



THE GLEBE CENTRE INCORPORATED

Operating Policies & Procedures

EMERGENCY PROCEDURES MANUAL

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## Introduction

This plan outlines the procedures to be followed in the event of a specific emergency situation that may occur within the Glebe Centre Incorporated. The Fire Safety Plan identifies response responsibility and action specific to a fire on the premise. All other identified emergencies shall be identified by a specific Code.

### **IN ALL EMERGENCIES, THE SAFETY OF RESIDENTS, STAFF AND THE PUBLIC TAKE PRECEDENCE OVER PROTECTION OF PROPERTY AND EQUIPMENT.**

The implementation of disaster procedures supersedes normal operations, however, the Nursing and Dietary Departments are responsible to ensure essential services such as medication and meals continue where practicable.

## Purpose

The purpose of the plan is to anticipate as much as possible emergency situations that may occur and outline an organized response to minimize the risk of panic or inappropriate action.

## Organization

The Emergency Measures Committee (EMC) is responsible for the development, annual updating and testing of all emergency procedures, as well as the coordination of plans prepared by each Department. The Departmental plans are authorized by the Executive Director.

The Executive Director has the legal responsibility for the welfare of the Residents and staff. As such, the Executive Director shall determine the extent of emergencies, where practicable, in consultation with the Management team and Emergency Measures Officials and shall direct the emergency operation within the Home. In the Administrator's absence, the Director of Care or in this person's absence, the Director of Environmental Services shall assume responsibility for directing the emergency procedures. In the absence of all Directors, the designated Charge Nurse shall assume responsibility for directing emergency procedures until the Executive Director or a Director arrives on site.

Directors shall be responsible for assigning duties to new positions created and shall ensure that this manual is updated for any new or deleted position within 14 working days of the positions creation/deletion.

The person in charge of the emergency shall be located at the reception desk, which shall be designated the Command Centre. Each Departmental Director/Manger has the responsibility for carrying out Departmental emergency procedures and shall ensure that personnel are trained in their roles.

All staff of the Glebe Centre Incorporated must be familiar with emergency procedures and participate in regular drills and training sessions designed to ensure the emergency procedures and plans are understood.

## Emergency Code Designation

The following table lists the Emergency Code Designations.

<b><i>Code</i></b>	<b><i>Incident</i></b>
Red	Fire
Green	Evacuation
Orange	External Disaster
Blue	Medical Emergency
Internal Brown External Brown	Hazardous Leak or Spill
White	Violent Outburst
Grey	Loss of Essential Services
Black	Bomb Threat
Yellow	Missing Persons

## ***Action Plans for Codes***

### **Code Yellow- Missing Persons**

The Glebe Centre and Community Programs have policies regulating access to and from the Home and Resident living and activity areas. There are some Resident living areas which are locked units with strict access requirements enforced. **CODE Yellow** shall be enacted when a search of the buildings and grounds is required to locate a missing Resident.

### **Before Calling a Code Yellow**

A preliminary search of the normal living or activity area of the Resident/Client is conducted when this person is missing. The following steps shall be followed:

1. Rooms on the unit or activity area where the person was last seen are checked;
2. Reception is asked to review sign-out book to determine if the person has signed out. Bankwood and GlebeWood shall check white Board for “signed out” Residents.
3. If the person cannot be located, the Director, Nurse or Facilitator responsible shall notify the family that the person is missing and that a search is underway; and
4. The Director, Nurse, or Facilitator responsible initiates a Code Yellow.

### **Procedures for Code Yellow**

The Director, Nurse or Director of Community Programs or the Facilitator responsible in which there is a missing Resident/Client shall make an overhead announcement throughout the facility:

The announcement shall be as follows:

**“CODE YELLOW, LOCATION, CODE YELLOW, LOCATION, CODE YELLOW, LOCATION (I.E. ABBOTSFORD HOUSE, LTC, BRONSON PLACE) AND FLOOR NUMBER”.**

Refer to Appendix, “A,” for ways to make an overhead announcement.

All staff shall report back to their workstations.

The Director, Nurse or Director of Community Programs or the Facilitator responsible then announces over the phone system, using any facility phone,

**press intercom 8111, wait for signal (approximately 5 seconds) and announce:**

1. Description of the Resident/Client;
2. What clothing the Resident/Client is wearing;
3. Any identifying features/habits; and
4. That a photograph is being delivered to each RHA (Resident Home Area) and to Reception.

The Director, Nurse or Director of Community Programs or the Facilitator responsible then begins documenting the event with timelines and conducts a search of the facility and grounds and surrounding streets, using the checklist, at appendix B to this document, and floor plans found in Emergency Binder at reception.

One staff from each department, other than Nursing, is delegated to go to the RHA/Community Programs and get direction from the Director, Nurse or Director of Community Programs or the Facilitator responsible or delegate as to where to search.

If the Resident is not found in the buildings or on the grounds, the Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall:

1. Call the police;
2. During silent hours, notify the Executive Director or the Manager on Call;
3. Call the family to give them an update;
4. Request the family to check the Residents' former addresses and check out locations the Resident frequented in the past;
5. Give any further instructions to staff (i.e. return to work, further search, etc.); and
6. Contacts the MOLTC emergency phone number.

No information is to be given to the media or general public without the authorization of the Executive Director or designate.

### **All Clear Code Yellow**

When the Resident has been located or a decision has been made to stand down Code Yellow, The Director, Nurse or Director of Community Programs or the Facilitator responsible shall:

1. Make an overhead announcement throughout the facility. The announcement shall be:



**“CODE YELLOW ALL CLEAR, CODE YELLOW ALL CLEAR, CODE YELLOW ALL CLEAR”**

2. Notify the police;
3. Complete an Incident report; and
4. Notify the Ministry of Health and Long-Term Care (MOHLTC)

The DOC/Manager of Nursing Care Operations (MNCO) shall complete an electronic CIS report for the MOLTC.

