



# DISASTER EMERGENCY PROCEDURES FOR GOLDEN MANOR

City of Timmins

Reviewed By: Daniel Labelle  
Chief Fire Official

Reviewed By: Carol Halt  
Administrator

Approved By:   
Chief Fire Official

Approved By:   
Administrator

Date: May 24, 2022

Date: May 19 2022

Review Date: May 24, 2022

Review Date: May 19 2022

City Of Timmins  
Fire Department  
**REVIEWED**

DATE: May 24, 2022

BY: 





Table of Contents

**AUTHORITY** ..... 4

Section 1: **BUILDING DESCRIPTION** ..... 5

Section 2: **EMERGENCY RESPONSE TEAM** ..... 9

Section 3: **EMERGENCY CODES/PLANS** ..... 13

CODE RED – FIRE/EXPLOSION ..... 15

CODE GREEN - EVACUATION ..... 41

CODE BLACK – BOMB THREAT ..... 50

CODE GREY- AIR EXCLUSION ..... 64

CODE YELLOW- MISSING RESIDENT ..... 68

CODE WHITE- VIOLENCE ..... 75

CODE BROWN- HAZARDOUS MATERIALS ACCIDENTS ..... 79

CODE 99: NURSE ALERT/ MEDICAL EMERGENCY ..... 86

CODE ORANGE- EXTERNAL EMERGENCY ..... 90

NATURAL GAS LEAK ..... 95

ELEVATOR MALFUNCTION ..... 100

OUTBREAK OF COMMUNICABLE DISEASES, A DISEASE OF PUBLIC HEALTH SIGNIFICANCE, EPIDEMIC AND PANDEMIC ..... 104

NATURAL DISASTERS AND EXTREME WEATHER EVENTS/FLOODS ..... 115

BOIL WATER ADVISORIES ..... 120

Section 4: **UTILITY DISRUPTIONS** ..... 125

Section 5: **CRISIS COMMUNICATIONS PLAN** ..... 140

Section 6: **RESOURCE PROVISION** ..... 149

Section 7: **APPENDICES** ..... 153

ANNEX A: TOTAL EVACUATION PLAN ..... 307

# **AUTHORITY**

This plan is published as required under the Fixing Long Term Care act (2021) and O.Reg 246/22.

The Emergency Management and Civil Protection Act (EMCPA) is the legal authority for all municipal and ministry emergency response plans in Ontario.

In accordance with Section 3(1) of the Emergency Management and Civil Protection Act, the City of Timmins has enacted by-law 2019-8389.

## Section 1: **BUILDING DESCRIPTION**

## ADDRESS

*Building Address: 481 Melrose Blvd. Timmins, Ontario*

*Major Intersecting Street: Jade Street and Melrose Blvd*

*Floor Identification: Basement – 1 Level  
Ground Level – East 1, West 1, Special Care  
Second Floor – East 2, West 2  
Third Floor – East 3*

## AUTOMATIC SPRINKLER SYSTEM

The building is equipped with automatic wet sprinkler protection throughout the basement in the kitchen and laundry with smoke/fire alarms throughout the ground, 2<sup>nd</sup> and 3<sup>rd</sup> floors. The main shut off value is in the south east laundry corner.

## STANDPIPE AND HOSE SYSTEM

The building is equipped with a wet standpipe and hose protection throughout all floor areas, including the basement. Hose cabinets are equipped with 38 mm (1 ½ in) hose connections with 23 m (75 ft.) of 38 mm (1 ½ in) hose and nozzle. 65 mm (2 ½ in) hose connections are provided for fire department use.

## FIRE EXTINGUISHERS

Fire Extinguishers are located with all hoses systems (Class ABC) throughout the floors. Fire Extinguishers are also located in:

<p><b>Basement West End Location</b> Maintenance shop West Generator Room West Elevator Room West Sump Pump Room West Electrical Room Lunch Room</p>	<p><b>Basement East End Location</b> East Boiler room Electrical Transformer Room Main Fire Alarm Room East Sump Pump Room</p>	<p><b>East 1 Floor Location</b> House Keeping Supply room Janitor's Room Serving Electrical Room</p>
<p><b>East 2 Floor Location</b> House Keeping Supply room Serving Electrical Room</p>	<p><b>East 3 Floor Location</b> House Keeping Supply room Serving Electrical Room</p>	<p><b>Others</b> Penthouse East Elevator Room Outside Storage Shed Auditorium Exits - 2 Units Laundry Room Main Kitchen - 2 Units Main Office Hair Salon</p>
<p><b>West 1 Floor Location</b> Serving House Keeping Room</p>	<p><b>West 2 Floor Location</b> Serving House Keeping Room</p>	
<p><b>Special Care Floor Location</b> Resident Services Serving House Keeping Room</p>		

## STAIRWAYS

The building has 4 **exit stairways**. All stairwells exit onto the fire route which surrounds the perimeter of the facility. The stairwells are identified as “A”, “B”, “C” and “D”.

Stairwell A –Next to the Elevators on East Wing

Stairwell B – Between West and East

Stairwell C – Next to the Palliative Room

Stairwell D – Across from the West Elevator’s

## **FIRE COMPARTMENTS**

The building is subdivided into fire compartments that are designed to be used for horizontal evacuation in an emergency. The compartment separations are located throughout the facility and on the resident units.

## **FIRE ALARM SYSTEM**

The fire alarm system is a two-stage system.

The first stage sounds an alert signal at 3 second intervals over speakers/bells, which have been installed throughout the building.

The second stage sounds an evacuation alarm which is one ring per second (*i.e. loud steady ring*) over the same speakers/bells.

The fire alarm system is monitored through a direct connection to a monitoring company.

## **VOICE COMMUNICATION SYSTEM**

*Health care facilities over 3 stories in height will normally have a voice communications system. All facilities will normally have a public address system.*

A public address system has been installed throughout all floor areas of the building. This system allows the building management or fire department personnel to broadcast important information or special instructions in the event of an emergency. Portable phones for communication are carried by some of the supervisory personnel. As a secondary means of communication with Emergency personnel (i.e. firemen), 2 –way Radios will be carried by all supervisory personnel.

## **EMERGENCY LIGHTING**

Should a power failure to the entire building occur, the emergency lighting will be supplied by back-up generators.

## **EMERGENCY POWER (GENERATOR)**

Emergency power is provided by two diesel generators, one located in the Maintenance Room in the basement and the other on the outside South East grounds of the facility. Emergency Power is supplied to the fire alarm system, fire pumps, elevators, emergency lighting, resident room heating and exit signs.

**ELEVATORS**

This building is served by 4 elevators. All elevators are locked out in the event of an alarm.

**BUILDING SECURITY**

Automated camera with video recording monitors the front entrance, dirty receiving area, hallway leading to kitchen, receiving and laundry, 24 hours/day, 7 days/week. Cameras' are been recorded on the video security system in the Facility Supervisor's office. The front entrance doors are automatically locked by the Key Scan system at 10:30 pm and unlocked at 5:30am.

**EMPLOYEE MEETING AREA**

Initial evacuation will normally require the horizontal relocation residents, staff and other occupants from the affected areas to an adjacent safer area.

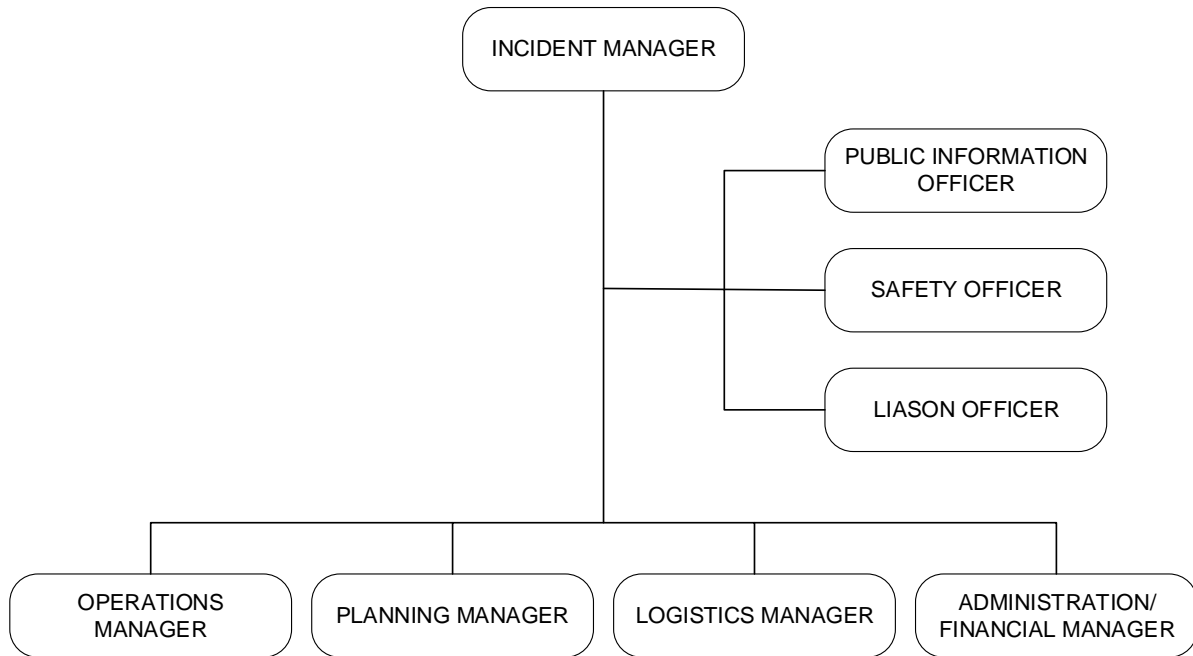
If it becomes necessary to evacuate the facility, occupants will be evacuated to the closest and safest exit.

Ambulances and secondary transportation will be used to move residents/clients to other pre-arranged Facilities to be determined by the Incident Manager.



## Section 2: **EMERGENCY RESPONSE TEAM**

# EMERGENCY RESPONSE TEAM



## **INCIDENT MANAGER**

The Charge Nurse will be the Incident Manager unless relieved by the Administrator or Supervisor on Call and is authorized to co-ordinate all activity and take all necessary actions to deal with a hazardous incident.

## **ADMINISTRATOR / SUPERVISOR ON CALL**

In the event that the Administrator is unavailable or incapacitated, refer to the Supervisor on Call calendar for supervisor authorized to act on their behalf. Where there are supervisory personnel on site, they may be delegated responsibilities for some or all of the functions that are the responsibility of management.

## **SENIOR IMS TEAM**

The Incident Management System (IMS) is the internationally accepted organizational structure for responding to incidents of all scales and all types. The Senior IMS Team will be made up of managerial staff during a major incident that requires a larger or more complex response.

IMS is an expandable system based on functions not positions. Each function is assessed to see if it is required for the incident. A function may be fulfilled by one person or a team of people. For smaller events one person may fulfill multiple functions.

IMS can be used for both emergency and non-emergency events; for example, the planning of a large public event.

The key functions are:

### **Incident Manager**

Organize and direct the emergency response for the emergency / incident. Give overall direction for facility operations and if needed, authorize evacuation. There will always be an Incident Manager for every incident.

### **Operations**

Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts client services, coordinate and ensure ongoing client services during emergency operations.

### **Logistics**

Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

## Planning

The planning function develops scenario/resource projections for the IMS team and undertakes long range planning (more than 2 hours).

## Administration/Financial

The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS team members and ensures documentation of all meetings.

## Public Information

The Public Information function organizes communications with the families, stakeholders and the media (as appropriate) and provides information updates.

## Liaison

Liaison is the function of communications / being the contact person for representatives from other agencies.

## Safety

In every emergency or incident the health and safety of staff, residents and clients is paramount. The safety function monitors and has authority over the safety of operations.

If the scale of the incident dictates, each of the functions above may have an individual or team to assist in the meeting of their tasks. Job Action Sheets are guides to assist the people assigned to the function(s) to fulfill their responsibilities.

A full briefing must be given to personnel arriving to fill functions or relieving others at the end of a shift.

## Section 3: **EMERGENCY CODES/PLANS**



## CODE RED – FIRE/EXPLOSION

## INTRODUCTION

Code Red covers the emergency response to fire.

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 Ontario Fire Code (O. Reg. 388-97) “as amended” 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 offense, and on conviction is liable to a fine of not more than \$50,000.00 or to imprisonment for a term of not more than one year, or to both,” also, “where a corporation is convicted of an offense under” the above “the maximum penalty that may be imposed upon the corporation is \$100,000.00.”

The Ontario Fire Code (o. Reg. 388-97) “as amended” is the provincial regulation governing all aspects of fire prevention and protection, within the province of Ontario. This code requires the owner to be responsible for carrying out the provisions of this code, and defines “owner” as “any person, firm, or corporation controlling the property under consideration.”

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 and to protect people from fire. The required fire safety plan should be designed to suit the resources of each individual building or complex of buildings.

Fire safety plans are intended to assist with the basic essentials for 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.

Because a fire frequently follows an explosion, the same procedures will be used to evacuate the building for both a fire and an explosion.



## ALARMS

There are two distinctive fire alarm rings that sound on the fire alarm system.

### First Stage

A slow intermittent ring (3 seconds apart) is a fire alarm.

### Second Stage

A steady continuous ring (every second) is the second stage alarm indicating the incident has been escalated and immediate evacuation is required.

The alarm system can be manually placed into the Second Stage using an alarm key at any pull station. Should complete evacuation of the building be required the building Incident Commander is to activate the 2<sup>nd</sup> stage in coordination with the Timmins Fire Department.

### Annunciator

The fire annunciator is an electronic panel indicating the status of the fire alarm system and the system activators which include smoke detectors, heat detectors, pull stations, sprinkler alarms, and other devices.

The annunciator panel is located in the E1 wing basement (Main Fire Alarm elect. Room).

The main fire alarm panel is located in the East wing basement, Fire panel room.

The remote annunciators are located at the main entrance (1) and at all nursing stations (6). Each location indicates three types of system status – Normal, Trouble or Alarm Location indicated on LCD display and with tone alarm for trouble.

Secondary annunciator panels are at the nursing station at every resident home.

Each location has two statuses: Clear or Alarm.

- The Clear status is indicated by a **green** light.
- The Alarm status is indicated by a **red** light.

The **Amber** light indicates there is trouble and the alarms system may not be functioning properly.

## Reset

The fire alarm system, resetting the fire doors and the ventilation system is to be reset only under the direction of the Fire Department.

After investigation of the alarm, finding that the alarm was false or that the emergency has been successfully dealt with, the alarm may be silenced. At the Main Panel location press acknowledge first and then reset on the display panel. The system should reset to normal.

**Note:** system cannot be reset if there is smoke in proximity to a detector or a manual pull station has not been reset.

Once the activated device is reset or returned to a normal condition, then the panel can be reset by depressing the reset button. This will place the system back into normal operations.

## TYPES OF EVACUATION

### Horizontal Evacuation

Horizontal evacuation involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

Fire separations, such as fire doors, are designed with a 45 minute or greater fire rating. Therefore, a horizontal evacuation may often address all but the most serious situations.

### Vertical Evacuation

Vertical evacuation involves moving from one floor towards the ground floor.

The preference in a partial evacuation is a horizontal evacuation due to the risks of moving residents / clients via stairways. However, there may be situations where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route) and therefore a vertical evacuation of those persons is required.

### Total Evacuation

Total evacuation involves the evacuation of the entire building to the outside and would be carried out only in an extreme emergency.

## FIRE INSTRUCTIONS

Upon the discovery of a fire emergency, the acronym “REACT” will assist staff in following the correct emergency procedures. The sequence of steps in the acronym will vary depending upon the circumstances of the fire and the abilities of the responding individuals. For example, activation of the fire alarm could be the initial step upon discovery of smoke or fire, to alert other staff of the danger.

### **If you discover fire or smoke R E A C T:**

- Remove persons in immediate danger if possible.
- Ensure the door(s) is/are closed to confine the fire and smoke.
- Activate the fire alarm system using the nearest pull station.
- Call the fire department and/or notify the switchboard.
- Try to extinguish the fire or concentrate on further evacuation.

### **If you hear the alarm:**

#### **DO NOT**

- Use telephones unless you have important information to relay
- Panic
- Shout “Fire”
- Use the elevators

#### **DO**

- Return to your work area and turn all equipment off and close all doors
- Report to the Incident Manager
- Be prepared to give assistance if requested

## EMERGENCY PROCEDURES

### Incident Manager

The Charge Nurse / Supervisor in the area of alarm activation will assume the role of Incident Manager unless relieved from the task by a more senior manager.

The Incident Manager will:

#### During the incident:

1. Determine the source of the fire (alarm) or smoke. Confirm there is a fire.
2. Ensure the fire alarm system has been activated.
3. Incident Commander wears the yellow safety vest.
4. Ensure evacuation of the fire area begins immediately, starting with the rooms closest to the fire location.
5. Delegate a staff to Announce: "Attention, Attention, **Code Red** (location/department)" **x 3** over the paging system (Paging Instructions are on the same form as the Emergency Codes pinned on the wall behind the phone).
6. Delegate a staff to Announce: "Attention, Attention **Code Red** (Location/Department)" **x 3** over the 2 way radio's.
7. Staff on East 1/West 1 lock out the elevators.
8. Delegate a staff to get the 2 way radio from West 1 or East 1.
9. If West 1 has not informed the Incident Commander that 911 has been called delegate a staff to call the Fire Department 9-1-1 to confirm response and provide additional information on the source of the alarm.
10. Delegate a staff to meet the firefighters at the front door and escort them to the area of the fire. Ensure the front door is unlocked.
11. Supervise and direct the evacuation, assembly and relocation of all visitors and residents. The two outside muster points for safe Resident pick up are: Parking lot, and the receiving area.
12. Delegate staff (as available) to go the following areas to pick up the assignment sheets: An action sheet will give direction on which unit to go to. Each Action sheet must be **signed off** and **returned** to the Incident Commander.
  - East 1, 2, 3
  - West 1, West 2, Special Care, Resident Services and the Day Program
  - Auditorium, Dining Room and Physio Area

13. Delegate staff (as available) to monitor exit doors and account for all residents and visitors. In the following areas. (Each Action sheet must be **signed off** and **returned** to the Incident Commander).

- Stairwell A (By the East Elevator)
  - Stairwell B ( Between East and West)
  - Stairwell C ( By the Palliative Room)
  - Stairwell D (By the West Elevator)
  - Receiving
  - Physio Doors
  - Front Doors
  - Special Care (Monitor both exits from outside of Special Care )
- 
- Please stand in the stairwell and listen for anyone entering the stairwell from above or below you. When the fire bells are activated all the Mag doors will release, so any Resident can get into a Stairwell without supervision.
  - When the drill is over the fire bells will stop ringing. Please ensure the Stairwell Doors have been reset before returning back to work. The keypad for the stairwell doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.

Registered Staff/Supervisors can do a Staff Stat blast message to notify staff if there is an indication of a true Emergency to their phones.

Once the Fire Department assumes control, they will maintain authority over the use of the elevators until the all clear is given.

The Administrator or Supervisor on Call will provide managerial assistance to the Incident Manager, Fire Department, Emergency Medical Services, Police Services or other agencies in ensuring the safety and wellbeing of the residents, visitors, volunteers and staff.

The Administrator or Supervisor on Call will advise the Ministry of Long Term Care and other appropriate agencies as needed.

