, anxiety, confusion, e.g. children will be waiting on me.
- May become fixated on calling or checking in with loved ones
- Tend to quietly slip out without notice
-

Strategy Suggestions:

- Critical to anticipate this behavior and to plan daily interventions to diminish exit-seeking episodes as part of the person's individual care plan.
- Identify the time at which wandering occurs.

Step 1: Validate the person's distress
Step 2: Engage the person in a conversation on what s/he is worried about
Step 3: Distract the person by talking about shared interests or values
Step 4: Provide opportunity for a walk to relieve anxiety or use distraction, e.g. advise the person that s/he has a phone call (voice message from family)
Step 5: Make excuse (hunger, bathroom) to return to home
Step 6: Offer refreshment and thank them for their company on the walk

Environmental Prompts to Exit-Seeking Behavior

There are times when cues in the environment prompt people with dementia to seek exits:

1. **After Meals/activities:** It is a rote response to get on with the day after meals/activity.

   Strategy Suggestion:
- Preempt the person by engaging him/her in purposeful work-related activities, e.g. right after meals, engage in wiping tables, sweeping, polishing leaves of houseplants, cutting out coupons, sorting, and folding tea towels, etc.

2. **At Shift Change:** The resident may try to model staff who are leaving for the day

   Strategy Suggestion:
- Schedule structured recreational group activities away from the staff interchange, e.g. sing-alongs, religious services, video respite, gross motor exercise or a walk.

3. **On Admission:** Admission to a long-term care Home may evoke a fight-or-flight reaction for the new resident.

   Strategy Suggestion:
- Get a detailed history of the person's previous interests and wandering patterns.
- Activate a high intensity needs program until the person becomes acclimatized to the new environment and until a care plan is personalized.

4. **At Times of Physical or Emotional Discomfort** (e.g. hungry, bored, over-stimulated, need to go the bathroom)

   Strategy Suggestion:
- Take note of resident's non-verbal communication (e.g. fumbling with pants, holding head, fidgeting, etc.)
- Personalize resident's care plan to include toileting routine, activity level, etc.

Other Strategy Suggestions for Reducing Environmental Prompting:

- If you notice that wandering happens consistently in reaction to the person's immediate environment, try to change those conditions (e.g. heat or cold, noise, fear of the dark etc.). This may help to reduce the wandering.
- Develop points of interest that cue the person in an opposite direction to an exit.
- Hide clothing associated with outdoors such as jackets. It may help in discouraging exit-seeking behavior.
- Consider disguising doors to the outside by covering them or decorating them so that they don't appear to be doors.

Safe Wandering Opportunities

Wandering is often a coping mechanism for the person with dementia. A safe and secure environment in which s/he may wander freely can often provide the person with a healthy outlet for feelings of anxiety or upset.

Strategy Suggestions

- Consider placement in a *secured unit*
- Allow the person to wander in a *fenced yard*
- Use a *wandering security device* and consider installing *alarm systems* that would allow searchers to know what exit the person used in order to provide a direction of travel.
- Be progressive in *care plans*, calling case-based care conferences to address the wandering issue and to identify solutions that can be immediately implemented as part of the person's day-to-day care.

Other Strategy Suggestions for Reducing the Potential of Wandering

Offer meaningful activities

- A person with dementia may be able to participate in day-to-day activities such as doing simple chores or helping with household duties but will unlikely be able to initiate these autonomously.
- Consider past skills and interests when presenting activities.

Exercise

- Assist the person with a regular exercise program
- If possible, take the person outside for walks
- Regular exercise can use up extra energy and may help the person to sleep better
- Consider the therapeutic value of a walking program or other gross motor activities to reduce arthritis pain, maintain muscle strength and balance, as well as reduce anxiety.

Provide Visual Cues

- Even in familiar places, a person with dementia can become confused or lost. Familiar objects, furniture and pictures can give the person a sense of comfort and belonging.
- Consider introducing orientation cues such as labels on doors and in rooms so that s/he can easily find his/her way through the Home.
- Nighttime disorientation may be reduced by leaving a light on in the hallway or providing an illuminated clock by the bed.

P.I.E.C.E.S.': Responding to Residents at Risk

Physical	• Ensure adequate relief of pain/discomfort • Perform thorough physical assessment to ensure no underlying issues, e.g. pressure sores • Be cognizant of the adverse drug reactions from pharmacological agents the resident is on • Provide ample opportunity for physical activity, e.g. walking, gardening, and arts and crafts • Allow for wandering in a safe environment • Follow a toileting schedule and reduce fluid intake in the evening • Ensure residents are adequately nourished • Have a medical evaluation conducted to rule out underlying symptoms
intellectual	• Redirect resident using therapeutic focus (know key information about the resident to help with this strategy) • When speaking to residents: - Use simple words/sentences - Be aware of and use nonverbal cues to communicate - Talk with residents at eye level - Use visual aids to communicate, e.g. picture cards, and photos - Allow for extra time for thought process - Use therapeutic touch (where and when appropriate) - Do not argue with resident (arguing will prompt resident to become defensive) - Use a calm neutral voice - Involve family in interaction (whenever possible)

Emotional	• Demonstrate empathy and understanding • Respond to underlying feelings/unmet needs • Redirect resident attention with therapeutic focus • Provide adequate time for thought process • Respond to underlying feelings and unmet needs • Assist in reorienting resident to their environment • Provide emotional support through verbal and nonverbal communication (where and when applicable) • Use therapeutic touch to comfort and provide emotional support (where and when applicable) • Post familiar pictures/objects, e.g. pictures of resident in past • Address and validate concerns and feelings of resident • Praise resident and offer encouragement • Promote sense of belonging • Engage resident in conversation • Provide explanation why resident must postpone leaving, e.g., car trouble and apologize for the error • Offer an alternative, e.g. offer refreshments and conversation • Provide opportunity for physical activity to relieve anxiety or utilize distraction • Provide activities that appeal to different senses • Person-centered validation
Capabilities	• Engage resident in enjoyable activities, e.g. singing, arts & crafts, dishes, or folding laundry • Encourage resident to participate in activities (consider past and present interests, skills and current ability) • Provide resident-focused activity-in the moment • Promote sense of belonging • Offer praise and encouragement

Environmental	• Allow time for resident to familiarize themselves with their room • Personalize room by adding personal objects, e.g. pictures of themselves in the past, family, and other personal mementoes • Ensure room is adequately lit • Reduce excess noise, e.g. turning off television and radio • Avoid rooms near areas of high traffic and noise • Promote safe and comfortable environments • Promote safe wandering by creating safe/secure wandering paths both indoors as well as outdoors • Remove items that encourage outdoor-seeking behaviors, e.g. hide outdoor coats and footwear • Keep exit cues, e.g. stairways out of resident's view • Reduce confusion about time by providing an am/pm by their bedside • Utilize orienting symbols to identify locations, e.g. bathroom, kitchen, resident's room. ***Red color is the most visible to the aging lens*** • Position bed for best visibility and access to the bathroom • Participation in the Alzheimer's Society's "Safely Home Program" • Always keep residents in a safe view
Social/Cultural	• Consider resident's mother tongue when speaking with him/her • Consider resident's cultural/religious practices to provide care • Consider resident's past work history • Be cognizant of resident's lifestyle e.g. enjoys eating alone, likes taking a lead role in activities, individual sleep patterns • Provide ample opportunity for conversation with staff and other residents • Consider resident's past & present relationship status in planning/implementing care

FORMS

- *Missing Resident Incident Form*
- *Search Check List*
- *Missing Resident Tracking Report*

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EMERGENCY PREPARDENESS PLAN

External Community Disaster

PROTOCOL

"CODE ORANGE"

1.0 Introduction

Code Orange: External Community Disaster:

In the event of a Code Orange/External Community Disaster Pioneer Manor will collaborate with external agencies i.e.: Ontario Health at Home other Long Term Care homes, or health care provider agencies such as acute care facilities. This collaboration may include accepting their residents or patients, who will now be referred to as ***evacuees,*** and their staff for a brief period of time (maximum time – 5 days). Pioneer Manor could also be asked by the City of Greater Sudbury's Emergency Services to provide temporary shelter in the event of an external disaster. In the event of a Code Orange, it is important to ensure that our priority is to continue to provide ongoing care to the residents of Pioneer Manor and to provide safety and comfort to the evacuees.

Facilities/Organizations looking to accommodate their evacuees here at Pioneer Manor may be requested or required to ensure that their staff come to assist with their evacuees. This is a decision to be made by the *Director* or *Manager of Resident Care.*

It is also important to ensure that all evacuees, staff, and visitors acknowledge and abide by all our policies and procedures including confidentiality requirements.

2.0 Implementation of the Code Orange/External Community Disaster protocol:

Training & Education

An annual review of all the codes related to the Emergency Plan are completed by all staff at a minimum annually through our e-learning program and every three years, hands-on practice sessions and mock scenarios are conducted. All newly hired staff, volunteers and students receive information pertaining to all "codes" at time of orientation.

Residents/families receive an update regarding codes at a minimum annually via Resident and Family Council meetings. Other means of providing education to residents/families include newsletters, correspondence, information boards at main entrance, and by participating in practice drills and mock scenarios.

3.0 <u>Code Orange/External Community Disaster Procedure</u>

3.1 Upon receiving a call pertaining to a community disaster, the individual receiving the information must obtain the following:

- Name of organization requiring assistance and the person calling (obtain contact information)
- Information on the location of the disaster Ie: cause of the disaster
- The number of evacuees that is expected to be transferred.
- Estimated time of arrival

3.2 If after regular business hours the Emergency Control Officer (ECO)/RN Supervisor will take the lead and begin by contacting the Administrative On Call Lead. If it is determined

that a Code Orange is to be announced the Communication Officer will announce over the PA Code Orange three times.

3.3 If during regular business hours the Director or alternate will take the lead and make the decision to call a Code Orange.

3.4 When a Code Orange is announced:

- Emergency Operations Team to report to the Emergency Operations Centre (Training room) for further direction.
- Communication Runner to report to the main entrance and direct evacuees to the Winter Park
- Emergency Brigade to report to the Emergency Operations Centre (training room)

3.6 Director/ECO/Alternate

- Report to Emergency Operations Centre (Training room).
- Ensure that locations assigned to accommodate evacuees (see 5.0) within Pioneer Manor are ready to accommodate evacuees.
- Ensure that temporary locations have access to manual call bells.
- Ensure that the Winter Park is cleared and available so that upon arrival of the evacuees, this location can be used to assess each evacuee.
- Confirm with the external staff/facility that they have all documentation required on their evacuees and that each evacuee is identified with a name badge/wrist band.
- Ensure that kitchen prepares nourishments as required (sandwiches/fluids).
- Once evacuees can return to their designated facilities, the Code Orange will be cancelled.
- Maintain daily contact with incoming facility administration to keep updated on the progress of returning evacuees to their facility.
- ***In the event that Pioneer Manor is in an outbreak we will not be able to accommodate evacuees and are to advise the external facility immediately.***

4.0 Code Orange/External Community Disaster Procedures for Designated Positions

Emergency Control Officer:

The Resident Care Supervisor #2 is the designated ***Emergency Control Officer*** (ECO). The ECO will take charge of the situation until the Director/alternate has done so.

Upon notification or hearing of a potential Code Orange/Community Disaster the ECO's duties include but are not limited to the following (note: duties may be delegated at the ECO's discretion):
Taking charge of the activities until the Director/alternate takes lead:

- After hours contact the Administrative On Call Lead to discuss.
- Direct the Communication Officer to announce a Code Orange over the PA system x3.

- Update and direct staff as required.
- After the situation has completely de-escalated with no remaining threat, s/he ensures the code cancellation is paged three times.

Communication Officer:
- Communication Officer to announce a Code Orange over the PA system x3.
- Cancel Code Orange

Communication Runner:
- Remain at the main entrance to wait for evacuees and direct them to the Winter Park.

Director/alternate:
- Regular business hours determine if a Code Orange to be announced
- Ensure plan is in place for the internal process (see 3.6)

Resident Care Section:
- Staffing should not be required as the external site should be providing their own staffing, however in the event additional staffing is required this must be approved by the Manager of Resident Care.

Physical Services:
- Restrict Road Access to emergency vehicles only.
- Ensure that Loading Dock/Shipping Receiving area is clear to allow for providers to bring in any additional furnishings or supplies.
- Cordon off the Winter Park.
- May be required to install privacy curtains and manual call bells in appointed locations.
- May require additional resources such as disposable briefs, linens etc.

Food Services:
- Ensure that nourishment is available upon arrival for all new evacuees.
- Confirm with incoming facility staff if food service is required and provide tray or bulk service as required.
- Reviews if additional food is required in the Bistro due to increase in visitors and staff from external facility.

5.0 Locations that can be considered to accommodate evacuees (if the space available is not an actual resident room) ensuring that there is approx. 10 sq. ft. per evacuee to accommodate resident/evacuee space).

- Lounges
- Activity rooms
- Family Dining rooms/Parlor

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EMERGENCY PREPARDNESS PLAN

LOSS OF ESSENTIAL SERVICES

PROTOCOL

"CODE GREY"

1.0 **Introduction**

Code Grey/Loss of Essential Services:

The following are regarded as essential services: Power (electrical), water, and natural gas. Pioneer Manor's Code Grey, Loss of Essential Services ensures that in the event of disruption to one or more essential services, a contingency plan is in place that will allow us to maintain essential operations.

2.0 **Implementation of the Code Grey/Loss of Essential Services:**

Training & Education

An annual review of all the codes related to the Emergency Plan is completed by all staff at a minimum annually through our e-learning program and every three years hands-on practice sessions and mock scenarios are to be conducted. All newly hired staff, volunteers and students receive information pertaining to all "codes" at time of orientation.

