



# Fairmount Home

## Fairmount Home Emergency Response Plan

Prepared by:

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## Document Approval



The Fairmount Home Emergency Response Plan has been recommended by the following:

The Loomex Group  
Government and Private Services  
Emergency Management and Emergency Services

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Signature

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Date

Approved by:

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Signature

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Date

## Annual Review and Sign-off

Fairmount Home must review this Emergency Response Plan as often as necessary to ensure all instruction and contact information remains current. At a minimum, Fairmount Home must review its Emergency Response Plan annually. Amendment information shall be recorded in the table below (Table 1).

**Note:** Any amendments to this Emergency Response Plan must be circulated to the persons and groups identified on the distribution list.

Table 1: Table of amendments.

#	Date Reviewed	Section Amended	Approved By
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

## **Distribution List**

Fairmount Home must provide a copy of its Emergency Response Plan to the persons and groups identified on the distribution list (Table 2). The Fairmount Home Administrator shall distribute an electronic copy of the Emergency Response Plan to each staff member, agency, and stakeholder named on the distribution list.

Table 2: Distribution list.

<b>Plan Copy #</b>	<b>Name of Plan Holder</b>	<b># Of Copies Held</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
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12		
13		
14		
15		

## Record of Exercises

Fairmount Home is required to maintain a record of the exercises it conducts. Exercise information can be recorded in the following table (Table 3). All records must be maintained for ten years.

Table 3: Emergency response plan record of exercises.

#	Date Conducted	Type of Exercise	Initiated By	Comments
1				
2				
3				
4				
5				
6				
7				
8				
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12				
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15				

## List of Acronyms

Table 4: List of acronyms.

Term	Acronym
Air Quality Index	AQI
Code Debrief Form	CDF
Assistant Director of Care – Resident Services	ADOC – RS
Automated External Defibrillator	AED
Beds in Abeyance	BIA
Building Automation Systems	BAS
Carbon Monoxide	CO
Chemical, Biological, Radiological, Nuclear	CBNR
Chief Administrative Officer	CAO
Community Emergency Management Coordinator	CEMC
Critical Incident Stress Management	CISM
Critical Incident System Report	CISR
Dietary, Housekeeping, and Laundry	DHL
Director of Resident Care	DRC
Emergency Command Post	ECP
Emergency Control Centre	ECC
Emergency Control Group	ECG
Emergency Drill Report	FDR
Emergency Information	EI
Emergency Information Centre	EIC
Emergency Information Officer	EIO
Emergency Management Plan	EMP
Emergency Measures Organization	EMO
Emergency Medical Services	EMS
Emergency Operations Centre	EOC

## Fairmount Home Emergency Response Plan

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Term	Acronym
Emergency Response Plan	ERP
Employee and Family Assistance Program	EFAP
Evacuation Logging Record	ELR
Evacuation Placement Form	EPF
Fire Safety Plan	FSP
Gentle, Persuasive Approaches	GPA
Hazard Identification and Risk Assessment	HIRA
Heating, Ventilation, and Air Conditioning	HVAC
Incident Action Plan	IAP
Incident Command	IC
Incident Command Post	ICP
Incident Management System	IMS
Incident Medical Plan	IMP
Infection Prevention and Control	IPAC
Liaison Officer	LO
Long-term Care Home	LTCH
Medical Officer of Health	MOH
Ministry of the Environment	MOE
Ministry of Long-term Care	MLTC
Non-Governmental Organization	NGO
Ontario Regulation	O. Reg.
Operations Communications Centre	OCC
Personal Protective Equipment	PPE
Plan of Care	POC
Planning Section Chief	PSC
Power of Attorney	POA
Protection for Persons in Care	PCC

## Fairmount Home Emergency Response Plan

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Term	Acronym
Public Health Unit	PHU
Resident Home Area	RHA
Registered Nurse	RN
Registered Practical Nurse	RPN
Risk Management Report	RMR
Safety Data Sheet	SDS
Safety Officer	SO
Section Chief	SC
Substitute Decision Maker	SDM
Violence Risk Assessment	RM

**Note:** Some of the acronyms listed above are not found in the main body of this document. Some terms may be found in the appendices, and others are included for reference purposes only.

## **1.0 General Information**

### **1.1 Forward**

The aim of this Emergency Response Plan (ERP) is to make provisions for the measures that may have to be taken to protect the health, safety, and welfare of Fairmount Home's residents, staff, and volunteers. If an emergency occurs at its facility, Fairmount Home must follow the processes and procedures outlined in this document.

This ERP was developed in compliance with Ontario Regulation (O. Reg.) 246/22, which was made under the Fixing Long-term Care Act, 2021, March 31, 2022.

### **1.2 Purpose of an Emergency Management Plan**

Emergencies require appropriate, well-coordinated responses from many groups, including staff, residents, visitors, and community partners. The purpose of an emergency management plan (EMP) is to provide each of those groups with instructions for conducting applicable emergency responses and recovery operations.

Effective EMPs:

1. Identify the lines of authority.
2. Identify the assignment of staff.
3. Describe the actions occupants should take during the emergency.
4. Identify the building's safety features and systems pertaining to the emergency.
5. Identify the community partners and resources needed to assist with the emergency.
6. Describe the actions needed to recover from the emergency.

### **1.3 Purpose of a Fire Safety Plan**

Section 2.8 of the Ontario Fire Code specifies that buildings containing assembly occupancies, care occupancies, or detention occupancies must establish and implement a fire safety plan (FSP).

Implementing an FSP helps ensure that staff can effectively use their building's life safety features and help protect occupants if a fire occurs.

### **1.4 Ontario Regulation 246/22**

As per O. Reg. 246/22, s.268(11): "If there is a conflict or an inconsistency between a provision of the fire code under the Fire Protection and Prevention Act, 1997 and a provision of an emergency plan, the fire code prevails to the extent of the conflict or inconsistency."

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In the event of a community disaster, the City of Kingston Emergency Response Plan will be in effect.

### **1.5 Activating the Emergency Response Plan**

An emergency is an abnormal situation that requires prompt and coordinated action beyond normal procedures to limit injuries to persons or damage to property or the environment. An emergency could necessitate the evacuation of the premises, relocation of residents, survival in isolation, or reception of persons from another facility.

Fairmount Home shall activate its ERP as soon as an emergency occurs or is expected to occur. Depending on who receives the initial warning about an incident or discovers an incident in progress, the decision to activate the plan shall be made by:

- Chief Administrative Officer
- Fairmount Home Administrator
- Director of Resident Care
- Assistant Director of Care
- Manager of Environmental Services
- Manager of Food Services
- Charge Nurse RN/RPN

Fairmount Home must establish Incident Command (IC) immediately after activating its ERP. The IC will ensure that all essential personnel are notified of the situation as soon as it occurs (see Annex A for the Fairmount Home organizational chart).

**Note:** Although the Fairmount Home staff may activate the ERP themselves, in some scenarios, they may require assistance from the County of Frontenac or other outside agencies.

## 2.0 Incident Management Functions

This ERP describes the various tasks, responsibilities, and duties Fairmount Home must complete during an emergency. The plan is designed to avoid confusion and duplication of actions. Only the Fairmount Home personnel and the outside agencies who are knowledgeable of their duties and have the skills to carry out those duties shall be assigned specific roles under the ERP.

This ERP follows the Incident Management System (IMS) and outlines the responsibilities of the following IMS components:

- Command
- Operations
- Planning
- Logistics
- Finance/Administration

Fairmount Home must address the five IMS components during every incident. In a simple incident, or in the very early stages of a complex incident, one person (such as the Incident Commander) may carry out all five IMS functions. In a complex incident, four separate IMS sections (Operations, Planning, Logistics, and Finance/Administration) may be set up to support the Incident Commander.

**Note:** The IMS functions are not intended to remain solely the responsibility of the Incident Commander.

### 2.1 Responsibilities of Supervisory Staff

The Fairmount Home Administrator (or On-call Manager)/Incident Commander is responsible for completing the following actions:

- Activate the ERP and set up the Emergency Operations Centre (EOC).
- Take all steps necessary to protect the safety, health, and welfare of Fairmount Home's residents and staff.
- Assign a staff member to initiate a staff callback if required.
- Assign a staff member to meet and direct arriving emergency vehicles. Ensure you provide the designated staff member with the appropriate safety vest.
- Notify the Ministry of Health and the County of Frontenac CAO of the emergency. The CAO will decide whether to contact the appropriate emergency management officer.
- Request support from external sources as required.

- Determine if additional volunteers are required and if appeals for volunteers are warranted.
- Ensure that pertinent information and instructions regarding the emergency are communicated appropriately.
- Authorize the expenditure of funds required to deal with the emergency.
- Maintain a log of the decisions that were made and the actions that were taken during the emergency (to be retained as part of the record of the emergency).
- Conduct an appropriate debriefing session following the termination of the emergency.

## **2.2 Responsibilities of the Director of Resident Care**

The Director of Resident Care (or designate) is responsible for completing the following actions:

- Provide continuing care for Fairmount Home's residents.
- Initiate evacuation procedures as required.
- Designate staff members to carry out identification (tagging) procedures where indicated.
- Designate staff members to complete records retrieval where indicated.
- Prepare rooms/spaces to accommodate persons who have been relocated from other facilities or the community as required.

## **2.3 Responsibilities of the Manager of Environmental Services or Designate and Food Services**

The Manager of Environmental Services (maintenance, housekeeping, and laundry) and Food Services (cooks, dietary staff, and dietitian) is responsible for completing the following actions:

- Coordinate the food and water supply and coordinate safety provisions.
- Ensure there are adequate linen supplies. Arrange for alternate laundry facilities as required.
- Ensure the generator receives the necessary maintenance and fuel.
- Ensure there is an adequate water supply.

## **2.4 Responsibilities of the Medical Director**

The Medical Director is responsible for completing the following actions:

- Assume triage responsibilities.

- Act as the primary decision maker regarding the transport of injured persons and the assessment of residents who can be discharged to the community.
- Arrange for support from additional physicians as required.

### **2.5 Responsibilities of Incident Command**

Only one person at a time is to function as Incident Command during an emergency. At Fairmount Home, the IC should be the Fairmount Home Administrator (or On-call Manager). In addition to having the overall authority and responsibility for conducting incident operations, the IC is responsible for completing the following actions:

- Take all steps necessary to protect the safety, health, and welfare of Fairmount Home's residents and staff.
- Ensure the safety of all individuals on-scene.
- Assign responsibility to initiate a staff callback if required (see Annex B).
- Determine the objectives, strategies, and priorities appropriate to the level of response. This responsibility includes arranging support from external sources and additional volunteers and, if warranted, establishing a Command Staff and General Staff.
- Notify the Ministry of Health and the County of Frontenac CAO of the incident. The CAO will decide whether to contact the Emergency Management Officer.
- Establish communications and authorize the release of information to the public. If Command Staff have been established, delegate these duties to the Emergency Information Officer.
- Continually assess and reassess the situation.
- Approve an incident action plan (IAP).
- Coordinate all activities needed to manage an incident, including establishing the Incident Command Post (ICP).
- Authorize the expenditure of funds. If Command Staff and General Staff have been established, delegate this responsibility to the Finance/Administration Section Chief.
- Maintain a log of the decisions that were made and the actions that were taken during the emergency (to be retained as part of the record of the emergency).
- Authorize the demobilization of response efforts when appropriate.

### **2.6 Command Staff**

The Command Staff comprises the following:

- Safety Officer

- Liaison Officer
- Emergency Information Officer

Other experts or subject specialists may be appointed as required. If no Command Staff members are appointed, the Command Staff responsibilities remain with the Incident Commander.

## **2.6.1 Safety Officer**

The Safety Officer is tasked with creating systems and procedures for the overall health and safety of all responders. The Safety Officer may be the Director of Resident Care or the Medical Director. Each of those roles also has its own responsibilities, as defined below.

Responsibilities of the Director of Resident Care:

- Provide continuing care for Fairmount Home's residents.
- Initiate evacuation procedures as required.
- Designate staff members to carry out identification procedures where indicated.
- Designate staff members to complete records retrieval where indicated.
- Prepare rooms/spaces to accommodate persons who have been relocated from other facilities or the community as required.

Responsibilities of the Medical Director:

- Assume triage responsibilities.
- Act as the primary decision maker regarding the transport of injured persons and the assessment of residents who can be discharged to the community.
- Arrange for support from additional physicians as required.

In addition to the tasks listed above, the Safety Officer is responsible for completing the following actions:

- Monitor safety conditions and develop appropriate safety measures.
- Work closely with the Operations Section to ensure all responders are as safe as possible, wearing the appropriate PPE, and implementing the safest operational options.
- Advise the Command Staff on safety issues.
- Conduct risk analyses. (**Note:** this is normally done during the planning process.)
- Assist with reviewing the IAP.

- Assist with writing the incident medical plan (IMP).

### **2.6.2 Liaison Officer**

The Liaison Officer serves as the primary contact for the organizations cooperating with or supporting the incident response. The Liaison Officer advises Incident Command regarding all outside assistance being rendered, including current or potential inter-organizational needs. The Liaison Officer's specific responsibilities include:

- Gather information about the organizations involved in the incident, including information about representatives, standards, and the specialized resources or special support that may be required.
- Serve as a coordinator for organizations not represented in Incident Command.
- Provide briefings to organizational representatives regarding response efforts.
- Maintain a list of the supporting and cooperating organizations, and keep it updated.

### **2.6.3 Emergency Information Officer**

The Emergency Information Officer is responsible for developing and releasing emergency information to the public and the media regarding an incident.

**Note:** Incident Command must approve all information the Emergency Information Officer releases. If the Fairmount Home Emergency Operations Centre is activated, the approval comes from the EOC Command.

The Emergency Information Officer's responsibilities include:

- Advise the Command Section about media/public emergency information and media relations and ensure that people who want information about the incident can attain the necessary data.
- Consult with the Command Section and Planning Section regarding any restraints on the release of information.
- Provide information to the Command Section about the emergency from the public and media. Establish focused messages and media products for spokespersons.
- Broadcast emergency instructions (such as evacuations) to the public via the media.
- Establish a public inquiry hotline and arrange media tours of incident sites.

## **2.7 General Staff**

The General Staff supports Incident Command by overseeing and carrying out key managerial functions related to operations, planning, logistics, and finance/administration.

The General Staff comprises the following:

- Operations Section
- Planning Section
- Logistics Section
- Finance/Administration Section

Each General Staff section is supervised by its own section chief. The objective of each section is to coordinate and carry out the incident objectives set out in the current IAP.

### **2.7.1 Operations Section Chief**

The Operations Section is responsible for managing all operations directly applicable to the primary mission.

The Operations Section Chief activates and supervises all organizational elements as per the current IAP; the Operations Section Chief also manages the execution of the IAP. The Operations Section Chief's responsibilities include:

- Assess whether there are any changes that require the Incident Commander's approval.
- Manage the operation of all resources assigned to an incident.
- Plan detailed, immediate response actions.
- Coordinate volunteer activities.

### **2.7.2 Planning Section Chief**

The Planning Section coordinates the development of each IAP and ensures the information is shared with Incident Command and General Staff efficiently.

The Planning Section Chief's responsibilities include:

- Collect, analyze, evaluate, and disseminate incident information.
- Manage the planning process, including preparing and documenting the IAP for each operational period.
- Conduct long-range or contingency planning.

- Maintain incident documentation.
- Track the resources assigned to the incident.
- Manage the activities of technical specialists.
- Develop plans for demobilization.

### **2.7.3 Logistics Section Chief**

The Logistics Section provides the supporting resources needed to implement the IAP. Those resources may include facilities, transportation, supplies, fuel, maintenance equipment, food service, communications, and medical services for responders and support personnel. The Logistics and Finance/Administration sections work together regarding the purchase of required goods and services. The Logistics Section also develops several portions of the written IAP and forwards them to the Planning Section.

The Logistics Section Chief's responsibilities include the following:

- Order, obtain, maintain, distribute, and account for essential personnel, equipment, and supplies beyond those immediately accessible to the Operations Section.
- Develop the telecommunications plan and provide telecommunications/IT services and resources.
- Set up and maintain food services, incident facilities, and transportation support.
- Provide medical services to incident personnel.

### **2.7.4 Finance/Administration Section Chief**

The Finance/Administration Section provides financial and costs analysis support during an incident. The Finance/Administration Section Chief's immediate priorities are paying for any food that is supplied and ensuring time sheets are kept for all personnel, outside agencies (where billing may occur), and equipment involved in the incident. (**Note:** For smaller incidents, a specialist within the Planning Section may perform this function.)

The Finance/Administration Section Chief's other responsibilities include the following:

- Track timesheets for incident personnel and equipment.
- Complete contract negotiation and monitoring.
- Reimburse expenses (individual and organization/department).
- Make cost estimates for alternative response strategies.
- Monitor sources of funding and track and report on the financial usage rate.

## 2.8 Table of Revisions

Table 5: Incident management functions: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

### 3.0 Reporting Emergencies

The Incident Commander must ensure that Fairmount Home notifies all applicable agencies and governing bodies when an emergency occurs. Those agencies may include the Ministry of Health and the County of Frontenac CAO. The CAO will decide whether to activate the EOC and the Emergency Control Group (ECG).

Fairmount Home must also notify the Director of the Ministry of Long-term Care immediately after an emergency occurs. This notification must be followed by the completion of a critical incident system report (CISR) when one of the following scenarios occurs:

- an emergency, including fire, unplanned evacuation, or intake of evacuees
- an unexpected or sudden death, including a death resulting from an accident or suicide
- a resident is missing for three hours or more
- a resident that has been missing returns to the facility with an injury or an adverse change in condition (**Note:** in this scenario, the CISR must be completed regardless of how long the resident was missing)
- an outbreak of a disease of public health significance or communicable disease as defined in the Health Protection and Promotion Act
- the drinking water supply becomes contaminated

Additionally, the Director of the Ministry of Long-term Care must be notified within one business day if one of the following occurs:

- a resident that has been missing for less than three hours returns to the facility with no injury or adverse change in condition
- an environmental hazard occurs that affects the provision of care or the safety, security, and well-being of one or more residents for more than six hours, including:
  - a breakdown or failure of the security system
  - a breakdown of major equipment or a system in the home
  - a loss of essential services
  - flooding
- a missing or unaccounted-for controlled substance is located on the premises
- an incident injures a resident and results in hospitalization and a significant change in the resident's health (see O. Reg. 79/10 section 107, [3.1])

- a medication incident or adverse drug reaction that causes a resident to be taken to the hospital occurs

If any of the scenarios listed above occurs, Fairmount Home must complete a CISR as part of its notification to the Director of the Ministry of Long-term Care.

### **3.1 Alerting Procedures**

Fairmount Home will complete its alerting procedures by landline or cell phone.

### **3.2 Communication During Emergencies**

During an emergency, Fairmount Home will use landlines, cell phones, radios, and staff runners as its primary methods of communication. Once a Command Post is established, it will be the responsibility of the Incident Commander to establish radio communications with the EOC after the EOC facility is activated.

### **3.3 Communication Before an Emergency**

Fairmount Home will alert building occupants and applicable stakeholders for scenarios including, but not limited to, the following:

- extreme weather warnings
- planned utility outages
- planned water shutoffs
- any other applicable planned shutdown or service interruption

In all cases where advance notice is provided, Fairmount Home's staff will perform their roles, responsibilities, and associated communication requirements as outlined in the Fairmount Home ERP.

### **3.4 Communication During an Emergency**

The Fairmount Home Administrator (or On-call Manager) will communicate the beginning and termination of emergencies to building occupants and fill out or conduct the necessary reporting procedures.

The Fairmount Home Administrator (or On-call Manager) shall ensure they provide frequent, ongoing communication about the emergency with the following persons/groups:

- residents
- substitute decision-makers (if any)
- staff

- volunteers
- students
- caregivers
- the Residents' Council
- the Family Council (if any)

Communication will be given during the following times:

- at the beginning of the emergency
- when there is a significant status change throughout the course of the emergency
- when the emergency is over

During an emergency, all departmental managers and staff will perform their roles, responsibilities, and associated communication requirements as outlined in the activated ERP.

## **3.5 Communication After an Emergency**

As outlined in the applicable ERP, the Fairmount Home Administrator (or On-call Manager) will:

- hold a debriefing session with the building occupants who were in the area(s) impacted by the emergency
- fill out an Code Debrief Form, and or a Fire Drill Report.

Completed CDF's FDR's are stored in the binder labelled Testing of Emergency Plans. The Fairmount Home Administrator (or On-call Manager) or managers will also communicate with stakeholders as required based on the impact and duration of the emergency. These types of communications will be noted on the Communication Log.

## **3.6 Communication Log**

Any form of communication noted in Section 3.5 will be documented on the Communication Log. The sender of the communication, as well as the receiver, message content, and message format, will also be recorded on the Communication Log. The Fairmount Home Administrator will store completed communication logs in the Testing of Emergency Plans Binder.

### 3.7 Table of Revisions

Table 6: Reporting emergencies: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## 4.0 Emergency Response Plan Testing and Reviews

Fairmount Home shall test its ERP in accordance with O. Reg 246/22, which is a regulation made under the Fixing Long-term Care Act, 2021, and Emergency Plans (March 31, 2022).

An excerpt from 268 Emergency Plans (10) reads as follows:

(10) The licensee shall,

- (a) on an annual basis test the emergency plans related to the loss of essential services, fires, situations involving a missing resident, medical emergencies, violent outbursts, gas leaks, natural disasters, extreme weather events, boil water advisories, outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics, pandemics and floods, including the arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency;
- (b) test all other emergency plans at least once every three years, including arrangements with the entities that may be involved in or provide emergency services in the area where the home is located including, without being limited to, community agencies, health service providers as defined in the Connecting Care Act, 2019, partner facilities and resources that will be involved in responding to the emergency.
- (c) conduct a planned evacuation at least once every three years; and
- (d) keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve the plans.

Additionally, under ss. 268(10) of O. Reg. 246/22, long-term care homes must ensure they test their emergency plans, including their arrangements made with emergency providers. The testing frequency for the different components of the emergency plans is shown in Table 7.

Table 7: Emergency response plan: testing frequency.

Components Tested Annually	Components Tested Every Three Years
Outbreaks of communicable diseases	Community disasters (such as tornados and flooding)
Outbreaks of a disease of public health significance	Violent outbursts
Epidemics, and pandemics	Bomb threats
Fires	Chemical spills
Situations involving a missing resident	Gas leaks

Components Tested Annually	Components Tested Every Three Years
Loss of one or more essential services Medical emergencies Natural disasters or extreme weather events Boil water advisories, and floods	Evacuations

At the conclusion of every test exercise, all participating staff and outside agencies shall attend a debriefing session to review the lessons learned. Minutes shall be recorded for the debriefing sessions.

Upon completion of every test exercise, Fairmount Home must finalize an Code Debrief Form (CDF). CDFs will include corrective actions for Fairmount Home's ERP, policies, guidelines, or training, and these actions will be recorded and marked for implementation. The corrective actions shall then be implemented to address the shortcomings or issues identified during the test exercise, and further training will be provided as necessary. After they are implemented, Fairmount Home must conduct partial testing of its ERP to evaluate the effectiveness of the corrective actions.

#### **4.1 Assessing Effectiveness and Conducting Evaluations**

In accordance with 268 (8) (9) Emergency Plans, Fairmount Home must observe the following regulations:

- (8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,
  - (a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 4 of subsection 268 (4); and
  - (b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.
- (9) In evaluating and updating the plan as required under subsection (8), every licensee shall ensure that the entities involved in the emergency response are provided an opportunity to offer feedback.

The effectiveness of Fairmount Home's ERP shall be evaluated through regular reviews, exercises, and quality assurance audits. The Fairmount Home Administrator is responsible for ensuring that Fairmount Home reviews its ERP annually and takes steps to correct identified deficiencies. The Fairmount Home management team, in consultation with the Joint Health and Safety Committee, is responsible for reviewing and revising the ERP annually and after each exercise. After they have completed the necessary reviews, the management team and committee members are responsible for making recommendations about the ERP to the Fairmount Home Administrator (as

required). Upon approval by the Fairmount Home Administrator, Fairmount Home will update its ERP and provide copies of the updated document to the individuals and groups noted on the ERP distribution list.

### **4.2 Testing of Emergency Plans Binders**

Fairmount Home shall maintain the following binders for the on-site testing of its emergency plans:

1. Fairmount Home Administrator Testing of Emergency Plans Binder
2. Building Services Testing of Emergency Plans Binder

#### **4.2.1 Fairmount Home Administrator Testing of Emergency Plans Binder**

The Fairmount Home Administrator Testing of Emergency Plans Binder shall be stored in the Fairmount Home Administrator's office and will contain the following completed records:

- CDFs, FDRs
- required actions checklists
- resource stockpile audits
- 30-day debrief minutes (post-activation of the emergency preparedness plan)
- communication and collaboration logs
- hazard identification and risk assessments (HIRAs)
- attestations

#### **4.2.2 Building Services Testing of Emergency Plans Binder**

The Building Services Testing of Emergency Plans Binder shall be stored in the Manager of Environmental Service's office and will contain the following completed records:

- Code Red FDRs
- staff training records

### **4.3 Fire Drills**

Fire drills will be planned, scheduled, carried out, documented, and evaluated to ensure all full-time staff and registered nurses participate. It is the joint responsibility of the Fairmount Home Administrator and Manager of Environmental Services (or designate) to develop the facility's annual fire drill schedule and ensure it is followed.

As part of the annual schedule, the following conditions must be observed:

1. The drill schedule must include at least one drill per month per shift (days, afternoons, nights).
2. There should be 12 comprehensive drills conducted per year for the day shift. Announced drills will only be conducted when in-home conditions dictate such notice.
3. There should be 12 comprehensive drills conducted per year for the afternoon shift. Announced drills will only be conducted when in-home conditions dictate such notice.
4. There should be two comprehensive drills and ten silent drills conducted for the night shift. Additional staff will be scheduled to attend the night shift's comprehensive drills to monitor resident safety during the drills with minimum staffing levels.
5. On occasion, in-home conditions may dictate the need to hold a table-talk drill in lieu of a comprehensive or silent drill.
6. All full-time staff and registered nurses can participate in a drill.
7. A range of alarm scenarios must be developed to include different areas of the building, types of fire, and types of devices activated.
8. During announced comprehensive drills, Fairmount Home's management team must monitor the staff response in the unaffected areas of the building and hold a debriefing session with the staff in those areas.
9. On a quarterly basis, a member of the Fairmount Home management team will fill the role of Chief Fire Warden during a given drill.

### **4.3.1 Comprehensive Fire Drill Procedure**

1. The Environmental Services Manager (or designate) will contact the fire department to advise them that Fairmount Home will be conducting a fire drill and request that the building be taken out of service during the planned drill.
2. The Environmental Services Manager (or designate) will contact the monitoring company to advise them that Fairmount Home will be conducting a fire drill and request that the building be taken out of service during the planned drill.
3. The Environmental Services Manager (or designate) will switch off the AC power to the fire alarm system to test the system under standby battery power on a quarterly basis (in January, April, July, and October). The Environmental Services Manager (or designate) will ensure that the door program's security systems are monitored during this process as applicable.
4. Fairmount Home will simulate a fire by any of the following means:
  - a. signal a red flashing lantern placed in the pre-selected area

- b. activate a smoke detector
- c. inform a staff member that a fire exists, and state the simulated fire's location

5. The first staff member to arrive at the scene will be expected to:
  - a. remove anyone who is in immediate danger
  - b. ensure the door is closed to confine the fire
  - c. activate the nearest pull station (if the alarm is not activated)
  - d. communicate the location of the fire to responders
  - e. obtain a fire extinguisher and place it near the simulated fire's location
6. Other staff will respond to the fire drill as per their responsibilities.
7. Following the resetting of the fire alarm system and the announcement of the "all clear," a call will be made to the fire department to state that the drill is completed and to ask that Fairmount Home be put back in service.
8. Following the resetting of the fire alarm system, the announcement of the "all clear," and the call to the fire department stating that the drill is completed, a call will be made to the monitoring company to state that the drill is completed and to ask that Fairmount Home be put back in service.
9. All drills will include a debriefing session with those in attendance during the drill. The session will be held by the Incident Command. The debriefing will be documented in an FDR.

**Note:** A fire alarm can be counted as a fire drill if there is a full response to the alarm and a full debriefing is held and documented.

#### **4.3.2 Table-talk Fire Drills**

In addition to comprehensive fire drills, Fairmount Home shall conduct table-talk fire drills.

Like silent fire drills, table-talk exercises are conducted in designated areas of a long-term care home. The main difference between silent drills and table-talk drills is that the latter do not involve physical demonstrations or simulations of emergency response activities. Table-talk drills are discussion-based sessions led by a table-talk drill facilitator where team members meet to discuss their roles and responses during a given emergency. The sessions are opportunities for the table-talk drill facilitator to assess how adequately staff members understand their roles and responsibilities during an emergency. After assessing the staff members' responses, the table-talk drill facilitator can clarify and reinforce the correct actions staff must take during a given emergency. At Fairmount Home, the role of table-talk facilitator can be filled by the

Fairmount Home Administrator, Director of Care, or the Manager of Environmental Services.

On occasion, conditions may dictate the need to hold a table-talk fire drill. If a drill is held, the session will be led by the applicable facilitator. All drills will include a debriefing session with the staff members who participated in the exercise. The findings of the debrief will be documented in an FDR.

### **4.3.3 Silent Fire Drills**

In addition to comprehensive drills, Fairmount Home must schedule silent fire drills. Silent fire drills are conducted in designated areas of a long-term care home to ensure that all staff participate in the appropriate number of fire drills.

Silent fire drills are structured as follows:

- The drills do not involve the actual activation of the fire alarm system. Fire alarm system activation is only simulated.
- Administrators or managers monitor the emergency responses made by staff in a specific area of the building to a simulated or described fire scenario.
- Staff in the affected building area respond to the simulation per their defined roles and responsibilities.
- The facilitators assess how adequately staff members perform their roles and responsibilities during an emergency. After assessing the staff members' responses, facilitators can clarify and reinforce the correct actions staff must take during a given emergency.
- To avoid accidental activation of the fire alarm system during these exercises, the person initiating and monitoring the drills must take appropriate steps to ensure that the drill remains silent. These steps include notifying personnel in the affected building area in advance of the exercise.
- All drills will include a debriefing session with the staff members who participated in the exercise. The session will be led by the applicable facilitator, and the session's findings will be documented in an FDR.

### **4.3.4 Fire Drill Documentation**

The Manager of Environmental Services or Incident Command will document all drills and alarms in an FDR. All corrective actions will be documented as part of this procedure. Documentation will also include maintaining a list of staff in attendance at each drill, which will be the responsibility of the Fairmount Home administrative office staff. The list of staff attending alarms/drills will be analyzed by the office staff to develop a sub-list of staff who have not attended a drill or alarm in that calendar year. On or about October 15th of each year, the sub-list will be analyzed to determine those

## Fairmount Home Emergency Response Plan

staff who will not have the opportunity to attend a drill by the end of the year. Managers of those staff members will be advised and must then arrange an appropriate training opportunity or table-talk exercise for the applicable staff members. The results of the table-talk exercise will be provided to the Environmental Services Manager, and the participants will be added to the list of those attending a fire drill within the year.

The Environmental Services Manager will be responsible for maintaining the original copy of all reports. As such, the Environmental Services Manager shall be provided with the original copy of all reports for in-home records.

The FDR will be available to the Fairmount Home Administrator, Fairmount Home management team, and Joint Health and Safety Committee upon request (and as applicable).

## 4.4 Table of Revisions

Table 8: Emergency response plan testing and reviews: table of revisions.

## 5.0 Training

### 5.1 Overview of Training Requirements

To meet the ERP testing requirements specified in O. Reg. 246/22, Fairmount Home must train its staff, volunteers, and students on the facility's emergency plans and procedures. Fairmount Home must deliver the training to all staff, volunteers, and students before they begin their responsibilities, and, at a minimum, Fairmount Home must ensure its staff, volunteers, and students receive annual training thereafter. The Director of Care is responsible for delivering both the orientation training and the annual training.

To ensure legislative compliance, Fairmount Home must deliver training that includes a comprehensive review of its ERP. Fairmount Home must also conduct additional pre-planning activities to ensure staff know the approved emergency protocols. The pre-planning activities include:

- developing the ERP
- educating and training staff and volunteers
- establishing emergency supplies
- maintaining the ERP

### 5.2 Supervisory Staff

Staff training is a critical part of emergency management. Having an adequately trained staff helps ensure that resident safety and the safety of responding supervisory staff are accounted for during an emergency. In addition to training packages developed for volunteers and students, facilities can access emergency management packages that provide comprehensive emergency training for all supervisory staff within seniors' services.

Another vital component of emergency management is the regular testing plans of plans. By routinely testing its plans, a facility provides its staff with opportunities to engage in emergency response training. Such training helps determine whether designated staff can competently respond to a given emergency. Facilities can also use regular testing to assess the effectiveness of their emergency response plans.

