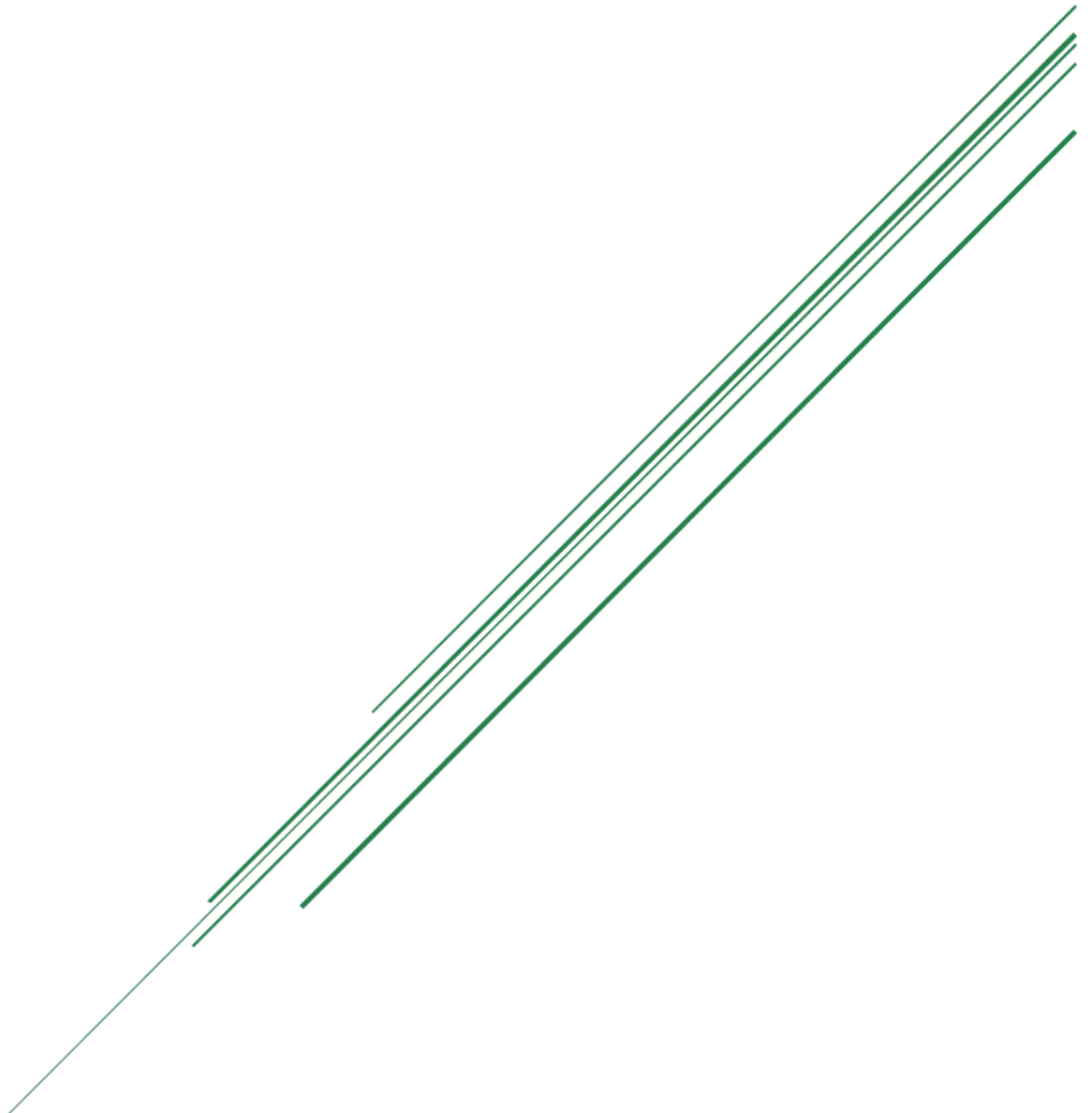




# **Emergency Preparedness Manual**



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**Amendments and Annual Reviews**

Date	Reviewer (Print)	Signature	Comments
July 2017	Rod Way		
March 2018	Rod Way		
March 2021	Rod Way		
July 2022	Rod Way		
August 2024	Emma Tibbo/Rod Way		
November 2024	Rod Way		

## **Introduction**

This plan outlines the procedures to be followed in the event of an emergency that may occur within or directly impacting 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 for ensuring essential services such as medication and meals continue where practicable.

## **Purpose**

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

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 position's creation/deletion.

## **Organization**

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.

In the Administrator's absence, the Director of Care, Director of Community Programs, or delegate(s) shall assume responsibility for directing the emergency procedures. In the absence of a member of the leadership team, the designated Charge Nurse shall assume responsibility for directing emergency procedures until the Executive Director or delegate(s) arrives on site.

The Person In Charge (PIC) of the emergency shall locate themselves at the reception desk, which shall be designated the Command Centre.

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

### **Emergency Code Designation**

The following table lists the Emergency Code Designations.

<b>Code</b>	<b>Incident</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 Resident

To activate any Emergency Code an overhead announcement must be conducted.

## **Overhead Announcement**

Process to make an overhead announcement throughout the facility:

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

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

Notifications to staff will be made through an overhead announcement which activates the appropriate response and provides staff with important information.

In the event of a communication failure or the PA system is not accessible call 9-1-1 from any phone.

# Code Red

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

## Scope

To ensure all safety measures are in place and that the staff are prepared to protect the residents, staff, and visitors in the event of a fire in the Glebe Centre.

## Procedure

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

On 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.

The announcement shall be as follows:

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

If an evacuation is required 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 OR BANK STREET STAIRWELLS.”**

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

All staff of the Glebe Centre 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 by the Fire Department if necessary. The following actions occur when this stage is activated:

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

## **Floor Zones**

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

**In LTC (6 story building)**, each of the home areas are separated into 3 zones by fire doors that automatically close when an alarm event occurs. **Zones B and C** cover the Resident rooms and **Zone A** 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 story building)** both floors are separated by one set of fire doors that separate each home area into 2 zones - **Zone E (South)** and **Zone F (North)**. The fire doors are located halfway down the hall northward (towards Abbotsford House).