All documentation pertaining to emergency situation will be collected and given to Executive Director. EMC are responsible for reviewing and completing all reports, developing action plan and providing training as needed.

## **Appendix A to Codes**

### **Announcements**

Ways to make an overhead announcement throughout the facility:

#### **1. Main Fire Panel:**

- Activate Fire Panel, "All Call," switch;
- Remove microphone from panel and depress the microphone switch continuously;
- Wait for alert tone to stop;
- Speak clearly into the microphone;
- Release microphone switch; and
- Cancel all call by depressing "All Call" switch at the Fire Panel.

#### **2. On any facility phone or portable phone:**

- Press intercom 8111, wait for signal (approximately 5 seconds)
- Proceed with announcement

**NOTE:** If feedback noise is heard from the overhead speakers, the user must step away from the nearest overhead speaker when transmitting the announcement.

**Appendix B to Code Yellow**  
**Missing Person Area Checklist –Nursing Home**



Location	Date	Found/not found	Signature
Courtyard - LTC			
Courtyard – Bronson Place			
Grounds			
Wilton Street			
Holmwood Avenue			
Monk Street			
Bank Street			
Tunnel to Lord Lansdowne			
P1 Garage Level			
P2 Garage Level			
Stairwell A LTC Bank Street Side			
Stairwell B LTC Monk Street Side			
Stairwell C LTC Bank Street Side			
Stairwell D 2 <sup>nd</sup> Floor link			
Stairwell E Bronson (Monk Street Side)			
Stairwell F Bronson (Bank Street Side)			
Stairwell X P1 garage			
Stairwell Y P1 garage			
Stairwell Z P1 garage			
Bronson Basement Area			
LTC Tunnel			
Female Locker Room			
Male Locker Room			
Dietary Locker Room			
LTC link 2 <sup>nd</sup> Floor			
LTC link ground floor (main entrance)			
Garage Ramp/Receiving Area			

**Appendix B to Code Yellow**

**Missing Person Area Checklist –Abbotsford Community Programs**



Location	Date	Found/not found	Signature
<b>FIRST FLOOR</b>			
Boutique			
Coat Closet			
Dining Room			
Elevator Corridor			
Enclosed sunroom			
Entrance Hall			
Exterior Porch			
Lounge			
Main Reception			
Multipurpose Room			
Multipurpose Storage			
Servery			
Stairwell A			
Stairwell B			
Stairwell C			
Vestibule			
Washroom Mens			
Washroom Womens			
Link to Lord Lansdowne			
Lord Lansdowne Main Dining Room			
Lord Lansdowne Main Entrance			
Lord Lansdowne Lobby			
<b>Exterior Grounds</b>			
Patio			
Monk St			
Abbotsford Parking Lot			
Bank St			
Bronson Place Parking Lot			
Lord Lansdowne Patio			
Holmwood St			

Side Walk South side of Abbotsford			
Bank St			
Wilton Crescent			



**Appendix B to Code Yellow**

**Missing Person Area Checklist –Abbotsford Community Programs**

Location	Date	Found/not found	Signature
<b>Second Floor</b>			
Attic			
Boardroom			
Craft Room			
Craft Room Storage left			
Craft Room Storage Right			
Day Away Activity Closet			
Day Away Margaret's Room			
Directors Office			
Elevator Corridor			
Medical Suite Closet			
Office 2 Footcare			
Office 3 Community Programs			
Office 4 Volunteers			
Office 5 Day Away			
Office 6 Community Support			
Offices Corridor			
Stairwell A			
Stairwell B			
Stairwell C			
Washroom Mens			
Washroom Womens			
<b>Basement</b>			
Storage room			
Housekeeping Room			
Book Room			
Workshop			
Electrical Room			

Elevator Corridor			
Plant Room			
Pottery Room			
Stairwell B			
Stairwell C			
Link to Lord Lansdowne			

**Appendix B to Code Yellow**  
**Missing Person Area Checklist –Abbotsford Community Programs**

Location	Date	Found/not found	Signature
<b>Basement</b>			
Lord Lansdowne Basement			
Lord Lansdowne Tunnel			
Lord Lansdowne Elevators			

## **Code Green**

The purpose of this procedure is to provide procedures required to safely evacuate all Residents/Clients, visitors, staff, and volunteers in a controlled manner that will prevent injury or loss of life. The nature of the evacuation can vary from a partial to a total evacuation of the facility. Events that may cause this code include but are not limited to: chemical spill, gas leak, major air contamination near the Glebe Centre that requires air exclusion from the building.

Code Green is a staged process in which actions are taken to safeguard Residents/Clients and building occupants from potential risks and readies staff in case evacuation is required.

### **Procedures for Code Green - Precautionary**

The Director, Nurse or Director of Community Programs or the Facilitator responsible who is made aware of a potential safety situation that may place Residents at risk shall contact the Director of Environmental Services and/or any maintenance personnel to assess the severity of the situation. When it has been determined that an evacuation may be required, the Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall implement a **Code Green Precautionary**. This person shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“CODE GREEN - PRECAUTIONARY, CODE GREEN – PRECAUTIONARY, CODE GREEN – PRECAUTIONARY, and inform staff of the imminent danger and any precautions, such as shut all windows, etc. to be taken”.**

Refer to Appendix, “A,” for ways to make an overhead announcement.

The Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall contact the Emergency Measures Unit if the imminent danger is outside the building.

The Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall determine the need to move Residents/Clients to alternate areas of the building away from the source of hazard and determine the best route for this evacuation.

