

Emergency Preparedness Plan MASTER 2022



234 Cook Street | Barrie, Ontario | L4M 4H5
www.grovetparkhome.on.ca

FORWARD

Emergencies can strike at any time and any location. An emergency can range from the loss of utilities to a fire or tornado. The emergency need not be within the facility to create a risk for our residents, clients and staff. External incidents such as chemical spills or police incidents can have an impact on our facility. Even emergencies at other facilities will create disruptions at Grove Park Home as we attempt to assist and accommodate their needs.

Pre-planning, testing and staff familiarity with their roles is essential in providing a response to minimize the impact of an emergency. This manual is the result of a risk assessment and preparation to deal with the most common risks. The principles within the manual can be used to respond to any incident whether or not it is specifically addressed.

The core purpose of this manual is to:

- Protect the health and safety of our residents, clients and staff of Grove Park Home.
- Minimize the inconvenience of any emergency to the residents, clients and staff of Grove Park Home.
- Minimize the damage to the Home and contents.
- Ensure continued operation as a Long-Term Care Facility.
- Recognize Grove Park Home's responsibility to the community we serve.

RN Charge Nurse Actives/Declares Emergency

In the initial stages of any emergency/incident the RN Charge Nurse is responsible for activating, declaring, and carrying out of the emergency response. All staff are to respond to their direction. In the event that there is an incident that has the luxury of time to work with (e.g. major snow storm, accepting residents from another facility, etc.), an Emergency Control Group, made up of the Administrator, Department Managers and others as appropriate to the situation, will co-ordinate the response.

Declaration that an Emergency is Over

The declaration that an emergency is over and that the home can begin to resume normal operations is to be made by appropriate emergency authorities.

Staff Training

As per the *Fixing Long Term Care Act and Regulations 2021* (FLTCA) all newly hired staff, volunteers and students shall receive training on emergency procedures, including their roles and responsibilities, prior to performing their responsibilities. All staff, volunteers and students shall receive annual training on emergency procedures/codes thereafter (as per FLTCA).

Drills/Exercises

Fire drills are conducted on each shift monthly and staff attendance documented. Drills for all other emergency procedures are to be conducted annually (as per FLTCA).

Staff Roles and Responsibilities

All staff, volunteers, and students are to be trained on their roles and responsibilities related to specific emergencies and are expected to carry out those roles during an emergency. Staff, volunteer and student responsibilities are detailed in specific emergency/code policies and procedures.

Paul Taylor
Administrator

Reviewed: June 2022, July 2022

Emergency Plan

Note: other than red, green, yellow, black, white and blue the code colours are used for simplicity and consistency of the policy and procedure; not staff memory

General (applies to all situations in various degrees):

1. Plan Activation –

- a. **Code Red** – Fire – announced by an employee (normally Aspen RPN) who reads the annunciator panel when the fire alarm has been triggered. See the fire plan for locations of these panels. Using the overhead paging system this person will announce “Code Red and the location indicated on the panel.” (2 times)
- b. **Code Green** – Evacuation – the decision for an emergency evacuation is made by the charge nurse in collaboration with management and fire, ambulance or police services on site. The RN or someone designated by the RN will:
 - i. if a total evacuation of the building – announce “Code Green Grove Park Home” (3 times)
 - ii. if evacuating one wing – announce “Code Green and the name of the wing” (3 times)
- c. **Code Yellow** – Missing Resident – a staff member who notices a resident is missing will immediately initiate a search of the unit including a check of the log and questioning other staff and residents. If not found within 5 minutes the RN will be informed. The RN will immediately have a Code Yellow announced that includes the name of the resident (2 times)
- d. **Code Black** – Bomb Threat – The staff who receives information of the bomb will:
 - i. if the wing is identified – announce “Code Black and the name of the wing” (2 times)
 - ii. if a non-specific location – announce “Code Black Grove Park Home” (2 times)
- e. **Code White** – Violence – the staff member identifying a violent crisis will announce or have announced “Code White and the name of the wing” (2 times)
- f. **Code Blue** – Medical Emergency – refers to cardiac or respiratory arrest. A person who witnesses or discovers a medical emergency event will page or have paged “Code Blue RN to location STAT” (2 times).
- g. **Code Grey** – loss of essential services – extended loss of hydro, water, heat etc. For hydro this would only refer to incidents when the generator failed to supply emergency power. The person who learns of such an event will inform the senior person in the building. The administrator or his/her designate will be called and take over responsibility for coordinating the Home’s emergency response.

- h. **Code Brown** – chemical spills – all chemicals at GPH have only a local risk. The person who discovers a spill will take responsibility to see that the area is protected until it is cleaned up or another person takes responsibility for the spill. Depending on the nature of the chemical and the severity of the spill it may be cleaned up by: the person who discovered it, housekeeping or maintenance. If necessary the person who discovers the spill will make sure the appropriate staff assistance is requested.
 - i. Should there be a major chemical spill on the grounds or adjacent streets that may put the Home at risk the RN and the Administrator or his/her designate will be called as soon as the risk is identified.
 - ii. The potential exists for a more far ranging spill that might impact the Home. This could come from an accident on the 400 highway resulting in a wind blown hazard. Such an incident would require the above response.
- i. **Code Orange** – community disaster – as soon as notification is received that the Home will be an evacuation centre the RN and the Administrator or his/her designate will be called by the person who received the notification.

2. Lines of Authority

- a. When an emergency code is called the RN Charge Nurse assumes internal responsibility for the Home and for giving direction to the staff.
- b. In the case of a prolonged emergency situation the Administrator and Managers will gradually assume their natural responsibilities to allow the RN Charge Nurse to focus on resident care.
- c. Throughout the emergency situation all lines of authority (other than that described above) will continue as normal.

3. Communications

- a. The RN Charge Nurse will make the decision to implement the fan out list.
 - i. the administrator and/or his designate will determine if it should be short list fan out or a full fan out; if contact with these senior leaders is not possible the RN will decide if a full fan out is required.
- b. The RN will direct calls to outside agencies if they are an immediate requirement (e.g. 9-1-1). Other than that, the leadership team will determine what calls need to be made and when.
- c. The administrator or his/her designate is always responsible for communication with the Board of Directors, the government, other outside agencies or the public.
- d. The administrator or his/her designate are on 24 hour call; home and cell phone numbers are on record with the RN.
- e. Either the Director of Care or the Assistant Director of Care are always on call with home and cell phone numbers available to the RN
- f. The Home's fan out list is reviewed and updated quarterly.
- g. Communication will be carried out using the most effective, efficient method: overhead paging system, phones, cell phones, email or personal messenger

4. Staff Responses to Emergency Codes

- a. Codes red, yellow, green and black the staff will respond as directed by the Fire Plan.
- b. Code White – violence – registered staff (RN & RPN), maintenance and managers will report to the specified area. All other staff will remain on their unit or go back to their unit unless they are in an activity with residents in which case they will stay with their residents. Admin staff will monitor the front entrance.
- c. Code Blue – medical emergency – all RN's in the building will respond.
- d. Code Grey, Brown and Orange – staff will respond as directed through overhead page, phone or other direct contact.

5. Testing and Record Keeping

- a. There will be tests of following codes at least annually as per Regulation 268 (10) (a)
 - i. loss of essential service
 - ii. fire
 - iii. situations involving a missing resident
 - iv. medical emergencies
 - v. violent outbursts
 - vi. gas leaks
 - vii. natural disasters
 - viii. extreme weather events
 - ix. boil water advisories
 - x. outbreaks of communicable disease
 - xi. outbreaks of a disease of public health significance
 - xii. epidemics
 - xiii. pandemics
 - xiv. floods
 - xv. boiled water advisory
- b. These codes will be tested at least every three years
 - i. evacuation – this will be a planned test including community partners
 - ii. community disaster
 - iii. bomb threat
 - iv. chemical spill
- c. All tests will be documented and reviewed with staff; any changes to the plans will be recorded in the documentation.
 - i. An emergency code test report template is attached

6. Community Partners

- a. A list of agencies with which the Home has evacuation agreements is attached – see Schedule B
- b. A phone list of emergency and non-emergency partners is attached – see Schedule A

7. Emergency Supplies

- a. Onsite stockpile of emergency/pandemic supplies; includes bottled water

- b. Onsite generator as required by the FLTCA, 2021; emergency fuel delivery is available
- c. Onsite minimum three days food supply and agreement with suppliers to maintain emergency delivery services
 - i. The plan for Food and Fluid Provision during an Emergency would be initiated as per Dietary Services Policy G-11.

MANUAL Emergency	TITLE Emergency Communication, Consultation and Collaboration	POLICY NUMBER As per Table Contents
CATEGORY Category within Manual	CROSS REFERENCE	
	Department: Emergency Policies and Procedures	Policy Number: XXXX
CREATED June 2022	REVISED	PAGE 1 OF 2
Fixing Long-Term Care Act, 2021 Connecting Care Act 2019	Section 268	Regulations O. Reg 246/22

POLICY:

As it relates to emergency policy creation, review, and implementation; this policy outlines the requirement for consultation and collaboration with community agencies, health service providers, partner facilities and resources, as well as with residents, families and other stakeholders. For the purposes of this policy, as per the *Fixing Long Term Care Act, 2021*, “emergency” is defined as: ‘*an urgent or pressing situation or condition presenting an imminent threat to the health and well-being of residents and other attending the home that requires immediate action to ensure the safety of persons in the home*’.

PURPOSE:

The purpose of this policy is to establish requirements for on-going communication, consultation, and collaboration with identified stakeholders in the development, review, implementation, and debriefing of emergency plans, policies, and procedures.

PROCEDURE:

A. Communicate, Consult, and Collaborate with Health Service Providers, Partner Facilities, and Community Agencies

Development/ Review of Emergency Plans

In the development of emergency plans, Grove Park Home (GPH) will consult with appropriate community agencies, health service providers, and partner facilities that will be involved in responding to the emergency (health service providers as identified in the *Connecting Care Act, 2019*). GPH will keep written records of such consultation.

Updating and Annual Review of Emergency Plans and Contact Information

Emergency plans will be reviewed annually. If relevant changes are made to emergency plans, GPH will consult and collaborate with appropriate and relevant community agencies, health service providers, and partner facilities. Written records of such communication shall be maintained. If plans are updated prior to an annual review, GPH will consult and collaborate with agencies and partners as noted above. As part of the annual evaluation, GPH will ensure that all emergency contact information is updated.

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Debriefing/Evaluation of Emergency Plan 30 days following Activation

Following activation of an emergency plan, GPH will undertake a debriefing and evaluation of the event and associated plan. The debriefing and evaluation will take place within 30 days of the conclusion of the event. GPH will ensure that all entities involved in the emergency response are provided opportunity to offer feedback.

Contact Information/Emergency Plans To be Available to the Public

Grove Park Home will maintain the following information available to the public on its website (www.grovesparkhome.on.ca):

- a) Physical address of the home
- b) Number of licensed LTC beds
- c) Direct contact information, including a telephone number and email address for:
 - Chair of the Board of Directors
 - Executive Director,
 - Director of Care, and
 - Infection Prevention and Control Lead
- d) Current version of emergency plans

Printed/physical copies of current versions of emergency plans will be made available upon request.

List of Agencies Who May Be Involved in Provision of Emergency Services

Grove Park Home will maintain a list of agencies and entities who may be involved in the provision of emergency services ([See Appendix XX](#)). The list is to include contact information of community agencies, local health service providers, partner facilities and resources. This list will be reviewed at least annually to ensure that contact information is current. This list will include identification of the roles of the agency/entity and its identified responsibilities in the event of a specified emergency. GPH will ensure that arrangements with agencies involved in response to emergencies are kept current.

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Annual Testing of Identified Emergency Plans To Involve Emergency Services

Grove Park Home will establish written plans for the following identified emergencies and will perform drills/tests at least annually:

- a) Loss of Essential Services
- b) Violent Outbursts
- c) Gas Leaks
- d) Fire
- e) Natural Disasters
- f) Extreme Weather Events
- g) Boil Water Advisories
- h) Outbreaks of Communicable Diseases/Public Health
Significance/Epidemics/Pandemics
- i) Floods
- j) Missing Resident
- k) Medical Emergencies

Grove Park will make arrangements to involve local emergency services, agencies, or other relevant entities in emergency drills/tests. Written documentation of emergency procedure testing/drills and associated debriefs or changes to emergency plans will be maintained. Acceptable drills/tests will include “live” testing of emergency procedures or other methods such as ‘table topic’ discussions.

Planned Facility Evacuation Every Three Years

A planned evacuation of the facility shall be conducted at least every three years. Arrangements will be made to involve relevant local emergency services to attend the drill/test of the facility evacuation. Written documentation of the planned evacuation shall be maintained including an evaluation of the outcome of the test, debriefing, and any recommended changes to emergency plans.

Testing/Drills of All Other Plans Shall Be Conducted Every Three Years

Tests of all other emergency plans shall be conducted at least every three years. Documentation of the outcome of the tests/drills shall be maintained. Grove Park shall make arrangements to include relevant local emergency services in the test/drills.

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B. Consult and Communicate with Resident/Family Council and Other Stakeholders

Development/Updating of Emergency Plans

In the development of new plans and review/updating of existing emergency plans, GPH will consult and inform the Residents Council and Family Council (if one is available). GPH will keep written records of such consultation.

Communication During Emergencies

In the event of an emergency, GPH will ensure frequent and on-going communication with all stakeholders. These groups will include the Resident and Family Council (if any) as well as all residents, substitute decision-makers/powers of attorney, staff, volunteers, students, and caregivers. Upon activation of an emergency plan, communication with those not involved in immediate response, will take place as soon as reasonably possible. Throughout the course of the emergency, during significant changes, and upon conclusion of the emergency updates will be provided to stakeholders.

Communication Methods

Communication with stakeholders will be provided through a number of methods (refer to Emergency Communications Plan). Immediate information will be provided via electronic telephone messaging. Additional information will be communicated via email and regular and on-going status updates on our website. Staff will receive communication updates via electronic telephone messaging, email messaging, and mass texts as applicable. Depending on the length and severity of the emergency, electronic internet-based video meetings with families will be held on a regular basis to provide opportunity for information sharing and questions and answers.

Communication with residents will take place through meetings with the Residents Council, and face-to-face meetings with all residents as applicable.

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Debriefing Residents, SDM's and Stakeholders Upon Conclusion of Emergency

Upon the conclusion of an emergency and the resumption of normal operations, GPH will undertake debriefing of the emergency event for residents and their substitute decision-makers (SDM). Debriefings will also be provided for applicable staff, volunteers, and students.

Emotional Support for Those Experiencing Distress Following an Emergency

In the event of an emergency, consideration will be made regarding the requirement and establishment of supports for those who may have experienced emotional distress.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL EMERGENCY	TITLE Annual Attestation of Compliance	POLICY NUMBER EPP-General-03
CATEGORY	CROSS REFERENCE	
	Department:	Policy Number:
CREATED June 2022	REVISED	PAGE 1 OF 1
Fixing Long-Term Care Act, 2021	Section 268, 269	Regulations O. Reg 246/22

POLICY:

This policy addresses the requirements for an annual attestation related to compliance of emergency regulations outlined in the Fixing Long Term Care Act, 2021.

PURPOSE:

This policy will outline the requirements for an annual attestation related to compliance of Regulations 268 and 269 of the Fixing Long Term Care Act, 2021, Section 90.

PROCEDURE:

On an annual basis, Grove Park Home (GPH) will prepare an attestation that confirms that that home has complied with all requirements in Section 90 of the Act and sections 268 and 269 of the Regulations.

The attestation must include the following:

1. Name of the LTC home
2. Date of the Attestation
3. Full name of person completing the document
4. A statement attesting that all of the information and answers provided in the attestation are complete, true, and correct; and a statement attesting that the home understands that any misrepresentation, falsification, or omission of any material facts in the attestation may render the attestation void

The attestation must be completed and submitted to the Director annually. The home's Executive Director must complete the Attestation.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Policies/Procedures	TITLE Communication During an Emergency and Emergency Communication Equipment	POLICY NUMBER EPP-General-04
CATEGORY Category within Manual	CROSS REFERENCE	
	Department:	Policy Number: Emergency Communication, Consultation and Collaboration
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Fixing Long-Term Care Act, 2021	Section 268, 273	Regulations O. Reg 246/22

POLICY:

Grove Park Home will endeavor to establish procedures and mechanisms to ensure that the home provides and has access to reliable communication equipment for the purpose of obtaining emergency assistance at all times, including in the event of a power outage.

PURPOSE:

In the event of an emergency, communication with emergency services and relevant stakeholders is critical. This policy will establish policy and procedures to ensure that during an emergency, communication equipment and technologies will be available to ensure that emergency personnel, as well as residents, families, staff and other relevant stakeholders receive communication in a timely manner.

PROCEDURE:

Overview

During an emergency, it is critical that relevant emergency personnel are contacted in a timely manner. Depending on the type, nature, severity, and length of the emergency, other stakeholders will need to be notified. As such, Grove Park Home will provide a number of communication methods, equipment and technologies, that are to be employed depending on the nature, type, length, and severity of the emergency. Applicable and relevant communication is detailed in specific emergency policy and procedures.

On-Site Emergency Commander

In all emergency situations, the RN Charge Nurse assumes command and authority to implement emergency policy and procedures and to initiate and/or delegate communication to emergency personnel and management team members. Further communication is facilitated by other team members (refer to specific emergency code procedures and Emergency Communication, Consultation and Collaboration policy and procedure).

Available Communication Equipment and Technologies

In order to ensure communication during an emergency, the following communication equipment and technologies have been put in place:

1. Fire Monitoring/Alert System: The home is equipped with a fire monitoring system. In the event that the system detects a fire, the alarm sounds, and notification is automatically sent to the fire monitoring system, which in turn, automatically notifies the

MANUAL Emergency Policies/Procedures	TITLE Communication During an Emergency and Emergency Communication Equipment		POLICY NUMBER EPP-General-04
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local Fire Department. In the event that a fire alarm pull station is pulled the monitoring system automatically notifies the Fire Department.

2. Telephone System: In the event of an emergency, a list of emergency services is posted in the RN Charge Nurse Office and at desktop telephones throughout the facility. Grove Park has wireless telephones that Registered Staff and other designated staff utilize. Police, ambulance and fire services can be contacted by utilizing the 9-1-1 system.
3. Telephone System - Loss of Electrical Power: In the event that the home has a total loss of electrical power, the home has an analog telephone that can be plugged into any telephone port for operation. The analog telephone is located in the Command Centre in the Emergency Cabinet. Additionally, a cellular telephone is provided for staff that can be used as long as the cell phone battery has charge.
4. Cell Phones: The RN Charge Nurse is provided a cell phone that has cell/texting information for all staff. The cell phone (or any staff cell phone) can be used as an internet hot-spot.
5. Mass Texting, Email, and Telephone Call Technology: Grove Park Home subscribes to internet/cellular based technology (Group Cast – see below) that has the capability for fast texting, email, or recorded/pre-recorded telephone messaging to all staff and family members. This technology allows for fast mass communication to these groups. The home maintains current telephone, email, and personal email communication for resident Powers of Attorney/Caregivers, and all staff. This technology can be accessed and used through computer desktop or cell phone applications. All managers have the application installed on their cell phones.
6. Fan-Out List: The mass texting/phone messaging system (as noted above) can be used to initiate the fan-out list to all staff to aid in evacuation.
7. Overhead Announcement: Communication can be rapidly shared with all persons in the facility by utilizing the over-head paging system.
8. Website: Grove Park Home maintains a website (www.grovesparkhome.on.ca) and may utilize this service for updated information related to infectious disease outbreaks and community disasters. The Director of Dietary and Information Technology and the Director of Development and Communications have access to this site and the ability to change/add content upon direction from Executive Director.

MANUAL Emergency Policies/Procedures	TITLE Communication During an Emergency and Emergency Communication Equipment		POLICY NUMBER EPP-General-04
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9. Virtual Meetings: The use of internet virtual meetings can assist in disseminating information to families and other stakeholders regarding status updates of a developing emergency situation. This provides opportunity for question and answers. The Centre of Excellence is equipped with a Smart TV that is connected to a computer, camera, and microphone. Should it be deemed necessary, this technology will allow Leadership to hold Virtual Town Halls with stakeholders including families in the event of an emergency. Town Halls are recorded and posted on the Grove Park Home website.
10. Social Media: Grove Park has an active presence on social media sites such as Facebook. This presence can be leveraged to share information and/or direct followers to our website for further information. If an emergency is community based, Grove Park Home's Facebook page can be used to communicate to local stakeholders.

Group Cast – Instructions for Use

Grove Park Home subscribes to communication software called Group Cast. This software allows the Home to rapidly contact stakeholders including staff and families in the event of an emergency or for general updates of information. In addition, internal email and paging is used inside the Home

- Contact Lists for families are maintained by office staff. Contact Lists for staff are maintained by HR and Scheduling department.
- Staff can be contacted by personal email and/or cell phone text (SMS)
- Families can be contacted by email and/or phone blast (audio)
- Managers and the Scheduler have Group Cast app on cell phones
- The Scheduler phone is with the RN after hours
- Group Cast App has pre-loaded distribution lists
- Group Cast App has Emergency Fan Out list
- Group Cast has pre-loaded messages related to outbreaks
- Managers have access to the desktop version
- Practice/Training is done annually (should be at RN meetings and annually at Managers meeting but this is not being done currently)

Procedure:

DESKTOP

- Group Cast on desktop is accessed with a username and password

MANUAL Emergency Policies/Procedures	TITLE Communication During an Emergency and Emergency Communication Equipment	POLICY NUMBER EPP-General-04
CATEGORY Category within Manual	CROSS REFERENCE	
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- For non-scripted communication
 - Choose New Broadcast
 - Choose Broadcast Type
 - Choose List (contact list)
 - Choose Email or Phone
 - Enter content for Email/SMS/Phone
 - For phone, choose “text to phone” or enter phone # to record message
 - Select Send Now
- For scripted communication (pre-established content)
 - Choose Broadcasts
 - Choose “add new repeating broadcast”
 - Follow prompts to add title, lists (recipients) and message (script)
 - Choose day(s) and time
 - Choose SAVE – this message will now send

PHONE APP

- Launch App (School Messenger Yellow) Customer ID groveparkhome. Choose Canada
- Choose NEXT and enter user name (first name/last initial) pwd gph12345
- Choose Create and Send for non-scripted message
- Choose List for pre-populated list
- Choose Message for phone/email/sms and follow prompts
 - For phone, choose “text to phone” or choose record to use own voice
- Use BACK to return to Create & Send screen and choose “Send”
- Choose Send a Saved Message for scripted message (outbreaks, FANOUT)
- Choose message this is scripted and populated
- This message sends immediately so review choices carefully

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Policies/Procedures	TITLE Resources, Supplies and Equipment for Emergency Response	POLICY NUMBER EPP-General-05
CATEGORY Category within Manual	CROSS REFERENCE	
	Department:	Policy Number: IPAC
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Fixing Long-Term Care Act, 2021	Section 268	Regulations O. Reg 246/22

POLICY

In order to ensure that the organization is prepared to address emergencies, the home will establish a ready stockpile and supply of resources, supplies, and personal protective equipment (PPE) for emergency response. These supplies will include, but are not limited to, hand hygiene, disinfecting, and cleaning supplies, and PPE. The home will have a process to ensure that such supplies have not expired.

PURPOSE

The purpose of this policy is to ensure that the home has adequate and appropriate resources, supplies, and PPE for emergency response.

PROCEDURE

Required Stockpile of Supplies and Equipment

Grove Park shall maintain a spreadsheet of items, supplies, and equipment that must be on hand in order to ensure that the home will have the appropriate supplies and stock to manage and sustain emergencies. The home will work with the Emergency Committee, relevant emergency and Public Health Authorities, and the Designated IPAC lead to determine the appropriate numbers and level of stockpile of supplies, equipment and resources.

Maintaining and Auditing Stockpile of Resources

The home will maintain the designated level of supplies, equipment and resources. In order to ensure the level is maintained, monthly audits will be taken and documented. Supplies that are past their expiry date will be replaced with new stock.

Ensuring Safe Storage and Security of Stockpile

Grove Park will ensure that supplies, equipment, and resources are secured in a manner that maintains the integrity and usability, and ensures that they are safe and ready for use when needed.

Executive Director: _____ Date: _____
Paul Taylor

GROVE PARK HOME FOR SENIOR CITIZENS
EMERGENCY CODE REPORT

(Codes to be reported: Red, Blue, Yellow, Green, Black, White, Orange, Grey)

Code	Date	Start Time	End Time

Description of the Event

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EMERGENCY CODE DEBRIEF – STAFF REVIEW

Date	Start Time	End Time

Success/Good things that happened

1.

Concerns/Problems that came up

1.

Necessary Changes to the Emergency Code Plan

1.

Date changes to the plan were completed:

Names of those attending the Emergency Code Debrief

Person who planned the test:

Person who completed the report:

(Attach any supporting documentation and email report to the Director of Environmental Services)

Emergency Codes

Code Red



Fire

Code Green



Evacuation

Code Yellow



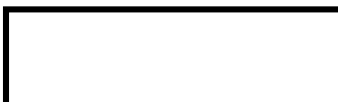
Missing
Resident

Code Black



Bomb Threat

Code White



Violent
Situation

Code Grey



Loss of Service

Code Orange



Community
Disaster

Code Blue



Medical
Emergency

Code Brown



Chemical Spill

Emergency Packages

Located throughout the Home are Emergency Packages to help assist the RN in the following emergencies:

Code Red

Package contains:

- 2 Evacuation Maps
- Fan out List – short version
- Policy Code Red 1 Fire Instructions
- Policy Code Red 2 RN Duties
- Policy Code Red 3 Fire Zone Response
- Policy Code Red 4 Evacuation of Fire Area
- Policy Code Red 5 Fire Fighting Considerations & Safety Precautions
- Policy Code Red 6 Fire Safety Training & Equipment Maintenance
- Policy Code Red 7 Responsibilities of Fire Safety
- Key to put alarm into second stage (evacuation)
- Screwdriver for resetting the pull station
- Card to call 911
- Card to go to front door

Code Yellow

Package contains:

- Policy Code Yellow 1 Missing/Lost Resident Response
- 5 Building Maps
- 1 set of area Maps
- Log/Time Sheet

Code Black

Package contains:

- 2 Evacuation Maps
- Policy Code Black 1 Code Black Response
- Policy Code Black 2 Charge Nurse Log/Time

Location of packages:

- Pine Nursing Station
- Spruce Nursing Station
- Willow Nursing Station
- Aspen Nursing Station
- Maple Nursing Station
- Service Hall (beside washroom)
- Basement Hall (near the staff room)

MANUAL Emergency Preparedness Plan	TITLE Emergency Code Response	POLICY NUMBER EPP-General-01
CATEGORY Introduction	CROSS REFERENCE	
	Department:	Policy Number:
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1. Response Teams are created to determine who reacts to the location of the emergency.