Residents/families receive an update regarding codes at a minimum annually through the Resident and Family Council meetings. Other means of providing education to residents/families include newsletters, correspondence, information boards at main entrance, and by participating in practice drills and mock scenarios.

3.0 **Code Grey/Loss of Essential Services Procedure**

Loss of Power

In the event of the loss of power to Pioneer Manor, the facility is equipped with two diesel powered generators that will automatically begin to generate power to the Home. The generators have the capacity to provide full power for approximately 48 hrs. In order to conserve fuel, **some services** may be limited or restricted in order to ensure that essential services are maintained to residents. These may include:

- During summer months cooling system restricted to certain "cooling centers".
- Laundry services could be outsourced, and disposable linen/towels/peri cloths would be provided by one of the following vendors: Attends, Reliable, Sysco.
- Restricted activities for: the hairdressing salon, physical therapy (Gym), activities scheduled in the Winter Park and the Bistro

Loss of Water

Pioneer Manor may not have access to a city water source due to natural disaster ie: earthquake, accidental disruption or a planned shutdown.

Pioneer Manor has access to two main water sources, one from Lasalle Blvd and one from Notre-Dame. The city would need to be contacted to redirect the source in the event the primary connection failed.

A PA announcement will be made at the beginning of each shift, until the problem has been rectified advising that there is a Code Grey- Loss of Water x 3.

In the event that there is no access to water (i.e., boil advisory, loss of water) the following will occur:

- Director /Physical Services Manager/alternate to determine if an evacuation to another facility is required.
- Obtain disposable clothes for resident care.
- Ensure that there is enough fluids ie: bottled water or juices available to residents
- No tub baths will be given but rather residents will receive bed baths.
- Refer to Food Service Plan for resident fluid requirements

Loss of Natural Gas

The loss of natural gas can be due to a ruptured line or mechanical failure.
The following are areas that require natural gas: heating, kitchen, laundry.

Loss of essential services during regular business hours

- *Physical Services* will immediately investigate to determine if the loss of service is either an external or internal issue.
- If an external issue *Manager of Physical Services* or alternate to contact Greater Sudbury Hydro Inc. , or City of Greater Sudbury for water and or Natural Gas (see the Telephone Contact List), to verify what the issue is and when it will be rectified and will maintain contact to keep updated on the progress.
- If an internal issue *Physical Services* is to contact the appropriate contractor (see Pioneer Manor Telephone Listing -Contact Telephone List) .
- *Director* or *Manager of Physical Services*/alternate to determine if a PA announcement is to be made. It can either be a Code Grey or a general announcement and can be done by the Communication Officer or designate.
- *Physical Services* to ensure that there is sufficient fuel for the Generator.
- *Physical Services* to ensure that there is sufficient water source by contacting the following:
    - Water/Waste management to have fire hydrant accessed for potable water.
    - Service provider that can provide water, portable toilets
    - Food Services to obtain bottled water from suppliers.
- Emergency Operations Team to meet in the Emergency Operations Centre (Training Room) for further directions.
- Communication Officer designated to provide a PA announcement at the beginning of each shift advising of the Code Grey.

- Once details of the service disruption are confirmed, information must be shared with residents and families (notices on doors/telephone calls/Public announcement via local media-through collaboration with City of Greater Sudbury Communications Dept).

Loss of essential service(s) after regular business hours

- Emergency Control Officer/RN Supervisor to contact the On Call Administrative Lead for further instruction and an email to be sent out to the PM_Emergcomgroup.
- If required Code Grey to be announced by the Communication Officer.

In the event that there is a problem with the Generator the following contingency must be implemented:

- Activate the City's Emergency Management Operations
- After regular business hours the Emergency Control Officer/RN Supervisor is to call the On Call Administrative Lead who will immediately contact the Generator Contractor Contact Telephone List .
- PA system will not be functioning therefore the Emergency Operations Team or alternate will be delegated to ensure that all home areas are made aware of power outage and that we are **NOT** on Generator.
- Ensure that lighting sources (flashlights) and communication sources (2 way radios) are available to all home areas. (Ward Clerks/alternate to distribute)
- Ensure that residents are given manual call bells
- *Manager of Resident* Care to contact Pharmacy for paper copies of Medication records.
- Ensure that all external doors are supervised and that anyone coming in and out of those doors are permitted to enter, or are directed to main entrance.
- May require to call in additional staff and the *Scheduling Clerk or alternate* will be responsible to do so.
- All non union personnel will be asked to report to the Home immediately and this will be done by the Scheduling dept or alternate (see fan out procedure).
- Contact Ontario Health atHome to have residents accommodated in other facilities (*Intake and Resident Relations Coordinator*)
- Need to contact families/SDM to assist (*Emergency Operations Team/Students/Volunteers)*
- Red Cross –Emergency and Disasters
- Oxygen Units – contact provider –
- In the event that the power disruption is during the winter months and there is no heat source, resident home areas should be equipped with additional blankets, residents can also be accommodated in larger areas and families will be encouraged to take residents home.

Generator details are as follows:

Refer to schematics for generators details

Diesel Fuel Provider: Blue Wave Energy -705-692-5447 (they have generator back up for their fuel system). Fuel level is checked monthly by the Physical Services Manager or alternate. In the event of low fuel levels the fuel provider will be contacted.

Tested: Monthly

Repair – Total Power - (705) 566-0704

6.0 **Contact List For Vendors/Providers- refer to the attached document - Phone List**

7.0 **Contingency plans for all dept**

5.1 Cross Reference to the Food Services Disaster Plan

EMERGENCY PREPAREDNESS PLAN

BOMB THREAT

PROTOCOL

"CODE BLACK"

Bomb Threat Plan

Table of Contents

1.0 Introduction

As a component of the Emergency Plan, the Bomb Threat Plan provides instructions for a coordinated operational response to a bomb threat.

Pioneer Manor's Emergency Preparedness Team reviews, implements, and monitors the effectiveness of the Bomb Threat Plan. The Plan is reviewed annually by the Team and the City of Greater Sudbury Police Services.

2.1 *Implementation of the Bomb Threat Plan*

2.2 Training & Education

Bomb threat education and training for all staff and volunteers is delivered at a minimum annually and may include but not be limited to in-class presentations, area/classification specific training, facility-wide drills, table-talk drills & discussions, and mock scenarios. All newly hired staff and recruited volunteers are instructed to read and familiarize themselves with the Bomb Threat Plan.

Bomb threat education and training is coordinated jointly by the Emergency Preparedness Team and tenants of Pioneer Manor at a minimum annually and tenants are invited to participate in practice drills and mock scenarios.

3.1 *Bomb Threat Response Procedures*

All telephones will have a yellow telephone bomb threat checklist card

3.2 Upon Receipt of a Bomb Threat

3.2.1 Employee in receipt of a bomb threat shall:

1. Remain calm, focused, and avoid the word “bomb.”
2. Motion to another employee by waving the yellow bomb threat card (if present). Employee who observes the yellow bomb threat card in motion will:
    a) Contact Police Services 9-1-1
    b) Will ask Police Services to place a trace on the call through Bell Canada
3. Obtain as much information as possible as to the type of bomb, location, time of detonation and reason for threat. Record the EXACT Wording used by the caller on the yellow bomb threat card.
4. Record all information on the Telephone Bomb Threat Checklist Card;
5. Announce three times via the paging system:
    “Attention all staff: Code Black” (x 3)
6. Will report to the Emergency Operations Centre to communicate the nature of the threat.

3.2.2 **If a written bomb threat is received:**

1. Avoid smearing any existing fingerprints;
2. Place the note in a folder or envelope to protect it from excessive handling;
3. Report immediately to a Manager/Supervisor/Coordinator;
4. Do not discuss the threat with anyone.

3.3 Upon Notification of a Code Black

The Emergency Brigade and all management/office staff will form the Search Team and will assemble in the Emergency Operations Centre to be briefed on the threat.

The Emergency Control Officer will delegate the Search Team to conduct a visual search of the premises for a suspicious object using maps and supplies from the Emergency Kit. The Emergency Control Officer will remain in the Emergency Operations Centre to receive information.

All staff are required to visually search their work areas for a suspicious object.

White rescue markers on all doors are to be used to indicate a room has been checked and no suspicious object was found.

Upon completion of the search, the Search Team will report to the Emergency Operations Centre for a debriefing.

Afternoons/Nights - The Nursing Supervisor must immediately contact the Administrative On-Call person to initiate the Fan Out Procedures for further assistance with the visual search.

3.4 If a Suspicious Object is Found

1. **DO NOT TOUCH OR MOVE THE OBJECT**

2. Move away from the object and instruct all others in the immediate area to keep away from the location and report to the Emergency Operations Centre directly with the following information:
   a) Where the object was found;
   b) Description of the object;
   c) Why it is suspect;
   d) Details as to who may have placed it there.

   The Emergency Control Officer will:
   a) Advise attending police officials of the details;
   a) Initiate action for the immediate evacuation of an area(s), or facility if necessary;
   c) Inspect the object visually and the surrounding area;

3. The police will then assume complete control of the situation.

3.5 Follow-up Action

1. Upon returning to the building, the visual search procedure will be repeated after which the Search Team will report to the Emergency Operations Centre;

2. Publicity of the bomb threat is to be avoided;
   *Rationale: Bomb threats induce fear and affect people's attitudes toward the Home Publicity feeds the bomber's ego and may set an example of action for someone else.

3. All inquiries from any source should be directed to the Director.
4. Cancel the Code Black three times over the paging system.

FORMS

Yellow Telephone Bomb Threat Card - SAMPLE

Fire Safety Plan

Two-Stage Fire Alarm System for:

Fire Safety Plan - Two-Stage Fire Alarm System for:

Pioneer Manor – City of Greater Sudbury

960 Notre Dame

Table of Contents

Topic

Part 1
Introduction

The Ontario Fire Code, Div. B, Section 2.8 requires the implementation of a FIRE SAFETY PLAN for this building/occupancy. The plan is to be kept in the building in an approved location.

The implementation of the Fire Safety Plan helps to ensure effective utilization of life safety features in a building to protect people from fire. The required Fire Safety Plan should be designed to suit the resources of each individual building or complex of buildings. It is the responsibility of the owner to ensure that the information contained within the Fire Safety Plan is accurate and complete.

The Fire Protection and Prevention Act Part VII, Section 28, states that in the case of an offence for contravention of the fire code, a corporation is liable to a fine of not more than $50,000 and an individual is liable to a fine of not more than $25,000 or imprisonment for a term of not more than one year or both.

This official document is to be kept readily available at all times for use by staff and fire officials in the event of an emergency.

The fire safety plan approved location is the front vestibule fire safety box.

The fire safety plan shall be reviewed as often as necessary, but at intervals not greater than 12 months, to ensure that it takes account changes in the use and other characteristics of the building.

SUBMISSION PROCEDURES

At least two (2) copies of the Plan (8 ½ X 11 format) must be submitted to the Chief Fire Official. Upon approval, one (1) copy will be returned to the author and one (1) copy will be retained by the Fire Department.

The Chief Fire Official is to be notified regarding any subsequent changes in the approved Fire Safety Plan.

Part 2(a)
Audit of Building Resources Checklist

Occupancy Type Care Occupancy

Occupant Load
Occupant Load: (if applicable) 444

Access

Designated Fire Route: ☐ No ☒ Yes

Nearest Municipal
Hydrant Location: Refer to Schematics

Private Hydrants: ☐No ☒Yes (Location(s)): Refer to Schematics

Lockbox: ☐ No ☒ Yes (Location(s)): Main Front Entrance
B

Heating ☒ Natural Gj.gas ☒ Electric ☒ Other

Main Gas
Shut-off: ☐ No ☒ Yes (Location(s)): Refer to Schematics

Main Electrical Shut-off Location: Refer to Schematics

Main Domestic Water Shut-off Location: Boiler Room, Refer to Schematics

Two Stage
Fire Alarm System:

Make: Edwards
Model: EST 4
Main Panel Location: Next to elevator in Winter Park nearest to Bistro
Annunciator Panel Location: Refer to Schematic
Fire Alarm Description: Two Stage with Horns and Strobe light

Sprinkler System: ☐ No ☒ Yes

Type: ☒ Wet ☐ Dry ☐ Other ___

Connected to the Fire Alarm System: ☐ No ☒ Yes

Location of Sprinkler Room/Shut Off Valves: Refer to Schematics

Standpipe System: ☐ No ☒ Yes
Location of Shutoff/Isolation Valves: ___

Fire Department Connection: ☐ No ☒ Yes (Location(s)): Back of Building, refer to schematics

Fixed Extinguishing System for Commercial Cooking Equipment

☐ No ☒ Yes Type: Dry Chemical
(e.g. Wet Chemical, Dry Chemical, CO^2)

Connected to F/A System: ☐ No ☒ Yes

Ecology Unit: ☒ No ☐ Yes Protected by Fixed System: ☐ No ☒ Yes

Fuel Source: ☒ Natural Gas ☒ Electric ☐ Other ___

Fuel Shut Off for Appliances: Location: Bistro, refer to Schematics

40BC Extinguisher: Location: ___
K Type (wet) Extinguisher Location: Bistro

Portable Fire Extinguishers: (Refer to schematic drawings)

Portable Fire Extinguishers: Type: ABC and BC for Serveries (kitchenette)and K (Bistro)
Refer to schematic drawings.