### **Staff Responsibilities**

This code requires all staff to return to work stations and prepare to evacuate.

### **Maintenance Personnel Responsibilities**

1. If required, shut down all air supply, exhaust fans, air conditioners, throughout the facility starting on the side of the building nearest the source of contamination;
2. Close and seal doors and windows on the side of the building nearest the source of contamination as required; and
3. Shut off natural gas to the building as required.  
From Fire Manual – Gas Shut Off- Procedures, the building locations of main valves are as follows:
  - LTC section - located at the exterior of the building at Bank Street near the Classroom Patio;
  - 2-Storey section - located at the exterior of the building at Bank Street near the Bank Staff entrance; and
  - Abbotsford section - located at the exterior of the building at Monk Street near the rear exit.

### **Nursing and Resident Services Personnel Responsibilities**

1. Close all windows immediately upon hearing the announcement;
2. Listen for further instructions over the P.A;
3. Prepare all Residents/Clients to move to alternate areas of the building;
4. Ensure that windows and doors in the respective staff areas remain closed and that window-type air conditioners remain off.

### **Food Services Personnel Responsibilities**

1. If ventilation system is shut down, stop using appliances which require ventilation; and
2. Follow Dietary emergency meal procedures to feed Residents.

### **Code Green Stat (Evacuation Procedures)**

Code Green Stat is initiated after it has been determined that evacuation of an area or the entire facility is required.



## **Code Green Stat Phases**

Code Green Stat consists of three (3) phases: Horizontal Evacuation, Vertical Evacuation and Total Evacuation.

### **Phase 1 Horizontal Evacuation**

This phase consists of moving Residents and others in the affected area(s) only. All persons in the area are to be moved beyond a corridor fire separation door to an adjacent area on the same floor.

The Director, Nurse, or Facilitator responsible or the Director of Community Programs or delegate shall initiate a Code Green Stat – Horizontal Evacuation. This person shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“CODE GREEN STAT- HORIZONTAL EVACUATION, CODE GREEN STAT – HORIZONTAL EVACUATION, CODE GREEN STAT – HORIZONTAL EVACUATION, and inform staff of the imminent danger and where the evacuation is to occur – from/to”.**

A general announcement will be made to alert visitors:

***“EMERGENCY NOTICE TO ALL VISITORS IN THE \_\_\_\_\_(6-storey LTC, 2-storey LTC, Community Programs) BUILDING. PLEASE EXIT THE BUILDING USING THE \_ \_\_\_\_\_(Monk, Bank) STREET STAIRWELL.”***

Refer to Appendix, “A,” for ways to make an overhead announcement.

The Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall:

1. Contact all relevant emergency organizations as required;
2. Initiate fan out list indicating safe entrance;
3. Supervise the evacuation and assign staff to the care of residents;
4. Determine if an alternate entrance and exit is required for staff and essential service/supply providers and instructs the person at the Communication Centre to announce this over the Public Address system;
5. Keep an accountability register of Resident/Clients relocation;
6. Confirm all Residents/Clients have been moved;
7. Ensure all medical charts are moved as required;

8. Maintain continuous contact with the Communication Centre (Reception Desk) reporting all developments. Anytime communication cannot be accomplished due to a power failure or technical difficulties, staff, "Runners," will be used as required.

### **Phase 2 –Vertical Evacuation**

This phase consists of moving Residents/Clients and others in the affected area(s) only. All persons in the area are to be moved vertically toward the ground level floors. If the situation involves the First Floor, a Phase 3 evacuation shall be initiated.

The Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall initiate a **Code Green Stat – Horizontal Evacuation**. This person shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“CODE GREEN STAT-VERTICAL EVACUATION, CODE GREEN –VERTICAL EVACUATION, CODE GREEN –VERTICAL EVACUATION,** and inform staff of the imminent danger and where the evacuation is to occur – from which floor/to which floor”.

A general announcement will be made to alert visitors:

**“EMERGENCY NOTICE TO ALL VISITORS IN THE \_\_\_\_\_(6-storey LTC, 2-storey LTC, Community Programs) BUILDING. THERE IS AN EMERGENCY on Floor # \_\_\_\_\_. PLEASE move all people to the floor below.** (If the situation involves the First Floor, a Phase 3 evacuation shall be initiated.)

Refer to Appendix, “A,” for ways to make an overhead announcement.

The Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall:

1. Contact all relevant emergency organizations as required;
2. Initiate fan out list indicating safe entrance, if required;
3. Supervise the evacuation and assign staff to the care of Residents/Clients;
4. Determine if an alternate entrance and exit is required for staff and essential service/supply providers and instruct the person at the Communication Centre to announce this over the Public Address system;
5. Keep an accountability register of Resident/Clients relocation;

6. Confirm all Residents/Clients have been moved;
7. Ensure all medical charts are moved as required;
8. Maintain continuous contact with the Communication Centre (Reception Desk) reporting all developments. Anytime communication cannot be accomplished due to a power failure or technical difficulties, staff, "Runners," will be used as required.

All staff on site shall carry out their assigned procedures as per **Appendix B** to this code. Evacuation is to take place in an orderly fashion using proper techniques (2 and 4 person carries) and the appropriate available equipment - the Manta 132 rescue stretchers located in the fire hose cabinets.

Off duty personnel who have been called in will enter the facility as directed in fan out call and proceed to the personnel assignment centre:

1. LTC - Monk Street entrance - proceed to Reception Area;
2. Community Programs - Bank Street entrance - proceed to Community Programs reception area; and
3. 2-Storey LTC - Bank Street entrance - proceeds to LTC basement staff lounge.