How to Respond:

Aspen and/or Maple Emergency:

Charge Nurse- responds to the designate unit to direct activities in that location; RN can always page for additional help as needed.

Team 1 – responds except for the RPN on the other unit who stays with their Residents

Team 2 – A PSW from each of Willow and Spruce, as designated by the RPN, will go and assist the RPN on the non-emergency unit.

Team 3 – stays with the Clients/Residents in Senior Encounter or Retirement Living

Team 4 – RN's, RNEC, Maintenance and Executive Director will respond to the emergency location

- Managers will assist the RPN on the unit(s) vacated by PSW.

Pine, Spruce and/or Willow Emergency:

Charge Nurse – responds to the designated unit as usual

Team 1 – RPN designates one PSW to go and assist the RPN on the two non-emergency units.

Team 2 – Responds to the designated unit with the exception that the RPN's stay with their Residents.

Team 3 – stays with the clients/residents in Senior Encounter or Retirement Living

Team 4 – RN's, RNEC, Maintenance and Executive Director will respond to the emergency location

- Managers will assist the RPN on the unit(s) vacated by PSW.

Birch and/or Mulberry Lane (Retirement)

Team 3 and 4 – respond if they are in the building.

A PSW from each of the units, as designated by the RPN will respond to the designated area.

The RPN on each wing is to remain on their wing; the Retirement Living Aide is to stay on their unit; Senior Encounter staff are to remain with Senior Encounter clients; the Hairdresser will stay with her clients; and Physician and staff are to stay in their office with their patients.

- On the night shift, unless otherwise instructed by the RN, the RPN will report to Pine.

MANUAL Emergency Preparedness Plan	TITLE Emergency Code Response	POLICY NUMBER EPP-General-01
CATEGORY Introduction	CROSS REFERENCE	
	Department:	Policy Number:
CREATED Nov 2009	REVISED June 2022	PAGE 2 OF 2
Fixing Long-Term Care Act, 2021	Section 268(5)	Regulations O. Reg 246/22

2. Life Enrichment Aides will report to the RPN on their designated wing unless they are involved in a group activity in another location (Auditorium, Centre of Excellence etc.), in which case they will stay with those residents/clients.
3. Restorative Care Aides and Health & Safety Coordinator will remain with the residents with whom they are working or stay in the current area until other instructions come from the RN.
4. Administration Assistants will secure the main entrance and hall, take care of any unsupervised residents, move visitors to safety and wait until other instructions are received from the RN.
5. The following Managers will report to these locations pending further instructions from the RN:
 - Community Services -- Mulberry & Sen. Enc.....responsible for that area
 - Fund Development -- Maple..... assist RPN
 - Accountant -- Aspen assist RPN
 - Environmental Services -- Pine assist RPN
 - Dietary Services -- Spruce assist RPN
 - Programs & Volunteer Services -- Willow assist RPN
9. It is important that all staff pay attention to instructions that may come from the RN by the overhead paging system.

Note: RPNs and/or at least one of Life Enrichment, Restorative Care, Senior Encounter and Retirement Living will always stay with their residents/clients.

11. It is understood that on evenings, when non-nursing staff are not in the building, the fan out phone list will be implemented as needed; on nights the fan out phone list will always be activated, except for drills.
12. If the fan out list is implemented, the RN will move to the Centre of Excellence as soon as possible and direct activities from that location. Those responding to the fan out will report to that location unless otherwise directed.

Executive Director: _____ Date: _____
Paul Taylor

TEAM RESPONSE TO FIRE/EVACUATION EMERGENCIES

In response to **any Emergency Code** broadcast (Red, Green, Yellow, Black, White) the following actions will take place. It is understood that the shift RN is in charge during such emergency operations. In the case of a fire alarm, it is understood that these actions will take place only after the RPN, or other staff, on Aspen have paged the Code Red and location of the alarm.

DESIGNATED RESPONSE

- A. The RPN, or other staff, on Aspen will immediately respond to the annunciator panel and page the **Code Red** and the location of the alarm.
 - ✓ Remember this is the location in which the alarm was triggered and not necessarily the location of the fire.
 - ✓ If the annunciator indicates the fire is in the Church of Christ building the one making the page should remind staff to stay on their units unless otherwise requested by the RN.
- B. The shift RN, charge nurse, is in charge of the emergency response and will report to a central location on the wing in which the alarm was triggered; normally the nursing station area.
- C. If the alarm indicates the fire is in the Church of Christ building the RN will **NOT** go through the double doors into the link between the Home and the Church. Instead, the RN will wait by the main entrance to give direction and assistance to the Fire Department team as needed.

Days & Evening Shifts Response Teams:

- Team 1** any employee (all departments) working on Aspen or Maple unit and Administration (excluding the Receptionist. Receptionist stays at the front door (unless this is the location of the emergency) *Anyone working on Birch who does not have a specified response will guard the exit doors by the elevators and the service area.
- Team 2** any employee (all departments) working on Pine, Spruce or Willow, Laundry, and Cook staff
- Team 3** any employee in Senior Encounter and Retirement Living
- Team 4** all RN, RNEC, Maintenance and Management

Day & Evening Shift Responses

- A. Staff with residents in an activity where residents are off their normal unit will stay with those residents. If the activity is on the unit indicated as the fire location, they will stay with their residents until all are evacuated to a safe location and/or reunited with the residents from their unit.
- B. The Charge RN always takes up a central, visible location in the area of the fire; normally at the nursing station. The RN always has the option of calling for additional help using the overhead paging system.
- C. RPNs will stay on their units

If the fire location is on Aspen or Maple

- Team #1 will respond to the specified unit and report to the RN. If the RN has not yet arrived, the unit's RPN will direct the search for the fire and the evacuation of residents as needed until the Charge RN arrives on site.
- A PSW from Willow & Spruce, as designated by the RPN, will report to the other unit to help maintain resident safety. For example, if the fire is on Aspen, a PSW from Willow & Spruce will go to assist on Maple; if it is on Maple they will go to assist on Aspen
- Cooks & Laundry staff will guard the exit door by the elevators and receiving area.

If the fire location is in the 3 story building

- Team #2 will respond to the specified unit as in D above.
- Except that one PSW, designated by the RPN on each floor, will stay on their unit to help maintain resident safety.
- Admin staff will guard the exit by the elevator and the receiving area.

If the fire location is in Retirement Living

- All of Team #3 & #4 will respond if they are on the premises
- The RN's and one PSW from each unit, as designated by the RPN, will meet the RN in the Retirement Living area
- Note: it is important that the Charge Nurse stay visible in a central location on Mulberry e.g. the open area by the fire place
- Any cooks and/or laundry will guard the exits by the elevators and the receiving area

If the fire Location is Birch Wing

- All of Team #3 & #4 will respond if they are on the premises
- The RN's and one PSW from each unit, as designated by the RPN, will meet the RN
- Note: it is important that the Charge Nurse stay visible in a central location e.g. at the café
- Any cooks and/or laundry will guard the exits by the elevators and the receiving area

In any alarm:

- Team #3 (if present) will stay with Sr. Encounter and/or Retirement Living clients.
- Team #4 (if present) will split as follows:
 - Other RN's, RNEC, Administrator & Maintenance will respond to the Charge Nurse in the specified unit
 - Other Managers will assist RPN's on units from which PSW's responded to the fire location.

MANUAL Emergency Preparedness	TITLE Fires	POLICY NUMBER EPP-Fire-01
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
CREATED April 2003	REVISED June 2022	PAGE 1 OF 1
Fixing Long-Term Care Act, 2021	Section 268(4)(1)(ii)	Regulations O. Reg 246/22

CODE RED RESPONSE

Refer to Grove Park Home's Fire Safety Plan for CODE RED RESPONSE

Executive Director: _____ Date: _____
Paul Taylor

FIRE PLAN

Grove Park Home

234 Cook Street

Barrie, ON

6/10/2022

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INTRODUCTION

The Ontario Fire Code, Section 2.8, requires the establishment and implementation of a fire safety plan for every building containing a Group (A) or (B) occupancy and to every building required by the building code to have a fire alarm system,

The Fire Marshals act states that "Every person who contravenes any provision of the Fire Code and every director or officer of a corporation who knowingly concurs in such contravention is guilty of an offence." On conviction such persons are subject to a fine of not more than \$50,000 or imprisonment for a term of not more than one year, or to both.

This plan is required to be acceptable to the Chief Fire Official.

The implementation of a fire safety plan helps to assure effective utilization of life safety features in a building, to protect people from fire. The required fire safety plan should be designed to suit the resource of each individual building or complex of buildings.

Fire safety plans are intended to assist the owner of a building with the basic essentials of the safety of all occupants. They are also designed to ensure an orderly evacuation at the time of an emergency and to provide a maximum degree of flexibility to achieve the necessary fire safety for the building.

Ownership

Grove Park Home for Senior Citizens is an Incorporated Not-For-Profit, Charitable Long Term Care Home owned and operated by a volunteer Board of Directors. They employ an Executive Director and delegate responsibility for the property and operation of the home to that person. As far as the day-to-day operations are concerned, the Executive Director functions as the owner on behalf of the Board of Directors.

MANAGEMENT TEAM

- Executive Director (ED): Acts on behalf of the Board of Directors
- Director of Care (DOC): Responsible for resident nursing care, acts as the Executive Director's designate in the absence of the ED
- Assistant Director of Care: Infection control officer, acts as DOC's designate in her/his absence, acts as the Executive Director's designate in the absence of the Executive Director and the DOC
- Director of Community Services: Responsible for Senior Encounter and Retirement Living
- Director of Food and Nutrition Services
- Director of Fund Development
- Director of Environmental Services: Responsible for the maintenance of the building, systems, equipment and grounds
- Director of Human Resources
- Director of Finance

Building & Property Audit

IDENTIFYING DETAILS

Grove Park Home for Senior Citizens 234 Cook St,
Barrie
Phone: 705-726-1003

Maximum Long Term Care Home Residents: 143
Retirement Living Residents (Block E): 14-18
Non-Ambulatory LTC Home Residents: Fluctuates - Estimate: 120
Residents in Secure Unit (Block A. 1st Floor) 27

Monday — Friday, 0930 — 1600: up to 16 seniors from the community are present in the Senior's Day Program, in Block B. On any given day (in particular Monday — Friday), 0900 — 1900, there could be community groups using common rooms (Auditorium, Centre of Excellence, Chapel); these groups will vary in number and in mobility needs

Building Construction

	Old Building One-Storey Portion 'Blocks B,C,D,E'	New Building Three-Storey 'Block A'
# of Floors	One	Three
Type of Construction	Combustible	Non-combustible
Basement	None	One level, partial
Floor Construction	Non-combustible	Non-combustible
Roof Construction	Combustible	Non-combustible
Roof Sheathing	Flat — tar Peaked - metal	Flat — tar Peaked — metal
Roof Type	Flat, Gables, Peaked	Flat, Peaked
Interior Walls	Fire Rated Drywall	Fire Rated Drywall
Interior Ceilings	Drop ceiling tile Some open, cathedral, wood	Drop ceiling tile
Floors	Vinyl Retirement Living — Carpet Admin Offices — Carpet Lounges - Carpet	Vinyl Lounges — carpet 2 nd & 3 rd floor
Fire Separation	Corridors, Resident rooms	Corridors, Stairways, Resident rooms
Zone Separations	Yes	Yes
Date of Construction	1968	2003
Major Renovations	1983, 1986, 1989, 2004	None

SAFETY DATA SHEETS

Hard copies of SDS binders (Safety Data Sheets) are located in the Service Wing Area by the staff scanner (punch clock). Electronic copies of Safety Data Sheets can be obtained from the any computer on the internal network – click the Desktop link.

Contacts

[illegible]

DESCRIPTION OF BUILDING & GROUNDS

Refer to Appendix A & B for Floor Plans and Locations

GAS SHUT-OFF VALVES

The meter with external shut off valve is on the side of the laundry wall; this is the north-central area of the building with access through the Service/Ambulance driveway off Grove Street. It is along the right hand sidewalk between the one-storey and three-storey building.

- There is an access door from the laundry.
- The gas meter for the **Church of Christ** is on the south wall of that building near the main entrance to Grove Park Home.

MAIN POWER DISCONNECT

The power feed is from the Hydro Vault at the north-west corner of the back parking lot; access is from Cook Street and around to the back of the building. The feed is to the main electrical room in the basement under the three story building.

- External access from the Hydro Vault to the Main Power Disconnect is through the door at the end of the walkway beginning at the Hydro vault.
- Internal access is through the stairs at the junction of the three-storey and one storey building; near the elevators or via the stairs at the west end of the three story building.
- The power disconnect for the **Church of Christ** is in the church electrical room located on the south side of the women's washroom.

1. **The Church of Christ** at the corner of Grove and Cook streets; a separate entity but an attachment to the physical structure
 - ✓ A separate Fire Plan for the Church of Christ is located in the front entrance Business Office of Grove Park Home.
 - ✓ Two smoke detectors with an alarm that is linked to Grove Park Home's alarm system.
 - ✓ Two fire extinguishers: one located in the kitchen; the other is on the east end of the second floor hallway
2. **The Older Part of the Building – Blocks B, C, D, E**
 - ✓ Facing Cook Street; includes the main entrance.
 - ✓ One storey with a central courtyard.
 - ✓ Four (4) wings with no basement but penthouse mechanical rooms in each wing.
 - Note: Penthouses may have areas with low head room.
 - ✓ The north wing is the admin and service area and includes the kitchen, laundry and secondary electrical room
 - ✓ The **natural gas meter** is located by the laundry room wall along the sidewalk between the old and new building.
3. **The New Part of the Building – Block A**
 - ✓ Off Grove Street at the service/ambulance entrance
 - ✓ Three stories plus a basement and mechanical penthouse; a large FIVAC unit is on the roof
 - ✓ "L" shaped with two elevators and with stairs at each end as well as the juncture of the arms of the "L".
 - ✓ Between the arms of the "L" is a locked, fenced-in garden.
 - ✓ The basement is only under the short side of the "L" (pointing west).
 - ✓ The basement includes:
 1. Elevator equipment room;
 2. Maintenance shop with three sump pumps; main electrical room; there is a feed from here to the secondary electrical room in the service area;
 3. Store rooms, staff locker rooms, staff lounge, exercise room.
4. **The Grounds**
 - ✓ The **Hydro Vault** is located at the extreme south west corner of the new building near the junction of the side walk and parking lot; the feed is to the main electrical room in the basement.
 - ✓ A bus garage is at the south edge of the property; there is a truck turn around lane on the west side of the garage.
 - ✓ A large shed is also on the south side but east of the garage. It contains lawn mowers, snow blowers and gasoline containers. In front of the shed is a propane storage cage.
 - ✓ The fourth, southernmost, drive way off of Cook Street leads to the shed, garage

- and two parking lots (one near Cook St. and the other behind the building).
- ✓ The second driveway off of Cook Street leads to the main entrance; beside the church. At this location is the fire hydrant, the sprinkler standpipe and the fire annunciator control panel.
- ✓ A standby diesel generator is in the service area; off Grove Street. The fuel tank is located at the bottom of the generator.
- ✓ The service area includes a garbage shed. A hydraulic compactor unit is located near the building.

At the west side of the building, off Grove St., is a fenced-in garden. The fence is locked and access to the west side of the building is blocked by a wood fence.

FIRE MONITORING/SAFETY SYSTEMS

1. FIRE ALARM SYSTEM

The alarm system designates the building in this manner:

- ✓ Block A = the new building (three-storey); resident capacity is 27 on each floor
- ✓ Block B = the admin/service area at the main entrance; north part of the old building
- ✓ Block C = the west wing of the old building; resident capacity is 32
- ✓ Block D = the south wing of the old building; resident capacity is 30
- ✓ Block E = the east wing of the old building (Retirement Living); expect 14 plus residents

Type: Two Stage. Begins with the first stage, intermittent "alert". The second stage, a continuous, rapid paced "alarm" is activated automatically if the alert is not acknowledged within five (5) minutes; or is activated manually as needed.

Smoke and Heat detectors are located throughout the home; every area is protected by one or the other or by both.

- ✓ Smoke detectors in Retirement Living units **do not** activate the fire alarm.
- ✓ The heat detectors in Retirement Living units **are** linked to the fire alarm system and **will** automatically activate the fire alarm.
- ✓ Smoke detectors in the area of the kitchen range are **not** linked to the fire alarm system.

Pull stations, located at all exits including the exits from the second and third floor resident home areas, must be pulled manually to activate the fire alarm.

Annunciator Panels:

- The annunciator panels indicate the general area in which the alarm was triggered
- ✓ The Main Annunciator Panel is located in the Maintenance office in the receiving area (north-central entrance); it is at this panel that the alarm is reset.
- ✓ The Annunciator Panel, located at the Main Entrance off Cook Street, includes a companion layout map of the building. This is the designated Fire Department Access Entrance. The panel is on the south brick wall between the two sets of entrance doors
- ✓ Secondary Annunciator Panels are at each nursing station. There is no annunciator panel in the Retirement Living Area, Block E.

- ✓ A manually activated alarm will display on the Annunciator Panel with the wing and the general location of the pull station (not the actual location of the fire)
- ✓ An automatically triggered alarm will display on the Annunciator Panel in the location in which the alarm was triggered (may not be the actual location of the fire)

Monitoring Company:

Portable Phones will signal the alarm location in a designated sequence starting with nursing consoles then moving to the ASCOM wireless phones.

2. ELEVATORS

1. The two elevators automatically return to the main floor and lock out with the doors open when the fire alarm is activated
2. The elevators are powered through public electricity grid; the secondary power supply for both elevators is the emergency diesel generator.

3. SPRINKLER SYSTEM

1. Wet System — all areas of the building are covered by a standing water sprinkler system.
2. The sprinklers are heat-activated and will only activate in an area exposed to excessive heat
(i.e. a fire area).
3. Whenever a sprinkler is activated the fire alarm will be automatically activated by the flow sensors.
4. The sprinkler pipes:
 - The main pipes are 8" reducing to 6";
 - The 4 riser pipes are: 1 = 3.5" and 3 = 4".
5. The main and isolation control valves are located at the west wall in the secondary electrical room (Block B) with access from the main hall near the church or from the hall leading to service entrance (north-central entrance).

4. AUTOMATIC KITCHEN EXTINGUISHING SYSTEM

1. A Range Guard System **wet chemical** system, located in the range hood, covers the whole range.
2. The **manual pull handle** is located on the south end of the west wall to the right of the range, near the ceiling;
3. A 'K' Class Fire Extinguisher is located near the range.
4. The cooking fuel is natural gas with an automatic fuel shut-off once the system is activated.
5. There is also a manual gate valve shut-off located on the gas pipe at the left end of the range; approximately 5' above the floor,

5. FIRE BLANKETS

1. Fire blankets are located in the servery area in each dining room and in the kitchen.

6. PORTABLE FIRE EXTINGUISHERS

1. All fire extinguishers are the multi-purpose dry chemical type.
2. One 'K'-Class fire extinguisher is located in the kitchen to the right of the range.

7. FIRE HOSES

1. There are fire hose cabinets on each wing of the old, one-storey building (Blocks B,C, D, E)
2. The hoses are 2" with a gate valve.
3. See *Appendix "B"* for the schematic showing the location of these hose cabinets.

8. FIRE DEPARTMENT HOOK-UP

1. The fire department stand pipe connection is located approximately 20' north of the Main entrance; the fire department access is off of Cook Street.
2. The twin connection size is: 3".
3. There is a fire hydrant in the island straight in front of the main entrance.

9. EMERGENCY GENERATOR

The diesel-powered emergency generator is located outside the ambulance/delivery area with access from Grove Street. Make and Model: Generac 2000

1. Diesel fuel is stored in an above ground tank below the generator; tank and generator are one unit.
2. Emergency power is supplied to:
 - Both elevators (there is no fire fighters elevator)
 - Some lighting but not resident rooms
 - Red colour emergency power outlets are in all rooms in the three story building and Block E; these outlets are limited to the hallways in the one story residential wings Blocks C & D; Block B has emergency power outlets in the hallways, auditorium, Senior Encounter and offices
3. The generator has a running capacity of about 72 hours.
4. The generator is set to start automatically within ten (10) seconds of a power failure.
5. The generator may also be operated manually.

Manual Operation of Generator

1. Open the door nearest the building on the side facing the three-storey building
2. The key near the top of the panel is pointing to the "auto" position.
3. To shut down turn the key to - off.
4. To manually start turn the key to "manual" it should start immediately.
5. There is a large red emergency shut down push button

10. EMERGENCY LIGHTING (BATTERY TYPE)

1. There are two units; one located in each electrical room
2. Model: Lithonia Lightening

11. EXHAUST FANS

1. The HVAC system is an integrated system which brings in 100% outside air.
2. The exhaust fans cannot be turned on separately from the intake fans.
3. The exhaust fans in the kitchen range hood are a separate system and can be turned on and off independently. The switch is on the wall to the left of the range

with two green lights and two black switches. The exhaust fans turn on when the top switch is turned to "Occupied" and off when turned to "Unoccupied".

4. Similarly there is an exhaust fan over the steamer and has a similar on/off switch at the left of the steamer.

12. OVERHEAD PAGING

1. Overhead paging is done through the telephone system, speak loudly and clearly.
2. Using a desk phone: Pick up the receiver and press “#” 3-0
3. Using the Ascom wireless phone: with the phone turned on press “#” 3-0 or press “page”; make the announcement in the manner used when talking on the phone.

FIRE CONTROL

1. The automatic sprinkler system in the fire area will suppress the fire.
2. The primary staff activity in fire control is to close all the doors.
3. The hoses stored in the hose cabinets in the old building will **not** be used by GPH staff.
4. The use of fire extinguishers is conditional on:
 - ✓ All residents being in a safe location beyond fire doors
 - ✓ A person feeling confident in the proper use of a fire extinguisher
 - ✓ The fire being sufficiently small that the fire extinguisher may be expected to put out the fire; no larger than a pail
5. Fire blankets are located in each dining room servery and the kitchen, are used to wrap around a person whose clothes are on fire; this is most easily done by laying the person down and rolling them up in the blanket.
6. Every staff member is responsible for correcting observed fire hazards either through resolving the problem personally or by making sure the appropriate people are aware of the fire hazard. Any person notified of a perceived fire hazard must immediately investigate and make sure it is resolved.
 - Maintenance staff do a scheduled daily walk through the building;
 - The Health & Safety committee conducts monthly inspections of their area.
 - The Executive Director does semi-annual inspections of the buildings, grounds and vehicles.

FIRE WATCH POLICY/PROCEDURE

Definition: The term “Fire Watch” is used to describe an event of temporary failure of the fire alarm system, or where activities require the interruption of any fire detection, suppression, or alarm system component. During such a situation, dedicated persons will be responsible for look for fires within an established area.

Policy: During a failure, or temporary interruption, of the fire alarm system (including detection, suppression or any alarm system component), assigned staff will ensure that the facility is inspected for fire.

Procedure:

A) Notification

In the event that the fire alarm detection or suppression system is not functioning, the RN Charge Nurse will declare that the home is initiating the Fire Watch Procedure.

1. The RN Charge Nurse will call the Barrie Fire Department to inform them that the fire alarm detection or suppression system is not functioning and that the home is initiating the Fire Watch Procedure. The RN Charge Nurse will contact the Executive Director (or designate) to inform them that the procedure is being initiated.

2. The RN Charge Nurse will announce over the PA system **three-times-clearly** that the home is under Fire Watch until further notice.
3. The RN Charge Nurse will email all staff to inform them that the home has initiated the Fire Watch Procedure. They will utilize the Ascom wireless communication device to maintain contact with staff throughout the home related to the Fire Watch Procedure.
4. The RN Charge Nurse will post a written notification that the home has initiated the Fire Watch Procedure (See Appendix "C" for Poster). The notification is to be posted in the front entrance of the building.
5. Days/Evening Shifts: The RN Charge Nurse will assign RPN's to patrol their home areas once per hour. RPN's will check for signs of fire or smoke conditions. RPN's will document on the Fire Watch Log Report (See Appendix "C") following each hourly check. The RN Charge Nurse will be responsible for conducting patrols, and documenting inspection of all non-resident areas hourly.
6. Night Shift: The RN will delegate staff to patrol assigned areas of the home hourly for signs of fire or smoke. Assigned staff will document on the Fire Watch Log Report.

B) Provision of Fire Watch Equipment

Following the notification of the implementation of the Fire Watch Procedure, the RN Charge Nurse will provide assigned staff with whistles, a flash light, and a copy of the Fire Watch Log Form. These items are located in the Fire Watch Kit kept in the RN Charge Nurse office on the Pine Home Area.

The Fire Watch Kit includes:

- 6 Whistles
- 6 Clip Boards
- Fire Watch Policy and Procedure
- 6 Flashlights with Batteries
- Copies of the Fire Watch Log Form
- Floor Plans of the Facility

C) Discovery of Fire

Staff will inspect assigned areas of the building hourly. Staff will utilize flashlights and floor plans (as required) to search the building. If smoke or fire is discovered, and the alarm system has been disabled, staff will utilize whistles to sound the alarm. The PA system (if operational) will be utilized for further communication to staff, residents and others. All staff will follow the REACT Procedure and implement their assigned roles, responsibilities, and duties as per the Fire Plan.