### 5.3 Training Responsibilities

#### 5.3.1 Fairmount Home Administrator

The Fairmount Home Administrator has the following training responsibilities:

1. Implement the fire safety and emergency plans.

2. Ensure emergency plan testing is completed.
3. Implement follow-up actions identified by the results of the testing/drills.
4. Distribute drill documentation to the Manager of Environmental Services.
5. Maintain designated records in the Testing of Emergency Plans Binder.

### **5.3.2 Department Managers**

Department managers have the following training responsibilities:

1. Train staff and assist with implementing the fire safety and emergency management plans in each building department.

### **5.4 Table of Revisions**

Table 9: Training: table of revisions.

<b>Revision #</b>	<b>Date</b>	<b>Description of Revision</b>	<b>Revised By</b>
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## 6.0 Recovery Planning

### 6.1 Overview of Recovery Planning

Recovery planning occurs at each of the following times:

- before an emergency happens
- during an emergency
- after an emergency

The Fairmount Home Recovery Plan establishes the responsibilities and resources needed for returning the facility to normal business operations after an emergency is declared over. It is expected that Fairmount Home will support its staff, residents, and infrastructure with returning the facility to its normal functions as quickly and practically as possible after an emergency occurs.

**Note:** In all cases, the transition from emergency response to recovery should be seamless.

### 6.2 Pre-incident Recovery Planning Steps

The following steps have been completed to assist Fairmount Home with the recovery planning process:

1. Services have been prioritized within the long-term care centre based on whether they are essential or non-essential.
2. Goods and services that must be delivered have been established.
3. Collaboration with principal vendors regarding their business continuity plans has occurred.
4. Acceptable delivery levels and the maximum period the service can be disrupted without severe impact upon the organization have been established.
5. An assistance program is available to employees for crisis and support counselling as required.
6. Internal and external dependencies have been identified. External dependencies include host sites, utilities, transportation, and insurance providers. Internal dependencies include employee availability, organizational assets, and resources.

### 6.3 Table of Revisions

Table 10: Recovery planning: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **7.0 Lockdown, Shelter-in-Place, and Hold and Secure Protocol**

### **7.1 Lockdown Protocol**

#### **7.1.1 Lockdown Indicator**

The term lockdown is generally associated with threats to schools; however, in some circumstances, it may be applied to long-term care facilities. Lockdown response actions are used when a physical threat is already in the facility. The response actions outline the measures that need to be taken to prevent the threat from accessing areas where potential victims are or have the potential to be located. The response actions also aim to protect individuals from entering areas where the threat may be present.

An example of a lockdown scenario is an active attacker inside the facility. The direction to initiate lockdown protocol is usually given by emergency first responders at or near the site of the emergency. In lockdown scenarios, all persons within Fairmount Home must follow the instructions given by Incident Command and the emergency responders.

#### **7.1.2 Lockdown Procedures for All Fairmount Home Staff**

If you have discovered a physical threat in the building, follow the steps below if it is safe to do so.

1. Call 911 and provide any information you can, such as the location of the attacker and the number of staff present.
2. Initiate Incident Command. (Incident Command may be transferred at any time.)
3. Listen to instructions from emergency first responders.
4. Remain in the lockdown response until police/security staff release you.
5. If a fire alarm sounds during a full lockdown, do not automatically evacuate unless you smell smoke. Instructions may be given using the building's PA system. DO NOT open the door for anyone, including emergency responders, unless they direct you are directed to do so, and it is safe. Emergency responders should have access to building keys (located in a designated key box) and should announce their entry whenever possible.
6. Whenever possible, move persons to a safe area, close and secure all doors and windows, and barricade doors with furniture or other objects.
7. Turn off the lights. Keep away from exterior doors and windows.
8. Silence cell phones. Remain silent.
9. Lay on the floor if you hear gunshots.

## **7.2 Shelter-in-Place**

### **7.2.1 Shelter-in-Place Indicator**

A shelter-in-place response is normally called for when an environmental threat is present outside the facility, and it is not possible or advisable to evacuate.

A typical example of a shelter-in-place scenario is when there is air contamination outside the building and the use of shelter-in-place tactics will help keep persons from unnecessarily putting themselves in medical danger. (See also Code Grey: External and Code Orange: CBRN.)

### **7.2.2 Shelter-in-Place Procedure for All Fairmount Home Staff**

If there is a gas leak or chemical spill outside of the facility, all staff must follow the steps below.

1. Follow instructions from Incident Command and from emergency responders.
2. If you are outside the building, proceed inside immediately if it is safe to do so.
3. Ensure residents remain inside the building until the threat has passed.
4. Encourage visitors to remain inside the building until the threat has passed.
5. Close and secure exterior doors and windows if you receive instructions from Incident Command or emergency responders to do so.

**Note:** Incident Command is responsible for ensuring the building's HVAC system is turned off.

## **7.3 Hold and Secure**

### **7.3.1 Hold and Secure Indicator**

Hold and secure responses are used when a serious environmental or physical threat is outside the facility or in the neighbourhood, and prevention measures are needed to protect individuals within the facility.

An example of a hold and secure scenario is an armed individual in the surrounding area. The direction to initiate hold and secure protocol is usually given by the emergency first responders at or near the site of the emergency.

### **7.3.2 Hold and Secure Procedure for All Fairmount Home Staff**

If the hold and secure order is given, all staff must follow the steps below.

1. Follow instructions from Incident Command and from emergency responders.
2. Proceed inside the building (if not already inside).

3. Ensure residents remain inside the building until the threat has passed.
4. Encourage other persons to remain inside the building until the threat has passed.
5. Close and secure/lock exterior doors. Close windows and blinds. Keep away from exterior doors and windows.

#### 7.4 Table of Revisions

Table 11: Lockdown, shelter-in-place, and hold and secure: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## 8.0 Evacuation Plan

### 8.1 Fire Evacuation Plan

In the event of a fire, the order for an evacuation beyond the initial stages will be given by the fire department (if warranted). Once the fire department has arrived, staff will follow all directions given to them by the fire personnel. The fire department will provide additional directions to staff as required.

In the event of other emergencies that precipitate partial or full evacuation, the order to evacuate will be given by Incident Command. The role of Incident Command will be assumed by the first individual in charge of the situation.

### 8.2 Steps for a Fire Evacuation

1. Code Green Site: Evacuation of a room or area of the emergency.
2. Code Green Horizontal: Evacuation beyond the fire doors.
3. Code Green Stat Vertical: Evacuation to a lower level.
4. Code Green Stat: Building evacuation.

### 8.3 Steps for Code Green: Site – Residents' Rooms

**Note:** Ensure the Fairmount Home Systematic Search Procedures (Annex D) are followed.

1. Place a blanket around the shoulders of ambulatory residents. Remove non-ambulatory residents using the blanket drag procedure or other means.
2. Search the room, checking in closets and under beds.
3. Once the room has been searched and residents have been removed, open the EvacuCheck against the metal doorframe or, in the absence of an EvacuCheck, use the tape to indicate the room is vacant. In the event the door is re-opened, the EvacuCheck will return to its normal position.

### 8.4 List of Relocation Sites

1. Residents' Home Area Activity Room or Servery (if not affected)
2. Another Resident Home Area's Activity Room or Servery (if not affected)
3. Fairmount Home Auditorium (if not affected)
4. Rideaucrest Long-term Care Home (Kingston)
5. John M. Parrott Long-term Care Home (Napanee)

### **8.5 Transportation**

The City of Kingston (through Kingston Transit) will make every effort to support Fairmount Home (located at 2069 Battersea Road, Kingston, ON) with transportation requirements during an emergency at the facility. Kingston Transit currently operates a fleet of 80 fully accessible, low-floor transit buses.

A request for emergency transportation from Kingston Transit should be initiated through the primary emergency service provider (police, fire, ambulance) involved in an emergency at the facility. If an emergency service provider is not directly involved in the emergency at the facility, a request for emergency transportation can be made directly to Kingston Transit by contacting the Kingston Transit Operations Control Centre at 613-546-4291, ext. 2318.

### **8.6 Relocation**

When the order (Code Green) has been given to relocate residents, the Fairmount Home Administrator (On-call Manager)/Incident Command shall:

1. Notify the County of Frontenac CAO and follow their instructions, including about the relocation of operations to the County of Frontenac Emergency Operations Centre.
2. Notify the relocation facilities.
3. Dispatch staff volunteers to alternate facilities to receive residents.
4. Communicate regularly with the County of Frontenac EOC.
5. Ensure the transferring of residents is prioritized.
6. Request regular status reports from the relocation facilities.
7. Visit the relocation facilities to identify any problem areas.
8. Prepare for a return to Fairmount Home after instructions authorizing a return are received.
9. Request reports from key personnel and support facilities upon the termination of the emergency.
10. Review the emergency relocation procedures during debriefing sessions.

### **8.7 Isolation**

When isolation occurs, the Fairmount Home Administrator (or On-call Manager)/Incident Command shall (or delegate)/Incident Command shall:

1. Assess the situation, including the probable time to be spent in isolation and how to facilitate communication with outside agencies.

2. Request reports from key personnel and departments, including an inventory of resources.
3. Implement rationing procedures (if required).
4. Prepare for a return to normal operations.
5. Request reports from key personnel upon the termination of the emergency.

## **8.8 Reception of Residents**

When given the instruction to accommodate relocated persons, the Fairmount Home Administrator (or On-call Manager)/Incident Command shall:

1. Ascertain the number and status of those to be housed.
2. Brief key personnel.
3. Request reports from key personnel regarding space allocation, resource inventories, and similar information.
4. Request additional resources, including personnel and materials, if required.
5. Confirm reception particulars prior to the arrival of the relocated persons, including reception persons, guides, food and hot drinks, extra clothing, bedding, and cots.
6. Ensure the Medical Director (or designate) assesses the physical condition of each relocated person upon their arrival.
7. Record and maintain the names of those arriving in the residents' records.
8. Prepare for the return or discharge of relocated persons when the discharge order is given.
9. Request reports from key personnel upon the termination of the emergency operation.
10. Review the reception procedures during debriefing sessions.

## 8.9 Table of Revisions

Table 12: Evacuation plan: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## 9.0 Summary of Emergency Codes

### 9.1 Emergency Code Definitions

Table 13 summarizes Fairmount Home's emergency codes.

**Note:** Some codes, such as Code Grey, denote multiple scenarios.

Table 13: Summary of emergency codes

Type of Code	Definition
Code Green	Evacuation
Code Yellow	Missing person
Code Orange	Air quality CBRN disaster Earthquake Extreme heat Leaks/flooding Severe weather
Code Red	Fire
Code White	Violent or aggressive situation
Code Purple	Hostage taking
Code Brown	Carbon monoxide Hazardous materials leak/spill/release Natural gas leak
Code Silver	Active assailant with weapon/armed intrusion
Code Black	Bomb threat/suspicious package
Code Grey	Button down/external air exclusion Loss of computer network Loss of elevator service Loss of freezer/refrigerator Loss of natural gas Loss of telephone service Loss of water Magnetic lock failure Power failure Roam alert failure Structural collapse System failure
Code Blue	Medical emergency

## **10.0 Code Green: Evacuation**

### **10.1 Definition**

A Code Green: Evacuation may be called when there is a situation that endangers Fairmount Home's employees, residents, or visitors. The Code Green procedures are used for a complete building evacuation, and their focus is on the continuous care and safety of residents and staff.

### **10.2 Staff Procedures**

#### **10.2.1 Administrator**

Once on-scene, assume Incident Command and relieve the current Incident Commander of IC duties. After assuming Incident Command:

1. Confirm that the emergency call-in procedures are initiated.
2. Proceed with all duties outlined in Incident Command.
3. Manage the MLTC Evacuation Placement Process, including completing the evacuation placement form (EPF).
4. If the home and any of its beds are vacated for more than 14 days, ensure the Assistant Director of Care – Resident Services notifies the MLTC of Beds in Abeyance (BIA).
5. Ensure all expenditures are documented. Manage all funding with the MLTC.
6. Hold a debrief and complete an CDF.

#### **10.2.2 All Staff**

1. Upon hearing a Code Green evacuation announcement or a second-stage fire alarm (fast), quickly report to the closest nursing station to receive instructions from the on-unit RN/Charge Nurse if it is safe to do so.
2. Follow instructions from the Incident Commander, emergency responders, or members of the Emergency Command Group.
3. Turn off all equipment in your work area. If necessary, shut off safety valves if time permits and it is safe to do so.
4. Evacuate residents, and visitors to the assigned external evacuation area.
5. Dress residents appropriately, as safety and time allows (use blankets to keep the residents warm if needed).
6. Evacuate residents in the following order:
  - a. ambulatory
  - b. in wheelchairs

- c. non-ambulatory
- d. resistive

7. Flip the EvacuCheck tag on each door to the up position as rooms are evacuated. If a room cannot be evacuated, leave the EvacuCheck in the closed position, and let first responders know as soon as possible.
8. Close all doors, especially fire doors, as rooms/areas become vacated.
9. Advise the Charge Nurse (Incident Commander) of all areas that were not evacuated.
10. Evacuate the ambulatory residents in a group if possible.
11. Evacuate the residents who are dependent on oxygen with their equipment.
12. Assemble the residents close to the fire exits and away from the emergency zone.
13. Visitors and other occupants capable of evacuating under their own power should be instructed to leave the evacuation area on their own or with some assistance.
14. Use all the help necessary to safely evacuate all residents.
15. Provide identification to residents as they exit the building.
16. Guide the evacuees to the designated evacuation area.
17. Communicate any hazards or issues to Incident Command.

## **10.2.3 Charge Nurse/Incident Commander**

**Note:** Command can be transferred at any time.

1. Call 911 for emergency assistance. A full evacuation is then initiated by the Fairmount Home Administrator (or On-call Manager). Alternately, Fairmount Home's staff and residents will take direction from the police, fire department, or EOC (if the EOC is activated).
2. Notify the Fairmount Home Administrator. The Administrator will contact the County of Frontenac CAO, the Manager of Environmental Services, and the Manager of Food Services.
3. Notify the Director of Resident Care. The Director of Resident Care will contact the Assistant Director of Care – Resident Services and the Assistant Director of Care. The Assistant Director of Care will contact the Medical Director and Nurse Practitioner.
4. Announce "Code Green. Proceed to the nearest nursing station."
5. Communicate the situation with on-site staff.
6. Initiate the emergency call-in procedures using the fan-out list.

7. If time permits and it is safe to do so, delegate staff to transport evacuation supplies out of the building.
8. Liaise with emergency services and provide access and information. (**Note:** These tasks can be delegated if needed).
9. Oversee the evacuation and troubleshoot any issues that may hinder evacuation procedures.
10. Notify the residents' POA/SDM to determine if the POA/SDM will be able to pick up their resident from the centre or an alternate location. **Note:** This task may occur following a relocation, depending on the urgency of the evacuation.
11. When the building is completely evacuated, or when advised by emergency responders, announce "Code Green. All clear".
12. Lead the re-entry into the home once it is safe to do so.

Responsibilities once outside if Command Staff and General Staff are not in place:

1. Ensure all staff and visitors are accounted for once outside.
2. Communicate the location of the assembly area.
3. Direct the identification/tagging and logging of the residents using the evacuation logging record (ELR).
4. Separate injured from non-injured residents if required.
5. Designate staff to monitor the residents, prevent wandering, and administer essential medications or treatment.

#### **10.2.4 Command Staff**

If a relocation to another facility is required:

1. Contact the primary evacuation site if short-term shelter (1–2 hours) is required.
2. Contact secondary relocation centres if overnight or long-term shelter is required.
3. Contact transportation providers (see the list of transport support resources).

#### **10.2.5 Environmental Services Manager**

1. Assist with the emergency response.
2. Direct the environmental staff as needed, including shutting off equipment and services as applicable.
3. Secure the building after it has been vacated (if it is safe to do so).

#### **10.2.6 Registered Nurses/Registered Practical Nurses/Other Nursing Staff**

Once a Code Green: Evacuation is called:

1. Follow instructions from the Incident Commander, emergency responders, or members of the Emergency Command Group.
2. Collect the emergency evacuation kits (two per floor) and organize the assembly of critical evacuation supplies.
3. Secure any narcotics/medication.
4. Provide direction and ensure staff are using the appropriate evacuation procedures.
5. Transport medication carts and resident documentation out of the building if time permits and it is safe to do so. (**Note:** This action is not critical, as the medications can be replaced promptly by a pharmacy.)
6. Prepare the residents for transfer and collect their coats, belongings, etc.
7. Maintain the ELR to account for each resident. Include the mode of transportation each resident will use (such as ambulance, bus, or relative).

### 10.3 Emergency Kits

Four emergency backpacks are located on each Home Area in the stairwells by the RN office.

Each kit includes:

- Code Green: Evacuation procedures applicable to Fairmount Home
- Evacuation Logging Record Form
- flashlights and batteries
- pens, paper, and a clipboard

**Note:** Obtain current resident lists from the nursing stations.

### 10.4 Host Site

Refer to Annex I: Agreements for Care and Transportation for the names and addresses of host sites with which Fairmount Home has an agreement to host. **Note:** There may be interim host sites.

The Host Site Incident Commander provides information about an emergency's status, known hazards, and the number of available resources (such as stretchers and wheelchairs). The Host Site Incident Commander also designates a location to meet. The Host Site Incident Commander wears an emergency vest/jacket to identify themselves.

Upon arrival, the staff leading the transport will identify themselves and report to the Host Site Incident Commander. Staff will then consult with the Host Site Incident

Commander to determine what processes must be taken, including triaging and, if required, the transport of residents to another destination. Assessment information gathered by Fairmount Home's staff will be provided to the first responder arriving on the scene and will become part of the overall assessment to determine the next steps to mitigate the situation.

### **10.5 Re-entering the Building**

The Incident Commander will announce when the facility is completely safe for re-entry. The IC will then direct building re-entry activities. The IC will also:

- account for residents and staff during building re-entry using ELRs, daily staffing rosters, and sign-in binders
- hold debriefing sessions with staff, ensure that all documentation is collected, and confirm any lessons learned from the incident are recorded

### **10.6 Additional Responsibilities**

- ID tags and a triage binder will be maintained and updated by the receptionist.
- Evacuation backpacks and vests will be stocked and maintained by the DOC for LTC.
- Resident/client contact lists will be maintained by the receptionist.

### **10.7 Required Reporting**

When a Code Green: Evacuation has been called, the forms listed in the following table must be completed.

Table 14: Required reporting for Code Green: Evacuation.

Type of Report	Report Responsibility	Report Recipient
Evacuation Placement Process	Administrator	MLTC
Beds in Abeyance (after 14 Days)	Administrator	MLTC
Code Debrief Form	Administrator	CAO/EOC Director
Evacuation Form	ADOC – RS	MLTC
Code Debrief Form	Director of Care	Fairmount Home Health and Safety Committee

## 10.8 Table of Revisions

Table 15: Code Green: Evacuation: table of revisions.

## **11.0 Code Yellow: Missing Person**

### **11.1 Definition**

A Code Yellow: Missing Person may be called when a resident is unaccounted for.

### **11.2 Initial Procedure: Charge Nurse in the Vicinity of the Missing Resident**

When a resident cannot be located or accounted for, the Charge Nurse shall be notified immediately.

The initial procedure for the Charge Nurse in the area of the missing resident is as follows:

1. Check with the nursing station staff to verify if the absence is sanctioned, if the person is late in returning, or attending an organized activity.
2. Check the sign-out binder.
3. Check with other staff to see if they are aware of the missing person's location or when they were last seen.
4. Discreetly question residents who are known or believed to be:
  - a. associated with the missing person
  - b. in the immediate area where the missing person was last seen or near exits where the missing person was last seen
5. The Charge Nurse shall immediately direct the home area staff to search the immediate area.
6. Notify the Director of Care, or designate, if the situation remains unsolved.

### **11.3 Staff Procedures**

#### **11.3.1 Charge Nurse/Incident Commander**

1. Over the PA system announce "Code Yellow [resident first and last name]" x 3 followed by, "All nursing staff report to the closest nursing station. All management personnel and non-nursing staff report to the Front Lobby" Repeat this message three (3) times.
2. Put on the orange vest and obtain the two-way radio. The Front Lobby will be the search command centre and coordinate the response from there.
3. Provide a photo and description of the missing person. Include a description of the missing person's clothing or other identifiers to help staff while conducting the search.
4. .

5. Make sure locked areas are checked.
6. If an alarm sounds at an exit door, an external search should commence immediately.
7. Contact the missing person's POA/SDM and notify them of the situation to determine additional relevant information for the search.
8. Obtain floor maps of the facility, coordinate staff to conduct searches of the interior and immediate external areas of the building and direct searches to report back to the search command centre.
9. If the resident is not located after a complete search of all internal and immediate external areas, notify the Fairmount Home Administrator (or On-call Manager after hours), police (911), community transportation services (taxi, City of Kingston Transit, ect.), and adjacent community buildings, such as apartment buildings, municipal buildings, and neighbours.

### **11.3.2 Registered Nurses/Registered Practical Nurses/Other Nursing Staff**

1. Upon hearing the Code Yellow announcement, the search leader designated by the Charge Nurse will put on a orange vest.
2. The search leader will guide staff with the search of all rooms and areas on the RHA using a systematic search approach.
3. Provide Home CDFea census lists located in emergency backpacks or on stairwell census clipboard
4. Keep the Incident Commander informed about the situation.

### **11.3.3 All Staff**

1. Upon hearing the Code Yellow announcement, quickly report to the closest nursing station to receive further instructions from the RN/RPN.
2. Follow the RN's instructions for searching.

If the missing person is found, call on the radio and return the missing person to the registered nurse at their RHA. If unable to do so, radio or send someone to get assistance.

## **11.4 Internal Search Guidelines**

- Searchers should conduct a room-by-room search in their designated locations (room, floor, common spaces).
- When searching resident rooms, be sure to check the following locations:
  - under beds
  - in closets

- in bathrooms
- behind screens/partitions
- Check all areas when searching locked rooms. Relock the door once the room has been searched.
- Use EvacuCheck to indicate a room was searched and is clear.
- Searchers must report the status of their area check to the Command Centre/Incident Command immediately upon locating the missing person or completing a search of their area.

## 11.5 Systematic Search Procedure

### General Principles

1. Two staff searching: one stands in the hallway while the other searches rooms.
2. Semis: check one room and then go through the bathroom and check the adjoining room. (The staff in the hallway can close the first door, and the searcher closes the second door.)
3. Once a room is checked, close the door and open EvacuCheck.
4. Check any locked utility and storage rooms (and similar areas) as you go.
5. When searching the tub/shower room, enter through the tub room and go through the adjoining bathroom to the shower room and then out the shower room door. (Use the same process as searching semis.)

**Location: 1 North (Lilac Terrace)** – Two staff start at the end of the northeast corridor. When at the care station, check N102 and then work your way up the middle corridor. If more staff are available, another two can start at the end of the northwest corridor and work their way up to the quiet lounge. One staff remains there while the other starts searching from the activity/dining room end. Continue until the four staff meet. The RN (or designate) will search the garden area (courtyard) before calling the code. (**Note:** To search the courtyard, exit the one door locking it behind them, search the area, and enter the RHA through the other door, locking it once inside.)

**Location: 2 North (Birch Grove)** – Use the same procedure as for 1 North but start at the entrance to the RHA (off of the resident elevator).

**Location: South Home Areas (Maple Ridge, Oak Meadows)** – Four staff start in the dining room. They check the orphan wing thoroughly and then proceed into the renovated area. Have two staff search the north corridor, and the other two search the south corridor simultaneously. Once at the care station area, at least one staff will remain there so they can observe anyone who might come down either corridor or enter/exit through the exit to the main lobby. The remaining staff will search the other end of the RHA at this time.

## **11.6 External Search Guidelines**

- Restrict the search to the facility's property.
- Staff must not conduct searches using vehicles – the police will use vehicles.
- Use flashlights when it is dark outside (also consider the weather).
- External searchers should remain in contact with Incident Command.
- Searchers should conduct an organized search of their assigned locations. Be sure to check:
  - behind cars
  - behind bushes
  - for footprints in the winter
- Searchers must report the status of their area check to the Command Centre/Incident Command immediately upon locating the missing person or after completing their search.

## **11.7 Resident Located**

Advise the Command Centre/Incident Command of the incident's status and return the missing resident to their RHA.

## **11.8 Follow-up Procedure: Incident Commander**

1. Announce "Code Yellow. All Clear." Repeat the announcement three (3) times.
2. Ensure a registered nurse completes an assessment of the resident to determine the need for further assessments or medical attention; if required, inform the physician, or call 911 for EMS.
3. Provide emotional support.
4. If the police and the POA/SDM have been notified, contact them to provide a follow-up report.
5. Make a note in the resident's care plan under "RISK" about where the resident was found and the resident's possible destination. This information may assist in any future wandering episodes.
6. Assess the following preventative measures:
  - a. Roam Alert System
7. Complete an MLTC Critical Incident System Report if the resident was missing for more than three hours or if missing for less than three hours and an injury is involved as outlined in Policy ADM-07.
8. Document the incident and the time of each intervention until the person is found.

9. Update the resident's chart.
10. Hold a debrief with staff and complete an CDF.
11. Collect all Code Yellow equipment from staff and response agencies, including all resident photos, flashlights, keys, devices, and vests, and return them to their original locations.

### **11.9 Required Reporting**

When a Code Yellow: Missing Person has been called, the forms listed in the following table must be completed.

Table 16: Required reporting for Code Yellow: Missing Person.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Incident Command/Administrator	Fairmount Home
Critical Incident System Report (If incident duration is over 3 hours or involves an injury)	Incident Command	MLTC
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee

### **11.10 Table of Revisions**

Table 17: Code Yellow: Missing Person: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

## **12.0 Code Orange: Air Quality**

### **12.1 Definition**

A Code Orange: Air Quality is called when there is a threat with the potential to compromise air quality. In Ontario, air quality is measured by the Ministry of the Environment (MOE) with a scale called the Air Quality Index (AQI). The AQI ranges from 0 to 100+ and measures the concentrations of six pollutants. The lower the AQI number, the better the air quality.

An Air Quality Advisory is issued when there is at least a 50 per cent probability that the AQI will reach or exceed 50 in the next three days. Additionally, the MOE issues an Air Quality Advisory when there is a high probability that the AQI will reach or exceed 50 in the next 24 hours. People with respiratory ailments should take precautions during an Air Quality Advisory.

### **12.2 Staff Procedures**

#### **12.2.1 Administrator/Incident Command**

**Note:** If the event occurs after-hours, the Charge Nurse will act as Incident Commander.

1. Communicate to all staff, residents, and families.
2. Contact the Fairmount Home Administrator (or On-call Manager after hours). The Administrator will then contact the County of Frontenac CAO.
3. Announce “Code Orange. Air Quality.” Repeat the announcement three (3) times. If air quality advisor immediate, then announce code over PA system, if early notification, call code over PA system on day of event.
4. Continue to liaise with the County of Frontenac Emergency Management.
5. Monitor radio and television stations for further updates.
6. If an evacuation is directed, initiate the Code Green: Evacuation procedure.
7. When the situation is resolved, announce “Code Orange. All clear.”
8. Hold a debrief and complete an CDF.

#### **12.2.2**

#### **12.2.3 All Staff**

1. Suspend the residents’ outdoor activities or reschedule the outdoor activities to the early morning when pollution levels are low.
2. Reduce/suspend the use of gasoline or diesel-powered equipment.

3. Reduce/suspend the use of vehicles for non-essential activities.
4. Reduce energy use at the facility – this can be done by closing blinds and drawing curtains, using the stairs, turning off the lights when they're not needed, and turning off non-essential equipment.
5. Slightly increase the temperature of the facility to reduce air conditioning usage.

### 12.3 Required Reporting

When a Code Orange has been called, the forms listed in the following table must be completed.

Table 18: Required reporting for Code Orange: Air Quality.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident System Report (if required)	On-call Manager	MLTC

### 12.4 Table of Revisions

Table 19: Code Orange: Air Quality: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

## **13.0 Code Orange: CBRN Disaster**

### **13.1 Definition**

A Code Orange: CBRN Disaster is called in response to radiological incidents or biological/chemical attacks. Public announcements and announcements from Emergency Management will advise of radiological incidents or biological/chemical attacks and provide guidance about response efforts.

### **13.2 CBRN Warning Signs**

CBRN warning signs include the following:

- droplets of oily film on surfaces
- unusual dead or dying animals in the area
- unusual liquid sprays or vapours
- unexplained odours
- unusual or unauthorized spraying in the area
- multiple victims displaying symptoms of nausea, difficulty breathing, convulsions, disorientation, or patterns of illness inconsistent with natural disease
- low-lying clouds or fog unrelated to weather, clouds of dust
- suspended or coloured particles

### **13.3 Staff Procedures**

#### **13.3.1 Administrator/Incident Command**

**Note:** If the event occurs after-hours, the Charge Nurse will act as Incident Commander.

In most cases, you will be notified of a radiological incident or biological/chemical attack. If you have not been notified but believe an incident or attack has occurred, use the following steps:

9. Ensure all staff and residents are relocated away from the area of release.
10. Call 911.
11. Contact the Fairmount Home Administrator (or On-call Manager after hours). The Administrator will then contact the County of Frontenac CAO.
12. Announce “Code Orange. Biological/chemical attack.” Repeat the announcement three (3) times.
13. Notify the MLTC Duty Inspector.

14. Complete an MLTC Critical Incident System Report.
15. Continue to liaise with the County of Frontenac Emergency Management.
16. Monitor radio and television stations for further updates.
17. If an evacuation is directed, initiate the Code Green: Evacuation procedure.
18. When the situation is resolved, announce "Code Orange. All clear."
19. Hold a debrief and complete an CDF.

#### **13.4 Procedures If the Attack is Indoors**

1. Follow the special shelter-in-place procedure.
2. Relocate staff and residents away from the affected area to an adjacent fire zone and advise all building occupants to shelter in place.
3. Seal off the affected area. Close all windows and doors. Seal gaps under doorways, around windows, and other building openings by using tape, plastic, and other materials.
4. Turn off the air conditioning, vents, fans, and heating equipment.
5. Restrict building access to everyone other than emergency personnel until further notice is given.
6. Record the names of everyone in the area who may have been in contact with the agent. This list shall be given to the Charge Nurse to ensure everyone receives appropriate follow-up treatment.
7. Quarantine those who may have been in contact with the agent so as not to affect the other residents in the building.
8. Ensure that anyone who has been in contact with the agent washes it off with soap and water immediately.
9. Remain in the shelter-in-place location until authorities indicate it is safe to come out.

**Note:** Persons without proper training and equipment shall not attempt to rescue victims who have been overcome by biological/chemical agents. This will only lead to other victims.

#### **13.5 Procedures If the Attack is Outdoors**

1. Remain indoors and shelter in place.
2. Close all doors and windows.
3. Shut down all heating, air conditioning, and ventilation systems.
4. Restrict building access to everyone other than emergency personnel until further notice is given.

5. Remain inside until the authorities indicate it is safe to come out.

## 13.6 Required Reporting

When a Code Orange: CBRN Disaster has been called, the forms listed in the following table must be completed.

Table 20: Required reporting for Code Orange: CBRN Disaster.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if necessary)	On-call Manager	MLTC

## 13.7 Table of Revisions

Table 21: Code Orange: CBRN Disaster: table of revisions.

## **14.0 Code Orange: Earthquake**

### **14.1 Definition**

A Code Orange: Earthquake is called when an earthquake advisory is issued or when an actual tremor occurs.

### **14.2 Staff Procedures**

#### **14.2.1 Administrator (or On-call Manager after hours)/Incident Commander**

**Note:** If the incident occurs after-hours, the Charge Nurse will be the Incident Commander.

1. Notify the Fairmount Home Administrator. The Administrator will contact the County of Frontenac CAO, who will contact Emergency Management, if required.
2. Consider activating the Command Staff and General Staff IMS positions.
3. Warn staff that fire alarms and sprinklers may go off during an earthquake. Instruct staff that it is very dangerous to leave a building during an earthquake because objects can fall on occupants. Instruct occupants to seek shelter within the building.
4. If an earthquake is occurring/has occurred, announce “Code Orange. Earthquake.” Repeat the announcement three (3) times.
5. Once the shaking has stopped, the Fairmount Home Administrator (or On-call Manager after hours) will determine if an evacuation is necessary. If an evacuation is necessary, follow the Code Green: Evacuation procedure. Commence the evacuation procedure by moving residents away from the affected area. **DO NOT USE ELEVATORS.**
6. If an evacuation to the outside is necessary, have staff check the perimeter of the building to ensure it is safe to evacuate. Ensure that residents are moved away from the building to prevent injuries from falling debris.
7. Warn staff/occupants of fallen power lines and other hazards.
8. Arrange to transport residents to designated alternate accommodations if necessary.
9. If there is significant structural damage, ensure that staff members confirm there are no trapped occupants in the building. If necessary, call 911 for rescue assistance.
10. Advise Environmental Services of all liquid spills immediately and assist with clean-up efforts.
11. Work with the police or fire department to decide when building re-entry will occur. Before authorizing re-entry, the Fairmount Home Administrator (or On-call

Manager after hours) will need to determine – based on advice received from experts – whether the building is safe to occupy.