Emergency Lighting

☒ No ☐ Yes Location(s):

Emergency Power

☐ No ☒ Yes ☐ Battery ☒ Generator

Generator

☒ Diesel x2 ☐ Natural Gas

Fuel Supply Location: Generator 1 - In-Ground by garage, Refer to Schematics
Generator 2 – Fuel tank under generator unit

Transfer Switch Location: Basement, Penthouse Refer to Schematics

Equipment Powered by Generator: Entire Building

Electromagnetic Locking Devices

□ No ☒ Yes Door releases automatically with alarm or manually with each door pull station

Proper Signage

□ No ☒ Yes

Location(s) throughout building: Staff is assigned to escort to any location required

Extra Hazardous Area:

Are there hazardous materials on site? □ No ☒ Yes

If YES, please list the material and quantity:

Oxygen : stationary liquid oxygen cylinders and portable units (storage roomCP1045, PP2045, TP3045) 1357, 2356, 3356,4356, 5358
Paint & paint remover : store in basement room V022

Lubricants: stored in basement maintenance shop room V020

Fuel : Stored in garage at rear of building in a flammable storage cabinet

Exits: Refer to schematics for type and location of exits.

Elevators:

□ Firefighter (FF) Elevator (red helmet designation)

□ Firefighter Service (yellow helmet designation)

Automatic Recall ☒ No ☒ Yes (Veranda only)

Manual Recall ☒ No ☒ Yes (Veranda only)

Manual Recall Switch(es) ☒ No □ Yes Location: ____

Total Number of Elevators: 7

Total Number of FF Elevators: 2

FF Elevator Location: NA

Floors Served by FF Elevator: NA

Location of recall/operating keys:

Operating Instructions:

Part 2(b)
Audit of Human Resources

Business/Building Name: Pioneer Manor – City of Greater Sudbury

Address: 960 Notre-Dame

Postal Code: P3A 2T4 Business Phone No. (705) 566-4270

Business Owner: City of Greater Sudbury

Address: 200 Brady Street

Postal Code: P3A 5P3

Phone Number(s): (705) 566-4282

After Hour Contacts (24 hour telephone numbers)

Manager/Supervisor: RN supervisor Phone No. (705)677-5978

Employee/Title: RN supervisor Phone No. (705)665-0499

Employee/Title: ___ Phone No. ___

Other: ___ Phone No. ___

Building Owner: City of Greater Sudbury

Address: 200 Brady Street

Postal Code: P3A 5P3 Phone No. (705) 671-2489

Fire Alarm Monitoring Company: Northern 911 Phone No. (705) 673-8181

Sprinkler Monitoring Company: Northern 911 Phone No. (705) 673-8181

Part 3
Alternative Measures for Occupant Fire Safety

In the event of any shut-down of fire protection equipment systems or part thereof, in excess of 24 hours, the fire department shall be notified in writing. Occupants will be notified and instructions will be posted as to alternative provisions or actions to be taken in case of emergency. These provisions and actions must be acceptable to the Chief Fire Official.

All attempts to minimize the impact of malfunctioning equipment will be initiated. Where portions of a sprinkler or fire alarm system are placed out of service, service to remaining portions must be maintained, and where necessary, the use of watchmen, bull-horns, walkie talkies, etc. will be employed to notify concerned parties of emergencies. Assistance and direction for specific situations will be sought from Greater Sudbury Fire Services Fire & Emergency Services.

Procedures to be followed in the event of shutdown of any part of a fire protection system are as follows:

1. Notify Greater Sudbury Fire Services at (705)675-3341. Give your name, address and a

description of the problem and when you expect it to be corrected. Greater Sudbury Fire Services is to be notified in writing of shutdowns longer than 24 hours.

2. Post notices on all floors by elevators and in the lobby entrance, stating the problem and when it is expected to be corrected.
3. Have staff of other reliable person(s) patrol the affected area(s) at least once every hour.
4. Notify Greater Sudbury Fire Services and the building occupants when repairs have been completed and systems are operational at (705)675-3341.

Note: All shutdowns will be confined to as limited an area **and** duration as possible.

Cooking operations shall be suspended until the commercial cooking fixed extinguishing system is restored.

Part 4
Requirements of the Ontario Fire Code

□Please take the time to review this section (1 page)

Check/test/inspect requirements of the Ontario Fire Code:

- To assist you in fulfilling your obligations, included is a list of the portions of the Fire Code that requires checks, inspections and/or tests to be conducted of the facilities. It is suggested that you read over this list and perform or have performed the necessary checks, inspections and/or tests for the items which may apply to your property.

- Fire Prevention Officers may check to ensure that the necessary checks, inspections and/or tests are being done, when conducting their inspections.

- This list has been prepared for purposes of convenience only. For accurate reference, the Fire Code should be consulted.

Definitions for key words are as follows:

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

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

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

It is stated in the Fire Code that records of all tests and corrective measures are required to be retained for a period of two (2) years after they are made.

General Fire Protection Systems/Equipment

General	**Responsibility**
Doors in fire separations shall be **checked** as frequently as necessary to ensure that they remain closed.	All Staff
Exit signs shall be clearly visible and maintained in a clean and legible condition.	All Staff
Internally illuminated exit signs shall be kept clearly illuminated at all times, when the building is occupied.	All Staff
Weekly	
When subject to accumulation of combustible deposits, hoods, filters and ducts shall be **checked** weekly and be cleaned when such deposits create an undue fire hazard.	Food Service Staff
Monthly	
Doors in fire separations shall be **inspected** monthly for proper operation.	Maintenance Staff
Yearly	
Fire dampers and fire-stop flaps shall be **inspected** annually, or based on a schedule via contractor acceptable to the Chief Fire Official.	Contractor via Physical Services
Every chimney, flue and flue pipe shall be **inspected** annually and cleaned as often as necessary to keep them free from accumulations of combustible deposits.	Contractor via Physical Services
Disconnect switches for mechanical air-conditioning and ventilating systems shall be **inspected** annually to establish that the system can be shut down.	Contractor via Physical Services
Spark arresters shall be cleaned annually or more frequently where accumulations of debris will adversely affect operations. Burnt-out arresters shall be repaired or replaced.	NA

Portable Fire Extinguishers

General	**Responsibility**
Each portable extinguisher shall have a tag securely attached to it showing the maintenance or recharge date, the servicing agency and the signature of the person who performed the service.	Physical Services
A permanent record containing the maintenance date, the examiner's name and a description of any work or hydrostatic **testing** carried out shall be prepared and maintained for each portable extinguisher.	Contractor via Physical Services
All extinguishers shall be recharged after use or as indicated by an inspection or when performing maintenance. When recharging is performed, the recommendations of the manufacturer shall be followed.	Contractor via Physical Services
Monthly	
Portable extinguishers shall be **inspected** monthly.	Physical Services
Yearly	
Extinguishers shall be subject to maintenance not more than one (1) year apart or when specifically indicated by an inspection.	Contracted Services via Physical Services
Maintenance procedures shall include a thorough examination of the three basic elements of an extinguisher: a) mechanical parts b) extinguishing agent c) expelling means	Contracted Services via Physical Services
Every twelve (12) months, pump tank water, and pump tank calcium chloride base antifreeze types of extinguishers shall be recharged with new chemicals or water, as applicable	NA

Responsibility

Five (5) Years

Every five (5) years, pressurized water and carbon dioxide fire extinguishers shall be hydrostatically **tested**.	Contracted Services via Physical Services

Six (6) Years

Every six (6) years, stored pressure extinguishers that require a twelve (12) year hydrostatic **test** shall be emptied and subjected to the applicable maintenance procedures.	Contracted Services via Physical Services

Fire Alarm/Voice Communications Systems

General	**Responsibility**
Fire alarm and voice communication system components shall be kept unobstructed.	All Staff
Fire alarm system power supply disconnect switches shall be locked on in an approved manner.	

Daily

The following daily checks shall be conducted if a fault is established, appropriate corrective action shall be taken. a) **Check** the principle and remote trouble lights for trouble indication; b) **Inspection** of the AC power-on light shall be done to ensure its normal operation.	Contracted Services via Physical Services

Monthly

Every month the following **tests** shall be conducted and if a fault is established, appropriate corrective action shall be taken: a) one (1) manual fire alarm initiating device shall be operated, on a rotating basis and shall initiate an alarm condition b) function of all signal devices shall be ensured c) the annunciator panel shall be checked to ensure correct annunciation	Contracted Services via Physical Services

d) intended function of the audible and visual trouble signals shall be ensured
e) fire alarm batteries shall be checked to ensure that:
   i) terminals are clean and lubricated where necessary;
   ii) terminal clamps are clean and tight;
   iii) electrolyte level and specific gravity, where applicable, meet manufacturer's specifications

Voice paging capability to one zone shall be **tested** monthly on a rotational basis.	Physical Services
One (1) emergency telephone shall be **tested** monthly on a rotational basis for operation and correct indication at control unit.	Physical Services
Loudspeakers shall be **tested** monthly as an all-call signal to ensure they function as intended.	Physical Services
At least one (1) firefighter's emergency telephone shall be **tested** monthly on a rotational basis to ensure communication with the control unit. All telephones shall be **tested** each year.	Physical Services

Yearly

Yearly **tests** conducted by a certified alarm contractor as required by The Ontario Fire Code, Section 1.1.5.3. **Tests** shall be in conformance with CAN/ULC S536, "Inspection and Testing of Fire Alarm Systems".	Contracted Services via Physical Services
Voice communications between floor areas and the central alarm control facility shall be **tested** annually, as required for fire alarm initiating and signalling devices.	Contracted Services via Physical Services

Smoke detector sensitivity instrument may be used to conduct annual sensitivity testing of smoke detectors

Smoke Alarms

General	Responsibility
Ensure dwelling unit smoke alarms are maintained in operating condition.	Physical Services
Ensure a copy of the smoke alarm manufacturer's Maintenance instructions or approved alternative has been provided.	Physical Services
Ensure a Listed Smoke Alarm is installed on every level of the home and in the corridor adjacent to sleeping areas.	Physical Services

Standpipe Systems

Monthly	Responsibility
Hose cabinets shall be **inspected** monthly to ensure that the hose and equipment are in the proper position and appear to be operable.	Physical Services

Yearly	
Plugs or caps on Fire Department connections shall be removed annually and the threads **inspected** for wear, rust or obstruction. Re-secure plugs or caps, wrench tight.	Contracted Services via Physical Services
If plugs or caps are missing, examine the Fire Department connections for obstructions, back flush if necessary and replace plugs or caps.	Contracted Services via Physical Services
Hose valves shall be **inspected** annually to ensure that they are tight and that there is no water leakage into the hose.	Contracted Services via Physical Services
Standpipe hose shall be removed and re-racked annually and after use. Any worn gaskets in the couplings, at the hose valve and at the nozzle shall be replaced.	Contracted Services via Physical Services

Sprinkler Systems (Wet)

General	Responsibility
Auxiliary drains shall be **inspected** as required to prevent freezing.	Physical Services

Weekly

Except for electrically supervised valves, all valves controlling water supplies to sprinklers and alarm connections shall be **checked** weekly to ensure that they are sealed or locked in the open position.	Physical Services
Water supply pressure and system air or water pressure shall be **checked** weekly by using gauges to ensure that the system is maintained at the required operating pressure.	Physical Services

Monthly

On all sprinkler systems, an alarm **test**, using the alarm test connection located at the sprinkler valve, shall be performed monthly.	Physical Services

Two (2) Months

All transmitters and water flow devices shall be **tested** at two (2) month intervals.	Physical Services

Six (6) Months

Gate-valve supervisory switches and other sprinkler system supervisory devices shall be **tested** at six (6) month intervals.	Physical Services

Yearly	**Responsibility**
Exposed sprinkler piping hangers shall be **checked** yearly to ensure that they are kept in good repair.	contractor
Sprinkler heads shall be **checked** at least once per year to ensure that they are kept in good repair.	contractor
Sprinkler heads shall be **checked** at least once per year to ensure that they are free from damage, corrosion, grease, dust, paint or whitewash. They shall be replaced where necessary as a result of such conditions.	contractor
On wet sprinkler systems, water-flow alarm **test** using the	

most hydraulically remote test connection, shall be performed annually.	contractor
Sprinkler system water pressure shall be **tested** annually or after any sprinkler system control valve has been operated, with the main drain valve fully open, to ensure that there are no obstructions or deterioration of the main water supply.	contractor
Plugs or caps on Fire Department connections shall be removed annually and the threads inspected of wear, rust or obstruction. Re-secure plugs or caps, wrench tight. If plugs or caps are missing, examine the Fire Department connection for obstructions, back flush if necessary and replace plugs or caps.	contractor

Supply spare sprinkler heads and wrench and stored in appropriate cabinet near the main valve

6 sprinkler heads system contains up to 300 sprinklers
12 sprinklers heads system contains from 301 to 1000
24 sprinklers heads system contains more than 1000

Water Supplies for Firefighting (Hydrants)

General	**Responsibility**
Hydrants shall be readily available and unobstructed for use at all times.	Physical Services
Yearly	
Hydrants shall be **inspected** annually after each use.	Contractor
Ensure hydrants are equipped with port caps secured wrench tight. The port caps shall be removed annually and **inspected** for wear, rust or obstructions.	City of Greater Sudbury
The hydrant barrel shall be **inspected** annually to ensure that no water has accumulated.	City of Greater Sudbury
The drain valve shall be **inspected** for operation if water is	

found in the hydrant barrel when main valve is closed.	City of Greater Sudbury
Hydrant waterflow shall be **inspected** annually and a record shall be kept.	City of Greater Sudbury

Commercial Cooking Equipment

General	**Responsibility**
Commercial cooking equipment exhaust and fire protection systems shall be installed and maintained in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations".	contractor
Ensure wet chemical portable fire extinguisher is provided to protect commercial cooking equipment and are readily available for use in an emergency.	Food Service/Physical Services
Weekly	
Hoods, grease removal devices, fans, ducts and other equipment shall be **checked** weekly and cleaned at frequent intervals, prior to surfaces becoming heavily contaminated with grease or oily sludge.	Food Services
Six (6) Months	
Inspection and servicing of the fire extinguishing system shall be made at least every six (6) months by properly trained and qualified persons in conformance with Ontario Fire Code, Section 6.8.1.1.	Contractor via Physical Services

Emergency Power Systems

General	**Responsibility**
Emergency power systems shall be **inspected**, **tested** and maintained in conformance with CSA C282, "Emergency Electrical Power Supply for Buildings".	Physical Services
To ensure continued reliable operation, the emergency power supply equipment shall be operated and maintained in accordance with manufacturer's instructions.	Physical Services
At least two (2) copies of the instruction manual shall be maintained.	Physical Services

Monthly

The emergency electrical power shall be completely **tested** monthly as follows: — Physical Services

a) Simulate a failure of the normal power supply.
b) Arrange so that:
   i) an engine generator set operates under at least 30% of the rated load for 60 minutes and;
   ii) all automatic transfer switches are operated under load.
c) Include an inspection for correct function of all auxiliary equipment such as radiator shutter control, coolant pumps, fuel transfer pumps, oil coolers and engine room ventilation controls.
d) Record all instrument readings associated with the prime mover and generator and a verification that they are normal.
e) Log and report as further prescribed in the manual of instruction for operation and maintenance.
f) Check fuel supply for sufficient quantity.