D) Restoration of Fire Alarm/Detection System

Following the restoration of the Fire Alarm/Detection system, the RN Charge Nurse will notify the Executive Director (or designate) and staff that the Fire Watch Procedure is completed. The RN Charge Nurse will email all staff to inform them that the Fire Watch Procedure is no longer in effect. Posted written notification is removed, and the Fire Department is contacted to inform them that the Fire Alarm/Detection System is back on line and the Fire Watch Procedure is concluded.

STAFF AVAILABLE ON SITE

Note: depending on the circumstances these numbers may not reflect the actual staff on site at a particular time.

Week Days: 0830- 1630

- ✓ All managers
- ✓ 2 RN — one of whom is the Charge Nurse
- ✓ 5 RPN — one on each of the five wings
- ✓ 1 — 4 PSW/HCA on each wing
- ✓ 2 Maintenance staff
- ✓ 1 Housekeeping Aide on each wing and 1 in the admin/service area
- ✓ 3 Senior Encounter staff
- ✓ 1 Retirement Living staff
- ✓ 5 — 7 Life Enrichment/ Restorative Care staff
- ✓ 8 Cooks and Dietary aides
- ✓ 3 Admin Assistants

Evenings (1630 2300) & Weekends (0600— 2300)

- ✓ 1 RN Charge Nurse
- ✓ 5 RPN — one on each of the five wings
- ✓ 1 — 3 PSW on each wing
- ✓ 5 — T Cooks and dietary aides until 1900

Night Shift

- ✓ 1 RN (Charge Nurse)
- ✓ 1 RPN
- ✓ 5-6 PSW/HCA
- ✓ locked gates.

In response to Code Red the following actions will take place:

STAFF RESPONSE: UPON DISCOVERY OF A FIRE – DAY AND EVENING SHIFTS

A. **Upon the DISCOVERY of a Fire**, staff are to respond according to the **REACT** procedure:

Remove residents/occupants in immediate danger

Ensure the doors are closed to confine the fire and smoke

Activate the fire alarm using the nearest pull station

Call the Fire Department (911)

NOTE: RN to assign staff to call 911

Try to continue the evacuation or extinguish the fire

***To activate the manual pull station:** lift the clear plastic cover, it will cause a loud screech to sound, pull the red lever in the centre of the pull box to activate the alarm.

B. **Announcing the Location of the Code Red:** The RPN or other staff on Aspen, will immediately check the annunciator panel for the location of the alarm and announce the location of the Code Red through the overhead paging system stating: “Code Red – then the location” - **this is to be announced clearly three times**. If Aspen staff have not responded with an overhead page – any staff member in the home will do so.

NOTE: Remember this is the location in which the alarm was triggered and not necessarily the location of the fire.

NOTE: If the annunciator indicates the fire is in the Church of Christ building, the person making the page should remind staff to stay on their units unless otherwise requested by the RN.

EVACUATION

Types of Evacuation (Code Green): Horizontal, Vertical, Partial or Total Facility

In order to contain smoke and fire, Grove Park Home has been built with fire containment features, including the Fire Separation Doors. The Fire Doors are designed with a two-hour fire rating. During a Code Red situation, residents must be evacuated from the Fire Zone and relocated beyond a set of Fire Separation Doors.

There are three types of evacuation (also refer to Code Green Procedures).

1. Horizontal Evacuation: Horizontal Evacuation requires the evacuation of residents from the Fire Zone, to beyond a set of adjacent Fire Doors, *on the same floor - or level of the facility*. In some cases, upon direction of the Registered Nurse or Fire Officials, residents will be required to evacuate beyond another set of Fire Doors.

2. Vertical Evacuation: Vertical Evacuation requires the evacuation of residents *from one floor to another*. At Grove Park, this would be accomplished through the use of the stairwells. Evacuscape chairs can be used for this purpose.

3. Partial or Total Facility Evacuation: A partial/total facility evacuation involves the evacuation of some or all residents from the facility to designated safe areas outside of the facility (Refer to Code Green). This evacuation may be conducted following several horizontal and/or vertical evacuations, or may be the first resort based on assessed need of Fire Officials or the RN Charge Nurse.

- Under all circumstances, a wing or resident home area, is not considered evacuated until every room has been searched and the “Searched Sign” is activated.
- Once a wing or resident home area has been evacuated, no staff member is to return to that area without the permission of the RN Charge Nurse, who is to consult with Fire Officials.

Order of Evacuation

A) In the initial Code Red area, residents are to be removed from the room of origin first - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of Fire Rated doors - as directed by the RN Charge nurse.

If additional evacuation is required:

B) Some residents may be able to ambulate quickly - others slowly. Residents in wheel chairs can be moved quickly. Staff will make decisions based on their assessment on the scene. Residents who require a lot of assistance, or who are refusing, will be the last to be moved.

Searched Sign Indicators

Grove Park Home is equipped with “Searched” signs/indicators located on the bottom of the doors. Staff are to use the “Searched” signs to indicate if a room is vacant. If a staff member is located in the Code Red area, staff are to evacuate residents from their rooms, and indicate that the room is empty by placing the magnetic portion of the indicator on the metal frame of the door. If the staff member is not in the Code Red area, staff are to search rooms, close doors, and use the “Searched” sign if the room is vacant.

STAFF DUTIES

A. Registered (Charge) Nurse:

- i) The RN/Charge Nurse is in charge of the emergency response and evacuation.
- ii) Report to a central location on the wing in which the alarm was triggered/announced; normally the nursing station area.
- iii) Call or delegate a staff member to call 911 to report and confirm alarm. Call or delegate a staff member to call the Executive Director.
- iv) Obtain the Code Red package and don the emergency vest – packages located at each nursing station, the basement, and service area hallway - Emergency kits are located at each nursing station, Retirement Living office, Birch in service hall across from laundry and in the basement hall outside the staff lunch room.
- v) Designate a person to meet the Fire Department at the front entrance and direct them to the location of the fire – **NOTE: ***After hours the front entrance will need to be unlocked*****
- vi) Direct resident evacuation. Residents are to be evacuated from the Code Red area and placed beyond the Fire Doors. Upon arrival of Fire Officials, the RN will take direction and communicate to staff.
- vii) Designated staff will respond to the Code Red area for evacuation of residents out of the Fire Zone and beyond a set of fire doors. RN is to page/call for additional staff for evacuation if required.

NOTE: If the alarm indicates the fire is in the Church of Christ building the RN will not go through the double doors into the link between the Home and the Church. Instead, the RN will wait by the main entrance to give direction and assistance to the Fire Department as needed.

B. Registered Practical Nurse (RPN):

If the Code Red IS NOT in the RPN's Home Area:

- i) Upon hearing the location of the Code Red, the RPN will direct (2) two PSW's from his/her unit, to proceed to the Code Red area to assist with evacuation as directed by the RN Charge Nurse.
- ii) Aspen Home Area RPN Only: Upon hearing the alarm, the RPN will check the annunciator panel and announce the location of the alarm and press the "Acknowledge" Button. The RPN will announce the location of the alarm over the overhead PA system announcing the location of the alarm three times, clearly and loudly "Code Red _____ Home Area".
- iii) Remain on his/her unit unless directed otherwise.
- iv) Keep his/her ASCOM phone on his/her person so that he/she can be contacted if required.
- v) Assist with closing windows and doors and utilize the "searched" signs as appropriate.
- vi) Designate remaining staff on the unit to monitor exits to ensure resident safety

- vii) Obtain the Emergency Bag, Clip Board (has resident names), and Resident Name Tags (located in med cart drawer) and prepare for potential evacuation

If the Code Red **IS** in the RPN's Home Area:

The RPN is to follow the **REACT** Procedure:

- i) **Remove residents/occupants in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) Obtain the Emergency Bag, Clip Board, and Resident Name Tags (located in med cart) and begin evacuation (Code Green) of Code Red Area – beyond Fire Doors
- iii) Remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iv) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- v) Remove residents from room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.
- vi) Ensure that all residents are accounted for following evacuation
- vii) If safe to do so, evacuate Resident Medical Records and Med Cart

C. Personal Support Workers/Health Care Aids:

If the Code Red **IS NOT** in the HCA/PSW's Home Area:

- i) Upon Hearing the Code Red two (2) PSW's from each unit will be selected by the RPN and sent to the unit identified with the Code Red. The PSW's will assist with evacuation (Code Green) as required.
- ii) PSW/HCA's remaining on their unit, will ensure that the windows and doors are closed - utilize the “searched” signs as required. Shut off desk top/personal fans.
- iii) PSW/HCA's who remain on the unit will be directed by the RPN to monitor exit doors (as MAG locks will be released) for resident safety
- iv) PSW/HCA's who remain on the unit will await further instruction from the RPN or RN Charge Nurse should further staff be required to assist with evacuation (Code Green) in the Code Red Area.

If the Code Red **IS** in the PSW/HCA's Home Area:

The PSW/HCA is to follow the **REACT** Procedure:

- i) **Remove residents/occupants in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) PSW/HCA's are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the "searched" signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents from room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

D. Life Enrichment(LE)/Recreation Staff

If the Code Red **IS NOT** in Home Area where the LE staff is currently working or assigned:

- i) If conducting a group program – remain with the residents. Monitor and reassure the residents. Await further instruction.
- ii) If LE staff are not conducting a program, return to assigned home area and assist with closing of windows and doors – utilize the "searched" sign as appropriate
- iii) Monitor exit doors for resident safety as assigned by RPN - MAG locks are released in the event of a Code Red
- iv) Await for further instruction from the unit RPN or Charge Nurse

If the Code Red **IS** in the Life Enrichment Staff Home Area:

LE staff are to follow the **REACT** Procedure:

- i) **Remove residents/occupants in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) Remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.

- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents from room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

E. Dietary Aids (DA)

If the Code Red **IS NOT** in Home Area where the DA staff is currently working:

- If the DA *is not* in the servery at the time of the Code Red
 - i) Return to assigned unit. Shut off equipment
 - ii) Assist with shutting windows, turning off fans, and closing doors – utilize the “searched” signs as appropriate.
 - iii) Await further instruction from RPN or RN Charge Nurse – including monitoring of exits for resident safety (as MAG locks release during Code Red) as assigned.
- If the DA *is* in the servery at the time of the Code Red
 - i) Shut down equipment
 - ii) Close door to servery, dining room, and balcony (if on area)
 - iii) Assist with shutting windows, turning off fans, and closing doors in resident home area – utilize the “searched” signs as appropriate.
 - iv) Await further instruction from RPN or RN Charge Nurse – including monitoring of exits for resident safety (as MAG locks release during Code Red) as assigned.

If the Code Red **IS** in the Home Area where the DA Staff is working:

DA staff are to follow the **REACT** Procedure:

- i) **Remove** residents/occupants in immediate danger
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) Remove residents/occupants from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin, then those nearest. Residents/occupants located furthest away from the fire area are evacuated

last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

F. Cook Staff

If the Code Red **IS NOT** in the Kitchen Area:

- i) Shut down equipment in the kitchen area – including exhaust fans.
- ii) Exit kitchen area closing doors behind you
- iii) Proceed to first floor elevator area and monitor ambulance exit area to ensure resident safety. Await further instructions from RN Charge Nurse to assist with evacuation as required

If the Code Red **IS** in the Kitchen Area (or in another area of the home they are in):

- i) If the Code Red is in the kitchen - Shut down equipment in the kitchen area – including exhaust fans.
- ii) Exit kitchen area closing doors behind you
- iii) Proceed to first floor elevator area and monitor ambulance exit area to ensure resident safety. Await further instructions from RN Charge Nurse to assist with evacuation as required

- iv) If Cooks are in a Resident Home Area during the Code Red
Cooks are to follow the **REACT** Procedure:

Remove residents/occupants in immediate danger (if in a Resident Home Area)

Ensure the doors are closed to confine the fire and smoke

Activate the fire alarm using the nearest pull station

Call the Fire Department (911)

NOTE: RN to assign staff to call 911

Try to continue the evacuation or extinguish the fire

- i) Remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- ii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iii) Remove residents/occupants from room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

G. Laundry Aid

If the Code Red **IS NOT** in the Laundry Area

- If the Laundry Aid is in the Laundry Room upon hearing the alarm
 - i) Close windows and shut down all equipment: dryers, washers, fans, heat machine, exhaust fans etc.
 - ii) Close doors to laundry room
 - iii) Proceed to the first floor elevator area
 - iv) Monitor the ambulance and service area doors to ensure resident safety
 - v) Await further direction from the RN Charge Nurse if additional staff are required for safety
- If the Laundry Aid is on a Resident Home Area upon hearing the alarm (not the Code Red Area)
 - i) Remove carts from the main hallway and place in a nearby room
 - ii) Proceed to laundry room and close windows and shut off equipment including dryers, washers, fans, heat machine, exhaust fan etc.
 - iii) Proceed to the first floor elevator area
 - iv) Monitor the ambulance and service area doors to ensure resident safety
 - v) Await further direction from the RN Charge Nurse if additional staff are required for evacuation

If the Code Red **IS** in the Laundry Room OR in another area that they Laundry Aid is in:

Laundry Aids are to follow the **REACT** Procedure:

- i) **Remove residents/occupants in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the fire is in the laundry room, staff are to shut off equipment - * IF safe to do so *
- iii) If Laundry Aides are in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iv) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- v) Remove residents/occupants from room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

H. Housekeeping Staff

If the Code Red **IS NOT** in the area where the Housekeeper is working:

- i) Return carts to the appropriate closet
- ii) Assist staff with closing windows and shutting off fans
- iii) Assist staff with closing resident room doors utilizing the “searched sign” where appropriate
- iv) Monitor exit doors to ensure resident safety if directed by RPN
- v) Await further instruction for assistance with resident evacuation from Code Red area if required

- If Housekeeping staff are not on their assigned unit when the alarm is sounded, they are to return to their assigned unit

If the Code Red **IS** in the area where Housekeeping Staff are working:

Housekeeping Staff are to follow the **REACT** Procedure:

- i) **Remove residents/occupants in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If Housekeeping Staff are in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

I. Maintenance Staff

- Regardless of the location of the announced Code Red, Maintenance staff are to immediately proceed to the announced Code Red area

Follow the **REACT** Procedure

- i) **Remove residents/occupants in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)

NOTE: RN to assign staff to call 911

Try to continue the evacuation or extinguish the fire

- ii) If Maintenance Staff are in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

J. Director of Care (DOC)

- Regardless of the location of the announced Code Red, the Director of Care is to immediately proceed to the announced Code Red area

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Director of Care is in a Resident Home Area during the Code Red, the DOC is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

K. Assistant Director of Care (ADOC)

- Regardless of the location of the announced Code Red, the Assistant Director of Care is to immediately proceed to the announced Code Red area

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)

NOTE: RN to assign staff to call 911

Try to continue the evacuation or extinguish the fire

- ii) If the Assistant Director of Care is in a Resident Home Area during the Code Red, the ADOC is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

L. Executive Director

- Regardless of the location of the announced Code Red, the is to immediately proceed to the announced Code Red area

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Executive Director is in a Resident Home Area during the Code Red, he/she is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

M. Director of Dietary Services (DDS) and Supervisor

If the Code Red **IS NOT** in the area where the DDS and Supervisor is working:

- i) Immediately proceed to the Spruce Home Area
- ii) Assist with windows and closing doors – utilize the “searched signs” where appropriate
- iii) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the DDS and Supervisor is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the DDS and/or Supervisor are in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

N. Director of Environmental Services (DES)

If the Code Red **IS NOT** in the area where the DES is working:

- i) Immediately proceed the PINE Home Area
- ii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- iii) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the DES is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the DES is in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.

- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

O. Director of Programs and Volunteers (DPV)

If the Code Red **IS NOT** in the area where the DPV is working:

- i) Immediately proceed the WILLOW Home Area
- ii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- iii) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the DPV is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the DPV is in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from room of origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

P. Director of Human Resources (DHR)

If the Code Red **IS NOT** in the area where the DHR is working:

- i) Immediately proceed the MAPLE Home Area
- ii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- iii) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the DHR is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the DHR in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room or origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

Q. Director of Finance (DOF)

If the Code Red **IS NOT** in the area where the DOF is working:

- i) Immediately proceed the ASPEN Home Area
- ii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- iii) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the DOF is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.

- iv) Remove residents/occupants from the room or origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

R. Director of Community (CSS) and Retirement Living (RL) Services

If the Code Red **IS NOT** in the area where the Director of CSS/RL Services is working:

- i) Immediately proceed the Retirement Living Home Area
- ii) Assist residents to the Centre Lounge Area
- iii) Reassure residents
- iv) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- v) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the Director of CSS/Retirement Living (RL) is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) Return to the RL/CSS Area
- iii) If in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iv) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- v) Remove residents/occupants from the room or origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

S. Retirement Living Aide

If the Code Red **IS NOT** in the area where the Retirement Living Aide is working:

- i) Immediately proceed the Retirement Living Home Area
- ii) Reassure residents
- iii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate

- iv) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the Retirement Living Aide is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Retirement Living Aide is in a Resident Home Area during the Code Red, he/she is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room or origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

T. Director of Fund Development

If the Code Red **IS NOT** in the area where the Director of Fund Development is working:

- i) Immediately proceed the Front Entrance/Administration Area
- ii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- iii) Monitor exits to ensure resident safety
- iv) Prevent and redirect visitors from entering the building
- v) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the Director of Fund Development is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire

- ii) If the Director of Fund Development is in a Resident Home Area during the Code Red, he/she is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room or origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

U. Resident Care Administrative Assistant (RCAA)

If the Code Red **IS NOT** in the area where the RCAA is working:

- i) Immediately proceed to the ASPEN Home Area
- ii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- iii) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where the RCAA is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the RCAA is in a Resident Home Area during the Code Red, the RCAA is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room or origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

V. Administrative Assistants, Scheduling Coordinator and Volunteer Coordinator

If the Code Red **IS NOT** in the area where Administrative Assistants, Scheduling Coordinator, and Volunteer Coordinator is working:

- i) Immediately proceed the Administrative/Front Entrance Area

- ii) Assist with closing windows, shutting of fans, and closing doors utilizing the “searched signs” as appropriate
- iii) Monitor exits to ensure resident safety
- iv) Prevent and redirect visitors from entering the building
- v) Await further instructions from RPN/RN Charge Nurse if additional staff are required to evacuate residents from the Code Red area

If the Code Red **IS** in the area where Administrative Assistants, Scheduling Coordinator, and Volunteer Coordinator is working:

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Administrative Assistants, Scheduling Coordinator and Volunteer Coordinator is in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room or origin - then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

W. Nurse Practitioner (NP)

If the Code Red **IS NOT** in the area where the Nurse Practitioner is working

- i) Immediately proceed to the first floor elevator area
- ii) Await further instructions from RN Charge Nurse if additional staff are required for evacuation of residents

If the Code Red **IS** in the area where the Nurse Practitioner is working

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire

- ii) If the Nurse Practitioner/NP Administrative Assistant are in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants closest to the fire area, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

X. Medical Advisor/Medical Advisor Administrative Assistant

If the Code Red **IS NOT** in the area where the Medical Advisor/Admin Assist is working

- i) Remain with patients
- ii) Close windows/doors and shut off fans
- iii) Await for further instructions from RN Charge Nurse

If the Code Red **IS** in the area where the Medical Advisor/Admin Assist is working

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Medical Advisor/Admin. Assist are in a Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse

Y. Hairdresser/Barber

If the Code Red **IS NOT** in the area where the Hairdresser/Barber is working

- i) Remain with residents
- ii) Close windows/doors and shut off fans

- iii) If no residents in hairdressing room – proceed immediately to first floor elevator area
- iv) Await for further instructions from RN Charge Nurse if additional staff are required for evacuation of residents from Code Red area

If the Code Red **IS** in the area where the Hairdresser/Barber is working

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Hairdresser/Barber are in the Resident Home Area during the Code Red, they are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

Z. Resource Nurse

- Regardless of the location of the announced Code Red, the Resource Nurse is to immediately proceed to the announced Code Red area

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Resource Nurse is in a Resident Home Area during the Code Red, he/she is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

AA. Chaplain

If the Code Red **IS NOT** in the area where the Chaplain is working

- If Chaplain is in a group service or program
 - i) Remain with residents
 - ii) Close windows/doors and shut off fans
 - iii) Await for further instructions from RN Charge Nurse if additional staff are required for evacuation of residents from Code Red area
- If Chaplain is not in a group service or program
 - i) Proceed to the first floor elevator area
 - ii) Monitor ambulance exit and service area doors to ensure resident safety
 - v) Await for further instructions from RN Charge Nurse if additional staff are required for evacuation of residents from Code Red area

If the Code Red **IS** in the area where the Chaplain is working

Follow the **REACT** Procedure

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) If the Chaplain in the Resident Home Area during the Code Red, he/she is to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

BB. Restorative Care/Physiotherapy/Therapy Aid Staff

If the Code Red **IS NOT** in Home Area where Restorative Care/ Physiotherapy and Therapy Aid staff are currently working or assigned:

- i) If conducting a group program – remain with the residents on the unit. Monitor and reassure residents. Await further instruction.

- ii) If staff are not conducting a program, remain on the unit and assist with closing of windows and doors in the area– utilize the “searched” sign as appropriate
- iii) Monitor exit doors for resident safety as assigned by RPN - MAG locks are released in the event of a Code Red
- iv) Await for further instruction from the unit RPN or Charge Nurse

If the Code Red **IS** in the Home Area where Restorative Care/ Physiotherapy and Therapy Aide Staff are currently working:

Follow the **REACT** Procedure:

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
 Try to continue the evacuation or extinguish the fire
- ii) Staff are to remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room or origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

CC. Dietitians

If the Code Red **IS NOT** in Home Area where the Dietician is currently working:

- i) Dietitian to immediately proceed to the first floor elevator area and monitor the ambulance and service area doors to ensure resident safety.
- ii) Await further direction from the RN Charge Nurse if additional staff are required for evacuation of the Code Red Area

If the Code Red **IS** in the Home Area where the Dietician is currently working:

Follow the **REACT** Procedure:

- i) **Remove residents in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
 Try to continue the evacuation or extinguish the fire

- ii) Remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room of origin. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

DD. Nursing Students

If the Code Red **IS NOT** in Home Area where the Nursing Student is currently working:

- i) Upon hearing the alarm/announcement of the Code Red, the Nursing Student is to immediately proceed to their assigned Resident Home Area.
- ii) Assist with closing of windows and doors – utilize the “searched” sign as appropriate.
- iii) Await further direction from the RPN, or RN Charge Nurse if additional staff are required for evacuation of the Code Red Area

If the Code Red **IS** in the Home Area where the Nursing Student is currently working:

Follow the **REACT** Procedure:

- i) **Remove residents in immediate danger**
Ensure the door(s) are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
- ii) Remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
- iii) Utilize the “searched” signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
- iv) Remove residents/occupants from the room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

EE. Students: Retirement Living/Senior Encounter Day Care, Dietary Students/Coop

- i) Upon hearing the alarm/announcement of the Code Red, the student is to shadow staff to whom they are assigned
- ii) Await further direction from Program Staff, RPN, or RN Charge Nurse

FF. Students: Recreation, OT/PT, Massage and All Other Students

If the Code Red **IS NOT** in Home Area where the Student is currently working:

- If assisting residents:
 - iii) Upon hearing the alarm/announcement of the Code Red, he/she is to remain with the group
 - iv) Reassure residents
 - v) Await further direction from Program Staff, RPN, or RN Charge Nurse
- If not assisting residents:
 - i) Upon hearing the alarm, proceed to the front entrance area of the facility
 - ii) Await for further instructions

If the Code Red **IS** in the Home Area where the Student is currently working:

- If the Student discovers the fire:
 - i) Sound the alarm by activating the fire alarm pull station (located at every entrance/exit).
 - ii) Assist any resident in immediate danger if safe to do so
 - iii) Inform the nearest staff member of the location of the fire
 - iv) Proceed to the front entrance area and await further instruction
- If the Student hears the alarm and the Code Red is in the area they are working:
 - i) Immediately proceed to the front entrance area
 - ii) Await for further instructions

GG. Volunteers

If the Code Red **IS NOT** in Home Area where the Volunteer is currently working:

- If assisting Program Staff with a group program:
 - vi) Upon hearing the alarm/announcement of the Code Red, he/she is to remain with the group
 - vii) Reassure residents
 - viii) Await further direction from Program Staff, RPN, or RN Charge Nurse
- If not in a group program:
 - iii) Upon hearing the alarm, proceed to the front entrance area of the facility
 - iv) Await for further instructions

If the Code Red **IS** in the Home Area where the Volunteer is currently working:

- If the Volunteer discovers the fire:
 - v) Sound the alarm by activating the fire alarm pull station (located at every entrance/exit).
 - vi) Assist any resident in immediate danger if safe to do so
 - vii) Inform the nearest staff member of the location of the fire
 - viii) Proceed to the front entrance area and await further instruction
- If the Volunteer hears the alarm and the Code Red is in the area they are working:
 - iii) Immediately proceed to the front entrance area
 - iv) Await for further instructions

HH. Contractors

If the Code Red **IS NOT** in Home Area where the Contractor is currently working:

- i) If working with a resident or group of residents, remain with the residents. Monitor and reassure residents. Await further instruction.
- ii) If Contractors are not working with residents, safely store equipment and tools in an area where residents cannot access.
- iii) Proceed directly to the first floor elevator area.
- iv) Await for further instruction from the unit RPN or Charge Nurse.