12. When the situation is resolved, announce “Code Orange. All clear.”
13. Complete an MLTC Critical Incident System Report. Hold a debrief and complete an CDF.

### **14.2.2 All Staff**

1. Remain calm and stay indoors.
2. Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris. Alternately, step under a doorway/corridor/interior room (away from the outer walls of the building).
3. Keep at least 15 ft away from windows to avoid flying glass. Keep away from skylights and large overhead light fixtures. Protect your face and head with your arms. Stay under cover until the shaking stops. Be prepared for aftershocks.
4. If you are instructed to evacuate, follow the Code Green: Evacuation procedure. Watch for falling debris and electrical wires when you are exiting the building.
5. If a fire occurs, sound the alarm, and follow the Code Red: Fire procedures.
6. Proceed to a safe area, away from the danger of being struck by falling glass, bricks, electrical wires, or other hazardous objects.
7. Follow instructions from supervisory and emergency personnel.

### **14.3 Required Reporting**

When a Code Orange: Earthquake has been called, the forms listed in the following table must be completed.

Table 22: Required reporting for Code Orange: Earthquake.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

#### 14.4 Table of Revisions

Table 23: Code Orange: Earthquake: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **15.0 Code Orange: Extreme Heat**

### **15.1 Definition**

A Code Orange: Extreme Heat is called when there is extreme outdoor heat and humidity. Fairmount Home should take appropriate actions to protect its residents and staff if the internal temperature of the building exceeds 29 degrees Celsius.

### **15.2 Staff Procedures**

#### **15.2.1 All Staff**

If an extreme heat situation occurs:

1. Stay hydrated.
2. Take more frequent breaks, if possible.

#### **15.2.2 Environmental Services Manager/designate**

1. Communicate to staff.
2. Monitor weather advisories.
3. Monitor and record the internal temperature in designated areas of the facility throughout a 24-hour period.
4. Notify all departments of a heat alert if the internal temperature in any part of the facility reaches 26 degrees Celsius or higher.
5. Reduce energy use at the facility by closing blinds and drawing curtains, closing doors to the outside, using stairs, turning off lights when they aren't needed, and turning off non-essential equipment.
6. Limit outdoor work activities.

#### **15.2.3 Manager of Food Services/Dietary Staff**

1. Activate Fairmount Home's food services contingency plans, if required (see Annex H).
2. Incorporate colder items on the menu on days when there is a heat alert.
3. Ensure that water is provided with meals and in between meals and snacks.
4. Present fluids in a variety of ways, such as hot or cold liquids, frozen fruit juices, supplements, and desserts.

#### **15.2.4 Nursing Staff**

**Note:** Refer also to the heat-related illness prevention and management program, resident care program, and best practice programs.

1. Ensure residents receive extra fluids (water, diluted juice, popsicles, and ice). Encourage decaffeinated beverages.
2. Ensure that all residents receive an appropriate amount of fluid every two (2) hours to meet their calculated needs.
3. Monitor any high-risk residents at least hourly for signs and symptoms of heat exhaustion or heat stroke. If you notice any residents with symptoms of heat exhaustion or heat stroke, offer them fluids, and report the signs/symptoms immediately. Monitor the residents' intake and output.
4. Ensure the residents are positioned in cool environments.
5. Ensure that all windows are closed and that all blinds are drawn in the resident rooms that are exposed to direct sunlight.
6. Advise families, residents, and volunteers of the dangers of visiting with residents outdoors. If residents or families still choose to visit outdoors, residents should be encouraged to wear a hat and use sunscreen.
7. Ensure staff assesses residents on their return to the RHA.
8. Advise residents to limit themselves to sedentary/passive activities.
9. Reorganize bath routines to either early in the morning or later in the evening, if possible.
10. Ensure residents are dressed in non-restrictive lightweight clothing where possible.

### **15.3 Required Reporting**

When a Code Orange: Extreme Heat has been called, the forms listed in the following table must be completed.

Table 24: Required reporting for Code Orange: Extreme Heat.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 15.4 Table of Revisions

Table 25: Code Orange: Extreme Heat: table of revisions.

## **16.0 Code Orange: Leaks/Flooding**

### **16.1 Definition**

A Code Orange: Leaks/Flooding is called when there is an overflowing of large amounts of water on the floors, walls, or ceilings. The overflowing may be caused by severe weather, melting snow, or sewer blockage, or it may result because of clogged or defective plumbing.

### **16.2 Staff Procedures**

#### **16.2.1 Administrator (or On-call Manager after hours)**

1. Complete an MLTC Critical Incident System Report.

#### **16.2.2 All Staff**

1. Notify the Charge Nurse and Environmental Services.
2. Involve staff related to infection control and use PPE as indicated, especially if the cause is a sewage backup.
3. Use buckets, blankets, and towels to contain the water until the flow has stopped.
4. Post “wet floor” signs.
5. Request assistance from other staff. If necessary, call “Code Orange. Flood.” to recruit more people to address the issue.
6. Clean up the water with mops, floor machines, shop-vac vacuum cleaners, or spill kit supplies.

#### **16.2.3 Charge Nurse/Incident Commander**

1. Announce “Code Orange. Flood at [Location].” Repeat the announcement three (3) times.
2. Contact the Fairmount Home Administrator (or On-call Manager after hours). The Fairmount Home Administrator (or On-call Manager after hours) will contact the County of Frontenac CAO. The CAO will contact the County of Frontenac Emergency Management if the flood is extensive.
3. Contact the Environmental Services Manager.
4. Advise the workplace health and safety committee.
5. Ensure that staff evacuate the affected area of the building.
6. Refer to the Code Green: Evacuation procedure if an evacuation is required.
7. When the situation is resolved, announce “Code Orange. Flood. All clear.”
8. Hold a debrief and complete an CDF.

#### **16.2.4 Dietary Supervisor**

If any dietary services area has been affected:

1. Dispose of all the unpackaged food exposed to the sewage/flood water to avoid contamination.
2. Dispose of all saturated boxes of food and all damaged and bulging cans.
3. Dispose of all products in jars (such as preserves) and bottled drinks – the area under the seals cannot be adequately disinfected.
4. If in doubt, throw it out.
5. Activate Fairmount Home's food services contingency plans, if required (see Annex H).

#### **16.2.5 Environmental Services Manager**

1. Check all sump pumps.
2. Check that the roof drains and catch basins are free from any debris or obstructions to ensure water is contained.
3. Confirm spill kits are available with absorbent socks.
4. Have shop vacuums and auto-scrubber floor machines available.

#### **16.2.6 Registered Nurses**

1. Dispose of all damaged medication, toiletries, and cosmetics.

### **16.3 Maintenance Procedure**

1. Do not walk in any water that has pooled around or affected electrical devices or appliances.
2. Determine the source/cause of the water and attempt to stop the flow of water. If it is safe to do so, designate maintenance staff to shut off all services to the affected area (such as water and power breakers). Staff shall wear PPE, including rubber boots, masks, gloves, and eye protection while responding to a leak or flood incident.
3. If the flow of water cannot be stopped, place containers or towels to capture water, if applicable. Request staff support to mop up the water.
4. Place an emergency call to the appropriate service provider (such as a plumber). The service provider must stop the flow of water, confirm the water's source/cause, and repair the system as required.
5. Contact the remediation vendor to support clean-up efforts.

6. Contact the general contractor if damage has occurred to the facility or if building components were soaked. If the saturated components cannot be dried thoroughly in a short period of time, there is a risk of mould and mildew.
7. If the water is a result of raw sewage or contaminated water, determine which items must be removed and disposed of.
8. Floors, walls, and surfaces must be thoroughly cleaned, disinfected, and dried.
9. Inspect the ceiling plenum spaces for moisture. Remove and replace wet/damaged ceiling tiles as required.
10. Inspect wall cavities for moisture. Remove all wet insulation. If structural members are soaked, remove the drywall, and allow the members to dry thoroughly before reinstating new drywall.
11. Use dehumidifiers and air blowers to speed up the drying process. Do not use flooded electrical equipment (such as outlets and switch boxes or fuse/breaker panels) until an electrician has inspected and passed them.
12. If lights are damaged, ensure the power is off and take apart the affected fixture to clean and dry the components.
13. Do not use any larger appliances (such as washing machines and dryers) that were submerged in flood waters. Contact the service provider to inspect or repair the appliances as required.
14. Replace/repair all affected small appliances. Don't use flooded HVAC equipment and water heaters until they have been inspected and serviced by the service provider. Test to ensure that the HVAC system is operating properly.
15. Carefully flush, prime, and disinfect the floor drains and sump pits.
16. Contact the appropriate service provider (plumber, irrigation, or catch basin vendor) to extract excess water if the exterior building perimeter, parking lot, or grounds are flooded.

### 16.4 Flood and Water Infection Control

Table 26: Flood and water infection control.

Category	Examples	Action
Clean Water	Broken pipes Tub overflows Sink overflows Appliance malfunctions Falling rainwater Broken toilet tanks	Allow all materials to dry completely before using them.

Category	Examples	Action
Gray Water (some degree of contamination present)	Overflow from a dishwasher, washing machine, or a toilet bowl (not containing feces) Broken aquarium Gray water in flooded structures is significantly aggravated by time and temperature.	Allow all materials to dry completely before using them.
Black Water (heavily and grossly contaminated)	Water containing raw sewage, including overflow from a toilet bowl containing feces, a broken sewer line, backed up sewage, and all forms of ground surface water rising from rivers or streams.	Remove and discard all wet drywall, furniture, and other materials.

## 16.5 Required Reporting

When a Code Orange: Leaks/Flooding has been called, the forms listed in the following table must be completed.

Table 27: Required reporting for Code Orange: Leaks/Flooding.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 16.6 Table of Revisions

Table 28: Code Orange: Leaks/Flooding: table of revisions.

## **17.0 Code Orange: Severe Weather**

### **17.1 Definition**

A Code Orange: Severe Weather may be called when there is unexpected, unusual, unseasonal, or severe weather that has the potential to be life-threatening. Media announcements or communication from the County of Frontenac Emergency Management will advise of weather watches, advisories, and warnings. These announcements will allow time for the preparation needed to safeguard against personal injury, loss of life, and property damage.

### **17.2 Examples of Severe Weather**

Severe weather can include:

- heavy rain
- freezing rain/hail
- ice/snowstorms
- tornadoes, hurricanes, and wind events
- floods

Be alert to emergency broadcast information from official sources (such as radio and television) and Environment Canada.

### **17.3 Alert Ready System**

“Alert Ready” is designed to deliver critical and potentially life-saving alerts to Canadians through television, radio, and wireless service providers. The Alert Ready system is developed in partnership with federal, provincial, and territorial emergency management officials, Environment and Climate Change Canada, The Weather Network, and the broadcasting industry. Wireless service providers will relay approved alerts from government authorities for protective actions to be taken as needed due to an emergency or impending situation.

### **17.4 Staff Procedures**

#### **17.4.1 Administrator/Incident Commander**

**Note:** If the event occurs after-hours, the Charge Nurse will act as Incident Commander.

1. Liaise with the Fairmount Home Administrator, who will contact the County of Frontenac CAO. The CAO will contact Emergency Management, if required.
2. Monitor radio or television stations for further updates.

3. Announce “Code Orange. Severe weather event.” Repeat the announcement three (3) times.
4. Keep staff informed of the situation.
5. If an evacuation is directed, initiate Code Green: Evacuation and trigger the second stage of the fire alarm. An evacuation may be required if the building is deemed unsafe or if there is any danger to the building’s occupants.
6. If necessary, arrange to transport residents to alternate healthcare facilities.
7. When the situation is resolved, complete the following actions:
  - a. Announce “Code Orange. All clear.”
  - b. Evaluate any damage and plan for remediation.
  - c. Hold a debrief and complete an CDF.

#### **17.4.2 All Staff**

If a severe weather condition occurs:

1. Remain calm and stay indoors.
2. Move residents to a safer place, such as the corridor or an inside room away from the outer walls/windows of the building.
3. Keep away from windows to avoid flying glass. Close all windows, blinds, and curtains.
4. Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris. Protect your face and head with your arms.
5. Stay under cover until the severe weather condition has subsided.
6. Identify any persons with injuries. Provide medical assistance as appropriate.

#### **17.4.3 Charge Nurse**

Upon receiving information that a severe weather condition is imminent:

1. Notify the Fairmount Home Administrator (or On-call Manager after hours). The Administrator will then notify the County of Frontenac CAO and the County Emergency Manager as needed.
2. Notify all non-essential personnel and volunteers per internal procedures.
3. Ensure residents and staff stay indoors if necessary.
4. Consider the staff contingency plan.

If the building is affected by a severe weather condition:

1. Work with on-site staff to identify persons with injuries and provide medical assistance.
2. Call 911 if a medical emergency exists.
3. Check the exit stairwells to ensure they are safe and available to use in the event of a building evacuation.

## **17.4.4 Manager of Food Services/Dietary Staff**

1. Activate Fairmount Home's food services contingency plans, if required (see Annex H).

## **17.5 Required Reporting**

When a Code Orange: Severe Weather has been called, the forms listed in the following table must be completed.

Table 29: Required reporting for Code Orange: Severe Weather.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## **17.6 Table of Revisions**

Table 30: Code Orange: Severe Weather: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

## **18.0 Code Red: Fire**

### **18.1 A Note About the Code Red: Fire Procedures**

The following procedures are taken from Fairmount Home's approved fire safety plan.

### **18.2 Charge Nurse/Incident Command**

#### **18.2.1 First Floor Registered Nurse**

1. Phone or assign an alternate staff member to phone 911 to reach the fire department immediately.
2. Obtain the pair of two-way radios from the 1<sup>st</sup> floor RN office (one radio is for the RN and the other is for a runner) and the elevator and fire key (to put both elevators back in service when the system is reset). Keep the two-way radio on Channel 1 at all times.
3. Check the annunciation panel on any home area to identify the location of the fire.
4. Choose a runner and give them a two-way radio; ask the runner to go to the auditorium entrance to wait for the fire fighters, the runner will be the person to bring them to the fire when they arrive.
5. Over Page All on the phones and two-way radio announce "Code Red [location]" x 3.
6. Proceed to the main entrance for further direction from the second-floor RN.

#### **18.2.2 Second Floor Registered Nurse**

1. Obtain a vest and a two-way radio from the 2<sup>nd</sup> floor RN office, elevator and fire keys (ensure the proper keys are obtained). Keep the two-way radio on Channel 1 at all times.
2. Check the annunciator panel at the on any home area to identify the location of the fire.
3. Proceed to the fire area, evaluate the situation, and inform the runner of the location of the problem. Keep the runner informed at all times of what is happening.
4. The first staff on-scene will determine if a local evacuation is warranted. If there is an immediate threat to resident health and safety, put fire alarm into second step, call "Code Green [location] x 3" over two-way radio and begin the local evacuation. The RN will determine if a horizontal evacuation is needed. If a horizontal evacuation is necessary, notify the first floor RN of the number of additional staff required to assist with the evacuation and began evacuating the

residents using the systematic search procedure as outlining in 11.5 – Systematic Search Procedure and 18.6 – Evacuation and Relocation.

5. Assign a staff member to grab the emergency bag and census clip board in the stairwell, and head to the unaffected side of the fire door where residents will be evacuating.
6. Have a staff member check off residents' names as they are evacuated through the door.
7. Have a staff member assist with putting identification lanyards on residents.
8. Assist with systematic search and wait for further direction from the fire department.
9. Remain responsible until the completion of the emergency.
10. Reset the pull station with Allen key on keychain (ONLY during drills)
11. Proceed to the annunciation panel located at the auditorium entrance to reset the fire system, to reset push 'acknowledge' then 'reset'
12. Reset the mag locks located on Lilac Terrace; to reset Mags turn the key as indicated on the panel (see directions on panel), you will know when they go back on as green lights will show on every panel.
13. Reset main elevators and service elevator; below elevator button, use circle key to turn the switch back on.
14. Enter the door codes at the Main Entrance, Auditorium Entrance, and Staff Exit to reset the door alarm. After resetting each door, check to ensure the maglocks are engaged and operating properly.
15. Upon completion of the evacuation announce over the PA "Code Red and Code Green all clear" x 3.
- 16.

### **18.2.3 If Only One Registered Nurse is On Duty**

1. Phone or assign an alternate staff member to phone 911 to reach the fire department immediately.
2. Obtain the pair of two-way radios from the RN office, elevator and fire keys, and vest from the either RN office. Always keep the two way radio on Channel 1.
3. Check the annunciator panel on any home area to identify the location of the fire.
4. Over PA and two-way radios announce "**Code Red [location]**" 3 times.
5. Choose a runner and give them a two-way radio; ask the runner to go to the auditorium entrance to wait for the fire fighters, the runner will be the person to bring them to the fire when they arrive. .

6. .

7. Proceed to the fire area, evaluate the situation, and inform the runner of the location of the problem. Keep the runner informed at all times of what is happening.

The first staff on-scene will determine if a local evacuation is warranted. If there is an immediate threat to resident health and safety, put fire alarm into second step, call "Code Green [location] x 3" over two-way radio and begin the local evacuation. The RN will then determine if a horizontal evacuation is needed. If a horizontal evacuation is necessary, notify the staff on the two-way radios of the number of additional staff required to assist with the evacuation and began evacuating the residents using the systematic search procedure as outlining in 11.5 – Systematic Search Procedure and 18.6 – Evacuation and Relocation.

8. Assign a staff member to grab the emergency bag and census clip board in the stairwell, and head to the unaffected side of the fire door where residents will be evacuating.
9. Have a staff member check off residents' names as they are evacuated through the door.
10. Have a staff member assist with putting identification lanyards on residents.
11. Assist with systematic search and wait for further direction from the fire department.
12. Remain responsible until the completion of the emergency.
13. Reset the pull station with Allen key on keychain (ONLY during drills)
14. Proceed to the annunciation panel located at the auditorium entrance to reset the fire system, to reset push 'acknowledge' then 'reset'
15. Reset the mag locks located on Lilac Terrace; to reset Mags turn the key as indicated on the panel (see directions on panel), you will know when they go back on as green lights will show on every panel.
16. Reset main elevators and service elevator; below elevator button, use circle key to turn the switch back on.
17. Enter the door codes at the Main Entrance, Auditorium Entrance, and Staff Exit to reset the door alarm. After resetting each door, check to ensure the maglocks are engaged and operating properly.
18. Upon completion of the evacuation announce over the PA "Code Red and Code Green all clear" x 3.

## **18.3 Operational Staff Procedures**

### **18.3.1 11–7 Shift**

Use the following steps to ensure that staff members on the night shift are in constant communication with each other in the event of an emergency.

1. The RN is to gather the keys, two-way radio, and vest from the 1<sup>st</sup> floor RN office or the 2<sup>nd</sup> floor RN office.
2. Because of staffing levels, the RN in charge should act as their own runner until the nature of the emergency has been determined and then assign a runner. If a second registered staff is working, they should be assigned as the runner and can retrieve the two-way radio from the 1<sup>st</sup> floor RN office Staffing may then be redirected accordingly by using the two-way radio.
3. The senior staff member on each home area is to retrieve the two-way radio from the nursing team room or chart rack. Locations vary from home area to home area between the team room and the chart rack, so all nursing staff should familiarize themselves with the location of the two-way radio for their work area. The radios should be on Channel 1 and must be turned on. Direction from the charge nurse will be given over the two-way radio.
4. The first staff on-scene will determine if a local evacuation is warranted. If there is an immediate threat to resident health and safety, put fire alarm into second step, call "Code Green [location] x 3" over two-way radio and begin the local evacuation. The RN will then determine if a horizontal evacuation is needed. If a horizontal evacuation is necessary, notify the staff on the two-way radios of the number of additional staff required to assist with the evacuation and began evacuating the residents using the systematic search procedure as outlining in 11.5 – Systematic Search Procedure and 18.6 – Evacuation and Relocation.
5. Assign a staff member to grab the emergency bag and census clip board in the stairwell, and head to the unaffected side of the fire door where residents will be evacuating.
6. Have a staff member check off residents' names as they are evacuated through the door.
7. Have a staff member assist with putting identification lanyards on residents.
8. Assist with systematic search and wait for further direction from the fire department.
9. Remain responsible until the completion of the emergency.
10. Reset the pull station with Allen key on keychain (ONLY during drills)
11. Proceed to the annunciation panel located at the auditorium entrance to reset the fire system, to reset push 'acknowledge' then 'reset'

12. Reset the mag locks located on Lilac Terrace; to reset Mags turn the key as indicated on the panel (see directions on panel), you will know when they go back on as green lights will show on every panel.
13. Reset main elevators and service elevator; below elevator button, use circle key to turn the switch back on.
14. Enter the door codes at the Main Entrance, Auditorium Entrance, and Staff Exit to reset the door alarm. After resetting each door, check to ensure the maglocks are engaged and operating properly.
15. Upon completion of the evacuation announce over the PA “Code Red and Code Green all clear” x 3.
- 16.

#### **18.3.2 County Administrative & Frontenac Paramedic Staff**

1. Ensure fire doors are closed.
2. Report to the main entrance of the Old House.
3. If alarm goes into stage two – evacuate to parking lot
4. Reset the Old House alarm if the “all clear” is given.

#### **18.3.3 Cataraqui Conservation Staff**

1. Ensure fire doors are closed
2. Report to the main entrance of CRCA
3. If alarm goes into stage two – evacuate to parking lot

#### **18.3.4 Dietary/Laundry Staff**

1. Between the hours of 6 a.m. and 5 p.m., report to the loading dock and wait for further instructions that may come from a runner or an RHA charge person. Between the hours of 5 p.m. and 6 a.m., report to the main entrance and wait for further instructions that may come from a runner or an RHA charge person.
2. The cook will ensure the two-way radio is obtained from the main kitchen when staff is reporting to the loading dock.

In the event that passage to the main level is blocked, staff on Level 0 shall exit the building and report to the main entrance from the outside.

#### **18.3.5 Fairmount Administrative Staff**

1. Report to the main entrance of the facility and wait for further instructions that may come from a runner or an RHA charge person.

#### **18.3.6 Housekeeping**

1. If on the RHA, stay there and follow the directions of the team leader.
2. If in the lobby or auditorium, proceed to the main entrance.
3. If on the lower level (Level 0), proceed to the main entrance.

#### **18.3.7 Maintenance Staff**

1. Determine the location of the fire from one of the annunciator panels.
2. Carry out the predetermined shutdown procedures on equipment as necessary to reduce the danger of fire or smoke spreading.
3. Fans will shut down automatically, and confirmation of such shall be recorded on the fire alarm fan shutdown (form #112).
4. Report to the person in charge of the fire RHA. Be sure to bring the fire panel access keys.

#### **18.3.8 Programming/Therapy Staff**

1. Remain with residents and wait for instructions from a runner or the RHA charge person. If no residents are present, report to the main entrance.

#### **18.3.9 Runners**

1. Check the annunciator panel as directed.
2. Obtain a two-way radio from the RN (ensure it is turned to Channel 1 and the volume is turned on until an “all clear” is announced). If a second Registered staff member is working, retrieve the two-way radio from the 1st floor RN office.
3. Go to the main entrance of the auditorium and await the arrival of the fire department.
4. Confirm other two-way radios are working by conducting a check (see the instructions printed on the runner’s two-way radio).
5. Meet the fire department and be prepared to give information as to where the fire is, as well as any other information received from the RN.

#### **18.3.10 Staff on the Fire RHA**

1. Activate the fire alarm if it is not already activated.

2. Move all residents and visitors who are in the corridors into a safe area away from the fire zone.
3. Direct all visitors who are not with a resident to proceed to the main entrance and exit the building. Visitors with a resident may stay with the resident and await further instruction.
4. Close fire doors and smoke doors, including resident room doors, if they have not already been closed. Set the evacuation marker to indicate the room is empty. If there is no evacuation marker on the door, use the tape on the outside of the door to indicate the room is empty. For the two lounges on each floor of the north RHAs, and the one lounge on each floor of the south RHAs, a visual check and closing the door tightly shall suffice. Continued visual monitoring through the large windows on at least one side of these rooms facing into the corridors will help confirm these spaces are empty.
5. Attempt to extinguish the fire only if you have been trained to do so and the fire is small. As a rule of thumb, if the fire can't be put out with a single fire extinguisher, it is too large to attempt to extinguish.
6. Every attempt is made to ensure that hallways are kept clear of combustibles and obstructions, including mobile equipment. Care carts, laundry carts, housekeeping and maintenance carts, and lifts should be properly stored when not in use or attended to by a staff member.
7. Report to the person in charge of the RHA (team leader/RPN).
8. RPN obtains two-way radio from the dispensary.
9. Assist in evacuation procedures as directed. DO NOT USE ELEVATORS.

#### **18.3.10 Staff on Other RHAs**

1. Remain on your own RHA and floor until otherwise instructed.
2. Close room doors in your RHA, and if the room is empty, set the evacuation marker to indicate it is vacant.
3. Stay calm. Reassure residents and visitors and prepare them for a possible evacuation.
4. Remove all obstructions from corridors.
5. Report to the person in charge of the RHA (usually the team leader/RPN.)
6. RPN obtains two-way radio from the team room.
7. Proceed to the fire RHA only if instructed by the person in charge of the RHA.
8. On the fire RHA, report to the person in charge of the RHA or the Charge Nurse.

#### **18.4 Note for All Staff**

DO NOT USE THE ELEVATORS.

DO NOT RE-ENTER THE BUILDING UNTIL INSTRUCTED BY STAFF OR THE FIRE DEPARTMENT.

#### **18.5 Procedure for Fire Department Access**

1. At all times, the Fairmount Home Administrator shall ensure that the fire department key box contains the proper key for access to the building.
2. In the event of a fire, the runner will meet the fire department at the designated entrance. The fire department has access to the key box.

#### **18.6 Evacuation and Relocation**

The first staff on-scene will determine if a local evacuation is warranted. If there is an immediate threat to resident health and safety, conduct the local evacuation. The RN will determine if a horizontal evacuation is needed. Decisions regarding vertical and/or premises evacuations should be made in conjunction with site administration and/or at the direction of the fire department. Should an vertical and/or premises evacuation be needed, the emergency call-back process is to be activated as soon as those in immediate danger have been removed to safety

##### **18.6.1 Progressive Steps to Evacuation**

1. Local: Local evacuation refers to an evacuation from the room/area of the emergency.
2. Horizontal: Horizontal evacuation refers to an evacuation beyond the corridor fire doors.
3. Vertical (to a lower level): If a vertical evacuation is required, Evacuchairs are available in four stairwells on the second floor; instructions are attached to the chairs.
4. Premises evacuation: Premises evacuation refers to an evacuation of the entire facility. (**Note:** This type of evacuation may involve resident home areas only).

##### **18.6.2 Room Clearing**

Systematic search procedures must be used for all evacuations. Remove non-ambulatory residents using the blanket-drag procedure.

Check closets and under beds.

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When a room has been thoroughly searched, and residents have been removed, open the EvacuCheck against the metal door frame, or use the tape on the outside of the door. In the event the door is opened, the EvacuCheck will return to its closed position.

## 18.7 Required Reporting

When a Code Red: Fire has been called, the forms listed in the following table must be completed.

Table 31: Required reporting for Code Red: Fire.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident System Report	On-call Manager	MLTC

## 18.8 Table of Revisions

Table 32: Code Red: Fire: table of revisions.

## **19.0 Code White: Violent or Aggressive Situation**

### **19.1 Definition**

A Code White: Violent or Aggressive Situation is called when there is any aggressive, violent, or dangerous behaviour that may put an individual, including yourself, at risk of physical harm or injury.

A Code White: Violent or Aggressive Situation may be called when:

- a person is verbally or physically threatening towards themselves or others
- a person is not responding to verbal de-escalation techniques, negotiating, redirection, limit setting, or problem-solving techniques by staff
- urgent assistance is required

### **19.2 Staff Procedures: Resident Exhibiting Violent Behaviour**

#### **19.2.1 Start of Incident: Staff Member**

1. Use your training to de-escalate the situation.
2. Alert others that assistance is needed by calling out “Code White. [Location].”
3. Staff near the indicated area must respond quickly and apply interventions.
4. Notify the Charge Nurse/Incident Commander.

#### **19.2.2 During Incident: Charge Nurse/Incident Commander**

1. Announce “Code White. [Location]” using the paging system.
2. Respond to the scene and assess the situation.
3. Ensure the safety of others. Ask or assist those who should not be in the immediate area to leave. Ensure dangerous objects are removed from the area.
4. Continue to de-escalate and formulate a coordinated plan of action.
5. Ensure formally trained techniques, such as GPA (gentle, persuasive approaches), are used.
6. Contact a physician if required.
7. Call 911 if the situation cannot be controlled.
8. Announce “Code White. All clear” when the situation is under control.

#### **19.2.3 After-incident Follow Up**

1. Support and reassure others, including by offering the employee assistance program.

2. Notify the Fairmount Home Administrator (or On-call Manager after hours) if the Administrator is not already on-scene.
3. Notify the Substitute Decision Maker.
4. Notify the medical team via rounds if necessary. .
5. Update the resident's plan of care (POC) in the PCC as needed. Complete a risk management report (RMR) in PCC. Implement follow-up actions (such as changes to treatment).
6. Hold a debrief and complete an CDF.
7. Complete an MLTC Critical Incident System report if applicable.

### **19.3 Staff Procedures: Non-resident Exhibiting Violent Behaviour**

#### **19.3.1 Start of Incident: Staff Member**

1. Use your training to de-escalate the situation.
2. Leave the immediate area if necessary.
3. Alert others that assistance is needed by calling out "Code White. [Location]."
4. Staff near the indicated area must respond quickly.
5. Notify the Charge Nurse/Incident Commander.

#### **19.3.2 During Incident: Charge Nurse/Incident Commander**

1. Announce "Code White. [Location]" using the paging system.
2. Respond to the scene and assess the situation.
3. Ensure the safety of others by asking or assisting them to leave the immediate area. Ensure dangerous objects are removed from the area.
4. If the situation cannot be controlled, remove yourself from harm's way. Leave the scene and call 911.
5. Announce "Code White. All clear" when the situation is under control.

#### **19.3.3 After-incident Follow Up**

1. Support and reassure others, including by offering the employee assistance program.
2. Hold a debrief and complete an CDF.

### **19.4 Additional Notes**

Where a weapon is involved, call Code Silver, and refer to the applicable emergency procedures.

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## Fairmount Home Emergency Response Plan

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If someone has been taken hostage, call Code Purple, and refer to the applicable emergency procedures.

### 19.5 Required Reporting

When a Code White: Violent or Aggressive Situation has been called, the forms listed in the following table must be completed.

Table 33: Required reporting for Code White: Violent or Aggressive Situation.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident System Report	On-call Manager	MLTC
Code Debrief Form	Incident Command	Fairmount Home
Violence Risk Assessment	Incident Command	Fairmount Home
Update Plan of Care	Incident Command	Fairmount Home
Risk Management Report	Incident Command	Fairmount Home

### 19.6 Table of Revisions

Table 34: Code White: Violent or Aggressive Situation: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

## **20.0 Code Purple: Hostage Taking**

### **20.1 Definition**

A Code Purple: Hostage Taking is called for any situation in which an individual is forcibly confined, seized, or detained against their will, with the threat of violence.

### **20.2 Staff Procedures**

#### **20.2.1 All Staff**

1. Any staff member initiating a Code Purple: Hostage Taking must immediately call 911 and report a hostage situation.
2. Notify the Charge Nurse. The Charge Nurse will become the Incident Commander.
3. Stay calm. Do not attempt any action if there are signs of danger or violence. Staff are not to place themselves at risk.
4. Avoid being in the same area as the hostage taker and anyone who is unfamiliar to you.
5. Prevent others from approaching the area, if safe to do so.
6. If you are in the same area as the hostage taker, respond if spoken to and do what the hostage taker asks of you. In this case, try to establish rapport. If you are taken hostage, follow the guidelines in Section 20.3 of this document.
7. Wait for the police to arrive. Follow their instructions and those of the Incident Commander.

#### **20.2.2 Charge Nurse/Incident Commander**

1. Announce “Code Purple. [Location]. Everyone stay where you are and await further direction.”
2. Establish a Command Centre.
3. Ensure the safety of others in the immediate area.
4. Notify the Fairmount Home Administrator (or On-call Manager after hours).
5. Follow the instructions of the police.
6. If an evacuation is ordered, initiate the Code Green: Evacuation procedure.
7. When the threat is resolved and police have confirmed it is “all clear,” announce “Code Purple. All clear.”
8. Hold a debrief and complete an CDF.

9. Ensure the Fairmount Home Administrator (or On-call Manager after hours) completes an MLTC Critical Incident System Report if a resident is involved in the incident.
10. Ensure the Fairmount Home Administrator (or On-call Manager after hours) communicates with the appropriate stakeholders (such as residents, families, staff, and unions).