The Residents shall first be moved to the common areas, listed below, to enable staff to determine where they are to be relocated:

1. Triage/Treatment area: (medically unstable & injuries)
  - i. In LTC: Classroom; and
  - ii. In Community Programs: Multipurpose room.
2. Custodial Care areas:
  - i. In LTC link 2<sup>nd</sup>. Floor Gathering Room;
  - ii. In Community Programs: Dining room & Lounge; and
  - iii. In Bankwood: 1<sup>st</sup> floor unit.

Overflow Residents shall be situated in a safe location in one of the Glebe Centre buildings.

### **Phase 3 – External Evacuation**

This phase consists of moving Residents/Clients and others out of the facility.

Residents/Clients shall be evacuated from the Custodial Care Areas to off-site locations, as per the Relocation Plan, as determined by accessibility at the time of the disaster.

Injured people from the Triage/Treatment area shall be evacuated to hospital as required or to the offsite location with people from the Custodial Area.

Long Term relocation shall be authorized by the Executive Director in consultation with the MOLTC.

The Director, Nurse, or Facilitator responsible or the Director of Community Programs or delegate shall initiate a **Code Green Stat – External Evacuation**. This person shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“CODE GREEN - EXTERNAL EVACUATION, CODE GREEN – EXTERNAL EVACUATION, CODE GREEN – EXTERNAL EVACUATION, and inform staff of the imminent danger and the evacuation route to be taken”.**

A general announcement will be made to alert visitors:

***“EMERGENCY NOTICE TO ALL VISITORS, PLEASE EXIT THE BUILDING USING THE \_\_\_\_\_ (Monk, Bank) STREET STAIRWELLS.”***

Refer to Appendix, “A,” for ways to make an overhead announcement.

The Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall:

1. Contact all relevant emergency organizations as required;
2. Initiate fan out list indicating safe entrance, if required;
3. Supervise the evacuation and assign staff to the care of reside;
4. Determine if an alternate entrance and exit is required for staff and essential service/supply providers and instruct the person at the Communication Centre to announce this over the Public Address system;

5. Keep an accountability register of Resident/Clients relocation;
6. Confirm all Residents/Clients have been moved;
7. Ensure all medical charts are moved as required;
8. Maintain continuous contact with the Communication Centre (Reception Desk) reporting all developments. Anytime communication cannot be accomplished due to a power failure or technical difficulties, staff, "Runners," will be used as required.

All staff on site shall carry out their assigned procedures as per Appendix B to this code. Evacuation is to take place in an orderly fashion using proper techniques (2 and 4 person carries) and the appropriate available equipment - the Manta 132 rescue stretchers located in the fire hose cabinets.

Off duty personnel who have been called in shall enter the facility as directed in fan out call and proceed to the personnel assignment centre:

1. LTC - Monk Street entrance - proceed to Reception Area;
2. Community Programs - Bank Street entrance - proceed to Community Programs reception area; and
3. 2-Storey LTC - Bank Street entrance - proceeds to LTC basement staff lounge.

The Residents/Clients shall first be moved to the common areas, listed below, to enable staff to determine where they are to be relocated i.e. which external location to transport to:

1. Triage/Treatment area: (medically unstable & injuries)
  - i. In LTC: Classroom; and
  - ii. In Community Programs: Multipurpose room.
2. Custodial Care areas:
  - i. In LTC link 2<sup>nd</sup>. Floor Gathering Room;
  - ii. In Community Programs: Dining room & Lounge; and
  - iii. In Bankwood: 1<sup>st</sup> floor unit

## **Appendix B to Code Green**

### **Code Green - Staff Responsibilities**

#### **General**

The Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall initiate the Key Personnel Phone Fan-Out. All Supervisors are responsible for ensuring their staff is contacted and called-in.

When assigned duties have been completed, staff will report to the Personnel Assignment Centre where they first reported.

#### **Executive Director or designate:**

The **Executive Director or designate** shall conduct the following duties:

1. Activate the Emergency Plan and authorizes each phase of the plan;
2. Coordinate activities of all Departments; and
3. Assume responsibility as the Glebe Centre Contact to Emergency Measures Organizations (EMO).

#### **Administration**

##### **Executive Assistant**

1. Responds to assigned duties by the Executive Director at the time of the Evacuation.

##### **Receptionist or designate - at the Communication Centre:**

1. Remains at the Reception desk to make announcements as authorized by Executive Director or designate; and
2. Makes phone calls to senior staff as directed by Executive Director or designate.

#### **Finance**

##### **Director of Finance or designate:**

1. Ensures traffic control measures are put into effect and maintained

##### **Finance and Administration Staff:**

1. Report to area specified in **CODE GREEN** announcement, most likely the main lobby to await further instructions.

## **Nursing:**

### **Director of Care**

The Director of Care or designate shall be responsible for the Triage/Treatment Area.

### **Manager of Nursing Care Operations**

1. Monitor the status and provides direction of the dementia floors; and
2. Liaises with the DOC and Executive Director above and below the disaster site and reports to the Executive Director

### **Charge Nurse:**

1. Supervises on-site evacuation;
2. Keeps an accountability register of Resident/Client relocation;
3. Confirms all Residents have been moved;
4. Ensures all medical charts are moved as required;
5. Appoints nursing staff to the Triage/Treatment Area(s) as required; and
6. Appoints a RN or RPN to be in charge of the Custodial Care Centre(s) when possible.

### **Registered Nurses:**

1. Proceed to site of Code GREEN and take charge of the Triage/Treatment Area;
2. Ensures that appropriate medical documentation is accessible; and
3. Carries out assignments as provided by RN-in-Charge.

### **Registered Practical Nurses, Personal Support Workers**

1. Proceed to site of **CODE GREEN** unless otherwise assigned or instructed by Executive Director or Nurse-in-Charge;
2. PSW in Bankwood and Glebe, Kentwood and Lindenwood floor staff are assigned to stay with confused Residents/Clients even when a **CODE GREEN is** in effect; and
3. Assist in the evacuation or treatment of Residents/Clients under the direction of the Nurse.