[After the incident has concluded:](#)

1. Have Attention Attention “All Clear” announced to all staff over the paging system 3 x on the paging system and over the 2 way radio’s (Paging System instructions are on the same form as the Emergency Codes pinned on the wall behind the phone)
2. Reset the fire alarm system(s), mag lock system, and elevators.

3. Ensure that the maintenance department is advised of any fire equipment that was used.
4. Complete the appropriate incident reports and forward a copy to the Administrator.
5. Document staff in attendance and forward the list to the Administrator.

## All Staff

### If you hear the alert signal:

1. Listen for location of the fire or check the nearest annunciator panel.
2. If you are close to the annunciator panel immediately check the annunciator for the location of the alarm and advise the Charge Nurse.
3. If the fire is in your area, see “REACT” fire instructions above. (Refer to page 46)
4. One staff member is to remain on their Resident Home Area (RHA) to supervise the residents. All other staff will proceed to the fire location. The Cook will remain in the Main Dining Room, ensuring there is no Resident or families in the front lobby. Two staff from the front office will stay and oversee the front lobby. A two way radio is to be used by the staff member from the front office.
5. The staff member remaining on their Resident Home Area will:
  - a. Put on the Orange safety vest.
  - b. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident/client from exit doors/stairwell doors.
  - c. Activate 2 way radio to channel 2.
  - d. West 1 Orange safety vest Person ensures the analogue phone is plugged into the telephone outlet. Call 9-1-1 and inform the Incident Manager via 2 way radio.
  - e. Check all rooms to account for all residents and make note of all residents who are not on the unit.
6. Properly shut down any equipment in your work area (e.g. ovens, laundry equipment, etc.) and close all doors.
7. All other staff proceed directly to the area of the fire. Use the stairs – DO NOT use the elevators (unless approved by the Fire Department).
8. If you are not in your work area when the fire alarm sounds (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Red location.
9. Report to the Incident Manager.
10. If assigned, assist with the relocation of endangered residents.
11. Prepare for the assembly and relocation of residents. Ensure that all of the residents who require special assistance are prepared for relocation.

12. Close all unlocked doors to contain the fire and smoke.

**Note:** If smoke is encountered, keep close to the floor as the air is clearer and cleaner.

13. Clear the corridors of carts, walkers, wheelchairs etc.

14. If the fire is small and all persons are safe, consider extinguishing the fire (refer to firefighting considerations below), if trained to do so.

15. Await further instructions.

16. Resume normal duties only after "Code Red All Clear" has been announced.

## EVACUATION OF THE FIRE AREA

Golden Manor has been designed with automatic devices to limit the risk of fire or smoke spreading in the building. When the fire alarm is activated, the fire doors will automatically close and the ventilation system will shut off.

Golden Manor has been built with fire containment features, and in most situations, residents can be safely evacuated to another wing or area that is separated by fire doors.

### Procedure

The goal must be to evacuate all endangered occupants from the fire area and confine the fire as quickly as possible.

1. Evacuate the rooms on either side of the room of fire origin and the room directly across the hall. As each room is evacuated during the primary search, identify this room by placing a yellow (ROOM CHECKED) magnet on each door. These magnets will be stored on the back of each door. Place them on the outside of the door no more than 60 cm above the floor.

**Note: Yellow (ROOM CHECKED) magnets will not be placed on doors in a Code Red if a person is in the room.** During the evacuation, a resident may have entered one of the rooms that have been identified as empty. To prevent the possibility that someone is left in the fire area, a secondary check of all rooms should be carried out, if possible. The 'Orange safety vest' person will initiate a second check of all areas.

2. Ambulatory and wheelchair residents should be evacuated first, as they can be moved quickly.
3. Slow-walking residents and clients can be pushed in a wheelchair to speed evacuation. Most residents can be carried or pulled on a blanket to a safe area if necessary.
4. Other non-ambulatory residents should then be evacuated because of the time and resources necessary to move them.

5. For a horizontal evacuation, residents and visitors can be safely evacuated to another wing or area that is separated by fire doors.
6. Residents are to be moved into a lounge or room outside of the fire zone in order to avoid congestion in the hallways.
7. Residents and visitors must not be allowed to congregate in the halls as this may create an impediment for further evacuation or for the firefighters.
8. In the event of a vertical evacuation, the elevators will not be used unless approved by the Fire Department.
9. 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 Incident Manager will discuss the use of the elevators with the Fire Department as soon as possible.
10. Visitors can be permitted to assist in the area to which residents have been evacuated in small numbers where they are of assistance. Visitors are not to be permitted in the fire area or allowed to congregate in the hallways. Any visitors not assisting are to be asked to leave the building until the "All Clear" has been given.
11. Any events that are taking place with large numbers of guests are to be evacuated outside immediately at the sound of the fire alarm.
12. Close all doors in the fire compartment. Occupants requiring assistance to evacuate should be reassured and told to remain in their rooms with the door closed. They will be evacuated as soon as possible.
13. After all residents have been evacuated, with time and safety permitting, the registered nursing staff is to move the medication cart from the fire area to the evacuation area. If time permits. Resident I.D. name tags will be located in the Emergency Folder.
14. The Incident Manager will delegate a person to be responsible for tracking the residents from their assigned wing/floor and reporting to the Incident Manager the status of the residents (i.e. all residents accounted for or residents not accounted for).
15. If a more extensive or total evacuation of the building is required, a **Total Code Green** will be announced and the second stage alarm (steady continuous ringing) will sound at the direction of the Incident Manager. Total evacuation starts with the area closest to the event that is causing the evacuation. *Refer to Code Green for the full evacuation policy.*

Once in the adjacent fire zone or outside:

1. Ensure employees and residents are assembled at the designated meeting area which will be determined by the Fire Department and Administrator or designate.
2. Report on the status of their section to the Incident Manager



## CONSIDERATIONS AND POLICIES

### Fire Fighting Considerations

Once all residents and visitors 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 whose clothes are on fire (smother with a sheet/blanket or stop, drop and roll).

Staff should only use the fire fighting equipment they have been trained to use (e.g. portable fire extinguishers). Any person who has not been trained in the use of portable fire extinguishers should not attempt to extinguish a fire using the equipment.

### Fire Safety Policies

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

#### Smoking

Golden Manor 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/client will result in a meeting with the resident, power of attorney, and facility administration to review the smoking policy and follow up actions for repeat offences.
- Any visitor that is seen smoking inside the facility will be directed to take their cigarette outside a minimum of 9 metres from any doorway.
- All repeat violations of this policy will be reported to the Administrator.

#### Space Heaters

Portable space heaters or appliances that generate heat are not permitted in resident rooms.

#### Extension Cords and Power Bars

Extension cords and power bars must be used in a safe manner. An extension cord or power bar attached to multiple appliances could overheat and cause a fire so check the approved load of the cord or power bar. Extension cords and power bars will never be spliced. Extension cords should not be run under rugs, through doorways, or fastened to walls or ceilings except in the event of a power failure or equipment emergency, and then only on a temporary basis.

## Electrical Appliances

All electrical equipment brought into the facility on admission is to be inspected to ensure it is, CSA certified and bears the CSA label. Any additional equipment must be inspected by the Maintenance Dept.

## Combustible Material

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.

When oxygen is used regularly in an area, suitable signs should be displayed. Oxygen equipment must be stored in suitable location and at least 5 feet from any heat source (for example radiators).

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.

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 metres from the main building. Fuel is to be kept in approved safety containers and stored in a safe location outside of the main building.

**Warning:** Smoking is not permitted in areas where refueling takes place.

## Housekeeping

This section refers to general building housekeeping and applies to all staff (not just housekeeping staff).

In the kitchen, ducts and filters will be cleaned regularly to remove deposits of grease. Kitchen ducts will be professionally cleaned every 6 months.

Laundry filters, ducts and other areas will be regularly cleaned to prevent a build-up of lint.

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

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.

If an exit is blocked or unavailable because of construction or renovation, temporary exit signs shall be installed to identify an alternate exit. Temporary emergency evacuation procedures will be posted addressing exit facilities.

Do not place objects that could prevent persons from locating or accessing fire pull stations, fire extinguishers, fire hose cabinets or other emergency equipment.

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.

### Staff Knowledge

All employees must know how to shut down the equipment in their work area safely.

Kitchen and laundry room staff must be familiar with the safe use, maintenance and cleaning of the equipment.

Kitchen staff must know how to activate the fixed fire extinguishing equipment that protects the cooking areas, ducts and filters.

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 or Supervisor on Call must provide authorization for welding or cutting planned and be informed of the fire watch procedures being implemented prior to authorization being given.

## **Training and Maintenance**

### Fire Safety Training

Fire drills shall occur once a month on each shift (days, afternoons, and nights). The Administrator, Maintenance Supervisor and the Supervisor on Call shall implement the fire drill.

The Maintenance Supervisor will keep a detailed log of all fire drills including:

1. which area of the building was evacuated;
2. who initiated the fire exercise;
3. what time of day the drill occurred;
4. how many staff were on site;
5. how long the evacuation of the affected area took;
6. debriefing of staff; and
7. comments on improvement.

A report of all staff in attendance will be forwarded to the Administrator.

All staff will participate in an in-service training on fire safety at least once a year. This training shall, at a minimum, include; a review of the policy, staff roles and responsibilities, how to activate the alarm, evacuation, and fire prevention.

RNs, RPNs, supervisors, and maintenance staff will receive specific in-service training reviewing their roles in the event of an emergency, and the roles of the Incident Manager.

### Fire Drills Using the Alarm System

Prior to the fire drill the Supervisor running the drill will:

1. Notify the Timmins Fire Department approximately 5 minutes before the fire drill is to commence, notifying them of the approximate time for the drill. Obtain the ID number of the person you are speaking with for confirmation.
2. Call the fire alarm monitoring company to advise them of the drill.
3. Use a device (flashing red light) or sign (fire in room) to indicate the location of the fire.
4. Staff noticing the fire should remove those in immediate "danger" and activate the fire alarm.
5. Staff will then follow the Code Red procedures.

### At the conclusion of the drill:

1. Reset the manual pull station and annunciator panel(Basement)
2. Notify the fire alarm monitoring company that the drill has been completed and confirm that the alarm was activated during the drill.
3. Notify the Timmins Fire Department that the drill has been completed.
4. Hold a debriefing meeting with the participants to determine what went well during the drill, what challenges were encountered and what steps could be taken to improve response.
5. Confirm that all required fire protection equipment functioned as designed. All deficiencies must be forwarded immediately to the Maintenance Supervisor
6. Have staff sign the attendance form following the drill.
7. Completed fire drill documentation will be forwarded to the Administrator.

### Monthly

All fire extinguishers and hose cabinets will be given a visual check monthly by the maintenance staff of Golden Manor. This visual check should include checking that the extinguisher is charged, all equipment is in place and that there is no visible damage.

The fire extinguisher tag is to be initialed monthly if the extinguisher is active.

### Semi-annually

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

### Annually

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 alarm system, including smoke and heat detectors throughout the building and in the ventilation system annually.

The Building Owner will contract with relevant contractors to perform checks, tests, and inspections as described below.

The Building Owner is responsible for confirming that fire alarm technicians working on the building's fire alarm system have completed a fire alarm training course acceptable to the Ontario Fire Marshal.

Fire alarm technicians will be able to provide a card that includes the name and photo of the technician, the program provider's name with an authorization signature and an expiry date. In addition, the card will state "This program is deemed acceptable to the Ontario Fire Marshal and satisfied the requirements of Clause 1.1.5.3 (1) (A) of the Ontario Fire Code.

### **IT WILL BE THE RESPONSIBILITY OF THE MAINTENANCE SUPERVISOR TO ENSURE PERFORMANCE OF THE FOLLOWING REQUIRED CHECKS, TESTS, AND INSPECTIONS.**

The Ontario Fire Code requires that records of all tests and corrective measures are retained for a period of 2 years on site and available to the Chief Fire Official upon request.

Fire Prevention Officers may check to ensure that the necessary checks, inspections and tests are being completed.

Where a deficiency is discovered in any fire safety equipment as a result of these maintenance

requirements, the owner or his authorized agent must take corrective action. If any fire protection equipment requires to be shutdown, refer to the Fire Watch Checklists. (Appendix C)

The list has been prepared in accordance with the Ontario Fire Code (O.Reg.388/97) as amended.

#### **DEFINITIONS FOR KEY WORDS ARE AS FOLLOWS:**

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

**TEST** means operation of the device or system to ensure that it will perform in accordance with its intended function.

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

**OWNER** means any person, firm or corporation having control over any portion of the building or property under consideration and includes the persons in the building or property.

**SUPERVISORY STAFF** means those occupants of a building who have some delegated responsibility for the fire safety or other occupants under the fire safety plan.

#### **ONTARIO FIRE CODE, IMPORTANT REFERENCES**

##### **Article 1.1.1.1**

Unless otherwise specified, the **owner** shall be responsible for the carrying out for the provisions of this Code.

##### **Article 1.1.1.2**

Where **tests**, repairs or alternation are made to fire protection installations, including sprinkler and standpipe systems, a procedure of notification shall be established, and the procedure shall include notifying the **fire department** and the **building** occupants where necessary for safety in the event of a fire emergency.

##### **Article 1.1.1.3**

Any **appliance**, device or component of a device that does not operate or appear to operate as intended when **checked**, **inspected** or **tested** as required by this code shall be repaired if failure or malfunctioning of the **appliance**, device or component would adversely affect fire or life safety.

##### **Sentence 1.1.2.1 (1)**

Except as required in Sentence (2) written records shall be kept of **tests** and corrective measures for

two years after they are made, and the records shall be available upon request to the **Chief Fire Official**.

**Note:**

Bold words are defined terms as per the Ontario Fire Code. Please refer to the Ontario Fire Code (O.Reg 388/97) as amended for exact wordings. The above is for reference only.

[Fire Alarm System](#)

Reference should be made to CAN/ULC – S536-97

The building owner is responsible for confirming that fire alarm technicians working on the buildings fire alarm system have completed a fire alarm training course acceptable to the Ontario Fire Marshall.

Technicians will be able to provide a card that includes the name and photo of the technician, the program provider’s name with an authorized signature and an expiry date. In addition, the card will state “This program is deemed accepted to the Ontario Fire Marshall and satisfies the requirements of Clause 1.1.5.3. (1) (A) of the Ontario Fire Code.

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
6.3.2.3.	Check central alarm & control facility including alarm AC power lamp & trouble light.	Daily	Maintenance
6.3.2.2	Check all fire alarm components including batteries.	Daily	Maintenance
6.3.2.2.	Test fire alarm system	Monthly	Maintenance
2.3.2.1	Test fire alarm system by persons acceptable to the Timmins Fire Services.	Annually	Contractor

Where the fire alarm system or any part of thereof is shutdown, the supervisory staff shall be notified in accordance with the buildings fire safety plan.

Portable Fire Extinguishers

Reference should be made to NFPA 10-1994 for exact details.

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
6.2.7.2	Check all portable extinguishers.	Monthly	Maintenance
6.2.7.1	Subject to maintenance.	Annually	Contractor
6.2.7.1	Hydro-statically test carbon dioxide Water type extinguishers.	Every 5 Yrs.	Contractor
6.2.7.1	Empty storage pressure type extinguishers and subject to maintenance.	Every 6 Yrs.	Contractor
6.2.7.1	Hydro-statically test dry chemical extinguishers.	Every 12 Yrs.	Contractor
6.2.7.6.	Recharge extinguishers after use.	As required	Contractor



## Fire Department Access

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
2.5.1.2. (1)	Fire access route or access panels or windows provided to facilitate access for firefighting operations are not obstructed by vehicle, gates, fences, building materials, vegetation, signs or other form of obstruction.	As required	Maintenance
2.5.1.2. (2)	The fire department sprinkler and standpipe connection shall be maintained free of obstructions.	As required	Maintenance
2.5.1.3.	Fire access routes shall be maintained so as to be for use at all times by fire department vehicles.	As required	Maintenance

### Means of Egress

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
2.2.3.4.	Inspect all doors in fire separations.	Monthly	Maintenance
2.2.3.5.	Check all fire doors are closed.	As required	Maintenance
2.7.3.1.	Maintain exit sign legibility.	As required	Maintenance
2.7.3.2.	Ensure exit lights are illuminated.	As required	Maintenance
2.7.1.7.	Maintain corridors free of obstructions.	As required	Maintenance

### Service Equipment, Ducting, and Chimneys

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
2.6.1.3 (1)	Check hoods, filters & ducts subject to combustible deposits; clean as required.	Weekly	Maintenance
2.2.3.7.	Inspect all fire dampers and fire stop flaps.	Annually	Contractor
2.6.1.4.	Inspect chimneys, flues and pipes and clean as necessary.	Annually	Contractor
2.6.1.8.	Inspect disconnect switch for mechanical air-conditioning and ventilation.	Annually	Contractor

## Sprinkler System

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
6.6.1.2	Inspect valves controlling water supply for sprinkler systems.	Weekly	Maintenance
6.5.5.2	Test sprinkler alarms using connection.	Every 6mths	Contractor
6.5.5.7	Test sprinkler supervisory and other sprinkler and fire protection system supervisory devices.	Every 2mths	Contractor
6.5.5.7	Test gate valve supervisory and other sprinkler and fire protection system supervisory devices.	Every 6mths	Contractor
6.5.3.2	Check sprinkler system hangers.	Annually	Contractor
6.5.3.5	Check all sprinkler heads.	Annually	Contractor
6.5.4.4 (2)	Remove plugs or caps on fire dept. connections and inspect for wear, rust or obstructions.	Annually	Contractor
6.5.5.3	Test water flow on wet sprinkler systems using most remote test connection.	Annually	Contractor
6.5.5.5	Test flow of water supply using main drain valve.	Annually	Contractor

**Note:** In accordance with the Ontario Fire Code, repair, replacement and alterations of sprinkler system components shall be in accordance with NFPA 13-1994, "Standard for Installation of Sprinkler Systems".

## Emergency Generator

The emergency generator shall be inspected, tested and maintained in conformance with CSA-C282, "Emergency Electrical Power Supply for Buildings".

Refer to CAN/CSA – C282-M89 for exact requirements.

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
6.7.1.1 (1)	Test/inspect generator set operated at 50% of rated load for 30 minutes.	Weekly	Maintenance
6.7.1.1 (1)	Test and clean crankcase breathers governors and linkages on emergency generators.	Bi-Annually	Contractor
6.7.1.1 (1)	Inspect and service emergency generator and engine set. Test generator at full load for at least 2 hours.	Annually	Contractor
6.7.1.5 (1)	Liquid fuel tanks shall be drained and refilled with a fresh supply at least once a year.	Annually	Contractor
6.7.1.5 (2)	The requirements of Sentence (1) may be achieved as a result of the normal weekly test program.	Annually	Contractor
6.7.1.1 (1)	Inspect and service injector nozzles and valve adjustments on diesel engine.	Every 2 Yrs.	Contractor
6.7.1.1 (1)	Check insulation on generator windings.	Every 5 Yrs.	Contractor

## Standpipe and Hose Systems

Reference should be made to NFPA 14-1994 for exact details.