### **20.3 Procedure If You Are Taken Hostage**

1. Do what the hostage taker tells you. They may have a weapon and are in charge at this point.
2. Pay close attention to the demeanor of your captor(s). They may be emotionally unbalanced. Be cautious about doing anything that may endanger your health and safety.
3. Try not to speak to the hostage taker unless spoken to, and then only when necessary. Don't talk down to the captor, as they may be in an agitated state. Avoid appearing hostile.
4. Do NOT show too much emotion. Excessive displays of emotion such as anger or crying can upset the hostage taker.
5. Sit down, if possible. You will appear less threatening in this position.
6. Act relaxed. This can assist in defusing tension. Avoid arguments.
7. Weigh any chances of escape very carefully. In this highly stressful situation, you may not be as well coordinated as normal.
8. Have faith in the police. They will be negotiating carefully for your safe release.
9. Face your captor eye to eye. Don't stare but try to maintain eye contact – it is harder to hurt someone who is facing you.
10. Be patient. Time is usually on your side. Avoid any drastic action that may upset the hostage taker.
11. Be observant. You may be released or escape. The personal safety of others may depend on your memory when you are asked questions by the authorities.
12. Attempt to establish a rapport with the hostage taker. If medications, first aid, or restroom privileges are needed by anyone, say so. The hostage taker, in all probability, does not want to harm you.

### **20.4 Required Reporting**

When a Code Purple: Hostage Taking has been called, the forms listed in the following table must be completed.

Table 35: Required reporting for Code Purple: Hostage Taking.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 20.5 Table of Revisions

Table 36: Code Purple: Hostage Taking: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## 21.0 Code Brown: Carbon Monoxide

### 21.1 Definition

A Code Brown: Carbon Monoxide is called when there are signs that a hazardous or potentially hazardous concentration of carbon monoxide (CO) is present in the air inside Fairmount Home.

### 21.2 Carbon Monoxide Indicators

A concentration of carbon monoxide may be present in the air if any of the following occurs:

- CO detectors sound an alarm
- the air is stale or stuffy
- occupants have symptoms of CO exposure (see below)
- the pilot light on gas-fired equipment keeps going out
- a sharp odour or the smell of natural gas is present when equipment turns on
- the burner flames and pilot lights of natural gas furnaces or other equipment are mostly yellow rather than clear blue (**Note:** Some natural gas fireplaces are designed to have yellow flames.)
- chalky, white powder forms on a chimney or exhaust vent pipe, or soot builds up around the exhaust vent
- excessive moisture forms on walls or windows in areas where the natural gas equipment is on

### 21.3 Symptoms of Carbon Monoxide Exposure

Exposure to carbon monoxide can cause flu-like symptoms without a fever, including:

- headaches
- nausea
- dizziness
- drowsiness or fatigue
- burning eyes
- confusion
- loss of coordination

**Note:** If occupants experience these symptoms inside a building but feel better when they go outdoors or away from the building, CO may be the cause.

## **21.4 Causes of High Carbon Monoxide Levels**

High levels of carbon monoxide may be caused by an appliance or piece of equipment that has been poorly installed or maintained, or it may be caused due to the failure or damage of an appliance or equipment where:

- fuel is not burned properly
- a room is poorly ventilated, and CO is unable to escape

## **21.5 Staff Procedures**

### **21.5.1 Administrator**

1. Notify the MLTC Duty Inspector.
2. Complete an MLTC Critical Incident System Report.

### **21.5.2 All Staff**

1. Inform the Charge Nurse/Incident Commander.
2. Relocate all occupants from the affected area immediately.
3. If possible, open windows to ventilate the area.
4. Provide medical attention for those that need help. Pay particular attention to anyone with a respiratory ailment (such as asthma).

### **21.5.3 Charge Nurse/Incident Commander**

**Note:** These procedures may be delegated to the Environmental Services Manager if they are on-site.

1. Announce “Code Brown. Carbon monoxide at [Location].” Repeat the announcement three (3) times.
2. Call 911 for the fire department.
3. Contact the natural gas provider.
4. Contact the HVAC vendor to attend the site.
5. Notify the Fairmount Home Administrator (or On-call Manager after hours).
6. Keep staff and residents away from the affected area.
7. Follow the direction of the fire department.
8. When the situation is resolved, announce “Code Brown. All clear.”
9. Hold a debrief and complete an CDF.

#### **21.5.4 Environmental Services Manager**

1. Meet the fire department, natural gas provider, and HVAC vendor on-site to determine the cause of the issue.
2. Shut off equipment that may be causing the CO leak.
3. Coordinate repairs with the HVAC vendor.
4. Ventilate the area by opening windows and placing fans.

#### **21.6 Required Reporting**

When a Code Brown: Carbon Monoxide has been called, the forms listed in the following table must be completed.

Table 37: Required reporting for Code Brown: Carbon Monoxide.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

#### **21.7 Table of Revisions**

Table 38: Code Brown: Carbon Monoxide: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

## **22.0 Code Brown: Hazardous Materials Leak/Spill/Release**

### **22.1 Definition**

A Code Brown: Hazardous Materials Leak/Spill/Release is called when an unusual or irregular liquid or airborne substance is present. Any such spill or leak must be treated as a potentially hazardous material until the substance can be identified. If the substance cannot be determined, assume it is the most dangerous substance stored/used in the facility. Safety Data Sheets (SDS) can be used to help identify substances and understand their properties. The SDS are located at the nursing stations.

### **22.2 Minor Spills and Major Spills**

A **minor** spill is small enough it can easily be cleaned up using the emergency spill kit. It can be handled by internal personnel and usually does not require an emergency responder's assistance.

A **major** spill is one that cannot be safely contained with the on-site emergency spill kit supplies and involves materials that are hazardous to the residents and staff of Fairmount Home or threatens to travel beyond the boundaries of the premises and potentially cause environmental damage.

### **22.3 Staff Procedures**

#### **22.3.1 Administrator (or On-call Manager after hours)**

1. Hold primary responsibility for coordinating the response to emergencies, including hazardous and chemical leaks/spills/releases.
2. Ensure that employees are familiar with these procedures and receive the necessary training and ensure that appropriate follow-up actions are conducted.
3. Complete an MLTC Critical Incident System Report. Contact the Ministry by phone if resident safety is affected.

#### **22.3.2 All Staff**

1. Immediately evacuate all persons from the affected area(s).
2. Call 911 if anyone is, or appears to be, injured or ill as a result of the hazardous materials release. Ensure that the emergency responders are informed of the name of the substance involved.
3. Provide any medical treatment specified in the SDS located at the nursing station.
4. Notify the Charge Nurse.
5. Prevent all non-emergency persons from entering the spill area.

6. Do not attempt to clean up the spill.
7. Follow the instructions of the Charge Nurse.

**Note:** All staff shall have reviewed the Fairmount Home ERP and the SDS. As such, staff should be familiar with the locations of eye wash fountains, emergency exits, evacuation routes, and related procedures. Staff shall also know how to access emergency contact numbers.

### **22.3.3 Charge Nurse/Incident Commander**

1. Announce “Code Brown. Hazardous materials release at [Location].” Repeat the announcement three (3) times.
2. Determine the name of the spilled or leaking chemical.
3. Call 911 if anyone is, or appears to be, injured or ill as a result of the hazardous materials release. Ensure that the emergency responders are informed of the name of the substance involved.
4. Provide any medical treatment specified in the SDS. (SDS Sheet binders are located at the nursing stations.)
5. Review product labels and Safety Data Sheet to determine if the product is a hazardous material. Note if the material is explosive, flammable, poisonous, corrosive, an oxidizer, infectious, or reactive. If so, special clean-up procedures must be followed. If it is not one of the above, a normal clean-up procedure can occur.
6. Contact Environmental Services for clean-up assistance if needed and ensure they follow procedures.
7. If the spill enters a drain, catch basin, or watercourse, notify the County of Frontenac and the Ministry of the Environment. They may also be contacted if in-house personnel cannot safely deal with the hazard.
8. Coordinate with emergency responders and the Fairmount Home Administrator (or On-call Manager after hours) to determine the need to evacuate the building or part of the building based on the information in the SDS. If an evacuation is necessary, refer to the Code Green: Evacuation procedure.
9. If the material is flammable, eliminate ignition sources.
10. Prevent all non-emergency persons from entering the spill area. Place cones/barriers around the area.
11. Notify the Fairmount Home Administrator.
12. Notify the Workplace Health & Safety Associate.
13. When the situation is resolved, announce “Code Brown. The hazardous spill at [Location] has been resolved.”

14. Contact the Ministry of the Environment and the County of Frontenac if the substance entered a drain or water course.

15. Hold a debrief and complete an CDF that includes:

- a. the name of spilled material and quantity
- b. the names of anyone requiring medical treatment
- c. the names of external agencies/contractors involved
- d. how the material was disposed of
- e. any preventive measures to take to avoid recurrence

#### **22.3.4 Environmental Services Manager**

1. Obtain, review, and make available SDS for the materials and substances present in Fairmount Home.
2. Ensure there are sufficient quantities and the appropriate types of spill control materials as prescribed in the SDS are available on-site to contain and clean up minor spills.
3. Ensure that spill control materials are kept in accessible locations, close to the areas where materials are stored and used. Ensure that any required PPE is available.

#### **22.4 Special Clean-up Procedures for Hazardous Materials**

1. Put on the appropriate PPE.
2. Stop any ongoing leaks.
3. Use spill kits to contain and clean up the spill, found in housekeeping storage room and boiler room in the basement. Portable spill kits and a larger spill kit are maintained by Environmental Services.
4. Protect the drains in the immediate area by covering them with rubber sewer drain covers or surrounding them with spill socks.
5. Scrape up the bulk of the material and put it in an appropriate receptacle (either a plastic bin or garbage bag).
6. Soak up the remainder of the material using an absorbent substance (such as sawdust, Oilsorb, or absorbent pads). The absorbent material must be compatible with the spilled material. Place in garbage bags.
7. Clean the spill/leak area with an appropriate cleaning solution per the applicable SDS.
8. Contact a hazardous waste removal contractor to have the waste removed.

**Note:** The Environmental Services Manager is responsible for maintaining spill kits.

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## 22.5 Required Reporting

- Complete an Environmental Incident Report as soon as possible after the spill and document as much information as possible from staff, residents, visitors, or anyone else who witnessed the incident. Additionally, police, fire, or paramedic services may have information if they have been involved.
- Reporting is required when:
  - the substance is atmospheric release
  - there is possible contamination of groundwater
  - the chlorine tank in Fairmount Home ruptures and causes a spill that poses a significant safety or health hazard to the staff, residents, and the environment.
- Depending on the scale of the release, some incidents may need to be reported to the Ministry of Environment Spills Action Centre. It is important that the Fairmount Home Administrator (or On Call Manager after hours) receives a well-documented report promptly after the release of the spill.

When a Code Brown: Hazardous Materials Leak/Spill/Release has been called, the forms listed in the following table must be completed.

Table 39: Required reporting for Code Brown: Hazardous Materials Leak/Spill/Release.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Environmental Incident Report	Incident Command	MOE
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 22.6 Table of Revisions

Table 40: Code Brown: Hazardous Materials Leak/Spill/Release: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **23.0 Code Brown: Natural Gas Leak**

### **23.1 Definition**

A Code Brown: Natural Gas Leak is called when staff detect an odour similar to rotten eggs or hear a hissing sound of escaping gas.

### **23.2 Staff Procedures**

#### **23.2.1 Administrator**

1. Complete an MLTC Critical Incident System Report.

#### **23.2.2 All Staff**

1. If possible, shut off the nearest gas valve.
2. Notify the Charge Nurse.
3. Open all doors and windows to vent the space.
4. Immediately evacuate the affected part of the building, relocating residents if necessary.

#### **23.2.3 Charge Nurse/Incident Commander**

1. Use a phone away from the source of the leak and call 911, if determined to be a gas leak.
2. Contact the natural gas service provider.
3. Announce "Code Brown. The building is experiencing a natural gas leak at [Location]." Repeat the announcement three (3) times.
4. Contact the Fairmount Home Administrator (or On-call Manager after hours).
5. Contact the Environmental Services Manager. If they are not on-site, perform the duties on their checklist.
6. Advise the workplace health and safety committee.
7. Follow directions from the fire department and natural gas service provider.
8. Ensure all staff evacuate the affected area of the building.
9. Refer to the Code Green: Evacuation procedure if needed.
10. When the situation is resolved, announce "Code Brown. The natural gas leak at [Location] has been resolved."
11. Hold a debrief and complete an CDF.

### **23.2.4 Environmental Services Manager or designate**

1. Shut off the local and main natural gas valves.
2. Open doors and windows to vent the space.
3. Liaise with the fire department and natural gas service provider to determine the source of the leak. The fire department and natural gas service provider may lockout/tagout equipment.
4. Work with the natural gas service provider to perform repairs as required.
5. Once resolved/repaired, contact the natural gas service provider to inspect the repair and test all gas-powered equipment for proper operation. The natural gas service provider will remove the lockout/tagout. Refer to Code Grey: Loss of Natural Gas for each facility's information, including the location of shutoff valves and the affected equipment.

### **23.3 Required Reporting**

When a Code Brown: Natural Gas Leak has been called, the forms listed in the following table must be completed:

Table 41: Required reporting for Code Brown: Natural Gas Leak.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

### **23.4 Table of Revisions**

Table 42: Code Brown: Natural Gas Leak: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

## **24.0 Code Silver: Active Assailant with Weapon/Armed Intrusion**

### **24.1 Definition**

A Code Silver: Active Assailant with Weapon/Armed Intrusion is called when an individual is threatening or attempting to harm someone with a firearm or other deadly weapon.

### **24.2 Staff Procedures**

#### **24.2.1 All Staff**

1. Remain calm. Any staff member can initiate a Code Silver: Active Assailant with Weapon/Armed Intrusion.
2. If you see someone with a weapon, get somewhere safe and immediately call 911.
3. Follow run, hide, or fight protocols if possible.
4. Notify the Charge Nurse if it is safe to do so. The Charge Nurse becomes the Incident Commander and will work with the police once the latter arrives on-site.
5. The police are the primary responders and will assume control in any Code Silver response. Follow the instructions of the police, the Incident Commander, and management.
6. Prevent anyone new from entering the building (unless it is the police). Run, if there is an accessible escape path. Help others leave with you, if possible, but do not be delayed by those who resist fleeing. Once you are in a safe place, let the Incident Commander know if there are other people in the area you escaped from.
7. If escape is not possible, find a place to hide.
  - a. If possible, secure the area you are hiding in by locking or barricading the door using available material. Otherwise, go to a room that can be locked or barricaded by using available material. Close the window blinds, turn off the lights, and get everyone down on the floor so that no one is visible from outside the room.
  - b. If you cannot secure the area, determine if there is a nearby location that you are able to reach safely and then secure that area; if possible, safely exit the building.
8. Remain extremely quiet. Put your phone on silent; if you're on the line with 911, speak only if it's safe to do so. If it is not safe, leave the line open so the dispatcher can hear what is taking place
9. Spread out and seek concealment behind walls, desks, filing cabinets, and other objects.

10. Remain in place until the police give the “all clear.”
11. DO NOT respond to any other commands or requests.
12. As a last resort, fight the attacker if they confront you. (**Note:** The decision to fight can only be made by you.) If you choose to confront the attacker:
  - a. improvise weapons using anything nearby
  - b. try to distract and incapacitate the attacker
  - c. attempt to stop the threat by any means possible
  - d. leave your belongings behind
  - e. help others escape if possible
  - f. prevent others from entering into danger

#### **24.2.2 Charge Nurse/Incident Commander**

1. Remain calm.
2. Announce “Code Silver. [Location]. Everyone stay where you are and wait for further direction.” Delegate this activity if necessary.
3. Ensure the safety of others in the immediate area.
4. Notify the Fairmount Home Administrator (or On-call Manager after hours).
5. Ensure that victims receive medical treatment if this can be done without putting anyone else in danger.
6. Follow the instructions of the police.
7. If instructed by the police, ensure staff implement lockdown procedures and remain in lockdown until instructed otherwise.
8. When the threat is resolved, and only after the police confirm everything is “all clear,” announce “Code Silver. All clear.”

If the situation is resolved, and the person with the weapon is a resident, the Incident Commander will lead the following procedures:

1. Support and reassure others, including by offering the staff assistance program.
2. Notify the Fairmount Home Administrator (or On-call Manager after hours).
3. Notify the SDM.
4. Notify the physician.
5. Conduct a risk management (RM).
6. Update the Care Plan and POC in the PCC as needed.
7. Complete a RMP in the PCC.

8. Implement follow-up actions (such as changes to treatment).
9. Notify the Health & Safety Associate if staff are involved.
10. Notify the MLTC if there is a critical injury.
11. Notify the Union if staff are involved.
12. Complete an MLTC Critical Incident System Report.
13. Hold a debrief and complete an CDF.

**Note:** If the police advise to shelter in place, hold and secure, or lockdown, see the related procedures.

## 24.3 Required Reporting

When a Code Silver: Active Assailant with Weapon/Armed Intrusion has been called, the forms listed in the following table must be completed.

Table 43: Required reporting for Code Silver: Active Assailant with Weapon/Armed Intrusion.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Critical Incident Report (if required)	On-call Manager	MLTC
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Violence Risk Assessment Plan of Care Risk Management Report	Incident Command/ Charge Nurse	Fairmount Home

## 24.4 Table of Revisions

Table 44: Code Silver: Active Assailant with Weapon/Armed Intrusion: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

## **25.0 Code Black: Bomb Threat/Suspicious Package**

### **25.1 Definition**

A Code Black: Bomb Threat/Suspicious Package is called when a bomb threat is made in person, by phone, or email.

You must treat all threats as real, however unlikely they may seem.

A suspicious package is something unaccounted for or an unusual item.

### **25.2 Condensed Emergency Response Procedure**

Call 911 and follow direction from the emergency responders.

1. Announce Code Black.
2. Search the building for suspicious packages.
3. If a suspicious package is found, do not touch it.

#### **25.2.1 Bomb Threats Made by Phone**

1. Be calm and courteous to the caller.
2. Do not interrupt the caller. Keep them on the line as long as possible.
3. Try to alert staff in the area while you are talking with the caller – write a note or sign instructing them of the bomb threat and have them call the Charge Nurse (or designate).
4. Obtain as much information as you can using the Bomb Threat Checklist (see Annex G).
5. After the call, notify and provide your report to the Charge Nurse.
6. If the bomb threat is made by email, notify the Charge Nurse immediately to initiate the applicable procedures (see below).

### **25.3 Staff Procedures**

#### **25.3.1 All Staff**

1. Upon hearing Code Black announced, quickly but thoroughly check the area for the presence of any bag, box, parcel, or letter that cannot be accounted for. Start with areas readily accessible to the public. Pay close attention to areas where an item may be hidden, such as garbage bins and planters.
2. Keep your ears open to any unusual sounds, such as ticking.
3. If you find a suspicious package or something out of the ordinary, notify the Charge Nurse immediately. **DO NOT TOUCH THE PACKAGE.** If you touch the

package, wash your hands with soap and water. Remove any contaminated clothing and place it in a sealed container (such as a plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible.

4. List all people who may have been in close contact or proximity to the suspicious package/device and provide this list to the appropriate authorities. If necessary, seek medical assistance as soon as possible.
5. Clear the immediate area where the package was discovered.

### **25.3.2 Charge Nurse/Incident Commander**

1. Call 911 and report a bomb threat or suspicious package.
2. Announce "Code Black."
3. Notify the Fairmount Home Administrator (or On-call Manager after hours). The Fairmount Home Administrator (or On-call Manager after hours) will contact the County of Frontenac CAO.
4. If dealing with a bomb threat: Coordinate a search for a suspicious package with the RNs and staff. Search all areas in and around the building.
5. If dealing with a suspicious package that was found: Attempt to establish ownership.
6. Coordinate emergency response efforts with the police/bomb squad and fire department. These authorities will lead the situation and provide direction.
7. If an evacuation is required, refer to the Code Green: Evacuation procedure. If an evacuation is necessary, it should not be initiated until the evacuation route has been searched and confirmed to be safe.
8. When the threat is resolved, announce "Code Black. All clear." Repeat the announcement three (3) times.
9. Complete an MLTC Critical Incident System Report after the situation is resolved.
10. Hold a debrief and complete an CDF.

**Note:** The normal building occupants can make the most effective and fastest search of a building, as they are the ones who will know if a box, briefcase, or other similar item belongs in the facility.

Refer to Annex G for a copy of the bomb threat checklist.

### **25.4 Required Reporting**

When a Code Black: Bomb Threat/Suspicious Package has been called, the forms listed in the following table must be completed.

Table 45: Required reporting for Code Black: Bomb Threat/Suspicious Package.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Critical Incident Report (if required)	On-call Manager	MLTC
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee

## 25.5 Table of Revisions

Table 46: Code Black: Bomb Threat/Suspicious Package: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **26.0 Code Grey: Button Down/External Air Exclusion**

### **26.1 Definition**

A Code Grey: Button Down/External Air Exclusion is called when there is an external emergency (such as a fire or chemical spill) that affects the indoor air quality of Fairmount Home.

### **26.2 Staff Procedures**

#### **26.2.1 Administrator (or On-call Manager after hours)**

1. Ensure communication is sent to all staff and families regarding the disruption of service and the expected timeline for resolution (if known).

#### **26.2.2 All Staff**

1. Contact Emergency Services at 911 if required. Notify the Fairmount Home Administrator (or On-call Manager after hours), Environmental Services Manager, and Director of Care.

**Note:** The decision to shut down the air-handling units that bring fresh air into the building can only be made by emergency crews (fire or police), the Fairmount Home Administrator (or On-call Manager after hours), the Environmental Services Manager, and the Manager of Environmental Services (or designate).

#### **26.2.3 Environmental Services Staff/Maintenance**

1. Arrange for the shutdown of the applicable air-handling units.
2. Monitor building temperatures.
3. After the emergency concludes, ensure all air-handling systems are re-instated.

#### **26.2.4 Registered Nurses/Registered Practical Nurses**

1. Ensure residents and building temperatures are monitored.
2. Keep residents inside building.
3. Ensure all external doors are locked.

### **26.3 Required Reporting**

When a Code Grey: External Air Exclusion has been called, the forms listed in the following table must be completed.

Table 47: Required reporting for Code Grey: Button Down/External Air Exclusion.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Code Debrief Form	Incident Command	Fairmount Home
Critical Incident Report (if required)	On-call Manager	MLTC

#### 26.4 Table of Revisions

Table 48: Code Grey: Button Down/External Air Exclusion: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **27.0 Code Grey: Loss of Computer Network**

### **27.1 Definition**

A Code Grey: Loss of Computer Network is called when Fairmount Homes loses its computer network service/Wi-Fi.

**Note:** These services are managed by the Manager of Information Systems.

### **27.2 Staff Procedures**

#### **27.2.1 All Staff**

1. If all PCC redundancies fail, the nursing staff will use a manual documentation system.
2. The nursing staff will document information using a manual documentation system. Flow sheets are available at the nursing stations.
3. Dietary Services will use a cell phone to call in orders to food service vendors.
4. Environmental Services will use the manual daily checks log and maintain a mechanical preventative program.

#### **27.2.2 Charge Nurse/Incident Commander**

1. Call after-hours IT support to report the problem.
2. Announce “Code Grey. The building is experiencing a loss of computer network service.” Repeat the announcement three (3) times. If the announcement cannot be made via the PA/communication system, verbally inform staff of the situation.
3. Inform the Fairmount Home Administrator (or On-call Manager after hours).
4. Test to see if access to the PCC is available.
5. Print all paper MARs and TARs from Oak Meadows back-up computer.
6. Print blank POC tasks and progress notes for each Home Area.
7. Ensure staff use manual documentation methods.
8. Complete a Critical Incident System Report.
9. When service resumes, announce “Code Grey. Computer network service is restored.” Repeat the announcement three (3) times.

### **27.3 Required Reporting**

When a Code Grey: Loss of Computer Network has been called, the forms listed in the following table must be completed.

Table 49: Required reporting for Code Grey: Loss of Computer Network.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if necessary)	On-call Manager	MLTC

#### 27.4 Table of Revisions

Table 50: Code Grey: Loss of Computer Network: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **28.0 Code Grey: Loss of Elevator Service**

### **28.1 Definition**

A Code Grey: Loss of Elevator Service is called when Fairmount Home loses elevator service or functionality.

### **28.2 Staff Procedures**

#### **28.2.1 All Staff**

If you become aware that an elevator is not working:

1. Check to see if someone is trapped in the elevator by speaking loudly through the doors. If someone is trapped, reassure them, and tell them help is coming.
2. If the trapped occupant(s) require medical assistance, call 911.
3. Designate a staff member to stay at the elevator doors to communicate with the trapped occupant(s).
4. Notify the Charge Nurse and Environmental Services of the situation and the location of the elevator.
5. Prevent people from using the elevator. Use signage if necessary.

#### **28.2.2 Environmental Services/Charge Nurse/Incident Commander**

1. Call the elevator service company and provide them with the Fairmount Home's location and the affected elevator's number and location. Advise if there are trapped occupants. Obtain the estimated arrival time for an elevator technician.
2. Determine where the elevator is stopped (if possible).
3. Do not attempt to open the elevator doors.
4. Advise the On-call Manager.
5. Determine if the problem affects all elevators; lock down the remaining elevators, if required. Retrieve the operating keys from the elevator lock box in the photocopy room. Each elevator is independent.
6. Consider diverting/delaying deliveries to other floors.
7. Communicate with the trapped occupant(s): Advise the occupants to remain calm and not panic.
8. Ask the trapped occupant(s) if anyone needs immediate medical assistance.
9. If the trapped occupant is a resident and you cannot confirm who it is, designate staff to check the Fairmount Home sign-out binder.

10. If the trapped occupants are in serious distress, call the fire department or 911 for assistance.
11. Estimate the elevator technician's arrival time.
12. Advise staff and the trapped occupants not to attempt to pry or force the elevator doors open.
13. Ensure the elevator is taken out of service until the necessary repairs are made and an "out of service" notice is posted.
14. If the trapped occupant is a resident, have the Charge Nurse contact the resident's SDM and document the incident in PCC.
15. If a resident is trapped, complete an MLTC Critical Incident System Report.
16. If no one is trapped and the elevator is inoperable for longer than 6 hours, complete an MLTC Critical Incident System Report.

**Note:** If all elevators are out of service, the stairwells must be used, and meal service/deliveries will be affected.

### **28.3 Required Reporting**

When a Code Grey: Loss of Elevator has been called, the forms listed in the following table must be completed.

Table 51: Required reporting for Code Grey: Loss of Elevator Service.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident System Report (if the situations lasts more than 6 hours)	On-call Manager	MLTC

## 28.4 Table of Revisions

Table 52: Code Grey: Loss of Elevator Service: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **29.0 Code Grey: Loss of Freezer/Refrigerator**

### **29.1 Definition**

A Code Grey: Loss of Freezer/Refrigerator is called when a freezer or refrigerator malfunctions and the affected appliance is not cooling food or beverages as expected.

**Note:** This type of code does not include the vaccine refrigerators.

### **29.2 Staff Procedures**

#### **29.2.1 All Staff**

1. Advise the Dietary Supervisor immediately if a refrigerator or freezer is not functioning or not maintaining the required temperature.

#### **29.2.2 Dietary Supervisor**

1. Contact the facility's maintenance staff to troubleshoot the issue.
2. If required, contact the service company and have them send a technician to troubleshoot the issue and complete any necessary repairs. Inform the technician about what the problem may be.
3. Ask the service company how long it will be before the expected service response arrives/is completed.
4. Discuss and act on the recommendations of the service company technician while determining the length of time for repair. The determination may involve no change in procedures or may require engaging the services of a refrigerated (reefer) truck on-site.
5. Notify the Food Services Manager and the On-call Manager after hours.
6. Notify staff of the current situation and of proper freezer/refrigerator handling procedures during a malfunction.
7. If required, contact a vendor to provide a portable refrigerator (reefer) truck.
8. Prepare a plan for transferring food into the reefer truck, scheduling extra staff to assist if needed.
9. Contact maintenance to determine the physical space and power hook-up needed for the reefer truck.
10. Monitor the reefer truck's temperature prior to transferring any food. Continue to monitor the reefer truck's temperatures while it is on-site.
11. Adjust the food delivery schedule with providers as necessary.
12. If the fridge is inoperable for more than 12 hours, discard all contents.
13. If the freezer is inoperable for more than 48 hours, discard all contents.

14. Refer to Fairmount Home's food services contingency plans, if required (see Annex H).

## 29.3 System Restore Procedures

1. Notify the Food Services Manager and On-call Manager after hours.
2. Inform staff.
3. Schedule extra staff to assist with transferring food from the reefer truck back to appropriate refrigeration/freezer units. **Note:** Only transfer food from the reefer truck back to refrigeration/freezer units once the units have been maintaining a consistent temperature for at least 4 hours.
4. Arrange for the return of the reefer truck.

## 29.4 Required Reporting

When a Code Grey: Loss of Refrigerator or Freezer has been called, the forms listed in the following table must be completed.

Table 53: Required reporting for Code Grey: Loss of Freezer/Refrigerator.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Food Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required))	On-call Manager	MLTC

## 29.5 Table of Revisions

Table 54: Code Grey: Loss of Freezer/Refrigerator: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

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Revision #	Date	Description of Revision	Revised By

## **30.0 Code Grey: Loss of Natural Gas**

### **30.1 Definition**

A Code Grey: Loss of Natural Gas is called when Fairmount Home loses its natural gas supply. Natural gas is typically used for the building's heating system, hot water system, dryers in the laundry room, and cooking equipment in the kitchen.

### **30.2 Staff Procedures: General Procedures**

#### **30.2.1 Administrator**

1. Notify the MLTC Duty Inspector as per guidelines.
2. Complete an MLTC Critical Incident System Report as per guidelines.

#### **30.2.2 All Staff**

1. Maintain the internal temperature by closing windows, pulling down shades, and limiting the opening of exterior doors.

#### **30.2.3 Charge Nurse/Incident Commander**

1. Announce "Code Grey. The building is experiencing a loss of natural gas supply." Repeat the announcement three (3) times.
2. Inform the Fairmount Home Administrator (or On-call Manager after hours).
3. Inform the Environmental Services Manager.
4. Initiate a Command Centre.
5. Advise the Workplace Health & Safety Associate and the manager representative of the joint health and safety committee.

#### **30.2.4 Dietary Staff**

1. Use paper/plastic products for meal service to minimize dishwasher usage.
2. Check the menus and adjust planned meals as needed.
3. Use electric appliances such as microwaves and kettles.
4. Refer to Fairmount Home's food services contingency plans, if required (see Annex H).

#### **30.2.5 Environmental Services Manager (or designate)**

1. Contact the natural gas provider and advise them of the situation. Keep communication channels open with the provider.
2. Shut down the gas-powered equipment and turn off the gas supply valves.

3. Provide portable electric heaters if rooms become cold.
4. Keep the Incident Commander informed and continue to monitor the situation.

### **30.2.6 Laundry Staff**

1. Restrict laundry services if the dryers are gas-powered. Supply staff with an additional stock of towels and linen from storage.

## **30.3 Staff Procedures: Natural Gas Restore**

### **30.3.1 Charge Nurse/Incident Commander**

1. Announce “Code Grey. Loss of natural gas. All clear.” Repeat the announcement three (3) times.
2. Notify the Fairmount Home Administrator (or On-call Manager after hours) and the Environmental Services Manager (or designate).
3. Obtain confirmation from the natural gas provider that it is safe to turn on all gas valves and use all equipment.
4. Contact the HVAC vendor to ensure the gas-fired equipment is operating correctly and safely.
5. Hold a debrief and complete an CDF.

## **30.4 Required Reporting**

When a Code Grey: Loss of Natural Gas has been called, the forms listed in the following table must be completed.

Table 55: Required reporting for Code Grey: Loss of Natural Gas.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 30.5 Table of Revisions

Table 56: Code Grey: Loss of Natural Gas: table of revisions.

## **31.0 Code Grey: Loss of Telephone Service**

### **31.1 Definition**

A Code Grey: Loss of Telephone Service is called when Fairmount Home loses telephone service.

### **31.2 Staff Procedures**

#### **31.2.1 All Staff**

1. Minimize outgoing calls on the red emergency landline and fax machines. Only urgent or important calls, such as the ordering of medication, should be made.
2. Use the registered staff cell phones, float phone, or use personal cell phones to make calls if necessary.

#### **31.2.2 Charge Nurse/Incident Commander**

1. Announce "Code Grey. The building is experiencing a loss of telephone service." Repeat the announcement three (3) times.
2. Notify after-hours IT support about the loss of service.
3. Appoint one staff member to be responsible for receiving incoming calls on the cell phone and delivering messages.
4. Work with on-key messages for external contacts under the guidance of the Fairmount Home Administrator.
5. If the telephones are inoperable for more than 6 hours, complete an MLTC Critical Incident System Report.
6. Send communication to families and staff.
7. When service resumes, announce "Code Grey. Telephone service is restored." Repeat the announcement three (3) times.
8. Hold a debrief and complete an CDF.