**In Abbotsford House** the fire door separation is located by elevator on all three floors and creates two zones per floor.

**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 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**



## Checklist for staff upon hearing a fire alarm

- ✓ Upon hearing Fire Alarm, make your way to the Nurse's station and check annunciator panel for the location of the fire. If the fire is located on your floor go to fire location.
- ✓ Take direction from the Person in Charge (PIC) identified by the fire vest being worn.
- ✓ First find the fire by using the reference door frame number indicated on annunciator panel and doing a quick but thorough search of the room.
- ✓ Ensure you enter rooms fully, checking the washrooms, closets, and storage cabinets.
  - Remove people in immediate danger, if safe to do so.
  - Ensure all doors and windows are closed (close door after removing people).
  - When people are safely removed, use the vacant indicator attached to the door.
  - If people are trapped or uncooperative, close the door and leave evac tag down. Inform PIC.
  - **Do not Try** to extinguish the fire unless it is safe to do so, and you are trained on the use of a fire extinguisher – the priority is to move/relocate residents and any people in the fire zone.
- ✓ Follow directions from the Person in Charge (this will be the nurse on duty).
- ✓ Assist with evacuation.
- ✓ Use the vacant indicator attached to the door as soon as a room has been evacuated and/or cleared.
- ✓ Ensure all rooms are cleared, not just residents' rooms.
- ✓

# Code Green

## Scope

All employees have a responsibility to protect residents and visitors from harm while being cared for at the Glebe Centre. All staff and volunteers are expected to participate and follow the Code Green —Evacuation Plan.

## Purpose

The purpose of this procedure is to provide procedures required to safely evacuate all Residents, 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 spills, gas leaks, and major air contamination near the Glebe Centre that requires air exclusion from the building.

## Definitions

A Code Green Emergency is an incident that requires evacuation. The purpose of a Code Green is to evacuate residents when there is a risk of danger.

- **Evacuation** is the removal of people from an area of danger to a place of safety.
- **Priority of Evacuation** – Evacuation must always start with the residents in areas of highest risk.
  - Residents in the same room as the hazard
  - Residents in rooms adjacent to the hazard
  - Residents in the rooms across from the hazard
  - Remaining residents by ambulatory status: ambulatory-wheelchair, non-ambulatory/resistive
- **Horizontal Evacuation** is the removal of people from the danger area to a safe area on the same floor.
- **Vertical Evacuation** is the removal of people from the affected or threatened floor via the stairwell to a ground level exit. A horizontal evacuation is preferred to avoid moving residents through stairways. However, depending on the emergency, there may be no choice (e.g. when the fire is between the resident and the closest fire doors and the only exit is through the stairway).
- **Partial Evacuation** is any combination of horizontal and vertical evacuation that results in people remaining within the home but in a different area, or a select group of people being transported to an external location.
- **Total Evacuation** is the removal of all people from a threatened building to another facility.
- **Staff Call Back List:** Current lists of all staff within a defined group who are contacted to report to work, if requested, during an emergency.

## **Policy**

During an emergency, the evacuation of all or a portion of the building may be required to protect the health and safety of the residents, staff and visitors. Code Green is generally called for the following reasons:

- ✓ Threat to safety due to fire, smoke, or hazardous materials
- ✓ Damage to critical infrastructure
- ✓ Loss of essential services
- ✓ External events

There are several escalation levels related to the severity of the emergency/disaster. These may be internal or may include Fire/Police Departments, Town, Regional, Provincial and Federal agencies.

Once the Police or Fire Department have arrived and have taken charge of the event, they will determine the level of the emergency and what plan will be followed. The decision to move to a vertical or total evacuation is made by the Fire Department (when in attendance), or in extreme emergencies, the Executive Director or designate alternate; or the Person in Charge (PIC).

In descending order, the person in charge (PIC) who is responsible for overseeing and directing the emergency evacuation will be as follows:

**Normal Business hours (Monday to Friday 8:30am to 4:30pm): Registered Nurse, Executive Director, Director of Care**

**Non-Business hours: Registered Nurse**

Depending on the circumstances it may be necessary to call staff that are off duty to assist with the emergency. The fan-out list will be activated at the discretion of the person in charge (PIC), in consultation with senior administration if there is time for consultation. All communication with news media will be handled by the Executive Director, Chair of the Board or designate. In-house, mass communication can be achieved by using the “all call” feature on the fire panel.

Emergency lifts, carries, and transfers are to be attempted only by trained, emergency personnel or by trained Glebe Centre staff.

## **Procedure**

The Person in Charge (PIC) will wear a highly visible vest to be identified as the person in charge and will determine if an evacuation is required. Staff will follow all instructions and procedures required during a Code Green given by the PIC until the Police and/or Fire Department arrives on the scene.

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

## **Green Procedure - Precautionary Code**

The Director of Care, Director of Community Programs or delegate(s) shall be made aware of a potential safety situation that may place residents at risk. They shall immediately contact the Director of Environmental Services and/or delegate to assess the severity of the situation. When it has been determined that an evacuation may be required, the Director of Care, Director of Community Programs or delegate shall implement a **Code Green Precautionary**.

An overhead announcement will be initiated throughout the facility.

The announcement shall be as follows:

**CODE GREEN - PRECAUTIONARY, CODE GREEN – PRECAUTIONARY,  
CODE GREEN – PRECAUTIONARY**

All staff shall be made aware of the imminent danger and instructed to implement precautions such as closing all windows, etc.

### **Contact:**

If you need to file a non-emergency police report, report [online](#) or call the **Police Reporting Unit at 613-236-1222, extension 7300**.

The Police Reporting Unit is open seven days a week from 10 a.m. to 8:45 p.m. Between 8:45 p.m. and 10 a.m., if you need to file a report, please call 613-236-1222.