<b>Fire Code Reference No.</b>		<b>Frequency</b>	<b>By</b>
6.4.2.1	Inspect hose cabinets to ensure hose position and that equipment in place and operable.	Monthly	Maintenance
6.4.2.4	Hose valves shall be inspected annually to ensure that they are tight so that there is no water leakage into the hose.	Annually	Contractor
6.4.2.5 (1)	Remove and re-rack hose and replace worn gaskets, hose.	Annually	Contractor
6.4.2.5 (2)	When hose is re-racked as required in Sentence 6.4.2.5. (1), it shall be done so that any folds will not occur at the same places.	Annually	Contractor
6.4.1.3 (2)	Plugs or caps shall be removed annually and the threads inspected for wear, rust or obstruction.	Annually	Contractor
6.4.3.1.	Hydro-statically test standpipe systems that have been modified, extended or are being restored to use.	As required	Contractor
6.4.3.5	Flow and pressure tests shall be conducted at the (cont') highest and most remote hose valve or hose connection to ensure that the water supply for standpipes is provided as originally designed.	Annually	Contractor

## Fire Extinguishing Systems for Cooking Equipment

Refer to NFPA 96-1994 and NFPA 17A-1994 for exact details

The Ontario Fire Code, Clause 6.8.1.1 (1)(i), makes reference to NFPA 17A, “Wet Chemical Extinguishing Systems”. NFPA 17A states that on a monthly basis, inspection shall be conducted in accordance with the manufacturers listed installation and maintenance manual or the owner’s manual. As a minimum this “check” or inspection should include the following in accordance with NFPA 17A-1994.

**Note:** This is for reference purposes only. Consult NFPA 17A for full details.

- The extinguisher system is in its proper location.
- The manual actuators are unobstructed.
- The tamper indicators and seals are intact.
- The maintenance tag certificate is in place.
- No obvious physical damage or condition exists that might prevent operation.
- The pressure gauges if provided is in operable range.
- The nozzle blow off caps are in place and undamaged.
- If any deficiencies are found, corrective action to be taken immediately.
- Inspection records to be kept.
- The date the inspection was performed and initials of the person performing inspection shall be recorded.

❖ The above monthly “check” will be conducted by Maintenance.

### **The Ontario Fire Code Sentence 2.6.1.13 states;**

Commercial cooking equipment exhaust and fire protection systems shall be maintained in conformance with NFPA 96, “Ventilation Control and Fire Protection of Commercial Cooking Operations”.

An approved contractor in accordance with NFPA 96-1994 will perform this maintenance every 6 months.

## Fire Alarm / Sprinkler Shutdown

In the event of shutdown of the Fire Alarm System or Sprinkler System, the Timmins Fire Department and monitoring station will be notified.

All residents and building staff will be notified by posting notices at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown.

During such shutdowns, the Charge Nurse will organize staff to patrol all unprotected areas every

half-hour until such times as the system is restored.

If the fire alarm system is out of service due to maintenance or other reasons, notices will be posted at all entrances and in elevator lobbies on all floors, explaining the duration and extent of the shutdown. The staff will be reminded every 3 hours and at general shift change times until the system is restored.

A fire watch will be initiated including resident care staff and maintenance staff:

Resident care staff under the direction of the nurse designate will make rounds of the resident home 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 odor or sight of smoke or flame).

These rounds will include the active checking of resident/client rooms, lounges, storage rooms, closets, washrooms, tub rooms, dining/serving areas, and all other rooms. The staff will sound the alarm verbally, communicate with the charge nurse and call 9-1-1 in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

Maintenance staff or designated personnel will make rounds of all non-resident home areas every 60 minutes to check for potential signs of a fire emergency (i.e. check for the odor or sight of smoke or flame). These rounds will include the active checking of all rooms and closets including lounges, kitchens, storage areas, mechanical rooms, locker rooms, offices and all other areas. The staff will immediately sound the alarm and communicate with the charge nurse in the event of smoke, fire or other difficulties encountered while the fire alarm system is out of service.

In the event that the fire watch is required when maintenance personnel are not present, the charge nurse will delegate a staff member to fulfill the rounds normally made by maintenance staff and notify the Supervisor on Call. Appropriate staff will be called in or assigned as per the decision of the Administrator or Supervisor on Call.

The persons conducting the patrol must be provided with a means of communication should an emergency arise.

Each tour of the building by the fire safety patrol must be recorded by the time and date. As well, any deficiencies noted and any measures taken to correct the deficiencies must also be recorded.

Occupants will be instructed to advise Fire Services immediately at 9-1-1 of any fire situation and to warn other occupants of imminent danger verbally.

In the event the fixed extinguishing system is shutdown, no cooking involving grease/laden vapors will occur.

**THE FIRE DEPARTMENT IS TO BE NOTIFIED IN WRITING OF SHUTDOWNS LONGER THAN 24 HOURS.**





## CODE GREEN - EVACUATION

## INTRODUCTION

### Background

An evacuation is defined as an organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas. An evacuation is one means of protecting people from the effects of a hazard. In planning for evacuation, the characteristics of the hazard and its magnitude, intensity, speed of onset, and anticipated duration are all significant factors. These will determine the number of people to be evacuated, the distance people must be moved to ensure their safety and the need for reception facilities.

The facility must be prepared to conduct both small-scale (e.g. single floor) and large-scale (full facility) evacuations at all times of the day.

Code Green is to provide guidelines on a safe and efficient evacuation of an area, wing, floor, building or the entire Golden Manor.

Examples of circumstances necessitating an emergency evacuation include; fire / explosion, bomb threat, community disaster (e.g. toxic spill, tornado), structural failure (e.g. roof collapse), etc.

**In the event of a total evacuation, the City of Timmins Emergency Control Group will activate Annex A: Total Evacuation Plan.**

## DEFINITIONS

### Horizontal Evacuation

Horizontal evacuation involves moving from one area of the floor to another area, on the same floor, behind fire barrier doors.

### Vertical Evacuation

Vertical evacuation involves moving from one floor towards the ground floor.

While the preference in a partial evacuation is a horizontal evacuation, due to the risks of moving residents via stairways, this may not be an option where it is not safe to move towards a fire door (e.g. the incident is between the resident and the closest fire doors making moving towards a stairway the only exit route)

DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat)

### Total Evacuation

Total evacuation involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. The emergency services will normally be on location to provide assistance. In the event of a total evacuation, the City of Timmins Emergency Control Group will activate Annex A: Total Evacuation Plan.

## PROCEDURE

### Plan Activation

Each emergency situation will have an Incident Manager responsible for the safety of all persons in the building, the initiation of the emergency plan, and delegating responsibilities to ensure the emergency plan(s) are properly activated.

Where possible, the decision to evacuate an area is to be made in consultation with the Administrator or the Supervisor on Call on duty in their absence.

This plan may be activated in whole or in part, as required, by any member of the Emergency Control Group.

Upon activation, the City of Timmins will need to declare an emergency to allow all participating agencies to respond in accordance with the procedures described within this plan and in accordance with their agency operating procedures.

### Responsibilities

#### **Originating Staff**

1. If discovering an emergency that is potentially life threatening, immediately sound the alarm for the type of emergency, and where safe to do so, remove residents and all others from harm's way.
2. If there are no person(s) in immediate danger, notify the Incident Commander of the emergency. The Incident Manager will make the decision to evacuate, if required.
3. Follow the directions of the Incident Manager.

#### **Charge Nurse/Incident Manager**

1. Upon notification of an emergency situation, assume the role of Incident Manager unless relieved by a more Senior Manager.
2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke (refer to Code Red).
5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a "Code Green" for the specific unit/floor.

7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat).
8. The second stage alarm is activated at any pull station by using an alarm key, located at nursing stations.
9. For a partial evacuation Attention Attention “Code Green (building)” will be announced and **repeated 3 times**. Identify the area and the unit: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
  - a. *Attention Attention “Code Green (wing and unit)”*
  - b. *Attention Attention “Code Green (wing and unit)”*
  - c. *Attention Attention “Code Green (wing and unit)”*
10. In the event of a total evacuation of a building “Code Green Golden Manor” will be **announced 3 times**: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
  - a. *Attention Attention “Code Green Golden Manor”*
  - b. *Attention Attention “Code Green Golden Manor”*
  - c. *Attention Attention “Code Green Golden Manor”*
11. Call 9-1-1 stating the type and location of the emergency

## All Staff

1. All Fire Alarms will be treated as an emergency and evacuation of the fire area will be commenced immediately.
2. When a decision is made for an emergency evacuation **Evacuate Now!**

## Priority of Evacuation

1. Residents in immediate danger will be evacuated first.
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area. If a resident is aggressively resistant move on to the next resident so as to not delay the evacuation process. Staff will return to aggressively resistant residents once others at imminent risk are safe.
3. All wheelchair residents should be assisted to safe fire barriers and, if their wheelchairs are required for other residents, are to be removed from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried or pulled on a blanket to a safe area if necessary.
5. Residents who aggressively resist the evacuation.

**Note:** Where possible, traffic in the corridors and stairwells will move in one direction for ease of flow. Where two directional traffic flow is necessary, staff will keep to the right to minimize directional conflict.

## Partial Evacuation

### Incident Manager

1. Initiate the Emergency Staff Call back List (Staff Stat blast) and activate the Senior IMS team. Refer to Section 2.
2. Set up a command post in the Central Command (Board room) if safe to do so or alternative location announced to staff. Central Command after hours will be in the Main Office.
3. Retrieve the Resident I.D. tags from all nursing stations and apply on each Resident.
4. Remove visitor and volunteer logs to the command post to assist with a safety accountability of all staff.

### Senior IMS

1. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.
2. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
3. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
4. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
5. Notify the MOHLTC.

*In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.*

### Orange safety vest

1. Ensure one staff member stays in their assigned area to continue the care of their residents and send all other staff to assist with the Code Green. Additional staff may be required to monitor exits and/or stairways for the safety of wandering residents.
2. Provide direction and guidance to staff participating in the evacuation.
3. Take direction from and report to the Incident Manager.
4. Ensure that all evacuees are identified with I.D. tags.
5. Be responsible for maintaining a head count of residents and staff, and keeping the Incident Manager informed.

6. Responsible for the removal of the resident charts and medication carts if time and situation permits.
7. Provide for the continuing care of the residents.

## All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.  
**Note:** One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.
2. If you are responding to the emergency call back, report to the Command Centre (board room) for further instruction. After hours the Command Centre will be in the Front Office.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof collapse).
6. If you are not in your work area when the Code Green is activated (e.g. on break), return to your own work area to ensure all equipment is turned off and doors are closed (unlocked). Then proceed to the Code Green location.
7. Report to the Incident Manager or designate.
8. Remove residents and visitors from the Code Green area to an area determined as safe by the Incident Manager. In many cases this will be behind fire doors (horizontal evacuation) where safe to do so. Utilize a vertical evacuation where life safety is at risk and a horizontal evacuation is not possible.
9. Close all unlocked doors to contain the fire and smoke.
10. Ensure each room in the assigned area is properly and thoroughly searched and evacuated indicators used identifying that the room is vacant with the yellow “Room Checked” magnet. Do not use an evacuated indicator if a person is still in the room.

## Total Evacuation

### Senior IMS

1. **Refer to Annex A: Total Evacuation Plan**
2. Ensure a Liaison Officer is appointed to maintain continuous communications with the Emergency Services.

3. Receive communication from the Emergency Services and participate in assessing the situation with the emergency agencies.
4. Ensure a safety officer is appointed to monitor the safety of all personnel in the building other than emergency service personnel.
5. Ensure a Public Information Officer is appointed to ensure appropriate communications with families, staff, and the media.
6. Notify the MOHLTC.

*In order for these tasks to be carried out effectively, they must be delegated appropriately as staff resources are available.*

### Incident Manager

1. Registered Staff/Supervisors can do a Staff Stat blast message to notify staff if there is an indication of a true Emergency by phone.
2. Set up at Central Command (Board Room), if safe to do so, or alternative location announced to staff. After hours Command Center will be in the Front Office.
3. If necessary, designate a staff member to contact the transfer facilities to advise that residents will be coming and confirm that these alternate facilities are prepared to receive residents. Confirmation of facilities to be communicated to the Incident Manager.
4. Direct the activities of all Golden Manor personnel.
5. Retrieve the Resident I.D. tags from all nursing stations and apply on each Resident.
6. Designate two outside exit areas as safe resident pickup sites to bring residents from the evacuation prior to being transferred to another facility or with family.  
Area one – will be for non-injured and stable residents.  
Area two (triage) – will be for resident(s) requiring emergency care, either as a result of the emergency itself or due to some pre-existing medical condition(s).
7. Designate Staff to supervise the pickup site. Delegate additional staff/volunteers to assist as resources are available.
8. Communicate with the staff on the nursing units the list of residents to go to each holding area.
9. Confirmation of residents at each pickup site will be made with designated staff member supervising the area.
10. Ensure that all residents are identified with name badges.
11. Residents will be prioritized for transportation to the hospital or other temporary facilities, with ambulance directed to the most seriously injured, in order of severity.
12. Alternative transportation will be arranged for ambulatory residents and other residents who do not require an ambulance for transport (i.e. relative of residents, staff and volunteers).

13. Log each Resident's destination, who they left with and how they were transported. Refer to Appendix D Evacuation Log.
14. Transport the Residents' charts to the place where the Residents have been relocated.
15. Remove staff schedules, visitor and volunteer logs to the command post to assist with a safety accountability of all staff.
16. Provide for the continuing care of the residents.

### Orange safety vest

1. Provide direction and guidance to staff participating in the evacuation.
2. Take direction from and report to the Incident Manager or other Incident Management System managers.
3. Ensure that all evacuees are identified with I.D. tags.
4. Be responsible for maintaining a head count of residents and staff, and keeping the Incident Manager informed via 2 way radio.
5. Responsible for the removal of the resident charts and medication carts if time and situation permits.
6. Provide for the continuing care of the residents.

### All Staff

1. Upon notification of a Code Green, assist with the evacuation procedure beginning with those closest to the identified area.  
**Note:** One staff member on each floor is to remain on their floor to supervise the residents. All other staff will proceed to the Code Green location. Additional staff may be delegated back to the units to monitor exits and stairways for the safety of wandering residents.
2. If you are responding to the Emergency Staff Call List, report to the Central Command (Board Room) for further instruction. After hours Command Centre will be in the Front Office.
3. Assure the residents and visitors in your work area are in a safe location. For example, remove any resident that is bathing from the tub/shower.
4. Properly shut down any equipment in the area (e.g. ovens, laundry equipment, etc.) and close all doors.
5. Proceed directly to the area of the Code Green. Use the stairs – DO NOT use the elevators unless approved by the Fire Department or other authority involved in the evacuation (e.g. police for a bomb threat, structural engineer for a roof





## CODE BLACK – BOMB THREAT

## INTRODUCTION

Code Black covers the emergency procedure required when Golden Manor is threatened or affected by a bomb or terrorist incident

Bomb threats are usually made by telephone. Few of these threats are real. Bombers that go to the trouble of manufacturing and placing a device typically will not call in a warning. If a caller can give specific information about the bomb, such as the location and time of detonation, it is more likely that a bomb has actually been planted. Most devices will be left outside where it is easier to leave without being noticed or identified.

The principle aim of a bomb threat is to disrupt operations, discredit the property owner or tenants, or undermine the morale of the employees. The majority of bomb threats are simply hoaxes. The hoax may, but more often will not, include a pre-positioned suspicious object. A well-conceived hoax bomb will be very realistic and only an expert may judge its lethality. Bombers usually prefer to place devices in easily accessible locations (e.g., outside of buildings, lobbies, near exits) to minimize risk of capture. Evacuating a building without first checking these common areas may put occupants at increased risk. Bombers have used telephone threats to herd people towards a device.

Good housekeeping simplifies the task of identifying suspicious packages. Security measures make it more difficult to plant a bomb. Locking cabinets, rooms, offices, etc. also limits unauthorized access and reduces the areas that need to be searched.

There are three options available depending on the situation:

1. Complete evacuation of the premises
2. Partial evacuation to a safe outside area or another internal area
3. No evacuation

Initiating a search after a threat is received and evacuating a building after a suspicious package or device is found is perhaps the most desired approach. It is not as disruptive as an immediate evacuation and will satisfy the requirement to do something when a threat is received. If a device is found, the evacuation can be accomplished expeditiously while at the same time avoiding the potential danger areas of the bomb.

### **Safety should always be the foremost consideration when deciding whether or not to evacuate**

Authorities are in agreement that the most effective and fastest search of a building can be made by the normal occupants of the building. The occupants are in the best position to conduct the search because they are the only ones who will know if a box, briefcase, etc. belongs in that location.

However, under Ontario health and safety legislation, workers cannot be forced to take part in any activity, which could be hazardous to their health or safety. Therefore, any employees who engage in bomb searching activities must be volunteers and must be provided with appropriate training in searching for bombs.

## EMERGENCY PROCEDURES FOR THREAT VIA TELEPHONE

### Switchboard

If you receive a bomb threat call, follow the following procedures:

1. Be calm and courteous. DO NOT HANG UP.
2. Do not interrupt the caller.
3. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
4. Keep the caller on the line as long as possible.
5. Obtain as much information as you can by completing the Threatening Call Information Report (see end of Code Black - Bomb Threat section). A copy of this report should be kept at the switchboard.
6. Notify your supervisor and provide him / her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Administrator or Alternate.

If you are notified that a bomb threat has been made:

1. Quickly but thoroughly check your area for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas readily accessible to the public.
2. If you find a suspicious object, notify the Administrator or Alternate.
3. Do Not Touch The Object
4. Provide voice communication messages as instructed by the Administrator or the Police.

If instructed to do so, activate procedures to summon off-site staff to the facility (using

5. "Fan-out List" where implemented).
6. Assist with the evacuation, assembly and relocation of residents, including arranging for alternate accommodation and transportation

### Management

1. The Incident Manager (Administrator) or Alternate have been appointed to co-ordinate all activities related to a bomb threat.
2. Any and all bomb threats received by Management will be reported immediately to the Administrator or Alternate. It is their responsibility to notify:
  - a. Police Department (call 9-1-1)
  - b. All Department Heads
3. If the Police call with information relating to a bomb threat, they shall be directed to the

Administrator or Alternate. On receiving such information from the Police, Management and Building Staff will follow instructions given by the Police.

4. In the absence of any instruction from the police the Administrator or Alternate will make the decision of whether or not to evacuate based on the information received.
5. The Charge Nurse will delegate an employee to monitor the front entrance to allow only emergency personnel into the building until further notice.
6. While the information is being evaluated, the Charge Nurse can ask for volunteers searching the exits for suspicious objects in anticipation that an evacuation may be necessary, or wait for emergency personnel to begin the search.
7. If it is decided that an evacuation is necessary, it should not be initiated until management has determined that the evacuation route has been searched and confirmed to be safe.
8. When the Administrator or Alternate determines that an evacuation or partial evacuation is necessary the Supervisor on Call and Staff shall be instructed to initiate evacuation procedures by announcements over the voice communication (public address) system.

## Charge Nurse

### If you receive a bomb threat call, follow the following procedures:

1. Be calm and courteous. DO NOT HANG UP.
2. Do not interrupt the caller.
3. Take notes as the caller talks (do not ask him/her to wait while searching for pen/paper or while you write).
4. Obtain as much information as you can by completing the Threatening Call Information Report (see end of *Bomb Threat* section). A copy of this report should be kept at all telephones.
5. Notify the Administrator and/or On Call Supervisor of the bomb threat.
6. If the Administrator or Alternate are not on site, fulfill the responsibilities of the Incident Manager until they arrive on site.
7. Upon request, provide search personnel, the police and/or the fire department with master keys for all areas and rooms in the building.