### **31.3 Required Reporting**

If a Code Grey: Loss of Telephone Service has been called, the forms listed in the following table must be completed.

Table 57: Required reporting for Code Grey: Loss of Telephone Service.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident System Report (if the service loss lasts more than 6 hours)	On-call Manager	MLTC

## 31.4 Table of Revisions

Table 58: Code Grey: Loss of Telephone Service: table of revisions.

### 31.5 Complete Communications System Failure

All staff will be asked to test their personal cell phones to see if any are functioning.

If Fairmount Home loses any communications, the IT department, the On-call Manager after hours, and the Director of Care must be contacted immediately. Do not use email. After-hours numbers are posted at each work area. The after-hours IT number can be found in the nurse quick-reference book.

The RN will attempt to notify the family members of the end-of-life residents that the phone system is down and provide them with the RN's cell phone number.

If all communications are lost, the Fairmount Home Administrator (or On-call Manager after hours) will immediately contact the County of Frontenac CAO.

Until communications are restored, staff members shall be sent should there be a need to contact the pharmacy, physicians, family members, or other urgent contacts.

Until communications are restored, or alternate arrangements are made, staff members shall be sent should there be a need to contact fire, police, EMS, or hospital services.

### **31.5.1 Complete Communications System Failure Reporting**

If a complete communications system failure occurs, the forms listed in the following table must be completed.

Table 59: Reporting requirements for a complete communications system failure.

Type of Report	Report Responsibility	Report Recipient
Critical Incident System Report	Incident Command	MLTC
Code Debrief Form	Incident Command	Fairmount Home

### **31.5.2 Table of Revisions**

Table 60: Complete communications system failure: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

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Revision #	Date	Description of Revision	Revised By

## **32.0 Code Grey: Loss of Water**

### **32.1 Definition**

A Code Grey: Loss of Water is called when Fairmount Home loses its water or when a boil water advisory has been issued.

### **32.2 Staff Procedures: Loss of Water**

#### **32.2.1 Administrator (or On-call Manager after hours)**

1. Inform the MLTC Duty Inspector as per guidelines.
2. Complete an MLTC Critical Incident System Report as per guidelines.

#### **32.2.2 All Staff**

1. Do not flush toilets.
2. Use hand sanitizer and wipes.
3. Use towels and linens carefully.

#### **32.2.3 Charge Nurse/Incident Commander**

1. Announce "Code Grey. The building is experiencing a loss of water supply." Repeat the announcement three (3) times.
2. Notify the On-call Manager after hours.
3. Notify the Environmental Services Manager.
4. Initiate a Command Centre.
5. Report the loss to the County of Frontenac.
6. Advise the Workplace Health & Safety Associate and the manager representative of the joint health and safety committee.
7. If the loss of water supply becomes prolonged, work with staff to inform the residents' contacts to arrange for alternate living arrangements.
8. Pause all active and outdoor extracurricular activities with residents.

#### **32.2.4 Dietary Staff**

1. Keep the fridges and freezers closed as much as possible. Note: Some fridge/freezer contents may be cooled by water.
2. Use paper/plastic products for meal service to minimize dishwasher usage.
3. Use bottled water and alternate beverages. Draw from the on-site emergency supply and order more resources as needed.

4. Check the menus and adjust planned meals as needed.
5. Monitor the refrigerator and freezer temperatures hourly. The refrigerator temperature must be maintained at 4 degrees Celsius. The freezer temperature must be maintained at -18 degrees Celsius.
6. Refer to Fairmount Home's food services contingency plans, if required (see Annex H).

### **32.2.5 Environmental Services Manager (or designate)**

1. Contact the plumbing vendor for urgent service if the loss is facility-caused or if there is no water for at least two hours. The vendor may provide an emergency supply hook-up; however, that service must be through a Public Health-approved water supply vendor.
2. Notify Public Health and/or Ministry of Environment if applicable.
3. Shut down any equipment that requires water, such as washing machines and dishwashers.
4. Contact the fire system vendor, as it is possible the system will sound if sprinkler pressure is not maintained. (**Note:** This is only a possibility. The system may not be affected.)
5. Contact the fire alarm monitoring company and fire department and inform them of the situation.
6. Contact the HVAC vendor to shut down or isolate the HVAC equipment that may be affected by the loss of water.
7. Keep the Incident Commander informed and continue to monitor the situation.

### **32.2.6 Laundry Staff**

1. Restrict laundry services.
2. Supply staff with an additional stock of towels and linen from storage.

### **32.2.7 Registered Nurses/Registered Practical Nurses**

1. Communicate with the residents.
2. Restrict bathing and showering.
3. Don't flush toilets. Place garbage bags in the toilets.
4. Use disposable products wherever possible.
5. Inventory the incontinence products and determine if rationing is required.
6. Use hand sanitizer and wipes until hand washing can be restored.

### **32.3 Staff Procedures: Water Restore**

#### **32.3.1 Charge Nurse/Incident Commander**

1. Announce “Code Grey. Loss of water. All clear.” Repeat the announcement three (3) times.
2. Advise the On-call Manager after hours.
3. Hold a debrief and complete an CDF.

#### **32.3.2 Dietary Staff**

1. Check the temperature of all refrigerators and freezers in the building.
2. Refer to Fairmount Home’s food services contingency plans, if required (see Annex H).

#### **32.3.3 Environmental Services Manager**

1. Receive clearance to use water from Public Works.
2. Run all faucets for 5–10 minutes. In areas where the water disruption was at the water main for more than 2 hours, flush the system and all lines for 30 minutes to decrease the risk of legionellosis.
3. Return the HVAC and fire system equipment to their normal operations.
4. Flush toilets.
5. Advise the fire alarm monitoring company to resume monitoring.

### **32.4 Staff Procedures: Boil Water Advisory**

#### **32.4.1 All Staff**

1. Follow the Code Grey: Loss of Water procedure. Use bottled water and alternate sources of safe drinking water first, and only reconnect the water supply and use boiled water when no other sources are available.
2. To safely boil water: Bring water to a rolling boil for AT LEAST 1 MINUTE before drinking it or using it to prepare food.

#### **32.4.2 Charge Nurse/Incident Commander**

1. Work with Environmental Services staff to shut off the building’s water supply.  
**(Note:** The water supply may need to be maintained or re-connected to allow the Dietary Supervisor/Dietary Staff to access water for boiling.)
2. Follow the Code Grey: Loss of Water procedure.
3. Ensure all building occupants have been notified of the advisory.

### 32.5 Required Reporting

When a Code Grey: Loss of Water has been called, the forms listed in the following table must be completed.

Table 61: Required reporting for Code Grey: Loss of Water.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 32.6 Table of Revisions

Table 62: Code Grey: Loss of Water: table of revisions.

## **33.0 Code Grey Magnetic Lock Failure**

### **33.1 Definition**

A Code Grey: Magnetic Lock Failure is called when the magnetic lock system has failed due to a hydro or generator failure and will not reset.

### **33.2 Staff Procedures**

#### **33.2.1 All Staff**

1. Contact IT staff. If the IT staff contact cannot be reached, contact Cimtel/RNA Wireless.
2. Visually check each resident every 15 minutes and ensure a watch is kept on all exits. Staff will be transferred from other work areas to keep watch on the exit doors on the secure home area.
3. Signage will be posted on the main entrance doors to the secure home area letting visitors and staff know that the magnetic lock system is not working and that they should not allow anyone out of the Fairmount Home area unless approved by staff working in that area.

### **33.3 Required Reporting**

When a Code Grey: Magnetic Lock Failure has been called, the forms listed in the following table must be completed.

Table 63: Required reporting for Code Grey: Magnetic Lock Failure.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

### 33.4 Table of Revisions

Table 64: Code Grey: Magnetic Lock Failure: table of revisions.

## **34.0 Code Grey: Power Failure**

### **34.1 Definition**

A Code Grey: Power Failure is called when there is a loss of power in the building.

### **34.2 Special Notes**

All long-term care homes have an emergency backup generator to provide power to critical equipment. When the power fails in the facility, there is a short delay (up to 20 seconds) until the generator powers on. It may be necessary to turn the equipment back on after the generator starts.

If a power failure occurs, maintenance staff will be called immediately.

At Fairmount Home, the following equipment will work when the generator is running:

- HVAC ventilation units
- kitchen hood
- elevators (numbers 1, 2, and 3)
- kitchen walk-in fridge number 2
- kitchen walk-in freezer
- kitchen dishwasher
- laundry chute
- garbage chute
- hallway lighting (every other)
- exit lights
- emergency receptacles (Red) in the kitchen serveries, resident rooms, and offices
- heating boilers numbers 1, 2, and 3
- heat pumps numbers 1, 2, and 3
- well pumps numbers 1 and 2
- booster pump system
- laundry dryer number 1
- laundry washer number 2
- domestic boilers (49C) numbers 1 and 2
- domestic boilers (60C) numbers 1 and 2

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- RO drinking water system, hot water tank, charcoal filter, UV light pump numbers 1 and 2, and the Septic Roto/Biodisk
- Arjo Tubs N-141, N-241
- fire alarm system
- nurse call system
- magnetic door lock system
- vaccine fridge in the Medical Team Room on the second floor

If the hydro goes off, the generator should start immediately. Diesel is available from the supplier listed in the RN quick reference emergency contacts list.

When the generator starts, an RN (or designate) will need to reset all magnetic locks.

Residents who require oxygen concentrators will need to have a concentrator plugged into a red outlet. Specialized air mattresses will also need to be plugged into a red outlet.

There is a supply of emergency power cords in the emergency box in the RN storage room. These cords are to be used to temporarily plug electronics into the red outlets for the purpose of raising/lowering the bed to facilitate the transfer of a resident into or out of their bed. Extension cords are to be taped securely.

Please ensure all window shades are open to allow for maximum lighting during the day if the weather is not too cold. Snake lights, flashlights, and an emergency supply of batteries are available from the main office, maintenance staff, and the RN.

The Manager of Food Services will activate all or part of Fairmount Home's food service emergency contingency plans as necessary (see Annex H).

Lifts will need to be recharged by plugging them into a red outlet. Staff elevator use will be confined to work or physical accommodation purposes only.

As there is only one washer and one dryer on generator backup, beds will not be changed unless necessary. The residents' clothing will be changed when required.

The nursing staff will review the bath lists to ensure residents on each floor have access to a bath or shower according to their preference. The tubs on the building's north side are operational on the generator.

Electronic pen ordering for medications must be faxed.

The pay swipes system will not be operational, so staff must complete verification forms.

### **34.3 Staff Procedures: Backup Generator Operational**

#### **34.3.1 All Staff**

1. Shut off all non-essential equipment in your work area to avoid power surges when the building's power is restored.
2. Practice good energy conservation by turning lights off when not in use.
3. Await instructions from the Incident Commander.
4. Encourage residents to check the contents of their personal refrigerators.

#### **34.3.2 Charge Nurse/Incident Commander**

1. Announce "Code Grey. There is a power outage." Repeat the announcement three (3) times.
2. If the PA/call system is not working, call Code Grey verbally.
3. Notify the On-call Manager. The On-call Manager will contact the Fairmount Home Administrator, who will then consider initiating the IMS Command Staff and General Staff.
4. Initiate a Command Centre.
5. Advise the Workplace Health & Safety Associate (where the outage is extended).
6. If the power failure becomes prolonged, work with staff to inform the residents' contacts to arrange for alternate living arrangements.
7. Initiate other Code Grey emergency procedures where equipment was impacted (if necessary).

#### **34.3.3 Dietary Staff**

1. Keep the fridges and freezers closed as much as possible.
2. Use paper/plastic products for meal service to minimize dishwasher usage.
3. Use the gas oven to heat food as needed. Monitor the refrigerator and freezer temperatures hourly. The refrigerator's temperature must be maintained at 4 degrees Celsius. The freezer's temperature must be maintained at -18 degrees Celsius.
4. Refer to Fairmount Home's food services contingency plans if required.

#### **34.3.4 Environmental Services Manager (or designate)**

1. Perform hourly checks to ensure that the generator is operating properly, including the generator panel/transfer switch. If not, contact the generator service company.

2. Check the fuel levels in the generator's diesel tank. Order fuel if the tank is less than half full.
3. Tour the building to ensure all critical equipment continues to be powered by the generator, including lights, elevators, fridges/freezers, security access control, fire panel, and other systems. Reference the home's specific list of equipment supported by the generator to ensure all noted equipment is functioning.
4. Check the local hydro provider's website to determine if the power outage is an area-wide issue caused by the provider or a building-specific issue. If the issue is provider caused, report the outage to the provider and monitor their website for progress. If the issue is building-specific, contact the home's electrical services vendor and work to resolve the issue.
5. Inform the fire alarm monitoring company.
6. Check the elevators to ensure no one is trapped.
7. Keep the Incident Commander informed and continue to monitor the situation.

#### **34.3.5 Laundry Staff**

1. Prioritize laundry needs: Only essential linens should be laundered.
2. Access linen stock from storage to reduce the need to launder.
3. If instructed, use an alternate home or service if possible.

#### **34.3.6 Registered Nurses/Registered Practical Nurses**

1. Communicate with residents and help them all stay calm.
2. Check the residents' rooms to ensure that critical pieces of equipment (such as oxygen concentrators, feed tubes, and air mattresses) are plugged into active electrical outlets (red outlets).
3. Keep the windows and blinds closed to maintain the room's temperature if it is very hot or cold outdoors.
4. Check the temperature of the vaccine/medication fridges and follow public health procedures. Ensure the fridges are running.
5. Obtain flashlights if the lighting is impacted.

### **34.4 Staff Procedures: Full Generator Failure/Extended Loss of Power**

#### **34.4.1 General Note**

If the generator does not start during a power failure, or if it stops operating at any point, the following actions are required in addition to the procedures listed above. All procedures will be directed by the Incident Commander.

If there is a full generator failure or extended loss of power, the facility will be in complete darkness and:

- medical equipment that requires plug-in power will not operate
- elevators will be inoperable
- heating and air conditioning will be unavailable
- computers and phones will not work (unless laptops have battery power)
- the nurse call system, roam alert, and door security will be inoperable
- kitchen equipment such as exhaust hoods and fridges/freezers will be without power
- the PA system will be inoperable (for announcements)
- sump pumps may be affected
- fire alarm system/sprinklers may be affected

In this scenario, the IMS Command Staff and General Staff should be initiated.

### **34.4.2 All Staff**

1. Report to the Command Centre and act as directed by the Incident Commander.
2. Monitor all stairwells and exits.

### **34.4.3 Business Office Staff**

1. Ensure there is a supply of flashlights.
2. Verify landline and cell phone numbers by location and notify each unit of the numbers for all locations. Alternately, ensure enough radios are distributed to each unit.
3. Use landlines/cell phones to make calls as necessary.
4. Contact suppliers to reschedule deliveries as requested by the department heads.
5. Contact volunteers to come lend support (if requested by the On-call Manager).

### **34.4.4 Dietary Staff**

1. Use the three-day emergency menu as directed.
2. Refer to the Code Grey: Loss of Refrigerators/Freezers procedure.
3. Refer to Fairmount Home's food services contingency plans, if required (see Annex H).

#### **34.4.5 Environmental Services Manager**

1. Contact the generator maintenance vendor. If the vendor cannot resolve the issue within 30 minutes, arrange for an external generator to connect the generator quick-connect outside.
2. Contact the fire alarm monitoring company and the fire department and advise there is a full outage.
3. Begin a fire watch (refer to the Code Red procedure).
4. Ensure there is an adequate supply of hand sanitizer throughout the facility.
5. Place plastic bags in all toilets if flushing is impacted by the loss of power.

#### **34.4.6 Registered Nurses/Registered Practical Nurses**

1. Check elevators to make sure no one is stuck.
2. Conduct a census by floor every 30 minutes and report any missing residents to the Command Centre.
3. Review and manage all special care needs.
4. Use gravity flow and flex timing to feed residents requiring tube feeds.
5. Use portable backups for oxygen and contact the vendor for an extra supply.
6. Use a landline or cell phone to call in medication orders if required.

### **34.5 Staff Procedures: Power Restore**

#### **34.5.1 All Staff**

1. Test the operation of all equipment within your work area.
2. Report any issues to your supervisor.
3. Check the doors to ensure the locks are re-engaged.

#### **34.5.2 Charge Nurse/Incident Commander**

1. Notify the On-call Manager after hours.
2. Direct the RNs to check the equipment in their area to ensure the equipment is operating.
3. Direct staff to test all doors to ensure they are secure.
4. Complete an MLTC Critical Incident System Report within one business day of the incident.

#### **34.5.3 Dietary Staff**

1. Check the temperature of all refrigerators and freezers in the building.
2. Refer to Fairmount Home's food services contingency plans, if required (see Annex H).

#### **34.5.4 Environmental Services Manager**

1. Reset all equipment that requires resetting (such as security maglocks, fire the panel, and elevators) and ensure it is functioning properly.
2. Check the generator to ensure it shuts down properly.
3. Check the HVAC equipment.
4. Check the security system (pin pads and card swipe readers).
5. Check the automatic doors.
6. Check the nurse call system.
7. Check the lighting.
8. Check the pumps and electrically controlled valves. Contact the service provider for assistance if the equipment does not start after the power failure (refer to the home-specific vendor list for contact information).
9. Advise the fire alarm monitoring company to resume monitoring.

### **34.6 Business Resumption**

To ensure business resumption after a Code Grey: Power Failure, the following steps must be completed:

1. All extension cords and additional lamps must be returned to storage.
2. Replenish all battery supplies and return all flashlights to the emergency storage box.
3. Depending on the length of the power outage, additional staff may be required to catch up on laundry.
4. Reset the gas in the kitchen.
5. Check the timers for the exterior lights.
6. Reset the magnetic locks.
7. Reset elevators.

### 34.7 Required Reporting

When a Code Grey: Power Failure has been called, the forms listed in the following table must be completed.

Table 65: Required reporting for Code Grey: Power Failure.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

### 34.8 Table of Revisions

Table 66: Code Grey: Power Failure: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **35.0 Cody Grey: Roam Alert Failure**

### **35.1 Definition**

A Code Grey: Roam Alert Failure is called when there is a partial or complete release/failure of the Roam Alert System. If this scenario occurs, contact IT staff.

### **35.2 Roam Alert System Location and Function**

The Roam Alert System is installed at the main entrance, staff entrance, and auditorium entrance. Residents at risk of elopement wear a bracelet that will set off an alarm when they come within range of the Roam Alert, thereby locking down the doors.

### **35.3 Staff Procedures**

#### **35.3.1 All Staff**

1. Visually check on the residents with bracelets every 15 minutes.

#### **35.3.2 Registered Nurses/Registered Practical Nurses**

1. Contact IT staff.
2. Notify the reception desk, Fairmount Home Administrator (or On-call Manager after hours), and the Director of Care.

### **35.4 Required Reporting**

When a Code Grey: Roam Alert Failure has been called, the forms listed in the following table must be completed.

Table 67: Required reporting for Code Grey: Roam Alert Failure.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 35.5 Table of Revisions

Table 68: Code Grey: Roam Alert Failure: table of revisions.

## **36.0 Code Grey: Structural Collapse**

### **36.1 Definition**

A Code Grey: Structural Collapse is called when all or a portion of the roof has collapsed, leaving the building interior exposed. A collapse may be caused by high winds, severe storms, or snow loading.

### **36.2 Staff Procedures**

#### **36.2.1 Administrator**

1. Notify the County of Frontenac CAO.
2. Initiate the IMS Command Staff and General Staff.
3. Notify the MLTC by phone.
4. Complete an MLTC Critical Incident System Report.

#### **36.2.2 All Staff**

1. Immediately evacuate the affected part of the building. If an external evacuation is required due to an extensive collapse, refer to the Code Green: Evacuation procedure.
2. Notify the Charge Nurse.

#### **36.2.3 Charge Nurse/Incident Commander**

1. Call 911 if there is a threat to life safety.
2. Announce “Code Grey. Building damage [or] Roof collapse [Floor/wing/area of damage].” Repeat the announcement three (3) times.
3. Determine if anyone has been injured. If so, ensure that staff members provide treatment accordingly.
4. Notify the Fairmount Home Administrator (or On-call Manager after hours).
5. Notify the Workplace Health and Safety Associate.
6. Ensure that staff evacuate the affected area of the building. Refer to the Code Green: Evacuation procedure if required.

#### **36.2.4 Manager of Environmental Services**

1. Designate staff members to shut off all services (such as water and gas) to the affected area of the building if safe to do so.

2. Contact the general contractor to implement protective measures to avoid injury to occupants (barricades/tarps/hoarding) around the area, mitigate the damage, and commence clean-up efforts.
3. Arrange for an inspection by a professional engineer to determine signs of structural distress (such as twisting, bending, and cracking).
4. If required, and the collapse is a result of snow, ensure the general contractor removes snow from the adjacent roof areas (without producing uneven or concentrated loading).
5. Coordinate repair and restoration efforts.

## 36.3 Required Reporting

When a Code Grey: Structural Failure has been called, the forms listed in the following table must be completed.

Table 69: Required reporting for Code Grey: Structural Collapse.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC

## 36.4 Table of Revisions

Table 70: Code Grey: Structural Collapse: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

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Revision #	Date	Description of Revision	Revised By

## **37.0 Code Grey: System Failure**

### **37.1 Definition**

A Code Grey: System Failure is called when one of Fairmount Home's building systems loses functionality. In some cases, the failure of a building system may involve a structural collapse.

### **37.2 Services and Equipment Affected by System Failures**

The following building services and equipment can be affected by a system failure:

- power
- water
- elevators
- heating/cooling
- life safety/fire alarm
- network/Wi-Fi/telephone
- nurse call system
- security/access control
- kitchen equipment
- laundry equipment

### **37.3 Staff Procedures**

#### **37.3.1 All Staff**

1. Remain calm.
2. Notify the Environmental Services Manager/Charge Nurse.
3. Await further direction and instructions.
4. Call 911 if there is an immediate risk to life safety.
5. Refer to the emergency response procedures for each system. Some system failures require immediate communication with the MLTC.

**Note:** The On-call Manager after hours must submit a Critical Incident System Report in instances where a system failure extends beyond 6 hours, including:

- a breakdown or failure of the security system
- a breakdown of major equipment or a system in the home

- a loss of essential services
- flooding

### 37.4 Required Reporting

When a Code Grey: System Failure has been called, the forms listed in the following table must be completed.

Table 71: Required reporting for Code Grey: System Failure.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Critical Incident Report (if required)	On-call Manager	MLTC
Code Debrief Form	Manager of Environmental Services	Fairmount Home Health & Safety Committee

### 37.5 Table of Revisions

Table 72: Code Grey: System Failure: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **38.0 Code Blue: Medical Emergency**

### **38.1 Definition**

A Code Blue: Medical Emergency is called for incidents requiring urgent and immediate medical assistance, such as:

- cardiac arrest
- choking
- anaphylaxis
- unresponsive person

### **38.2 Staff Procedures: Initiating a Code Blue**

#### **38.2.1 All Staff**

Upon discovering a person suffering from one or more of the above conditions:

1. Yell out “Code Blue, call 911,” and pull the nearest call bell.
2. Stay with the resident/person and initiate CPR (if trained and it is within the resident’s POC).
3. If there is no immediate response to the call bell, go to the hallway, and yell again, “Code BLUE, room [Number].”

#### **38.2.2 Registered Nurses/Registered Practical Nurses/Incident Commander**

1. Confirm the code status for the resident.
2. Upon arrival with the Code Blue cart/kit and AED, the resident home area RN/RPN will take charge of the situation, initiate the appropriate clinical response(s), and delegate to other staff members any functions to be carried out. Actions include:
  - a. Call 911 and explain the emergency and the location, including the floor number and room location.
  - b. Assign a staff member to meet the emergency responders at the front entrance.
  - c. Assign a staff member to prepare transfer documents for the EMS.
  - d. Provide detailed reports to the emergency responders.
3. Notify the resident’s caregiver/SDM and physician.
4. Complete a RMR in the PCC, including the type of care, treatment, and medication delivered.

### **38.3 Staff Procedures: Clearing a Code Blue**

#### **38.3.1 Charge Nurse/Incident Commander**

Once the situation is stabilized:

1. Announce “Code Blue. All Clear.”
2. Notify the DOC to complete the MLTC Critical Incident System Report if applicable.
3. Ensure the Code Blue cart/kit is disinfected and replenished.
4. Update the resident’s POC in their PCC if applicable.
5. Hold a debrief and complete an CDF.

#### **38.4 Note**

Protected Code Blue protocol must be followed during an outbreak or pandemic, or when a resident is on droplet/airborne, or there are additional precautions. An N95 mask, Level 4 disposable isolation gown, and face shield are required. The door should also be closed if applicable. Assign a staff member to ensure that all staff put on the appropriate PPE. The designated staff member is then to remain outside the room to assist the team when needed.

#### **38.5 Responsibility**

The Director of Care for Fairmount Home is responsible for ensuring there is availability and proper stock in the Code Blue carts/kits.

#### **38.6 Required Reporting**

When a Code Blue: Medical Emergency has been called, the forms listed in the following table must be completed.

Table 73: Required reporting for Code Blue: Medical Emergency.

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Administrator	CAO/EOC Director
Code Debrief Form	Director of Care	Fairmount Home Health & Safety Committee
Critical Incident Report (if required)	On-call Manager	MLTC
Risk Management Report	Incident Command	Fairmount Home
Update Plan of Care	Incident Command	Fairmount Home

Type of Report	Report Responsibility	Report Recipient
Code Debrief Form	Incident Command	Fairmount Home

### 38.7 Table of Revisions

Table 74: Code Blue: Medical Emergency: table of revisions.

Revision #	Date	Description of Revision	Revised By
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

## **39.0 Outbreak Plan**

### **Policy**

All reasonable actions to reduce risk to residents, staff, and visitors will not await scientific certainty. The policy abides by the precautionary principles that hold that if there is reasonable evidence of an impending threat to public health, it is inappropriate to require proof of causation beyond a reasonable doubt before taking steps to avert the threat. As such, long-term care homes will always ensure an abundance of caution.

### **Purpose**

To ensure a coordinated response that ensures the safety of all residents, staff, families, and visitors of a long-term care home (LTCH) if the home is faced with an outbreak of a communicable disease, an outbreak of a disease of public health significance, such as an epidemic or pandemic.

### **39.1 Emergency Response Activation, Termination, Evaluation, and Recovery**

#### **39.1.1 Activating an Emergency Response**

Upon notification of a pandemic threat level change, the following declarations may occur:

- The regional Medical Officer of Health (MOH) or Emergency Management Ontario may declare or recommend the activation of local emergency response plans.
- The Premier of Ontario may declare a provincial emergency in response to the arrival or spread of a pandemic influenza virus.
- The local public health unit may declare an outbreak of communicable disease of public health significance in response to infection cases in the home that exceeds the predicted amount.

#### **39.1.2 Terminating an Emergency Response**

The Premier of Ontario may, at any time, terminate a municipal declaration of emergency.

The local public health unit may declare an outbreak of a communicable disease of public health significance in consultation with the LTCH. Public Health will use the most current epidemiological data and best practices/guidance documents to determine when an outbreak can be declared over. The local MOH retains the final authority to determine if an outbreak is over.

### **39.1.3 Evaluating an Emergency Response**

Within 30 days of the emergency response being declared over, LTCHs will complete an evaluation of their emergency plan and ensure that all entities that have been involved in the emergency response are provided with an opportunity to offer comments about the response.

### **39.1.4 Recovering from an Emergency Response**

After an emergency, LTCHs will debrief their residents and their substitute decision-makers (if any), as well as the home's staff, volunteers, and students.

The LTCHs will resume their normal operations following the emergency unless otherwise instructed by the local Public Health Units, the MOH, or the MLTC.

## **39.2 Preparing a Regional Emergency Response**

Each LTCH will conduct annual drilling and testing of its plan for responding to infectious disease outbreaks in collaboration with local Public Health Units (PHUs) and health partners.

Results of these annual drills and tests are reported to the Ministry of Long-term Care (MLTC) and Public Health Units as part of the compliance and inspection regime.

Each home will post its infectious disease outbreak plan, any other relevant plans, and the contact information of the home's administrator on its website.

## **39.3 Outbreak Management Team**

The Fairmount Home Outbreak Management Team comprises the following:

- Infection Prevention and Control (IPAC) Lead
- Fairmount Home Administrator
- Director of Care
- Director Resident Care (DRC)
- Public Health
- Registered staff
- Medical Director
- Programs Manager
- Environmental Manager and Dietary Manager

## **39.4 Outbreak Management Team Responsibilities**

### **39.4.1 Assistant Director of Care (IPAC Lead)**

- Initiate the Outbreak Management Guide.
- Lead the outbreak management for the LTCH.
- Brief teams about pandemic conditions as reported by Public Health.
- Provide IPAC training to staff at the incident's outset and during any infectious disease outbreaks.
- Ensure isolation precautions are being followed.
- Conduct audits for PPE usage, IPAC measures, cleaning and disinfection, hand hygiene, and other audits deemed necessary.
- Carry out infectious disease surveillance in LTCHs and analyze the results.
- Consult with the local public health unit about potential outbreaks in long-term care homes and provide the PHUs with information regarding the infected individuals.
- Ensure control measures are in place (such as screeners and screening tables) as per the direction of Public Health.
- Ensure entrance surveillance is set up to prevent symptomatic persons from entering the home. The entrance monitor will use a case-finding surveillance tool as directed by Public Health, the MOH, or the MLTC. The monitor shall use PPE as required.
- Restrict access to approved entrances (such as one entrance for all staff and visitors).
- Work with the local public health unit and registered nursing staff to plan how to cohort residents to avoid transmission of infection and ensure appropriate staffing for each cohort. Include a plan for moving residents to another site or sites ("decanting") if the cohort measures are deemed unlikely to contain an outbreak.
- LTCHs will review relocation agreements with community partners annually.
- Collaborate with local PHUs to make provisions for safe, in-person access to residents by essential caregivers.
- Check with Public Health if public gatherings, programs, or special events should be cancelled.
- Audit the LTCH's stockpile of PPE and other necessary supplies and check that they are not expired.
- Ensure that PPE is available to all staff and visitors as appropriate.

- Collaborate with the dietary, housekeeping, and laundry (DHL) manager to select disinfectants to be used for resident care equipment, supplies, devices, and contact surfaces.
- Monitor the proper use of PPE.
- Monitor N95 mask fit testing status for all staff.
- Monitor influenza or other novel immunization for staff and residents.
- Ensure hand hygiene is practiced by all staff, residents, visitors, and volunteers.
- Create, maintain, and audit resident immunization records.
- Conduct immunization clinics for residents and staff as required.
- Administer and document staff immunizations and screening tests in accordance with policies and procedures and legislative and regulatory requirements.
- Facilitate annual drilling and testing of Fairmount Home's plan for responding to infectious disease outbreaks
- Set specific communication briefs/meeting times and locations with your team.
- Review the staffing plan to ensure adequate staffing levels and ensure there is the potential to have increased staffing on hand to provide additional assistance for increased care needs.
- Ensure each department has the required supplies available.
- Keep the Director of Care informed of any influenza activity.
- Ensure the home maintains a six-week pandemic stockpile of PPE and other necessary items with sufficient supply to respond during an outbreak.
- Send communication to staff and families about outbreak status.

### **39.4.2 Director of Resident Care**

- Meet with the nursing staff to ensure that all staff are aware of expectations.
- Work with Public Health for heightened surveillance.
- Ensure there is a four-week (at least) cache of available nursing supplies.
- Review and prepare for adequate staffing levels.
- Collaborate with the pharmacy for medication education, intervention, and supplies.
- Ensure the LTCH is annually drilling and testing its response plan regarding responding to infectious disease outbreaks.

### **39.4.3 Registered Nursing Staff**

- Conduct daily active surveillance to identify resident cases.
- Initiate isolation precautions as required if resident cases meet case definitions.
- Obtain testing specimens (such as nasopharyngeal) as per requirements set by the MLTC, the local public health unit, the MOH, and other lead agencies.
- Provide regular, proactive, and timely communication/updates regarding the health status of affected residents, including any significant changes.
- Follow the outbreak measures outlined in the LTCH's policies as required.
- Ensure that resident cohort practices and isolation precautions are followed.

### **39.4.4 Medical Director**

- Continually assess the impact on the quality of life of the residents and work with relevant health partners to make adjustments as necessary in the event that residents are confined to their rooms.
- Physically attend to residents when needed and within 24 hours of the request for care.

### **39.4.5 Acting Director of Care – Resident Services**

- Meet with the program staff to ensure that all staff are aware of expectations.
- Provide regular communication to volunteers and others who attend the facility about Fairmount Home's IPAC measures and the outbreak status.
- Monitor any currently planned activities for possible rescheduling needs.
- Reassign staff to other duties as required, dependent on adequate staffing levels.
- Contact the supplier for the release of required pandemic supplies.
- Ensure regular virtual visits between the residents and their families are available during an outbreak.
- Oversee screener(s) if applicable.