Annually

Test the generator, control panel and transfer switch in conformance with CSA C282, "Emergency Electrical Power — Contractor via Physical

Supply for Buildings". Services

Maintenance
Additional Comments

Part 5- Building Schematics

☐**Please take the time to review this page**

LEGEND FOR BUILDING / UNIT FIRE EMERGENCY SYSTEM


Pull Pin For Kitchen Fire Suppression System


Entrance / Exit


Hydrant


Siamese Fire Department Connection


Free Standing Siamese Fire Department Connection

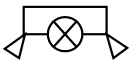

Valves (General)
Identify The Type Of Valve (e.g. Shut Off Valve For Natural Gas, Sprinklers, etc.)

Fire Alarm Control Panel

Fire Alarm Annunciator


Emergency Light, Battery-Powered


Illuminated Exit Sign, Single Face


Combined Battery-Powered Emergency Light & Illuminated Exit Sign


Pull Station

Heat Detector

Smoke Detector

Fire Extinguisher - BC Type

Fire Extinguisher - ABC Type

Fire Extinguisher – Water

Hose Cabinet


Sprinkler Riser, indicate whether Wet or Dry System

Part 6

FIRE SAFETY PROTOCOLS

Pioneer Manor, Long-Term Care Facility

960 Notre Dame Ave, Sudbury

Code RED: Fire

Fire Safety Protocols

- ECO Report to the Administrator/Fire Watch Check List
- Communication Officer's Record of Event
- Emergency Census Sheet

1.0 *Introduction*

Pioneer Manor is required by law to have in place a written fire safety plan under the Ontario Fire Code O. Reg. 388/97 that is a provincial regulation made under the *Fire Protection and Prevention Act, 1997*. Pioneer Manor is classified as Group B Institution, under the Fire Code because it is occupied by persons who require supervisory care, and/or medical care. Pioneer Manor is also mandated by the Ministry of Long-Term Care (MLTC) and the Canadian Council on Health Services Accreditation (CCHSA) to have a written fire plan and to carry out regular education.

As a component of the Emergency Plan, the Fire Safety Plan provides instructions for a coordinated operational response to a fire emergency as well as organizational practices related to fire safety.

Pioneer Manor's Emergency Preparedness Team is responsible to review, implement and monitor the effectiveness of the Fire Safety Plan in accordance with the Fire Code, the MOHLTC and the CCHSA standards. The Fire Safety Plan is reviewed annually by the Team and the City of Greater Sudbury's Fire Department, and updated regularly to reflect organizational and structural changes of the Home.

Refer to the Emergency Plan section for more information regarding contact information, the building audit, fire protection system audit, communication procedures, fan-out procedures, designated positions/locations, rescue markers, the emergency kit, and the maintenance schedule.

2.0 *Implementation of the Fire Safety Protocols*

2.1 Training & Education

Fire safety training for all staff and volunteers is delivered at a minimum annually and may include but not be limited to in-class presentations, area/classification specific training, facility-wide fire drills, table-talk drills & discussions, hands-on practice sessions, and mock scenarios. All newly hired staff and recruited volunteers receive fire safety training at orientation.

Residents/families receive fire safety education during their admission and thereafter at a minimum annually via Resident Council meetings and Family Council meetings during the month of October. Other means of providing education to residents/families include newsletter articles, correspondence, and by participating in practice drills and mock scenarios.

Students receive fire safety education upon orientation and participate in practice drills and mock scenarios.

Fire safety education is coordinated jointly by the Emergency Preparedness Team and tenants of Pioneer Manor at a minimum annually and tenants are invited to participate in practice drills and mock scenarios.

3.0 *Fire Alarm System*

The fire alarm can be activated by:

a) Pulling a fire alarm pull station; or
b) A detonated smoke and/or heat detector; or
c) A detonated sprinkler head
d) Inserting key into pull station to set 2nd stage alarm
e) Using the overhead paging system if above attempts has failed.

Once activated, the alarm system alerts all occupants of the Home and the fire department of a fire (or potential fire) and the possible need for an evacuation.

The fire alarm is characterized by 2 stages:

3.1 Stage 1 – Alarm stage
When the alarm is activated by either of the methods listed above, (excluding d and e), the horn/strobe units located throughout the Home sound at 20 strokes per minute.

All staff must respond by following the procedures set out in the Fire Safety Plan and be on stand-by for evacuation orders, paged as Code Green.

3.2 Stage 2 – Evacuation stage
When second stage is initiated, by inserting key at any pull station, the evacuation order has been issued; the horn/strobe units will now sound at 60 strokes per minute. This stage of the alarm alerts staff to begin to evacuate the residents beyond the first set of fire doors, beginning with the closest to the room of origin of the fire.

Important: Paging will inform staff of the direction of the evacuation and any other pertinent information to the emergency needs.

3.3 Resetting the Alarm System

ONLY after obtaining the All Clear and the directions from the Fire Department, the alarm system can be reset as follows:
From any annunciator panel:

1. Press the ***Alarm Reset*** button

4.0 *Fire Emergency Procedures for Designated Positions.* (Chart)

4.1 Emergency Operations Team
The Emergency Operations Team (EOT) is composed of all management and administrative personnel.

Upon notification of a Code Red, management personnel must secure their workspace and immediately report to the main reception desk. One person is to conduct a head count with names of persons at the home desk and/or pool area (refer to the FORMS section herein).

Upon notification of a Code Green, the EOT is to report immediately to the area of evacuation and assist in evacuating residents. Once the initial evacuation is complete the EOT gathers at the Emergency Operations Centre and discusses further necessary actions/plans.

4.2 Emergency Operations Centre
The Training Room (Y2406) is the primary Emergency Operations Centre (EOC). If it is not feasible to use room N103, the second-floor leisure room will be the secondary Operation Center or the Emergency Control Officer will designate an alternate location if either rooms are not acceptable. The EOC should be equipped at a minimum with a telephone, tables and chairs.

4.3 Communication Centre
The primary Communication Centre is the Cranberry resident care desk, as this has a communication speaker to

the front entrance door. If Cranberry is the affected area, the secondary Communication Centre will be the Water Lily Way resident care desk.

Both Communication Centers are equipped with a fluorescent vest, clipboard and necessary emergency forms.

4.4 Emergency Control Officer

The Resident Care Supervisor #2 is the designated Emergency Control Officer (ECO) (refer to Appendix A of the Emergency Plan for the *Emergency Plan: Designated Positions* chart). The ECO will take charge of the emergency situation until the Emergency Operations Team and/or emergency services arrive, e.g. fire department, police, or other.

Upon notification or hearing the fire alarm, the ECO's duties include but are not limited to the following (note: duties may be delegated at the ECO's discretion):

1. Putting on a fluorescent vest and obtaining the ECO Report to the Administrator form on a designated clipboard.

2. Checking the nearest annunciator panel for the location of the fire affected area and proceed to that location. If smoke or fire is observed, insert key into nearest manual pull station and initiate stage 2 alarm (evacuation stage)

3. Taking charge of the activities in the affected area as follows:
   a) Directing staff to check rooms for location of the fire if not yet identified;
   b) Delegating personnel to unlock and check all locked rooms; and
   c) Delegating a staff member to page the exact location of the fire three times if this has not already been done so by the Communication Officer.

4. Assessing and issuing evacuation orders by:
   a) Delegating a staff member or the Communication Officer to announce the exact location of the evacuation three times, e.g. "Code Green, Cedar, horizontal to Cranberry"
   b) Directing the flow of the evacuation and delegating staff to monitor the flow at each set of smoke barrier doors;
   c) Delegating a staff member or the Communication Officer to contact the Administrative On-Call person if the incident occurs after regular business hours; and
   d) Delegating staff to conduct a head count to ensure all residents from the evacuated area are accounted for.

5. Assisting the Fire Department.

6. Assessing the need for further assistance and obtaining such as required.

7. After the "All Clear" has been issued by the Fire Department, s/he ensures the alarm system is reset, the Code Red cancellation is paged three times, and all magnetic doors are reset.

8. Delegating a Maintenance Worker to ensure all fire extinguishers brought to the affected area are retrieved (if possible), re-filled if used, and returned to the original location.

9. Documenting the incident on the ECO Report to the Administrator form and conducting a de-briefing meeting with the staff involved in the incident to evaluate the response to the follow-up of the emergency. An email informing the RN's and Managers of the outcome and/or status must be sent using the user group "PM_Emergcomgroup" after the occurrence.

Important: The ECO must report all incidents of smoke or fire to the Fire Department immediately even if staff has managed to control the situation before the fire alarm was triggered.

4.5 Communication Officer

The primary Communication Officer is a designated Health Care Aide from Cranberry; secondary is a Health Care Aide from Ramsey/Scenic (refer to Appendix A of the Emergency Plan for the *Emergency Plan: Designated Positions* chart)

Upon notification or hearing the fire alarm, the Communication Officer's duties include but are not limited to the following:

1. Putting on a fluorescent vest and checking the annunciator panel for the fire affected area.

2. Silencing the alarm so staff can hear the page (this will silence the horns, but the strobes will continue to flash):
   a) Opening the panel
   c) Pressing the ***Alarm Silence*** button.

3. Paging the affected area over the paging system 3 times ,e.g. Code Red, Park Place, Room 107. If there is an evacuation order, paging the area 3 times, e.g. Code Green, Park Place, horizontal to the Winter Park. If paging is not working, the Communication Office must begin the secondary communication protocol. (refer to section 7.1 of the Emergency Plan)

4. Placing a back-up call to 9-1-1 notifying them that the fire alarm has been activated at Pioneer Manor. If it is a false alarm or the cause of the alarm is known, providing the 9-1-1 operator with this information to assist them in determining the appropriate fire rescue apparatus to send.

5. Contacting the Administrative On-Call person (if on afternoons/nights & weekends).

6. Every minute from the initial page, announcing twice "Everyone is to remain on Code Red alert" until the Code is cancelled.

7. Answering inside calls only to ensure communication within the building.

8. Completing the Communication Officer's Record of Event form and returning it to the Emergency Control Officer (refer to the FORMS section herein).

9. Upon notification of the Emergency Control Officer, announcing 3 times "Code Red Cancelled".

10. After the Code is cancelled, ensuring the magnetic devices on all doors are reset.

4.6 Communication Runner

Refer to Appendix A of the Emergency Plan for the *Emergency Plan: Designated Positions* chart for the assigned Communication Runner. Upon notification or hearing the fire alarm, the Communication Runner's duties include but are not limited to the following:

1. Putting on a fluorescent vest and immediately proceeding to the front entrance foyer.
2. Checking the annunciator panel for the location of the fire affected area.
3. Escorting the Fire Department to the fire affected area.

4. Taking directions from the Emergency Control Officer or the Emergency Operations Team that may include:
   - making announcements over the paging system or assisting in area-by-area communication (refer to section 7.1 of the Emergency Plan)
   - recruiting staff, volunteers, or students to assist in an evacuation
   - retrieving the Emergency Kit
   - distributing communication devices

4.7 Emergency Brigade

Refer to Appendix A of the Emergency Plan for the *Emergency Plan: Designated Positions* chart for the assigned Fire Brigade members. Upon notification or hearing the fire alarm, members of the Fire Brigade's duties include but are not limited to the following:

1. Securing their work area.
2. Retrieving a fire extinguisher & reporting immediately to the fire affected area. If the code is for the Lodge, the first member of the brigade relieves the Health Care Aid monitoring the door. The Health Care Aid then enters the Lodge to assist with the code red procedure. The fire brigade is to remain at the main doors until the ECO requests their assistance.
3. Assisting in extinguishing the fire if safe to do so.
4. Leaving one extinguisher outside the fire affected room (to facilitate identification of the room by the fire department).
5. Assisting in the evacuation of the area.
6. Taking directions from the Emergency Control Officer.
7. After the Code Red is cancelled, returning fire extinguishers to their original location if not used. If an extinguisher has been discharged, returning it to the maintenance department to have it refilled.