The Director of Care, Director of Community Programs or delegate(s) shall determine the need to move residents 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 workstations and prepare to evacuate.

### **Maintenance Personnel**

1. If required, shut down all air supply sources, exhaust fans, and 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 6-storey section - located at the exterior of the building at Bank Street near the Classroom Patio.
- Bronson Place 2-Storey section - located at the exterior of the building at Bank Street near the Bank Staff entrance; and
- Abbotsford House section - located at the exterior of the building at Monk Street near the rear exit.

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

1. Close all windows immediately upon hearing the announcement.
2. Listen for further instructions over the P.A.
3. Prepare all Residents 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**

1. If the 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 people in the area are to be moved beyond a corridor fire separation door to an adjacent area on the same floor.

The Director of Care, Director of Community Programs or delegate(s) 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 or Bank) STREET STAIRWELL.”**

The Director of Care, Director of Community Programs or delegate(s) 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 instruct the person at the Command Centre to announce this over the Public Address system.
5. Keep an accountability register of Residents relocation.
6. Confirm all Residents/Clients have been moved.

7. Ensure all medical charts are moved as required.
8. Maintain continuous contact with the Command 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 and others in the affected area(s) only. All people 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 of Care, Director of Community Programs or delegate(s) shall initiate a **Code Green Stat – Vertical 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.)

The Director of Care, 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
4. Determine if an alternate entrance and exit is required for staff and essential service/supply providers and instruct the person at the Command Centre to announce this over the Public Address system
5. Keep an accountability register of Residents relocation
6. Confirm all Residents have been moved
7. Ensure all medical charts are moved as required
8. Maintain continuous contact with the Command 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 C: Green Staff Responsibilities* 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 the fan out call and proceed to the Personnel Assignment location:

1. LTC - Monk Street entrance - proceed to Reception Area.
2. Bronson Place 2-Storey LTC - Bank Street entrance - proceed to LTC basement staff lounge.
3. Abbotsford House - Bank Street entrance - proceed to Community Programs reception area

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 Areas:** (medically unstable & injuries)
  - i. LTC: Living Classroom; and
  - ii. Community Programs: Multipurpose room.
  
2. **Resident Care Areas:**
  - i. LTC link 2<sup>nd</sup>. Floor Gathering Room
  - ii. Community Programs: Dining room & Lounge; and
  - iii. 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 and others out of the facility.

Residents shall be evacuated from the Resident 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 Resident Care Area.

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



The Director 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.”**

The Director of Care, Director of Community Programs or delegate(s) 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
4. Determine if an alternate entrance and exit is required for staff and essential service/supply providers and instruct the person at the Command Centre to announce this over the Public Address system
5. Keep an accountability register of Resident relocation
6. Confirm all Residents have been moved
7. Ensure all medical charts are moved as required
8. Maintain continuous contact with the Command 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 center:

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 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. Resident 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

## **Template for Message for Calling Families**

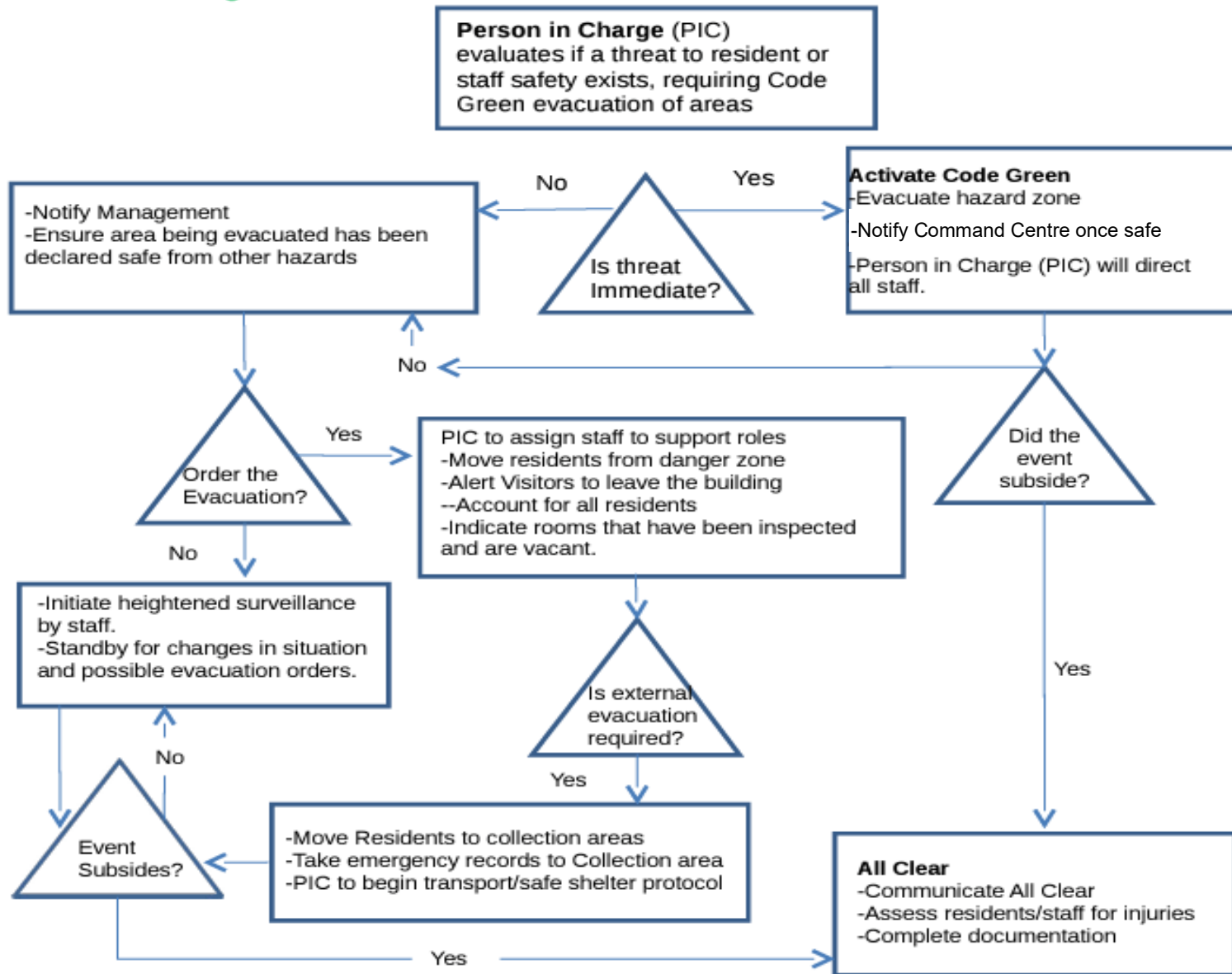
"This is \_\_\_\_\_ from the Glebe Centre calling.