### **39.4.6 Environmental Services Manager**

- Meet with staff to ensure that all staff are aware of expectations.
- Ensure heightened cleaning and disinfecting to prevent the spread of infection in high-touch areas.
- Ensure all departments have a seven-day (at least) cache of available supplies.

- Collaborate with the IPAC program manager when discussing new products for disinfection.

#### **39.4.7 Food Services Manager**

- Meet with staff to ensure that all staff are aware of expectations.
- Plan for the provision of meals to staff if working extended hours.

#### **39.4.8 Maintenance**

- Determine engineering controls such as containment (closing resident home areas), increased monitoring of HVAC, and possible adjustments to the building automation systems (BAS) to decrease air recirculation within common spaces.

### **39.5 Additional Support**

#### **39.5.1 Resident and Family Support**

- Support residents, visitors, families, staff, and others who experience distress during the emergency.

#### **39.5.2 Office Support**

- Support the facility's management team with inputting vaccination data into the related portals (such as COVAX) as required.

#### **39.5.3 Assistant Director of Care – IPAC**

- Update/revise the IPAC assessments to support LTCHs with surveillance and monitoring.
- Monitor the directives and guidance documents of the MOH and the MLTC and update the LTCH's policies and procedures as required.
- Provide IPAC education annually and as set out in the Fixing Long-Term Care Act for all staff (at a minimum).
- Offer support services for staff who experience distress during the emergency. An example of one such service is the Employee and Family Assistance Program (EFAP).

### **39.6 Additional Measures**

#### **39.6.1 Isolation Beds**

Fairmount Home will make every attempt to ensure its residents who require isolation are provided with private accommodation unless they are able to be part of a cohort with their roommate.

Each resident home area (RHA) will establish a room designated for isolation if an emergency response is activated. The isolation room for each area will be posted at the response plan location at each RHA nursing station and administration area.

### **39.6.2 Staff Cohorts**

Fairmount Home will make every attempt to ensure its staff are part of a cohort in one home area and one home for the duration of the outbreak. In the event of low staffing levels, Fairmount Home may work in collaboration with the local public health unit to determine if they may break cohort protocol to ensure adequate staffing levels.

If possible, exposed staff who can continue to work (through test-to-work policies, for example) should remain caring for symptomatic cases on a daily basis and avoid transferring to an unaffected home area/floor during the outbreak.

If possible, Fairmount Home should assign staff to either look after ill residents or look after healthy residents, but not assign staff to look after both ill and healthy residents.

Allied health professionals (such as physiotherapists, recreational therapists, and similar professions) should form a cohort in the outbreak home area, where possible, or provide care in non-outbreak home areas before entering the outbreak home area (preferably on a one-on-one basis).

### **39.6.3 Resident Cohorts**

Residents should be placed in a cohort according to their infective status as follows:

- Symptomatic positive with symptomatic positive
- Asymptomatic positive with asymptomatic positive
- Symptomatic negative with symptomatic negative
- Asymptomatic negative with asymptomatic negative

Residents will be part of their home area's cohort for the duration of the outbreak. If dining resumes, residents will be seated at tables in the dining room within the same cohort.

## **39.7 Exposures and Managing Symptomatic Persons**

### **39.7.1 Staff Exposures**

Staff who meet the outbreak definition should not return to the facility until they meet return to work definitions as per Public Health guidelines. The exception to this practice is if Fairmount Home is experiencing extreme staffing shortages. In that case, a test-to-work method may be implemented with additional public health measures. If it has been

determined that the staff member acquired an occupational illness, the Ministry of Labour will be contacted.

### **39.7.2 Managing Symptomatic Residents**

Registered staff will keep the attending physician or nurse practitioner up to date on residents who are symptomatic or have tested positive for the infection. Registered staff will follow directions from the practitioner to determine what treatment options will be prescribed.

### **39.7.3 Managing Symptomatic Staff**

Staff who are symptomatic or have tested positive will remain out of the workplace until their period of isolation is complete as per Public Health guidelines.

If extreme staffing shortages occur, Fairmount Home will follow directions from the MOH, the MLTC, and the local public health unit to determine if a test-to-work policy can be implemented. If so, preference will be given to staff who are asymptomatic and in isolation due to workplace exposure.

Staff will follow directions from their primary prescriber or medical director regarding treatment options depending on their type of infection.

## **39.8 Table of Revisions**

Table 75: Outbreak plan: table of revisions.

<b>Revision #</b>	<b>Date</b>	<b>Description of Revision</b>	<b>Revised By</b>
		Updated as per the Fixing Long-term Care Act and O. Reg. 246/22	

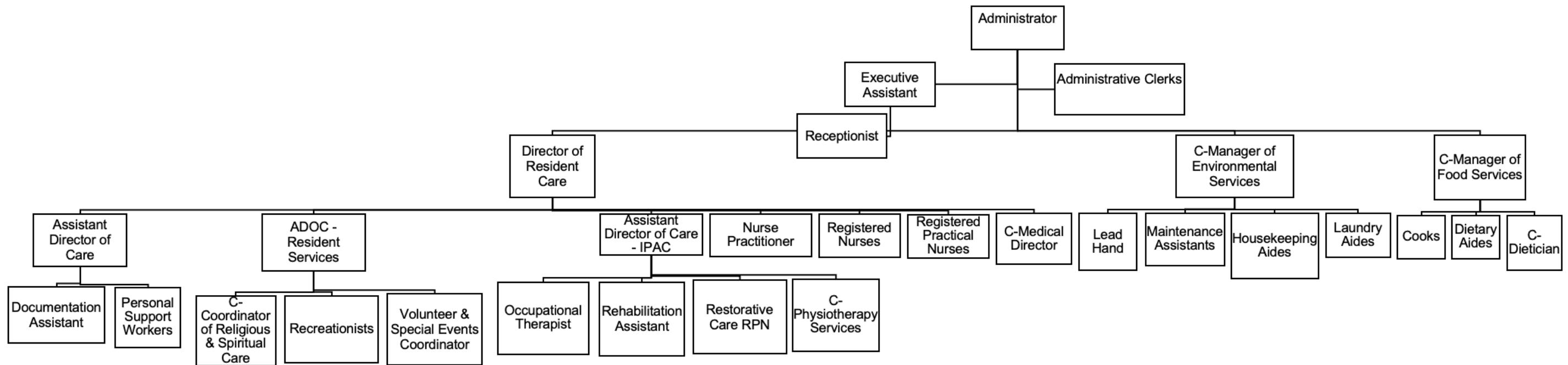
## Fairmount Home Emergency Response Plan

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Revision #	Date	Description of Revision	Revised By

**Annex A: Organizational Structure of Fairmount Home**

 **Fairmount Home**  
Organizational Chart



"C" indicates a contract position

R: 2022-03-01

## Annex D: Systematic Search Procedure

### General Principles

1. Two staff searching: one stands in the hallway while the other searches rooms.
2. Semis: check one room and then go through the bathroom and check the adjoining room. (The staff in the hallway can close the first door, and the searcher closes the second door.)
3. Once a room is checked, close the door and open EvacuCheck.
4. Check any locked utility and storage rooms (and similar areas) as you go.
5. When searching the tub/shower room, enter through the tub room and go through the adjoining bathroom to the shower room and then out the shower room door. (Use the same process as searching semis.)

**Location: 1 North (Lilac Terrace)** – Two staff start at the end of the northeast corridor. When at the care station, check N102 and then work your way up the middle corridor. If more staff are available, another two can start at the end of the northwest corridor and work their way up to the quiet lounge. One staff remains there while the other starts searching from the activity/dining room end. Continue until the four staff meet. The RN (or designate) will search the garden area (courtyard) before calling the code. (**Note:** To search the courtyard, exit the one door locking it behind them, search the area, and enter the RHA through the other door, locking it once inside.)

**Location: 2 North (Birch Grove)** – Use the same procedure as for 1 North but start at the entrance to the RHA (off of the resident elevator).

**Location: South (Maple Ridge, Oak Meadows)** – Four staff start in the dining room. They check the orphan wing thoroughly and then proceed into the renovated area. Have two staff search the north corridor, and the other two search the south corridor simultaneously. Once at the care station area, at least one staff will remain there so they can observe anyone who might come down either corridor or enter/exit through the exit to the main lobby. The remaining staff will search the other end of the RHA at this time.

## Annex E: Emergency Evacuation Techniques

### Instructions for the Use of a Ferno Evacuation Chair

1. Pull the red bar at the front of the chair (just below the seat) to fold/unfold.
2. Apply seatbelts: one (1) across the waist and one (1) across the chest (or can crisscross the chest seatbelt).
3. Use a footrest with a belt to keep the resident's feet in place.
4. Grab the handle located on the top of the chair (where the headrest is located) and squeeze together the red lever on the back to raise the handlebar to where it is comfortable for you to take the chair downstairs.
5. Adjust the headrest for the resident.
6. Raise the handles at the back of the chair (one on each side) to maneuver the chair. (Push red tabs to lower the handles when no longer needed.)
7. Pull out the bars by the footrest (a red button will release them) – this is for the second staff member to help maneuver down the stairs.
8. Position the chair at the top of the stairs.
9. Use the red bar ("pull to open") at the back of the chair to open the track, which will allow the chair to glide easily down the stairs.
10. Once it will take the weight, and the two staff can help guide it as it is taken down the stairs.
11. Fold the chair up to carry it back up the stairs. (Use the "push to close" tab on the back to fold up the track.)

### Universal Carry

1. Grab the resident's ankles, pull their legs over the side of the bed, and get them in a sitting position.
2. Get behind the resident and use a bear-hug grip from behind.
3. Ease the resident off the bed and lower them to the blanket. If the resident is extremely heavy, let them slide down your leg.
4. Wrap the resident in the blanket.
5. Grasp the blanket at the end above the resident's shoulders, get the resident in a half-sitting position, and pull the blanket to safety. Ensure you support the resident's head and neck.

### **Blanket Carry**

This technique is used by one rescuer to move a resident (conscious or unconscious) along the floor. This technique is useful in confined spaces where the rescuer cannot stand up; it also keeps the rescuer and resident close to the ground where the air is freshest in cases of fire or gas. Performing a blanket carry involves rolling the resident onto a sheet, which is then used as a skid on which the resident's body is pulled. A blanket sheet or canvas stretcher can be used. A blanket carry is not the method of choice when you need to transport a resident across a carpeted area.

1. Place a blanket on the floor beside the resident's bed. Be sure the blanket is flat on the floor.
2. Slide the resident's legs onto the floor (over the side).
3. Lift up the resident's shoulders and get behind them. Place your arms around the resident's chest, grasping their wrists and locking them in place.
4. Gradually ease the resident to the floor while being mindful of their head. Lower their head slowly and gently.
5. Wrap the blanket around the resident's body. Place the resident's arm (the one nearest to you) straight up. Place the resident's outer arm across the chest. Support the resident's head and neck with one hand and rotate their hips with the other. Repeat this process until the resident is in the centre of the sheet.
6. Grasp the sheet near the resident's head, at the hollow of their shoulder and neck. Kneel on one knee, slide the resident toward you, reposition yourself, and slide again.

### **Double Cradle**

This technique involves two rescuers ("X" and "Y"). Both rescuers must be on the same side of the resident.

1. X puts one arm under the resident's neck and the other under the small of the back. Y puts one arm under the resident's buttocks and the other under the knees.
2. X and Y work together to coordinate a lift and roll back to allow the resident to slide down their bodies to the blanket.

### **Swing Carry**

This technique involves two rescuers ("X" and "Y").

1. X grasps the resident's ankles and swings their legs over the edge of the bed. Y brings the resident to a sitting position.

2. Both X and Y sit on the bed beside the resident and, with one arm each, reach behind the resident and grasp their arm at the bicep. The other arms reach under the resident's knees and lock together to form a swing. When X and Y are ready, they hoist up the resident and carry them to safety.

### **Slide Assist**

1. Stand beside the resident.
2. Draw the resident's left arm around your back and secure them with your left arm.
3. Snug the resident to your body and place your right arm behind them, grasping their right forearm. Assist the resident in walking.

**Annex F: Schematics and Marshalling Area**

## **Annex G: Emergency Forms and Incident Reports**

This annex contains the following forms:

- Bomb Threat Checklist
- Code Debrief Form
- Spills Reporting Province of Ontario
- Fire Drill Report

### BOMB THREAT CHECKLIST

Instructions: Be calm. LISTEN, and DO NOT INTERRUPT the caller. Gather as much information as possible. Contact the police at 911 immediately.

Date	Time	Phone Display (Caller ID)
------	------	---------------------------

#### Bomb Facts

When will the bomb go off?	Location?
----------------------------	-----------

Type of Bomb?  Timer  Clock  Remote  Radio

What does it look like?

When was it planted?

Did you plant it?  Yes  No Why?

What is your name?	Are you an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

Caller's Identity  M  F  Adult  Juvenile Approx. Age:

Voice Characteristics  Loud  Soft  Deep  Nervous  High Pitch  
 Raspky  Pleasant

Speech  Fast  Slow  Distinct  Distorted  Stutter  
 Lisp  Slurred  Other:

Language  Excellent  Good  Fair  Poor  Other:

Accent  Local  Non-Local Region:

Manner  Angry  Rational  Irrational  Coherent  
 Incoherent  Laughing  Other:

Background Noise  Traffic  Aircraft  Machinery  Voices  Music

Announcements:

Other:

Conversation: Write out the message and any other comments that were made in their entirety.  
 Provide this checklist to police upon their arrival. Be available to meet with police upon their arrival.

## CODE DEBRIEF FORM

### Overview

An Code Debrief Form (CDF) is an opportunity to identify and strengthen successful processes and note lessons that need to be applied in emergency management plans and practices. Those lessons and observations should also inform and improve responses to incidents in your jurisdiction. An CDF should be performed by the personnel who were involved in an incident shortly after the event occurred.

An CDF is not a job performance review, and those who participate in the development of the CDF should be encouraged to be open, transparent, and accountable without fear of reprisal. If possible, the CDF process should be facilitated and documented by an experienced facilitator. If the CEMC or another individual who was involved in the response is facilitating the CDF, they should ensure their criticism is also captured in the CDF documentation.

### Why Should You Complete an CDF?

A successful CDF is intended to contribute to a more robust emergency management program by providing evidence for potential improvements, better resource allocation, and the furthering of connections with partner agencies. We encourage municipalities to share their final product with their emergency management program committee and/or council.

### Components of an CDF

During an CDF, participants are encouraged to reflect on the following questions:

1. What were our objectives?
2. What occurred?
3. Why was there a difference between what we intended to do and what occurred?
4. What practices will sustain existing strengths and correct identified weaknesses?

Prompts have been embedded in this template to assist the process.

After completing the CDF template, your team may wish to prepare a “Lessons Learned” presentation on the lessons observed and recommended corrective actions for your leadership or to share with partners so they may learn from your lived experiences. Potential reflections to include in the “Lessons Learned” presentation could include the following:

- successful strategies
- major challenges and how personnel overcame challenges
- recommendations for additional staff training and professional development
- outstanding issues requiring further review
- any innovations (equipment, tactics, procedures, etc.) employed successfully during the event

## **CODE DEBRIEF FORM**

If you require further assistance, please contact your EMO Field Officer.

### **Terminology**

The CDF sections of areas of improvement, recommendations and corrective actions, and the action items chart can be organized into themes to help convey information. See below for the suggested themes.

### **Activation and Notification Process**

Consider how the MECG members and EM partners are activated or notified of the emergency. Were processes outlined in the emergency plan used for declaring an emergency?

### **Organizational Structure**

Who were the decision-making authorities? Was the IMS used? Were there issues with a span of control? Was there internal organizational support provided? Was external support required?

### **Facility**

Consider the purpose of the facility, the facility's layout and accessibility, the equipment that was needed, the reliability of the equipment, and the ability to access the location. This information can include both physical locations and virtual platforms.

### **Staffing**

Consider the capacity to fulfill all functions, subject matter expertise, partners or contractors required to respond, training that was useful or needed, and experience of those responding.

### **Situational Awareness and Information Sharing**

Consider the types of briefings and information shared, operations cycle, coordination calls/meetings, status board, situation reports, processes for documentation, handovers, and GIS mapping. Reflect on internal communications and the procedures for your organization.

### **Public Alerting and Orders**

Consider the various methods for alerting the public and interacting with them virtually and in person. Consider the process for public action, resources required, supporting partners, mapping, mechanisms for notifications and updates, and re-entry to impacted areas.

### **Planning**

### **CODE DEBRIEF FORM**

Consider the incident objectives, goals, and tactics that were developed, as well as the incident action plan and advanced planning that took place. Was a planning cycle developed and followed?

#### **Continuity of Operations**

Reflect on how your organization continued or did not continue its daily operations. Were daily operations strained or lacking resources? How resilient were those services?

#### **Resources Management**

Consider the requests for assistance that were made (internal and external), as well as the approval processes, deployment, tracking, payments, and donation management.

#### **Participants (Names and Positions)**

#### **Date of After-action Review**

#### **Date of Exercise/Incident**

**CODE DEBRIEF FORM**

**Type of Exercise/Incident**

**Type of Hazard**

**Introduction** (Provide a brief introduction to the incident and applicable context)

**CODE DEBRIEF FORM**

**Responding Agencies** (Who was involved? Was anyone absent or unavailable?)

**Events** (What occurred? List the main events chronologically, knowing that many events occur concurrently. If applicable, refer to your EOC tactics worksheet IMS 215-E)

**CODE DEBRIEF FORM**

**Impacts** (such as on population, infrastructure, environment, businesses, staff, regional services, etc.)

**CODE DEBRIEF FORM**

**What strengths were demonstrated? What worked well?**

(Think about your jurisdiction's preparedness/readiness, notification/activation procedures, emergency plans, organizational structure, facilities, technology, innovative tools or strategies, mitigation strategies, staffing, information coordination and sharing, public information management, planning, alerting, resources, record keeping, volunteer management, funding, etc.)

**CODE DEBRIEF FORM**

**What was challenging?**

(Think about your jurisdiction's preparedness/readiness, notification/activation procedures, emergency plans, organizational structure, facilities, technology, last-minute mitigation strategies (infrastructure, by-laws, etc.), staffing, information sharing, public information management, planning, alerting, resources, record keeping, volunteer management, funding, etc.)

**CODE DEBRIEF FORM**

**Areas for Improvement**

(Think about roles and responsibilities, staffing, training, gaps in knowledge, familiarity with response partners, facilities and equipment, span of control, internal and external communications, requests for assistance, resource management, volunteer management, record keeping, etc.)

**CODE DEBRIEF FORM**

**Conclusions: Recommendations and Suggested Corrective Actions**

(Consider adopting measurable actions, such as changes to the emergency response plan, changes to the local communications network, changes to the EOC setup or technologies, changes to the training program, etc.)

<b>CODE DEBRIEF FORM</b>							
<b>Action Items</b>							
<p>Using a chart like the one below (see “Sample Action Item Chart”), specify items such as who will lead each task, the priority of the task, and the task’s target completion date. Determine if/when follow-up meetings are required.</p> <p>Organizational Tip: If using themes to organize action items, create one chart for each theme.</p>							
<b>Items Requiring Further Discussion Between Emergency Management Partners</b> (items requiring further discussion that cannot be actioned within your jurisdiction)							

### Sample Action Item Chart

Priority	Observation (identified strength or challenge)	Recommended Improvement or Action	Corrective Action	Lead (staff, committee, etc.)	Follow-up Meeting Date	Target Completion Date	Actual Completion Date

## Fairmount Home Emergency Response Plan

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**Note:** Emergency Management Ontario encourages municipalities and First Nations to submit their CDFs to their local Field Officer to assist in improving policy development. Please indicate if your completed CDF can be posted to the CEMC SharePoint site to be shared with other jurisdictions or not when you submit it to your Field Officer.

## **Regulatory Spill Reporting for Owners of Pollutants**

Owners of pollutants are required by [provincial law](#) to report spills if:

- you allowed the spill to occur
- you had control of the substance immediately before the spill occurred
- you are a member of a public agency (such as Metrolinx) and, to your knowledge, the spill has not already been reported

Owners of pollutants reporting spills are required to contact the Spills Action Centre by telephone:

- [416-325-3000](#)
- [Toll-free: 1-800-268-6060](#)
- [TTY: 1-855-889-5775](#)

The telephone lines above are available 24/7.

In addition to contacting Ontario's Spills Action Centre, the spill must also be immediately reported to:

1. the local municipality
2. the owner of the substance (if known)
3. the person in control of the substance (if known)

When reporting the spill, the owner of the pollutant will be asked to provide:

- their name and phone number
- name and phone number of the person or company in control of the product spilled
- date, time, and location of the spill
- duration of the spill (if known) and whether the spill is ongoing
- type and quantity of pollutant spilled, including hazard level or toxicity information
- source of the spill and information on the cause
- description of adverse effects
- environmental conditions that affect the spill (weather, traffic, etc.)
- actions being taken to respond
- other agencies and parties responding

After the owner of the pollutant reports the spill, an environmental officer will:

- document the information and actions taken
- assess the environmental and health impacts based on gathered information
- ensure responsible parties respond to spill events as per their legislative responsibility
- track and follow up on required cleanup activities
- provide advice and information related to spills or environmental incidents
- coordinate a response with other agencies, if needed
- initiate government response when required

More details on regulatory reporting can be found in [Ontario Regulation 675/98](#).

### **Cleanup and Remediation**

Under the [Environmental Protection Act](#), it is the duty of the owner or controller of a spilled pollutant to clean up a spill. They must do everything practicable to prevent and eliminate the negative effects from a spill, including restore the natural environment to its original state.

If those responsible for a spill cannot or will not respond to properly clean up the spill, the Minister of the Environment, Conservation and Parks has the authority under the [Environmental Protection Act](#) to order those responsible to do so.

Spill clean-up can require a specialized response (HAZMAT) and equipment. Licensed spill contractors can be hired to clean up a spill. There are also rules for the disposal of pollutants, and spill contractors are familiar with these rules. If you are not sure how to handle a spill or the disposal of pollutants, contact the Spills Action Centre at Toll-free: 1-800-268-6060 (24 hrs).

### **Critical Incident System (CIS)**

This is an online reporting system used by long-term care (LTC) homes to submit mandatory reports and incidents relating to the care of residents. CIS is used by the Ministry of Health and Long-term Care to inform whether inspections need to occur and provide information to support inspections, performance measurement and analysis.

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# Fairmount Home Emergency Response Plan

Fire Drill and/or Incident Report					
Date:		Time:	Location:		
Comprehensive Drill		Silent Drill	Table Talk		Other
<b>Instructions</b> Each department head, manager or designate is responsible for monitoring employee responses and assessing building features during every fire drill and at any time the fire alarm audible signal activates. Forward this completed form after each drill to (insert name of person and department)					
<b>Section 1</b>		<b>Assessment of persons discovering / responding to fire</b>			
Describe fire drill scenario, fire incident or fire alarm occurrence:					
Simulated or Actual Activities	Yes	No			
Were people in immediate danger evacuated?			Zone of origin evacuated.		
Were doors closed and latched to confine the fire and reduce smoke spread?					
Was the fire alarm manually activated (if the scenario required this action)?					
Was the fire department called or switchboard notified as required by procedures?					
Was an attempt made to extinguish the fire?			Was attempt appropriate?		
Did sufficient staff respond and evacuate endangered occupants in an organized and timely manner?					
Was scene supervision appropriate?			Were instructions clear?		
Horizontal evacuation conducted?			Vertical Evac. Conducted?		
Comments/observations/recommendations on emergency responses:					
<b>Assessment of specialized Supervisory Staff responses</b>					Yes
Was the fire department notified by phone promptly and correctly?					
Were verbal instructions correct and clearly stated over the voice communication system?					
Did designated staff respond correctly to provide fire department assistance and access?					
If "No" was answered for question(s) above, provide comments/observations/recommendations:					
<b>Section 2</b>		<b>Did the following features operate properly in your area?</b>			Yes
A) fire alarm pull station (where applicable) and audible fire alarm devices					
B) voice communication system (voice messages were audible)					
C) self-closing doors closed and latched upon fire alarm system activation					
D) electro-magnetic locking devices released locked doors upon fire alarm system signal					
E) fire hose stations, fire extinguishers and/or sprinklers (where applicable)					
<b>Section 3</b>		<b>Did employees respond properly upon hearing the fire alarm signal and voice communication instructions?</b>			Yes
A) checked rooms and area for fire and closed doors immediately					
B) designated staff responded to the fire area to assist with evacuation					
C) hazardous equipment safely shut down where appropriate (i.e., oxygen, dryers)					

## Fairmount Home Emergency Response Plan

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D) corridors were clear and unobstructed			
If "No" was answered for question(s) above, provide comments/observations/recommendations:			
Print Name:	Signature:	Date:	

## Fairmount Home Emergency Response Plan

## Record of Fire Drill Attendance

## Fairmount Home Emergency Response Plan

Fire Drill Check List and Summary Recommendations	Date:	Yes	
<b>This form is to be completed by the person responsible for conducting and coordinating the building fire safety program, which includes monitoring fire drills and monthly fire alarm system test(s).</b>			
Fire department notified before fire alarm test or fire drill.			
Fire department phone #			
Name of person contacted:			
Alarm Monitoring Company notified before fire alarm test or fire drill? Monitoring company phone #			
Name of person contacted:			
Fire alarm system tested on secondary source of power (Battery or Generator as applicable)?			
Fire alarm system activated correctly?			
Second stage alarm signal activated correctly (where applicable)?			
Annunciator(s) indicated the correct fire alarm zone of alarm origin?			
"All clear" announced and staff instructed to sign fire drill attendance record?			
Fire alarm system reset and returned to primary power source?			
Fire alarm ancillary devices reset and checked:			
Electro-magnetic locking devices			
Elevators			
HVAC			
Hold-open features on fire doors			
Fire alarm system clear of any "trouble"?			
Confirmed fire alarm monitoring company received alarm signal?			
Fire department notified after drill.			
When applicable, confirmed fire department received alarm signal?			
Unscheduled Fire Alarm Signal Activation	Date:	Time:	Applicable
Cause of alarm determined to be:			
Fire Department Arrival Time (if known):			Yes
Fire alarm control panel reset after emergency was over.			
Fire alarm "trouble signal" clear?			
"All clear" announced and staff instructed to sign fire drill attendance record?			
Fire alarm ancillary devices reset and checked:			
Electro-magnetic locking devices			
Elevators			
HVAC			
Hold-open features on fire doors			
Fire alarm system repair company notified of repairs required. Time:			
Name of person contacted:			
Fire alarm system repaired – Date:	Time:		

## Fairmount Home Emergency Response Plan

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Conclusions, recommendations for changes to fire safety plan or procedures:

<b>Print Name:</b>	<b>Signature:</b>	<b>Date:</b>
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# Fairmount Home Emergency Response Plan

## Vulnerable Occupancy – Fire Drill Scenario Form

### This Section Completed by Owner / Operator

This guideline is intended to assist facility administrators and Chief Fire Officials with the development and validation of the annual fire drill scenario requirement in care occupancies, care and treatment occupancies and retirement homes. Complete the 4 steps below when seeking a fire service approval of the fire drill scenario.

### PART (1) PROPERTY INFORMATION

Property Operating Name:	Contact number:
Contact Name:	Occupancy Classification: CHECK Below
Occupancy Address:	<input type="checkbox"/> Care Occupancy
City/Town:	<input type="checkbox"/> Care and Treatment Occupancy
Licensing Agency:	<input type="checkbox"/> Retirement Home

### PART (2) CONTACT INFORMATION

Owner Name:	
Owner Address:	
City/Town:	Postal Code:
Contact Number:	Email address:

### PART (3) APPROVED FIRE DRILL SCENARIO

**TIP:**

- The Ontario Fire Code requires monthly fire drills to be performed in care occupancies, and care and treatment occupancies. The local fire service observes an annual fire drill to determine sufficient supervisory staff is available to perform fire safety duties described in the Fire Safety Plan.
- Every person required to implement a fire safety plan must have completed an acceptable training program/course by January 1, 2017.
- Additional requirements and Compliance dates can be found in the [Compliance Schedule](#). [Check all Fire Code applications here](#)

Step 1 - Develop a Scenario Representing Lowest Staffing Level Complement		
A	Select a zone/floor area of fire origin involving residents/patients in resident/patient rooms that poses the greatest evacuation challenge for staff.	Floor # : _____ Zone: _____ Number of residents/patients in the fire compartment that will require evacuation to a point of safety: _____
B	Identify the point of safety to which residents/patients in the zone/floor area of fire origin will be evacuated.	<input type="checkbox"/> Outside Building <input type="checkbox"/> Exit stairwell (min. 30 minutes fire resistance rating) <input type="checkbox"/> Adjacent Zone (min. 30 minutes fire resistance rating)

## Fairmount Home Emergency Response Plan

C	Select a resident/patient room within this zone/floor area that would represent the room of fire origin.	Room #: _____ Total residents/patients in the room: _____
D	Simulate the time of day representing the lowest staffing level complement available to respond to the room of fire origin.	Time of day: _____ Number of staff available to respond: _____

TIP:	<ul style="list-style-type: none"> <li>Submit drawings to the fire service that show the building features and the proposed area affected by the fire drill. Include the proposals listed above on the drawing so that the scenario can be reviewed and approved.</li> <li>Evacuations in stairwells with non-ambulatory residents may be labour intensive. Proxies should be considered when scenarios are developed to ensure the safety of all residents / patients within the facility. Refer to OFMEM <a href="#">TG-01-2013</a> and <a href="#">TG-01-2004</a> for details.</li> </ul>
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Step 2 - Determine Time Available for Closing the Door to the Room of Fire Origin		
A	Estimate the time required for detecting a fire in the room of fire origin based on the device in the room of fire origin. Use the time shown from Table C.1 below unless otherwise documented.	Fire Detection Time _____ (minutes)(A)
B	Estimate the time period during which the suite or room of fire origin is safe to enter.  Choose 2.5 minutes for an unsprinklered room <b>or</b> 5 minutes for a sprinklered room.	Time room is safe to enter _____ (minutes)(B)
C	Calculate the time available for staff to : <ul style="list-style-type: none"> <li>respond to the room of fire origin</li> <li>remove/assist occupants from the room, and</li> <li>close the room of fire origin door.</li> </ul>	(B) - (A) = (C) Time Available  Time available : _____ (minutes) (C)

Table C.1 Detection Method**Maximum Detection Time	Time to Detect (min)
smoke alarm/detector in small bedroom (12 x12 ft) of fire origin	.5
smoke alarm/detector in medium to large room (15 x 20 to 25 x 25 ft) of fire origin	.75
smoke detector in corridor, with fire initiating in adjacent bedroom with open door	1.5
smoke detector in corridor, with fire initiating in adjacent small bedroom with closed solid-core wood door	5
135°F heat detector in small bedroom (12 x12 ft) of fire origin	1.5
135°F heat detector in medium to large room (15 x 20 to 25 x 25 ft) of fire origin	2.5
135°F heat detector in corridor outside adjacent small bedroom of fire origin with open door	3.3
135°F heat detector in corridor outside adjacent small bedroom of fire origin with closed solid-core wood door	18
135°-165°F residential type sprinkler system in a bedroom of fire origin	2.5
supervisory staff at work station smelling smoke from fire in room with door open to corridor	6
supervisory staff at work station smelling smoke from fire in room with solid-core wood door closed to corridor	8.3

\*\* For the purposes of this document only the maximum time to detect is shown. Refer to OFM TG-01-2013 Table C.1 for additional information.

## Fairmount Home Emergency Response Plan

TIP:	<ul style="list-style-type: none"> <li>• <b>NEVER re-open the door to the room of fire origin after evacuating the room.</b> Smoke and fire may compromise the hallway and reduce the time available to evacuate residents to the next point of safety. Fire Safety Plan instructions should ensure doors remain closed.</li> <li>• Smoke alarms are now mandatory in each suite, or sleeping room not within a suite, that is not equipped with a smoke detector. Information can be found in the Fire Alarm Test Report to determine the type of detector in each suite and sleeping room.</li> <li>• Self-closing devices may be required on doors to suites and sleeping rooms on January 1, 2017. <a href="#">Check all Fire Code applications here.</a></li> </ul>
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Step 3 - Determine Time Available to Evacuate Occupants in the Zone/Floor Area of Fire Origin to a Point of Safety AND Closing the Door to the Room of Fire Origin		
A	<p>Identify the type of door to the room of fire origin. *Door rating information may be found on suite door frame and on door near hinges.</p>	<p>Check applicable door type / rating:</p> <p><input type="checkbox"/> Wood panel or Hollow-core wood = 5 min  <input type="checkbox"/> 45 mm solid-core wood = 15 min  <input type="checkbox"/> 20-min. rated door in 20 min labelled frame = 20 min  <input type="checkbox"/> Hollow metal / steel door = 30 min  <input type="checkbox"/> 45 min labelled door in 45 min labelled frame = 45 min</p> <p>Door rating - _____ (min.) (A)</p>
B	<p>Determine the minimum water supply duration for automatic sprinklers from the following information:</p> <p>No sprinklers = 0 minutes  Sprinklers designed to NFPA 13D = 20 minutes  Sprinklers designed to NFPA 13R = 30 minutes  Sprinklers designed to NFPA 13 = 30 minutes  Municipal water supply to sprinklers = 60 minutes  *Sprinkler design information may be found in Sprinkler System Test Reports or other documentation.</p>	<p>Sprinkler system water supply duration (minutes)    _____ (min.) (B)</p>
C	<p>Calculate the <u>time available</u> to evacuate residents to the point of safety.  <u>Time available</u> is denoted as (C).    (This is time available after the door to the room of fire origin is closed.)</p>	<p>(A) + (B) = (C) Time available    Time available to evacuate residents to point of safety.    _____ (min.) (C)</p>

List Supervisory Staff duties to be carried out as noted in the Approved Fire Safety Plan		
May include calling 911, pulling fire alarm or other duty to ensure resident safety.		