### Upon notification of a telephone threat:

1. Assume the role of Incident Manager until relieved of the position by a more senior manager.
2. Announce calmly to all visitors and staff (or have announced) a “Code Black” three times.
  - a. If the caller identified a specific location the announcement will be:
    - i. *“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*

- ii. *"Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You"*
  - iii. *"Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You"*
- b. Then initiate an evacuation of the identified floor by announcing:
- i. *"Code Green (location)"*
  - ii. *"Code Green (location)"*
  - iii. *"Code Green (location)"*

**Note:** *as this is not a fire, the elevators may be used for the evacuation (always evacuating to a lower level but not below ground level.)*

- c. If the caller was not specific as to the location the announcement will be:
- i. *"Code Black Golden Manor. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"*
  - ii. *"Code Black Golden Manor. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"*
  - iii. *"Code Black Golden Manor. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You"*
3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.
  4. Set up a command post in the Administrators Office.
  5. Ensure the area used for the command post is searched for a threat before use.

## All Staff

### [If you receive a bomb threat call, follow the following procedures:](#)

1. Be calm and courteous.
2. Do not interrupt the caller.
3. Keep the caller on the line as long as possible.
4. Obtain as much information as you can by completing the Threatening Call Information Report (see end of Bomb Threat section). A copy of this report should be kept at all telephones.
5. Notify your supervisor and provide him/her with the completed Threatening Call Information Report. If your supervisor is not immediately available notify the Administrator or Alternate.

If you are notified that a bomb threat has been made:

1. Immediately turn off cell and wireless phones and two way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications.
2. Quickly but thoroughly check your work area/ward for the presence of any bag, box, parcel or letter that cannot be accounted for. Start with areas readily accessible to the public, including all resident rooms. Pay particular attention to any shipments received in the last 12 hours.
3. Use the floor plans located in the emergency folder on each unit and department to document each area searched.
4. Report back to the Incident Manager with your completed audit forms and follow their directions.
5. If you are available, respond to the command post in the Administrators' Office. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.
6. *If you find a suspicious object, do not touch the object and notify the Incident Manager*
7. Prepare residents for a potential evacuation.
8. Wait for instructions to evacuate from the Incident Manager
9. If instructed to evacuate, follow the fire evacuation procedures unless instructed to do otherwise by the Incident Manager.
10. Upon evacuating the building, go immediately to your designated meeting area.

## WRITTEN OR MAILED THREAT

### Person Receiving the Threat

1. If you open a letter and recognize it as a threat avoid handling the document and envelope so fingerprint / DNA evidence will be preserved.
2. If you receive an email, text or social media message that contains a threat, do not delete it.
3. Immediately notify the Administrator or your direct Supervisor (if immediately available) who will assume the role of Incident Manager.
4. Follow the instructions of the Incident Manager.

### Incident Manager

1. Upon notification of a written or mailed threat, assume the role of Incident Manager until relieved of the position by a more senior manager.
2. Announce calmly to all visitors and staff (or have announced) a "Code Black" three times.
  - a. If the threat identified a specific location the announcement will be:

- i. *“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*
  - ii. *“Code Black (location). All visitors and staff, please turn off all cell phones and other wireless devices immediately. Thank You”*
  - iii. *“Code Black Golden Manor. All visitors and staff, please turn off all cell phones and other wireless devices immediately. All staff commence a search of your work area. Thank You”*
3. Utilize the Incident Manager Checklist - Bomb/Terrorism to track actions and log the times of the response.
4. Set up a command post in the Administrator’s office.
5. Ensure the area used for the command post is searched for a threat before use.

### All Staff

1. Immediately turn off cell and wireless phones and two way radios (walkie-talkies) upon the announcement of a Code Black. Use landlines for all communications.
2. Use the floor plans located on the emergency envelope on each unit and department to document each area searched.
3. Report back to the Incident Manager with your completed audit forms and follow their directions.
4. If you are available, respond to the command post in the Administrator’s office. At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents.

## A NON-SPECIFIC THREAT

### Incident Manager

1. If the threat is non-specific as to location, set up a command post in the Administrator’s office.
2. Ensure the area used for the command post is searched for a threat before use.
3. Delegate personnel to initiate the staff call-back list.
4. Request additional help, as needed, using a landline phone.

Provide details of the threat and a floor plan of Golden Manor to staff to initiate the search for the bomb in order of the checklist. This will include a search of the grounds. It is

5. recommended that staff be assigned to search the area of the Home they are most familiar with.
6. Review the information with the police to determine additional actions to be taken.



## All Staff

1. If you are responding to the call back, report to Reception or alternate location.
2. When reporting in from the staff call back list, you will be assigned to assist in the search.
3. Follow search instructions from the Incident Manager.
4. Searches will include closets, bathrooms, toilets, garbage cans, laundry carts, medication carts, cabinets, under chairs, tables, and beds. Rooms should be searched in a counter clockwise rotation and from ceiling to floor.
5. As rooms are searched identify them with a "Room Checked" indicator.
6. Each search team will report to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting in will be done by physically reporting in.

## SUSPICIOUS OBJECT/PACKAGE LOCATED OR RECEIVED

### Identification of Suspicious Packages

Bombs and biological/chemical/radiological agents have been known to be delivered to intended targets through the mail system. These weapons may be delivered in the form of a package, regular envelope, or even a hollowed out book. Identifying these packages and dealing with them appropriately before they reach their intended destination is crucial to the safety of the building and its occupants.

Characteristics of suspicious packages/letters may include one or more of the following indicators:

- Excessive, inadequate or missing postage
- Handwritten or poorly typed addresses
- Incorrect titles or no name
- Misspelling of common words
- Oily stains, discolouration or odour
- No return address
- Excessive weight
- Lopsided or uneven envelope
- Protruding wires or aluminum foil
- Excessive security material such as masking tape, string, etc.
- Visual distractions
- Ticking sound
- Restrictive markings such as "Personal", "Confidential", or "To Be Opened By"
- Postmark city/province/state does not match the return address
- Foreign mail from politically unstable or hostile countries
- Unprofessional wrapping
- Threatening markings on exterior of package
- Inappropriate air mail or special delivery stickers

*Upon discovering a suspicious package, follow the emergency procedures.*

### Person Discovering the Threat

1. Do not touch, move or open the object.
2. Leave the area immediately.
3. Notify the Incident Manager or Police of the location and external appearance of the suspicious object.
4. Keep residents and other staff members out of the area where the threat is located.
5. Follow the directions of the Incident Manager and Police.

### Incident Manager

1. Upon notification of the location of a suspicious object, initiate evacuation of the area by announcing, or having announced, "*Code Green (location)*" (repeat 3 times).
2. Obtain the following information from the discoverer:
  - a. Object location
  - b. Object description
  - c. Any other useful information
3. Advise the Police of the location and external appearance of the suspicious object.
4. Facilitate evacuation of the floor by following the Code Green procedures.
5. Provide instructions to staff members involved in the evacuations and ensure the area to which residents are being moved is searched before they are moved into it.
6. If the device is confirmed to be an explosive device by the police, initiate a Code Green and coordinate an orderly evacuation of the entire Home, one area at a time, starting with those areas closest to the location of the device.
7. Notify the Administrator immediately.

### All Staff

#### Upon discovering a suspicious package:

1. Do not touch, shake or bump it.
2. Do not open, smell, examine, touch or taste.
3. Treat it as suspect.
4. If you suspect that the package/device is a bomb:
  - a. Evacuate the immediate area
  - b. Notify the police
5. If you suspect that the package/device is contaminated with a chemical or biological agent (e.g. powder found in an envelope):

- a. Evacuate the room and close the door
  - b. Minimize physical contact with other people.
  - c. Wash your hands with soap and water.
  - d. Remove contaminated clothing and place in a sealed container (e.g., plastic bag) to be forwarded to emergency responders. Shower (with soap and warm water) as soon as possible.
  - e. List all people who may have been in contact or close proximity to the suspicious package/device and provide this list to appropriate authorities.
  - f. If necessary, seek medical assistance as soon as possible.
  - g. Clear the immediate area where the package was discovered.
6. Notify supervisory staff and provide the following information:
- a. Object location
  - b. Object description
  - c. Any other useful information
7. Report incident to the police (dial 9-1-1).

Upon announcement of a Code Green:

1. Follow evacuation procedures and remove residents, staff and others from the location identified and secure the area.  
**Note:** the area to which the residents are being moved must be searched before the residents are moved into it.
2. In the area near the suspicious object do not activate light switches, slam doors, move nearby objects or use portable radios or wireless phones.
3. It must never be assumed that there is only one device. Continue the search in all other areas of Golden Manor until thoroughly complete.

**Administrator**

1. Upon notification of the discovery of a suspicious object immediately establish the senior IMS Team.
2. Notify, or designate a senior staff member to notify, the Ministry of Health and Long Term Care.

**AFTER THE THREAT HAS CONCLUDED**

**Incident Manager**

1. Complete the Ministry of Health Incident Report and forward it to the Administrator or supervisor on call.
2. Conduct a short debriefing at the command post to obtain timely feedback from staff on the handling of the event.

3. Ensure the Incident Manager Checklist – Bomb Threat is complete.
4. Compile a report of all staff in attendance and attach it to the Checklist-Bomb Threat and submit it to the Administrator.

### Managers

1. Provide a short debrief to your team at your next staff meeting, identifying what went well and what needs improvement.

### All Staff

1. Participate in debriefings.
2. Provide feedback to the Incident Manager regarding the response to the threat.
3. Direct any media calls or external inquiries to the Administrator.

### Administrator

1. Review the Incident Report and forward it to the Ministry of Health and Long Term Care.
2. Receive reports from staff involved in the incident.
3. Conduct a debriefing of all the managers involved in the incident.

# THREATENING CALL INFORMATION REPORT

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. Use the back of the page if required.

Name of person receiving the call: _____	Date: _____	
Number at which call was received: _____	Extension: _____	
Time call received: _____	Time call ended: _____	Length of call: _____

## Identifying characteristics of the caller:

Sex:  Male  Female Estimated age group: \_\_\_\_\_

Accent: \_\_\_\_\_

## **Caller's Voice:**

- |                                  |                                   |                                    |  |
|----------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Calm    | <input type="checkbox"/> Laughter | <input type="checkbox"/> Nasal     | <input type="checkbox"/> Deep Breathing  |
| <input type="checkbox"/> Angry   | <input type="checkbox"/> Crying   | <input type="checkbox"/> Stutter   | <input type="checkbox"/> Cracking Voice  |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal   | <input type="checkbox"/> Lisp      | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Slow    | <input type="checkbox"/> Distinct | <input type="checkbox"/> Raspy     | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Rapid   | <input type="checkbox"/> Slurred  | <input type="checkbox"/> Deep      | <input type="checkbox"/> Vulgar          |
| <input type="checkbox"/> Soft    | <input type="checkbox"/> Loud     | <input type="checkbox"/> Whispered | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Lisp     | <input type="checkbox"/> Emotional | <input type="checkbox"/> Ragged          |

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

Mannerisms (pet phrases, uncommon words):  
\_\_\_\_\_

Anything familiar about the voice:  
\_\_\_\_\_

## **Any background noises:**

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Music        | <input type="checkbox"/> Factory machinery | <input type="checkbox"/> Static           |
| <input type="checkbox"/> Voices        | <input type="checkbox"/> House noises | <input type="checkbox"/> Animal noises     | <input type="checkbox"/> Booth            |
| <input type="checkbox"/> PA system     | <input type="checkbox"/> Motor        | <input type="checkbox"/> Clear             | <input type="checkbox"/> Office machinery |
| <input type="checkbox"/> Aircraft      | <input type="checkbox"/> Bar sounds   | <input type="checkbox"/> Trains            | <input type="checkbox"/> Children         |
- \_\_\_\_\_

**Other:**

Does the caller seem to be familiar with the area or building?  Yes  No

Please explain: \_\_\_\_\_

**Threat Language:**

- Well spoken
- Foul
- Irrational
- Incoherent
- Taped
- Message read by threat maker

Call police 9-1-1. Time called: \_\_\_\_\_

Exact wording of the threat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Task Completed	
	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.*

Notify Immediate Supervisor or Charge Nurse. Time notified: \_\_\_\_\_

Notify Administrator or Supervisor on Call. Time notified: \_\_\_\_\_

*Use the back of the sheet to add as many details as possible*  
**FOLLOW CODE BLACK PROCEDURES**

Revised: \_\_\_\_\_



## CODE GREY- AIR EXCLUSION



## INTRODUCTION

External air exclusion is only put into action where evacuation into the open air would be more hazardous to the health and safety of residents and staff (e.g. external chemical cloud, considerable smoke from local fire).

## EMERGENCY PROCEDURES

### Charge Nurse/Incident Manager

1. Upon being notified of an incident or potential incident producing hazardous fumes external to Golden Manor, the Charge Nurse will assume the role of the Incident Manager until relieved by a more senior manager.
2. Announce Attention Attention Code Grey 3 x over the internal paging system
3. Advise all staff of the "Code Grey" advising them to "close all open windows and exterior doors."
4. Notify the Supervisor on Call.
5. Have outside residents return inside.
6. Ensure residents, staff and visitors are monitored for abnormal breathing difficulties.
7. Establish contact with the local emergency services (Fire / Police), as appropriate, to gather information on the extent of the hazard and provide an update on the status of the Home.

### All Staff

1. Upon notification of a Code Grey, close all open windows and exterior doors in your area.
2. If outside, move staff and residents indoors.
3. Follow the instructions of the Incident Manager.
4. Report any abnormal breathing difficulties to the Incident Manager.

### Facility Supervisor

1. Upon notification of a Code Grey, report to the Golden Manor to shut down the ventilation systems and gather information on the extent of the hazard.
2. Maintain contact with local emergency services.
3. Monitor CO levels in the Siemens ventilation program and local detectors.

4. If required to restart the ventilation due to high internal temperature or CO level in the Golden Manor discuss with local emergency services when wind direction become favorable, if the ventilation system could be temporarily be restarted.
5. If ventilation are restarted continue monitoring wind direction until the all clear signal is given by local emergency services



## CODE YELLOW- MISSING RESIDENT

## INTRODUCTION

A “Code Yellow” procedure will be implemented immediately upon discovering a Resident is missing. A Resident is considered missing when they are not in a location where staff would expect to find them.

Staff members will conduct a short search, as defined in the procedure below, before a Code Yellow is announced.

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

## FIRST PHASE -IMMEDIATELY

### Originating Staff

1. If you realize a resident is unaccounted for inform the Registered Staff for the unit.
2. Upon notification that a resident is unaccounted for, begin a systematic search of the unit.
3. Check areas the resident may have gone, querying other staff and checking sign in/sign out white boards.
4. In Appendix E complete the Missing Person Search Zone for the unit.
5. Report back to the Registered Staff with the completed Missing Person Search Zone Checklist forms and follow their directions.

## SECOND PHASE (10 MINUTE TIME FRAME)

### Incident Manager

1. Upon notification that a resident has been unaccounted for 5 minutes, assume the role of Incident Manager until relieved by a more senior staff member. (Incident Manager can be identified by wearing a Yellow Safety Vest)
2. Utilize the Incident Manager Check List – Code Yellow to track actions and log the times of the response.
3. Use the Missing Person Search Zone located in the Disaster Emergency Checklist Binder on each unit and department to document each area searched.

4. Organize the unit staff to do a follow up search of the unit and areas of the Home where the resident may routinely visit; recheck the sign in/out white boards; and follow up with visitors that may have visited the resident that day.
5. If the search is unsuccessful:
 

Announce / page calmly to all visitors and staff (or have paged), three times.

  - a. *“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”*
  - b. *“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”*
  - c. *“Attention please, would (resident/client’s name) please return to (wing/program area) immediately.”*

**Repeat this announcement again after 1 minute if the resident/client does not return.**

Note: The purpose of this announcement is to alert staff that you are looking for the resident without the urgency of a Code Yellow announcement to determine if they are with a staff member or visitor.

6. If it is suspected that the resident has left the building with a family member, delegate a staff member to call the family to confirm.
7. Staff on West 1/East 1 will lock out the elevators. (Elevator keys are located in the Red Pouch on West 1 and East 1)
8. Delegate staff to check the front lobby, smoking area and both courtyards.
17. If the Resident is not located within 10 minutes, bring the Resident’s chart and picture to the Command Center (Board Room) after hours Command Centre will be in the Front Office.
9. Pictures can be found on GM Share/Resident Services File/Resident Pictures....then Search Resident)

**Note:** This stage shall last no longer than 10 minutes for a total of 15 minutes after the first indication that resident/client was missing

### All Staff

1. Follow the direction of the Incident Manager.
2. Assist with the follow up search and contacting visitors/family members, as requested by the Incident Manager.
3. Be on the lookout for the missing resident. If you do not know what the missing resident looks like, be alert to persons in your area that seem lost or are unknown to you.
4. Report to the Incident Manager any person in your area that you do not know and fits the description of the missing resident or who appears lost.

**THIRD PHASE (INITIATED 15 MINUTES AFTER THE FIRST INDICATION THE**

## RESIDENT WAS MISSING)

If the resident has not been located within 10 minutes of the Incident Manager being notified, regardless of the completeness of the current search, the following tasks will be completed:

### Incident Manager

1. Commence paging for a "Code Yellow". Announce calmly to all visitors and staff (or have announced) a "**Code Yellow**" three times:
  - a. *"Code Yellow (Resident/Client name) (Resident Home Unit)."*
  - b. *"Code Yellow (Resident/Client name) (Resident Home Unit)."*
  - c. *"Code Yellow (Resident/Client name) (Resident Home Unit)."*

**The announcement will be repeated after 1 minute**

2. Notify the police 9-1-1, providing a description of the resident/client.
3. Complete a full building search. (Checklist is in the Emergency Checklist Binder)
4. Complete a Missing Person Report provided from the Timmins Police Dept.
5. Move to the Command Center (Board Room) where all responding staff will report for instruction. After hours Command Centre will be in the Front Office.
6. Give staff a description of the resident (physical description and clothing), including photo and a **clipboard** with search floor plan/area map and appropriate keys (**located in Board Room cabinet**) for them to initiate the search of the resident. Where possible, assign staff to search areas that they are most familiar with (e.g. dietary staff to search kitchen and support areas, nursing staff search the unit they are working on) for the initial search.
7. When Police arrive, provide them with a photo of the resident/client, a copy of the Missing Person Report and a summary of the actions taken prior to their arrival. The staff search will continue in supplement to the police action.
8. Notify the Supervisor on Call who will notify the Administrator.
9. The search will include a search of the grounds. Any search external to the building (including on the grounds) will be done in pairs.
  - a. If it is suspected that the resident may have left the building, you may direct specific staff to start an external facility search at the same time an internal search is being performed.
  - b. Provide maps for all the designated search areas beyond the grounds of the Home.
10. Direct staff to report back to you at a minimum every 10 minutes.
11. After staff have reported back that their assigned search is complete, reassign them to another search area.

12. Assign staff members, who are reporting in from the staff call back list, to search in pairs beyond the grounds of the Home and provide them with maps.
13. When sufficient staff is present, commence a second search of the Home and the grounds.
  - a. Determine if the search area should be expanded further.
14. Review video surveillance.
15. Notify the family of the resident.

## All Staff

1. Following the announcement of a Code Yellow, if you are available for the search, respond to the command post at reception.