If the Code Red **IS** in the Home Area where the Contractor is currently working:

- i) If the Contractor discovers a fire, the Contractor is to activate the nearest pull station
- ii) Inform a staff member of the location of the fire
- iii) Place tools/equipment in an area where residents cannot access them.
- iv) Proceed directly to the first floor elevator area.
- v) Await for further instructions from the Charge Nurse

II. Night Staff

1. At night the normal staffing levels consist of a total of seven (7) people: 1 RN (Charge Nurse); 1 RPN, and 6-7 PSW's/HCA's
2. When the fire alarm sounds and the location is announced **all staff** will report to the location of the alarm, except for the RPN.
3. The RPN, unless otherwise instructed by the Charge Nurse, will:
 - ✓ Unlock the front doors (this allows Fire Department access);
 - ✓ Report to Pine;
 - ✓ Call 911;
 - ✓ Call the Executive Director; this call activates the emergency fan out.
4. Remaining Night Staff (RN/PSW's) to follow the **REACT** Procedure:
 - i) **Remove residents/occupants in immediate danger**
Ensure the doors are closed to confine the fire and smoke
Activate the fire alarm using the nearest pull station
Call the Fire Department (911)
NOTE: RN to assign staff to call 911
Try to continue the evacuation or extinguish the fire
 - i) Remove residents from the Code Red area and begin evacuation (Code Green) as directed by the RN Charge Nurse.
 - ii) Utilize the "searched" signs on the doors to inform other staff and Fire Officials that the room has been searched and evacuated.
 - iii) Remove residents/occupants from the room of origin, then those nearest. Residents furthest away from the fire area are evacuated last. Evacuate residents beyond the nearest set of fire rated doors - as directed by the RN Charge nurse.

Evacuation - Lift and Carries

In the event of a fire, the first duty of personnel is to remove the resident or residents who may be in immediate danger. This may require removing one person or many, and staff must be trained in workable methods of removing them.

Several factors must be considered in emergency handling of residents:

- a) The nature of the emergency
- b) The weight and condition of the resident
- c) The strength and adaptability of the rescuer

On the following pages, there are several one and two person carries described. It is important that staff completely understand these procedures and be competent to instruct others.

Note: Refer to Appendix "D" for Visual Descriptors

HIP CARRY

If the staff approaches from the patient's right side, she pulls the patient's left arm over her left shoulder by grasping the patient's left wrist with her left hand, palm down. She pulls down on the arm, raising and turning the patient's body so she can slide her right hand into the right armpit. (The procedure is reversed if the staff approaches from the patient's left.)

The staff then releases the patient's wrist, makes a half turn to her left so that her hips are squarely against the patient's abdomen. With her knees slightly bent and her feet apart, she reaches back with her left arm and grasps both of the knees. Now she has the patient secured by the armpit and the knees.

The nurse draws the patient up on her hips before she leaves the bedside. If she carries the patient on her buttocks, the patient may start to slide. A great deal of the lifting power results from the nurse pushing against the floor with her feet as she stands as erectly as possible and straightens her knees. She walks with her chest out and her shoulders back.

To unload the patient in the corridor, the nurse places the patient's buttocks against the wall and drops on her knee closer to the wall. Leaning against the patient as the person slides down the wall, the nurse uses the wall to sustain the patient's weight and to maintain her own balance. The patient is locked between her body and the wall.

CRADLE DROP

The nurse first doubles a blanket lengthwise and places it on the floor parallel to the bed. If she approaches from the patient's right side, she slips her left arm under the patient's neck, grasps the left shoulder in her left hand, and slips her right arm under the knees and grasps them with her right hand. Her left knee or thigh, depending upon the height

of the bed, is placed against the bed and opposite the patient's shoulders. Both her feet are flat on the floor about six inches apart, her right foot about six inches from the bed. (If the patient is approached from the left side, the procedure is reversed.)

The patient is pulled from the bed. No lifting is necessary. The nurse pulls with both hands and pushes with her left knee or thigh. The moment that the patient starts to leave the bed, the nurse must drop on her right knee.

When the patient is clear of the nurse's extended right arm, she supports the knees and her left arm supports the head and shoulders. Cradle formed by her knee and arm protects the back. She lets the patient slide gently to the blanket and pulls.

Note: The relative position of the patient's body is important. A nurse can maintain the balance necessary if she pulls the patient's buttocks, instead of knees or thighs, out on her knee. (This removal is for patients too heavy for nurse to carry, for low beds, and for bed fires.)

BEAR HUG HOLD

If the exit path is narrow or the resident is disturbed emotionally, it may be to your advantage to use the bear hug assist on the resident.

1. Approach the standing resident from the rear.
2. Place your hands between the resident's body and arms ... take hold of the wrists ... keep your hands on tops, your thumbs to the inside.
3. Fold your arms to encircle the resident around the chest.
4. Most important is that you keep your head to one side of the resident's head so that the resident cannot butt you.

THE UNIVERSAL CARRY

The universal carry is a method of removing a resident from the bed onto a blanket on the floor. It is a quick and effective method for removing a resident who is in immediate danger. This carry can be used by anyone regardless of the size of the resident.

1. When you approach the bed, stay low because if there is a smoke condition, the smoke will have a tendency to rise. By staying close to the floor you will not have to breathe the smoke and heat.
2. Now spread the blanket, sheet or spread on the floor, placed one-third of the blanket under the bed ... leave about eight inches above the resident's head.
3. Grasp the resident's ankles and move the legs until they drop over the bed at the bend in the knees.

4. Place your hands on each shoulder of the resident. Slowly pull your hands toward you until the resident is in a sitting position.
5. Encircle the resident with your arms, place your arms underneath the resident's armpits and lock your hands together in front of him.
6. Slide the resident slowly to the edge of the bed and lower to the blanket ... if the bed is in a high position, allow the resident to slide down one of your legs.
7. Always protect the resident's head.
8. Gently lower the head to the blanket ... wrap the blanket around the resident.
9. At the resident's head, grip the blanket with your hands above each shoulder of the resident ... do not let the head snap back.
10. Place the patient in a half-sitting position and pull the blanket toward you. The blanket will slide easily on the floor allowing you to move the resident to safety.

SWING CARRY

If the nurses approach from the patient's left, the first nurse, standing with her feet together, slips her right arm under the patient's neck and grasps the right shoulder in her right hand. She slides her left palm behind the left bicep and grips the patient's upper left arm. She brings the patient to a sitting position by taking one step with the left foot toward the foot of the bed. This move employs the swing of her whole body. She gains additional leverage if she pushes her right shoulder against the patient's left shoulder once the patient is in motion. When the patient is sitting, the second nurse grasps the ankles and swings the feet off the bed. (If the nurses approach from the right, all the mechanics are reversed.)

Both nurses then release the patient's wrists and pull the arm around her neck and down across her chest. Each nurse then reaches across the patient's back and places her free hand on the top of the other nurse's shoulder.

The patient is removed from the bed by both nurses pushing up with their shoulders. Weight makes no material difference because the patient is hanging like a pendulum off the nurse's shoulders. This is the easiest removal of all, and is the two-man carry used on stairs and fire escapes. Any two nurses can carry any patient anywhere.

To unload in the corridor, each nurse drops on the knee closer to the patient. While leaning against the patient, the nurses place the individual's buttocks on the floor and lower the patient to her back.

DOUBLE CRADLE DROP

The double cradle drop is recommended for two rescuers to use when one person cannot control the resident.

1. If there is smoke or heat, stay close to the floor.
2. With the blanket on the floor, place one third of it under the bed and leave about eight inches above the resident's head.
3. The person who will handle the top half of the resident will be referred to as "A", and the person who handle the lower half of the resident will be "B".
4. "A", slide your arm under the legs on both sides of the resident's knees and extend through ... to support this half firmly.
5. "B", slide your arms under the legs on both sides of the resident's knees and extend through ... to support this half firmly.
6. Do not jerk the resident out into mid-air.
7. Together, gently pull the resident toward you by rocking back into a sitting position and lowering to the blanket.
8. Always protect the resident's head by lowering this park to the blanket last ... wrap the blanket around the resident.
9. Together, move to the resident's head, grasp the blanket above the shoulders. Do not let the head snap back.
10. Leave the resident in a prone position and pull the blanket toward you.

CODE RED EMERGENCY CONCLUDED

1. Once the Incident has concluded and with permission from the Fire Captain the Charge Nurse will:

- ✓ Announce **"Stage-One All Clear"** three-times over the PA system. Designated staff will stay on their unit to ensure all doors are secure until informed that the mag locks are operating.
- ✓ Reset the fire alarm system(s), door mag lock system, and elevators. Announce **"Stage-Two All Clear "** three-times on PA system indicate the mag locks are operating.
- ✓ Ensure the Maintenance Department is advised of any used fire equipment.
- ✓ Complete the appropriate incident reports and forward a copy to the Executive Director.
- ✓ Document staff in attendance and forward to the Manager of Environmental Services.

Re-Setting Fire Monitoring and Safety Systems

Once a fire emergency is "All Clear" the RN in charge will reactivate the systems in the following order:

1. Resetting the Pull Station(s)

- ✓ All fire alarm activating events must be cleared or returned to normal operating conditions.
- ✓ Smoke and heat detectors must be cleared and back on line.
- ✓ Pull stations must be reset depressing the spring using the small screwdriver and snapping the lever back into place. Remember to replace the plastic cover.

2. Re-Setting the Fire Alarm System

- ✓ The fire alarm system is reset at the main annunciator panel located in the maintenance office, in the Service Wing/Receiving area, on the wall opposite the door.
- ✓ Open the panel's door and press the bottom red button labelled "System Reset Button".
- ✓ The display screen will briefly show "Network Reset Complete" and the top of the screen will read "GPH System Normal".
- ✓ It is normal to take 30-45 seconds for the strobe lights to turn off.

3. Re-Setting the Mag Lock Doors

- ✓ The Mag Locks are reset at the main entrance between the sliding doors at the small annunciator panel on the wall.
- ✓ Nursing and maintenance have a key that is inserted in the slot to the left of the annunciator panel,
- ✓ Turning this key resets the mag locks

4. **Re-Setting the Elevators**

- ✓ The elevators can be reset before the alarms are reset if necessary. Note: under the instruction of the Fire Captain the elevators may be reset and used during the fire emergency.
- ✓ The elevators are reset at the ground level on the panel located between the two elevators. The elevators will be at this location with the doors open; the red light between the two elevators will show "On" which means "on out of service mode".
- ✓ The reset key is similar to elevator control key but not the same.
 - a. Insert the reset key in the key slot labelled, from the left, **reset, off, on**; the slot is pointing to the "off" position.
 - b. Turn to "reset" and hold for five (5) seconds;
 - c. Turn to "on";
 - d. Turn back to "off" and remove the key.

STAFF TRAINING

1. Fire Drills

- ✓ The Fire Control Officer ensures that there are monthly fire drills on each shift; days, evenings and nights.
- ✓ The Director of Environmental Services tracks the participants in fire drills and in other fire training sessions to make sure that all employees have received appropriate training. **Records are kept for at least two years.**
- ✓ Unannounced Fire Drills are conducted each month on every shift days, evenings and nights; a flashing red light may be used to indicate the location of the fire.
- ✓ A discussion/debrief of the effectiveness of the drill will take place and the Emergency Code Report will be filed with the Director of Environmental Services. The outcome of the Fire Drills are recorded on the Emergency Code Report Form.
- ✓ A variety of Fire Drills are practiced depending on the circumstances.
 - a. On evenings and nights, when most of the residents are sleeping, a silent fire drill is the norm. The RN will call a Code Red for a certain wing and the staff will respond as per GPH policies.
Note: if an alarmed drill is to be performed on evenings and nights it will first be arranged to have extra people in to guard the exit doors.
 - b. Day shift and some evening shifts will include actual evacuation of residents from the designated Code Red areas. These drills will include the activation of the fire alarm system; either by a manual pull station or through a smoke detector by the Fire Control Officer. Maintenance and/or management staff will be designated to check that the system is working properly e.g. fans shut down, strobe lights working, mag locks released and doors closing properly.
 - c. Occasionally the Fire Control officer will stop a staff member, indicate that there is a fire in certain room and watch how that person activates the fire

drill; at other times a stair well or hall will be blocked indicating that it is impassable due to smoke and staff response will be observed.

2. Orientation

- ✓ Staff will receive training on their designated roles during General Orientation.

3. Supervisory Staff

- ✓ All RN's will receive ongoing training from the Fire Control Officer in the fulfillment of their duties and the operation of essential equipment, e.g. alarm system, annunciator panels and elevators.

General Fire Safety Prevention/Precautions

Fire safety is everyone's responsibility. The following policies will assist in ensuring fire risks are minimized.

1. Smoking: Grove Park Home is a non-smoking facility. Smoking is not permitted within the building. Violation of this policy by staff will result in disciplinary action being taken. Violation of the policy by a resident may result in suspension of smoking privileges. Any visitor that is seen smoking inside the facility will be directed to take their cigarette outside. All violations of this policy will be reported to the Executive Director. Outside, all cigarette butts and ashes will be disposed of in a container designated for that purpose.

2. Space Heaters: Portable space heaters are not permitted in resident rooms. The use of candles or other open flames are not permitted in the Home. The only exception are those situations that have the specific prior approval of the Executive Director or Department Manager in controlled and supervised circumstances, such as birthday cakes, religious services etc. A staff member or approved volunteer must be present in these situations. Extension cords must be used in a safe manner. An extension cord attached to multiple appliances could overheat and cause a fire. Extension cords should not be run under rugs, through doorways, fastened to walls or ceilings except in the event of power failure or equipment emergency and then only on a temporary basis. Extension cords will never be spliced.

3. Electrical Equipment: All electrical equipment brought into the facility, including residents', is to be inspected to ensure they are CSA certified and bear the CSA label. Unapproved or home-made appliances are not permitted unless the appliance has been inspected and labelled by Ontario Hydro.

4. Combustible Materials: Combustible materials are not to be placed in close proximity to heating appliances or lamps. Lamps, including night lights are not to be positioned so as to come into contact with bedding, furniture, room decorations, etc.

5. Waste Material: Waste Material must be disposed of regularly and not permitted to accumulate in locations that would create a fire hazard.

6. **Kitchen and Laundry Ducts/Filters:** Kitchen/Laundry Ducts and filters will be cleaned regularly to remove deposits of grease and lint respectively.
7. **Entrances/Exits/Corridors:** Objects will not be placed in a manner that block or impede an exit, corridor or other passageway. Obstructions of any nature could interfere with evacuation. Exterior fire routes must be monitored regularly to ensure that ambulances and fire department vehicles can use them at all times. Fire routes and sidewalks must be cleared of snow to facilitate evacuation from the building and provide unobstructed access for fire fighters. Objects are not to be placed in front of doors that are intended to close automatically upon the activation of the fire alarm system. Ensure that articles are not used to temporarily interfere with the self-closing feature of any door within the facility.
8. **Access to Pull Stations:** Do not place objects that could prevent persons from locating or accessing fire pull stations fire extinguishers, fire hose cabinets or other emergency equipment.
9. **Oxygen:** When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen cylinders must be stored in designated locations.
10. **Flammable/Combustible Liquids:** The use of flammable and combustible liquids must be controlled. Their use must be reviewed by the Health and Safety committee and safety precautions followed. Flammable liquids must never be used as cleaning solvents. Flammable liquid vapours can be ignited by various sources of ignition including; smokers materials, matches and lighters, electrical equipment, and pilot lights from furnaces and hot water heaters.
11. **Fueling Gasoline Equipment:** Grounds maintenance equipment such as gasoline fueled lawn mowers, leaf blowers, and snow blowers are only to be fueled when the equipment is cold and a minimum 10 meters from the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building. Smoking is not permitted in areas where refueling takes place.
12. **Extension Cords:** Extension cords must be used in a safe manner. An extension cord attached to multiple appliances could overheat and cause a fire. Extension cords must not be run under rugs, through doorways, fastened to walls or ceilings except in the event of a power failure or equipment emergency on a temporary basis. Extension cords must never be spliced.
13. **Kitchen and Laundry Staff:** Staff must be familiar with the safe use and maintenance of the equipment. Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts and filters. Employees must know how to shut down the equipment safely,
14. **Maintenance Staff and Contractors:** Maintenance staff and contractors must implement safe welding and cutting practices. Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding. Portable extinguishers must be provided and a person trained in the use of the

extinguisher be posted as fire watch. The fire watch will not be withdrawn until there is confidence that no further hazard exists. The Maintenance Supervisor / designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

FIRE SAFETY MAINTENANCE SCHEDULE

Definitions

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

Inspect: Physical examination to determine that the device or system will apparently perform in accordance with its intended function.

Test: Operation of the device or system to ensure that it will perform in accordance with its intended operation or function.

DAILY

Fire Code Reference

- | | | |
|----|--|----------|
| 1) | CHECK exit signs to ensure they are in clean and legible condition | 2.7.3.1. |
| 2) | CHECK fire alarm system power on and trouble signal indicators | 6.3.2.2. |

WEEKLY

- | | | |
|-----|--|----------|
| 1) | CHECK the power supply of interconnected smokes associated with pull stations | 6.3.2.6. |
| 2) | CHECK hoods, ducts and filters and clean to ensure removal of deposits that may create a fire hazard are removed | 2.6.1.3. |
| 3) | CHECK that sprinkler system control valves are open | 6.5.4.5. |
| 4) | CHECK sprinkler water supply pressure or system air pressure | 6.5.3.2. |
| 5) | INSPECT valves controlling fire protection water supplies. | 6.6.1.2. |
| 6) | CHECK water level in fire pump reservoirs, | 6.6.3.1. |
| 7) | INSPECT and operate all fire pumps | 6.6.3.3. |
| 8) | CHECK standpipe system water supply pressure and system air pressure | 6.4.3.6. |
| 9) | CHECK components of the emergency generator system | 6.7.1.1. |
| 10) | CHECK hoods, ducts and filters subject to accumulations of combustible deposits. | 2.6.1.3. |

MONTHLY

- | | | |
|----|---|----------|
| 1) | INSPECT all doors in fire separations | 2.2.3.4. |
| 2) | INSPECT and TEST emergency lighting systems, batteries, units and lamps. | 2.7.3.3. |
| 3) | INSPECT all portable fire extinguishers | 6.2.7.2. |
| 4) | TEST the operability of interconnected smokes and pull stations by testing at least one smoke alarm | 6.3.2.6. |
| 5) | TEST fire alarm system and check all components including standby power batteries, an initiating device, an emergency telephone and the voice paging system | 6.3.2.2. |
| 6) | TEST the alarm for the sprinkler system by flowing water | 6.5.5.2. |
| 7) | INSPECT the water level in gravity fire protection water tanks. | 6.6.2.8. |
| 8) | INSPECT sprinkler valves that are locked open or electrically supervised | 6.5.4.5. |
| 9) | CHECK all components of emergency generator system set under at least 30% of the rated load for 60 minutes | 6.7.1.1. |

10)	CONDUCT a Fire Drill for supervisory staff in care, care and treatment, detention centres and day care nurseries	2.8.3.2.
EVERY TWO MONTHS		
1)	TEST sprinkler waterflow devices.	6.5.5.7.
EVERY THREE MONTHS		
1)	CONDUCT a Fire Drill for supervisory staff in high buildings (regulated by 3.2.6. of the Building Code)	2.8.3.2.
2)	INSPECT priming water for dry-pipe sprinkler systems	6.5.4.3.
3)	TEST closures, switches and dampers related to smoke control in high buildings	7.3.1.2.
4)	TEST elevator door-opening devices and key operated switches related to elevators in high buildings	7.2.2.1.
EVERY SIX MONTHS		
1)	INSPECT AND MAINTAIN wet chemical kitchen extinguishing system	2.6.1.12.
2)	TEST sprinkler valve supervisory switches and other sprinkler and fire protection system supervisory devices.	6.5.5.7.
3)	CHECK and clean crankcase, breathers, governors and linkages on emergency generator sets.	6.7.1.1.
4)	INSPECT elevators in high buildings to ensure proper operation on fire alarm activation.	7.2.3.1.
ANNUALLY		
1)	TEST smoke alarms.	6.3.3.8
2)	TEST carbon monoxide alarms.	6.3.4.8.
3)	INSPECT fire dampers and fire stop flaps.	2.2.3.5.
4)	INSPECT all chimneys, flues and flue pipes	2.6.1.4.
5)	INSPECT disconnect switches for mechanical air condition and ventilation systems	2.6.1.8
6)	CONDUCT fire alarm drills for supervisory staff	2.8.3.2.
7)	CONDUCT maintenance procedures for fire extinguishers	6.2.7.1.
8)	INSPECT and clean chimney spark arrestors	2.6.3.3.
9)	TEST the fire alarm system (by persons with qualifications acceptable to the Chief Fire Official).	6.3.2.1.
10)	CHECK exposed sprinkler pipe hangers to ensure they are in good repair	6.5.3.1.
11)	CHECK all sprinkler heads to ensure they are free from damage, corrosion, grease, dust, paint or whitewash	6.5.3.4.
12)	INSPECT fire department connections for caps, wear, rust or obstructions.	6.5.4.4.
13)	TEST waterflow alarms in sprinkler systems using the most hydraulically remote connection	6.5.5.3.
14)	Trip TEST dry-pipe valves	6.5.5.4.
15)	TEST Sprinkler system water supply pressure	6.5.5.5.
16)	CONDUCT a fire pump flow test	6.6.3.5.
17)	INSPECT all hydrants	6.6.5.1.
18)	INSPECT hydrants – all hydrants shall be flow tested.	6.6.5.6.

12. 19)	CONDUCT general engine and generator maintenance and engine tune-ups for emergency generator sets	6.7.1.1.
20)	INSPECT every closure in an opening to the outdoors at the top of a smoke shaft in high buildings.	7.2.3.1.
21)	INSPECT air handling systems used to vent floor areas in high buildings	7.2.3.1.
22)	TEST Standpipe systems that have not been used in 12 months	6.4.3.1.

EVERY TWO YEARS

- | | | |
|----|--|----------|
| 1) | CHECK valve adjustments and torque heads for emergency generator engines | 6.7.1.1. |
|----|--|----------|

EVERY THREE YEARS

1)	CLEAN and service injector nozzles and check valve adjustments for emergency generator diesel engines	6.7.1.1.
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EVERY FIVE YEARS

1)	Hydrostatically TEST carbon dioxide and water type extinguishers	6.2.7.1.
2)	CHECK insulation of generator windings	6.7.1.1.

EVERY SIX YEARS

- | | | |
|----|---|----------|
| 1) | REPLACE the extinguishing agent in dry chemical fire extinguishers. | 6.2.7.1. |
|----|---|----------|

EVERY TWELVE YEARS

1)	Hydrostatically TEST dry chemical and vaporizing liquid fire extinguishers	6.2.7.1.
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AS REQUIRED

1)	REPLACE smoke alarms within the time frame indicated in the manufacturer's instructions	6.3.3.7.
2)	TEST smoke alarms after every change in tenancy, when the battery is replaced or after any change in the electrical circuit serving the smoke alarm	6.3.3.8.
3)	REPLACE carbon monoxide alarms within the time frame indicated in the manufacturer's instructions	6.3.4.7.
4)	TEST carbon monoxide alarms after every change in tenancy, after the battery is replaced, or after any change I made to the electrical circuit serving the carbon monoxide alarm.	6.3.4.8.
5)	CHECK doors in fire separations to ensure they are closed	2.2.3.4.
6)	CHECK lint traps in laundry equipment.	2.4.1.5.
7)	ENSURE streets, yards and private roadways that are provided for fire department access are kept clear.	2.5.1.3.
8)	CHECK corridors and ensure they are maintained free of obstructions	2.7.1.7.
9)	INSPECT hydrants after each use	6.6.5.1.
10)	CLEAN any combustible dust producing operations	5.10.1.2.
11)	CLEAN residue in spray booths	5.12.7.2.
12)	VACUUM, clean and dust any dry-powder finishing operations	5.14.6.8.
13)	INSPECT, CLEAN and MAINTAIN all industrial ovens and associated ductwork.	5.18.5.1.
14)	INSPECT sprinkler system auxiliary drains.	6.5.4.1.

RESPONSIBILITIES IN FIRE SAFETY

All Staff Must Ensure That:

- They are aware of their responsibilities upon discovery of a fire, or upon hearing the fire alarm, including how to activate the alarm.
- Stairway doors are kept in the closed position at all times.
- Doors that separate floors into fire safety zones are kept closed and latched at all times, unless designed to close automatically upon activation of the fire alarm.
- Self-closing devices attached to doors are not disengaged or rendered inoperable.
- Doors on hold-open devices in fire separations close automatically upon activation of the fire alarm.
- Stairways, landings, hallways, passageways and exits are kept clear of any storage or other obstructions.
- Combustible waste and debris accumulations are restricted to designated storage areas within the building.

Executive Director's Responsibilities in Fire Safety

- Ensure a Fire Safety Plan is developed, **approved** and fully implemented. Ensure that the Fire Safety Plan is maintained and updated.
- Ensure sufficient number of alternates are designated and trained to act in a supervisory capacity in the event that the appointed supervisor/manager is absent from the building.
- Ensure that all staff receive appropriate training in the use of existing fire protection equipment and actions to take when responding to a fire emergency.
- Ensure that fire drills involving all staff are held at least monthly on each shift. It is advantageous to have these drills activated in various locations at different times. A sufficient number of fire drills must be held to ensure all shift workers participate.
- Adequate records of all staff training and fire drills must be kept for three year.

Director of Care's Responsibilities in Fire Safety

- Identify and establish a plan for patients/residents who require assistance to evacuate due to physical or mental disabilities.
- Ensure exits, corridors or other passageways are not blocked or impeded by storage, debris and equipment (such as medication carts, wheelchairs and lifts). Obstructions of any nature could interfere with evacuation.

Director of Food and Nutrition Services Responsibilities in Fire Safety

- Ensure that cooking equipment and appliances are maintained in good working order.
- Ensure that all grease filters in hoods and duct systems serving cooking appliances are cleaned regularly.
- Ensure kitchen / cleaning chemicals are stored safely.