When responding to the Lodge, the ECO will carry his/her duties as per 4.4. The first member of the emergency brigade will relieve the Health Care Aid monitoring the main entrance to the Lodge, and communicate between staff in the Home area and remaining brigade waiting for further instruction outside the entrance doors.

5.0 *Fire Emergency Procedures For All Employees*

5.1 Upon Discovery of Fire or Smoke:
R- A- C- E

R **Rescue:** Remove persons from immediate danger if possible

A **Alarm:** Activate the fire alarm system / use the nearest pull station and set second stage

C **Contain:** Close the door to contain the fire/smoke

E **Extinguish/Evacuate:** Extinguish the fire if safe to do so or evacuate

Every situation is different and may necessitate reversing the order of the above 4 steps.

1. It is important to **REMAIN CALM**. Do not shout fire.

2. Ensure the alarm has been activated by pulling the nearest pull station or delegating someone to do so.

3. If a person is on fire, extinguish the flames by using blankets, sheets, or curtains to smother the flames. Assist

the person to STOP, DROP & ROLL if capable. If a part of the room or furnishing is on fire, only extinguish the flames if safe to do so.

4. Remove any persons from immediate danger to an area beyond the smoke barrier doors without crossing the fire affected area. Evacuate adjacent rooms if smoke or flames are visible. Evacuate the entire area upon the order of the Emergency Control Officer.

5. Confine the fire by closing doors and windows (if possible). After evacuating a room use the rescue markers (refer to section 10.0 of the Emergency Plan). **Do not re-enter the room**, unless the markers have been dislodged.

6. If smoke is filtering from a closed door to a resident's room, take extra precautions. Get down on your knees and gently feel the door knob with the outside of your hand. If it is too hot, do not attempt to open the door. If it is warm or cool, attempt to open the door a few inches. If black smoke is evident or the room is engulfed in flames, do not enter the room, close the door and wait for the Fire Department. If smoke is filtering from any other room, e.g. storage room, closet, or electrical room, do not open the door at all; wait for the Fire Department.

7. Place a wet towel or blanket along the edge of a closed door to help prevent the spread of smoke.

8. Attempt to move any residents on oxygen farthest away from the affected area. Shut off any resident oxygen tanks/valves and assess the resident regularly or provide alternate means for oxygen in another location where feasible.

9. Evacuate persons across one set of smoke barrier doors and return to rescue others. Staff outside the smoke barrier doors will escort pooled residents to an alternate safe area (receiving area), i.e.. leisure room, , Winter Park. Direct volunteers and students to assist. ***Refer to the Emergency Evacuation Plan for detailed evacuation procedures***.

10. Shut off all electrical equipment unless such action would be hazardous.

11. **Do not use elevators.**

12. Respect the lines of authority.

13. Remain on stand-by for further instructions or evacuation orders.

Important:

< If flames are visible inside the building, always activate the fire alarm and contact 9-1-1.
< If in doubt regarding the source of smoke inside the building, activate the fire alarm.
< All incidents of smoke or fire must be reported to the Fire Department immediately even if staff have managed to control the situation without triggering the fire alarm.

Exceptions:
- If smoke is generated from burnt food items such as toast, there is no need to notify the fire department or 9-1-1, unless flames are visible. Close the door to the appliance if applicable and unplug the device if safe to do so. Try to ventilate the area as much as possible to avoid triggering the fire alarm.

- If a fire or source of smoke is located outside the building the ECO is to contact 9-1-1 (regardless if staff managed to extinguish it), and explain the situation. There is no need to activate the fire alarm unless there is an apparent risk to the building and its occupants.

5.2 Upon Hearing the Fire Alarm:

1. Check all resident rooms, storage rooms, closets, bathrooms, sitting rooms, medication rooms, utility rooms, linen rooms, tub rooms, etc. to ensure the following:
   a) There is no smoke/fire
   b) To verify if the smoke detector has been detonated (red light stays on, or flashes continuously)
   c) To ensure the resident is safe

****If fire is discovered when checking rooms, initiate R-A-C-E.****

****When checking a resident's room, look under the bed, behind doors, in the washroom and closet.****

2. Once satisfied that the resident is safe and there is no fire in the room, inform the resident to remain in the room until the Code Red is cancelled.

3. Close doors and use the rescue markers (refer to section 10.0 of the Emergency Plan). Do not re-enter the room unless the marker has been dislodged

4. Instruct residents and visitors to return to the resident's room or nearest pool area such as a sitting room, dining room, lounge, Bistro, or Winter Park.

5. Conduct a census of all persons in each Home area, in common areas, Winter Park, Bistro and November wing including residents, staff, visitors, students, volunteers and contracted service providers. All headcounts are to be collected by the ECO and attached to the ECO's Report to the Administrator.

6. Keep hallways clear. If possible, store items into rooms or move them to one side of the hallway.

7. Shut off all electrical equipment unless such action would be hazardous.

8. Respect the lines of authority.

9. Remain on stand-by for further instructions or evacuation orders.

10. Remain calm, ready and reassure residents

11. If on break or lunch, return to your assigned work area and avoid going through the fire affected area.

**** Residents who live in other home areas should <u>not</u> go back upstairs until the Code Red is cancelled. They must go to one of the designated resident pool areas.****

****Elevators are not to be used during a fire alarm unless otherwise authorized by the Fire Department****

****All magnetic lock doors should be checked by staff in the area during the fire alarm and again after it has been reset. Staff should keep in mind that all exit doors are unlocked when the alarm is activated.****

12. If meal service has begun when a Code is paged, the Registered Staff member must ensure proper supervision of the dining room. The Nutritional Aide(s) can be re-assigned to assist or relieve staff with a search (must shut off all electrical equipment & lock the servery), and must not to be left alone to supervise the dining room.

13. When the Code is cancelled, all staff must ensure the rescue markers are placed in their original position.

5.3 Environmental Services Staff Duties

5.3.1 Housekeeping:

1. Assist staff in their work area to carry out the *Fire Procedures for All Employees*.
2. Report to the nearest resident care desk for a head count.
3. Staff who's position is listed on the *Emergency Plan: Designated Positions* chart carry out their duties as assigned.

5.3.2 Laundry:

1. Check the laundry area for fire/smoke.
2. Turn off all electrical equipment if safe to do so
3. Exit the laundry area, close doors and use the rescue markers.
4. Report to the Bistro for further instructions and for a head count
5. Staff whose position is listed on the *Emergency Plan: Designated Positions* chart carry out their duties as assigned.

5.3.3 Maintenance:

1. Secure their work area and immediately carry out Fire Brigade duties.
2. May be delegated by the Emergency Operations Team or emergency personnel to carry out certain tasks, e.g. shut down the ventilation system in a certain area, resetting the alarm. system, etc.

5.4 Food Services Staff Duties (Bistro/Kitchen)

1. Check their area for fire/smoke
2. Turn off all electrical equipment if safe to do so.
3. Turn off the natural gas valve in the Bistro if advised due to risk and is safe to do so. The valve is located at eye level behind the cash register.
4. Staff in the kitchen, exit the area, close doors and report to the Bistro for further instructions and for a head count
5. Calm and reassure persons in the Bistro
6. Staff who's position is listed on the *Emergency Plan: Designated Positions* chart carry out their duties as assigned. Staff searching November must conduct a headcount of occupants in this area.
7. One staff member is to conduct a head count with names of persons pooled in the Bistro and occupants of the private dining room (refer to the FORMS section herein).

5.5 Resident Care Staff Duties

- All medical personnel and contracted professional service providers on site should report immediately to the reception area in the main lobby or nearest pool area.
- All Resident Care employees will maintain continuity of care in an emergency situation to the best of their ability utilizing all available resources.

5.5.1 Registered Staff:

1. Coordinate a head count of all persons in their area including residents, staff, visitors, students, volunteers, and contracted service providers (refer to the FORMS section herein)
2. Ensure that resident's charts and administrative records are secure in the event of an evacuation.
3. Plan to provide residents on oxygen with alternate means in the event of an evacuation.
4. When the Code Red is cancelled, registered staff in each area designate someone to check all resident pool areas to ensure persons are aware the code is cancelled and assist in returning residents to their previous location.

5. Staff whose position is listed on the *Emergency Plan: Designated Positions* chart carries out their duties as assigned.

5.5.2 Health Care Aides, Activity Workers, Resident Services Aides:

1. Assist staff in their work area to carry out the *Fire Procedures for All Employees*.
2. Assist the registered staff person with tasks as assigned.
3. Staff whose position is listed on the *Emergency Plan: Designated Positions* chart carries out their duties as assigned.

5.6 All other staff not included above

1. Remain calm
2. Check work space for fire/smoke
3. Exit office, close door and use rescue marker
4. Report to the front lobby area for further instructions and for a head count

5.7 Volunteer & Student Duties

1. Upon discovery of smoke/fire, activate the fire alarm and notify staff in the area.
2. Upon hearing the fire alarm, secure their work area, close the door and report to the nearest pool area for further instructions.
3. May be asked to assist staff to carry out the *Fire Procedures for All Employees*, evacuate residents, or to perform tasks as assigned.

5.8 Tenants

5.8.1 Upon Discovery of Smoke/Fire

1. Initiate R-A-C-E and follow procedures outlined above under *Fire Emergency Procedures for all Employees*.

5.8.2 Upon Hearing the Fire Alarm

1. Check all rooms, offices, common areas, and locked areas to ensure the following:
   a) there is no smoke/fire
   b) to verify if the smoke detector has been detonated (red light stays on)
   c) to ensure the client(s) is safe

If fire is discovered when checking areas, initiate R-A-C-E.

2. Gather all clients and visitors into your assigned pool area.
3. Close all windows and doors.
4. Keep hallways clear.
5. Shut off all electrical equipment unless such action would be hazardous.
6. Assist Pioneer Manor staff carry out their duties under the Emergency Plan.
7. Respect the lines of authority.
8. Remain on stand-by for further instructions or evacuation orders.
9. Remain calm, ready and reassure clients.

6.0 *Fire Watch Procedures*

The purpose of the Fire Watch procedures is to ensure all staff are on higher alert for fire in their work areas and adjacent public areas because the alarm system is either malfunctioning or undergoing servicing.

In all cases, if an actual fire is detected in the building while on Fire Watch, staff must first try to activate the fire alarm as it may still be functional; secondly, call 9-1-1 to indicate that a TRUE fire is in progress; and thirdly, page CODE RED over the paging system to alert all staff and occupants.

6.1 Causes for Fire Watch Orders

A - System Malfunction, Repair, Inspection
When the alarm system is under repair or inspection, the Fire Department, alarm technician or the ECO may put the entire building or sections of the building on Fire Watch. Pull stations and/or horns/strobes may not be operational during servicing, therefore; staff must call 9-1-1 to report an actual fire, and page CODE RED over the paging system to alert everyone in the building.

Fire Watch orders by the Fire Department may be downgraded or reduced by the fire alarm technician, to specific areas of the building that are affected. Any downgrade of a fire watch order must be clearly indicated on the Fire Watch Report with a follow up email to the "PM_emergcomgroup" informing of the occurance.

B - False Alarms
When the alarm system triggers a set of false alarms that cause the Fire Department to respond unnecessarily, Fire Watch orders may be issued by the Fire Department. Under this type of Fire Watch, the Fire Department will not respond to Pioneer Manor's fire alarm when it is activated. Should an actual fire be discovered, staff must call 9-1-1 to have the Fire Department respond, and page CODE RED over the paging system to alert everyone in the building.

Although the building is under Fire Watch orders due to false alarm issues, staff must respond to each alarm in accordance with the Emergency Plan as the system may be triggered by an actual fire.

6.2 Staff Responsibilities
The Emergency Control Officer or the Building Superintendent notifies the Communication Officer to page the Fire Watch every hour and when it is cancelled.

Upon notification of a Fire Watch order, all staff must be more vigilant for smoke and fire in their work areas and when walking around the building.

When the cause of an alarm is known to be due to a false alarm while we are under Fire Watch, the Emergency Control Officer will silence the alarm and cancel the Code Red. The Communication Officer will call the Fire Department to notify them of the false alarm.

IMPORTANT: Staff must respond to the Code Red in accordance with the Fire Safety Plan at all times.

6.3 Communication

The Emergency Control Officer at the time the Fire Watch is issued, sends out an e-mail to "PM_emergcomgroup", advises the next shift supervisor, and records the order on the back side of the Emergency Control Officer Report to the Director.

Fire Watch orders are paged over the paging system by the Communication Officer or delegate every hour on days and afternoons and on shift report in all areas for the night shift staff. The paging system should not be used to communicate a Fire Watch during the night shift.

6.4 **Forms** (refer to the FORMS section herein)

A - Fire Watch Report (back side of Emergency Control Officer Report to the Administrator)
- This form is completed and signed by the fire alarm technician and the Emergency Control Officer or the Building Superintendent/delegate.
- This form is to be left in the housekeeping/laundry supervisor's mail pan once completed.

B - Fire Department Fire Watch Statement
- This form is completed and signed by the Fire Department representative and the Emergency Control Officer or Building Superintendent.
- This form is to be attached to the Fire Watch Report form at all times.
- The Fire Watch procedures listed on the statement are downgraded to more manageable procedures and as approved by the Fire Department.

C - Emergency Control Officer Report to the Administrator (front page of Fire Watch Report)

D – Fire Watch Paging Documentation

7.0 *Fire Drill Procedures*

Fire drills are conducted monthly on all three shifts and may vary in format to provide staff with the most efficient training. All staff, volunteers and students on-site at the time of the drill must participate and carry out their assigned duties according to the Fire Safety Plan. Tenants of the Home are also invited to participate in scheduled fire drills and education/training sessions.