## **Resident Services**

### **Director of Resident Services**

1. Proceed to Resident Custodial Care centres;
2. Assigns staff to accompany Residents/Clients to Safe Area(s);
3. Maintains record of Residents/Clients who are leaving the Glebe Centre;

4. Ensures all necessary documentation, including Medical Charts and identification cards (located in the administration closet at main entrance) accompany Residents/Clients when they are transported to one of our partner sites;
5. Tracks Resident/Clients departures and documents destination of Residents/Clients when they leave the facility; and
6. Liaises with the Executive Director or designate.

### **Program Facilitators**

1. Proceed to Resident Custodial Care centres;
2. Provides comfort and reassurance to Resident/Clients as needed; and
3. Accompanies Resident/Clients to our partner sites.

### **Medical Director / Physicians**

1. Proceed to Resident TRIAGE centres;
2. Supervises medical care to Resident/Clients on-site; and
3. Liaises with the Executive Director or designate.

### **Social Services/Admissions Coordinator**

1. Collects identification cards from administration closet at main entrance and distributes them to Resident/Clients in the Custodial Care Areas.
2. Provides comfort and reassurance to residents as needed.

### **Community Programs**

#### **Director of Community Programs**

1. Proceed to Resident Custodial Care centres;
2. Assigns staff to accompany Residents/Clients to Safe Area(s);
3. Maintains record of Residents/Clients who are leaving the Glebe Centre

#### **Receptionist or designate** - at the Communication Centre:

1. Remains at the Reception desk to make announcements as authorized by Director of Community Programs, Executive Director or designate; and
2. Makes phone calls to senior staff as directed by Director of Community Programs, Executive Director or designate.

### **Program Facilitators**

1. Clients are asked to leave the building, day away members and confused clients must be gathered and monitored by whatever number of staff is required; and



2. All other staff shall report to area described in the CODE GREEN announcement.

### **Environmental Services**

#### **Director of Environmental Services**

1. Takes appropriate interim action relative to the nature of the disaster;
2. Awaits arrival of EMO officials to accompany to disaster site; and
3. Ensures auxiliary lighting (generator and flashlights) are available if there is a power outage.

### **Maintenance**

1. Provide an adequate supply of blankets to **CODE GREEN** locations as required;
2. Takes appropriate action regarding HVAC concerns;
3. Provides adequate auxiliary lighting as required;
4. Assists in the transport of Resident/Clients to the Triage and Custodial Centres;
5. Assists in the transport of Resident/Clients from the Triage and Custodial Centres to transportation vehicles; and
6. Minimize the effects of the disaster as much as possible;

### **Housekeeping Attendants/Porters/Laundry**

1. Proceed to site of CODE GREEN unless otherwise assigned or instructed by Executive Director or Nurse-in-Charge;
2. Assists in the transport of Resident/Clients to the Triage and Custodial Centres;
3. Assists in the transport of Resident/Clients from the Triage and Custodial Centres to transportation vehicles; and
4. Assist in the evacuation or treatment of Resident/Clients under the direction of the Nurse.

### **Food Services**

#### **Director of Food Service or Food Services Manager**

1. Makes necessary arrangements to ensure adequate nourishment for Resident/Clients in Custodial Care Areas.

### **Food Services Staff**

1. Report to Food Services Manager for direction;

2. In the absence of the Food Services Manager, the first person available shall ensure adequate nourishment for Resident/Clients in Custodial Care Areas;
3. When sufficient nourishment is available, staff shall report to the Personnel Assignment Centre for direction,

**NOTE:** In the absence of the above staff, the Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate shall assign personnel as best as possible to ensure the safety of Residents/Clients.

### **Accommodation of Other Residents / Patients in an Emergency**

This procedure requires that additional staff are called in to assist in the accommodation of Residents/Clients from our partner sites.

The Director, DOC, Charge Nurse or designate shall be advised by MOLTC of the number of patients arriving and the approximate time of their arrival.

The Director, DOC, Charge Nurse or designate shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“THE GLEBE CENTRE WILL BE RECEIVING RESIDENTS FROM \_\_\_\_\_ AT APPROXIMATELY (TIME) and THE LOCATION THE GUESTS ARE TO BE LOCATED.**

Refer to Appendix, “A,” for ways to make an overhead announcement.

The Director, DOC, Charge Nurse or designate shall:

1. Initiate fan out;
2. Supervise the arrival of guests and assign staff to the care of reside;
3. Determines if an alternate entrance is required for guests and instruct the person at the Communication Centre to announce this over the Public Address system;
4. Keeps an accountability register of guests;
5. Ensures all medical charts and accompanying documents are recorded;
6. Maintain continuous contact with the Communication Centre (Reception Desk) reporting all developments. Anytime communication cannot be

accomplished due to a power failure or technical difficulties, staff, "Runners," will be used as required.

Guests shall enter by the main entrance and be taken to the Classroom (or Gathering Room of second floor link) on arrival. The Director of Care or designate shall assess immediate care needs and MNCO shall record names, patient numbers and record all documentation that accompanies the guests. It is expected that critical medication or care information will be brought from the affected facility.

The Director, DOC, Charge Nurse or designate shall designate appropriate locations as patient accommodation (staff lounge, floor lounges in LTC, and Gathering room in LTC Link 2<sup>nd</sup> floor).

Environmental Services shall arrange for cots, linen and screens as needed (EMU, RMOC, etc.)

Upon arrival, the Medical Director / Physicians shall assess guests and render medical direction as required.