**Note:** At a minimum, one staff member will remain in each Resident Home Area to maintain the safety and security of the other residents
2. Conduct a search of both sides of the buildings in an organized fashion, using the floor map by checking:
  - a. Each room, on/under beds
  - b. Each bathroom
  - c. Utility rooms
  - d. Linen closets
  - e. Stairwells
  - f. Elevators
  - g. Service areas
  - h. All keyed doors
3. When conducting a search of a floor start the search at the Nursing Station and complete the search, ensuring that each room has been searched twice.
4. As rooms are searched, identify them with “Room Checked” indicators and mark them on the search map. Then search the stairwells.
5. Report back to the Incident Manager every 10 minutes to provide an update and to be given further instruction. The reporting can be done either by physically reporting in, by cell phone, or by other device.
6. Once your assigned search area is complete, return to the Incident Manager for further assignment.
7. Notify the Incident Manager immediately upon the location of the missing resident.

## Administrator

1. Establish the Senior IMS Team in the Board Room.
2. Contact the Ministry of Health and Long Term Care.



## AFTER THE INCIDENT HAS CONCLUDED

### Incident Manager

1. Once the Resident has been located notify:
  - a. The Police Services (9-1-1)
  - b. Resident POA
  - c. Administrator
  - d. Director of Nursing
  - e. Medical Director
  - f. All units and departments by paging an "All Clear" 3 times
    - i. *"Code Yellow, (Resident Name), All Clear"*
    - ii. *"Code Yellow, (Resident Name), All Clear"*
    - iii. *"Code Yellow, (Resident Name), All Clear"*
2. Advise all searchers and authorities that have been contacted that the resident/client has been located. (Administrator, Police, Ministry of Health and Long Term Care.)
3. Contact the resident's family to advise them that the resident has been found.
4. Complete appropriate progress notes and incident form.

### Charge Nurse

1. Complete an assessment of the Resident's condition. Document and indicate follow-up. The Physician will see the resident within 24 hours, where appropriate.
2. If required, the resident may need to be sent to ER for assessment (e.g. exposure to cold).

## DEBRIEF

### Incident Manager

1. Ensure that all documentation is completed.
2. Chair a Code Yellow Debrief session within 1 business day of the event. Upon completion of this meeting, all Managers will provide a short debrief to their teams at their next staff meeting, identifying what went well and what needs improvement.

### Administrator / Supervisor on Call

1. Complete the Critical Incident Form and submit to the Ministry of Health & Long Term Care.
2. Schedule a more detailed review within one week of any incident where police were notified.



## CODE WHITE- VIOLENCE

## INTRODUCTION

A staff member assessing a situation as posing an immediate danger to themselves and/or others can call a “Code White” at any time. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff will use non-violent interventions (Gentle Persuasive Approach). The primary aim is to remove all persons from the situation to minimize the risk of injury.

This procedure will provide direction in a situation where there is a potential for serious injury or uncontrollable behavior. (For controllable situations, the same procedure will be followed omitting the steps which involve contact with police services.) In the event that a serious violent or potentially uncontrollable situation occurs, the following action will be taken:

## POTENTIALLY VIOLENT SITUATION

### Originating Staff

1. Announce a Code White (**repeat 3 times**), identifying the location of the incident:
  - a. *Attention Attention “Code White (location)”*
  - b. *Attention Attention “Code White (location)”*
  - c. *Attention Attention “Code White (location)”*
2. If you identify a crisis situation remove yourself from the confrontation and immediately notify the police services by calling 9-1-1 and provide as much detail as possible.

**Note:** the announcement will not include if a weapon is involved.

3. Notify the Charge Nurse or your direct Supervisor (if immediately available) of the situation, providing as much information as possible.

### Charge Nurse/Incident Manager

1. Upon notification of a potentially violent situation take lead as the Incident Manager.
2. If 9-1-1 has not been called, the Incident Manager will assess the situation and assign staff member to call if needed.
3. Delegate a staff member to meet the police at the main entrance and provide directions to the scene as well as alternative access to the area (e.g. location of the stairways and the elevator).
4. Delegate a staff member to call the Supervisor on Call.

### All Staff

1. Upon notification of a Code White, all registered staff (RNs and RPNs) will report to the area. Other staff already in the area of the emergency, assist by evacuating residents from the area

of the threat. The Incident Manager may send you back to your duties if further assistance is not necessary.

2. Reception will direct visitors/residents entering Golden Manor away from the area until the incident has been confirmed safe by the Incident Manager.
3. Use tactical verbal communication and non-violent interventions to de-escalate the situation if it is safe to do so.
4. If the aggressor has a weapon, do not attempt to remove the weapon or to subdue the person. The only goal will be to remove others from the situation.
5. If any injuries are incurred, provide first aid in a safe location and notify EMS 9-1-1

## INCIDENT CONCLUDED

### Incident Manager

1. Once an incident has been controlled and the concerned area is safe for everyone to enter, announce, or have announced an "All Clear" (**repeat 3 times**):
  - a. *Attention Attention "Code White All Clear"*
  - b. *Attention Attention "Code White All Clear"*
  - c. *Attention Attention "Code White All Clear"*
2. At the conclusion of the incident complete the Incident Report and forward it to the Administrator or supervisor on call.
3. Contact resident POAs who were involved/affected by the incident.

### Administrator

1. Notify the Health & Safety Committee and the Ministry of Labour if any staff suffers a critical injury (as defined by the *Occupational Health & Safety Act*).
2. Determine if the Ministry of Health and Long Term Care should be notified.
3. Schedule a detailed review within one week of any Code White incident where the police are involved.

### All Staff Involved

1. If you were involved in the situation, complete a written report of the details of the incident and submit it to the Administrator within 24 hours of the incident. The report should be completed before leaving the facility.



## CODE BROWN- HAZARDOUS MATERIALS ACCIDENTS

## INTRODUCTION

Code Brown covers the emergency response to a situation where hazardous materials may affect the health of the residents or the security of Golden Manor.

Where hazardous materials are spilled and the spill is of the size or potential hazard where housekeeping or maintenance staff is unable to carry out safe cleanup, a “Code Brown” will be called.

A spill may include liquids, powders or even gaseous substances

## EMERGENCY PROCEDURES

### Originating Staff

1. Upon discovery of a spill of a hazardous or unknown substance, notify the Charge Nurse or your Supervisor who will assume the role of Incident Manager.
2. Follow the direction of the Incident Manger.
3. Notify the Incident Manager if you have been contaminated or if you are experiencing any health effects related to contamination.

### Management

1. Upon notification of a spill of a hazardous material assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor
2. Any spill or leak of a chemical must be treated as being a potential hazardous material incident until the chemical can be identified.
3. Proceed to the location to assess the situation.
4. Immediately evacuate all persons from the danger area(s)
5. Cordon off the area and keep people away from the area until the spill is cleaned up.
6. Notify staff in the area of the spill of the “Code Brown” identifying the location (building/area).
7. Determine the name of the spilled or leaking chemical or material from the label on the container or from the shipping manifest or invoice.

**Note:** If the type of spilled/leaked substance cannot be determined, then it must be assumed to be the most dangerous substance used/stored in the building.

8. Determine if the chemical or material is one of the following:
  - a. explosive material,
  - b. flammable gas,
  - c. poisonous gas,
  - d. corrosive gas,



- e. flammable or combustible liquid,
- f. flammable solid,
- g. oxidizer,
- h. poisonous or infectious substance,
- i. reactive material, or
- j. corrosive material.

If necessary, consult the MSDS located in the maintenance department Health and Safety board and on GM share under MSDS Overview, to determine the characteristics of the material.

If the chemical or material is not one of the above, you do not have a hazardous material incident and the material can be cleaned up using normal housekeeping procedures.

If the chemical or material is one of the above, you are dealing with a hazardous material and the following procedures must be followed:

1. If the spill is of a flammable material or there are any injuries/illness from the spilled material:
  - a. Call 9-1-1;
  - b. Clear the area of all persons;
  - c. Ensure there are no sources of ignition; and
  - d. Ventilate the area by opening windows (if safe to do so).
2. Establish:
  - a. health hazard
  - b. fire hazard
  - c. hazard to the environment
  - d. procedure for containing the spill/leak
  - e. procedure for disposing of the spilled chemical/material
3. If the hazard cannot be safely dealt with by in-house personnel, the Incident Commander will notify the Fire Department at 911 and the Supervisor on Call.
4. Determine the need to evacuate the building or part of the building from the information in the MSDS.
5. Prevent all non-emergency persons from entering the spill area.
6. If an emergency evacuation of the spill zone or a greater area is required, activate a Code Green.
7. Notify the MOLTC, and MOL immediately if any evacuation or displacement of residents occurs or if there is any disruption to the facility operations.
8. Ensure that the appropriate staff cleans up the spill.
9. If the personal protective equipment specified in the MSDS is available and if you are sure of the procedures to follow, proceed to clean up the spill. To clean up the spill the yellow container is located in the Stand by Generator room-B27 in the Maintenance Shop.
- 10. If the personal protective equipment specified in the MSDS is not available or if you are not**

**sure of the procedures to follow, you must contact the hazardous waste removal contractor immediately and arrange for them to clean up the spill.**

If anyone is, or appears to be, injured or ill as a result of the spill:

1. Call 9-1-1. Ensure that emergency responders are informed of the name of the chemical or material involved.
2. Provide any medical treatment specified in the Material Safety Data Sheets (MSDS). These can be found in the maintenance department Health and Safety board and on GM share under MSDS Overview.
3. Contaminated clothing must be removed immediately and the skin flushed with water for no less than fifteen minutes. Clothing must be laundered before reuse.
  - a. Eye wash stations are located in staff washrooms housekeeping closets, East 1 janitor room nursing stations, maintenance shop main lunch room, basement( sump pump room, chemical room, east housekeeping supply room)
  - b. Showers that can be used for emergency decontamination are located in each tub room on each Resident Home Area.

<p><b>Note:</b> if the product is flammable or highly toxic, then contaminated clothing should be disposed of properly – not laundered.</p>
---

All spills, no matter how small, are to be documented.

1. A record shall be kept of:
  - a. The name of the spilled material,
  - b. The quantity involved,
  - c. The names of persons involved in the spill and clean-up,
  - d. The names of anyone requiring medical treatment,
  - e. Any outside agencies or contractors that were involved,
  - f. How the spilled material was disposed of.
2. If the spill does not create a major difficulty an incident report may be faxed to the MOHLTC.
3. Notify the Ministry of Labour if there are any critical injuries to staff members.

## Maintenance

1. Upon notification of a hazardous material spill report to the Incident Manager.
2. Assess the spill from a safe location to determine if it is within the capability of the team to clean up. The complexity and detail of the cleanup plan will depend upon the physical characteristics and volume of materials being handled, their potential toxicity, and the potential for releases to the environment.
3. Review Material Safety Data Sheets (MSDSs) or other references for recommended spill cleanup methods and materials, and the need for personal protective equipment (e.g. masks, goggles, gloves, protective clothing, etc.).
4. Ensure proper Personal Protective Equipment (PPE) is utilized based on the chemical spilled as per the MSDS sheet.
5. Obtain the Spill Kit stored in the maintenance room. This kit will include absorbent materials and other equipment to disperse, collect and contain spill control materials (e.g. brushes, scoops, sealable containers).
6. If appropriate, contain and clean up the spill by:
  - a. Stopping any on-going leak.
  - b. Protecting drains in the immediate area by covering them with rubber sewer drain covers, or surrounding them with spill socks.
  - c. Distributing loose spill control materials (e.g. sawdust, Oilsorb, absorbent pads) over the entire spill area working from the outside, circling to the inside. This reduces the chance of splash or spread of the spilled chemical.
  - d. Once spilled materials have been absorbed, using a brush and scoop to place materials in an appropriate container. Polyethylene bags may be used for small spills. Five gallon pails with polyethylene liners may be appropriate for larger quantities.
  - e. Completing a hazardous waste label, identifying the material as Spill Debris involving (identify) chemical, and affix onto the container. Spill control materials may need to be disposed of as hazardous waste – refer to municipal public works for specifics based on the type and quantity of the chemical spilled.
  - f. Decontaminating the surface where the spill occurred using a mild detergent and water when appropriate.
  - g. Contacting the hazardous waste removal contractor to have the waste removed.

1. Any spill or leak of a chemical or other material must be treated as being a potential hazardous material incident until the material can be identified.
2. Immediately evacuate all persons from the danger area(s).
3. If anyone is, or appears to be, injured or ill as a result of the spill,
  - a. Call 9-1-1. Ensure that emergency responders are informed of the name of the chemical or material involved.
  - b. Provide any medical treatment specified in the MSDS.
4. Notify your supervisor. The supervisor will advise the incident Manager or alternate of the situation.
5. Eliminate ignition sources.
6. Prevent all non-emergency persons from entering the spill area.
7. Follow the instructions of your supervisor.
8. Charge Nurse notifies Supervisor on Call.



## CODE 99: NURSE ALERT/ MEDICAL EMERGENCY

## INTRODUCTION

Residents, staff members, visitors, volunteers or students may require emergency medical assistance for a variety of reasons. When notified of a medical emergency, advise the Charge Nurse on duty who will proceed according to City of Timmins Health & Safety policy.

## DEFINITIONS

*CODE 99: NURSE ALERT* – a request for nursing and or medical assistance in an emergency involving illness or injury of a resident, staff member, visitor, volunteer or student.

*Emergency medical situation*- serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

*Critically injured* - means an injury of a serious nature that:

- (a) places life in jeopardy;
- (b) produces unconsciousness;
- (c) results in substantial loss of blood;
- (d) involves the fracture of a leg or arm but not a finger or toe;
- (e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- (f) consists of burns to a major portion of the body; or
- (g) causes the loss of sight in an eye.

As defined by Regulation 834 of the *Occupational Health & Safety Act*.

Where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition of the *Occupational Health & Safety Act*, the Administrator or supervisor on call will notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the *Occupational Health and Safety Act*.

*First Aid Kit* – a kit that meets the requirements under the *Occupational Health and Safety Act*.

## EMERGENCY ASSISTANCE REQUIRED

### Originating Staff

1. Upon discovery of a medical emergency requiring assistance loudly announce “CODE 99: NURSE ALERT” to request the assistance of nearby staff.
2. Request the nearest staff member to page “ATTENTION, ATTENTION, CODE 99: NURSE ALERT” three times with the location.
3. Contact the Charge Nurse and request emergency assistance.

1. If you hear another staff member requesting medical assistance or “ATTENTION, ATTENTION, CODE 99: NURSE ALERT” paged, attend the medical emergency bringing the First Aid Kit from the Clinical Conference Room.
2. If you are the first arriving Registered Staff, assume the role of Incident Manager until relieved by a more senior Registered Nurse.

### Charge Nurse/Incident Manager

1. Upon notification of a medical emergency, attend the scene and assume the role of Incident Manager.
2. Assign a staff member to page "ATTENTION, ATTENTION, CODE 99: NURSE ALERT (location)" three times.
3. Assign a staff member to document the assessment and intervention.
4. Don on the appropriate PPE (mask, gown, gloves and glasses/faceshield).
5. Assess the patient and determine what interventions are required.
6. Ensure the provision of First Aid as needed.
7. Determine if EMS is required. If EMS is required, ensure 9-1-1 is called.
8. Assign a staff member to meet the paramedics if EMS was called.
9. Complete the CODE 99: NURSE ALERT Incident Manager Check List.
10. Advise anyone not required to leave the area or return to their duties.
11. Ensure appropriate documentation is completed: i.e. WSIB forms, First Aid log book, Unusual Occurrence reports, Incident Investigation forms.
12. Notify the Supervisor-on-Call if the emergency is a critical injury/incident.
13. Following any CODE 99: NURSE ALERT the CODE 99: NURSE ALERT Checklist will be completed and directed to the Administrator for Quality Assurance purposes.

### Administrator

Where a staff member or volunteer is injured while at the workplace and suffers a “critical injury” by definition on the *Occupational Health & Safety Act*, notify Health & Safety Committee representatives (Employee and Management representatives), and the Ministry of Labour as per the *Occupational Health and Safety Act*.





## CODE ORANGE- EXTERNAL EMERGENCY

## INTRODUCTION

Code Orange is the code alerting all staff of the potential for a large volume of incoming patients or residents. Its primary use will be the acceptance of residents from another Long Term Care or Retirement facility that is being evacuated.

However, Code Orange could also be used if the Town has requested that the facility be used as a reception centre for community members being evacuated from a major event, hospital evacuations, etc. While Long Term Care facilities are not the primary destination or facility of choice for emergency planners, the fact that they have commercial kitchen facilities, larger spaces to accommodate people and alternative electricity sources makes them a viable option.

It should be noted that in the reception of residents from other Long Term Care or Retirement facilities, this evacuation and relocation of the elderly and those requiring special care is a traumatic event. These persons cannot be treated simply as other incoming residents as many will have an increased level of complications (medical, psychological, behavioral, social and dietary) due to their evacuation and relocation. In addition, incoming residents may or may not have medical charts, medications, accompanying staff or family members. For these reasons we will refer to incoming persons as patients in this policy.

Further, the facility will have to plan for the associated influx of family members and friends of the incoming patients. While most of these persons will be helpful in reception of the patients, it must be anticipated that some will bring additional anxiety and relationship dynamics into the situation.

## PROCEDURE

### Originating Staff

All calls received by the facility for incoming patients will be directed to the senior staff member present in the facility (e.g. Administrator during business hours or Charge Nurse after hours) who will assume the role of Incident Manager.

### Incident Manager

1. Upon receiving a phone call indicating the potential for incoming patients, assume the role of Incident Manager, until relieved by a more senior manager or the Administrator, and ascertain the following information:
  - a. Full contact information of the caller
  - b. Time frame to anticipate patients
  - c. Where the patients are coming from

- d. Demographics of the incoming patients (Long Term Care, Retirement, Group Home, Community etc.)
  - e. Anticipated numbers of patients
  - f. Resources accompanying the patients (e.g. nursing staff, volunteers, etc.)
  - g. Anticipated duration of the stay
  - h. Physical/medical/emotional condition of the patients
2. Notify the Administrator/Supervisor on Call who will evaluate the capability of Golden Manor to assist in the incident.
3. If the patients are expected to arrive in less than 3 hours (180 minutes), notify all staff of a "Code Orange".
4. Assign the Incident Management Team functions:
  - a. Operations
  - b. Logistics
  - c. Planning
  - d. Administration/Finance
  - e. Safety
  - f. Liaison
  - g. Communications
5. If the patients are expected to arrive in 180 minutes or later, the information will immediately be relayed to the Administrator or designate who will call together the Senior IMS (Incident Management System) Team.

#### All Staff

1. Upon being notified of a Code Orange all staff will return to their assigned stations and report to their Supervisor.

#### Supervisors

1. Proceed to the Command Centre (Board Room) for instructions within 10 minutes of being notified of the Code Orange. After hours Command Centre will be in the Front Office.

#### Incident Management Team

1. Reconfirm the data on incoming patients.
2. Review the information collected and evaluate the capability of Golden Manor to assist in the incident.
3. Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available.
4. Initiate a staff call in to provide additional staffing for the incoming persons.