Director of Environmental Services Responsibilities in Fire Safety

- Ensure that commercial laundry equipment is maintained in good working order.
- Ensure that all duct systems and dryer drums are cleaned of lint and combustible residue regularly.
- Ensure that there is no lint accumulation in the laundry room.
- Ensure that flammable or combustible liquid saturated rags are only cleaned off-site.
- Ensure that laundry/cleaning chemicals are safely stored.
- Ensure that laundry staff knows how to shut down the drying equipment safely in order to prevent foam rubber products from spontaneously heating.
- Ensure that commercial housekeeping equipment is maintained in good working order
- Ensure that all fire protection equipment and building features such as fire separations, emergency lighting, fire alarm systems, sprinkler systems, standpipe systems, fire extinguishers, fixed extinguishing systems and voice communication systems are checked, tested, inspected and maintained in accordance with Parts 2, 6 and 7 of the Fire Code and all applicable standards referenced therein.
- Ensure that magnetic locking devices, if installed on exit and access to exit doors, release upon activation of the fire alarm and adjacent manual pull stations.
- Maintain permanent records of all fire equipment inspections, tests and maintenance as set out in Subsection 1.1.2. of the Fire Code.
- Ensure all access roadways, fire routes, hydrants and pumper connections are accessible to the

fire department and are clear of all obstructions (e.g. snow, parked vehicles and shrubs).

- Ensure all exits, sidewalks and other routes of exit are clear of all obstructions (e.g. snow, parked vehicles, shrubs).
- Ensure all chemicals, cleaning supplies and paints are stored safely.
- Ensure flammable fuels (e.g. gasoline, kerosene, propane) are not stored in the main buildings, but in an out building.
- Ensure refueling of gasoline powered equipment (e.g. tractor, lawn mower) only done when the equipment is cold and is not done within 10 meters of the main buildings.
- Ensure all maintenance staff and contractors implement safe welding and cutting practices. Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding. Portable extinguishers must be provided and a person trained in the use of the extinguisher be posted as fire watch. The fire watch will not be withdrawn until there is confidence that no further hazard exists. The Maintenance Supervisor / designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

Fire Drill Procedure

To ensure that all staff know what to do in the event of a fire, drills will be conducted at any hour of the day or night. Fire drills will be conducted in a manner to simulate an actual fire. The response of individuals should be the same as those actions taken during an actual fire.

The Fire Drill procedure is:

1. The Maintenance Department during the day and an R.N. during other hours will initiate and coordinate fire drills at least once a month in order that each shift will practice the procedure. (R.N. please see schedule posted).
2. The area to be tested will NOT normally be pre-advised.
3. The office will advise the fire alarm monitoring company that the Home is about to have a fire drill (only if the alarms are to be activated).
4. Only during office hours, the R.N. or designate will check the annunciator panel and announce the location of the fire.
5. All employees on duty will participate in the drill as per the Code Red policy.
6. On days, the RN will announce "ALL CLEAR" over P.A. system.
7. Department Managers will do a staff count on days and provide a staff list to the Environmental Manager.

That all staff who work on the night shift (11-7) understand what is expected during regular monthly fire drills which is preparation for a real emergency.

Night-Shift Fire Drills

PROCEDURE

1. The R.N. in charge will plan the fire drill according to schedule. The area for the simulated fire will be chosen someplace in the Home. e.g, One of the lounges, a resident's room, washroom, dining room, etc. A portable light may be used to mark the place of the fire.
2. The R.N. will announce that the fire alarm is ringing through the phone system.
3. One staff member goes to the closest annunciator panel. This information is then relayed to the RN who has simulated a call to the fire department.
4. All staff will proceed to the area of the simulated fire.
5. The staff will perform the measures that would need to be taken in the event of a real fire in that location.
6. Notes on the time of the fire, who was present and measures proposed to resolve the emergency will be recorded on Form FPM-1 and forwarded to the Manager of Environmental Services.

Fire Extinguishers & Locations

Purpose

That all staff know what kind of fire extinguishers are in the Home, their locations and how to use them. The Home is equipped with an automatic sprinkler system.

Description of Fire Extinguishers:

All extinguishers in the Home (*except the "K" fire extinguisher in the kitchen) are ABC multi-purpose and are located throughout the Home. They can be used on any kind of fire and the contents are not harmful to the skin. It is important that all staff know where they are located and how to use them.

* The "K" fire extinguisher is to be used on stovetop fires only.

Operation of Extinguishers

Pull the pin and depress the handle. Stand back 4 to 5 feet and aim the hose at the base of the fire.

Kitchen Area

There is an automatic pressurized chemical system installed in the kitchen stove ventilation hood. It works automatically in the case of a grease fire. When the temperature reaches 360 degrees Fahrenheit, a fusible link melts and releases a soapy foam substance that will smother the fire.

The system can also be activated manually. A red box is mounted on the wall at shoulder height and is situated at the right side of the kitchen hood and stoves. The instruction on the box is as follows: **"IN CASE OF FIRE PULL PIN"**.

The "K" fire extinguisher is located in the kitchen and is to be used on stovetop fires only.

A fire blanket is hanging in the kitchen. It is kept in an orange plastic wrapper.

It can be placed over a fire in order to smother it or can be placed around a person whose clothing has caught fire.

Fighting Small Fires

Using Portable Fire Extinguishers

WARNING: a fire extinguisher is only suitable for a small fire e.g. the size of a small chair!

REMEMBER THE PASS WORD

PULL THE PIN: This unlocks the operating lever and allows you to discharge the extinguishers. Some extinguishers may have other seals or tamper indicators.

AIM LOW: Point the extinguisher nozzle (or hose) at the base of the fire.'

SQUEEZE THE LEVER ABOVE THE HANDLE: This discharges the extinguisher agent. Releasing the lever will stop the discharge (some extinguishers have a button instead of a lever).

SWEEP FROM SIDE TO SIDE: Moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

ALWAYS BE SURE THE FIRE DEPARTMENT INSPECTS THE FIRE SITE, EVEN IF YOU THINK YOU HAVE TOTALLY EXTINGUISHED THE FIRE.

Stand-By Diesel Power System

PURPOSE

To provide staff with an understanding of the operation of the Standby Diesel Power System.

In the event of an electrical power failure, the Home's Standby Diesel Power System will be automatically activated. The expected sequence of events will be as follows:

1. When the electrical power to the Home is interrupted, there will be a ten second delay during which time the Home will be in darkness, then the lights will be restored. The ten second delay is the time required for the diesel engine to start.
2. While the generator is running during a power failure, all windows in the centre courtyard, laundry department and on the east side of Pine, Spruce and Willow will be closed.
3. There will be emergency lighting throughout the Home. Resident's rooms and private washrooms will not have lighting.
4. Normal electrical outlets will not have power throughout the Home. However, there are emergency power outlets available. These outlets are orange in colour and are for the use of medical equipment, electrical beds etc.

On Pine, Spruce and Willow emergency power outlets are located in every resident room, dining room and throughout the hallways.

In Birch, emergency power outlets are located in the hallways.

On Aspen, the emergency power outlets are located next to rooms 1029, 1038 and 1157, as well as at the Nursing Station.

On Maple, the emergency power outlets are located next to rooms 1196 (north hallway), 1232 and 1224 (south hallway), as well as at the Nursing Station.

5. The diesel fuel tank holds enough diesel fuel to last 48 hours, however fuel consumption should be monitored every 8 to 12 hours. Fuel should be ordered when it is below $\frac{1}{2}$ tank.
6. When the outside power comes back on, the diesel generator will automatically shut off after a short cool down period.
7. If a power failure lasts for more than 2 hours, notify Environmental Services.

Generator Testing

1. The diesel generator will be tested by Environmental Services on a monthly basis.
2. When the generator is tested, it will normally be run at a 30% load.

3. Prior to the generator test the Environmental Services staff will ensure all of the windows in the Laundry Department and on the east side of Pine Street, Spruce Avenue and Willow Landing will be closed. The windows will remain closed until the generator is turned off. Further, the maintenance staff will ensure windows on the west side of the Church of Christ building are also closed.
4. If the generator is tested at greater than 30% load the above noted windows, plus all windows facing the centre courtyard will be closed while the generator is running.

NATURAL GAS AND CARBON MONOXIDE ALARMS

For safety purposes a Natural Gas Alarm has been installed in the main kitchen area. This alarm is specifically designed to detect natural gas and other combustible gasses.

From time to time, the gas stoves will emit a slight natural gas odour. This, however, does not mean there is a natural gas leak or build up in the area and does not pose a hazard. Turning on the exhaust fans over the stoves for a short period of time can dissipate the odour. If the odour persists notify the Executive Director or Environmental Services. If they are unavailable call the gas company.

If the natural gas alarm sounds, there is the potential that natural gas or other combustible gasses are present. The alarm will sound well before the levels reach a dangerous level.

If the alarm sounds:

1. Do not turn on any equipment in the kitchen area.
2. Remove residents and staff from the Birch Wing including the kitchen, dining and auditorium areas – close the doors to Aspen and Mulberry Lane.
3. Open the loading dock door and the kitchen/hall doors leading to that area.
4. Open the doors in the link.
5. Call the Fire Department 9-1-1
6. Call the gas company
7. Notify the Executive Director and Environmental Services

CARBON MONOXIDE ALARM

For safety purposes, Carbon Monoxide alarms have been installed in the laundry, main lounge, and Aspen hallway. These alarms specifically detect carbon monoxide.

If carbon monoxide alarm sounds, there is the potential that higher than normal levels of carbon monoxide are present. The alarm will sound well before the level reach a dangerous level. Carbon Monoxide is not combustible and does not pose a fire/explosion hazard.

If the alarm sounds:

1. Remove residents and staff from the laundry, lounge or wing affected.
2. Open the windows and outside doors leading to that area.
3. Call the gas company
4. Notify the Executive Director and Environmental Services

MANUAL Emergency Preparedness	TITLE Fire Instructions	POLICY NUMBER EPP-Red-02
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
CREATED April 2003	REVISED May 2022	PAGE 1 OF 1
Fixing Long-Term Care Act, 2021	Section 268(4)(1)(ii)	Regulations O. Reg 246/22

FIRE INSTRUCTIONS

If you discover fire or smoke: **REACT**

Remove the persons in immediate danger.

Ensure the door(s) is closed to confine the fire and smoke.

Activate the fire alarm system using the nearest pull station. Know where these are located.

Call the fire department – confirm their response and provide information on the alarm. The RN will appoint someone to do this.

Try to continue evacuation or extinguish the fire. (Know where the extinguishers are and if you will be able to extinguish the fire.)

IF YOU HEAR THE ALARM –

DO NOT

- Use telephones, unless you have important information for reception.
- Panic
- Shout “Fire!”
- Use the elevators

DO

- Listen for the location of the fire announced over the PA
- If you are on break or away from your work area, return to your work area and turn all equipment off. Close all doors.
- Report to the charge nurse.
- Be prepared to give assistance if requested.

MANUAL Emergency Preparedness	TITLE Evacuation of the Fire Area	POLICY NUMBER EPP-Red-03
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
CREATED April 2003	REVISED June 2022	PAGE 1 OF 2
Fixing Long-Term Care Act, 2021	Section 268(4)(1)(ii)	Regulations O. Reg 246/22

FIRE FIGHTING CONSIDERATIONS

Once all residents / clients are safe, circumstances will dictate whether the staff responding to the fire area should attempt to fight the fire. In many instances, if the fire is discovered early, it may be relatively easy to extinguish. Staff must assess the situation before attempting to extinguish the fire. Examples where attempting to fight a fire may be possible include; a small garbage can fire or a person's who's clothes are on fire (stop, drop, roll).

Persons should only use the fire fighting equipment they have been trained on e.g. portable fire extinguishers. Persons who have not been trained in the use of portable fire extinguishers or fire hose equipment, should not attempt to extinguish a fire using the equipment.

FIRE SAFETY PRECAUTIONS

Fire safety is everyone's responsibility. The following policies will assist in ensuring fire risks are minimized.

1. Grove Park Home is a non-smoking facility. Smoking is not permitted within the building. Violation of this policy by staff will result in disciplinary action being taken. Violation of the policy by a resident may result in the discharge of the resident to a facility that accommodates smoking. Any visitor that is seen smoking inside the facility will be directed to take their cigarette outside. All violations of this policy will be reported to the Administrator.
2. Portable space heaters are not permitted in resident rooms. The use of candles or other open flames are not permitted in the Home. The only exception are those situations that have the specific prior approval of the Administrator or Department Manager in controlled and supervised circumstances, such as birthday cakes, religious services etc. A staff member or approved volunteer must be present in these situations.
3. Extension cords must be used in a safe manner. An extension cord attached to multiple appliances could overheat and cause a fire. Extension cords should not be run under rugs, through doorways, fastened to walls or ceilings except in the event of a power failure or equipment emergency and then only on a temporary basis. Extension cords will never be spliced.
4. All electrical equipment brought into the facility, including residents', is to be inspected to ensure they are CSA certified and bear the CSA label. Unapproved or home-made appliances are not permitted unless the appliance has been inspected and labelled by Ontario Hydro.
5. Combustible materials are not to be placed in close proximity to heating appliances or lamps. Lamps, including night lights are not to be positioned so as to come into contact with bedding, furniture, room decorations, etc.

MANUAL Emergency Preparedness	TITLE Evacuation of the Fire Area	POLICY NUMBER EPP-Red-03
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
CREATED April 2003	REVISED June 2022	PAGE 2 OF 2
Fixing Long-Term Care Act, 2021	Section 268(4)(1)(ii)	Regulations O. Reg 246/22

6. Waste material must be disposed of regularly and not permitted to accumulate in locations that would create a fire hazard.
7. In the kitchen ducts and filters will be cleaned regularly to remove deposits of grease.
8. In the laundry filters, ducts and other areas will be regularly cleaned to prevent a build up of lint.
9. Outside, all cigarette butts and ashes will be disposed of in a container designated for that purpose.
10. Never permit any objects to block or impede an exit, corridor or other passageway. Obstructions of any nature could interfere with evacuation. Exterior fire routes must be monitored regularly to ensure that ambulances and fire department vehicles can use them at all times. Fire routes and sidewalks must be cleared of snow to facilitate evacuation from the building and provide unobstructed access for fire fighters.
11. Do not place objects that could prevent persons from locating or accessing fire pull stations, fire extinguishers, fire hose cabinets or other emergency equipment.
12. Do not place objects in front of doors that are intended to close automatically upon the activation of the fire alarm system. Ensure that articles are not used to temporarily interfere with the self-closing feature of any door within the facility.
13. When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen cylinders must be stored in suitable locations.
14. The use of flammable and combustible liquids must be controlled. Their use must be reviewed by the Health and Safety committee and safety precautions followed. Flammable liquids must never be used as cleaning solvents. Flammable liquid vapours can be ignited by various sources of ignition including; smokers materials, matches and lighters, electrical equipment, and pilot lights from furnaces and hot water heaters.
15. Grounds maintenance equipment such as gasoline fuelled lawn mowers, leaf blowers, and snow blowers are only to be fuelled when the equipment is cold and a minimum of 10 meters from the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building. Smoking is not permitted in areas where refuelling takes place.
16. Kitchen and laundry room staff must be familiar with the safe use and maintenance of the equipment. Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts and filters. Employees must know how to shut down the equipment safely.

MANUAL Emergency Preparedness	TITLE Evacuation of the Fire Area	POLICY NUMBER EPP-Red-03
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
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Fixing Long-Term Care Act, 2021	Section 268(4)(1)(ii)	Regulations O. Reg 246/22

17. Environmental staff and contractors must implement safe welding and cutting practices. Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding. Portable extinguishers must be provided and a person trained in the use of the extinguisher be posted as fire watch. The fire watch will not be withdrawn until there is confidence that not further hazard exists. Environmental staff / designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

MANUAL Emergency Preparedness	TITLE Evacuation of the Fire Area	POLICY NUMBER EPP-Red-04
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
CREATED April 2003	REVISED June 2022	PAGE 1 OF 2
Fixing Long-Term Care Act, 2021	Section 268(4)(1)(ii)	Regulations O. Reg 246/22

EVACUATION OF THE FIRE AREA

As Grove Park Home has been built with fire containment features, in most situations, residents / clients can be safely evacuated to another wing or area that is separated by fire doors via a horizontal evacuation. Residents are to be moved into a lounge or auditorium outside of the fire zone in order to avoid congestion in the hallways. Fire separations are designated with a 2 hour fire rating, therefore a horizontal evacuation should address all but the most serious situations.

In the event of a vertical evacuation, the elevators will not be used unless approved by the Fire Department. Vertical evacuation using the stairs will require all available staff to assist and will only be used in the event of a confirmed risk (fire, smoke etc.). The Charge Nurse will discuss the use of the elevators with the Fire Department as soon as possible.

Residents / Clients / Visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the fire fighters.

Visitors must stay in present area until directed from staff and documentation of exit is taken. Visitors are prohibited from the fire area and from using any fire extinguishing equipment. Visitors can be permitted in small numbers, where they are of assistance, to assist in the area to which residents have been evacuated.

An alternative evacuation area for residents / clients / visitors, that can be accessed using the master key, is the church building attached to the home.

The evacuation of the fire area is to start with the rooms closest to the source of the fire/smoke. Ambulatory and wheel chair residents/clients should be evacuated first as they can be moved quickly. Slow walking residents/clients should use a wheelchair. Residents are not to be evacuated in their beds unless absolutely necessary as beds will cause congestion in the halls.

In a "code red" the "SEARCHED" indicators (bottom of doors) will be used to identify the rooms that are vacant and clear of smoke or fire. "SEARCHED" signs will not be indicated on doors in a Code Red if a person is in the room.

After all residents/clients/visitors have been evacuated, time and safety permitting, the RPN is to move the Medication Cart from the fire area to the evacuation area. The Medication Cart will contain the emergency resident identification tags. If unable to take the Medication Cart, the identification tags, contact cards, MARS and Emergency Bag need to be brought to the evacuation area. Where possible, the residents of specific wings are to be evacuated to the same location to permit quicker accounting for the residents. Senior Encounter clients will also be evacuated to one area. The RPN for the wing will identify the lounge or area where the residents of that wing will be moved.

MANUAL Emergency Preparedness	TITLE Evacuation of the Fire Area	POLICY NUMBER EPP-Red-04
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
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The RPN will be responsible for tracking the residents from their assigned wing and reporting to the Charge Nurse the status of the residents (ie., All residents accounted for or residents who are not accounted for).

If a total evacuation of the building is required, a **Code Green** will be paged and the second stage alarm (rapid ringing) will sound, at the direction of the Charge Nurse. Total evacuation starts with the area closest to the event that is causing the evacuation. Refer to the Code Green policy.

MANUAL Emergency Preparedness	TITLE Fire Safety Training and Equipment Maintenance	POLICY NUMBER EPP-Red-05
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
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FIRE SAFETY TRAINING

Fire Drills shall occur a minimum of once a month on each shift (days, afternoons, nights). Either the Charge Nurse or Environmental Services shall implement the Fire Drill. Administration will keep a detailed log of all Fire Exercises including; which area of the building was evacuated, who initiated the Fire Exercise, what time of day the exercise occurred, how many staff were on site, how long the evacuation of the affected area took, debriefing of staff, comments on improvement. A report of all staff in attendance will be forwarded to Administration.

All staff will participate in an in-service training on Fire Safety at least once a year. RNs, RPNs, Department Managers and Maintenance staff will receive specific in-service training reviewing their roles in the event of an emergency.

FIRE SAFETY EQUIPMENT MAINTENANCE

All fire extinguishers and hose cabinets will be given a visual check monthly by the maintenance staff of Grove Park Home. The fire extinguisher tag is to be initialled monthly if the extinguisher is active.

All fire extinguishers and hose cabinets will be checked annually by a qualified service contractor. Fire extinguishers will be checked hydrostatically every six years or as required by the manufacturer.

A qualified service contractor will check the fire extinguisher system for the stoves in the main kitchen every six months.

A qualified service contractor will check the fire alarm system, including smoke and heat detectors throughout the building and in the ventilation system annually.

If the fire alarm system is out of service due to maintenance or other reasons, notices will be posted at all entrances if the system is down for eight hours or more and an announcement will be made to all staff on the PA system that the fire alarm system is out of service. Resident care staff under the direction of the charge nurse will make rounds of the area(s) that do not have an active fire alarm system every 60 minutes to check for potential signs of a fire emergency, i.e. check for the odour or sight of smoke or flame. These rounds will include the active checking of resident rooms, lounges, storage rooms, closets, washrooms, tub rooms, and all other rooms. The staff will immediately communicate with the charge nurse in the event of smoke, fire or if other difficulties are encountered while the fire alarm system is out of service.

MANUAL Emergency Preparedness	TITLE Responsibilities in Fire Safety	POLICY NUMBER EPP-Red-06
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
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RESPONSIBILITIES IN FIRE SAFETY

All Staff Must Ensure That:

- ☐ They are aware of their responsibilities upon discovery of a fire, or upon hearing the fire alarm, including how to activate the alarm.
- ☐ Stairway doors are kept in the closed position at all times.
- ☐ Doors that separate floors into fire safety zones are kept closed and latched at all times, unless designed to close automatically upon activation of the fire alarm.
- ☐ Self-closing devices attached to doors are not disengaged or rendered inoperable.
- ☐ Doors on hold-open devices in fire separations close automatically upon activation of the fire alarm.
- ☐ Stairways, landings, hallways, passageways and exits are kept clear of any storage or other obstructions.
- ☐ Combustible waste and debris accumulations are restricted to designated storage areas within the building.

Executive Director's Responsibilities in Fire Safety

- ☐ Ensure a Fire Safety Plan is developed, **approved** and full implemented. Ensure that the Fire Safety Plan is maintained and updated.
- ☐ Ensure a sufficient number of alternates are designated and trained to act in a supervisory capacity in the event that the appointed supervisor/manager is absent from the building.
- ☐ Ensure that all staff receive appropriate training in the use of existing fire protection equipment and actions to take when responding to a fire emergency.
- ☐ Ensure that fire drills involving all staff are held at least monthly on each shift. It is advantageous to have these drills activated in various locations at different times. A sufficient number of fire drills must be held to ensure all shift workers participate.
- ☐ Adequate records of all staff training and fire drills must be kept for three years.

Director of Care's Responsibilities in Fire Safety

MANUAL Emergency Preparedness	TITLE Responsibilities in Fire Safety	POLICY NUMBER EPP-Red-06
CATEGORY Code Red	CROSS REFERENCE	
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- ☐ Identify and establish a plan for patients/residents who require assistance to evacuate due to physical or mental disabilities.
- ☐ Ensure exits, corridors or other passageways are not blocked or impeded by storage, debris and equipment (such as medication carts, wheelchairs and lifts). Obstructions of any nature could interfere with evacuation.

Director of Dietary Service's Responsibilities in Fire Safety

- ☐ Ensure that cooking equipment and appliances are maintained in good working order.
- ☐ Ensure that all grease filters in hoods and duct systems serving cooking appliances are cleaned regularly.
- ☐ Ensure kitchen / cleaning chemicals are stored safely.

Director of Environmental Service's Responsibilities in Fire Safety

- ☐ Ensure that commercial laundry equipment is maintained in good working order.
- ☐ Ensure that all duct systems and dryer drums are cleaned of lint and combustible residue regularly.
- ☐ Ensure that there is no lint accumulation in the laundry room.
- ☐ Ensure that flammable or combustible liquid saturate rags are only cleaned off-site.
- ☐ Ensure that laundry/cleaning chemicals are safely stored.
- ☐ Ensure that laundry staff knows how to shut down the drying equipment safely in order to prevent foam rubber products from spontaneously heating.
- ☐ Ensure that commercial housekeeping equipment is maintained in good working order.
- ☐ Ensure all hallways and stairwells are kept clear of storage, debris and equipment (such as laundry / housekeeping carts, and appliances).
- ☐ Ensure that all fire protection equipment and building features such as fire separations, emergency lighting, fire alarm systems, sprinkler systems, standpipe systems, fire extinguishers, fixed extinguishing systems and voice communication systems are checked, tested, inspected and maintained in accordance with Parts 2, 6 and 7 of the Fire Code and all applicable standards referenced therein.

MANUAL Emergency Preparedness	TITLE Responsibilities in Fire Safety	POLICY NUMBER EPP-Red-06
CATEGORY Code Red	CROSS REFERENCE	
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- ☐ Ensure that magnetic locking devices, if installed on exit and access to exit doors, release upon activation of the fire alarm and adjacent manual pull stations.
- ☐ Maintain permanent records of all fire equipment inspections, tests and maintenance as set out in Subsection 1.1.2. of the Fire Code.
- ☐ Ensure all access roadways, fire routes, hydrants and pumper connections are accessible to the fire department and are clear of all obstructions (e.g. snow, parked vehicles and shrubs).
- ☐ Ensure all exits, sidewalks and other routes of exit are clear of all obstructions (e.g. snow, parked vehicles, shrubs).
- ☐ Ensure all chemicals, cleaning supplies and paints are stored safely.
- ☐ Ensure flammable fuels (e.g. gasoline, kerosene, propane) are not stored in the main buildings, but in an out building.
- ☐ Ensure refuelling of gasoline powered equipment (e.g. tractor, lawn mower) only done when the equipment is cold and is not done within 10 meters of the main building.
- ☐ Ensure all Environmental Services staff and contractors implement safe welding and cutting practices. Precautions must be taken to remove combustible materials or shield them from sparks and other sources of heat produced by the cutting or welding. Portable extinguishers must be provided and a person trained in the use of the extinguisher be posted as fire watch. The fire watch will not be withdrawn until there is confidence that no further hazard exists. Environmental Services / designate must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

MANUAL Emergency Preparedness	TITLE Using Portable Fire Extinguishers	POLICY NUMBER EPP-Red-07
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
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Using Portable Fire Extinguishers

WARNING: a fire extinguisher is only suitable for a small fire e.g. the size of a small chair!

REMEMBER THE PASS WORD

PPULL THE PIN: This unlocks the operating lever and allows you to discharge the extinguishers. Some extinguishers may have other seals or tamper indicators.