Nursing staff shall provide commodes, wash basins, toiletries, etc.

Food Services shall provide refreshments as appropriate and arrange for meals as per patient diet needs via tray or in the dining room.

On-going care/service schedules shall be coordinated by the Director of Care or designate with the designated Charge Nurse from our partner site.

## **Code White**

Code White is used to call police to the facility when an emergency situation involving suspicious, unstable, violent or dangerous behaviour by persons known or unknown is occurring.

### **Procedures for Code White**

Code White shall be activated following attempts to de-escalate threatening behaviour perceived by staff or immediately when staff safety is compromised.

Any staff member may raise a Code White. Code White is to be initiated by personal communication, in writing or in exceptional circumstances over the PA system.

**ANY PERSON HEARING THE CODE WHITE SHOULD IMMEDIATELY CALL THE POLICE.**

During normal working hours, all Directors are to report to find out where the Code White is occurring and report to this area.

During silent hours, the Charge Nurse shall call the On-Call Manager and the Executive Director. The person calling the Code White shall report to the Charge Nurse or a Nurse. The Charge Nurse or Nurse shall go to the scene of the Code White after they have designated a staff member to meet the Police at the front entrance.

After the Code White has been alleviated, the Director, Charge Nurse or the Nurse shall page the all Clear.

Refer to Appendix, "A," for ways to make an overhead announcement.

The person reporting the Code White and all other personnel shall complete an incident report. The DOC shall inform the MOLTC of the incident.

## **Code Black**

The purpose of the Code Black is to define the course of action required in response to a written or verbal bomb threat or upon discovery of a suspicious package or object.

Staff are to report all bomb threats or suspicious packages or objects discovered anywhere in the facility immediately.

### **STAFF MEMBERS ARE NOT TO HANDLE SUSPICIOUS PACKAGES OR OBJECTS.**

In the event that you receive a bomb threat: *refer to Bomb Threat Checklist*

1. Be calm and courteous;
2. Do not interrupt the caller;
3. Keep the caller on the line as long as possible;
4. Obtain as much information as you can; and
5. Call and report to a senior staff member.

If possible, the call should be transferred to the Executive Director, any Director or in their absence, the Charge Nurse. The senior staff person shall call the police immediately.

The person in charge shall assign at least one staff member to meet the police and fire departments at the main entrance.

The senior staff person, in consultation with the police, will direct further procedures (i.e. Initiate Code Black, Code Green Evacuation, etcetera).

### **Procedures for Code Black**

The Director, Nurse or Charge Nurse shall initiate a Code Black. This person shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“CODE BLACK, CODE BLACK, CODE BLACK – and inform staff of the imminent danger and identify the location for the search teams to locate”.**

A general announcement shall be made to alert visitors:

**“EMERGENCY NOTICE TO ALL VISITORS IN THE GLEBE CENTRE, BUILDING. THERE IS AN EMERGENCY IN THE FACILITY. PLEASE EXIT THE BUILDING USING THE \_\_\_\_\_(Monk, Bank) STREET STAIRWELL.”**

Refer to Appendix, "A," for ways to make an overhead announcement.

During normal working hours, all Directors are to report to the search location.

During silent hours, the Charge Nurse shall call the Manager on duty and the Executive Director. The Charge Nurse or Nurse shall go to the search location for the Code Black after they have designated a staff member to meet the Police at the front entrance.

After the Code Black has been alleviated, the Director, Charge Nurse or the Nurse shall page the all Clear.

Refer to Appendix, "A," for ways to make an overhead announcement.

Departmental Directors shall designate staff members as part of the Code Black Search Team

#### During Normal Working Hours

Only those on the search team shall report to the designated site to be given instructions regarding the nature of the emergency, areas to be searched, and any special instruction related to the emergency. All other staff shall carry on with normal duties, but remains alert for further instructions over the P.A. System.

The search team shall be led by the first Director that arrives until the Director of Environmental Services or designate arrives.

#### During Off Hours and Weekends

1. The Charge Nurse shall notify the police and make the following announcement:

**"CODE BLACK, CODE BLACK, CODE BLACK – and inform staff of the imminent danger and identify the NURSING STATION on LTC SECOND FLOOR, for the search teams to locate".**

A general announcement shall be made to alert visitors:

***"EMERGENCY NOTICE TO ALL VISITORS IN THE GLEBE CENTRE, BUILDING. THERE IS AN EMERGENCY IN THE FACILITY. PLEASE EXIT THE BUILDING USING THE \_\_\_\_\_(Monk, Bank) STREET STAIRWELL."***

Refer to Appendix, "A," for ways to make an overhead announcement.

Designated members of the search team shall assemble at the LTC NURSING STATION SECOND FLOOR, to be given instructions regarding the nature of the emergency, areas to be searched and any special instruction related to the emergency. All other staff shall carry on with normal duties, but remain alert for further instructions over the P.A. System.

The search team shall be headed by the most senior person in charge.