5. Establish a receiving area where patients can be triaged/assessed.
6. Establish patient documentation.
7. Establish patient identification tags.
8. Establish an area(s) for housing the incoming patients (e.g. multi-purpose room).
9. Ensure an RN is available to provide assessments on the incoming patients.
10. Assign personnel to act as security (this may be staff members or contracted security service) to direct incoming patients, families, etc. and ensure that the arriving persons do not access normal resident areas.
11. Establish washrooms to be used by incoming patients.
12. Arrange for clergy to provide spiritual support.



## NATURAL GAS LEAK

## INTRODUCTION

**Natural Gas:** From time to time, the gas stoves will emit a slight natural gas odour (smells like rotten eggs). 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 ventilate the area and notify the Administrator or Supervisor-on-Call.

**Carbon Monoxide (CO):** The Carbon Monoxide alarms are specifically designed to detect carbon monoxide and are located in the East Wing Electrical Rooms, outside East basement Boiler and, Main kitchen, Laundry, West Basement Make Up Air Room and W2 Mechanical Room.

CO detectors (no audible alarm) are located in the HVAC return air duct rooms on W1 and W2. A detected increase in CO in these rooms will automatically result in the system bringing in more fresh air. Detectors can be monitored through the Siemens control system in the Facilities Supervisor Office.

## NATURAL GAS PROCEDURE

### All Staff

1. If you smell natural gas (smells like rotten eggs), inform Administrator or Supervisor-on-call.
2. Relocate occupants to a safer area.
3. Wait for instructions to evacuate the building.
4. Do not light matches or lighters.
5. Do not **turn on or turn off** electrical power.

### Management

In the event of a known or suspected gas leak:

1. Instruct Facilities Supervisor (or after-hours maintenance designate) to immediately shut off the gas at the main valve and any secondary valves if necessary. The Facilities Supervisor will retain a list or drawings that identify the locations of all gas shut-off valves, including the main shut-off valve locations.
2. Relocate staff and residents from the affected area or the building following the fire emergency procedures.
3. Instruct occupants to not smoke or use any electrical devices, including cell phones.
4. Call the local HVAC contractor from a phone located well away from the source of the leak. Local contractor will determine if the gas company should be notified.
5. Call 9-1-1 if emergency assistance is required.
6. Notify the Administrator.



**Note:** if there is a rupture to a natural gas line within the building, a total emergency evacuation (“Code Green”) must be implemented.

## CARBON MONOXIDE PROCEDURE

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide (CO) in the air in your building:

- Stale, stuffy air.
- Occupants have symptoms of CO exposure (see below).
- The pilot light on gas-fired equipment keeps going out.
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue.
- Chalky, white powder forms on a chimney or exhaust vent pipe or soot builds up around the exhaust vent.
- Excessive moisture on walls or windows in areas where natural gas equipment is on.

## SYMPTOMS OF CO EXPOSURE

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

- Headaches
- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

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

## EMERGENCY PROCEDURES

If a 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 levels reach a dangerous level.

### All Staff

If the carbon monoxide alarm sounds:

1. If possible, open the windows and outside doors leading to that area
2. Relocate occupants to another area of the building following the evacuation procedures for a fire emergency.

3. Notify the Supervisor-on-Call.
4. In the event of residents / staff feeling ill, call 9-1-1.

## Management

If there is a possibility that occupants have or could be exposed to CO you shall:

1. Shut down equipment in the area that could be the CO source and open a window.
2. Relocate all occupants from the affected area immediately.
3. Call 9-1-1 if medical assistance is required and announce Code 99 – Nurse Alert for immediate nurse assistance.
4. Call the local HVAC contractor to identify the CO source.
5. Inform the Administrator.



# ELEVATOR MALFUNCTION

## SAFE USE OF ELEVATORS

- Do not smoke in elevator
- Do not use elevator when fire bells are ringing
- Do not jump up and down or wrestle in the elevator. These actions can engage the safety device and then you'll be stuck in the elevator. An elevator cannot distinguish between a malfunctioning component and an exuberant passenger and may engage the safety device, shutting down the elevator.
- Only press the "Up" or "Down" button once; repeated button pushing won't bring an elevator faster. Never press both buttons - you'll just slow down service for yourself and others.
- Once you're on board, press the button for your floor. If you need to keep the doors open longer than the programmed time, press and hold the "Door Open" button.
- If the doors begin to close as you are about to enter, promptly step back and wait for the next car. Using your hand, foot or objects like umbrellas to stop the doors may cause injury to you and damage to the equipment.
- If you hear a buzzing sound, it means the system trying to get the door close, promptly clear the door or press the door open button.
- Always check to be sure the floor surfaces are even before crossing the doorway. If you spot abnormal variations, notify building personnel immediately.

## EMERGENCY PROCEDURES

### Management

Elevators are a very reliable means of transportation. The regulations governing elevator maintenance and installation require that a number of safety features be provided for every elevator. Occasionally an elevator may malfunction. The safety systems will normally stop the elevator and not allow it to move without the intervention of an elevator technician.

When notified of an elevator malfunction

1. Notify the elevator service company of the elevator malfunction and determine their estimated response time.
2. Determine where the elevator is stopped.
3. Station a person at the floor.
4. Caution elevator occupants not to panic. Reassure the elevator occupants that help is on the way and when it will arrive.
5. Ensure that the elevator occupants do not try to force the doors open.

6. Do not attempt to evacuate elevator occupants.
7. If any occupant is in distress, call the Fire Department for assistance.
8. Follow the directions of the elevator service technician or Fire Department when they arrive.
9. Ensure that the elevator is taken out of service until the necessary repairs are made.

## All Staff

If you become aware that someone is trapped in an elevator:

1. Notify supervisory personnel of the situation and the location of the elevator.
2. Reassure the occupants and tell them that help has been called.
3. Follow the directions of the facility management staff.

If you are in an elevator that malfunctions:

1. Remain calm.
2. Press the door open button to determine if the door will open. If you are near the landing, the door will open. Watch your step and slowly step out of the elevator; the floor may, or may not, be leveled with the landing.
3. Push the button for the floor that you were going to
4. Push the button for the floor with which you entered the elevator
5. If you are trapped, all elevators have a telephone that will allow for communication between you and our emergency call provider. They will be contacting the charge RN at extension 4601. They will also be calling the elevator service company to send a service personnel. They will get anyone out of the elevator and repair the issue.
6. Wait for trained emergency personnel to arrive. Even if the air temperature feels warm, there is plenty of air circulating in the elevator and its shaft way.
7. Do not attempt to force the elevator doors open.
8. Do not attempt to evacuate.
9. If someone is in distress notify the facility management staff.
10. Wait for the elevator service company to respond and remove you from the elevator.



OUTBREAK OF COMMUNICABLE DISEASES, A  
DISEASE OF PUBLIC HEALTH SIGNIFICANCE,  
EPIDEMIC AND PANDEMIC



# OUTBREAK OF COMMUNICABLE DISEASES

## INTRODUCTION

An outbreak should be suspected anytime that illness exceeds the normal baseline distribution in a given area, at a given time.

Timely reporting of diseases of public health significance, including outbreaks in long term care homes is mandated and essential for their control, as per Ontario Regulation 135/18 and amendments under the Health Protection and Promotion Act, R.S.O. 1990 c.H.7.

## DEFINITIONS

### CRITERIA FOR A POTENTIAL RESPIRATORY OUTBREAK

Two cases of ARI within 48 hours, at least one of which must be laboratory confirmed or Three cases of ARI (laboratory cases of ARI (laboratory confirmation not necessary) occurring within 48 hours in a geographic area (e.g. unit, floor) or More than two units having a case of ARI within 48 hours.

Note: the clinical presentation of influenza in an elderly, fully immunized population can differ from the usual clinical presentation of influenza and typically causes:

- Tiredness (malaise)
- Loss of appetite
- Chills
- Muscle aches (myalgia)
- Headache

In the elderly, fever could be absent or manifest as hypothermia.

An outbreak can be declared at any time by the Medical Officer of Health (MOH), or their designate (usually a Public Health Inspector) or the Infection Control Coordinator or designate for the Golden Manor.

There will be a discussion between the Porcupine Health Unit and the facility regarding whether to declare a facility-wide outbreak or unit specific outbreak when the cases are on one unit and can be confined to that unit.

### **CASE DEFINITION - RESPIRATORY**

Different respiratory viruses often cause similar acute respiratory symptoms. As a result, each respiratory outbreak requires its own case definition. The case definition should be developed for each individual outbreak based on its characteristics. It should be reviewed during the course of the outbreak, and modified if necessary, to ensure that the majority of cases are captured by definition.

A case definition example: "Any resident or staff presenting with three or more of the following symptoms: fever, sore throat, cough, and runny nose."

Suspect an outbreak whenever there are two (2) or more cases identified within 48 hours in one geographic area with an acute respiratory tract illness which may include new or worsening:

- Abnormal temperature
- Dry cough
- Productive cough
- Runny nose/sneezing
- Nasal congestion/stuffy nose
- Sore throat
- Hoarseness/difficulty swallowing
- Chills
- Myalgia
- Malaise
- Headache
- Decreased appetite

## CRITERIA FOR POTENTIAL ENTERIC OUTBREAK

To be defined as a case within a gastroenteritis, at least one of the following must be met:

1. Two suspected cases of infectious gastroenteritis (nausea, vomiting, and/or diarrhea) in a specific area, such as a home, unit, or floor within 48 hours.

OR

2. Three or more cases of infectious gastroenteritis in a specific area within a four-day period, or three or more units/floors have a case of infectious gastroenteritis within 48 hours.

## **EMERGENCY PROCEDURES**

### Responsibilities

#### **Infection Control Coordinator/Designate**

1. Cohort and isolate symptomatic residents and place proper signage next to door. Ensure appropriate and sufficient PPE outside room. Restriction of ill residents to their room is recommended as long as it does not cause the resident undue stress or agitation and can be done without applying restraints. Isolation measures should continue until the resident is no longer considered infectious. Length of isolation will depend on isolate and resident response to infection.
2. Notify Charge RN, Infection Control Coordinator (ICC) and Director of Nursing. For evenings and weekends, notify Supervisor-on-call.
3. Notify the Porcupine Health Unit (PHU) (705) 267-1181. Have the following information available:
  - a. Date of onset/signs & symptoms
  - b. Total # of resident/staff on the unit and/or facility
  - c. Total # of resident/staff ill at present
  - d. Total # of resident/staff immunized against influenza, pneumonia, and covid (for upper respiratory outbreaks only)
  - e. Enteric/nasopharyngeal swab kits on hand (check expiry date).
  - f. Have Infection Control Manual available for reference
4. Establish outbreak case definition (can wait for ICC)
5. Obtain an outbreak number.
6. Start a line listing of all the symptomatic residents/staff using the Public Health line list form provided by the PHU
7. Implement outbreak control measures to prevent further spread. Refer to Infection Control Manual for specific respiratory or enteric outbreak control measures.
8. Place outbreak signs in appropriate areas:
  - a. Front entrance
  - b. Stairwells/Elevators
  - c. Outbreak unit(s)
9. Notify the rest of the team (with PHU this will be your outbreak management team):
  - a. Medical Director
  - b. Housekeeping supervisor/lead – to increase cleaning on unit and switch disinfectant, if required
  - c. Dietary supervisor – to provide in-room service if necessary
  - d. Quality Coordinator – for communication to all families
  - e. Supervisor of Support Services – notification of adjutant who will notify families of affected residents
  - f. Administrator

- g. Director of Nursing – to advise OT/PT; to increase nursing staffing, as needed
  - h. Maintenance and Laundry – to provide additional supplies
10. Notify other units of outbreak and increase surveillance for other residents.
  11. Educate residents on an outbreak unit to wash hands frequently, wear a mask (if appropriate), remain in their room, and report any new or worsening symptoms.
  12. Educate residents’ family members of no general visitors, limited visitation encouraged, hand hygiene, PPE, etc. as needed. Any symptomatic and potentially infectious visitors should be excluded at any time
  13. Educate staff on hand hygiene, PPE, donning and doffing, additional cleaning, etc, as needed. Audit compliance
  14. ICC or designate will update the line listing for PHU daily, or as changes occur
  15. ICC or designate to be made aware of staff absences that may be related to outbreak. Return to work will be based on the isolate (i.e. 5 days after onset for influenza). If related to outbreak, report to Health & Safety Department.
  16. For staff working in more than one facility, this may be discouraged based on isolate and vaccination status (if applicable).
  17. All activities should be restricted to the respective unit; no outside groups shall visit.
  18. Non-urgent appointments for residents who are on an outbreak unit should be rescheduled
  19. In conjunction with PHU and the outbreak management team/supervisor team, additional measures may be implemented based on containment, isolate, etc.
  20. For those who experience distress, please refer to their primary care provider of Employee Assistance Program.

### Scheduling Clerks

1. Cohort staff (as best as possible). Exposed staff should continue to work the unit in outbreak; non-exposed staff should not be sent to the unit in outbreak, if possible.

### Registered Staff

1. Collect & refrigerate nasopharyngeal swab or enteric specimens as required, including the outbreak number.

### All Staff

1. Follow appropriate precautions.

### Testing Plan

To be tested annually.

<b>RECOVERY</b>
-----------------

1. Once the outbreak is declared over, the ICC will host a debrief sessions with all (resident council, outbreak management team, etc.) and document the findings and recommendations.

# DISEASE OF PUBLIC HEALTH SIGNIFICANCE

## INTRODUCTION

All communicable disease considered diseases of public health significance or reportable diseases under the Health Protection and Promotion Act, 1990, Ontario Regulation 559/91 shall be reported to the Porcupine Health Unit.

## DEFINITIONS

Disease of Public Health Significance:

## EMERGENCY PROCEDURES

### Responsibilities

#### RPN/Team Leader

1. Implement isolation procedures as per infection control policy and procedure manual.
2. Report any signs and symptoms of suspected infections to the Infection Control Coordinator (ICC) or designate (or charge nurse after hours).

#### Infection Control Coordinator/Designate

1. The ICC or designate will ensure isolation procedures as per infection control policy and procedure manual if not already done.
2. The ICC or designate will notify the attending physician and the Medical Director if not already done.
3. The ICC or designate will notify the Porcupine Health Unit as per their procedure. Depending on the reportable diseases and in consultation with the Porcupine Health Unit, additional infection prevention and control practices may be initiated (i.e. outbreak management or epidemic/pandemic management).

#### All Staff

- Follow appropriate precautions.

### Testing Plan

To be tested annually.

# EPIDEMIC AND PANDEMIC

## INTRODUCTION

Refer to Departmental Plans for Details and Assigned Responsibility

## DEFINITIONS

Epidemic: a widespread occurrence of an infectious disease in a community or region at a particular time.  
 Pandemic: an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people.

Please note – the terms pandemic and epidemic may be used interchangeably within this document. An epidemic may start at “Phase 4”. Depending on the isolate and after consultation with the Porcupine Health Unit, not all management strategies may be implemented in each phase; additional management strategies may be implemented.

## EMERGENCY PROCEDURES

Pandemic Phase	Pandemic Management Strategies – Oversight by Internal Pandemic Management Team
<p><b>Phase 1</b></p> <p><b>Novel Virus/Bacterial infections reported</b></p> <p>- WHO/PHO Global Declaration</p> <p>Pandemic activity elsewhere in the world – no activity in Canada</p>	<p><b>Passive Approach</b></p> <ul style="list-style-type: none"> <li>– Continuity of normal operations – continue to receive admissions; consider Respite bed availability; Adult Day Program</li> <li>– Self-screening- communicate to Family members and visitors</li> <li>– Infection Control Coordinator to monitor illness in residents consistent with what is known about virus e.g. influenza-like illness and report as per internal reporting processes</li> <li>– Normal HR functions</li> <li>– Inventory review – document and initiate plan to increase to 4 week in-house inventory</li> <li>– Develop communication plans – staff; residents; family; stakeholders; community/media</li> <li>– Review pandemic plan in light of what is known about the virus</li> </ul>
<p><b>Phase 2</b></p> <p><b>First case(s) in Canada</b></p> <p>Pandemic activity in Canada – no pandemic activity in Province</p>	<p><b>Passive Approach</b></p> <ul style="list-style-type: none"> <li>– Continuity of normal operations- continue to receive admissions; Respite bed operational; Adult Day Program running</li> <li>– Infection Control Coordinator /designate will review surveillance data signs of pandemic strain</li> <li>– Usual reporting procedures to Public Health will be utilized unless advised otherwise</li> <li>– Identify and prioritize time-sensitive tasks</li> <li>– Identify tasks or initiatives that could be put to the side</li> <li>– Staffing plan – what is required to support critical tasks</li> <li>– Normal HR functions – but increase focus on travel to known areas of activity</li> <li>– Business travel reviewed – heightened awareness of areas of activity – cancel unnecessary travel</li> <li>– Communicate travel notices/alerts to staff – engage assistance of HR with employee notifications</li> <li>– Continue to review/monitor inventory – engage assistance of CoT Purchasing to</li> </ul>

	<p>coordinate bulk purchasing with other essential CoT services e.g. first responders</p> <ul style="list-style-type: none"> <li>– Initiate regularly scheduled Pandemic Management Team meetings. (IMS Framework)</li> <li>– Confirm/clarify roles and responsibilities.</li> <li>– Connect with professional networks to ensure receipt of communiques and identify information sharing opportunities.</li> </ul>
<p><b>Phase 3</b></p> <p><b>First Cases in Ontario</b></p> <p>Pandemic activity in the Province - no pandemic activity in Timmins or surrounding area</p>	<p><b>Active Approach</b></p> <ul style="list-style-type: none"> <li>– Near normal operations – continue to receive admissions unless advised otherwise by authorities e.g. MOLTC</li> <li>– Normal HR functions – but increase focus on travel to known areas of activity</li> <li>– Follow Provincial directives for planning phases e.g. 2-week?</li> <li>– Review physical access to the Home – door closures? Limited employee access to Main Entrance? Contractors? Deliveries?</li> <li>– Consider closing Respite once current resident is discharged</li> <li>– Consider closing Adult Day Program – provide notice if able; consider other community supports and options</li> <li>– Review essential services and determine business continuity plan – e.g Adult Day Program; Physiotherapy; Dental Care; Footcare; Pharmacy Services; Tuck Shop; volunteers</li> <li>– Staffing plan – all departments to identify essential vs non-essential staff and business processes</li> <li>– Establish role of Medical Director and other physicians</li> <li>– Consider staff who can work from home (as per CoT directives)</li> <li>– Consider staff who are currently travelling – plan for return? (As directed by authorities at local, regional and provincial levels)</li> <li>– Consider staff who may work in multiple locations – discuss employer of choice</li> <li>– Review internal staffing options in the event surge options must be activated</li> <li>– Ensure mask fit testing is up-to-date and staff lists provided.</li> <li>– Continue to review/monitor inventory – consider need to ramp up due to challenges with supply/demand</li> <li>– Establish active screening for all entering the facility – consider use of staff on modified work, or other CoT staff as available in order to maintain our capacity to care for residents; consider how to screen staff on all shifts</li> <li>– Screening guidelines to screeners – provide education – initiate record keeping processes</li> <li>– Establish connections with networks e.g. AdvantAge Ontario, MOLTC, PHU etc. for regular updates</li> <li>– Communicate travel notices/alerts to staff – engage assistance of HR to communicate to staff regarding non-essential travel, consideration to vacation cancellations etc.</li> <li>– Students – cancel co-op students; nursing students can continue with documented screening, vaccination as applicable etc.</li> <li>– If College closes, student placements are discontinued</li> <li>– Operationalize communication plans – internal and external – multi-faceted</li> <li>– Initiate daily Pandemic Management Team meetings – documentation as per IMS system</li> <li>– Establish process to track internal costs associated with pandemic – develop list of</li> </ul>