# Fairmount Home Emergency Response Plan

## Method of Alarm Activation for Fire Drill Scenario

May be direct fire alarm activation, silent alarm, verbal notification:

TIP:

- PRACTICE the fire drill scenario and supervisory duties prior to fire service observations to ensure time requirements are obtained with minimum staffing levels. Ensure the Fire Department has the most current Fire Safety Plan.
- Options to improve evacuation times can be found on page 15 of the OFMEM Guideline [TG-01-2013](#).
- Submit the plan to the Chief Fire Official for approval of the Fire Drill Scenario.

## PART (4) APPROVED FIRE DRILL SCENARIO INFORMATION

Document Prepared by:	Date Prepared by:
Proposed Date for Fire Drill Observation:	Alternative Date:
Date Submitted to Chief Fire Official for APPROVAL:	

## Chief Fire Official Approval of Fire Drill Scenario

Print Name	Signature	Date
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## This Section Completed by the Fire Service

### Verification of Fire Drill Scenario Variables

Verify the following prior to running the actual fire drill. Adjust scenario times as required if discrepancies identified.	Confirmed
Does the Fire Drill Scenario represent the <u>lowest</u> staffing level as identified in the Fire Safety Plan?	
Is the detection method provided in Step 2 A (table C.1) properly identified and used in calculation?	
Will the identified point of safety accommodate everyone from the evacuated zone?	
Is the door rating provided in Step 3 A properly identified and used in calculation?	

### Time Verification by the Fire Service

Actions from Directive 2014-02	Time Calculated By Owner	A	
The actual time to respond to the room of fire origin, remove occupant(s) from the room, and close the door to the room.	Show time from Step 2 C – Available Time _____	Record actual time to complete task _____	Acceptable Y or N
The actual time to evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety	Show time from Step 3 C – Available Time _____	Record actual time to complete task _____	Acceptable Y or N
Was the actual time to respond to the room of fire origin, remove occupant(s) from the room, and close the door to the room within the time permitted?		Pass	Fail
Was the actual time to evacuate residents/patients from the zone or floor area containing the room of fire origin to the next point of safety within the time permitted?			
Were all identified Supervisory Staff duties from Fire Safety Plan completed as shown above?			
Did the fire drill observation identify any <i>Supervisory Staff</i> duties performed that were not shown in the Fire Safety Plan?		YES	NO

TIP

If the fire drill observations determine that insufficient supervisory staff is available to perform the fire safety duties as described in the Fire Safety Plan, appropriate enforcement options provided in OFMEM TG-01-2012 –[Fire Safety Inspections and Enforcement](#) should be utilized to ensure the safety of the occupants.

- Complete the "Registry of Vulnerable Occupancies" as required in Directive [2014-001](#) and detailed in [Communiqué 2014-02](#).
- Directive [2014-002](#) requires a Fire Safety Inspection to be completed. The inspection may be done on a different date than the Fire Drill.

\*\*Ensure the Fire Safety Inspection Checklist is completed and retained in the fire department file.

## Annex H: Food Services Contingency Plans

Fairmount Home's food services have developed contingency plans that can be adapted and used during a short-term emergency, such as:

- power failure
- hot weather emergency
- equipment breakdown

If a short-term emergency occurs, meals will be served according to the Ministry of Health and Long-term Care guidelines. Meals will be served in a safe manner, despite the emergency.

The plan will provide all residents with a general diet and regular texture food except for those residents with food allergies, dysphagia, enteral feedings, and any other special diet restrictions. The plan is designed to maintain the health and safety of all residents.

The current menu will be reviewed by the Manager of Food Services and the cooks to establish which items must be substituted or eliminated. The dietitian or the Manager of Food Services will modify the menu for residents who are on pureed or special diets or who have food allergies. If a disruption to the usual menu occurs, Fairmount Home's management team will inform the staff and residents of the disruption.

The Manager of Food Services will set par stocks for at least four days of meals. This stockpile will include food stock and disposables. Emergency frozen entrees and canned or instant products will always be on hand. The emergency stock will be dated, rotated, and used on a regular basis to ensure no loss of quality.

### 1. Contingency Plan: Major Cooking Equipment Failure

#### Trigger for Implementation

There is a partial or complete failure of Fairmount Home's major cooking equipment, such as its ovens, stoves, and steamers.

#### Procedure

If a major piece of cooking equipment fails, maintenance staff will be called immediately. If the maintenance staff cannot be reached, the dietary equipment maintenance company will be called.

In this scenario, an emergency supply of easily prepared raw food shall be maintained. Additionally, the menu will be adjusted, if required, at the discretion of the Manager of Food Services and the Cooks. Menu changes will be communicated to residents and

staff, and the menu boards will be updated immediately. Barbecues are available for use.

### **Foods to Use During an Equipment Failure**

Breakfast:

- Hot and cold cereal
- Muffins
- Cheddar cheese
- Raisin bread
- Yogurt
- Pastries

Lunch/dinner:

- Soup (four bags of dry mix or ten cans)
- Frozen entrees such as meat or vegetable lasagne, cabbage rolls, macaroni and cheese, meat or vegetable chilli, and shepherd's pie (**Note:** These entrees can be served regularly or as ground texture)
- Potatoes (mashed or scalloped)
- Canned vegetables (served regularly or as ground texture)
- Frozen vegetables (cooking method)
- Stove-top (**Note:** extend cooking time to at least one hour. Set a deep hotel pan on a flat top. Add 1-2 inches of water. Set a shallow perforated steamer pan on top of the deep pan. Add three bags of frozen vegetables. Cover and cook.)

Meats:

- Depending on the available equipment, meats can be roasted, grilled, deep fried, barbecued, or steamed.

Baked goods:

- If the convection ovens are down, all baked products will be purchased ready-made.

### **Required Reporting**

- Maintenance
- Manager of Food Services

- Administrator
- Critical Incident

### **Business Resumption**

- Restocking of supplies

## **4. Contingency Plan: Dishwasher Failure**

### **Trigger for Implementation**

There is a partial or complete failure of one or more dishwashers.

### **Procedure**

Maintenance staff will be called immediately. If maintenance staff cannot be reached, Ecolab will be called (unless the failure is due to a loss of hydro).

If all dishwashers are not working, paper and plastic will be used for resident meals. All other meal service items will be washed in sinks. If one dishwasher is not working, the dishes from that area will be taken to another dishwasher for cleaning.

### **Required Reporting**

- Maintenance
- Manager of Food Services
- Fairmount Home Administrator

## **5. Contingency Plan: Hot Weather Emergency**

### **Trigger for Implementation**

There is extremely hot weather.

### **Procedure**

Per Fairmount Home's policy on hot weather-related illness, staff shall assess the need to implement all or part of this contingency plan.

Fluids must be made available to all residents and staff every 20 minutes. Water is best. Juices and non-caffeinated sports drinks are also good. During extremely hot weather, a person should drink more water than it takes to satisfy their thirst.

Everyone should stay away from caffeinated or carbonated beverages, diet drinks, and alcohol, as they take water out of the body; these beverages will not be made available

at meals and snack times during extremely hot weather. The Manager of Food Services or dietician will make the necessary adjustments to the menu.

**Note:** Fruits and vegetables are a good choice to replenish fluids, as they are 90 per cent water.

### **Sample Menu Adjustments During Extreme Hot Weather**

Breakfast:

- Juice
- Cold cereal
- Bread, butter, and jam
- Peanut butter or cheese
- Fresh or canned fruit
- 8 oz water

Lunch/Dinner:

- Juice or cold soups
- Sandwiches or cheese slices/cold cuts and bread and butter
- Green salads
- Canned fruit or ice cream
- 8 oz water

### **Snacks/Nourishment**

All regular snack items for the residents' afternoon and evening (p.m. hours) nourishments can be served except for carbonated or diet drinks. Encourage fruits and vegetables as snack items and offer 8 oz water or juice every 20 minutes.

## **Annex I: Agreements for Care and Transportation**

**Annex J: Emergency Codes Quick Reference for RNs/RPNs**

## Code Green: Evacuation – Quick Reference

### Charge Nurse/Incident Commander

**Note:** Command can be transferred at any time.

1. Call 911 for emergency assistance. A full evacuation is then initiated by the Fairmount Home Administrator (or On-call Manager). Alternately, Fairmount Home's staff and residents will take direction from the police, fire department, or EOC (if the EOC is activated).
2. Notify the Fairmount Home Administrator. The Administrator will contact the County of Frontenac CAO, the Manager of Environmental Services, and the Manager of Food Services. Notify the Director of Care. The Director of Resident Care will contact the Assistant Director of Care – Resident Services and the Assistant Director of Care. The Assistant Director of Care will contact the Medical Director and Nurse Practitioner.
3. Announce "Code Green. Proceed to the nearest nursing station."
4. Communicate the situation with on-site staff.
5. Initiate the emergency call-in procedures using the fan-out list.
6. If time permits and it is safe to do so, delegate staff to transport evacuation supplies out of the building.
7. Liaise with emergency services and provide access and information (these tasks can be delegated if needed).
8. Oversee the evacuation and troubleshoot any issues that may hinder evacuation procedures.
9. Notify the residents' POA/SDM to determine if the POA/SDM will be able to pick up their resident from the centre or an alternate location. Note: This task may occur following a relocation, depending on the urgency of the evacuation.
10. When the building is completely evacuated, or when advised by emergency responders, announce "Code Green. All clear."
11. Lead the re-entry into the home once it is safe to do so.

Responsibilities once outside if Command Staff and General Staff are not in place:

1. Ensure all staff and visitors are accounted for once outside.
2. Communicate the location of the assembly area.
3. Direct the identification/tagging and logging of the residents using the ELR.
4. Separate injured from non-injured residents if required.
5. Designate staff to monitor the residents, prevent wandering, and administer essential medications or treatment.

## **Command Staff**

If a relocation to another facility is required:

1. Contact the primary evacuation site if short-term shelter (1–2 hours) is required.
2. Contact secondary relocation centres if overnight or long-term shelter is required.
3. Contact transportation providers (see the list of transport support resources).

## **Registered Nurses/Registered Practical Nurses/Other Nursing Staff**

Once a Code Green: Evacuation is called:

1. Follow instructions from the Incident Commander, emergency responders, or members of the Emergency Command Group.
2. Collect the emergency evacuation kit (one per floor) and organize the assembly of critical evacuation supplies.
3. Secure any narcotics/medication.
4. Provide direction and ensure staff are using the appropriate evacuation procedures.
5. Transport medication carts and resident documentation out of the building if time permits and it is safe to do so – this action is not critical, as the medications can be replaced promptly by a pharmacy.
6. Prepare the residents for transfer and collect their coats, belongings, etc.
7. Maintain the evacuation logging record to account for each resident. Include the mode of transportation each resident will use (such as ambulance, bus, or relative).

## **Code Yellow: Missing Person – Quick Reference**

### **Charge Nurse in the Vicinity of the Missing Resident**

The initial procedure for the Charge Nurse in the area of the missing resident is as follows:

1. Check the sign-out binder.
2. Check the Roam Alert System. Have one staff member stay at the point of the alarm.
3. Check with the nursing station staff to verify if the absence is sanctioned or if the person is late in returning.
4. Check if the resident was attending an organized outdoor activity.
5. Check with other staff to see if they are aware of the missing person's location or when they were last seen.
6. Discreetly question residents who are known or believed to be:
  - a. associated with the missing person
  - b. in the immediate area where the missing person was last seen or near exits where the missing person was last seen
7. Notify the Charge Nurse/Director of Care if the situation remains unsolved.

### **Staff Procedures During a Code Yellow**

#### **Charge Nurse/Incident Commander**

1. Announce "Code Yellow" and state the resident's preferred first and last names, followed by, "All staff report to the closest nursing station." Repeat this message three (3) times.
2. Put on the orange vest. Establish a search command centre and coordinate the response from there.
3. Provide a photo and description of the missing person. Include a description of the missing person's clothing or other identifiers to help staff while conducting the search.
4. Coordinate staff to conduct searches of the interior of the building.
5. Ensure there is a method in place for contacting each other (such as via two-way radios).
6. Provide keys to the searchers so locked areas can be checked.
7. If an alarm sounds at an exit door, an external search should commence immediately.

8. Ensure the registered nurses and the supervisor review the resident/client file for pertinent information, including the missing person's possible destinations, ability to manage self-care, medical concerns, and responsive behaviours.
9. Contact the missing person's power of attorney/substitute decision maker and notify them of the situation to determine additional relevant information for the search.
10. Have a designated person call locations in the area.
11. Maintain floor maps of the facility, noting areas that have been checked and cleared.
12. If the resident is not located after a complete search of all internal and immediate external areas, notify the Fairmount Home Administrator (or On-call Manager after hours), police (911), and adjacent community buildings, such as apartment buildings, municipal buildings, and neighbours.

#### **Registered Nurses/RPNs/Other Nursing Staff**

1. Upon hearing the Code Yellow announcement, the search leader designated by the Charge Nurse will put on a yellow vest.
2. The search leader will guide staff during the search of all rooms and areas in the home area.
3. Provide area checklists.
4. Keep the Incident Commander informed about the situation.

**Code Orange: Air Quality – Quick Reference**

**All Staff**

1. Suspend the residents' outdoor activities or reschedule the outdoor activities to the early morning when pollution levels are low.
2. Reduce/suspend the use of gasoline or diesel-powered equipment.
3. Reduce/suspend the use of vehicles for non-essential activities.
4. Reduce energy use at the facility – this can be done by closing blinds and drawing curtains, using the stairs, turning off the lights when they're not needed, and turning off non-essential equipment.
5. Slightly increase the temperature of the facility to reduce air conditioning usage.

## Code Orange: CBRN Disaster – Quick Reference

### Administrator (or On-call Manager after hours)/Incident Command

**Note:** If the event occurs after-hours, the **Charge Nurse** will act as Incident Commander.

In most cases, you will be notified of a radiological incident or biological/chemical attack. If you have not been notified but believe an incident or attack has occurred, use the following steps:

1. Ensure all staff and residents are relocated away from the area of release.
2. Call 911.
3. Contact the Fairmount Home Administrator (or On-call Manager after hours). The Administrator will then contact the County of Frontenac CAO.
4. Announce “Code Orange. Biological/chemical attack.” Repeat the announcement three (3) times.
5. Notify the MLTC Duty Inspector.
6. Complete an MLTC Critical Incident System Report.
7. Continue to liaise with the County of Frontenac Emergency Management.
8. Monitor radio and television stations for further updates.
9. If an evacuation is directed, initiate the Code Green: Evacuation procedure.
10. When the situation is resolved, announce “Code Orange. All clear.”
11. Hold a debrief and complete an CDF.

### If the Attack is Indoors

1. Follow the special shelter-in-place procedure.
2. Relocate staff and residents away from the affected area to an adjacent fire zone and advise all building occupants to shelter in place.
3. Seal off the affected area. Close all windows and doors. Seal gaps under doorways, around windows, and other building openings by using tape, plastic, and other materials.
4. Turn off the air conditioning, vents, fans, and heating equipment.
5. Restrict building access to everyone other than emergency personnel until further notice is given.
6. Record the names of everyone in the area who may have been in contact with the agent. This list shall be given to the Charge Nurse to ensure everyone receives appropriate follow-up treatment.

7. Quarantine those who may have been in contact with the agent so as not to affect the other residents in the building.
8. Ensure that anyone who has been in contact with the agent washes it off with soap and water immediately.
9. Remain in the shelter-in-place location until authorities indicate it is safe to come out.

**Note:** Persons without proper training and equipment shall not attempt to rescue victims who have been overcome by biological/chemical agents. This will only lead to other victims.

### **If the Attack is Outdoors**

1. Remain indoors and shelter in place.
2. Close all doors and windows.
3. Shut down all heating, air conditioning, and ventilation systems.
4. Restrict building access to everyone other than emergency personnel until further notice is given.
5. Remain inside until the authorities indicate it is safe to come out.

### **Code Orange: Earthquake – Quick Reference**

#### **Administrator (or On-call Manager after hours)/Incident Commander**

**Note:** If the incident occurs after-hours, the Charge Nurse will be the Incident Commander.

1. Notify the Fairmount Home Administrator. The Administrator will contact the County of Frontenac CAO, who will contact Emergency Management, if required.
2. Consider activating the Command Staff and General Staff IMS positions.
3. Warn staff that fire alarms and sprinklers may go off during an earthquake. Instruct staff that it is very dangerous to leave a building during an earthquake because objects can fall on occupants. Instruct occupants to seek shelter within the building.
4. If an earthquake is occurring/has occurred, announce “Code Orange. Earthquake.” Repeat the announcement three (3) times.
5. Once the shaking has stopped, the Fairmount Home Administrator (or On-call Manager after hours) will determine if an evacuation is necessary. If an evacuation is necessary, follow the Code Green: Evacuation procedure. Commence the evacuation procedure by moving residents away from the affected area. **DO NOT USE ELEVATORS.**
6. If an evacuation to the outside is necessary, have staff check the perimeter of the building to ensure it is safe to evacuate. Ensure that residents are moved away from the building to prevent injuries from falling debris.
7. Warn staff/occupants of fallen power lines and other hazards.
8. Arrange to transport residents to designated alternate accommodations if necessary.
9. If there is significant structural damage, ensure that staff members confirm there are no trapped occupants in the building. If necessary, call 911 for rescue assistance.
10. Advise Environmental Services of all liquid spills immediately and assist with clean-up efforts.
11. Work with the police or fire department to decide when building re-entry will occur. Before authorizing re-entry, the Fairmount Home Administrator (or On-call Manager after hours) will need to determine – based on advice received from experts – whether the building is safe to occupy.
12. When the situation is resolved, announce “Code Orange. All clear.”
13. Complete an MLTC Critical Incident System Report. Hold a debrief and complete an CDF.

**All Staff**

1. Remain calm and stay indoors.
2. Take shelter under tables, beds, desks, or other objects that will offer protection against flying glass and debris. Alternately, step under a doorway/corridor/interior room (away from the outer walls of the building).
3. Keep at least 15 ft away from windows to avoid flying glass. Keep away from skylights and large overhead light fixtures. Protect your face and head with your arms. Stay under cover until the shaking stops. Be prepared for aftershocks.
4. If you are instructed to evacuate, follow the Code Green: Evacuation procedure. Watch for falling debris and electrical wires when you are exiting the building.
5. If a fire occurs, sound the alarm, and follow the Code Red: Fire procedures.
6. Proceed to a safe area, away from the danger of being struck by falling glass, bricks, electrical wires, or other hazardous objects.
7. Follow instructions from supervisory and emergency personnel.

### **Code Orange: Extreme Heat – Quick Reference**

#### **Nursing Staff**

**Note:** Refer also to the heat-related illness prevention and management program, resident care program, and best practice programs.

1. Ensure residents receive extra fluids (water, diluted juice, popsicles, and ice). Encourage decaffeinated beverages.
2. Ensure that all residents receive an appropriate amount of fluid every two (2) hours to meet their calculated needs.
3. Monitor any high-risk residents at least hourly for signs and symptoms of heat exhaustion or heat stroke. If you notice any residents with symptoms of heat exhaustion or heat stroke, offer them fluids, and report the signs/symptoms immediately. Monitor the residents' intake and output.
4. Ensure the residents are positioned in cool environments.
5. Ensure that all windows are closed and that all blinds are drawn in the resident rooms that are exposed to direct sunlight.
6. Advise families, residents, and volunteers of the dangers of visiting with residents outdoors. If residents or families still choose to visit outdoors, residents should be encouraged to wear a hat and use sunscreen.
7. Ensure staff assesses residents on their return to the RHA.
8. Advise residents to limit themselves to sedentary/passive activities.
9. Reorganize bath routines to either early in the morning or later in the evening, if possible.
10. Ensure residents are dressed in non-restrictive lightweight clothing where possible.

**Code Orange: Leaks/Flooding – Quick Reference**

**Charge Nurse/Incident Command**

1. Announce “Code Orange. Flood at [Location].” Repeat the announcement three (3) times.
2. Contact the Fairmount Home Administrator (or On-call Manager after hours). The Fairmount Home Administrator (or On-call Manager after hours) will contact the County of Frontenac CAO. The CAO will contact the County of Frontenac Emergency Management if the flood is extensive.
3. Contact the Environmental Services Manager.
4. Advise the workplace health and safety committee.
5. Ensure that staff evacuate the affected area of the building.
6. Refer to the Code Green: Evacuation procedure if an evacuation is required.
7. When the situation is resolved, announce “Code Orange. Flood. All clear.”
8. Hold a debrief and complete an CDF.

**Code Orange: Severe Weather – Quick Reference**

**Charge Nurse**

Upon receiving information that a severe weather condition is imminent:

1. Notify the Fairmount Home Administrator (or On-call Manager after hours). The Administrator will then notify the County of Frontenac CAO and the County Emergency Manager as needed.
2. Notify all non-essential personnel and volunteers per internal procedures.
3. Ensure residents and staff stay indoors if necessary.
4. Consider the staff contingency plan.

If the building is affected by a severe weather condition:

1. Work with on-site staff to identify persons with injuries and provide medical assistance.
2. Call 911 if a medical emergency exists.
3. Check the exit stairwells to ensure they are safe and available to use in the event of a building evacuation.

## **Code Red: Fire – Quick Reference**

### **Charge Nurse/Incident Command**

#### **First Floor Registered Nurse**

1. Obtain the pair of two-way radios from the 1<sup>st</sup> floor RN office, elevator key and fire keys. Always keep the two-way radio on Channel 1.
2. Check the annunciation panel on any home area to identify the location of the fire.
3. Choose a runner and give them a two-way radio; ask the runner to go to the auditorium entrance to wait for the fire fighters, the runner will be the person to bring them to the fire when they arrive.
4. Over Page All on phones and two-way radio announce “Code Red [location]” x 3.
5. Proceed to the main entrance for further direction from the second-floor RN.

\*Upon completion of emergency see pg 4\*

#### **Second Floor Registered Nurse**

1. Obtain a two-way radio from the 2<sup>nd</sup> floor RN office, elevator key and fire keys. Always keep the two-way radio on Channel 1.
2. Check the annunciation panel on any home area to identify the location of the fire.
3. Proceed to the fire area, evaluate the situation, and determine if evacuation is warranted.
4. If evacuation is warranted, set the nearest pull station to stage two with the key. \* See evacuation steps on pg 4 \*
5. Over two-way radio inform 1<sup>st</sup> floor RN how many additional staff you need to help evacuate if required.

\*Upon completion of emergency see pg 4\*

#### **If Only One Registered Nurse is On Duty**

1. Obtain the pair of two-way radios from the RN office, elevator key and fire keys. Always keep the two-way radio on Channel 1

2. Check the annunciation panel on any home area to identify the location of the fire.
3. Over Page All on phones and two-way radios announce "Code Red [location]" 3 times.
4. Choose a runner and give them a two-way radio.
5. Proceed to the fire area, evaluate the situation, and determine if evacuation is warranted.
6. If evacuation is warranted, set the nearest pull station to stage two with the key.
7. Over two-way radio inform staff how many additional staff you need to help evacuate. \*See evacuation steps on pg 4 \*
8. Begin evacuating the residents using the systematic search
9. Remain responsible until the completion of the emergency.

\*Upon completion of emergency see pg 4\*

### **If Evacuation is Required**

1. Begin evacuating the residents using the systematic search
2. Assign a staff member to grab emergency bag and census clip board in the stairwell, and head to the unaffected side of the fire door where residents will be evacuating.
3. Have staff member check off residents' names as they are evacuated through the door.
4. Have staff member assist with putting identification lanyards on residents.
5. Assist with systematic search and wait for further direction for the fire department.

### **Upon Completion of Emergency**

6. Upon completion of the emergency reset the pull station with the Allen key on the keychain.

7. Proceed to the annunciation panel located at the auditorium entrance to reset the fire system by pushing 'acknowledge' then 'reset'
8. Reset Mag locks located on Lilac Terrace; to reset Mags turn the key as indicated on panel (see directions on panel), you will know when they go back on as green lights will show on every panel.
9. Reset main elevator and service elevator; below elevator button, use circle key to turn the switch back on.
10. Over Page All on phones and two-way radios announce "Code Red [location] all clear" 3 times.

### **Systematic Search Procedure**

1. Evacuate resident from immediate danger
2. Remove residents in the rooms on either side of the effected area.
3. Evacuate all other residents past the first set of fire doors.

### **General Principles**

6. Two staff searching: one stands in the hallway while the other searches rooms.
7. Semis: check one room and then go through the bathroom and check the adjoining room. (The staff in the hallway can close the first door, and the searcher closes the second door.)
8. Once a room is checked, close the door and open EvacuCheck.
9. Check any locked utility and storage rooms (and similar areas) as you go.
10. When searching the tub/shower room, enter through the tub room and go through the adjoining bathroom to the shower room and then out the shower room door. (Use the same process as searching semis.)

## **Code White: Violent or Aggressive Situation – Quick Reference**

### **1. Resident Exhibiting Violent Behaviour**

#### **Start of Incident: Staff Member**

1. Use your training to de-escalate the situation.
2. Alert others that assistance is needed by calling out “Code White. [Location].”
3. Staff near the indicated area must respond quickly and apply interventions.
4. Notify the Charge Nurse/Incident Commander.

#### **During Incident: Charge Nurse/Incident Commander**

1. Announce “Code White. [Location]” using the paging system.
2. Respond to the scene and assess the situation.
3. Ensure the safety of others. Ask or assist those who should not be in the immediate area to leave. Ensure dangerous objects are removed from the area.
4. Continue to de-escalate and formulate a coordinated plan of action.
5. Ensure formally trained techniques, such as GPA (gentle, persuasive approaches), are used.
6. Contact a medical team via rounds in necessary..
7. Call 911 if the situation cannot be controlled.
8. Announce “Code White. All clear” when the situation is under control.

### **2. Non-resident Exhibiting Violent Behaviour**

#### **Start of Incident: Staff Member**

1. Use your training to de-escalate the situation.
2. Leave the immediate area if necessary.
3. Alert others that assistance is needed by calling out “Code White. [Location].”
4. Staff near the indicated area must respond quickly.
5. Notify the Charge Nurse/Incident Commander.

#### **During Incident: Charge Nurse/Incident Commander**

1. Announce “Code White. [Location]” using the paging system.
2. Respond to the scene and assess the situation.

3. Ensure the safety of others by asking or assisting them to leave the immediate area. Ensure dangerous objects are removed from the area.
4. Try to de-escalate the situation using formally trained communication techniques. Do not use physical intervention (touching).
5. If the situation cannot be controlled, remove yourself from harm's way. Leave the scene and call 911.
6. Announce "Code White. All clear" when the situation is under control.

## Code Purple: Hostage Taking – Quick Reference

### Charge Nurse/Incident Commander

1. Announce “Code Purple. [Location]. Everyone stay where you are and await further direction.”
2. Establish a Command Centre.
3. Ensure the safety of others in the immediate area.
4. Notify the Fairmount Home Administrator (or On-call Manager after hours).
5. Follow the instructions of the police.
6. If an evacuation is ordered, initiate the Code Green: Evacuation procedure.
7. When the threat is resolved and police have confirmed it is “all clear,” announce “Code Purple. All clear.”
8. Hold a debrief and complete an CDF.
9. Ensure the Fairmount Home Administrator (or On-call Manager after hours) completes an MLTC Critical Incident System Report if a resident is involved in the incident.
10. Ensure the Fairmount Home Administrator (or On-call Manager after hours) communicates with the appropriate stakeholders (such as residents, families, staff, and unions).

### Procedure If You Are Taken Hostage

1. Do what the hostage taker tells you. They may have a weapon and are in charge at this point.
2. Pay close attention to the demeanor of your captor(s). They may be emotionally unbalanced. Be cautious about doing anything that may endanger your health and safety.
3. Try not to speak to the hostage taker unless spoken to, and then only when necessary. Don’t talk down to the captor, as they may be in an agitated state. Avoid appearing hostile.
4. Do NOT show too much emotion. Excessive displays of emotion such as anger or crying can upset the hostage taker.
5. Sit down, if possible. You will appear less threatening in this position.
6. Act relaxed. This can assist in defusing tension. Avoid arguments.
7. Weigh any chances of escape very carefully. In this highly stressful situation, you may not be as well coordinated as normal.
8. Have faith in the police. They will be negotiating carefully for your safe release.

## Fairmount Home Emergency Response Plan

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9. Face your captor eye to eye. Don't stare but try to maintain eye contact – it is harder to hurt someone who is facing you.
10. Be patient. Time is usually on your side. Avoid any drastic action that may upset the hostage taker.
11. Be observant. You may be released or escape. The personal safety of others may depend on your memory when you are asked questions by the authorities.
12. Attempt to establish a rapport with the hostage taker. If medications, first aid, or restroom privileges are needed by anyone, say so. The hostage taker, in all probability, does not want to harm you.

## **Code Brown: Carbon Monoxide – Quick Reference**

### **Charge Nurse/Incident Commander**

**Note:** These procedures may be delegated to the Environmental Services Manager if they are on-site.

1. Announce “Code Brown. Carbon monoxide at [Location].” Repeat the announcement three (3) times.
2. Call 911 for the fire department.
3. Contact the natural gas provider.
4. Contact the HVAC vendor to attend the site.
5. Notify the Fairmount Home Administrator (or On-call Manager after hours).
6. Keep staff and residents away from the affected area.
7. Follow the direction of the fire department.
8. When the situation is resolved, announce “Code Brown. All clear.”
9. Hold a debrief and complete an CDF.

**Code Brown: Hazardous Materials Leak/Spill/Release – Quick Reference**

**Charge Nurse/Incident Commander**

1. Announce "Code Brown. Hazardous materials release at [Location]." Repeat the announcement three (3) times.
2. Determine the name of the spilled or leaking chemical.
3. Call 911 if anyone is, or appears to be, injured or ill as a result of the hazardous materials release. Ensure that the emergency responders are informed of the name of the substance involved.
4. Provide any medical treatment specified in the SDS. (SDS Sheet binders are located at the nursing stations.)
5. Review product labels and Safety Data Sheet to determine if the product is a hazardous material. Note if the material is explosive, flammable, poisonous, corrosive, an oxidizer, infectious, or reactive. If so, special clean-up procedures must be followed. If it is not one of the above, a normal clean-up procedure can occur.
6. Contact Environmental Services for clean-up assistance if needed and ensure they follow procedures.
7. If the spill enters a drain, catch basin, or watercourse, notify the County of Frontenac and the Ministry of the Environment. They may also be contacted if in-house personnel cannot safely deal with the hazard.
8. Coordinate with emergency responders and the Fairmount Home Administrator (or On-call Manager after hours) to determine the need to evacuate the building or part of the building based on the information in the SDS. If an evacuation is necessary, refer to the Code Green: Evacuation procedure.
9. If the material is flammable, eliminate ignition sources.
10. Prevent all non-emergency persons from entering the spill area. Place cones/barriers around the area.
11. Notify the Fairmount Home Administrator.
12. Notify the Workplace Health & Safety Associate.
13. When the situation is resolved, announce "Code Brown. The hazardous spill at [Location] has been resolved."
14. Contact the Ministry of the Environment and the County of Frontenac if the substance entered a drain or water course.
15. Hold a debrief and complete an CDF that includes:
  - a. the name of spilled material and quantity
  - b. the names of anyone requiring medical treatment

- c. the names of external agencies/contractors involved
- d. how the material was disposed of
- e. any preventive measures to take to avoid recurrence

### **Special Clean-up Procedure for Hazardous Materials**

1. Put on the appropriate PPE.
2. Stop any ongoing leaks.
3. Use spill kits to contain and clean up the spill. Portable spill kits and a larger spill kit are maintained by Environmental Services.
4. Protect the drains in the immediate area by covering them with rubber sewer drain covers or surrounding them with spill socks.
5. Scrape up the bulk of the material and put it in an appropriate receptacle (either a plastic bin or garbage bag).
6. Soak up the remainder of the material using an absorbent substance (such as sawdust, Oilsorb, or absorbent pads). The absorbent material must be compatible with the spilled material. Place in garbage bags.
7. Clean the spill/leak area with an appropriate cleaning solution per the applicable SDS.
8. Contact a hazardous waste removal contractor to have the waste removed.