### **Search Procedures**

When a search is necessary, the following procedures will be implemented:

1. In the event that the caller should give the location of the bomb, the Director, Nurse or Director of Community Programs or the Facilitator responsible for the search, shall designate search areas for each team member and document who was sent to which area;
2. The team shall first search common areas: i.e. lounges, corridors, public washrooms and then search private rooms;
3. The area to be searched shall be divided into levels (i.e. floors level to 3-foot level, 3-foot level to 6-foot level, 6-foot level to ceiling). Team members shall conduct a visual search by each level as they enter search areas;
4. The team shall pay particular attention to objects that are out of place;
5. The team shall report back to the search leader upon completion of their search or upon discovery of a suspicious object;
6. The search leader shall inform the Executive Director and the police of the team's findings. (If a suspicious object is found, an attempt should be made to identify its owner but it is not to be touched. The search Nurse will report the findings to the senior staff person who shall request the police to investigate the article in question to determine whether or not to call the bomb disposal unit.)
7. If nothing is found, a second search shall be conducted before the, "ALL CLEAR," is announced;
8. Residents shall not be informed of the threat.
9. Residents should remain in their rooms as they can identify articles in their rooms;

**NOTE:** When "Code Black" is enacted, the elevators may be used to transport Residents.

# Bomb Threat Checklist

**REMAIN CALM KEEP THE PERSON TALKING NOTE THE CONVERSATION**

**BOMB THREAT DETAIL:** AS YOU RECEIVE A BOMB THREAT, WRITE DOWN THE FOLLOWING:

DATE/TIME OF CALL \_\_\_\_\_ END TIME: \_\_\_\_\_

EXACT FIRST WORDS OF CALLER:

\_\_\_\_\_  
\_\_\_\_\_

**ASK caller to:**

Please **repeat** message.

**Say** "The building is full of Residents and staff and a bomb explosion could kill or seriously hurt many innocent people."

1. When is the bomb set to go off? \_\_\_\_\_
2. Where is the bomb? \_\_\_\_\_
3. What kind of bomb is it? \_\_\_\_\_
4. What does it look like? \_\_\_\_\_
5. Why did you place the bomb? \_\_\_\_\_
6. Who are you? \_\_\_\_\_

**Listen and record:**

★ BACKGROUND NOISES (i.e. motors, music, voices, construction)

**VOICE:** Male \_\_\_\_\_ Female \_\_\_\_\_ Young \_\_\_\_\_ Old \_\_\_\_\_  
Tremor \_\_\_\_\_ Stutter \_\_\_\_\_ Intoxicated \_\_\_\_\_ Accent \_\_\_\_\_

**WRITE DOWN EXACT WORDS AS REMEMBERED:**

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Depart: \_\_\_\_\_

Phone # ( ) \_\_\_\_\_ Ext. \_\_\_\_\_ Home \_\_\_\_\_



## **Code Brown**

A Code Brown shall be called if there is an internal spill/contamination, leak, suspicious unusual smell, gas, or vapor, or discovery of an unknown substance, liquid or powder.

### **Procedures for Code Brown**

The Director, Nurse or Director of Community Programs or the Facilitator which is made aware of a potential safety situation that may place Residents/Clients at risk shall contact the Director of Environmental Services and/or any maintenance personnel to assess the severity of the situation. When it has been confirmed that the internal spill/contamination, leak, suspicious unusual smell, gas, or vapor, or discovery of an unknown substance, liquid or powder may jeopardize the health and safety of Residents/Clients and Staff, the Director, Nurse or Facilitator responsible or the Director of Community Programs or delegate which is made aware of a potential safety shall implement a Code Brown. This person shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“CODE BROWN, CODE BROWN, CODE BROWN** and inform staff of the imminent danger and any precautions, such as shut all windows, etc. to be taken”.

Refer to Appendix, “A,” for ways to make an overhead announcement.

The Director, Nurse or Facilitator responsible or the director of Community Programs or delegate shall determine the need to move Residents/Clients to alternate areas of the building away from the source of hazard and determine the best route for this evacuation. If this is required, then a Code Green is to be enacted.

### **Staff Responsibilities**

This code requires all staff to return to work stations and prepare to evacuate.

### **Maintenance Personnel Responsibilities**

1. If required, shut down all air supply, exhaust fans, air conditioners, throughout the facility starting on the side of the building nearest the source of contamination;

2. Close and seal doors and windows on the side of the building nearest the source of contamination as required; and
3. Shut off natural gas to the building as required.

From Fire Manual – Gas Shut Off- Procedures, the building locations of main valves are as follows:

- LTC section - located at the exterior of the building at Bank Street near the Classroom Patio;
- 2-Storey section - located at the exterior of the building at Bank Street near the Bank Staff entrance; and
- Abbotsford section - located at the exterior of the building at Monk Street near the rear exit.

### **Nursing and Resident Services Personnel Responsibilities**

1. Close all windows immediately upon hearing the announcement;
2. Listen for further instructions over the P.A;
3. Prepare all Residents/Clients to move to alternate areas of the building;
4. Ensure that windows and doors in the respective staff areas remain closed and that window-type air conditioners remain off.

### **Food Services Personnel Responsibilities**

1. If ventilation system is shut down, stop using appliances which require ventilation; and
2. Follow Dietary emergency meal procedures to feed Residents/Clients.

After the Code Brown has been alleviated, the Director, Charge Nurse or the Nurse shall page the all Clear.

Refer to Appendix, "A," for ways to make an overhead announcement.

### **Code Red**

A Code Red will be called in case of a fire, fire alarm or smell of smoke.

### **Procedures for Code Red**

The Director, Nurse or Charge Nurse shall initiate a Code Red. This person shall make an overhead announcement throughout the facility.

The announcement shall be as follows:

**“CODE RED, CODE RED, CODE RED”** – speak clearly and announce what is indicated on fire panel. (Long Term Care 3<sup>rd</sup> floor, stairwell C)  
Repeat 3 times

A general announcement shall be made to alert visitors:

***“EMERGENCY NOTICE TO ALL VISITORS IN THE GLEBE CENTRE, BUILDING. THERE IS AN EMERGENCY IN THE FACILITY. PLEASE EXIT THE BUILDING USING THE \_\_\_\_\_(Monk, Bank) STREET STAIRWELL.”***

Refer to Appendix, “A,” for ways to make an overhead announcement.

Directors shall be responsible for conducting annual reviews of the manual and reporting any amendments in accordance with the Glebe Centre’s Quality Management System.