AIM LOW: Point the extinguisher nozzle (or hose) at the base of the fire.

SQUEEZE THE LEVER ABOVE THE HANDLE: This discharges the extinguisher agent. Releasing the lever will stop the discharge (some extinguishers have a button instead of a lever).

SWEEP FROM SIDE TO SIDE: Moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

ALWAYS BE SURE THE FIRE DEPARTMENT INSPECTS THE FIRE SITE, EVEN IF YOU THINK YOU HAVE TOTALLY EXTINGUISHED THE FIRE.

MANUAL Emergency Preparedness	TITLE Lifts and Carries	POLICY NUMBER EPP-Red-08
CATEGORY Code Red	CROSS REFERENCE	
	Department:	Policy Number:
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In the event of a fire, the first duty of personnel is to remove the resident or residents who may be in immediate danger. This may require removing one person or many, and staff must be trained in workable methods of removing them.

Several factors must be considered in emergency handling of residents:

- A) The nature of the emergency
- B) The weight and condition of the resident
- C) The strength and adaptability of the rescuer

On the following pages, there are several one and two carries described.

It is important that staff completely understand these procedures and be competent to instruct others.

HIP CARRY

If the staff approaches from the patient's right side, she pulls the patient's left arm over her left shoulder by grasping the patient's left wrist with her left hand, palm down. She pulls down on the arm, raising and turning the patient's body so she can slide her right hand into the right armpit. (The procedure is reversed if the staff approach from the patient's left.)

The staff then releases the patient's wrist, makes a half turn to her left so that her hips are squarely against the patient's abdomen. With her knees slightly bent and her feet apart, she reaches back with her left arm and grasps both of the knees. Now she has the patient secured by the armpit and the knees.

The nurse draws the patient up on her hips before she leaves the bedside. If she carries the patient on her buttocks, the patient may start to slide. A great deal of the lifting power results from the nurse pushing against the floor with her feet as she stands as erectly as possible and straightens her knees. She walks with her chest out and her shoulders back.

To unload the patient in the corridor, the nurse places the patient's buttocks against the wall and drops on her knee closer to the wall. Leaning against the patient as the person slides down the wall, the nurse uses the wall to sustain the patient's weights and to maintain her own balance. The patient is locked between her body and the wall.

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CRADLE DROP

The nurse first doubles a blanket lengthwise and places it on the floor parallel to the bed. If she approaches from the patient's right side, she slips her left arm under the patient's neck, grasps the left shoulder in her left hand, and slips her right arm under the knees and grasps them with her right hand. Her left knee or thigh, depending upon the height of the bed, is placed against the bed and opposite the patient's shoulders. Both her feet are flat on the floor about six inches apart, her right foot about six inches from the bed. (If the patient is approach from the left side, the procedure is reversed.)

The patient is pulled from the bed. No lifting is necessary. The nurse pulls with both hands and pushes with her left knee or thigh. The moment that the patient starts to leave the bed, the nurse must drop on her right knee.

When the patient is clear of the nurse's extended right arm, she supports the knees and her left arm supports the head and shoulders. Cradle formed by her knee and arm protects the back. She lets the patient slide gently to the blanket and pulls.

Note: The relative position of the patient's body is important. A nurse can maintain the balance necessary if she pulls the patient's buttocks, instead of knees or thighs, out on her knee. (This removal is for patients too heavy for nurse to carry, for low beds, and for bed fires.)

BEAR HUG HOLD

If the exit path is narrow or the resident is disturbed emotionally, it may be to your advantage to use the bear hug assist on the resident.

1. Approach the standing resident from the rear.
2. Place your hands between the resident's body and arms ... take hold of the wrists ... keep your hands on top, your thumbs to the inside.
3. Fold your arms to encircle the resident around the chest.
4. Most important is that you keep your head to one side of the resident's head so that the resident cannot butt you.

THE UNIVERSAL CARRY

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The universal carry is a method of removing a resident from the bed onto a blanket on the floor. It is a quick and effective method for removing a resident who is in immediate danger. This carry can be used by anyone regardless of the size of the resident.

1. When you approach the bed, stay low because if there is smoke condition, the smoke will have a tendency to rise. By staying close to the floor you will not have to breathe the smoke and heat.
2. Now spread the blanket, sheet or spread on the floor, place one-third of the blanket under the bed ... leave about eight inches above the residents head.
3. Grasp the resident's ankles and move the legs until they drop over the bed at the bend in the knees.
4. Place your hands on each shoulder of the resident. Slowly pull your hands toward you until the resident is in a sitting position.
5. Encircle the resident with your arms, place your arms underneath the resident's armpits and lock your hands together in front of him.
6. Slide the resident slowly to the edge of the bed and lower to the blanket ... if the bed is in a high position, allow the resident to slide down one of your legs.
7. Always protect the resident's head.
8. Gently lower the head to the blanket ... wrap the blanket around the resident.
9. At the resident's head, grip the blanket with your hands above each shoulder of the resident ... do not let the head snap back.
10. Place the patient in a half-sitting position and pull the blanket toward you. The blanket will slide easily on the floor allowing you to move the resident to safety.

SWING CARRY

If the nurses approach from the patient's left, the first nurse, standing with her feet together, slips her right arm under the patient's neck and grasps the right shoulder in her right hand. She slides her left palm behind the left bicep and grips the patient's

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upper left arm. She brings the patient to a sitting position by taking one step with the left foot toward the foot of the bed. This move employs the swing of her whole body. She gains additional leverage if she pushes her right shoulder against the patient's left shoulder once the patient is in motion. When the patient is sitting, the second nurse grasps the ankles and swings the feet off the bed. (If the nurses approach from the right, all mechanics are reversed.)

Both nurses then release the patient's wrists and pulls the arm around her neck and down across her chest. Each nurse then reaches across the patient's back and places her free hand on the top of the other nurse's shoulder.

The patient is removed from the bed by both nurses pushing up with their shoulders. Weight makes no material difference because the patient is hanging like a pendulum off the nurse's shoulders. This is the easiest removal of all, and is the two-man carry used on stairs and fire escapes. Any two nurses can carry any patient anywhere.

To unload in the corridor, each nurse drops on the knee closer to the patient. While leaning against the patient, the nurses place the individual's buttocks on the floor and lower the patient to her back.

DOUBLE CRADLE DROP

The double cradle drop is recommended for two rescuers to use when one person cannot control the resident.

1. If there is smoke or heat, stay close to the floor.
2. With the blanket on the floor, place one third of it under the bed and leave about eight inches above the resident's head.
3. The person who will handle the top half of the resident will be referred to as "A", and the person who will handle the lower half of the resident will be "B".
4. "A", slide your arm under the legs on both sides of the resident's knees and extend through ... to support this half firmly.
5. "B", slide your arms under the legs on both sides of the resident's knees and extend through ... to support this half firmly.
6. Do not jerk the resident out into mid-air.

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7. Together, gently pull the resident toward you by rocking back into a sitting position and lowering to the blanket.
8. Always protect the resident's head by lowering this part to the blanket last ... wrap the blanket around the resident.
9. Together, move to resident's head, grasp the blanket above the shoulders. Do not let the head snap back.
10. Leave the resident in a prone position and pull the blanket toward you.

MANUAL Emergency Preparedness Plan	TITLE Evacuation Plans for the Home – Emergency	POLICY NUMBER EPP-Green-01
CATEGORY Code Green	CROSS REFERENCE	
	Department:	Policy Number: Code Red, Communication Plan, Pharmacy Policy/Procedures
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CODE GREEN - EMERGENCY EVACUATION

Purpose

The purpose of this policy/procedure is to establish and provide direction for staff regarding when, and how to conduct an emergency evacuation (CODE GREEN). This policy/procedure will also detail the lines of authority during a CODE GREEN and establish roles and responsibilities of Grove Park Home (GPH) personnel and emergency authorities. In addition this policy and procedure will detail the following: a system to account for the whereabouts of residents during an evacuation, the identification safe evacuation locations that have been established in advance, and a transportation plan to move residents, staff, students, volunteers and others to the evacuation location(s). It will also provide a plan to transport critical medication, supplies and equipment during an evacuation to the safe evacuation location(s),

Definitions

CODE GREEN

In the event that the health and safety of staff and residents cannot be maintained in the facility or a specific portion of the facility, a CODE GREEN (or evacuation) of residents, staff, and other persons attending the facility, is to be initiated and conducted.

Partial Evacuation

If it has been determined that the health and safety of staff and residents cannot be maintained within a specific area of the home, the first consideration is to conduct a partial evacuation. A partial evacuation involves temporarily moving residents, staff and others to another safe location within a resident home area, or within the facility.

Depending upon the assessed risk, and based upon the nature of the emergency, temporary relocation/evacuation of residents and staff to another location within the facility itself may be the best course of action. A partial evacuation can take place on the same level of the facility – horizontal, or vertical, if it requires that a home home area is to be evacuated to a level above or below.

The facility is equipped with a number of safety features as well as fire suppression equipment and containment structures (i.e. non-combustible structure, fire sprinklers, fire containment doors), which may allow for isolation of unsafe conditions to one area

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or zone of the facility. Emergency situations can evolve. Ultimate determination if a total facility evacuation is required is to be made by the RN Charge Nurse and/or emergency authorities/ personnel.

Total Facility Evacuation

If it has been determined that the health and safety of staff, residents, and others cannot be maintained within the facility, a CODE GREEN (evacuation) of the entire facility is to be conducted.

Personnel with Authority/Decision-Making

RN – Charge Nurse

In the event of an emergency situation, the RN Charge Nurse is designated as the on-site authority and has decision-making power to initiate emergency procedures, and to direct staff accordingly. Once emergency services are contacted, the RN Charge Nurse will continue to follow GPH emergency procedures and cooperate and follow direction from appropriate emergency personnel/authorities.

***Note:** *Emergencies will require decision-making based on real-time assessment of the risks and situation (some of which formal procedures may not take into account). In all cases the RN Charge Nurse will determine the course of action based on their best judgement.*

Emergency Personnel/Public Health Authorities

Upon arrival and/or establishment of communication, emergency personnel/Public Health authorities, have ultimate decision-making authority on the management of the emergency situation.

Executive Director (ED) and Management Team

Upon notification of the emergency, the ED and the Management Team will support the RN Charge Nurse and GPH personnel with implementation of emergency procedures. The ED will also establish and maintain communication with emergency, Public Health, and government authorities. The ED will also manage and or delegate communication with the Board of Directors, residents, family, staff, and media as appropriate.

Emergency Circumstances that May Necessitate CODE GREEN (Evacuation)

- Fire/Explosion

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CATEGORY Code Green	CROSS REFERENCE	
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- Bomb Threat
- Natural Disaster – Tornado, Ice Storm
- Community Disaster – Toxic Spill, Near-by Fire or Event
- Loss of Essential Services – Electrical, Heat, Water
- Gas Leak

Decision to Initiate CODE GREEN (Evacuation):

The decision to initiate and conduct an Emergency Evacuation (CODE GREEN) shall be made by the RN - Charge Nurse. Once emergency personnel are involved, the RN Charge Nurse will continue to follow GPH procedures in collaboration with emergency personnel and follow direction of Fire, Ambulance, Police Services, or Public Health authorities.

RN Charge Nurse - Responsibility During CODE GREEN - Evacuation

When the decision to evacuate has been made and instructions given as to the degree of evacuation, the **Charge Nurse** (or designate) shall be responsible for:

- Notifying Emergency Services (9-1-1)
- Notifying Executive Director (or if unable to reach – the next available manager)
- Initiating the fan-out list (in the event of a total evacuation - starting with notification of the Executive Director – or next available manager)
- Directing the removal of residents
- Maintaining a record of evacuees and ensuring that all residents are identified with name badges
- Ensuring residents' medical records (or electronic access for electronic medical records) and medication have been taken to the place where residents have been relocated

CODE GREEN (Evacuation) Procedure

Code Green – Partial Procedure

***Note:** In the event of a CODE RED (Fire), an evacuation out of the identified Fire Zone is always conducted. Residents, staff, volunteers and others are evacuated out of the identified Fire Zone(s) beyond a delegated set of fire doors. Refer to CODE RED procedures.

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CATEGORY Code Green	CROSS REFERENCE	
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In the event of a partial evacuation, the RN Charge Nurse (or designate) will announce over the PA “*Code Green ----- Home Area*” (identify the home area or location by name) will be announced and repeated three times). In the event of an emergency, the fire alarm pull station will also be activated to set off the alarm bells and activation of communication with the Fire Department.

Code Green - Total Facility Evacuation Procedure (Phased)

In the event that a decision has been made to conduct a total facility evacuation:

1. RN Charge Nurse will make their way to the COMMAND CENTRE (Centre for Excellence – COE)
2. The RN – Charge Nurse (or designate) and will then announce over the PA System “*All Registered Staff and Managers to the Command Centre (COE – Centre of Excellence)*” three times
 - A. Upon arrival of Registered staff and managers, the RN Charge Nurse will inform all of the requirement for a total evacuation and of the requirement for a phased evacuation and the locations where home areas are to re-locate residents.

Phase One: Maple, Aspen, Willow and Pine Home Areas first, then once complete, Phase Two:

Phase Two: Spruce Home Area.

The RN will inform RPN’s that their home areas will be evacuated in the following manner and locations:

Phase One Evacuation

Maple Home Area: Solarium Garden – Use door on Maple wing exiting to Solarium Garden

Aspen Home Area: Centre Garden – Use Aspen/Maple Link Exit to Centre Garden

Willow Home Area: Church Auditorium – Cut through Service Wing

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Pine Home Area: Pine Garden – Use Pine Garden Exit
Mulberry Lane Retirement Living/CSS Day Program: Mulberry Lane
Parking Lot – Exit Through RL and RL Doors
Phase Two Evacuation
Spruce Home Area: Church Auditorium – Cut through Service Wing

- B. The RN Charge Nurse will then direct RPN's and Managers to return to their designated home areas and prepare residents, staff, and others for evacuation (preparation includes distribution of resident name tags, donning residents with appropriate clothing and obtaining emergency bag, and med cart)
 - C. The RN Charge Nurse will inform RPN's that upon returning to their home areas *the RPN is to await the P.A. announcement before beginning the evacuation*
3. RN Charge Nurse will delegate the implementation of the fan-out list – (See Communication Plan for Instructions on Use of Fan-Out List)
 - Those responding to the Fan-Out will report to the command centre (Centre of Excellence - COE) – The RN - Charge Nurse to provide direction to staff responding to the Fan-Out List
 4. The Charge Nurse will assign Managers (if present) to direct staff to attend to their assigned home area to assist with evacuation – Managers to return to assigned resident home areas (manager designated areas as per Code Red) to assist with evacuation (for the purposes of the drill, managers will observe and document progress for debriefing later)
 5. After awaiting 5-10 minutes to allow time for RPN's to prepare staff and residents, the RN Charge Nurse will announce over the PA: "Code Green – Total Facility Evacuation – and will announce clearly three times identifying the Home Areas required to be evacuated over the PA
 6. RN Charge Nurse to remain in the Command Centre to coordinate the evacuation and to wait for the arrival of emergency personnel – A staff member

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will be selected as a runner to facilitate communication in place of wireless communication (if required)

7. RN Charge Nurse will delegate a staff member (Admin Support Staff preferable) to document events – persons involved, time of events, persons/officials entering/leaving facility etc. and manage external communication with Emergency, Government Officials and Ministry of Health and Long Term Care Personnel
8. Administrator (or designate) will remain in the Command Centre and assist/advise RN Charge Nurse as required and will manage media
9. Retirement Living Aide and Senior Encounter staff will evacuate RL and Senior Encounter residents – with assistance and direction from the Manager of CSS and RL.
10. During later evening/weekend hours the RN Charge Nurse will delegate one PSW to coordinate evacuation of RL residents to the Mulberry Parking Lot. PSW to report back to RN Charge Nurse at the Command Centre (COE) once evacuation of RL residents is complete
11. RPN's will be responsible for directing staff on their home area and organizing an orderly and safe evacuation of residents from their Home Area to the designated safe area. RPN's to ensure a head count of residents. *Once residents within a home area are evacuated to the designated safe area, the RPN will send a staff member to the Centre for Excellence (Command Centre) to report that all residents have been evacuated and are accounted for.*
12. Once Phase One is complete (residents are evacuated from the Maple, Aspen, Willow, and Mulberry Lane and CSS Day Program areas and are accounted for), the RN Charge Nurse begins Phase Two by announcing Code Green clearly three times and will indicate the last two resident home areas to be evacuated (Pine and Spruce).

Priority of Evacuation:

When conducting evacuation of residents, staff should prioritize evacuation as follows (this allows for timely evacuation of residents):

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1. Residents in immediate danger
2. All ambulatory residents
3. Residents using wheelchairs
4. All non-ambulatory residents
5. Residents resisting evacuation

Roles and Duties of Personnel

RN Charge Nurse

In the event of an emergency situation, the RN Charge Nurse is designated as the on-site authority and has decision-making power to initiate emergency procedures, and to direct staff accordingly. Once emergency services are contacted, the RN Charge Nurse will continue to follow GPH emergency procedures and cooperate and follow direction from appropriate emergency personnel/authorities.

The RN Charge Nurse (or delegate) is responsible for:

- Assessing the type of the emergency and the extent of the evacuation required – and following direction from emergency personnel and communicating direction to GPH personnel
- Activation of the Fire Alarm (if not already activated) and page a Code Green for the wing(s) or the entire facility.
- Calling 9-1-1 stating the type and location of the emergency and page for additional staff as needed.
- Initiate emergency fan-out telephone list – if total evacuation is required, or additional staff support is needed (start with notification of the Executive Director)
- Coordination and providing direction to staff for the evacuation of residents
- In the event of a total evacuation – the establishment of a command post in the Center of Excellence (COE)

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- Providing direction to all staff responding to the fan-out – staff to report to the command post for further instruction
- Overall responsibility for maintaining a resident head count (delegation to RPN's)
- Be responsible for listing the residents' destinations
- Oversee/Provide for the continuing care of the residents

RPN and All Other Registered Staff

- Ensure the emergency evacuation kits are obtained and kept with evacuated residents
- Direct staff with the evacuation of residents as per RN Charge Nurse direction
- Ensure that all resident evacuees are identified with name badges.
- Be responsible for maintaining a head count and keeping the Charge Nurse informed.
- Be responsible for the removal of the patient charts if time and the situation permits.
- Be responsible for the removal of Med Cart
- Be responsible for tracking the destinations of the residents.
- Provide for the continuing care of the residents.

If the "Code Green" is isolated to another resident home area, the Registered Staff will stay on their assigned wing to continue the care of their residents.

Executive Director (ED)

In the event of a CODE GREEN, the ED will provide support to the RN Charge Nurse and will receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.

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The ED (or designate) is responsible for:

- Ensuring the Board of Director's is informed of the emergency situation
- Managing communication with family, residents, media and other stakeholders – See Communication Plan
- Managing communication with external emergency response partners and entities such as the Ministry of Long Term Care, Public Health, local government partners, and partner agencies
- Contacting safe evacuation locations and making arrangements for relocation of residents
- Contacting pharmacy to make provision for delivery of resident medications at the receiving location(s)
- Contacting emergency transportation services to transport residents to safe evacuation locations

NOTE: In the absence of the Executive Director, these duties will be performed by the Director of Care or in their absence, an appointed designate.

Directors/Managers

Members of the Management team will support the RPN's and staff evacuation by attending to designated resident home areas (See CODE RED for designated home areas).

PSW's/All Other Staff

Personal Support Workers and all other staff will report to their designated home areas (See CODE Red for designated home areas) to assist with evacuation as per direction of the RPN.

Emergency Safe Evacuation Destinations

In order to provide safe evacuation locations for residents, GPH will maintain agreements with other community organizations. Such agreements will be reviewed and updated annually. See CODE GREEN – Safe Evacuation Locations Appendix **XX**

Accounting for Resident Whereabouts During a CODE GREEN

In order to ensure that the whereabouts of residents during a CODE GREEN procedure:

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- A. Resident Identification Tags have been created and will be maintained. These tags are kept in the emergency bags located on each resident home area. Upon the activation of a CODE GREEN – Total Facility Evacuation, the RPN will be responsible for ensuring that all residents will have identification cards placed on their person
- B. An updated list of residents on the home area is maintained and kept in the emergency bag. Upon activation of the CODE GREEN – Total Facility Evacuation, the resident list is provided for the RPN (or designate) to account for residents evacuated out of the facility and the safe location of evacuation
- C. The RPN is responsible of ensuring an accurate head-count of residents in their care and for reporting location status of residents to the RN – Charge Nurse

Transportation of Medication, Supplies, and Equipment to Evacuation Location(s)

In the event of an evacuation of residents from GPH to a designated safe evacuation location, the transportation and/or provision of medications, supplies, and equipment to care for the evacuated residents will be provided to/by the receiving location.

Provision of Critical Medications

Initially, if the emergency situation allows, and the medication cart has been successfully evacuated from the resident home area(s), medication strips for evacuated residents will be provided to personnel who are providing transportation of residents to the accepting location. Pharmacy will provide on-going delivery of resident medications to the receiving location (See Pharmacy P&P XXX)

Provision of Equipment and Supplies

GPH will maintain a list of safe evacuation locations (See Appendix XX). Agreements with safe evacuation locations will include provision of equipment and supplies to care for residents on a temporary and short term basis. Supplies and equipment to include oxygen, beds, blood pressure machines, basic care supplies, equipment and resident specific diets. Once residents have safely arrived at receiving locations, provision of supplies can be made from GPH (if possible), and/or through direct provision of equipment and supplies from GPH suppliers.

Transportation of Evacuated Residents to Receiving Locations

In the event of a partial or total facility evacuation, GPH will establish and maintain agreements and relationships with local emergency services providers and local government resources in order to provide safe transportation to designated safe

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evacuation locations (See Appendix XX). Transportation services will be provided through agreements with the following local transportation resources:

- Barrie Transit
- Simcoe County EMS
- Barrie Taxi
- Private Patient Transfer Services
-

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness Plan	TITLE Situations Involving a Missing Resident	POLICY NUMBER EPP-Yel-01
CATEGORY Code Yellow	CROSS REFERENCE	
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MISSING / LOST RESIDENT RESPONSE

In the event that a Resident is missing the following action will be taken:

1. The staff member noting that a resident is missing shall notify the RPN and make a quick search of the unit, checking the log book, asking other staff and residents if they have seen the resident. (Maximum time – 5 minutes)
2. Should the resident not be found the RPN shall notify the Charge Nurse who will immediately announce (or have announced) a “Code Yellow” over the phone system and include the name of the resident in the announcement. The Charge Nurse will utilize the Missing / Lost Resident Log / Time Sheet to track actions and log the times of the response.
3. All staff will respond in this Emergency Code Response (Missing/ Lost Resident) policy.
4. The Charge Nurse shall provide a description and photo of the resident and a Grove Park Home map to staff to initiate the search for the resident. This will include a search of the grounds. Staff shall check the areas assigned and report back to the Charge Nurse within 10 minutes. Room searches will include closets, bathrooms, and under the beds. As rooms are searched they will be identified with the “Searched” signs.

If it is suspected the resident may have left the building the Charge Nurse may direct specific staff to start an area search. The internal search must still be completed. If it is suspected the resident has left the building with a family member the family will be called to confirm. (The Charge Nurse will delegate a staff member to call the family.)

5. If the resident is not found within the 15 minute search and it is outside peak staffing hours (Mon. to Fri. 7:00 am to 3:00 pm – holidays excepted) the Charge Nurse will initiate the Fan Out List. A command post will be established in Center of Excellence where all responding staff will report for instructions.
6. Staff reporting back after step 4, as well as staff reporting in from the Fan Out List will be assigned to a search beyond the grounds of GPH. The Charge Nurse will provide maps for the designated search areas. The search will be conducted in pairs.

The initial search areas are:

- a) The streets bordered by Cook / Grove / Duckworth / Steel. *Map #1*
- b) The streets bordered by Cook / Steel / Duckworth / Georgian College campus. *Map #2*
- c) The streets bordered by Cook / Grove / Nelson / Georgian College campus. *Map #3*
- d) The streets bordered by Cook / Grove / Nelson / Steel. *Map #4*

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The searchers will report to the Charge Nurse every 10 minutes to provide an update and to be given further instruction. The reporting in can be done either by physically reporting in, by cell phone or other device. When sufficient staff are present, a second search of GPH and the grounds shall be commenced. The search area will be expanded further at the direction of the Charge Nurse. Maps will be provided by the Charge Nurse.

7. Should the resident not be found within 20 minutes of the Code Yellow announcement, the Charge Nurse will then notify the police by calling 911 and providing a description of the resident.
8. The Charge Nurse will notify the Georgian College security (24 hrs.) 705- 722- 5100 and provide them with a description of the resident.
9. If required, the Charge Nurse will notify the family of the resident.
10. The Executive Director or Director of Care will determine if the Ministry of Health and Chairman of the Board should be notified.
11. At the conclusion of the incident the Charge Nurse will complete the Ministry of Health Unusual Occurrence Report and forward it to the Director of Care so that he/she can complete a critical incident report to be sent to Ministry of Health within the required time.
12. At the conclusion of the incident a short debriefing will be held by the Executive Director or Director of Care in the Center of Excellence to obtain timely feedback from the searchers on the handling of the event. The Executive Director or Director of Care will schedule a more detailed review within 2 business days of any incident where the resident is missing for more than 30 minutes.