We are experiencing a \_\_\_\_\_ (fill in emergency situation).

We are in the process of evacuating all of our residents to \_\_\_\_\_ (location of evacuation)

Your family member is safe. You are welcome to meet us at (Main Entrance for Residents and Abbotsford House for community programs clients) to assist us and if possible, you may wish to take your family member home with you until further plans are made. We will be updating our website and our voice mail message with updates as they occur so that you can stay informed about our emergency.

## Code Green Algorithm



# Code Green Emergency Checklist

Date/Time": \_\_\_\_\_

Person in Charge: \_\_\_\_\_

## Time (note on line below)

\_\_\_\_\_ Locate fire using enunciator panel.

\_\_\_\_\_ Assigns staff member to locate the emergency and report back immediately.

\_\_\_\_\_ Determine the type of emergency:

\_\_\_\_\_ Determine the need for a "Code Green" (persons in danger)

\_\_\_\_\_ Determine the extent of the "Code Green" (partial or total evacuation)

\_\_\_\_\_ Activate Stage 1 Fire Alarm (uncover and pull fire station)

\_\_\_\_\_ Announce over PA system and advise the type and location of the emergency.

\_\_\_\_\_ Call 9-1-1 and advise the type and location of the emergency.

\_\_\_\_\_ Delegate a staff member to announce "Code Green (location) x3 on the paging system.

\_\_\_\_\_ Initiate the staff call back list starting with Executive Director or designate.

\_\_\_\_\_ Determines location of command centre if nursing station is not safe.

\_\_\_\_\_ Sets up a treatment centre to triage injured residents if needed.

\_\_\_\_\_ Direct the activities of all personnel.

\_\_\_\_\_ Maintain a record of evacuees.

\_\_\_\_\_ Communicate to the Fire Department or other emergency responders of persons not accounted for and their last known location.

\_\_\_\_\_ Ensure all residents are identified with name badges/tags.

\_\_\_\_\_ Coordinate the transportation of residents.

\_\_\_\_\_ Maintain a listing of all resident's destinations.

\_\_\_\_\_ Transporting the resident's charts to the place where the resident has been relocated.

\_\_\_\_\_ Remove staff schedules and visitor/volunteer logs to the off-site emergency location.

\_\_\_\_\_ Provide for the continuing care of the residents.

\_\_\_\_\_ Establish a triage area to care for residents/persons in medical distress or suffering injuries.

\_\_\_\_\_ Identifies level of care required of all residents (hospital emergency, temporary transfer to families, and those requiring ongoing long-term care)

\_\_\_\_\_ Maintain communication with Emergency Services.

\_\_\_\_\_ Receive communication from the emergency services and participate in assessing the situation.

\_\_\_\_\_ Notify the Board of Directors Chair

\_\_\_\_\_ Notifies the Ministry of Long-Term Care

## Complete Emergency Drill/Actual Event Summary (Appendix 'A')

# Emergency Quick Response Instructions

## ***The person-in-charge (PIC) Responsibility***

PIC is responsible for providing overall direction of the emergency operation, including directing staff and dealing with the fire department and other emergency authorities. The following list will assist in identifying the duties.

- When alarm bell is sounded, go to fire panel to locate alarmed area and assign staff member to proceed to alarmed area to locate emergency and report back immediately.
- Send someone to front door to meet the fire department.
- Determine the extent and type of evacuation required – partial or total – in conjunction with Fire department/Emergency Authorities, if available.
- Oversee the horizontal evacuation of all persons from the emergency area.
- Oversee vertical/building evacuation under the directions of Emergency responders (fire or police).
- Staff not otherwise assigned should report to the Nurse's station. If this is not safe the PIC identifies another location as the Command Centre.
- Notify the ED and DOC who will direct initiation of the Emergency Telephone fan-out system.
- Establish communication with other Fire Personnel with whom they will work closely in co-ordinating the evacuation.
- Prevent visitors from entering the building.
- Record the names and request photo ID for security purposes of employees who are responding to a fan-out as they arrive at the Glebe Centre.
- Assist Fire Department and Police as directed to co-ordinate resources required for the evacuation.
- Delegate tasks to staff assembled at Reception Desk Area.

## ***Administrative Responsibility***

- Standby for telephone or public address system communication.
- Use appropriate escape routes for safe vertical or horizontal evacuation of persons in the area and ensure routes are free of obstruction, and do not traverse a fire area.
- Provide assistance as requested by Police/Fire Department
- Have all rooms checked before leaving area
- Set room vacant indicators as rooms are cleared.
- Ensure that there is no unauthorized entry to your area.
- Before leaving your area, secure the area and turn off equipment.

## ***Staff Responsibility for Residential Areas***

- Prepare residents for evacuation.
- Standby for telephone or public address communication.
- Set room vacant indicators as rooms are cleared.
- Ensure all evacuation routes are clear of obstruction.
- Use exits or alternative escape routes for safe horizontal and vertical evacuation of residents as directed.
- Assign a staff member to supervise evacuation through each exit, e.g. doors and elevators (if in use)

## **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 location where they first reported.

## **ADMINISTRATION**

### **Executive Director**

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

1. Activate the Emergency Plan and authorize each phase of the plan
2. Coordinate activities of all Departments; and
3. Assume responsibility as the Glebe Centre Contact to Emergency Services

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

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

### **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 (DOC)**

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

### **Nurse Practitioner, Nursing Manager:**

1. Monitor the status and provide 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 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 an RN or RPN to be in charge of the Resident Care Centre(s) when possible.