	<p>appropriate expenses</p> <ul style="list-style-type: none"> <li>– Engage Finance to establish cost accounts for revenue and expenses and lost revenue related to pandemic</li> <li>– Determine visitor restrictions – screening – exceptions for extenuating circumstances</li> </ul>
<p><b>Phase 4</b></p> <p><b>First Case(s) in Timmins or Surrounding Area</b></p> <p>Pandemic activity in Timmins</p>	<p><b>Active Approach</b></p> <p>The WHO and Porcupine Health Unit will notify the Home when there is Pandemic spread to the community.</p> <ul style="list-style-type: none"> <li>– Shift away from normal operations</li> <li>– No admissions to the Home</li> <li>– Residents only to leave for medically necessary procedures, with clear directives regarding PPE and screening.</li> <li>– All departments to operationalize their pandemic plans – directives from PHU, MOLTC or other authority to be implemented</li> <li>– Consider relevant strategies for employee safety – e.g. physical distancing on units, at breaks</li> <li>– Address staff who have more than one employer</li> <li>– Consider relevant strategies for resident safety – e.g. activity restrictions, dining experience, social distancing while maintaining connection to families</li> <li>– Active monitoring of residents and staff for illness by Infection Control Coordinator</li> <li>– All meetings cancelled unless related to pandemic management</li> <li>– Seek out opportunities to join local, regional and provincial planning tables and information sharing forums.</li> <li>– Determine meeting schedule for Pandemic Management Team</li> <li>– Exception is Joint Occupational Health &amp; Safety meeting – continue in light of need to ensure employee and departmental safety</li> <li>– If not already done, ensure all entrances and exits to the Home are locked</li> <li>– Designate Main Entrance for staff entry – consider lock/buzzer system for entry</li> <li>– If not in place, implement mandatory active screening of all staff and others entering the Home – screening tools as per MOLTC</li> <li>– Strict visitor restrictions</li> <li>– Establish procedure for items being dropped off – consider restrictions e.g. food and beverage restrictions, no-contact process e.g. mail</li> <li>– Establish procedure for items being picked up – e.g. resident laundry</li> <li>– Post signage regarding pandemic</li> <li>– Formalize communication plan – internal and external, and review responsibilities</li> <li>– Cancel any remaining services unless deemed essential – establish processes for access to the Home</li> <li>– Divert resources – each department to operationalize their pandemic plan</li> <li>– Continue to review/monitor inventory including annual rotation of pandemic supply to avoid accidental use of expired supplies.</li> <li>– Increase stock to one month supply of PPE and other critical items as per departmental plans, such as hand hygiene products and cleaning supplies.</li> <li>– Seek inventory and supply preservation strategies – provincial directives, be creative.</li> <li>– Ongoing education and training for staff for personal preparedness, resident care and pandemic management.</li> </ul>

	<ul style="list-style-type: none"> <li>– Support diversion of resources – educational material; in-services; cross training;</li> <li>– Provide staff with directives regarding reporting illnesses and return to work (may be as per CoT directive)</li> <li>– Focus on mental well-being of staff – provide support; direct to external resources; leverage support of H &amp; S department</li> <li>– Review policy regarding short-term LOA for residents – consider restricting movement out of the Home</li> <li>– City of Timmins Supports: <ul style="list-style-type: none"> <li>○ HR for Collective Agreement issues;</li> <li>○ H &amp; S for employee illness, sick time management, return to work</li> <li>○ Purchasing – bulk purchases; leverage buying power by joining with other CoT first responders for supply acquisition</li> <li>○ Finance – accounts for pandemic costs – employee salary; benefits; material and supplies</li> <li>○ CAO’s Office – regular updates; directives from the Mayor’s office; media relations; PHU support and reporting</li> </ul> </li> </ul>
<p><b>Phase 5</b></p> <p><b>Surge in Provincial Cases</b></p> <p>Potential for increased spread and/or increased cases in Timmins</p>	<p><b>Active Approach</b></p> <ul style="list-style-type: none"> <li>– Continue as above</li> <li>– Not normal operations</li> <li>– Support Provincial mandate to curb pandemic activity</li> <li>– Compliance with orders from Chief Medical Officer of Health</li> <li>– Review operations and restrict any non-essential functions that may still be occurring – see departmental plans</li> <li>– Quarantine procedures as per WHO, MOLTC, PHU directives</li> <li>– Set up isolation unit for potential resident case management and/or cohorting</li> <li>– Diversion of resources/shift in work assignments to support key areas of resident care.</li> <li>– In collaboration with HR, investigate potential to streamline hiring process in order to increase workforce capacity quickly</li> <li>– Staff to choose primary employer</li> <li>– Work with CoT H &amp; S and HR to expedite safe return to work of any of our employees who have been out of the workplace</li> <li>– Seek out external groups that could safely be added to the team to ensure resident care can be continued e.g. nursing students, provincial professional databases etc., and work with HR on the hiring process</li> <li>– Daily meetings of the Pandemic Management Team</li> <li>– Focus on mental well-being of staff – provide support; direct to external resources; leverage support of H &amp; S department</li> <li>– Track legislative changes that will assist with our management of the pandemic</li> <li>– Initiate advanced care planning conversations with families</li> </ul>
<p><b>Phase 6</b></p> <p><b>Pandemic Activity in the Golden Manor</b></p>	<p><b>Active Approach</b></p> <ul style="list-style-type: none"> <li>– Not normal operations.</li> <li>– Refer to departmental pandemic plans</li> <li>– Infection Control Coordinator takes active lead on internal initiatives</li> <li>– Further eliminate non-essential tasks and services</li> <li>– Focus is on limiting spread</li> </ul>



Confirmed cases in the Home	<ul style="list-style-type: none"> <li>– Operationalize isolation/cohort plan for affected residents</li> <li>– Operationalize staff plan for providing care for residents in isolation and cohorting to reduce potential of spread.</li> <li>– Ongoing staff education and training and communication.</li> <li>– Focus on mental well-being of staff – provide support; direct to external resources; leverage support of H &amp; S department</li> <li>– Active communication with residents and families – Goals of care conversations</li> <li>– Communication with families continues – Quality Coordinator</li> <li>– Communication with NE LHIN/OH - Administrator</li> <li>– PPE/supply preservation strategies</li> <li>– Active ordering of PPE equipment and supplies – leverage bulk buying opportunities; daily inventory reporting</li> <li>– Maintain connection with professional networks to ensure receipt of communiques and identify information sharing opportunities.</li> <li>– Administrator will maintain connection with local, regional and provincial planning and expert tables</li> </ul>
<b>Phase 7</b>  <b>Widespread Disaster</b>	“Code Orange” Disaster Mode <ul style="list-style-type: none"> <li>– Compliance with orders from the Chief Medical Officers of Health; Provincial Government</li> <li>– “end-of-life” decisions – who can we save?</li> </ul>
<b>Phase 8</b>  <b>Recovery and Return to Normal Operations</b>	<ul style="list-style-type: none"> <li>– Ramp up procedure?</li> <li>– Focus on stakeholder relief/recognition/support – ongoing (i.e. mental health support, EAP, etc.)</li> <li>– Acknowledge all who assisted</li> <li>– Debrief with all stakeholders</li> <li>– Reorder equipment and supplies</li> </ul>

<b>RECOVERY</b>
-----------------

- Focus on stakeholder relief/recognition/support – ongoing (i.e. mental health support, EAP, etc.)
- Acknowledge all who assisted
- Debrief with all stakeholders
- Reorder equipment and supplies



# NATURAL DISASTERS AND EXTREME WEATHER EVENTS/FLOODS

## INTRODUCTION

The Timmins Emergency Management Committee conducted an in-depth Hazard Identification and Risk Assessment (HIRA) determining the most likely hazards and developing the associated detailed response procedures. Detailed below are the environmental hazards:

Hazard	Likelihood	Consequence	Notes:
Avalanche	NA	NA	NA
Drought or Low Water	Very Unlikely	Medium	
Earthquake	Rare	High	
Erosion	Very Unlikely	Low	
Extreme Cold	Certain	High	
Extreme Heat	Likely	Medium	
Flood	Certain	High	
Fog	Probable	Medium	
High Wind	Likely	Medium	
Hurricane	NA	NA	NA
Land Subsidence	Probable	Medium	
Landslide	Unlikely	High	
Lightning	Certain	Low	
Storm Surge	Rare	Medium	
Thunderstorm	Certain	Low	
Tornado	Unlikely	High	
Wildland Fire	Certain	High	
Winter Weather	Certain	High	

Reference: 2019-8394-Emergency Response Plan

By-law 2019-8394-Emergency Response Plan will be referenced and utilized for particular plans and engagement with the Municipal Emergency Control Group will occur for plan activation.

## EMERGENCY PROCEDURES

### Plan Activation

- Flood: Refer to 2019-8394 Emergency Response Plan Annex E: City of Timmins Flood Response Plan
  - This plan may be activated in whole or in part, as required, by any member of the City of Timmins' Municipal Emergency Control Group, with or without the formal declaration of an emergency. Upon activation, all participating agencies will respond in accordance with the procedures described within this plan and in accordance with their agency operating procedures.
- Wildfire: Refer to Golden Manor Disaster Emergency Procedure Code Grey - Air Exclusion and 2019-8394 Emergency Response Plan Annex F: City of Timmins Wildland Fire Response Plan
  - When outside air is hazardous to health and safety of residents and staff.
  - Further action required as directed by City of Timmins' Municipal Emergency Control Group.
- Extreme heat: Refer to COT-GM-ADM-C-02 Hot Weather Protocol
  - This policy is in effect from May 15th to September 15th, and will also be implemented:
    - Any day on which the outside temperature forecasted by Environment and Climate Change Canada for the Timmins area is 26 degrees Celsius or above at any point in the day; and
    - Anytime the temperature anywhere in the Golden Manor when measured reaches 26 degrees Celsius or above, for the remainder of the day and the following day.
- Extreme cold: Refer to Golden Manor Disaster Emergency Procedure Utility Disruption HVAC System Failure
  - Where temperature is such that it will create an uncomfortable environment for residents and the temperature is less than 18°C

Golden Manor Disaster Emergency Procedure Code Green – Evacuation and Annex A: Total Evacuation Plan may be activated if situation warrants as assessed by City of Timmins' Municipal Emergency Control Group and Golden Manor Administrator.

### Roles and Responsibilities

#### **Charge Nurse/ Incident Manager**

Responsibilities assigned in activated protocols.

#### **Supervisors/Administrator**

Attend emergency management meetings and communicate/direct staff accordingly.

#### **All Staff**

Responsibilities assigned in activated protocols.

### Testing Plan

Test, review and modify plan and all associated plans annually or as needed to satisfy the requirements of O.Reg 246/22

## RECOVERY

- Debrief with all stakeholders
- Review and revise activated plan within 30 days



## BOIL WATER ADVISORIES



## INTRODUCTION

A boil water advisory is issued when authorities suspect or have confirmed the presence of harmful microorganisms (germs or pathogens, such as E.coli bacteria, giardia parasite, etc.) in a drinking water supply. Drinking water contaminated with these pathogens can make people and animals very sick. Boiling the water will kill the germs and make it safe to drink.

Drinking Water Advisory – Do Not Drink the Water

- A “Do Not Drink the Water” advisory is issued when authorities suspect or have confirmed the presence of unacceptable levels of chemical contaminants in the drinking water supply. Drinking water contaminated with these levels of chemical contaminants can pose health risks if ingested. Boiling or disinfecting the water will not remove the contaminants.

Drinking Water Advisory – Do Not Use the Water

- A “Do Not Use the Water” advisory is issued when authorities suspect or have confirmed the presence of chemical or radiological contaminants in the drinking water supply. Drinking water contaminated with these contaminants can pose health risks if ingested. **Boiling or disinfecting the water will not remove the contaminants.**
- When a “Do Not Use the Water” Advisory has been Issued:
  - **Do not use** the water from the drinking water supply under any circumstances and **avoid** skin contact.
  - **An alternate source of potable water must be used for all water needs.**

## EMERGENCY PROCEDURES

### [Plan Activation](#)

Boil Water Advisory is issued by the Porcupine Health Unit in conjunction with the City of Timmins. The notification process is usually done by the City of Timmins, through social media and both the City of Timmins and PHU website and Facebook page.

The Porcupine Health Unit calls retirement homes, long-term care homes and food premises, should the boil water advisory affects that facility.

In the event of a “Do Not Drink the Water” advisory:

- Follow the plan below

In the event of a “Do Not Use the Water” advisory

- Follow the plan below in conjunction with the water supply disruption plan

### [Roles and Responsibilities](#)

#### Charge Nurse/ Incident Manager

1. Porcupine Health Unit contacts charge nurse to notify home of boil water advisory.
2. In the event of a boil water advisory during regular business hours, notify the Administrator and facilities supervisor. In the event of a water supply disruption after business hours, contact the Supervisor-on-Call and facilities supervisor.

3. If resident consumes tap water, communicate with MRP and follow associated direction; communicate with family and continue to monitor resident.

### Supervisors

1. Follow communication plan.

### All Staff

1. Continue to monitor communication and ensure no consumption of tap water.

### Facilities Supervisor

1. Shut off water to:
  - a. Food prep areas (serveries and kitchen)
  - b. Residents sinks
  - c. Sinks in main dining room
2. Place sliding lock on doors to public washroom in lobby to permit access to staff and visitors.
3. make arrangements for additional supplies of bottled water or potable water to ensure on-site supplies are equivalent to 4 Liters per person per 12 hours (estimating the number of residents, staff and volunteers on site - e.g. 164 people = 656 liters).
4. If a resident consumes tap water, contact water plant water quality analyst or distribution operator to test water as reassurance.

### Maintenance Staff

1. Post Advisory notice at front entrance, entrances to all resident floors and running sinks.

### Nutrition Coordinator

1. Ensure that there is a minimum of 251 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

### Ward Clerk

1. Take inventory of available wipes and contact local suppliers (usually Shopper's Drug Mart) for additional stock if required

### Housekeeping Staff

1. Make disposable wipes available in resident washrooms.
2. Cleaning may continue as normal.

### Nursing Staff

1. Ensure oral hygiene performed with bottled or potable water.
2. Bathing continue as normal.
3. Under the direction of the Incident Manager:
  - a. Distribute bottled water to residents as required. Emergency water supply in the basement (located in the Dietary Stock Room, back left-hand corner) will be brought up to the main kitchen by Maintenance. Generally, each unit will be provided with a jug of water; if water on unit is used, call main kitchen and the Dietary Aide will replace empty water container.
4. If a resident consumes tap water inform charge nurse.

## Laundry

1. Laundry services may continue as normal.

## Dietary Staff

1. Use emergency water supply for cooking and drink preparations.
2. Cleaning and dish washing continue as normal.
3. Shut off all plumbed in equipment (coffee maker, Ice machines, juice machines)

## Testing Plan

To be tested annually.

## RECOVERY

- Resume water supply to:
  - Food prep areas (serveries and kitchen)
  - Residents sinks
  - Sinks in main dining room
- Debrief with all stakeholders
- Review and revise within 30 days of emergency being declared over



## Section 4: **UTILITY DISRUPTIONS**



## **ELECTRICAL POWER FAILURE**

## INTRODUCTION

Electrical power failures often result from events such as severe storm conditions and power grid failures.

Flashlights will be kept at each nursing station to assist in the event of a power failure.

In the event of an electrical power failure the 2 generators of the facility's Standby Diesel Power system will be automatically activated.

The expected sequence of events will be as follows:

1. When the electrical power to Golden Manor is interrupted, there will be up to 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. There will be emergency lighting throughout the building. Not all lighting will operate.
3. Normal electrical outlets and lighting will have power throughout the facility with the exception of the ventilation cooling systems.
4. When the outside power comes back on, the diesel generator will automatically shut off after a short cool down period.

## EMERGENCY PROCEDURES

### Charge Nurse/Incident Manager

1. If a power failure lasts for more than 2 hours, contact the local utility for an estimate on when power will be restored.
2. Provide the information gathered to the Administrator.
3. If a power failure lasts for more than 2 hours, notify the maintenance staff who will set up a time to inspect the generator to ensure it is running within specification (e.g. temperature) and ensure adequate fuel.
4. If a power failure lasts more than 2 hours notify the Manager, Nutritional Services so that an alternate meal can be planned if required and the fridge/freezer
5. Temperatures can be monitored and recorded.
6. Notify the Supervisor on Call if additional staff are required to assist with tasks due to the power failure.
7. Consider cancelling programs, special events and non-essential activities and reassigning staff in these departments to assist with essential services.



## Registered Staff

1. Ensure that all electronic medical equipment is provided with power through the emergency power system.
2. Complete nursing documentation on the appropriate back-up forms until the computers are operational again (if required).
3. Once the power returns take steps to ensure documentation is added to appropriate computer files.

## Maintenance Supervisor

1. Ensure that the generators are operating properly.
2. Monitor fuel supply and notify management if fuel supply is running low.
3. The diesel fuel tank holds enough diesel fuel to last 24-48 hours; however, fuel consumption must be monitored every 6 to 8 hours. Order fuel when it reaches ½ tank.

## All Staff

In the event of a power failure:

1. Notify supervisory personnel.
2. Shut off all non-essential electrical equipment to avoid power surges and to reduce electrical ignition sources.
3. Specify the location where the power failure occurred and details of the power failure.
4. Maintain normal services for residents and clients as possible.

## GENERATOR TESTING

## Maintenance Staff

1. The diesel generators will be tested by Maintenance staff at full load on a monthly basis, at minimum.
2. Arrange for the diesel generators to be inspected and tested by an authorized service company twice per year.



# **HVAC (HEATING, VENTILATION, AIR CONDITIONING) SYSTEM FAILUR**

## PROCEDURE

### Originating Staff

1. In the event of a HVAC system malfunction or breakdown, contact the Maintenance Supervisor.

### Maintenance Supervisor

1. Investigate the cause of the malfunction/breakdown and contact the mechanical services company or utility as required.
2. Where the malfunction/breakdown is anticipated to be extended and temperatures are such that it will create an uncomfortable situation for residents (i.e. less than 18C or higher than 26C), notify the Administrator.