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MISSING / LOST RESIDENT RESPONSE CHARGE NURSE LOG / TIME SHEET

Resident Name: _____ Charge Nurse: _____

TIME

_____ Paged "**Code Yellow**" including the name of the resident
Missing resident reported to Charge Nurse by _____

Time noticed missing by staff member _____ Date _____

_____ Staff assigned to search **Birch** team leader _____ # _____
- From the Retirement Living Doors to Aspen doors and the Ambulance Entrance

_____ Staff assigned to search **Birch** team leader _____ # _____

_____ - Service areas eg. kitchen, laundry, maintenance areas

_____ Staff assigned to search **Birch** team leader _____ # _____

_____ - From the Café to Main Entrance to Church Doors to Service Doors

_____ Staff assigned to search **Aspen** team leader _____ # _____

_____ Staff assigned to search **Maple** team leader _____ # _____

_____ Staff assigned to search **Basement** team leader _____ # _____

_____ Staff assigned to search **Pine** team leader _____ # _____

_____ Staff assigned to search **Spruce** team leader _____ # _____

MANUAL Emergency Preparedness Plan	TITLE Situations Involving a Missing Resident	POLICY NUMBER EPP-Yel-01
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____ Staff assigned to search **Willow** team leader _____ #

____ Staff assigned to search **Mulberry (retire)** team leader _____ #

____ Staff assigned to search grounds team leader _____ #

____ Staff assigned to search Church of Christ team leader _____ #

____ Second search of the facility and grounds commenced.

____ *Ministry of Health – local office – notified by _____

____ *Ministry of Health – regional office – notified by _____

____ *Chair of the Board notified by _____

Remind All Staff to report back to the Charge Nurse within 10 minutes.

____ Fan Out started after peak staffing hours (Monday to Friday 8:30 am to 3:00 pm)(maximum 10 minutes after Code Yellow paged)

First person on Fan Out reached was _____

____ Staff assigned to search area bordered by Cook / Grove / Duckworth / Steel

Map 1 Team leader _____ Reported back at _____

____ Staff assigned to search area bordered by Cook / Steel / Duckworth / Georgian College

Map 2 Team leader _____ Reported back at _____

____ Staff assigned to search area bordered by Cook / Grove / Nelson / Georgian College

Map 3 Team leader _____ Reported back at _____

____ Staff assigned to search area bordered by Cook / Grove / Nelson / Steel

Map 4 Team leader _____ Reported back at _____

Remind All Staff to report to the Charge Nurse every 10 minutes.

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Time

_____ Second search of the facility and grounds commenced.

_____ Police notified 9-1-1 (maximum 20 min. after
Code Yellow paged) Time police arrived at
GPH _____

_____ Georgian College Security notified 705- 722-5100

_____ Family of missing resident notified. Family member name

By whom _____

Area search expanded
notes

use additional sheets for additional

_____ *Ministry of Health – local
office – notified (by
Executive Director
or designate)

_____ *Ministry of Health – Regional
office – notified (by
Executive Director or
designate)

_____ *Chair of the Board (by Executive Director or designate)

_____ **Resident Located Where** _____
By Whom _____

Executive Director advised ()
Care advised ()
Police advised ()
Ministry of Health advised ()*

Director of
Searchers advised ()
Chair of the Board advised ()*

_____ Initial Debriefing in main lounge.

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_____ Ministry of Health Incident Report completed.
Comments

*asterisk notes calls made by the Executive Director or Director of Care.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness	TITLE Bomb Threats	POLICY NUMBER EPP-Black-01
CATEGORY Code Black	CROSS REFERENCE	
	Department:	Policy Number:
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CODE BLACK RESPONSE

In the event that a Bomb Threat is received by telephone the following action will be taken:

1. Remain calm and courteous.
2. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
3. Attempt to prolong the conversation and extract as much information as possible from the caller. Ask the following questions:
 - a. When will the bomb explode?
 - b. Where is the bomb? Specific location.
 - c. What does it look like?
 - d. Why did you place the bomb there?
 - e. What is your name?
 - f. Where are you calling from?

Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.
4. Document as much of the conversation and background as possible. Include:
 - a. Date, time and approximate length of the call.
 - b. The exact wording of the threat.
 - c. Any identifying characteristics of the caller – sex, estimated age group, accent, voice (e.g. loud, soft, effeminate), speech (fast, slow, nervous), diction (good, nasal, lisp), command of the language (articulate, poor, words out of context, mispronunciation), manner (calm, emotional, vulgar), and mannerisms (pet phrases, uncommon words).
 - d. Anything familiar about the voice.
 - e. Any background noises.
 - f. Whether the caller seemed to be familiar with the area or building.
 - g. What phone line was the call received on.
5. Be alert of subsequent calls of the same nature.
6. When the conversation with the called has terminated, the staff member receiving the call shall immediately announce (or have announced) a “Code Black” over the PA system. If the caller identified a specific wing the page will be “Code Black ----- Wing”. If the caller was not specific as to location the page will be “Code Black Grove Park Home”.
7. Cell and wireless phone will be turned off immediately upon announcement of a Code Black. Land lines will be used for all announcements.
8. The staff member receiving the threat will call the Barrie Police Services 9-1-1 and provide as much detail as possible.

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9. The Charge Nurse will utilize the Code Black Log / Time Sheet (form #Black 1) to track actions and log the times of the staff response.

A Threat to a Specific Location

10. If the threat identified a specific bomb location the Charge Nurse will announce a **“Code Green” over the PA for that wing** and call for additional help as required; using a land line phone. All residents will be evacuated from that wing to one location (auditorium if it is not in the wing affected) and the fire doors closed. During the day, the front office staff will call retirement living, kitchen and the laundry staff to ensure they are aware of the event.

A Non-Specific Threat

11. If the threat is non-specific as to location, the Charge Nurse will set up a **command post in the Center of Excellence** and those responding to the Charge Nurse location will report to the Center of Excellence.
12. The Charge Nurse will delegate personnel to initiate the short Fan Out List. Those responding to the Fan Out will report to the command post in the Center of Excellence.
13. The Charge Nurse will page for additional help as needed on a land line phone.
14. The Charge Nurse shall provide details of the threat and a GPH map of the Home to staff to initiate the search for the bomb in order of the checklist. This will include a search of the grounds. The search team leader will designate one staff member to report to the Charge Nurse every 5 minutes to provide an update and to be given further instruction. The reporting in will be done by physically reporting in.
15. Searches will include closets, bathrooms, toilets, garbage cans, laundry carts, medication carts, cabinets, under chairs, tables and beds. Rooms should be searched from the right side in a counter clockwise rotation and floor to ceiling. As rooms are searched they will be identified with the “Searched” door tags. (It is recommended that staff be assigned to search the area of the Home they are most familiar with).

All staff reporting in from the Fan Out List will be assigned to assist in the search. Management staff will review the information with the police and the Charge Nurse to determine additional actions to be taken.

If a suspicious object is located;

- It must never be touched, moved or opened. A Code Green will be announced for the wing. Residents, staff and others must be cleared from the wing to one location (auditorium if it is not in the wing affected) and the wing secured. Note: the auditorium must be searched before the residents are moved into it.

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- In the area near the object, light switches should not be activated, doors slammed, nearby objects moved or portable radios and wireless/cell phones used.
- It must never be assumed that there is only one device. The search must continue in all other areas of the Home until thoroughly complete.
- The police will be advised of the location and external appearance of the suspicious object.
- If the device is confirmed to be an explosive device the Charge Nurse will call all search staff back to a specified location and coordinate an orderly evacuation of Grove Park Home one wing at a time, starting with those areas closest to the location of the device. All persons will be moved out the opposite side of the building from the device.

16. The Executive Director of Director of Care will determine if the Ministry of Health and Chairman of the Board should be notified.

17. At the conclusion of the incident the Charge Nurse will complete the Ministry of Health Incident Report and forward it to the Executive Director.

At the conclusion of the incident a short debriefing will be held in the Center of Excellence to obtain timely feedback from the searchers on the handling of the event. The Executive Director or designate will keep a detailed log of all Fire Exercises including; which area of the building was evacuated, who initiated the Fire Exercise, what time of day the exercise occurred, how many staff were on site, how long the evacuation of the affected area took, debriefing of staff, comments on improvement. A report of all staff in attendance will be forwarded to the Executive Director or designate.

Written / Mailed Threat

These procedures apply to various types of written threats. Any staff member who opens a letter and recognizes it as a threat should:

1. Avoid handling the document so fingerprint evidence will be preserved.
2. Pick up the letter by the corner using tweezers that have first been wiped clean.
3. Place the document in a clean, unused ziplock bag or envelope.
4. Place the envelope in a separate clean, unused ziplock bag or envelope.
5. Notify the Executive Director or alternate. The Executive Director or alternate will notify the police.

Suspicious Package

If a suspicious object is found or received:

- It must never be touched, moved or opened. A Code Green (evacuation) will be announced for the wing. Residents, staff and others must be cleared from the wing to one location (auditorium if it is not in the wing affected) and the wing secured. Note: the auditorium must be searched before moving residents into it.

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- In the area near the object light switches should not be activated, doors slammed, nearby objects moved or portable radios/cell phones used.
- It must never be assumed that there is only one device. A search will commence in all other areas of the Home until thoroughly complete.
- The police will be advised of the location and external appearance of the suspicious object.
- If the device is confirmed to be an explosive device the Charge Nurse will call all search staff back to a specified location and coordinate an orderly evacuation of Grove Park Home one wing at a time, starting with those areas closest to the location of the device. All persons will be moved out the opposite side of the building from the device.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness	TITLE Bomb Threats – Log/Time Sheet	POLICY NUMBER EPP-Black-01
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CODE BLACK CHARGE NURSE LOG / TIME SHEET

Charge Nurse: _____

TIME

_____ Paged “**Code Black**” Turn off all cell phones and wireless phones
Original Threat reported to Charge Nurse by _____

_____ Police notified 9-1-1, by person who received the threat.
Arrived at GPH _____

_____ Fan Out started. First person on Fan Out reached was _____

_____ Staff assigned to search **Birch** team leader _____ # _____
- From the Retirement Living Doors to Aspen Doors to the Ambulance Entrance

_____ Staff assigned to search **Birch** team leader _____ # _____
- Includes service areas eg. kitchen, laundry, maintenance areas

_____ Staff assigned to search **Birch** team leader _____ # _____
- From Café to Main Entrance to Church Doors to Service Doors

_____ Staff assigned to search **Aspen** team leader _____ # _____

_____ Staff assigned to search **Maple** team leader _____ # _____

_____ Staff assigned to search **Basement** team leader _____ # _____

_____ Staff assigned to search **Pine** team leader _____ # _____

_____ Staff assigned to search **Spruce** team leader _____ # _____

_____ Staff assigned to search **Willow** team leader _____ # _____

_____ Staff assigned to search **Mulberry (retire)** team leader _____ # _____

_____ Staff assigned to search grounds team leader _____ # _____

_____ Staff assigned to search Church of Christ team leader _____ # _____

MANUAL Emergency Preparedness	TITLE Bomb Threats – Log/Time Sheet	POLICY NUMBER EPP-Black-01
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Remind the team leaders to send one person back to the Charge Nurse every 5 minutes.

_____ Second search of the facility and grounds commenced.

_____ *Ministry of Health – local office – notified 739-6470

_____ *Ministry of Health – Regional office – notified 1-800-595-9394
Pager (416) 563-0440

_____ *Chair of the Board notified.

_____ **Device Located** **Where** _____

By whom _____

Executive Director advised ()

Director of Care advised ()

Police advised ()

Searchers advised ()

Ministry of Health advised ()*

Chair of the Board advised ()*

_____ Initial Debriefing in main lounge.

_____ Ministry of Health Incident Report completed.

Comments _____

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*asterisk notes calls normally made by the Executive Director or Director of Care.

Code Black Call Receiver Information

When a bomb threat is received: Listen, be calm and courteous. Obtain as much information as you can. Try to write out the exact wording of their responses and the threat.

Questions to Ask:

When will the bomb explode? _____

Where is the bomb> Specific location.

What does it look like?

Why did you place the bomb there?

What is your name?* _____ Where are you calling from?* _____

*Note: Most callers will not reveal who or where they are, but an attempt should be made to obtain this information anyway.

Date: _____ Time Received: _____ Approximate length of call: _____

Identifying Characteristics of the caller: Sex: _____ Estimated age group: _____

Accent: _____ Voice (e.g. loud, soft, effeminate): _____

Speech (fast, slow, nervous): _____

Dictation (good, nasal, lisp): _____

Command of the language (articulate, poor, words out of context, mispronunciation): _____

Manner (calm, emotional, vulgar): _____

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Mannerisms (pet phrases, uncommon words): _____

Anything familiar about the voice: _____

Any background noises: _____

Does the caller seem to be familiar with the area or building: _____

What phone line was the call received on: _____

Use the back of the sheet to add as many details as possible. Follow Code Black procedures.
Call Police 9-1-1.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness Plan	TITLE Violent Outbursts - Response	POLICY NUMBER EPP-Whi-01
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VIOLENT OUTBURSTS

This response sheet is a supplement to the policy on violence in the Home and is to provide direction in an incident when there is potential for serious injury or uncontrollable behaviour. In the event that a Serious Violent or Potentially Uncontrollable situation occurs the following action will be taken:

1. The staff member identifying the crisis situation will immediately announce or have announced over the PA system a "Code White" identifying the location of the incident. The staff member will have removed themselves and then assist any other from the immediate confrontation.
2. The staff member upon announcing a "Code White" will immediately notify the Barrie Police Services by calling 9-1-1. As much information as possible will be provided to the police.
3. Registered Staff (RN, RPN), maintenance, Managers report to the Charge Nurse, Administration will maintain the front entrance.
4. The Charge Nurse will call the police with an update of the situation.
5. The Charge Nurse will delegate a staff member to call the Executive Director and Director of Care as soon as possible.
6. All staff involved will complete a written report of the details of the incident and submit it to the Executive Director within 24 hours of the incident. The report should, where possible, be completed before leaving the facility.
7. The Executive Director or Director of Care will determine if the Ministry of Health and Chairman of the Board should be notified.
8. At the conclusion of the incident, the Charge Nurse will complete the Incident Report and forward it to the Director of Care, who will complete MOH Critical Incident Report.
9. The Executive Director / Director of Care will schedule a detailed review within one week of any "Code White" incident where the police are involved.

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PURPOSE

To attain immediate assistance, and to prevent harm to staff, residents and others, in an unmanageable situation related to aggressive/responsive behaviours originating from a resident.

General Overview

Early Recognition and Intervention:

Early recognition and intervention is key to crisis prevention. In the event of rapidly escalating behavioral aggression, activating a Code White will provide:

- a standard response for staff to manage resident escalating responsive behaviour
- necessary support to maintain or regain control of the situation
- the means to minimize risk of injury to residents, visitors, physicians, staff and volunteers
- structure for notifying other staff working in the home of the incident
- assistance to the resident to help regain control of their behaviour

Staff are encouraged to call a Code White when they feel threatened and de-escalation techniques are ineffective. Proactively calling a Code White to ensure the safety of staff and residents will not be subject to repercussions. A resident's cognitive status is not a determining factor when calling a Code White.

Proactive Measures to Prevent a CODE WHITE:

- In order to minimize violent responsive behaviour, Grove Park Home will utilize Care Planning that includes the use of resident PIECES assessments and appropriate Behaviour Supports and external consultants (Refer to NUR 0322).
- All staff must remain vigilant for early indicators of a resident who may display violent responsive behaviour: anxiety, agitation or defensiveness and intervene safely and effectively in order to avert the crisis and minimize risk of violent responsive behaviour.
- Staff are to respond to violent responsive behaviours in a manner that incorporates Gentle Persuasive Techniques (GPA)

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General Gentle Persuasive Techniques (GPA) Guidelines

- Ensure only 1 person is communicating with the acting-out resident
- Stay calm, confident and self-controlled
- Keep communications simple, short and clear
- Avoid arguments and power struggles
- Assign others to relocate Residents and others in order to isolate the Resident experiencing catastrophic responsive behaviour
- Attempt to remove possible triggers i.e. bright lights loud noise (TV, radio), an audience
- Stay at least a leg-length away from the defensive/protective person
- Don't let the person get between you and an exit from the room
- Don't try to handle the situation alone; request assistance from team members in the immediate vicinity
- Remain professional; if unable to stay professional, delegate the lead role to another team member. Do not retaliate with anger or aggression, and respond with unconditional positive regard
- If attempts to defuse the person are unsuccessful and sufficient staff are not at hand initiate a Code White response

PROCEDURE

ANNOUNCEMENT OF CODE WHITE

1. If a resident is demonstrating aggressive/responsive behaviour, staff are to utilize Gentle Persuasive Approaches (GPA) technique as outlined in The Responsive Behaviour Program and Policy (Policy # NUR-0322).
2. If the resident's behaviour becomes unmanageable to the point where the safety of the resident and/or others is at risk, a Code White announcement will be made (in consultation with the RN Charge Nurse if possible).

Note: Authority to Declare a Code White

A Code White may be called by any staff member who is involved in a violent incident or is in the immediate area and who determines extra personnel and / or resources are required immediately

3. Staff to announce "CODE WHITE and the location" over the PA three times loudly

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RESPONDING TO CODE WHITE

Registered Staff:

All Registered Staff, who can safely leave their unit, are to attend the CODE WHITE location. Registered Staff will make their way calmly to the CODE WHITE area and remain at a safe distance to redirect residents and await further direction.

Other Staff In Vicinity of CODE WHITE Area:

All other staff in the area of the CODE WHITE will cease regular duties and are expected to give assistance as required:

- Closing doors to segregate residents and keep them away from resident displaying responsive behaviour
- Keeping corridors clear
- Staff are to remain at a safe distance and await instruction.
- Avoid surging into the area in large numbers as this may escalate the situation.

Administrative Staff:

Administrative staff are to remain in the front entrance area and direct people away from the CODE WHITE area.

Managers are to respond to the CODE WHITE area and remain at a safe distance to redirect residents and await further direction.

Captain:

During the incident, the resident is to be managed and communicated with by one person at a time. This person is called the Captain. The Captain's primary role is to direct the team during the Code White and to communicate with the person in crisis. All other responding staff are to remain at a safe distance awaiting direction. The Captain maintains a therapeutic and least restrictive approach to defuse the crisis incident.

The Captain can be:

- Registered Staff in charge of the Resident Home Area/Home (who will respond to all Code White situations in the Resident Home

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Area/Home)

- The first person on the scene
- Any team member with the confidence and competence in handling crisis situations
- The team member who has the best rapport with the acting out individual

The Captain's duties include:

- Remain 1:1 with the resident
- Assess the situation
- Communicate directly with the responsive resident
- Communicate with the Code Manager
- Plan and implement the intervention

The role of Captain can switch to another person if another person arrives who may have a better rapport, or if the Captain's relationship with the responsive resident is not having the intended desired outcome.

Code Manager:

The Code Manager is a clinician (Director of Care, Assistant Director of Care, RN – Charge Nurse / Designate) who supports the Captain, and assists with coordination of the overall intervention. He/she may determine, as directed by, or in consultation with the Captain, the number of staff needed and redirect others back to their work areas.

Working with the Captain – Code Manager to determine if resident behaviour has escalated beyond capability of the home to manage. Initiate 911 call

The Code Manager's Duties Include:

- The medication to be brought to the scene;
- Assignment of specific duties to other staff;
- Determine if Police are required, contact Reception and provide brief details
- Prompt the Captain to disengage from the incident if they are no longer effective in being able to defuse or de-escalate the person and delegate another responder to the role
- Clear the area of potentially dangerous objects
- When the code is over, and when to call Reception for the All Clear

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announcement.

Maintenance:

Maintenance staff and other designated personnel will respond to the CODE WHITE area and remain at a safe distance. Maintenance staff or other designated personnel only intervene or show their presence, when directed by the Captain or the Code Manager.

Physician:

The Physician is to be called and informed of the incident. Working with the Code Manager, the Physician is to determine if a medical intervention is required (or possible), or if the resident requires intervention from outside medical personnel (Emergency Medical Services).

CONCLUSION OF CODE WHITE

When the resident has de-escalated or has been removed from the facility, and there is no longer a safety risk, the RN Charge Nurse or Code Manager (or designate) will announce "CODE WHITE – ALL CLEAR" three times clearly.

Incident Debriefing:

Following the incident, those directly involved may require some "time-out" or may need to leave the work area. Managers are to watch for signs of stress in staff following the incident. Appropriate psychological supports may need to be provided to staff.

A group and/or individual discussion regarding the Code White incident response is to be conducted immediately after - where appropriate. It is an opportunity to provide support and education to responding staff and assess the impact and safety of staff and residents following a Code White. This may occur immediately after the incident. Based on the circumstances of the incident, a more in-depth debriefing may also occur in the days following the incident.

Documentation/Investigation and Follow-Up:

Notification

Staff will ensure that the Director of Care (DOC) and Administrator are made aware of the incident. The DOC or designate will notify the MOHLTC as per requirements via the Critical Incident System. The Administrator will work with the JHSC and contact the MOL if a staff member received a Critical Injury.

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Investigation/Documentation

Following the incident, the Administrator will coordinate an investigation. Working with the DOC, staff involved, and the JHSC, a Written Report of the incident will be created. The report is to include the details of the incident and recommendations for follow-up.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness Plan	TITLE Violent Outbursts – Non-Resident	POLICY NUMBER As per Table Contents
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PURPOSE

The purpose of the Code White 911 Procedure is to attain immediate assistance in an unmanageable situation related to a Non-Resident (visitor, intruder, family member, staff member, etc.) displaying aggressive/threatening behaviours.

POLICY AND PROCEDURE

At any time, if a staff member deems that an individual's behavior (non-resident) is placing their safety, or the safety of others at risk, he/she is to:

1. Call 911 – Inform the Police of the nature of the situation
2. Announce a “CODE WHITE – 911” over the PA
 - Staff are to announce over the PA : “CODE WHITE – 911 and the Location” Three Times Loudly.
3. Reception (during office hours) will wait for the police at the Main Entrance and provide the Code White 911 Kit. Code White – 911 Kit also available in RN Charge Nurse Office. During off-hours RN Charge Nurse (or designate) to await for Police at Main Entrance with Code White – 911 Kit.
4. When a Code White 911 is announced, everyone must remain in their immediate area.
5. Residents are to be kept in their rooms/behind as many closed doors as possible until the “CODE WHITE – ALL CLEAR” has been announced
6. Staff to close all doors as possible.
7. Visitors, residents, volunteers and staff to remain behind as many closed doors as possible.
8. Staff will take direction from the police, who will determine when the “CODE WHITE – ALL CLEAR” is announced.

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Code White 911 Kit

The Code White 911 Kit contains the materials that the police will require to launch an effective countermeasure in the instance of threatening behaviour from a visitor or other non-resident. There will be one kit strategically located at the reception desk and the RN Charge Nurse Office.

The Code White 911 Kit contains the following:

- Schematics of all floors of all buildings
- Schematics of the exterior of the property
- Keys to unlock all facility doors
- List of nursing station phone numbers
- Map containing locations of all mechanical rooms clearly indicated

Reception will complete inventory checks on the Code White 911 Kits monthly and immediately after a Code White 911.

Code White- 911 Follow-Up and Documentation

Psychological Support

Following the “CODE WHITE – 911 - ALL CLEAR” - the Executive Director, or designate, will coordinate an assessment of staff and resident psychological needs and requirements. Appropriate psychological supports will be provided for staff and residents to address immediate attendance to psychological needs, and coordination for additional future supports if required.

Debriefing

A debriefing of the incident will occur after the Code White – 911 All Clear. The time of the debriefing will be scheduled when appropriate, as deemed necessary, to support staff. Additional staff meetings, communication, and debriefings will be scheduled as conclusions and recommendations are established following investigations and recommendations by external agencies and the JHSC.

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Notification and Reporting

The Executive Director and Director of Care (or designates) will notify the MOHLTC and MOL immediately following the incident. The Executive Director will contact the Chair of the Board of Directors and brief him/her regarding the incident. The Executive Director will address any media inquiries.

Investigation/Documentation and Recommendations

The Executive Director, or designate, will work with the Joint Health and Safety Committee, to conduct an investigation, ensure that documentation is gathered and a report with recommendations is created.

Documents to obtain for the investigation/report may include:

- Police Reports/ Police Report Numbers
- Staff reports and interviews – reports from all staff and residents directly involved in the incident
- Staff attendance record at debriefings
- Records of medical services provided to residents and staff
- Communication and Reports to the MOHTLC

The documentation will serve as a permanent record of the incident and will be forwarded to the Board of Directors and reviewed by the Joint Health and Safety Committee.

The Executive Director will be responsible for:

- Gathering and overseeing and generating appropriate documentation
- Reviewing external agency reports for required actions and/or recommendation to be taken
- Evaluation of process
- Creation of a report of the incident and recommendations to implement
- Initiation of any required corrective actions (next steps, document updates, training requirements, etc.
- requirements, etc.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness Plan	TITLE Loss of One or More Essential Services	POLICY NUMBER EPP-Grey-01
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Definition:

Essential Services relates to necessities that are beyond our control like hydro, natural gas and water. Also included are necessities in which we have limited control like heating, cooling and ventilation.

Loss relates to an extended period of time which would put our residents and service at risk.

Premise:

Some of these services are more critical than others. For example, the summer time without cooling for extended periods of time is survivable but the winter without heating is not. Lack of ventilation is less critical than other essential services loss.

Procedure:

LOSS OF NATURAL GAS

In the event of loss of fuel, contact the local gas company in order to determine expected duration of shutdown.

In the event that the supply of gas will be restored quickly, no further action needs to be taken.

In the event that loss of fuel has occurred during warm weather and is to be restored in a reasonable period of time:

- 1) Suspend operation of laundry and dishwashing services in order to conserve hot water for resident care.

In the event that gas supplies are not to be restored for an extended period of time:

- 1) Laundry can be done at a Coin Laundry (Bell Farm Road) or by contracting a laundry service.
- 2) Revisions to the daily menu may be required to allow cold meals, preparation using two electric ovens only or by contracting a meal service provider.
- 3) Resident baths would be reduced to sponge baths with warm water available through kettles etc.

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For emergency feeding of residents, see Dietary Services Policy and Procedure Manual

In the event that loss of fuel occurs during cold weather and will be restored in a reasonable length of time, ensure that all windows and exterior doors are closed and all air supply and exhaust fans are off. Obtain additional blankets from storage and use as necessary to keep residents warm.