**Registered Nurses (RN):**

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 (RPN), Personal Support Workers (PSW)**

1. Proceed to the site of **CODE GREEN** unless otherwise assigned or instructed by Executive Director or Nurse-in-Charge
2. PSW(s) in the Bankwood home area are assigned to stay with confused Residents even when a **CODE GREEN** is in effect; and
3. Assist in the evacuation or treatment of Residents under the direction of the Nurse.

**RESIDENT SERVICES****Director of Operations**

1. Proceed to Resident Care centers.
2. Assign staff to accompany Residents to Safe Area(s).
3. Maintains record of Residents who are leaving the Glebe Centre.
4. Ensures all necessary documentation, including Medical Charts and identification cards accompany Residents when they are transported to one of our partners sites.
5. Tracks Resident departures and documents destination of Residents when they leave the facility; and
6. Liaises with the Executive Director or designate.

**Program Facilitators**

1. Proceed to Resident Custodial Care centers.
2. Provides comfort and reassurance to Resident as needed; and
3. Accompany Resident to our partner sites.



### **Medical Director / Physicians**

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

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

1. Collects identification cards and distributes them to Resident in the Resident Care Areas.
2. Provides comfort and reassurance to residents as needed.

## **COMMUNITY PROGRAMS**

### **Director of Community Programs**

1. Proceed to Resident Custodial Care centers.
2. Assigns staff to accompany Clients to Safe Area(s).
3. Maintains record of 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. Make 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 the 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 Emergency Services 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 to the Triage and Resident Care Centers.
5. Assists in the transport of Resident from the Triage and Custodial Centers 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 to the Triage and Custodial Centers.
3. Assists in the transport of Resident from the Triage and Custodial Centers to transportation vehicles; and
4. Assist in the evacuation or treatment of Resident under the direction of the Nurse.

## **FOOD SERVICES**

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

1. Makes necessary arrangements to ensure adequate nourishment for Resident 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 in Custodial Care Areas
3. When sufficient nourishment is available, staff shall report to the Personnel Assignment Centre for directions.

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

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

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

The Director of Care or designate shall be advised by MLTC of the number of patients arriving and the approximate time of their arrival.

The Director of Care 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.**

The Director of Care or designate shall:

1. Initiate fan out
2. Supervise the arrival of guests and assign staff to the care of residents
3. Determines if 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 Command 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 Living Classroom (or Gathering Room of second floor link) on arrival. The Director of Care or designate shall assess immediate care needs and 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 of Care or designate shall designate appropriate locations as patient accommodation (staff lounge, floor lounges in LTC, and Gathering room on LTC Link 2<sup>nd</sup> floor).

Environmental Services shall arrange for cots, linen, and screens as needed

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 dietary 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 Orange

## Scope:

Code Orange is a community disaster that can be Chemical(C), Biological (B), Radio-Nuclear (RN), Explosive(E) or environmental (E) (CBRNE) events due to natural, accidental or intentional acts.

The severity (level of danger to humans), the spread (area covered), and the disaster's speed of growth will determine whether it is safer to shelter in place or to evacuate to safer ground.

Decisions of evacuation or to shelter in place may be directed by an external Emergency Agency if there is forewarning of an approaching event.

It is important to connect to local media (Radio, TV, web) to stay abreast of the status/changes regarding the disaster. Be aware that social media may have conflicting or erroneous information. (twitter, Facebook etc.)

The required response upon notification of any Stage of Code Orange will be that staff are required to return to work immediately if requested or as designated. Shift work may be readjusted, and days off may cease during the period of the emergency. Every effort will be made to schedule staff considering the fatigue factor.

During a Code Orange, employees will not leave the building without authority, private telephone calls will be restricted, and all staff, visitors, and volunteers must comply with parking and building entrance/exit restrictions as designated by The Glebe Centre.

## Procedure

When a natural or man-made disaster is approaching:

### Level 1- Advisory (in nearby region)

- TAKE CHARGE
- DIRECT STAFF TO:
  - CLOSE ALL FIRE DOORS AND WINDOWS to contain areas.
  - COMFORT Residents and family members
  - STAY CALM
  - STAY INDOORS and obtain updates from Person in Charge
  - TAKE DIRECTION from Person in Charge.

## **Level 2- Warning (in our region)**

- DIRECT STAFF TO:
  - SHUT OFF all non-essential electrical equipment
  - GATHER FLASHLIGHTS from Nursing stations and have them ready.
  - KEEP TELEPHONE CONVERSATIONS TO A MINIMUM – only with family members
  - MAINTAIN A SAFE DISTANCE from windows and unsecured objects.
  - TAKE DIRECTION from the Person in Charge
  - CONTACT **E.D** and **D.O.C** after hours to advise them of the situation.

## **Level 3 – Immediate (in the strike path)**

- DO NOT LEAVE THE BUILDING
- ASSIST IN MOVING residents and all staff to the inner core of building (in corridor) away from all exterior windows. Use inner rooms that do not have windows. Close all residents' doors.
- KEEP CALM
- KEEP CONFUSION AND NOISE TO A MINIMUM.
- STAY CLOSE TO THE FLOOR.
- TAKE DIRECTION from Person in Charge.

### **When event is declared over:**

- ASSIST those injured or trapped.
- PROVIDE MEDICAL ATTENTION to injured people as required.
- BE AWARE of hazards caused by the storm and advise Person in Charge.
- ADVISE Executive Director AND Director of Care of the status.
- REMAIN IN THE BUILDING to assist with recovery activities as required.
- RESUME NORMAL DUTIES when appropriate and safe to do so.
- COMPLETE Post Emergency Checklist

## **Complete Emergency Drill/Actual Event Summary (Appendix 'A')**

# Code Blue

## Scope

Code Blue will be used to alert individuals in the home of a medical emergency and provide a systematic approach for responding to the emergency.