Directors shall be responsible for assigning duties to new positions created and shall ensure that this manual is updated for any new or deleted position within 14 working days of the positions creation/deletion.

Each Director has the responsibility for carrying out Departmental fire procedures and shall ensure that personnel are trained in their roles.

All staff of the Glebe Centre Incorporated must be familiar with fire procedures and participate in regular drills and training sessions designed to ensure the emergency procedures and plans are understood. Furthermore, staff shall work as part of a team to evacuate as many Residents/Clients as possible in as short a time as possible without putting themselves or others at risk.

### **Fire Alarm Stages**

The fire alarm has two (2) different stages:

1<sup>st</sup> Stage Alarm is activated by pulling the fire alarm. The following actions occur when this stage is activated:

1. Sounds at 40 beats per minute,
2. During this stage horizontal evacuation is initiated; and

2<sup>nd</sup> Stage Alarm is activated at any fire pull station by using the emergency pull station key. This key is held by maintenance staff and is on the Team Leaders key ring. The following actions occur when this stage is activated:

1. Sounds at 80 beats per minute;
2. And, During this stage vertical evacuation is initiated.

## **Floor Zones**

Each floor in the Residence LTC buildings are divided into different **zones** separated by fire doors which automatically close when the alarm has been triggered.

**In LTC (6 storey building)**, each of the floors are separated into **3 zones** by fire doors that automatically close when an alarm event occurs. Two of the zones (1 and 2) cover the Resident rooms and the 3<sup>rd</sup> zone includes the balcony area through to the elevator lobby which includes the dining room, activity room, nurse's station, TV lounge and elevator lobby.

**In Bronson Place (2 storey building)** both floors are separated by one set of fire doors that separate each floor into 2 zones. The fire doors are located half way down the hall northward (towards Community Programs).

**In Community Programs**, fire bells ring. All visitors/volunteers move to safe areas on the first floor and outside if necessary and as directed by staff.

**Note:** In the case of a false alarm, the fire alarm system shall remain in the alarm state until the fire department arrives and confirms the false alarm. When the all clear has been confirmed from the fire department the fire alarm system, the magnetic door locks and elevators (LTC) shall be reset and the, "All Clear," announcement shall be made.

The announcement shall be as follows:

**"CODE RED, CODE RED, CODE RED....ALL CLEAR"** – speak clearly and repeat 3 times

## **Emergency Measures Committee**

### **Purpose**

The purpose of the Emergency Measures Committee of the Glebe Centre is to continually review and update all Health & Safety policies, procedures and training related to the Emergency Preparedness Program. The Committee shall provide recommendations to the Executive Director on all aspects of Health and Safety through the monitoring of training, incident reports and the investigation of accidents involving lost time or a critical injury, and to increase awareness in the workplace of proper procedures and safety measures.

### **Members:**

Executive Director, Chair  
Director Of Environmental Services  
Director Of Food Services

## **Functions**

1. The Chair shall report to the Board of Directors annually regarding the status of the Emergency Measures for the Glebe Centre;
2. Review and ensure the currency of the Emergency Measures Procedures;
3. Ensure that all emergency drills and exercises meet government and compliance requirements: including, but not limited to a full disaster exercises;
4. Review the detailed plan for all aspects of a mock disaster exercise; and
5. Ensure training of all emergency procedures are conducted in accordance with applicable legislation and Ministry of health and Labour requirements;

## **Structure:**

- Chairperson – rotated among Management team representatives
- Recording secretary – Executive Assistant
- Meetings – every 3 months
- Agenda – distributed 1 week prior to meeting; kept in Executive Assistant's office, available to Management team on Public folder.
- All meeting require at least quorum – at least three Managers

## **Accountability:**

### **MINUTES / AGENDA**

CHAIR shall be appointed by members, and responsible for sending out agenda with the assistance of the Recording secretary. The agenda will be circulated no later than 7 days prior to the meeting.

A recording secretary shall circulate completed minutes to members as soon as possible, but no later than fifteen (15) days following the meeting.

Approved minutes shall be available to Management team in the Public folder.

## **Evaluation:**

The Executive Director shall evaluate the effectiveness of the Emergency Measure's Committee of the Glebe Centre Incorporated at least annually. The criteria for evaluation shall be based on the Terms of Reference for the Committee, and Legislative Requirements.

## Fan Out List

Current Staffing list is generated through **Point Click Care (PCC)**:

Site: <https://login.pointclickcare.ca/home/userLogin.xhtml>

**ADMIN** (tab)

**Other** – *select Reports*

**ADT / Profiles** – *select Staff Details*

\*Report will show a full list of all information populated in the Staff profile.

Full list is printed off in June and December and kept in Administration Office.

All Manager/Directors are to be given Admin Role (system) within user Roles of Point Click Care.

## Terms

**Command Centre:** Represents the reception desk of LTC or Community Programs

**Custodial Care Area:** Area where Residents/Clients are relocated when needed.

**RHA-** Resident Home Area

**RMOC** – Reginal Municipality of Ottawa Carleton

**EMC-**Emergency Measure Committee

**EMU-**Emergency Measures Unit: Represents Emergency services; Fire Department, police etc.

**PCC-**Point Click Care

**MOLTC-**Ministry of Long-Term Care

## **Pandemic Plan**

In order to provide the best care and maintain Home operations in the case of a pandemic, The Glebe Centre has created a Pandemic Plan. The Glebe Centre strives to reduce serious illness, death, and interruption of services and care. Coordination is required to divide this work and carry out the strategy.

In the event of a pandemic, three main decision centres would manage Ottawa's response:

- The Ottawa Public Health Service Command Centre
- The City of Ottawa Emergency Operations Centre
- The Clinical Care Command Centre, with advice from a scientific advisory Committee