Staff response to the drill is assessed and the drill may be repeated 30 minutes later if found to be unsatisfactory by the drill coordinator or the Emergency Control Officer. All fire drill responses are recorded on the Emergency Control Officer's Report to the Administrator form which is reviewed by the Emergency Preparedness Team (refer to section 9.1 of the Emergency Plan).

7.1 Comprehensive Fire Drills

Comprehensive fire drills involve the activation of the fire alarm system and the use of emergency equipment/devices, e.g. paging system and rescue markers. This type of drill is conducted on day and early afternoon shift.

Procedures

1. Prior to conducting a fire drill, the person conducting the drill (drill coordinator) **must** contact the alarm monitoring company (id code 0727) and the CGS Fire Department (705)675-3341(Fire Communication Centre) to inform their communicators of the impending drill. These numbers are posted on the Emergency Telephone List at all telephones in the building.

2. The drill coordinator **must** give the Fire Department Communicator their name and a direct Pioneer Manor telephone number that the Communicator can access in the event of a true fire. **No fire drill may be**

conducted without the receipt of this information and the drill coordinator must be accessible for the duration of the exercise.

3. The fire drill must be conducted within 15 minutes of the advance call to the Fire Department and the alarm monitoring company.

4. The drill coordinator will receive a call from the Fire Department's Communicator should the Fire Department receive a call from the public or occupant, a monitoring station, and/or 9-1-1, to confirm that the calls received from the Fire Department are related to the fire drill.

5. Should the Fire Department receive a call during the fire drill period and the Fire Department's Communicator cannot reach the drill coordinator, then the Fire Departments Communicator will dispatch a unit to respond at Pioneer Manor.

6. Upon completion of the drill, and when the fire alarm panel is reset, the drill coordinator will notify the Fire Department (705)675-3341as well as the alarm monitoring company that the exercise is completed. At this time, the drill coordinator can obtain information from the Communicators regarding the calls received from the building occupants/public, their monitoring station, or 9-1-1.

7. Enforcement of the Ontario Fire Code (Ont. Reg. 388/97) section 2.8, may result should the drill coordinator not follow this procedure.

8. Fire Drills Reports will be documented and reviewed on a quarterly basis at Emergency Preparedness Committee to evaluation its effectiveness and address and training requirements.

7.2 Silent Fire Drills

Silent fire drills are conducted during the night shift and **do not involve the activation of the fire alarm**. The designated ECO is also the drill coordinator. At a pre-scheduled time, all staff in the Home simulate a response to the fire alarm according to their duties under the Fire Safety Plan. The ECO assesses the staff's response and documents the results of the drill using the Emergency Control Officer's Report to the Administrator form.

7.3 Table Talk Fire Drills

Table talk fire drills are conducted in addition to comprehensive fire drills and are facilitated by members of the Emergency Preparedness Team. Team leads conduct class-room type training with staff and tenants in their work areas. Topics may vary depending on identified training needs required by staff throughout the year. Table talk fire drills involve verbally leading staff through a fire scenario and discussing appropriate responses according to the Fire Safety Plan.

8.0 *Fire Extinguishers*

There are different types of extinguishers designed to respond to the different classes of fire.

Classes	Fire Description	Extinguisher Symbol & Description	
Class A	Involves ordinary combustibles such as wood, cloth, paper, rubber and some plasticsStaff roles and responsibilities are discussed and		The background of the symbol will be either metallic or green. It will always be found on Water, Multi-Purpose Dry Chemical and Foam type extinguishers.

	staff have the opportunity to ask questions and share their concerns or suggestions to improve the plan.		
Class B	Involves ordinary flammable or combustible liquids, flammable gases, greases and similar materials such as gasoline, oil, paint and natural and propane gases.		The background of the symbol will be either metallic or red. It will always be found on Dry Chemical, Multi-Purpose Dry Chemical, Carbon Dioxide, and Foam type extinguishers.
Class C	Usually a Class A or B fire, but also involves energized electrical equipment such as wiring and electrical appliances.		The background of the symbol will be either metallic or blue. It will always be found on Dry Chemical, Multi-Purpose Dry Chemical, Carbon Dioxide extinguishers.
Class K	Class K fires are fires that involve vegetable oils, animal oils, or fats in cooking appliances.	**K**	The background of the symbol will be white. This is for commercial kitchens, including those found in

8.1 Types of Extinguishers at Pioneer Manor

8.1.1 Automatic

A Dry Chemical extinguishing system located in the range hood over the gas burners in the Bistro is automatically activated when there is fire/extreme heat. To activate the system manually, pull the pin out of the pull station located between the door frame and the left side of the sink unit in the cooking area of the Bistro.

8.1.2 Portable

ABC - Multi-purpose Dry Chemical

- located in all areas of the building
- used on class A, B, & C fires
- weighs 5-10 lbs
- contains powder (sodium bicarbonate, potassium bicarbonate or potassium chloride base) under pressure
- can be held when in use
- has a range of 5-20 feet (2-6 meters)
- lasts approximately 20 seconds
- has a smothering or blanketing effect on a fire

BC - Dry Chemical

- located in the Bistro and in each servery
- used only on class B & C fires
- weighs 10 lbs
- contains sodium bicarbonate or potassium bicarbonate
- leaves a mildly corrosive residue which must be cleaned immediately to prvent any damage to

materials

K - Wet Chemical

- located in the Bistro
- used on class K fires and as a backup in the event the automatic dry chemical system in the range hood is malfunctioning
- contains a potassium acetate based, low PH agent
- discharges a fine mist which helps prevent grease splash and fire reflash while cooling the appliance

8.2 **Operation of a Portable Fire Extinguisher**

1. Stand 8-10 feet (1.5 to 2 meters) from the fire and ensure you have a safe exit;
2. Break the seal by turning the pin and remove the safety pin completely;
3. Hold or stand the extinguisher in an upright position and aim the nozzle at the base of the fire;
4. Squeeze the lever briefly to ensure the extinguisher is working;
5. Squeeze the lever and using a sweeping motion, gradually approach the fire.

Remember: PASS

Pull the safety pin
Aim the nozzle at the base of the fire
Squeeze the lever
Sweep from side to side

If the extinguisher does not put out the fire, back away and leave the area immediately. Close the door behind you to confine the fire and smoke.

When the fire is extinguished, back away and monitor the fire to ensure it does not re-ignite (do not turn you back to a fire or an extinguished fire).

Never re-hang an extinguisher if it has been used/discharged. Ensure it is brought to the maintenance department to be recharged.

FORMS

ECO Report to the Administrator/Fire Watch Report
Communication Officer's Record of Event
Fire Department Fire Watch Statement - SAMPLE
Emergency Census Sheet

EMERGENCY EVACUATION PLAN

Code GREEN: Evacuation

Pioneer Manor, Long-Term Care Home

960 Notre Dame Ave, Sudbury

Emergency Evacuation Plan
Table of Contents

1.0 *Introduction*

The Emergency Evacuation Plan is a component of the overall Emergency Plan and provides guidelines, processes, and techniques to facilitate an effective evacuation of any occupant of the Home during a disaster situation. Evacuation orders may be issued due to a fire, smoke, bomb threat, hostage taking situation, or other internal/external emergency.

Refer to section one of the Emergency Plan for more information regarding contact information, the building audit & systems, communication procedures, fan-out procedures, designated positions/ locations, rescue markers, and the emergency kit.

2.0 *Implementation of the Emergency Evacuation Plan*

2.1 **Training & Education**

Emergency Evacuation training for all staff and volunteers is delivered at a minimum bi-annually and may include but not be limited to in-class presentations, area/classification specific training, table-talk drills & discussions, and mock scenarios. All newly hired staff receive emergency evacuation education at orientation.

Residents/families, volunteers, students, and tenants receive emergency evacuation training by participating in the Home's bi-annual mock evacuation exercises.

3.0 *Types of Evacuation*

The type of evacuation may vary depending on the situation and are classified as follows:

3.1 **Partial Evacuation**

A partial evacuation will be ordered to move occupants from one area of the Home to another area of the Home and/or outside. The evacuation may be:
a) horizontal: moving persons from one area to another area on the same floor or outside; or
b) vertical: moving persons from one floor to another floor using stairwells - **do not use elevators**

3.2 **Complete Evacuation**

A complete evacuation requires all occupants to be evacuated to the outside leaving the building vacant.

3.3 **Exits**

It is important that all exit doors of the building be always kept clear of any obstacle (especially in winter), and in good working order.

4.0 *Order of Evacuation*

4.1 Persons

Persons should be evacuated in the following order as realistically possible:

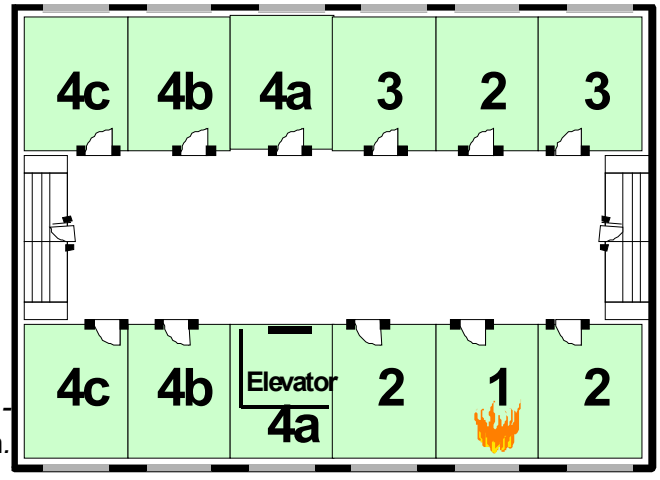
1. Persons in immediate danger
2. Persons who are ambulatory (can ambulate on their own or with little assistance)
3. Persons in wheelchairs
4. Persons who are non-ambulatory
5. Persons who are resistive who are not in immediate danger

Pets: The priority for evacuation is to remove all persons from immediate danger. Once all persons are safely evacuated, pets may be evacuated provided this does not put anyone at risk of harm.

4.2 Rooms

In the event of a fire, rooms should be evacuated in the following order (refer to the diagram herein):

1. The room that is affected by fire/smoke, bomb, hostage taking, or other disaster, including any room that is adjoined by a bathroom.
2. The rooms adjacent to the right and left and across from the disaster affected room.
3. The rest of the rooms following the order as shown in the diagram below.



5.0 *Communication Procedures* - Refer to section 7.0 of the Emergency Plan.

Code Green will communicate an evacuation order. If the affected area is Cedar for example, the area will be announced over the paging system **three times** as follows:

Partial Evacuation: "Code Green, Cedar, horizontal to Cranberry"
Complete Evacuation: "Code Green, Complete Evacuation Outside"

5.1 Paging Procedures

a) Lift the receiver and dial 5558
b) Dial 00 and two beeps will sound - the paging system is now activated
c) Speak loudly and clearly while making the announcement
d) Hang up

6.0 *General Evacuation Procedures* - Refer to Appendix A of the Emergency Plan for

detailed information on the assignment and roles of designated persons responding to a fire/smoke.

The assessment and issuance of evacuation orders will be done generally by the Nursing Supervisor who is the designated Emergency Control Officer. Refer to each emergency code protocol for procedures on issuing evacuation orders as these will differ dependent on the situation, e.g. fire/smoke, bomb threat, hostage taking, internal/external emergency.

Depending on the severity and the time of day the disaster occurs, the fan-out procedures may be initiated to assist in the evacuation of residents (refer to the *Fan-Out Procedures* section of the Emergency Plan).

If there is a need to evacuate outdoors, ensure persons exit the building to the outside perimeter - do not evacuate persons into courtyards or onto balconies unless there is absolutely no other safe means of exiting the building.

The Manager of Resident Care or the Nursing Supervisor contacts the pharmacy and oxygen service providers to initiate the delivery of medication and/or oxygen to evacuated site/s. Providers emergency procedures and contact information kept in the on call binder

6.1 **Upon Notification of a Code Green: Partial Evacuation**

1. The Emergency Operations Team (as available) will assist staff in the affected area to evacuate persons to the receiving area.

2. Depending on the severity of the situation, staff in the affected area evacuate residents according to the room evacuation order diagram, over one set of smoke barrier doors or down the stairs to the next level and then return immediately to the affected area to evacuate others in the same fashion. If residents need to be evacuated outdoors, they should be wrapped with a blanket if available.

3. Members of the Emergency Operations Team and other staff, students and volunteers available at the scene will then move evacuees in groups beyond the next smoke barrier doors (if any) or to the receiving centre directly if possible.

4. After each room is evacuated, the door is closed and both rescue markers are positioned to indicate the room has been evacuated. (Refer to the *"Rescue Marker"* section of the Emergency Plan).

5. The registered staff in charge of the area being evacuated will (or designate someone to):
   a) retrieve all resident charts and transport them to a safe area using available bins (laundry carts, clean garbage bins, pillow cases, sheets..);
   b) retrieve the medication cart and MAR sheets if possible;
   c) shut off oxygen and plan for alternate means of providing oxygen to residents in need;
   d) Upon arrival at the receiving centre, s/he will assist in assessing the health status of all evacuated residents and document on emergency forms and coordinate the temporary discharge of residents taken home by families ensuring that each resident is properly identified and medications accompany the resident (refer to the Forms section herein).

6. Upon arrival at the receiving centre, residents will be identified with a stick on name tag. Each evacuee's health status will be assessed by a registered staff person. Those in need will be referred to the attending physician. Those requiring acute care will be transferred to hospital.