Note: A medical emergency is defined as a medical condition requiring immediate treatment, for example: a cardiac and/or respiratory arrest, seizure, acute chest pain, respiratory distress, syncope and/or any other situation where clinical assistance is needed.

## Procedure

Upon discovering the emergency:

Pull the nearest call bell and alert nearby staff by shouting Code Blue.

Stay with the resident, stay calm

If there is no response to the call bell, or the call for help, then go out into the corridor and shout "Code Blue."

Upon receiving the page for Code Blue:

The RN/RPN or designate will bring the emergency equipment (suction, oxygen and ambubag) to the area where the resident is located.

The Charge Nurse (RN) will attend to the code and assume Person in Charge (PIC) responsibility. If the DOC is in the building, then they will immediately go to the area of the Code Blue and assist with the medical emergency.

The Charge Nurse (RN) on duty will direct the emergency and ensure appropriate resuscitation endeavors occur.

The Charge Nurse (RN) will direct a staff member to call 9-1-1 when appropriate and provide the following information:

Name, address, and room number (location)

***i.e. Code Blue at The Glebe Centre, 77 Monk Street, Ottawa K1S 5A7 and my name is John Doe.***

A staff member will be assigned to go and wait at the front entrance for the Ambulance. Complete the transfer forms in PointClickCare.

The RN/RPN or designate will:

Complete the transfer form and give a complete report to the paramedics prior to the transfer to the hospital, if transfer is necessary.

Notify the Substitute Decision Maker (SDM)

Inform Physician if unable to contact prior to transfer.

Ensure that all the emergency equipment is cleaned and/or replenished following the emergency.

Ensure all the documentation is completed.

### **Witness to a medical emergency (non-life threatening)**

- PUSH the emergency button on the nearest emergency call bell wall alert.
- FOLLOW INFECTION CONTROL PRECAUTIONS. Use Personal Protective Equipment – PPE (gloves, mask, etc.).
- UPON ARRIVAL OF A 2ND RESPONDER, obtain assistance as required but ensure Registered Nurse on shift takes charge.
- PERFORM FIRST AID, as appropriate.
- IF CONDITION WORSENS to where an Emergency Response team (Ambulance and Paramedics, etc.) are required, call 9-1-1 and identify that you have a “medical emergency” situation and provide the name and address of the Glebe Centre.

### **Arrival of external response team (paramedics, fire dept.)**

#### **The Charge Nurse (RN) will:**

- Transfer First Aid efforts to responding team.
- Provide support as required.
- If Resident is leaving with the team, provide:
  - ✓ Transfer documents
  - ✓ Resident’s medication list
  - ✓ Resident’s Wishes
- ASSIST EXTERNAL RESPONSE TEAM as requested.

#### **Completion of medical event**

- Turn off the emergency call bell alert.
- Complete the documentation of the Medical Emergency.
- Ensure the Physician has been informed.
- Ensure the Substitute Decision Maker (SDM) has been informed.

### **Complete Emergency Drill/Actual Event Summary (Appendix ‘A’)**



# Code Brown

## Scope

In the event of an in-facility hazardous materials incident, the Code Brown Plan will be activated. This plan provides guidelines for the most appropriate actions to be taken to safely manage the contaminant, cleanup, and disposal of hazardous materials.

## Procedure

All Managers/Supervisors will ensure that personal protective equipment (PPE) is available in work areas and that staff are trained and fit tested accordingly. In addition, spill cleanup supplies should be readily available for chemicals or hazardous materials. The spill kit is located in each RHA's activity room.

## Code Brown Classifications

There are several classifications of a Code Brown, including:

- Liquid chemical spill
- Hazardous gas
- Radioactive material spill
- Medication spill (e.g. chemotherapy medication)
- Biological release
- Noxious odour\*

\*A noxious odour Code Brown must only be called if there is an odour that is making staff, Residents, and visitors feel ill.

## External Response Company

The fire department is the first contact if the incident extends beyond the abilities of the Glebe Centre staff.

## Activation and notification

### Authority to Declare

Any staff member that sees or comes upon a spill shall:

Erect barriers so others cannot travel through the spill/contaminate.

Report the spill to the Registered Nurse on shift, who will become the Person in Charge (PIC).

The PIC is authorized to request Code Brown activation.

A Code Brown should not be called if the situation can be safely dealt with by the affected department (i.e. if the department can safely clean and dispose of a known material in their area).

If the event affects life safety, PIC to notify the Fire Department (Hazmat) for an immediate response.

The PIC, or alternate, will decide when to send a notification to the Executive Director and the Director of Care.

## **Levels of Response**

Code Brown is designed to alert staff to an Internal Hazardous Materials Incident and provide guidelines for staff to safely contain, cleanup, and dispose of a chemical or hazardous product or to control the scene as required, including activating a Code Green.

There are two levels of response to a hazardous materials incident:

- Manageable by staff (Silent Code Brown).
- Unmanageable, requiring an External Response Partner.

### ***Manageable by Staff***

The activation of cleanup by staff is initiated in response to a hazardous materials incident that poses minimal or no risk. The performance of the cleanup and disposal procedures is within the scope of staff knowledge and capability. The potential exists for temporary evacuation of the affected areas. The Glebe Centre procedures that include the use of the Safety Data Sheets (SDS) will be implemented to guide staff in the initial response so that the most appropriate actions are taken to minimize injury, safely manage containment, and to clean up and dispose of the hazardous material.

### **A Code Brown is not called for this type of situation.**

The PIC will manage the containment, cleanup, and disposal of the hazardous material.