**Note:** The Environmental Services Manager is responsible for maintaining spill kits.

## **Code Brown: Natural Gas Leak – Quick Reference**

### **Charge Nurse/Incident Commander**

1. Use a phone away from the source of the leak and call 911.
2. Announce “Code Brown. The building is experiencing a natural gas leak at [Location].” Repeat the announcement three (3) times.
3. Contact the Fairmount Home Administrator (or On-call Manager after hours).
4. Contact the Environmental Services Manager. If they are not on-site, perform the duties on their checklist.
5. Contact the natural gas service provider.
6. Advise the workplace health and safety committee.
7. Follow directions from the fire department and natural gas service provider.
8. Ensure all staff evacuate the affected area of the building.
9. Refer to the Code Green: Evacuation procedure if needed.
10. When the situation is resolved, announce “Code Brown. The natural gas leak at [Location] has been resolved.”
11. Hold a debrief and complete an CDF.

## **Code Silver: Active Assailant with Weapon/Armed Intrusion – Quick Reference**

### **Charge Nurse/Incident Command**

1. Remain calm.
2. Announce “Code Silver. [Location]. Everyone stay where you are and wait for further direction.” Delegate this activity if necessary.
3. Ensure the safety of others in the immediate area.
4. Notify the Fairmount Home Administrator (or On-call Manager after hours).
5. Ensure that victims receive medical treatment if this can be done without putting anyone else in danger.
6. Follow the instructions of the police.
7. If instructed by the police, ensure staff implement lockdown procedures and remain in lockdown until instructed otherwise.
8. When the threat is resolved, and only after the police confirm everything is “all clear,” announce “Code Silver. All clear.”

If the situation is resolved, and the person with the weapon is a resident, the Incident Commander will lead the following procedures:

1. Support and reassure others, including by offering the staff assistance program.
2. Notify the Fairmount Home Administrator (or On-call Manager after hours).
3. Notify the SDM.
4. Notify the physician.
5. Conduct a RM.
6. Update the POC in the PCC as needed.
7. Complete a RMR in the PCC.
8. Implement follow-up actions (such as changes to treatment).
9. Notify the Health & Safety Associate if staff are involved.
10. Notify the MLTC if there is a critical injury.
11. Notify the Union if staff are involved.
12. Complete an MLTC Critical Incident System Report.
13. Hold a debrief and complete an CDF.

**Note:** If the police advise to shelter in place, hold and secure, or lockdown, see the related procedures.

## **Code Black: Bomb Threat/Suspicious Package – Quick Reference**

### **Charge Nurse/Incident Commander**

1. Call 911 and report a bomb threat or suspicious package.
2. Announce “Code Black.”
3. Notify the Fairmount Home Administrator (or On-call Manager after hours). The Fairmount Home Administrator (or On-call Manager after hours) will contact the County of Frontenac CAO.
4. If dealing with a bomb threat: Coordinate a search for a suspicious package with the RNs and staff. Search all areas in and around the building.
5. If dealing with a suspicious package that was found: Attempt to establish ownership.
6. Coordinate emergency response efforts with the police/bomb squad and fire department. These authorities will lead the situation and provide direction.
7. If an evacuation is required, refer to the Code Green: Evacuation procedure. If an evacuation is necessary, it should not be initiated until the evacuation route has been searched and confirmed to be safe.
8. When the threat is resolved, announce “Code Black. All clear.” Repeat the announcement three (3) times.
9. Complete an MLTC Critical Incident System Report after the situation is resolved.
10. Hold a debrief and complete an CDF.

**Note:** The normal building occupants can make the most effective and fastest search of a building, as they are the ones who will know if a box, briefcase, or other similar item belongs in the facility.

Refer to Annex G for a copy of the bomb threat checklist.

### **Code Grey: Button Down/External Air Exclusion – Quick Reference**

#### **All Staff**

1. Contact Emergency Services at 911 if required. Notify the Fairmount Home Administrator (or On-call Manager after hours), Environmental Services Manager, and Director of Care.

**Note:** The decision to shut down the air-handling units that bring fresh air into the building can only be made by emergency crews (fire or police), the Fairmount Home Administrator (or On-call Manager after hours), the Environmental Services Manager, and the Manager of Environmental Services (or designate).

#### **Registered Nurses/Registered Practical Nurses**

1. Ensure the residents' temperatures and building temperatures are monitored.

## **Code Grey: Loss of Computer Network – Quick Reference**

### **Charge Nurse/Incident Commander**

1. Call after-hours IT support to report the problem.
2. Announce “Code Grey. The building is experiencing a loss of computer network service.” Repeat the announcement three (3) times. If the announcement cannot be made via the PA/communication system, verbally inform staff of the situation.
3. Inform the Fairmount Home Administrator (or On-call Manager after hours).
4. Test to see if access to the PCC is available.
5. Print all paper MARs and TARs from Oak Meadows back-up computer.
6. Print blank POC tasks and progress notes for each Home Area.
7. Ensure staff use manual documentation methods.
8. Complete a Critical Incident System Report.
9. When service resumes, announce “Code Grey. Computer network service is restored.” Repeat the announcement three (3) times.

### **Code Grey: Loss of Elevator Service – Quick Reference**

#### **Environmental Services/Charge Nurse/Incident Commander**

1. Call the elevator service company and provide them with the Fairmount Home's location and the affected elevator's number and location. Advise if there are trapped occupants. Obtain the estimated arrival time for an elevator technician.
2. Determine where the elevator is stopped (if possible).
3. Do not attempt to open the elevator doors.
4. Advise the On-call Manager.
5. Determine if the problem affects all elevators; lock down the remaining elevators, if required. Retrieve the operating keys from the elevator lock box in the photocopy room. Each elevator is independent.
6. Consider diverting/delaying deliveries to other floors.
7. Communicate with the trapped occupant(s): Advise the occupants to remain calm and not panic.
8. Ask the trapped occupant(s) if anyone needs immediate medical assistance.
9. If the trapped occupant is a resident and you cannot confirm who it is, designate staff to check the Fairmount Home sign-out binder.
10. If the trapped occupants are in serious distress, call the fire department or 911 for assistance.
11. Estimate the elevator technician's arrival time.
12. Advise staff and the trapped occupants not to attempt to pry or force the elevator doors open.
13. Ensure the elevator is taken out of service until the necessary repairs are made and an "out of service" notice is posted.
14. If the trapped occupant is a resident, have the Charge Nurse contact the resident's SDM and document the incident in PCC.
15. If a resident is trapped, complete an MLTC Critical Incident System Report.
16. If no one is trapped and the elevator is inoperable for longer than 6 hours, complete an MLTC Critical Incident System Report.

**Note:** If all elevators are out of service, the stairwells must be used, and meal service/deliveries will be affected.

**Code Grey: Loss of Freezer/Refrigerator – Quick Reference**

**Staff Procedures**

**All Staff**

1. Advise the Dietary Supervisor immediately if a refrigerator or freezer is not functioning or not maintaining the required temperature.

## **Code Grey: Loss of Natural Gas – Quick Reference**

### **Charge Nurse/Incident Commander**

1. Announce “Code Grey. The building is experiencing a loss of natural gas supply.” Repeat the announcement three (3) times.
2. Inform the Fairmount Home Administrator (or On-call Manager after hours).
3. Inform the Environmental Services Manager.
4. Initiate a Command Centre.
5. Advise the Workplace Health & Safety Associate and the manager representative of the joint health and safety committee.

### **Staff Procedures: Natural Gas Restore**

### **Charge Nurse/Incident Commander**

1. Announce “Code Grey. Loss of natural gas. All clear.” Repeat the announcement three (3) times.
2. Notify the Fairmount Home Administrator (or On-call Manager after hours) and the Environmental Services Manager (or designate).
3. Obtain confirmation from the natural gas provider that it is safe to turn on all gas valves and use all equipment.
4. Contact the HVAC vendor to ensure the gas-fired equipment is operating correctly and safely.
5. Hold a debrief and complete an CDF.

## **Code Grey: Loss of Telephone Service – Quick Reference**

### **Charge Nurse/Incident Commander**

1. Announce “Code Grey. The building is experiencing a loss of telephone service.” Repeat the announcement three (3) times.
2. Notify after-hours IT support about the loss of service.
3. Appoint one staff member to be responsible for receiving incoming calls on the cell phone and delivering messages.
4. Work with on-key messages for external contacts under the guidance of the Fairmount Home Administrator.
5. If the telephones are inoperable for more than 6 hours, complete an MLTC Critical Incident System Report.
6. When service resumes, announce “Code Grey. Telephone service is restored.” Repeat the announcement three (3) times.
7. Hold a debrief and complete an CDF.

### **Complete Communications System Failure**

All staff will be asked to test their personal cell phones to see if any are functioning.

If Fairmount Home loses any communications, the IT department, the On-call Manager after hours, and the Director of Care must be contacted immediately. Do not use email. After-hours numbers are posted at each work area. The after-hours IT number can be found in the nurse quick-reference book.

The RN will attempt to notify the family members of the end-of-life residents that the phone system is down and provide them with the RN’s cell phone number.

If all communications are lost, the Fairmount Home Administrator (or On-call Manager after hours) will immediately contact the County of Frontenac CAO.

Until communications are restored, staff members shall be sent should there be a need to contact the pharmacy, physicians, family members, or other urgent contacts.

Until communications are restored, or alternate arrangements are made, staff members shall be sent should there be a need to contact fire, police, EMS, or hospital services.

## **Code Grey: Loss of Water – Quick Reference**

### **Charge Nurse/Incident Commander**

1. Announce “Code Grey. The building is experiencing a loss of water supply.” Repeat the announcement three (3) times.
2. Notify the On-call Manager after hours.
3. Notify Public Health.
4. Notify the Environmental Services Manager.
5. Initiate a Command Centre.
6. Report the loss to the County of Frontenac.
7. Advise the Workplace Health & Safety Associate and the manager representative of the joint health and safety committee.
8. If the loss of water supply becomes prolonged, work with staff to inform the residents’ contacts to arrange for alternate living arrangements.
9. Pause all active and outdoor extracurricular activities with residents.

### **Registered Nurses/Registered Practical Nurses**

1. Communicate with the residents.
2. Restrict bathing and showering.
3. Don’t flush toilets. Place garbage bags in the toilets.
4. Use disposable products wherever possible.
5. Inventory the incontinence products and determine if rationing is required.
6. Use hand sanitizer and wipes until hand washing can be restored.

### **Staff Procedures: Water Restore**

#### **Charge Nurse/Incident Commander**

1. Announce “Code Grey. Loss of water. All clear.” Repeat the announcement three (3) times.
2. Advise the On-call Manager after hours.
3. Hold a debrief and complete an CDF.

## **Staff Procedures: Boil Water Advisory**

### **Charge Nurse/Incident Commander**

1. Work with Environmental Services staff to shut off the building's water supply.  
**(Note:** The water supply may need to be maintained or re-connected to allow the Dietary Supervisor/Dietary Staff to access water for boiling.)
2. Follow the Code Grey: Loss of Water procedure.
3. Ensure all building occupants have been notified of the advisory.

**Code Grey: Magnetic Lock Failure – Quick Reference**

**All Staff**

1. Contact IT staff.
2. Visually check each resident every 15 minutes and ensure a watch is kept on all exits. Staff will be transferred from other work areas to keep watch on the exit doors on the secure RHA.
3. Signage will be posted on the main entrance doors to the secure home area letting visitors and staff know that the magnetic lock system is not working and that they should not allow anyone out of the Fairmount Home area unless approved by staff working in that area.

## Code Grey: Power Failure – Quick Reference

### Special Notes

- All long-term care homes have an emergency backup generator to provide power to critical equipment. When the power fails in the facility, there is a short delay (up to 20 seconds) until the generator powers on. It may be necessary to turn the equipment back on after the generator starts.
- If a power failure occurs, maintenance staff will be called immediately.
- If the hydro goes off, the generator should start immediately. Diesel is available from the supplier listed in the RN quick reference emergency contacts list.
- When the generator starts, an RN (or designate) will need to reset all magnetic locks.
- Residents who require oxygen concentrators will need to have a concentrator plugged into a red outlet. Specialized air mattresses will also need to be plugged into a red outlet.
- There is a supply of emergency power cords in the emergency box in the RN storage room. These cords are to be used to temporarily plug electronics into the red outlets for the purpose of raising/lowering the bed to facilitate the transfer of a resident into or out of their bed. Extension cords are to be taped securely.
- Please ensure all window shades are open to allow for maximum lighting during the day if the weather is not too cold. Snake lights, flashlights, and an emergency supply of batteries are available from the main office, maintenance staff, and the RN.
- The Manager of Food Services will activate all or part of Fairmount Home's food service emergency contingency plans as necessary (see Annex H).
- Lifts will need to be recharged by plugging them into a red outlet. Staff elevator use will be confined to work or physical accommodation purposes only.
- As there is only one washer and one dryer on generator backup, beds will not be changed unless necessary. The residents' clothing will be changed when required.
- The nursing staff will review the bath lists to ensure residents on each floor have access to a bath or shower according to their preference. The tubs on the building's north side are operational on the generator.
- Electronic pen ordering for medications must be faxed.
- The pay swipes system will not be operational, so staff must complete verification forms.

## **Staff Procedures: Backup Generator Operational**

### **Charge Nurse/Incident Commander**

1. Announce “Code Grey. There is a power outage.” Repeat the announcement three (3) times.
2. If the PA/call system is not working, call Code Grey verbally.
3. Notify the On-call Manager. The On-call Manager will contact the Fairmount Home Administrator, who will then consider initiating the IMS Command Staff and General Staff.
4. Initiate a Command Centre.
5. Advise the Workplace Health & Safety Associate (where the outage is extended).
6. If the power failure becomes prolonged, work with staff to inform the residents’ contacts to arrange for alternate living arrangements.
7. Initiate other Code Grey emergency procedures where equipment was impacted (if necessary).

### **Registered Nurses/Registered Practical Nurses**

1. Communicate with residents and help them all stay calm.
2. Check the residents’ rooms to ensure that critical pieces of equipment (such as oxygen concentrators, feed tubes, and air mattresses) are plugged into active electrical outlets (red outlets).
3. Keep the windows and blinds closed to maintain the room’s temperature if it is very hot or cold outdoors.
4. Check the temperature of the vaccine/medication fridges and follow public health procedures. Ensure the fridges are running.
5. Obtain flashlights if the lighting is impacted.

## **Staff Procedures: Full Generator Failure/Extended Loss of Power**

### **General Note**

If the generator does not start during a power failure, or if it stops operating at any point, the following actions are required in addition to the procedures listed above. All procedures will be directed by the Incident Commander.

If there is a full generator failure or extended loss of power, the facility will be in complete darkness and:

- medical equipment that requires plug-in power will not operate

- elevators will be inoperable
- heating and air conditioning will be unavailable
- computers and phones will not work (unless laptops have battery power)
- the nurse call system, roam alert, and door security will be inoperable
- kitchen equipment such as exhaust hoods and fridges/freezers will be without power
- the PA system will be inoperable (for announcements)
- sump pumps may be affected
- fire alarm system/sprinklers may be affected

In this scenario, the IMS Command Staff and General Staff should be initiated.

### **All Staff**

1. Report to the Command Centre and act as directed by the Incident Commander.
2. Monitor all stairwells and exits.

### **Registered Nurses/Registered Practical Nurses**

1. Check elevators to make sure no one is stuck.
2. Conduct a census by floor every 30 minutes and report any missing residents to the Command Centre.
3. Review and manage all special care needs.
4. Use gravity flow and flex timing to feed residents requiring tube feeds.
5. Use portable backups for oxygen and contact the vendor for an extra supply.
6. Use a landline or cell phone to call in medication orders if required.

### **Staff Procedures: Power Restore**

#### **Charge Nurse/Incident Commander**

1. Notify the On-call Manager after hours.
2. Direct the RNs to check the equipment in their area to ensure the equipment is operating.
3. Direct staff to test all doors to ensure they are secure.
4. Complete an MLTC Critical Incident System Report within one business day of the incident.

**Code Grey: Roam Alert Failure – Quick Reference**

**Registered Nurses/Registered Practical Nurses**

1. Contact IT staff. If the IT staff cannot be reached, contact RNA Wireless.
2. Notify the reception desk, Fairmount Home Administrator (or On-call Manager after hours), and the Director of Care.

### **Code Grey: Structural Collapse – Quick Reference**

#### **Charge Nurse/Incident Commander**

1. Call 911 if there is a threat to life safety.
2. Announce “Code Grey. Building damage [or] Roof collapse [Floor/wing/area of damage].” Repeat the announcement three (3) times.
3. Determine if anyone has been injured. If so, ensure that staff members provide treatment accordingly.
4. Notify the Fairmount Home Administrator (or On-call Manager after hours).
5. Notify the Workplace Health and Safety Associate.
6. Ensure that staff evacuate the affected area of the building. Refer to the Code Green: Evacuation procedure if required.

## **Code Grey: System Failure – Quick Reference**

### **Staff Procedures**

#### **All Staff**

1. Remain calm.
2. Notify the Environmental Services Manager/Charge Nurse.
3. Await further direction and instructions.
4. Call 911 if there is an immediate risk to life safety.
5. Refer to the emergency response procedures for each system. Some system failures require immediate communication with the MLTC.

## **Code Blue: Medical Emergency – Quick Reference**

### **Registered Nurses/Registered Practical Nurses/Incident Commander**

1. Confirm the code status for the resident.
2. Upon arrival with the Code Blue cart/kit and AED, the resident home area RN/RPN will take charge of the situation, initiate the appropriate clinical response(s), and delegate to other staff members any functions to be carried out. Actions include:
  - a. Call 911 and explain the emergency and the location, including the floor number and room location.
  - b. Assign a staff member to meet the emergency responders at the front entrance.
  - c. Assign a staff member to prepare transfer documents for the EMS.
  - d. Provide detailed reports to the emergency responders.
3. Notify the resident's caregiver/SDM and physician.
4. Complete a RMR in the PCC, including the type of care, treatment, and medication delivered.

### **Staff Procedures: Clearing a Code Blue**

#### **Charge Nurse/Incident Commander**

Once the situation is stabilized:

1. Announce “Code Blue. All Clear.”
2. Notify the DOC to complete the MLTC Critical Incident System Report if applicable.
3. Ensure the Code Blue cart/kit is disinfected and replenished.
4. Update the resident’s POC in their PCC if applicable.
5. Hold a debrief and complete an CDF.

## Annex K: List of Definitions

**Code Debrief Form (CDF):** Code Debrief Forms document the performance of tasks and, where necessary, make recommendations for improvements. An CDF is completed as part of demobilization and may include the recording and reporting of lessons learned.

**Assessment:** The evaluation and interpretation of measurements and other information to provide a basis for decision-making.

**Assignments:** Tasks given to resources to perform within a given Operational Period based on operational objectives defined in the Incident Action Plan (IAP).

**Assisting Organization:** An organization providing personnel, services, or other resources to the organization with direct responsibility for incident management. See also Supporting Organization.

**Available Resources:** Resources assigned to an incident, checked in, and available for a mission assignment, normally located in a Staging Area.

**Base:** The location from which primary logistical and administrative functions are coordinated. This may include essential auxiliary support, such as food, sleeping and repair facilities. There is only one base per incident. Personnel and equipment at the base are always “out of service” and unavailable for assignment.

**Briefing:** A full briefing may include the following:

- presentations on the status of the incident
- the current incident action plan
- updates about progress towards objectives, resources already committed, resources requested
- forecasts
- recommendations

**Chain of Command:** A series of command, control, executive, or management positions in the hierarchical order of an authority.

**Check-In:** All operational resources must check in on arrival at an incident. This may be as simple as announcing a unit’s arrival by radio, approaching the Incident Commander, or completing a sign-in sheet. At complex incidents, check-in staff may be assigned, and a variety of check-in locations may be established.

**Chief:** The Incident Management System (IMS) title for individuals responsible for the management of functional sections. The IMS sections are Operations, Planning,

Logistics, Finance/Administration, and Intelligence (if established as a separate section).

**Command Staff:** In an incident management organization, the Command Staff comprises an Emergency Information Officer, Safety Officer, Liaison Officer, and other positions as required. These positions report directly to the Incident Commander, and they may have assistants (as needed).

**Command Post:** A command post is a hub established for communications at the emergency site for any agencies who respond to an incident. The command post can be an area designated by the Incident Commander and could include a portable structure or vehicle outside of the building.

**Designate:** A designate is a fully qualified individual who, in the absence of a superior, can be delegated the authority to manage a functional operation or perform a specific task. In some cases, a designate can act as relief for a superior and, therefore, must be fully qualified in the position.

**Dispatch:** (1) The ordered movement of a resource or resources to an assigned operational mission or (2) an administrative move from one location to another.

**Emergency Operations Centre:** The County Administration (Frontenac Room) will be used for the emergency operations centre. The alternate location will be the EMS station at Fortune Crescent.

**Emergency Control Group (ECG):** The ECG directs a community's overall strategic response to an emergency. Each municipality and many First Nations communities have an ECG. The ECG does not typically exercise command functions and instead oversees this delegated authority and acts to support Incident Command from its own emergency operations centre (EOC). The coordinating and supporting roles of an ECG are critical when there are multiple related incidents.

When the Incident Commander wants to get ahead of an incident and ensure that additional resources, which take time to arrive, will be available when needed, they brief the Community Emergency Management Coordinator (CEMC) and County CAO (by phone) on the situation and suggests alerting the Emergency Control Group (ECG).

**Emergency:** A situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property and that is caused by the forces of nature, a disease or other health risks, an accident, or an act, whether intentional or otherwise.

**Emergency Exercises:** The testing of an emergency response plan that includes a review of the exercise results to improve the plan's effectiveness. The different types of exercises are classified as follows:

- Full-scale exercise: Assembling and using all the resources that would be available and used in a real emergency. The type of emergency may be either a Code Red (fire), a Code Black (bomb threat) leading to an evacuation or outbreak, or Code Orange (severe weather or community disaster) incident causing significant shutdown or damage.
- Speciality exercise: These are exercises involving the response of one or more agencies, such as a Code Black (bomb threat), Code Purple (hostage taking), Code Brown (in-facility hazardous spill), and Code Blue (medical emergency).
- Minor exercise: An exercise requiring the participation of only key representatives of the involved agencies in the emergency response plan. It is usually a paper exercise or an exercise with only the key participants at the scene; in either case, this type of exercise is designed to familiarize participants with the procedures or measures needed to deal with an emergency.
- Communication exercise: The actual testing of communication equipment by using it in a simulated situation. Such a test will verify the list of participants and their telephone numbers and ensure that all communication equipment is serviceable.

**Emergency Information (EI):** Information about an emergency that is disseminated primarily in anticipation of an emergency or during an emergency. EI provides situational information to the public, and it also frequently includes directive actions the public is required to take.

**Emergency Information Centre (EIC) and Joint EIC:** A facility specifically designated and adequately equipped from which a community will coordinate emergency information activities such as press releases, receiving public queries, media briefings, and monitoring. As frequently as feasible, an emergency information facility should be set up on a joint basis to accommodate the interests of involved responder organizations. Typically, this would be a joint emergency information centre (Joint EIC), which is established as per an EIC.

**Emergency Information Officer (EIO):** A member of the Command Staff responsible for interacting with the public and media or other agencies and providing incident-related information requirements.

**Emergency Response Plan (ERP):** The established procedures and guidelines for coordinating the response to any emergencies requiring internal coordination or the coordination of services with other agencies in the surrounding community to mediate emergencies that occur at a facility or its vicinity.

**Event:** A planned, non-emergency activity. The IMS can be used as the management system for a wide range of events, including parades, concerts, or sporting events.

**Finance/Administration Section and Finance/Administration Section Chief:** This section provides financial and cost analysis support to an incident. The person heading it is the Finance/Administration Section Chief.

**Full Emergency Standby:** Attendance at an emergency scene and preparedness to respond at the necessary level.

**Full-scale Emergency:** The assembly and deployment of all the community organizations and other resources identified in the emergency response plan as being available for use in an emergency.

**Function:** Refers to the five major activities in the IMS: Command, Operations, Planning, Logistics, and Finance/Administration. The term “function” is also used when describing the activity involved (such as the planning function).

**General Staff:** A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

**Group:** An organizational component within the Operations Section that is structured by function under the leadership of a supervisor.

**Incident:** An occurrence or event, either natural or manmade, which requires action by emergency response personnel to prevent or minimize injury, loss of life, or damage to property or natural resources.

**Incident Action:** The actions that were taken by the first responders to arrive at an incident site.

**Incident Action Plan (IAP):** Every incident must have an IAP. An IAP may be spoken or written, and it must provide all incident supervisory personnel with objectives and the strategies, tactics, and directions needed to achieve them. It may also include (among others) resources and structures, as well as safety, medical, and telecommunications instructions. An IAP is for a specific time and may be revised within that operational period as necessary.

**Incident Command Post (ICP):** The location from which the Incident Commander oversees incident management. It is the headquarters of Incident Command only. There is only one ICP per incident. An area inside the building, a room or outside the building (such as a vehicle, trailer, or tent), or an adjacent building may serve as the ICP, according to what is available and appropriate. The ICP may change locations during an incident.

**Incident Management System (IMS):** A standardized approach to emergency management that comprises personnel, facilities, equipment, procedures, and

communications operating within a common organizational structure. The IMS is based on the understanding that there are certain management functions that must be carried out during every incident, regardless of the number of persons who are available or involved in the emergency response.

**Incident Objectives:** Statements of guidance and the direction necessary for selecting the appropriate strategy and the tactical direction of resources. Incident objectives are based on realistic expectations of what can be accomplished when allocated resources have been effectively deployed. Incident objectives must be achievable and measurable yet flexible enough to allow strategic and tactical alternatives.

**Initial Response:** The resources initially committed to an incident.

**Liaison:** A form of communication for establishing and maintaining mutual understanding and cooperation.

**Liaison Officer:** A member of the Command Staff responsible for coordinating with representatives from supporting and assisting agencies.

**Logistics:** Providing resources and other services to support incident management.

**Logistics Section/Logistics Section Chief:** The section responsible for providing facilities, services, and material support for the incident. The person heading it is the Logistics Section Chief.

**Mobile Command Post:** A point, place, or vehicle where responding agencies are briefed by the Site IC as they arrive on the scene and from which the Site IC assumes control of the emergency.

**Mobilization:** The process and procedures used by all organizations for activating, assembling, and transporting all resources requested to respond to an incident.

**Multi-jurisdictional Incident:** An incident requiring action from multiple organizations that each have jurisdiction to manage certain aspects of an incident. In the IMS structure, these incidents may be managed under Unified Command.

**Non-Governmental Organization (NGO):** An entity with an association that is based on the interests of its members, individuals, or institutions and that is not created by a government but may work cooperatively with governments. Such organizations serve a public purpose, not a private benefit. Examples include, but are not limited to, the Canadian Red Cross, St. John Ambulance, and faith-based charitable organizations, such as the Salvation Army.

**Operational Briefing:** A meeting attended by all supervisory personnel during which the incident action plan is distributed, tasks are formally assigned, and questions are asked and answered.

**Operational Period:** The time scheduled for executing a given set of actions specified in the incident action plan. Operational periods can be of various lengths; usually, they do not last more than 24 hours.

**Operations Section/Operations Section Chief:** The section responsible for all tactical incident operations. The IMS usually includes subordinate branches, divisions, or groups. The person heading this section is the Operations Section Chief.

**Perimeter (inner and outer):** During an emergency, security elements will maintain a security line around the facility, through which access is restricted to only those agencies and personnel that can assist with the emergency. The inner perimeter, when required, will be just outside the main entrance. The outer perimeter is usually the entrance to the property.

**Personnel Accountability:** The ability to account for the location and welfare of incident personnel. It is accomplished when supervisors ensure that IMS principles and processes are functional and that personnel are working within established incident management guidelines.

**Planning Meeting:** A meeting held, as needed, before and throughout the duration of an incident to select specific strategies and tactics for incident control operations and for services and support planning. For larger incidents, the planning meeting is a major element in developing the incident action plan.

**Private Sector:** Organizations and entities that are not part of any governmental structure. It includes for-profit and not-for-profit organizations, formal and informal structures, commercial and industrial organizations, and private voluntary organizations.

**Processes:** Systems of operations that incorporate standardized procedures, methodologies, and functions necessary to provide resources effectively and efficiently. These include resource typing, resource ordering and tracking, and coordination.

**Resource Management:** Efficient incident management requires a system for identifying available resources at all levels to enable timely and unimpeded access to resources needed to prepare for, respond to, or recover from an incident. Resource management under the IMS includes mutual aid/mutual assistance agreements and resource mobilization protocols.

**Resources:** Resources are personnel and major items of equipment, supplies, and facilities available for assignment to incident operations and for which status is maintained. Resources are described by kind and type and may be used in operational or support capacities.

**Responder:** Anyone involved with the response to an incident and therefore contributing to the resolution of the problems brought about by the incident.

**Response:** Activities that address the short-term, direct effects of an incident. The response includes immediate actions to save lives, protect property, and meet basic human needs. The response also includes the execution of emergency operations plans and mitigation activities designed to limit the loss of life, personal injury, property damage, and other unfavourable outcomes.

**Restricted Area:** Any area to which access is granted only to authorized persons. Restricted areas will be marked as such.

**Safety Officer:** A member of the Command Staff responsible for monitoring and assessing safety hazards or unsafe situations and developing measures for ensuring personnel safety.

**Schematic Drawings:** A plan of the facility and site that notes the location of exits and other emergency equipment and locations.

**Section:** The organizational level that has responsibility for a major functional area of incident management, such as Operations, Planning, Logistics, Finance/Administration, and Intelligence (if established). The section is organizationally situated between the Branch and the Incident Command.

**Sector:** An organizational level within the Operations Section, directly below a division or group, which is activated during large incidents where the span of control would otherwise be exceeded at the division or group level. A sector may be geographic or functional.

**Single Command Model:** This is the most common command model. It exists when incident decision-making (as it relates to directing, ordering, or controlling the response to an incident) is straightforward and independent. An incident or code that does not require any resources from outside the impacted facility would use the Single Command model. A Single Command model is usually followed when (a) only one organization or jurisdiction is involved; (b) multiple jurisdictions or organizations involved in decision-making agree to follow this model; (c) if the responsibility is legally that of one jurisdiction or organization.

**Site:** Site refers to the geographic area in which an incident is occurring. It has also been noted above that an incident may be geographically dispersed, and changing, in which case it may be inaccurate to describe the incident itself with specific geographic boundaries. However, it would be feasible to describe the response to the incident in terms of the geographic boundaries that fall under the jurisdiction of the team managing the response. An incident site can be the geographic area in which the management team with the most direct hands-on response roles operates.

**Staging Area:** A temporary location where “available” personnel and equipment wait to be assigned. It avoids “freelancing.” A staging area may include feeding, fuelling, and sanitation services. More than one staging area can be set up to meet specific

functions, such as EMS, fire, and public works. Each staging area should have a manager.

**Strategy:** The general direction selected to accomplish incident objectives set by the Incident Commander.

**Supporting Organization:** An organization that provides support services to the organization directly responsible for incident management but not providing any direct support to the incident. See also Assisting Organization.

**Tagging:** The method used to identify casualties requiring immediate care, delayed care, minor care, or as being deceased.

**Task Force:** An organizational component of mixed resources assembled for a particular purpose under the supervision of a leader. All resources within a task force must have common communications (such as being able to use the same radio frequencies).

**Threat:** An indication of possible violence, harm, or danger.

**Transfer of Incident Command:** A transfer of command occurs when (1) the type or scale of an incident has expanded beyond the authority or training of the in-place person, team, or level or (2) the type or scale of an incident has contracted within the capability of another person, team, or level. A transfer of command happens on direction from a senior person with the requisite organizational, municipal, provincial, or federal authority.

**Transportation Officer:** A person responsible for the coordination of transportation requirements of all agencies responding to the scene of an emergency.

**Triage:** The sorting and classifying of casualties to determine the order of priority for treatment and transportation.

**Triage Area:** An area that has been identified as safe for EMS personnel to work in by the Incident Commander to prioritize patients for transfer to either the hospital or the treatment area. Patients are then moved to the collection area.

**Unit:** The organizational element having functional responsibility for a specific incident's planning, logistics, or finance/administration activity. The term "unit" is used to establish and differentiate these pre-scripted functions from the incident-determined functions of the Operations Section.

**Unity of Command:** Each person, at every level, reports to only one clearly designated supervisor, who may or may not come from the same service or jurisdiction. This provides orderly lines of command and accountability from individual responders up through supervisory personnel to the Incident Commander.

**Unified Command:** Unified Command allows decisions to be made jointly by two or more jurisdictions that each have legal responsibilities regarding an incident. Incident Command does not automatically become Unified Command because of the involvement of more than one jurisdiction. Rather, Unified Command is required when incident management requires decision-making to come from more than one jurisdiction. Once joint decisions have been made, one member is identified to speak for the Unified Command team.