7. All staff, volunteers, students, and visitors who assisted in the evacuation will report to the receiving centre for a census and health status assessment. The RN/RPN in both the affected and receiving areas will conduct the census to ensure all persons are accounted for and are appropriately attended to. Employee schedules and assignment sheets as available may be used to facilitate this process.

8. An Emergency Operations Team member will retrieve the emergency kit and after distributing supplies to the receiving centre, s/he will report to the Emergency Operations Centre.

9. Food services will provide hot and cold beverages initially and will evaluate and coordinate the delivery of food services accordingly.

10. The Communication Officer will continue to page "*Everyone is to remain on Code Green alert"* until the code is cancelled.

11. The Emergency Operations Team and emergency response personnel will coordinate with the assistance of local community partners, necessary transportation and lodging of residents.

    Contingency evacuation plans will vary depending on the severity of the disaster, the time of day and time of year the disaster occurs. Available means and resources will be utilized to assist in maintaining the health & safety of all residents and staff post-evacuation.

6.3 **Post-Evacuation Procedures (to a partial evacuation)**

The Emergency Operations Team will convene in the Emergency Operations Centre and assist emergency response personnel. A member will retrieve a copy of the Emergency Plan & drawings (located in locked boxes at the Notre Dame, or emergency bag).
If the affected area cannot be re-occupied within a reasonable time frame, the Team will assess the need for:

a) equipment and supplies for the receiving centre (beds, commodes, privacy screens, linen, medication, records, personal clothing, etc.)
b) food services for the evacuees & putting food suppliers on stand-by
c) communication to families and media
d) temporary discharges of evacuees to families
e) security at entrances/exits and monitoring flow in and out of the building
f) conducting hourly head counts
g) obtaining resident mobility reports to assess transportation needs pending orders for complete evacuation
h) putting community partners on stand-by for potential evacuation orders, e.g. hospital, ambulance & other transportation companies, community receiving centres (Data Taxation Centre, local long-term care facilities), other.
i) assigning volunteer wardens to the receiving area(s) with a fluorescent vest to monitor the flow in and out of the area
j) conduct regular meetings to ensure all areas receive accurate updates
k) provide crisis intervention services for residents and staff

The Emergency Operations Team will assign a Volunteer Coordinator to coordinate and assign tasks to staff, volunteers and other persons coming in to assist with the emergency. Tasks may include guarding exits/entrances and floors (as wardens), assisting with moving furniture, delivering

supplies/linens, communicating information to all areas, contacting families, etc.

7.0 *Emergency Transport of Persons*

7.1 AMBULATORY PERSONS

7.1.1 **The Simple Assist** (one and two person technique)

When there is room for two people to move side by side and the resident can support his/her weight but needs support and help to move quickly, this simple method can be used.

a) Standing beside the resident, wrap his/her nearest arm behind you WAIST and pull it snug towards your waistline;

b) Place your free arm firmly around the resident's waist. In this way you can move quickly with little danger of falling. Use a transfer belt if readily accessible.

7.1.2 **Walker and Wheelchair Assist**

Residents who have walkers with seats can be seated on their walker or placed in their wheelchair and wheeled out. Ensure the resident is holding on to the handles of the walker for safer transport.
Do not evacuate residents down the stairs in their wheelchair or on a walker. Use the Blanket Lift technique (see below).

7.2 NON-AMBULATORY PERSONS

7.2.1 **The Extremity Carry** (two person technique)

The extremity carry is a fast method for two people to move a resident through a narrow exit passage.

a) One rescuer brings the resident to a sitting position and from behind the resident, wraps his/her arms under the resident=s axilla and grabs his/her own wrists above the resident=s chest;
b) The second rescuer positions him/herself between the resident=s legs back facing the resident; then grabs each leg.
c) With all persons facing the same direction, the resident can now be carried forward.

OBJ

d) To unload the resident, the rescuer holding the resident=s legs stoops with one foot about 6 inches back of the other and lowers the resident's legs to the floor;
e) The other rescuer allows the person to slide down until the person's buttocks and then back are on the floor.

7.2.2 **The Cradle Drop** (one and two person technique)

The Cradle Drop technique is useful if a rescuer is alone.

a) The rescuer locks the bed and places a blanket on the floor parallel with the bed;
b) The rescuer slips one arm under the person's neck, grasping the far shoulder; and slips the other arm under the person's knees;
c) With both feet on the floor about 6 inches apart, the rescuer pulls the person closer to the edge of the bed;
d) At the moment when the person's lower extremities start to drop off the bed, the rescuer drops to one knee (the knee closest to the person's knees is bent to the floor);
e) The rescuer's knee that is closest to the person's torso is raised and ready to accept the person's body as it slides down onto the raised knee;
f) The person is then slowly positioned onto the blanket;
g) To transport, the person's shoulders and head must be lifted off the surface of the floor.

7.2.3 **The Blanket Lift - for <u>vertical</u> evacuation** (two person technique)

This Blanket Lift should be used as a last resort. The lift is an effective method for transferring persons down stairwells if elevators cannot be used and evacuation to another floor is necessary.

a) The person is placed on a blanket or other bed linen as available;
b) Both sides of the blanket are rolled up close to the person=s body to simulate a stretcher;
c) One rescuer grasps the blanket on both sides close to the head of the person and the other rescuer does the same at the person's feet;
d) The person is then dragged to the stairwell and very slowly, head first, the rescuer positioned at the head of the person begins to descend the stairs using gravity to assist in the transfer while

the other rescuer guides the feet.
The rational for going down head first is to avoid the person from grabbing and getting their arms stuck in the railings if they panic and begin to flail their arms around. The rescuer who goes down first has the majority of the person=s weight at their waistline which minimizes the risk of back injury to the rescuer and provides balance.

7.3 Evacuscape Chair – for vertical evacuation down a set of stairs

The evacuscape chairs are located throughout the building stairwells and can be use to evacuate residents down flights of stairs in a safe and comfortable manner. They are designed to carry up to 362 LBS and managed by one staff member.

For training and proper use of the chair, the video can be found in ELinks under Staff Training/Training Videos, or use this link: Evacuscape Chair Training

8.0 *Evacuation Exercises*

8.1 Table Talk Evacuation Exercise

Table talk evacuation exercises are conducted by members of the Emergency Preparedness Team. Team leads conduct class-room type training with staff and tenants in their work areas. Topics may vary depending on identified training needs required by staff throughout the year. Table talk evacuation exercises involve verbally leading staff through a disaster scenario and discussing appropriate responses according to the emergency evacuation plan. Staff roles and responsibilities are discussed and staff have the opportunity to ask questions and share their concerns or suggestions to improve the plan.

8.2 Mock Evacuation Exercise

Mock evacuation exercises are conducted every year. The evacuation forms part of the annual inspection required described in the Fire Code. The Emergency Preparedness Team coordinates the event with the assistance of local schools, and emergency services. The type and extent of the evacuation exercise is determined based on the training needs of the staff and on the availability of emergency response services.

FORMS

- *Data on Incoming Evacuees: Health Status*
- *Temporary Discharge*

EMERGENCY PREPAREDNESS PLAN

Medical Emergency

Protocol

"CODE BLUE"

1.0 **Introduction**

- As a component of the Emergency Plan, the "Code Blue for Medical Emergency Response Protocol" provides instructions for a coordinated operational response to episodes where a resident experiences an injury or illness that is acute in nature and poses a serious risk to a resident's life or long-term health, if immediate action is not taken.
- A Medical Emergency is defined as a cardiac and/or respiratory arrest, convulsive seizure, acute chest pain, acute respiratory distress, syncope and/or any other situation where urgent clinical assistance is needed. A situation is deemed a medical emergency based on the assessment findings of the Registered Nursing staff member, the medical diagnoses of the resident, their expressed personal care wishes, and the overall plan of treatment.

- **Definitions**
  - The Emergency Control Officer (ECO) is the RN supervisor who is responsible for the Home Area where the incident is occurring.
  - Refer to Appendix A of the Emergency Plan for designated position charts for the assigned Emergency Brigade members.

2.0 **Implementation of the Code Blue Medical Emergency Protocol: Training & Education**

- Registered staff members must maintain a current level of CPR/HCE (Health Care Professional)
- All registered staff members are offered CPR recertification through Pioneer Manor's Respiratory service provider on an annual basis.
- Mandatory annual "Code Blue for Medical Emergency Response Protocol" education and training for all staff.
  - Training may include, but is not limited to, in-class presentations, area/classification specific training, facility-wide drills, table-talk discussions (between shifts will be conducted annually), mock scenarios and e-learning (Surge).
  - Student education occurs during orientation.
- All newly hired staff, students and volunteers are instructed to read and familiarize themselves with the Protocol.
- During the new employee classroom orientation days all registered nursing staff will receive an overview of their responsibilities during a code blue/medical emergency.
- The protocol is to be reviewed by the Manager of Resident Care and Program Coordinators on an annual basis and all revised information is to be brought back to the Emergency Preparedness Committee.

3.0 **Implementation of the Code Blue Medical Emergency Protocol: Procedure**

- If there is a medical emergency, the Home Area registered nursing staff member is to:
  - Assess the resident immediately
  - Contact the ECO (RN Supervisor)
  - Refer to the Resident's "Personal Care Wishes" and respect their level of medical intervention. If the resident or Substitute Decision Maker (SDM) have requested full treatment/resuscitation the ECO will provide the directive to call EMS/9-1-1 immediately.
  - Delegate a staff member to page "Code blue, area, room number or location i.e. "*Code Blue, Poplar 223", "Code Blue, Poplar 223", "Code Blue, Poplar 223*" three times over the paging system.
    - Paging Procedure - Lift the receiver and dial 5558 → Dial 00 and two beeps will sound - the paging system is now activated → Speak loudly and clearly while making the announcement → Hang up
    - Proceed to 4.0

4.0 **Code Blue Procedures for Designated Positions:**

- **The ECO (as feasible):**
  - Assess the situation.
  - Review resident's "Personal Care Wishes", oneMAR, clinical chart, SDM information
  - Make decisions re level of interventions
  - Provide clear directives, delegation to others and determine when staff can be released from the situation.
  - Delegate a staff member to page the cancellation of "Code Blue"
  - Assess the need for additional resources and call upon them if needed (e.g. Physician, EDOS)
  - Ensure proper documentation is completed
  - Lead the debriefing process (Debrief forms included on the IC clip board)

- **Registered Staff in the Home Area** (as appropriate for each of the medical emergencies):
  - Initiate/delegate first aid and/or CPR.
  - Advise the ECO immediately.
  - Retrieve/delegate retrieval of medical emergency equipment and supplies.
  - Call 9-1-1 for an ambulance and make arrangements for transfer to Health Sciences North Emergency Department.
  - Prepare required paperwork for transfer to hospital.
  - Send resident to hospital.
  - Contact and update the SDM.
  - Update the responsible Physician at an appropriate time and place a note in the Doctor's Book.
  - Document a progress note in the resident's clinical record and revise the resident's plan of care to indicate change in status (if applicable).
  - Input a "Nutrition Service" referral in PointClickCare (PCC) to alert Dietary services for a follow-up and evaluation of the resident's choking and texture status, if the incident was a choking episode.

5.0 **Staff in the Home Area will:**

- Remove residents from immediate area if required.
- Assist with the retrieval of medical emergency equipment and supplies as directed by registered staff.
- Support the residents that have been removed from the situation.
- Assist ECO as directed.

6.0 **Emergency Brigade will:**

- Secure their area of responsibility and proceed to the location of the Code Blue.
- If the Code Blue is in the Lodge (1st floor), remain at the main doors of the Lodge entrance for further direction from the ECO.
- If required, assist in removing residents from immediate area.
- Support the residents who have been removed from immediate area.
- Assist ECO as directed.

7.0 **Communication Runner will:**

- If requested, meet EMS at the front door.

8.0 **Documentation Requirements When a Code Blue is Called:**

- The ECO is responsible to:

- Ensure the completion of the Code Blue Report form including the attendance record (see Appendix 1). The original version of the completed Code Blue Report form and Attendance sheet is to be placed in the Supervisor of Laundry, Housekeeping & Material Control's mail pan.
- Ensure completion of the Resident incident report in Point Click Care (PCC)
- Send an email informing the RN Supervisors and Managers of the outcome and/or status by using the user group "*PM_Emergcomgroup*" during and after the occurrence.

9.0 **Debriefing:**

- The ECO must conduct a debriefing following the incident.
- All staff must remain in the Home Area for the debriefing.
- Review and ensure all the Code Blue Report forms are completed as required.
- Allow each team member to comment, voice concerns/issues and to be advised of additional assistance if needed (e.g. reporting injuries, emotional management).
- Discuss what went well, what didn't and make recommendations on how to improve the protocol.

See also:
Resident Care "Documentation Incident Report of Unusual Incidents" Policy and Procedure
Resident Care "Transfer to Hospital" Policy and Procedure
Resident Care "Personal Care Re Suctioning" Policy and Procedure
Pioneer Manor Corporate "Levels of Treatment" Policy and Procedure

MEDICAL EMERGENCY - CODE BLUE REPORT FORM

Date: _____ **Time Initiated:** _____ Cancelled:_____

Person discovering emergency situation: ☐Staff ☐Resident ☐Visitor ☐Other _____

A. **Resident Information**:

Name: _____ Age: _____ Room # _____

B. **Resident's Mental Status**: ☐Oriented ☐Disoriented ☐Unconscious

C. **Medical Emergency**: ☐Choking (specify level below) ☐Unconscious ☐Seizure
☐Absence of Vital Signs ☐Serious fracture ☐Other _____

Provide Details:

_____

_____

_____

D. **Resident's Personal Care Wishes***:*
☐ Level 1 ☐ Level 2 ☐ Level 3 ☐ Level 4 with CPR ☐ Level 4 without CPR

E**. Interventions Initiated:**
☐Addressed choking ☐CPR ☐Call SDM ☐Call 911 ☐Sent to hospital

Provide Details & Response

_____

_____

_____

F. **Follow Up Completed:**
☐PC or Admin on call notified ☐Doctor informed & note in Doctor's Book, ☐Nutritional Referral Documentation in PointClickCare: ☐Progress Note

G. **Debriefing Session**

1. Debriefing session held immediately following Code Blue? ☐Yes ☐No

If "no" please indicate why?