In the event that gas supplies are not to be restored for an extended period of time, notify the Executive Director and Director of Care. Management will determine if a non-emergency relocation is to be initiated.

LOSS OF ELECTRICAL POWER

In the event of a loss of electrical power, contact the local public utilities and determine the anticipated duration of the power loss.

Notify the Executive Director and Maintenance Staff to inform them of the power outage/failure.

The standby generator will provide emergency lighting and is activated within ten seconds of a power failure. There is sufficient capacity to energize all furnace motors (discharge and return air) to provide gas heat to all areas of the Home. The diesel oil storage tank contains enough fuel to last 48 hours. If the power failure lasts beyond 12 hours Environmental Services will arrange for the generator to be refuelled (Please refer to the policy regarding Diesel Power System).

Designated Orange/Red coloured plug outlets are specifically powered by the generator during power outage/failure. Equipment requiring power is to be connected to the Orange/Red plug outlets.

Additional extension cords may be necessary for specialized equipment like air beds and oxygen units. It may be necessary to rotate the usage of such units. Additional extension cords can be located under the stage in the Auditorium in the Code Orange Bins. Furthermore there are additional extension cords in the Maple Chart Cupboard and Aspen Supply Cupboard.

Cooking with the gas range and ovens could continue; lighting would be manually.

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Steam tables are connected to the generator so maintaining proper food temperatures is not a problem.

In the event that power is to be restored quickly, no further action needs to be taken.

HEATING, COOLING AND VENTILATION

- 1) The Home's mechanical contractors would be called in to fix the system
- 2) If necessary, equipment could be rented: space heaters, fans, portable air conditioners
- 3) Residents may be required to congregate in central locations to be warmed or cooled.
- 4) In winter with a heat loss it will be necessary to take steps to prevent the freezing of pipes and damage systems (eg. sprinkler pipes in the heated attic spaces).

MEDICAL SUPPLIES

Medical supplies impacted by utilities failure include O2. Staff are to conserve as much as possible until a new supply can be obtained. Prolonged power outage/failure will require notification of oxygen supplier to re-fill large O2 tanks to provide more O2 for portable units.

LOSS OF WATER

In the event of a complete loss of water, contact the local public utilities in order to determine expected duration of shutdown.

In the event that water services will be returned to normal quickly, no further action need be taken.

In the event that water supplies will not be available for several hours, the following procedure is to be followed:

Milk, fruit juices and bottled water are to be used to supply the needs of residents.

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Pandemic supplies contain limited bottle water:

- outdated bottled water will be used to strategically flush toilets in areas critically sensitive to odours (dining rooms) or areas where there is risk to the health and safety of residents.
 - a temporary solution would be to buy more supplies of bottled water
- 1) In the event that water supplies will not be returned to normal for an extended period of time, initiate contact with pre-planned emergency water source: Culligan Water Conditioning
 - 2) It may be necessary to purchase water by the truckload through a supplier and a method devised to pump it into our system.
 - 3) Plans would be put into place to reduce consumption by taking laundry (washing) off site, reducing baths etc.
 - 4) Meal service would take place on disposables. Manual pot washing would still be required with the trucked in water supply.

LOSS OF COMMUNICATION SERVICES

Telephone Equipment

The telephone system in the Home is the property of the Home. Bell Telephone provides the outside lines and the Home's equipment connects into these lines.

PROCEDURE FOR TELEPHONE FAILURE:

- 1) If a dial tone sounds on the line, it indicates that the problem is not in the Bell lines but rather in the Home's telephone system. With this phone it is possible to call out or to receive incoming calls on our 726-1003 line.
- 2) If it is decided that the problem has to do with the Home's telephone system and not the Bell lines, call Aatel Communications.
- 3) If it is not possible to get a dial tone on any of the lines, the problem will be the Bell lines. The procedure then is to call Bell at 611 on the nearest available phone.
- 4) It is advisable to contact maintenance if problems arise. If not available, call the Executive Director.

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- 5) In the event that all telephone services in the immediate vicinity of the Home is disrupted, a staff member is to be delegated to drive to the Royal Victoria Hospital in order to contact Bell Repair Service to obtain ambulance service or medical services during the period of emergency.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness Plan	TITLE Community Disasters	POLICY NUMBER EPP-Org-01
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COMMUNITY DISASTERS

As part of the local health care community, Grove Park Home recognizes its responsibility to assist others in times of crisis. To this end, the Home is in partnership with a number of other facilities to act as an emergency evacuation centre.

In the event of a Community Disaster, the following steps are to be followed:

1. Notification of evacuation to Grove Park Home occurring:
 - a. Monday – Friday during office hours: an immediate meeting of managers and all RNs (including NP) onsite will be called for the purpose of coordinating the Homes preparation for evacuees.
 - b. Evenings, nights & weekends: the RN will initiate the fan-out by calling the Executive Director or his/her designate; the Executive Director or designate will determine if more than the short fan-out is required.
 - c. It is recognized that extra staff may be required to complete preparations and to meet evacuees' needs until the other facilities care givers are able to take over.
 - d. Facilities to be used: auditorium, two designated washrooms in Birch hallway, Sr. Encounter if necessary, chapel
2. Executive Director's responsibility: coordinate GPH's response; with such things as security and computer access if needed.
 - a. Cancel any scheduled activities in the auditorium
 - b. Inform Medical Director
3. Nursing responsibility:
 - a. An RN is assigned to triage evacuees for special care needs or segregating confused people in a quieter place e.g. Sr. Encounter or the chapel
 - b. Infection control Isolation Location – Chapel/Sr. Encounter
 - c. Ensure that masks, gloves, gowns, incontinent product etc. are prepared (under the stage – see designated location). Pandemic supplies can be used as needed – located in upper mezzanine (above kitchen)
 - d. A Mechanical Lift and Slings are on site
 - e. A Medicine Cart, O², Blood Pressure Machine
 - f. Laptop and WI-FI Access for Point Click Care

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- g. Designate a staff member to act as a liaison with other facility staff until they are able to function on their own.
4. Environmental responsibility:
 - a. Auditorium cleaned and ready
 - b. Windows along the hall and doors covered
 - c. Bring beds as available and mattresses to the auditorium (maximum 14)
 - d. Sufficient quantities of bedding ready; beds made up if possible; bed soaker pads
 - e. Personal toiletries as needed – towels, soap, basins, kleenex etc.
 - f. Cleaning supplies, waste cans, commodes, privacy screens; containers for water
 - g. Housekeeping & laundry service as needed
 5. Dietary responsibilities
 - a. Additional staff as required
 - b. Dietary service
 - i. Disposable dishes
 - ii. Use Sr. Encounter for a dining room
 - iii. Dishwashing etc.
 6. Life Enrichment & Programming responsibilities:
 - a. Assist other departments as necessary
 - b. Duties as assigned
 - c. May need to cancel programs
 7. Sr. Encounter responsibilities:
 - a. If necessary Sr. Encounter will be cancelled
 - b. The Sr. Encounter room could be used for a dining area, activities or special needs patients
 - c. Sr. Encounter staff could provide meal service and other duties as needed
 8. Tracking Supplies Used and Costs
 - a. Department managers will track the supplies used from their department
 - b. The spreadsheet called “Code Orange Supplies Consumed” will be used.

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MANUAL Emergency Preparedness Plan	TITLE Medical Emergencies	POLICY NUMBER EPP-Blue-01
CATEGORY Code Blue	CROSS REFERENCE	
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MEDICAL EMERGENCIES

In the event a Resident's condition changes suddenly, and who have indicated their desire for active intervention according to their Level of Care, in the event that they have been discovered with an absence of vital signs, a CODE BLUE will be initiated.

If a Grove Park Home staff member, family member, volunteer, visitor or a level 4 resident has been discovered with an absence of vital signs, a CODE BLUE will be initiated.

Procedure:

1. Upon discovery of an absence of vital signs, the emergency call bell should be activated (if available).
2. 911 will be called to summon police, ambulance and fire departments.
3. A "CODE BLUE" will be announced over the PA system, giving the location of the code.
4. All Registered Staff in the building shall respond to the CODE BLUE immediately.
5. The Charge RN will be in charge of all staff during the CODE BLUE and will give direction to all staff in attendance.
6. The RPN for the unit that the code is on will remain with the patient and provide information to EMS and begin scribing events.
7. Staff will be directed by the RN/RPN to retrieved emergency equipment that includes
 - **Defibrillator** located on the wall beside the front reception desk.

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- **CPR Back Boards and Ambu-Bags** are located as follows: Maple: Chart Cupboard, Aspen: Cupboard across from Nursing Stn., Pine/Spruce/Willow: Behind the door of the office at the Nursing Station.
8. One staff member shall be directed to meet emergency services and direct them to the CODE BLUE.
 9. CPR will be initiated and continued until emergency services take over.

Executive Director: _____ Date: _____
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MANUAL Emergency Preparedness Plan	TITLE Chemical Spills - Response	POLICY NUMBER EPP-Brown-01
CATEGORY Code Brown	CROSS REFERENCE	
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CHEMICAL SPILL RESPONSE

Most materials (solids, liquids or gases) found in Grove Park Home are hazardous to some degree and all have the potential to be spilled. The following are general requirements for any hazardous/chemical substance stored or used at Grove Park Home.

- Ensure all hazardous substances/chemicals are properly labeled.
- Store, dispense, and/or use substances in a way that prevents spillage or release from container.
- Maintain good housekeeping practices for all chemical materials in the Home.

Spill Containment

Upon learning of any spill, a staff member will be delegated by the RN to retrieve the correct safety data sheet (SDS) (these are available on the Nursing computers on the units or a hard copy is available outside the kitchen soiled entry door.) Details provided include information on health effects, fire hazards, handling, storage and personal protection.

Spill kits are in the RN office and the Laundry room. The RN should be notified immediately.

Spill kit contains:

- 1 Response bucket
- 1 Tie cable
- 10 Deluxe pads
- 1 Safety glasses/goggles
- 1 Gloves
- 2 each Vermiculite absorbent socks
- 1 Yellow disposable bag

Additional absorbent socks and plastic buckets for disposal will be kept on each unit in the Utility/Hopper rooms and in the maintenance office/receiving area.

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Responsibilities:

All Staff:

- Complete an annual review of the Code Brown Policy
- Complete training for spill kits as required for work area
- Avoid the area of the spill
- Follow the PA system directions

Managers/Housekeeping:

- Procure chemical/biological spill kits as needed for the area and ensure that they remain stocked.
- Provide staff with access to appropriate spill kits, protective equipment and staff training.

RN/Charge Nurse

- Announce the Code Brown location of the spill three times in the event of a major spill.
- Call 911 on instruction of Executive Director/DOC or Designate
- Fire Department to be notified as per RN assessment and risk assessment.

Categorizing Hazardous Spills

Categorizing the spill will help to inform whether it is a minor or major spill and the need to call a Code Brown. At Grove Park Home a Minor spill will be categorized as any hazardous material spill that is less than a 4 litre or 2 kg spill, a Major spill will be categorized as any hazardous material spill exceeding 4 litre or 2 kg.

SDS

- Extent of the spill;
- Degree of hazard present;
- Toxicity of the material;
- Property of the material (e.g. displaces oxygen);
- Volatility and reactivity;
- Flammability/explosive properties;
- Radioactivity;
- Infectious properties;
- Volume of spill; and
- Location of spill (enclosed area, proximity to ignition/heat source)

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Staff Responding to a Spill:

- Remove residents, visitors and staff from the immediate area
- Notify the RN
- RN to notify the Executive Director, DOC and/or designate
- Consult SDS for spill material hazards, spill clean-up procedures and disposal information
- Utilize spill kit to contain and clean the spill

Responding to Specific Hazards

Flammable or Combustible Materials Hazard

- Notify:
 - RN/Charge Nurse
 - Maintenance and/or Director of Environmental Services
 - Executive Director/DOC or designate
- If a hazard or explosion could result from a spill (see SDS), evacuate the area or building immediately.
- Ensure that any flammable spill of any size is reported to the Fire Department (911) immediately.
- Turn off burners and sources of electrical sparks
- Stop all work that uses Heat sources or hot work
- Turn off the sources of the spill (e.g. gas cylinder) or contain the spill as much as possible.
- Absorb flammable liquids with an absorbent specially designed for the purpose of containing the vapors as well as the liquids and then transfer to a fire-resistant disposal container. While flammable material is being cleaned up have a person stand by with an appropriate fire extinguisher.

Reactive or Corrosive Materials Hazard

- Substances corrosive to tissue can cause burns on contact to skin, eyes and mucous membranes.
- Some substances such as hydrochloric acid, ammonium hydroxide, etc., also produce corrosive fumes that can be damaging and irritating to the eyes and respiratory system (see SDS).
- Consult the product SDS for information to assist in the cleanup, or the supplier or manufacturer to suggest a neutralizing agent.

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Toxic Materials

- Consult the product SDS for information to assist with the evaluation of all toxic spills prior to any emergency response.
- Use an external response group if it is determined toxic materials are extremely hazardous.
- Mop, towel or sponge up materials and transfer them to a labeled disposal container.
- If a toxic gas cylinder is leaking evacuate the area(s) and call 911.

Air Quality Deterioration

- If there is no obvious source of a spill but an unusual odour persists, there may be dangerous or harmful internal/external contaminants entering the facility.
- Immediately notify:
 - RN/Charge Nurse
 - RN to notify the Executive Director/DOC and/or designate
 - Director of Environmental Services
 - Maintenance and Housekeeping
- Evacuate to a safe location if required
- Maintenance will evaluate the air quality and determine hazard level and cause if possible. If source cannot be determined the Fire department will be notified.

All Clear

1. Ensure area is clean and clear of all spill material
2. Dispose of materials according to proper procedures on SDS. Waste should be double bagged and placed in a plastic bucket. The bucket should be labeled and placed in a location to be disposed of by maintenance department or specialists. (For example, receiving area, or outside receiving doors)
3. Treat all materials containing flammable liquids as a flammable material. Disposable personal protective equipment should be treated as the type of waste it is contaminated with.
4. Ensure all systems are returned to an operational state.
5. Announce all clear over PA system.
6. Inform the Director of Environmental Services so that the spill kit can be replaced.

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MANUAL Emergency Preparedness Plan	TITLE Gas Leaks	POLICY NUMBER EPP-Brown-02
CATEGORY Code Brown	CROSS REFERENCE	
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NATURAL GAS

For safety purposes a Natural Gas Alarm has been installed in the main kitchen area. This alarm is specifically designed to detect natural gas and other combustible gasses.

From time to time, the gas stoves will emit a slight natural gas odour. This, however, does not mean there is a natural gas leak or build up in the area and does not pose a hazard. Turning on the exhaust fans over the stoves for a short period of time can dissipate the odour. If the odour persists notify the Executive Director or Environmental Services. If they are unavailable call the gas company.

If the natural gas alarm sounds, there is the potential that natural gas or other combustible gasses are present. The alarm will sound well before the levels reach a dangerous level.

If the alarm sounds:

1. Do not turn on any equipment in the kitchen area.
2. Remove residents and staff from the Birch Wing including the kitchen, dining and auditorium areas – close the doors to Aspen and Mulberry Lane.
3. Open the loading dock door and the kitchen/hall doors leading to that area.
4. Open the doors in the link.
5. Call the Fire Department 9-1-1
6. Call the gas company
7. Notify the Executive Director and Environmental Services

CARBON MONOXIDE ALARM

For safety purposes, Carbon Monoxide alarms have been installed in the laundry, main lounge, and Aspen hallway. These alarms specifically detect carbon monoxide.

If carbon monoxide alarm sounds, there is the potential that higher than normal levels of carbon monoxide are present. The alarm will sound well before the level reach a dangerous level. Carbon Monoxide is not combustible and does not pose a fire/explosion hazard.

If the alarm sounds:

1. Remove residents and staff from the laundry, lounge or wing affected.

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2. Open the windows and outside doors leading to that area.
3. Call the gas company
4. Notify the Executive Director and Environmental Services

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MANUAL Emergency Preparedness	TITLE Flood	POLICY NUMBER EPP-Other-01
CATEGORY OTHER CODES	CROSS REFERENCE	
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PROCEDURE:

Internal Flood

Staff will IMMEDIATELY:

1. TURN OFF LOCAL STOP VALVE, nearest point to the problem (i.e. faulty water pipe, etc.)
2. Call the Director of Environmental Services & Maintenance staff immediately and report the flood location.
3. If no stop valve on line, TURN OFF MAIN WATER VALVE and booster pumps in mechanical rooms.
4. The Main Water Valve is only to be turned off if absolutely necessary. Water is needed to maintain boiler make-up water feed.
5. If the Main Water Valve needs to be shut off, Environmental Services staff must turn off all equipment affected by the water shut off.
6. **Days-** Director of Environmental Services, **Evenings/Nights** – Charge Nurse will document and evaluate problem and any recommendations within 30 days of the incident.
7. Environmental Services staff will barricade the flooded area to ensure safety of Residents, Staff and Visitors. Environmental Services staff will extract water and clean up the flooded area.

Sprinkler System Malfunction Flood

If a sprinkler is activated other than by a fire emergency:

1. The Nurse in Charge or designate will TURN OFF local WATER SUPPLY to isolate floor sprinkler system.
2. Call the Director of Environmental Services & Maintenance staff immediately and report the flood location.
3. The Nurse in Charge or designate will document and evaluate problem and any recommendations within 30 days of the incident.
4. If the sprinkler has been activated by a fire emergency: Do not turn off the sprinkler control valve, only if instructed from Barrie Fire Services.

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MANUAL Emergency Preparedness	TITLE Boil Water Advisory	POLICY NUMBER EPP-Other-02
CATEGORY OTHER CODES	CROSS REFERENCE	
	Department:	Policy Number:
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POLICY:

Grove Park Home shall establish and maintain a system (with contingency plans) in order to be able to quickly implement precautions to ensure a safe water supply in the event of a water emergency. This will ensure effective contingency plans in the event of drinking water contamination; and ensure the safety of all residents, visitors, staff and volunteers.

PROCEDURE:

Following the directions of the Simcoe Muskoka District Health Unit

1. Use bottled water or thoroughly boiled water (rapid, rolling boil of the water for at least five minutes prior to use) for beverages, food washing and ingredients in food recipes.
2. Use bottled water or thoroughly boiled water for all activities regarding resident care, such as medication administration and oral health care.
3. Use commercially prepared ice or make ice only from boiled water.
4. Use boiled water for essential cleaning such as food contact surfaces. Consider using disposable plates and utensils to minimize washing requirements.
5. Have a supply of warm (previously boiled) water for hand washing. Use coffee urns or similar containers with spigots or taps that will dispense water in a flowing manner. Set up mobile handwashing station in a central area for regular handwashing, ensure only warm (previously boiled) water is used.
6. Arrange for signage over all water dispensing devices including juice and coffee machines, ice machines, water fountains, taps at sinks etc. stating **“Do Not Use for drinking purposes, until further notice.”**.
7. Do not use water faucets, juice / coffee machines. Empty all beverage dispensing machines and ice machines of their contents.
8. In consultation with the Executive Director, the Director of Dietary Services, adjust menus according to capacity of equipment and staffing and anticipated length of emergency.

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“Boil Water” Advisory Fact Sheet

What are the reasons for a “boil water” advisory?

A “boil water” advisory may be issued as a result of any of the following:

1. A bacteriological (microbial) examination, including the finding of bacteria or parasites within the water source;
2. Information other than bacteriological examination including that the water is not safe to drink (i.e. lack or absence of disinfection residual in the drinking water);
3. Following the occurrence of an outbreak of illness within the community that has been linked to the consumption of the drinking water.

The extent of restriction on water use depends on the situation and the reason for issuing a “boil water” advisory. Always follow the local health authorities’ recommendations on water use.

Simple procedure for boiling water:

1. Put water in clean and sanitized, heat-resistant pot/container;
2. Put heat-resistant pot containing water on stove burner;
3. Heat water until it is brought to a rapid rolling boil;
4. Continue rolling boil for at least five minutes;
5. After five minutes, if necessary, cool water by placing it in another sanitized container and store in the refrigerator. Do not put hot water into the refrigerator. Cover the container and allow it to cool to room temperature prior to putting into the fridge.

How do I use water when a “boil water” advisory has been issued?

In a food service operation, the following list outlines how the boiled water should be used:

1. All water used as an ingredient in any food products (i.e. salads, soups, beverages and desserts, etc.);
2. All water used to wash or rinse food products;
3. All water used for drinking;
4. All water added to drinks such as tea/coffee/soda/carbonated beverage machines. (This applies to pop dispenser nozzles in bar facilities);
5. All water used to make consumable ice or ice products. (It may be preferable to purchase commercially bagged ice from an approved source/supplier);
6. All water used for hand washing. A bottled water product should be used if more convenient;
7. As each water emergency is different, consultation with Public Health is necessary to develop a strategy for dishwashing.

Reference: Ontario Ministry of Health and City of Toronto.

MANUAL Dietary Services	TITLE Food & Fluid Provision in an Emergency	POLICY NUMBER DIET-GE-11
CATEGORY General	CROSS REFERENCE	
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POLICY:

In the event that Grove Park Home experiences an emergency that disrupts accessibility of food, fluids, and/or human resources to deliver these programs, a plan is in place to address supply and staff disruption.

PROCEDURE:

An emergency menu is available for various lengths of the emergency, if a known disruption will occur and is time limited there is a 3-day emergency menu available; if the disruption is a longer such as loss of essential services a 7-day menu is available; and should the emergency be catastrophic or pandemic related a 14-day menu is available.

The Emergency Menu

- A rotating (3, 7 or 14 day) menu, including therapeutic and texture modified diets will be initiated.
- As closely as possible FLTCA regulations will be adhered to as per, nutritional quality and food safety.
- A basic menu with limited choice.
- Frequent use of prepared/outsourced items.
- Only basic food preparation skills needed for majority of menu items.
- Menu is based on products that are already incorporated in regular menu and can be rotated within normal menu cycle.
- Assumes that staffing is limited however electricity and water are available.
- Milk, juice and water, bread margarine and butter shall be provided at all meals as per the regular menu cycle.
- Supplements will be assessed on an individual basis and staff availability to prepare and provide.
- Coffee and tea shall be provided based on availability of water and electricity.

If there is no running water:

- Bottled water will be used for drinking and cooking purposes.
- Disposable dishes/cutlery will be used for meal and snack service.

In the even that power outages or shortages occur:

- The generator will be used, but to a minimum.
- The Robot Coupe/Food Processor may not be available; therefore, the

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pureed menus will be adapted / changed to use manufactured prepared pureed food, pureed bread mix, keeping as close to the master menu as possible.

- The master menu will incorporate as many foods as possible which are acceptable to minced texture, allowing a minimum number of items to be minced manually.

In the event that the Dietary Services department experiences a staff shortage:

- Menu revisions may be necessary, in order to provide “Essential Services” only, meaning that the number of choices provided may be reduced.
- Staff from other departments, including Management as well as volunteers will be utilized to facilitate meal delivery to the residents.
- If staff shortages cause by the emergency are critical, the Executive Director or designate may reach out to Ontario Health for human resources support.

Grove Park Home cannot guarantee that inventory will be available on all items listed for this menu; therefore, some changes to the menu may be necessary during the course of the emergency.

At the time of the emergency, it will be determined whether to feed the residents in the unit dining rooms or their individual rooms. This decision will be based upon the ratio of healthy residents to sick residents, the number of staff available to supervise the residents while eating and direction from the Chief Medical Officer of Health.

Regularly Stocked Food and Fluids in the Event of Emergency

Beverages:

Tea, coffee (instant if no electricity), dried milk powder, fruit flavoured juice nectar, assorted canned fruit juices, canned tomato juice, canned regular and diet ginger ale and water bottles

Soups:

Canned, dehydrated / bouillon cubes, soup base

Main Entrees:

Canned meats, canned fish, ready to serve entrees

Vegetables/Fruit:

Fresh fruit, canned and frozen vegetables,

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instant potatoes

Breads/Cereals:

Bread crackers, biscuits, ready mixes, ready to eat cereals, oatmeal, cream of Wheat

Miscellaneous:

Butter, margarine, peanut butter, jam, honey, cheese whiz, marmalade, yogurt, cheese

Dessert Items:

Assorted puddings, assorted gelatin, cookies (soft and hard), donuts, tarts, cakes, muffins, applesauce, fruit cups

Stock of the above items will be reviewed monthly and replaced immediately once used.

Executive Director: _____ Date: _____
Paul Taylor

MANUAL Emergency Preparedness	TITLE Dietary Resource Stockpiling in an Emergency	POLICY NUMBER EPP-Food-01
CATEGORY FOOD FLUID PROVISION	CROSS REFERENCE	
	Department:	Policy Number:
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POLICY:

Grove Park Home shall establish and maintain a system to ensure resources are stockpiled on-site in the event of an emergency and/or an infectious disease outbreak.

PROCEDURE:

At the point of emergency/outbreak, the Executive Director in consultation with the Director of Dietary Services will determine the best course of meal delivery. Dependent on the situation it will be assessed whether or not disposable supply will be utilized.

The Director of Dietary Services will determine the following supply is always on hand and stored in the appropriate supply area (Mill's Mezzanine);

14-day supply of:

- foam isolation trays
- 3-compartment hinge containers
- 10 oz foam bowls
- 10 oz foam cup
- plastic tea spoons
- plastic forks
- plastic knives
- plastic soup spoons
- potable water

Other items available for food and fluid provision are available in Dietary Basement Storage room:

- ten cases of Viper wipes for cleaning and sanitizing of food service areas
- six portable steam basin for delivery of meals in non-dining areas
- four baking racks with 120 plastic delivery trays for room service delivery
- 60 tray tables for resident room meal delivery
- one mobile steam table for meal delivery in non-dining areas

It will be the responsibility of the Director of Dietary Services to audit and take inventory annually of all disposable emergency supply resources. As well, the potable water will be rotated once annually and labelled non-potable and new potable water ordered for replacement.

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CATEGORY FOOD FLUID PROVISION	CROSS REFERENCE	
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