Staff will:

- Block off the area as required,
- Wait for the PIC to arrive,
- The PIC will complete a risk assessment and determine whether it is in the home's capability to clean up and dispose of the material,
- The PIC will provide directions to staff.
- If the Spill kit is required, a staff member will be assigned to go to the Activity Room to obtain it.

If the spill is beyond the capabilities of staff, the PIC will contact and request assistance from the External Response Company and/or the Fire Department (HazMat).

### **Guidelines for cleaning up blood borne pathogens**

- ✓ Don PPE – Gloves, gown and safety goggles (if risk of splashing)
- ✓ Block area where spill has occurred
- ✓ Wipe spill with linen and bag in plastic laundry bag
- ✓ Clean area with soap and water
- ✓ Disinfect floor and hard surfaces with Tb Oxifer or like disinfectant.
- ✓ Let area air dry
- ✓ Non-disposable material used to clean, such as pails, need to be disinfected
- ✓ Place bagged soiled linens, mop pads, clothing in soiled utility room for laundering by the laundry department.
- ✓ Bag soiled disposable items such as paper towels, tissue, used spill kit items, PPE.
- ✓ Once gloves are removed, perform hand hygiene by washing hands
- ✓ The PIC will also call any additional codes (such as Code Green), and post signs as required.

### ***Unmanageable, requiring an External Response Company***

When staff cannot manage the cleanup and disposal and it is not within the scope of staff knowledge and capability (e.g. material cannot be identified, there is no suitable PPE, metering/monitoring is needed), external expertise is required. The PIC or designate will activate the External Response Company and will notify the Fire Department (HazMat) if required.

As is possible, the PIC will follow procedures as laid out in training to contain the spill and block the area and can initiate a Code Green as required.

### **Incidents Affecting Life Safety**

At any time, the PIC can call the Fire Department (HazMat) to see if the hazardous materials incident is affecting the life safety of staff, residents, and visitors. Direction to call the Fire Department (HazMat) may be instructed by the External Response Company if their phone assessment deems it a life safety issue.

### **Procedure**

Staff should report any hazardous materials incidents they find to the Registered Nurse on Shift/Person in Charge. Staff in the affected area should follow directions of the PIC. Staff in other areas must avoid the area until the 'All Clear' is called.

## **Contamination or Injury**

If someone is contaminated or injured during the event or during the response, they should follow SDS directions for decontamination and report to the Emergency Department.

## **Decontamination**

If a chemical that is within the capabilities of staff has contaminated any persons, other staff can usually decontaminate the person with soap and water. The External Response Company can also assist with decontamination efforts.

## **Safety Data Sheets (SDS)**

The Safety Data Sheets (SDS) can be found at the Nurse's Station in a Yellow binder labeled; Safety Data Sheets (SDS).

## **Decision Log**

As the event unfolds, the scribe will document a timed log of decisions made by the PIC as well as any other required information.

## **Reports**

The Employee Incident Report must be completed by the affected staff member and their manager if medical treatment is required as the result of the hazardous materials incident.

All other documentation related to the emergency treatment of staff will also be collected by Human Resources and reported to the Health and Safety Committee.

## **Spill Action Centre Notification and Ministry of the Environment Incident Reports**

The PIC and/or delegate is responsible to ensure that the Spill Action Centre is notified, and the Ministry of the Environment documentation is completed and submit in a timely manner for:

- Discharge of hazardous materials to air, land, or water AND
- When the chemical or substance is more than normal usage.

The Director, Director of Community Programs or delegate who 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, 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 shutting all windows, etc. to be taken”.**

The Director, 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 workstations and prepare to evacuate.

#### **Maintenance Personnel**

1. If required, shut down all air supplies, exhaust fans, air conditioners, throughout the facility starting on the side of the building nearest the source of contamination, Close and seal doors and windows on the side of the building nearest the source of contamination as required; and
2. Shut off natural gas at 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**

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**

1. If the ventilation system is shut down, stop using appliances which require ventilation; and
2. Follow Dietary Emergency Meal Procedures to feed Residents.

After the Code Brown has been alleviated, the Director, Charge Nurse or delegate shall page ALL CLEAR

### **Return to normal operations**

Depending on the severity of the event, the return to normal operations could take a longer period. There may be a requirement for decontamination or other remediation of the area..

Upon notice that the incident has concluded, the PIC will initiate the 'All Clear' by announcing "Code Brown All Clear" overhead (unless it was a silent Code Brown).

### **Debriefing and Evaluation**

Depending on the severity of the event, a debrief may occur and a Debrief Incident Report will be completed by the Director of Care or designate. The External Response Company will provide copies of their documentation after the response is complete,

### **Training**

Mock Code Browns will be held annually. Revision of the Code Brown Response Plan will be updated as required after any event. This plan will be reviewed annually by the Executive Director. This Plan will also be reviewed by the Joint Occupational Health and Safety Committee. Any revisions will be approved by the Executive Director.

## **Complete Emergency Drill/Actual Event Summary (Appendix 'A')**

# Code White

## Scope

A Code White is designed to initiate an emergency response to resident, visitor or staff member who is actively displaying disruptive, uncontrollable and/or violent behaviours that is potentially dangerous towards themselves or others.

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

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 ANNOUNCEMENT OF A 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**.

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

## Procedure

### *All Staff*

Upon noticing an individual who is out of control, using threatening language, disruptive or at risk of harming themselves or others:

- Stay calm.
- If possible, verbally communicate with the person directly and try to de-escalate the behaviour while being cautious of personal safety.

- Leave the person if behaviours escalate to physical level.
- Alert other staff that assistance is needed.
- Ensure the safety of other residents, staff, visitors, volunteers, and family members; advise them to immediately leave the scene for safety.
- Contact the Nurse in Charge and provide details of the situation and scene.
- Remain on scene to meet the Nurse in Charge who will assume lead and be the Person in Charge (PIC) of the incident.