_____

2. What occurred prior to the incident?

_____

_____

3. What was the outcome of the incident?

_____

_____

4. Analysis: (who, what, where, when, why)

_____

_____

_____

_____

_____

_____

5. Recommendations:

_____

_____

_____

_____

6. Further follow up required with staff ☐Yes ☐No

7. EAP provided to staff ☐Yes ☐No

8. Notification email sent to the "PM_Emergency" GroupWise email address ☐Yes ☐No

Signature: _____ Date: _____

Completed form goes to Chair of Emergency Preparedness with copies to the Manager of Resident Care and Program Coordinators

Attendance at Code Blue Incident Debriefing Meeting

DATE: _____

Name (Print)	Signature	Classification	Reporting Area

Emergency Control Officer (ECO) Code Blue Checklist

This document is to be used as a guide by the RN Supervisor who is responsible for the Home Area where the incident is occurring. The ECO acts as the spokesperson for the team and is to delegate task as needed

- ☐ Initiate the Code Blue page or delegate if not done
- ☐ If overhead pager not functioning, initiate secondary communication plan - send runner
- ☐ Provide brief report to response team as indicated
- ☐ Identify medical emergency and next steps
- ☐ If resident is to transfer to hospital ensure paper work is sent.
- ☐ Ensure SDM is notified
- ☐ Assess need for additional resources and call upon if needed (e.g. Onsite Physician, 911)
- ☐ Attending Physician / Medical Director is notified if deemed necessary and available
- ☐ Delegate someone to meet ambulance at front door and escort to Home Area
- ☐ If an injury occurs, ensure proper first aid is given
- ☐ Determine when to release staff back to their area of work
- ☐ Prior to staff leaving arrange for Debriefing session to occur as soon as possible after the incident
- ☐ Lead Debriefing session, complete forms and copy appropriate individuals as indicated
- ☐ Delegate staff member to page and cancel Code Blue
- ☐ Ensure all necessary documentation is completed →progress notes, incident report, note in Doctor's Book, nutritional referral is submitted post incident if required

Pioneer Manor
Manoir des pionniers
Long Term Care Home • Établissement de soins de longue durée

EMERGENCY PREPARDENESS PLAN

HAZARDOUS CHEMICAL SPILL

PROTOCOL

"CODE BROWN"

1.0 Introduction

Code Brown/Hazardous Chemical Spill:

Any spill or leak of a chemical substance must be treated as a potentially hazardous material incident until the chemical can be identified.

The chemical spill can be either internal or external and include the following:

- Spill
- Contamination
- Leak
- Suspicious unknown smell
- Gas
- Vapor or discovery of an unknown substance
- Liquid or powder

2.0 Implementation of the Code Brown/Hazardous Chemical Spill Training and Education:

Employees using hazardous chemicals are required to be trained in safe handling, storage and disposal of all current and new products.

An annual review of all the codes related to the Emergency Plan are completed by all staff at a minimum annually through our e-learning program and every three years, hands-on practice sessions and mock scenarios are conducted. All newly hired staff, volunteers and students receive information pertaining to all "codes" at time of orientation.

Residents/families receive an update regarding codes at a minimum annually via Resident and Family Council meetings. Other means of providing education to residents/families include newsletters, correspondence, information boards at main entrance, and by participating in practice drills and mock scenarios.

3.0 Code Brown/Hazardous Chemical Spill Procedure (*see 8.0 Procedures for Designated Positions)*

Internal Spill

Upon discovering a possible chemical spill of a hazardous substance that poses an immediate risk it is imperative that staff act in a timely, effective manner that will result in a safe response and resolution.

Upon discovering a Hazardous Chemical spill:

S - Safely evacuate residents/visitors etc. from the immediate spill area and secure the area.

P- Prevent the spread of fumes by closing all doors/windows

I - Initiate appropriate spill procedure

L - Leave all electrical equipment alone. **Do not turn off or on**!

L - Locate the Safety Data Sheet (SDS) and/or any information on the chemical. This may include contacting the company directly (information can be found on SDS)

- Upon discovering the spill, contact *Physical Services*/*maintenance* staff. In the event the situation is after regular business hours contact the *Emergency Control Officer*/RN supervisor immediately.
- *Physical Services or the Emergency Control Officer*/RN supervisor to investigate and determine the severity of the spill (see 4.0).

If Hazardous Chemical Spill is determined to be of a serious nature:

- Code Brown is to be announced by the Communication Officer by paging three times, "Code Brown in Killarney", "Code Brown in Killarney," "Code Brown in Killarney."
- If the spill could or may result in harm to one or more people, it is important to implement a ***Code Green*** (***evacuation***). The code is to be announced by the Communication Officer by paging three times, "Code Green, Cedar, horizontal to Cranberry, "Code Green, Cedar, horizontal to Cranberry," Code Green, Cedar, horizontal to Cranberry."
- Once ***Code Green*** has been called, the Communication Officer is to call 9-1-1 immediately.
- Once ***Code Brown*** and/or ***Green*** have been announced, the *Emergency Brigade* is to report to the site immediately (unless otherwise directed).
- If the spill occurs after regular business hours, the *Emergency Control Officer*/RN supervisor or delegate is to advise the *On-Call Administrative Lead.*
- Once the hazardous chemical has been identified using the SDS staff may proceed with first aid and clean up (if safe to do so accordance with directions from the appropriate local emergency response authorities).
- In the event of an evacuation, residents and staff are permitted back into the affected area only with the approval of the proper authorities.
- A Critical Incident must be reported to the Ministry of Long Term Care as well as the appropriate Ministry/Regulatory body (e.g.: Environment, Labour etc., in accordance with their governing guidelines.
- Document the event in the electronic folder: ***(S_PM_Managers_Emergency Preparedness/Record of Events).***
- A post eventpost-eventdebriefing should occur within 10 days of the occurrence.
- Follow-up education/training must occur as required/ordered.
- The Communication Officer will cancel the code by announcing/paging, "Code brown in Killarney cancelled, "Code brown in Killarney cancelled, "Code brown in Killarney cancelled."

If Hazardous Chemical Spill is determined not to be of a serious nature:

- If chemical is determined through the SDS not to be of a serious nature, a code brown does not need to be called.
- The spill is to be cleaned up in accordance with directions from the SDS.
- A post-event debriefing should occur within 10 days, and is to be documented in the following electronic folder: (***S_PM_Managers_Emergency Preparedness/Record of Events).***
- Follow up Education/training with staff will be done as required

External Spill

- Upon being notified of an external hazardous chemical spill Physical Services or the *ECO/RN Supervisor* will determine the severity. If it is determined that residents are at risk, a Code Brown is to be initiated/called by the Communications Officer. All external doors and windows are to be closed and all exhaust fans in the kitchen and bathrooms are to be turned off.
- If after hours, the ECO/RN Supervisor is to contact the On Call Administrative Lead.

4.0 Criteria to determine severity of the spill

Minor Spill

- Presents little or no hazard to person or property and is small enough to be safely cleaned up by using either the emergency spill kit (if required) or other safe means and are detected by an alarming or offensive odor or a small pool of liquid on the ground.
- If it is in an open area and the vapors are being dispersed it may not be considered a significant hazard.
- If vapors are in a confined space, which can result in an explosive mixture, it is considered a significant hazard and evacuation must occur immediately.

Major Spill

- Cannot be contained safely, threatens safety to life or the environment (travels beyond the property i.e.: sewer). Major spills may be detected by a large vapor cloud or a large pool of liquid on the ground.
- Evacuation must occur and 9-1-1 is to be called immediately.

5.0 Hazardous Chemical Spill Disposal

Pioneer Manor ensures that all waste material is properly identified and disposed of in adherence with guidelines established by the Ministry of the Environment through documented policies and procedures. (Refer to the Waste Management policy).

Once a spill has been contained proceed with the following:

- Once a hazardous chemical has been identified with the SDS you can proceed with first aid and clean-up if it is safe to do so and in accordance with directions from the appropriate local emergency response authorities (if necessary) and the manufacturer's instructions.
- If it is determined that a spill kit is required, reference section 7.0.
  -ensure that all liquid has been mixed with the absorbent material and use a large shovel(non-sparking) to remove
- Used absorbent material must be placed in an appropriate disposal bag/bin and then a non-combustible container and brought to the Hazardous Waste Room (located in the basement of Pioneer Manor) or the Pioneer Manor loading dock/shipping receiving area.
- In the event that the spill is significant, the Physical Services manager/designate will contact an Environmental Cleaning Company to clean and dispose of all associated materials.

6.0 Chemical Spill Kit, Biohazard Clean Up Kit and Emergency Kit:

Mercury Spill Kit – Located in the Photocopy room in the Winter Park area of Pioneer Manor.
The Mercury Spill Kit is to be inspected annually by the Laundry, Housekeeping and Material Control Supervisor and replenished as necessary or after every use.
Kit contains:

- SDS information for proper use
- Hg Absorb (clear cylinder)
- Mercury Hg Absorb Sponges
- Disposable Mercury Waste Bags (2)
- Goggles
- Gloves

Biohazard Clean-up Kit – Located in the Photocopy room in the Winter Park area of Pioneer Manor.
The Biohazard Clean-up Kit is to be inspected annually by the Laundry, Housekeeping and Material Control Supervisor and replenished as necessary or after every use.
Kit Contains:

- SDS information for proper use
- 1-14 oz can Asepticare Disinfectant
- 1-Plastic protective eye shield
- 1-Disposable gown
- 1-Face mask
- 2pr-Disposable latex gloves-medical grade
- 2-Biohazard disposal bags with ties
- 1-Package absorbent beads
- 1-Surface disinfectant towelette

- 1-Disposable shovel
- 1-Hand cleaning towelette
- 2-Dry towels

Emergency Kit – Located in the Photocopy room in the Winter Park area of Pioneer Manor. The Emergency Kit is to be inspected annually by the Manager of Physical Services/delegate and replenished as necessary or after every use.
Kit Contains:
- Writing materials
- First Aid Kit
- Forms
- Glow Sticks

7.0 Definitions of Specific hazardous substances and clean up procedures.

Potentially Hazardous substances:

Solid Products
- Normally do not present a major problem.
- Skin protection is required
- Use of fans and air exchange systems need to be restricted
- To reduce the spread of dust, damping the area with water, and sweeping to be performed in a non-vigorous manner.

Liquid Products
- Avoid contact with exposed skin
- Do not flush hazardous materials down drains or into the sewer
- Should be contained with absorbents which should be applied by trained staff to avoid spreading.

Gaseous Products
- Remove anyone from the affected area and call 9-1-1
- Do not inhale vapors (wear fitted N95 mask if necessary) and close doors to other areas
- Physical Services will shut down all air exchange systems and fans except systems that exhaust directly to the outside.
- Open doors and windows (where necessary)

Flammable and /or Explosive Products
- Remove everyone from the affected area
- Do not activate lighting or other electrical switches

Human Blood and Bodily Fluids

- Consider all blood/body fluids to be potentially contaminated
- Cross reference the Infection Prevention and Control Program

8.0 Code Brown/Hazardous Chemical Spill/ Procedures for Designated Positions

Emergency Control Officer

The Resident Care Supervisor #2 is the designated ***Emergency Control Officer*** (ECO). The ECO will take charge of the emergency situation and determine if the Emergency Operations Team and/or emergency services are required, e.g. fire department, police, or others as required.

Upon notification of, or hearing of a potential Code Brown/Hazardous Chemical Spill/ the ECO's duties include but are not limited to the following:

- Wear fluorescent vest and obtain the ECO Report to the Administrator form on a designated clipboard.
- Report to the area immediately (if safe to do so).
- Investigate and obtain SDS information.
    - SDS information can be found in the following locations:
        - CityLinks – Main page/left hand side, MSDS Library
        - SDS Binder in RN/Supervisor Office
- If after regular business hours contact the On Call Administrative Lead or delegate this responsibility to an alternate i.e.: Communication Officer
- Assess and issue a Code Green (evacuation). Announcement can be delegated to the Communication Officer.
- Assessing and issuing evacuation orders by:
    - Directing the flow of evacuation
    - Delegating staff to conduct a census to ensure all residents from the evacuated area are accounted for.
    - Assessing the need for further assistance and obtaining such as required.
    - Document the incident on the ECO Report to the Administrator form and conduct a de-briefing meeting with the staff involved in the incident to evaluate the response and follow-up to the emergency. An email informing the RNs and Managers of the outcome and/or status must be sent using the user group "PM_Emergcomgroup" after the occurrence.

- After the situation has completely de-escalated, and there are no further identified threats, the ECO will ensure the code cancellation is paged three times.

Emergency Brigade

Upon notification of, or hearing the PA regarding a Code Brown/Hazardous Chemical Spill, the Emergency Brigade's duties include but are not limited to the following:

- Securing their work area.
- Once ***Code Brown*** and or ***Green*** have been announced the *Emergency Brigade* is to report to the site immediately (unless otherwise directed).
- Assisting in ensuring the affected area is safe.
- Assisting in the evacuation of the area.
- Taking directions from the Emergency Control Officer or alternate.