### ***Person in Charge (PIC)***

- Direct management of the code.
- Coordinate the team's activities once a plan of action is established.
- Brief staff arriving to assist on why the code was initiated and relay all relevant information.
- Delegate responsibilities and activities for all staff responding as needed to secure the environment and protect other people in the area.
- If possible, remove all other individuals at risk from the immediate area.
- Call 911 if behaviours remain unsettled and the person is not responding to de-escalation techniques or if a weapon is involved.
- Contact the on-call manager when appropriate. Ensure safety of the person "acting out" throughout the incident.
- Notify the Executive Director (ED) or Director of Care (DoC) of the Code White incident and the outcome. Brief ED or DoC of the incident upon arrival.

### **End of Code White**

Facilitate a Code White debrief immediately to evaluate the incident. Complete incident report under risk management and all other behavioural assessments.

Notify POA or SDM.



# Code Grey

## Scope

This Code Grey Plan will assist staff with the continuity of resident care and essential services during a loss of a critical building system caused by an internal or external issue impacting the Glebe Centre.

## Procedure

All staff must be familiar with the process/protocols of Emergency Preparedness.

The Person in Charge (PIC) will wear a highly visible “Fire Captain” vest to be identified as the person in charge and will direct staff as appropriate. Staff will follow all instructions and procedures required during a Code Grey given by the PIC until service is restored.

***Loss of Critical Building Systems*** (Air Conditioning, Heating, Hot Water, Water, Hydro, Internet).

All building systems are owned, managed and maintained by the Glebe Centre.

All Code Grey – Loss of Critical Building Systems responses can be activated by the Charge Nurse or designate by calling a code grey over the PA system. (intercom 8111)

In the event of a prolonged power outage (Code Grey – Utilities Failure), the emergency generator, operated and maintained by the Glebe Centre, powers all essential services and provides additional outlets designated by red outlets for additional services required by residents, e.g. oxygen, therapeutic air bed.

This Code Grey Plan contains several categories of critical building systems, each with its own response procedures and backup systems:

- Air conditioning – loss of cooling due to equipment failure
- Heating – loss of heating due to equipment failure
- Hot Water – loss of domestic hot water due to inoperable water heaters or loss of natural gas services
- Water – Major leak or external disruption from city service.
- Hydro – Loss of power due to internal failure or external interruption.
- Internet – Connection loss due to various factors. This can interrupt communications, medical charting, etc.

IF THE OUTAGE is a planned event (inspection, regular maintenance) the Glebe Centre issues a notice which is shared/posted by the Leadership team.

## ***Return to normal operations***

## **All Clear**

Once the critical building system has been returned to normal, reception will announce the 'All Clear' on the Public Address (PA) system.

If the system will be impacted for an extended period, Code Grey will remain in affect until decisions are made to activate a Code Green Plan.

## **Complete Emergency Drill/Actual Event Summary (Appendix 'A')**

## 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.

### **Staff members are not to handle suspicious packages or objects.**

If you receive a bomb threat:

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, etc.).

### **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.”**

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'.

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 remain 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.**

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.”**

Designated members of the search team shall assemble and give 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. If the caller should give the location of the bomb, the Director, Director of Community Programs or delegate 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 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.

## Complete Emergency Drill/Actual Event Summary (Appendix 'A')

# 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:

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## ASK the caller to:

Please **repeat** the 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:**

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

Title: \_\_\_\_\_ Department \_\_\_\_\_

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

## **Code Yellow**

The Glebe Centre Long Term Care Residence and Abbotsford House have policies regulating access to and from the Home and Resident Home Areas (RHA's). There is one RHA (Bankwood) which is a locked unit 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.

### **Procedure for Code Yellow**

- A. A preliminary search of the normal living or activity area of the Resident is conducted when they are identified as missing.

### **The Glebe Centre Long Term Care Residence**

The following steps shall be followed in order of priority:

1. Review the reception sign-out book to determine if the person has signed out of the building.
2. Review Tenera Care device to locate resident wearable device.  
Tenera Care Indoor Positioning Solution (IPS) is a fully managed cloud service that enables the identification of the exact position (within 15cm), movement and proximity of people or assets in real-time.
3. Once the Tenera Care wearable device has been located and it is identified that the resident was not present with the device, conduct a full search of all rooms on the floor or activity area where the individual was last seen.
4. If an individual cannot be located, the Director of Care or delegate shall notify the family that the person is missing and that a search is underway; and
5. The Director of Care or delegate initiates a Code Yellow.

### **Abbotsford House**

The following steps shall be followed in order of priority:

1. Conduct a full search of all rooms on the floor or activity area where the individual was last seen.
2. If an individual cannot be located the Director of Community Programs or delegate shall notify the family that the person is missing and that a search is underway; and
3. The Director of Community Programs or delegate initiates a Code Yellow.

- B. The Director of Care, Director of Community Programs or delegate(s) are responsible for initiating an overhead announcement throughout the facility in which there is a missing Resident/Client:

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”.**

The Director of Care, Director of Community Programs or delegate(s) responsible begins documenting the event with timelines and conduct a search of the facility and grounds and surrounding streets, using the checklist outlined in *Appendix B: Code Yellow Search Checklist* in addition to the current floor plans located in Emergency Binder at reception.

A staff member from each department except the Nursing Program shall be delegated to present themselves at the Long-Term Care Home or Abbotsford House to receive further direction.

If following a comprehensive search the Resident/Client is not located in the buildings or on the grounds, the Director of Care, 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 provide an update on the situation
4. Request the family to check the Residents' former addresses and/or locations the Resident frequented in the past.
5. Provide further instructions to staff (i.e. return to work, further search, etc.);  
and
6. Contact the Ministry of Long Term Care (MLTC) emergency phone number
7. No information is to be given to the media or public without the authorization of the Executive Director or delegate.



# Code Yellow - Search Checklist

## Long Term Care Home

Location	Date	Individual Located (Y/N)	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			

**Abbotsford House**

Location	Date	Individual Located (Y/N)	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			

<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			
Lord Lansdowne Basement			
Lord Lansdowne Tunnel			
Lord Lansdowne Elevators			

## 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.