### Administrator/Incident Manager

#### HVAC Heating System Failure

1. Upon notification of an HVAC system failure that is anticipated to be extended, Administrator or designate will assume the role of Incident Manager and assess the situation.
2. In consultation with the Maintenance Supervisor, service contractor, and/or utility, assess the potential restoration time and impact of the outage.
3. Keep staff informed of the actions being taken to resolve the outage?
4. All resident rooms are heated by electric baseboard heaters with have their own individual room thermostat. Resident rooms should not be affect by an HVAC heating failure. In case residents are affected by the HVAC heating failure proceed to the next step
5. In the event that a heating failure will be extended alternative plans shall include:
  - a. Providing extra blankets
  - b. Ensuring all curtains and blinds are closed
  - c. Limiting exterior door use
  - d. Moving residents into a lounge or other room where multiple people will provide warmth
  - e. Using supplemental heating units (e.g. electric heaters) in closely supervised situations
  - f. Discharging appropriate residents to family until the heat is restored

- g. Non-emergency evacuation in situations where the temperature becomes a health or safety risk

### **HVAC Cooling System Failure**

1. Upon notification of an HVAC system failure that is anticipated to be extended, Administrator or designate will assume the role of Incident Manager and assess the situation.
2. In consultation with the Maintenance Supervisor, service contractor, and/or utility, assess the potential restoration time and impact of the outage.
3. Keep staff informed of the actions being taken to resolve the outage
4. In the event that a cooling failure will be extended alternative plans shall include:
  - a. Providing cold beverages and snacks (popsicles, ice cream, etc.) to residents and staff
  - b. Ensuring all curtains and blinds are closed to areas exposed to the sun
  - c. Moving residents out of rooms where the exterior walls are being exposed to the sun
  - d. Limiting exterior door use if the outdoor temperature is higher than the indoor temperature
  - e. Opening windows and courtyard exterior doors, with proper supervision, during cooler night time hours
  - f. Discharging appropriate residents to family until the cooling is restored
  - g. Non-emergency evacuation in situations where the temperature becomes a health or safety risk
  - h. The auditorium has been designated as the Golden Manor cooling area
5. Complete an unusual incident report outlining the cause and length of the outage and the solutions implemented to restore the HVAC for all HVAC failures that last more than 2 hours where the temperature drops below 20C or exceeds 26C.



## **WATER SUPPLY DISRUPTION**

## INTRODUCTION

The major issue with a water system failure is sanitary and hygiene use such as flushing toilets, bathing etc. Water for cooking and drinking should be available or accessible in adequate amounts through bottled water.

Ensure that there is a minimum of 251 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

## PROCEDURE

### Registered Nurse

In the event of a water supply disruption during regular business hours, notify the Administrator. In the event of a water supply disruption after business hours, contact the Supervisor-on-Call.

### Administrator

Designate the Facilities Services Supervisor or an alternate staff member to contact the Public Works Department (during regular business hours) or Timmins Police Service (after-hours) for information regarding the severity and duration of the disruption. The staff member who contacts the Public Works Department/Timmins Police Service will communicate this information to the Charge Nurse, Administrator, Charge Nurse, Director of Care, Assistant Director of Care, Environmental Services/Housekeeping/Laundry Supervisor, Facilities Services Supervisor, Dietary Supervisor, Nutrition Coordinator, Resident Services Supervisor and Quality, Risk & Resident Experience Coordinator.

## UNPLANNED DISRUPTION LASTING LESS THAN 4 HOURS

### Incident Manager

1. If the water disruption is expected to be less than 4 hours, ensure bottled water is available for distribution.

### Director of Resident Care

1. Consider canceling non-essential programs/events/services, especially those involving outside visitors.

### All Staff

1. Under the direction of the Incident Manager:



- a. Distribute bottled water to residents as required. Emergency water supply in the basement (located in the Dietary Stock Room, back left-hand corner) will be brought up to the main kitchen by Maintenance. Generally, each unit will be provided with a jug of water; if water on unit is used, call main kitchen and the Dietary Aide will replace empty water container.
  - b. No baths, dishes or flushing of toilets will occur during the disruption.
  - c. Emergency supply of wipes (DOCC compostable cloth) located in the basement (Nursing Supply Room) will be brought up by Maintenance. This will allow Nursing to continue to provide care during the disruption.
2. Continue your normal work duties.

## **UNPLANNED DISRUPTION LASTING MORE THAN 4 HOURS**

### **Administrator**

1. If the water disruption is anticipated to exceed four (4) hours, make arrangements for additional supplies of bottled water to ensure on-site supplies are equivalent to 4 Liters per person per 12 hours (estimating the number of residents, staff and volunteers on site - e.g. 164 people = 656 liters).
2. Consider initiating the staff fan out list to provide additional staff to allow staff to take breaks off site where there are functioning toilets, to assist with the distribution of water, and additional resident care requirements.
3. Consideration will be given to providing staff extended breaks to use washroom facilities with running water (e.g. contacting a local school, community centre, business, mall etc. to request permission to use their facilities).
4. If it is anticipated there will be a long term water outage the team may encourage family members to take residents home for the duration of the water disruption where practical.
5. Portable toilets may be considered for rental. Some models are self-contained trailers that are wheelchair assessable with heating and air conditioning.
6. A water tanker can be used to provide water for flushing toilets with either a pump/hoses or trolleys/pails to transport the water. This is a labour intensive effort and has the added risk of wet floors causing a slip and fall hazard therefore caution needs to be exercised.

### **Dietary Staff**

1. Provide hand-mixed juices to the units.
2. Provide disposable dishes to the units to limit the need to wash dishes.
3. Initiate the Three Sink Method in main kitchen for pots and pans.

### Nursing Staff

2. Take inventory of available wipes and contact local suppliers (usually Shopper's Drug Mart) for additional stock if required

### Housekeeping Staff

3. Large pre-prepared disinfectant wipes will be used to clean surfaces and equipment. The stock of wipes will be kept in the East Basement Housekeeping Supply Room (B-15).

### Laundry Staff

1. Laundry Services will be down for the duration of the disruption.
2. Laundry staff will be reassigned to help Maintenance deliver and monitor water supplies.
3. In the event of long lasting disruption, the Environmental Services/Housekeeping/Laundry Supervisor may arrange for laundry to be done off site at local laundry mat.
4. Environmental Services/Housekeeping/Laundry Supervisor will contact laundry mat and arrange for transportation of laundry and laundry staff.

## DISRUPTION LASTING MORE THAN 24 HOURS

### Administrator

If the water disruption is expected to exceed 24 hours consider a non-emergency evacuation.

## ADVANCED NOTICE OF A DISRUPTION

### Administrator

1. In the event the water disruption has advanced notice (e.g. during water line construction) notify all departments in advance. Plans should anticipate a water outage of up to double the anticipated time (e.g. public works advises water will be out for 2 hours, plan for 4 hours).
2. Consider cancelling all non-essential programming when there is advanced notice of a water disruption.
3. For resident home areas, instruct staff to fill tubs up with water and make pails available for the purpose of flushing toilets. Tub room doors will be locked to prevent resident accidents involving a full tub.
4. Ensure bottled water and canned juices are distributed to each floor and program area.
5. Portable toilets can be rented – including wheelchair accessible toilets in trailers with heating and air conditioning



## Section 5: **CRISIS COMMUNICATIONS PLAN**

## INTRODUCTION

Timely, frequent and ongoing communications to all stakeholders are vital in an emergency. The following outlines the important processes and methods of communication in conjunction with COT-GM-ADM-A-07 Communications Policy to ensure communication occurs:

- At the beginning of the emergency;
- When there is a significant status change throughout the course of the emergency; and
- When the emergency is over.

All communications to the public and the media will be accurate, concise, coordinated and respect the privacy of staff/residents and their families. In order to maintain a consistent and clear message, all communications with the public and media will be approved by the Administrator or the Incident Manager during a major event.

City of Timmins Corporate Communication Coordinator will support Golden Manor communications as needed.

## EMERGENCY PROCEDURE

Procedure to ensure frequent and ongoing communications:

- Staff, volunteers, students
  1. StaffStat – Immediate: Registered Staff/Supervisors can send a StaffStat message to notify staff of activation of emergency response and staff responsibilities to their phones.
  2. Memos
  3. City of Timmins email
  4. Staff meetings
- Residents, substitute decision-makers, caregivers, Residents' Council and Family Council
  1. Family email list
  2. Telephone communication
  3. Letters
  4. Social media
  5. Residents' and Family Council meetings

Access to reliable communication equipment:

- In the event of any communication disruption City of Timmins IT department will be contacted to resolve issues.
- Analog phone
  - Purpose: obtaining emergency assistance, at all times, including in the event of a power outage
  - Location: West 1 nursing station
- Two way radio communication

- Purpose: In the event of a fire alarm or phone outage the following personnel or designate will return to their workstation and initiate 2 way radio communication. Set all - two way radios on channel - two (2)
- Location:

Personnel	Location	Radio #
Incident Commander	Main Administration Office	11
Front Office	Main Administration Office	10
Charge RN	West 1 Nursing Station	8
Maintenance Supervisor	Maintenance Office	4
Maintenance Staff	Maintenance Office	14,15
RN East Wing	East 1 Nursing Station	9
Team Leader W1	W1 Nursing Station	6
Team Leader W2	W2 Nursing Station	7
Team Leader E1	E1 Nursing Station	1
Team Leader E2	E2 Nursing Station	2
Team Leader E3	E3 Nursing Station	3
Team Leader SC	SC Nursing Station	5
Kitchen	Kitchen	13
Housekeeping Supervisor	HK Supervisor's Office	12

**INCIDENT MANAGER**

In an emergency event, the Incident Manager determines if there is a need to designate a Public Information Officer and who will fill that role.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer should be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

Notify the Administrator of any contentious issues that may be in the media.

The Senior IMS group may consider contacting a professional firm to fill the role of the Public Information Officer for major or contentious issues. This firm would not be the public spokesperson, which should be a representative of the organization, but fulfill in providing crisis communications support and guidance.

**PUBLIC INFORMATION OFFICER (PIO)**

The Public Information Officer(s) must work closely with the organization to ensure that a single consistent message is communicated.

Understanding that the media will create a story with or without input from the organization, it is important to work with the media. An organization that appears to be hiding sends a message through the media. Even if it is bad news, it is better that you communicate that with your side of the story, than to have the media create their own version.

The media should never be asked not to print or broadcast a story as this may be interpreted as an attempt to hide an issue or manipulate the press.

The PIO will the Incident Manager and Administrator of any contentious issues that may be in the media.

**NEWS BRIEFINGS**

All staff and volunteers must understand that it is critical to the reputation of the organization that opinions and inaccurate information do not taint the reality of the situation. Therefore, all staff and volunteers are asked not to comment to the media during an emergency.

If a staff member is approached by the media or someone suspected of being the media, their comments should be restricted to a calm and professional statement such as:

“At this time, our staff and emergency services are actively responding to the situation and our residents are our first priority. The Administrator or a representative will have the opportunity to speak to you shortly.”

The staff member should immediately notify the Public Information Officer or their supervisor if they have been approached by a media person or suspected media person. Note that the person may or may not have typical media equipment (e.g. camera, recorder, note pad).

Some media personnel may not present themselves as being part of the media, but as other interested parties including claiming to be family members, residents, etc. in order to engage a

conversation. Therefore, staff should always be conscious of their comments to any person around them. Further, there is no such thing as “off the record”.

When a press release is made, copies should be made available either in hard copy or electronically to all personnel. This ensures that everyone is aware of the same information that is being released to the media in the event that the media follows up with someone else within the organization.

Prior to releasing information, it is critical to ensure that the facts have been confirmed rather than making a premature statement and having to retract or correct it later. Only confirmed facts should be presented. At no time should personal opinions, speculations, feelings or comments regarding the incident or the response be made in public or to the media. Statements should never be made that you would not want quoted in the media.

All media releases must conform to confidentiality policies and legislation.

All media statements should be made using plain English, not using media or medical terminology either written or verbally.

If a statement is made to the media by someone other than the Public Information Officer, the Public Information Officer will be notified as soon as possible so that the information can be confirmed and the Public Information Officer can prepare for follow up questions from the media.

The spokesperson for news briefings may be someone other than the Public Information Officer, such as a senior manager, Administrator etc. In these situations, the role of the Public Information Officer is to assist this person with their statements, anticipate potential questions, and draft answers in advance. During the news briefing, the Public Information

Officer acts as the mediator and ends the briefing as soon as the allotted time is done.

If multiple agencies are involved in the incident, the Public Information Officer should work closely with those filling the Public Information Officer role for the other agencies. Working together with other agencies and staff within your facility will ensure that information released is coordinated, sending a single message.

News media staff should be asked for their credentials (e.g. I.D. Cards) before they are included in a media briefing or tour.

Where possible, record all interviews, briefings or other discussions with the media to create a “record” of the interaction for both quality assurance and training purposes.

Keep media outside of the emergency area or zone, or from areas where their presence may



cause clients, families and volunteers to feel uncomfortable.

When setting up a media area, it should have easy access without traveling through the facility or area where emergency operations are occurring. Media personnel may want to take pictures (either video or still photos) of the “action”, and therefore a guided tour to an area where they can take photos may be appropriate if deemed appropriate by the Administrator, and as long as it is not detrimental to the incident response or facility operations. By offering a media tour in a coordinated manner, it should reduce the media’s drive to get into areas that may disrupt operations.

A white board/bulletin board should be set up to display information such as the next briefing time and approved information.

Additional staff should always be present in the media room while any news conference is in session to provide security and ensure the safety of all visitors. Uniformed security staff should be avoided so as to not provide the impression of “controlling” the media.

The Public Information Officer and any assigned speaker to the media will:

1. Be knowledgeable and provide the basic facts of the incident being covered.
2. Briefly respond to questions by providing essential information only.
3. State only the facts and avoid speculation about causes and long-term effects of the incident.
4. Avoid comment on areas that are not within their field of expertise or responsibility by advising that you do not know, but will follow up and obtain further information. Do not use “no comment” or “we cannot comment”, but use words such as, “that is out of my personal knowledge and we will get back to you with more information” or “we will provide information as soon as it is available”, or “as you understand, personal client information cannot be released”.
5. Provide reassurance that appropriate resources are being used to resolve the incident and provide the best possible safety and security to residents, family members, volunteers, staff and others involved in the incident.
6. Do not speak for or comment regarding other organizations unless previously agreed to.

## **ON-CAMERA INTERVIEWS**

If a staff member is asked to participate in an interview, they will:

1. Obtain authorization from the Administrator.
2. Ask the reporter to provide the questions beforehand and plan a properly phrased response. Be prepared however, to be asked questions that are not provided.

3. Listen to each question carefully and take a moment to compose an answer that is factual, concise and grammatically correct.
4. Understand there is no obligation to answer every question.
5. Be conscious of appearance and body language.
6. Avoid humour as it is incompatible with the seriousness of the situation.

**COMMUNICATIONS PLAN PUBLIC INFORMATION OFFICER CHECK LIST  
REVIEWED 9-FEB-22**

**DATE:**

Time Task Completed	
	Time Public Information Officer designated:
	Incident:
	Public Information Officer:
	Incident Manager:
	Senior Director(s) on location:
	Administrator on location:
	<b>Time</b> (Note Below):
	Briefed by Incident Manager.
	Type of incident:
	Time incident started:
	Services on location or involved in responding to the incident. EMS: 9-1-1 Police: 9-1-1 Fire: 9-1-1 Public Health: Public Works: Transit: Other: Other:
	Any injuries or deaths:
	General actions being taken:
	Issues of contention identified:
	Briefing with Administrator or Senior Director.
	Spokesperson identified:
	Interview or press briefing time scheduled for:
	Location for interview/briefing identified:
	Length of interview / briefing:

<b>Time task Completed</b>	
	Briefing notes.
	Key points to communicate:
	The priority is the health and safety of our residents, volunteers and staff.
	All available resources required are being deployed.
	Working closely with emergency/allied agencies (identify key agencies).
	Working to ensure that the incident will not reoccur:  Other points:
	Identify questions media may ask: Q: A: Q: A:
	Briefing / press release approved by Administrator / Supervisor on Call.
	Copies of press release printed for distribution to press.
	Record all interviews, briefings, or other discussions with the media
	Notify the Administrator of any contentious issues that may be in the media

## Section 6: **RESOURCE PROVISION**

## RESOURCES, SUPPLIES, PPE AND EQUIPMENT

### Responsibilities

#### Facilities Supervisor

1. Ensure there is a sufficient supply of all cleaning products, PPE and supplies that are required and must be available in the home for use by the staff in the home.
2. Must take inventory of stock and ensure to order items in a timely fashion when stock is low.
3. Will perform audits to ensure chemical storage rooms have been checked, inventoried and accurately recorded.
4. Maintain supplier contact information.

#### Maintenance staff

1. Receiving
  - a. Ensure all products remain in receiving area (behind locked doors) until able to bring them to the appropriate storage area.
  - b. Rotate stock ensuring to put new stock behind old stock to avoid product expiring before use.
  - c. Bring any documentation such as shipping statements to the appropriate supervisor.
2. Storage and Delivery
  - a. Ensure that all chemicals are properly labelled and stored where residents cannot gain access. Janitor rooms must have the door closed and locked at all times. All supplies are to be kept in locked storage rooms, which are inaccessible to residents and visitors.
  - b. Staff must ensure that all hazardous substances on the cart are kept in direct supervision while in transit to protect residents from accessing harmful chemicals.
  - c. Ensure Housekeeping chemical room and nursing areas are fully stocked with all items required to do their job properly.
  - d. To inform Facilities Supervisor when items are low in the chemical storage room, linen, product and PPE storage.

Reference: COT-GM-MTC-E-01 Chemical Supplies and Storage

## FOOD AND FLUID PROVISION

### Introduction

- A supply of Emergency water (~250 L) is stored in the Dietary Stock room. This supply contains a “Best Before” date and is rotated using “First in-First out” as needed. In the event of an interruption of water services this supply is brought to the Kitchen for cooking and distribution to the units for consumption.
- There is a seven (7) day supply of dry goods and a three (3) day supply of fresh goods available

at all times to prevent a disruption of service in the event of an emergency.

- All major food distributors have the ability to deliver five (5) days a week if needed and several local grocers will accept Purchase orders from the facility to purchase emergency food items.

### Responsibilities

#### **Nutrition Coordinator**

1. Ensure safe receiving and storage of all perishable and non-perishable food items.
2. Maintain a four (4) day supply of perishable food and a seven (7) day supply of non-perishable food and enteral feeding.
3. Ensure that there is a minimum of 251 liters of bottled water on site at all times and that this water is checked monthly for expiry dates. This water will be used for drinking water and food preparation.

#### **Dietitian**

1. In the event of an emergency situation the Dietitian & Nutrition Coordinator in conjunction with the Incident commander will determine what measures are required.
  - a. Safe cooking and drinking water is available from storage.
  - b. Emergency menus for loss of water, loss of power, 7 & 14 Day Pandemic Emergency menus are available from our major food suppliers and purchasing group (see Sysco emergency menu information).

#### **Facilities Supervisor**

1. Maintain emergency drinking water contract (see emergency contact list – Fortier Beverages) and contact when services required.
2. Contact water tanker service providers to obtain potable water through City of Timmins public works.

Reference: COT-GM-DTS-D-01 Food Quality

## **PHARMACY SERVICES**

### Responsibilities

#### **Pharmacy Service Provider**

1. Ensure medication is available on a 24-hour basis, 7 days per week (Reference CareRx Policy 2-3)
  - a. Emergency medication may be immediately accessible from an Emergency Starter Box in the home.
  - b. After hours service include the pharmacy pager/cell number, Clinical Consultant Pharmacist cell number and local emergency pharmacy number
2. In the event of a disaster, fire or other forced evacuation of the facility, CareRx Pharmacy will undertake the following, as the need arises (Reference CareRx Policy 2-5):
  - a. replacement of all required medications
  - b. delivery of required medication to alternative locations
  - c. print and deliver or provide in an electronic format MAR Sheets and Physician's

Medication Review to agreed-upon locations

- d. supply ongoing refills to the alternative locations for the duration of the evacuation
  - e. in the case of reception of evacuees from outside the home provide replacement medications, refills, MAR Sheets and Physician's Medication Reviews or electronic format as required.
3. CareRx ensure review, education and planning for emergencies (Reference CareRx Policy 2-6)



## Section 7: **APPENDICES**

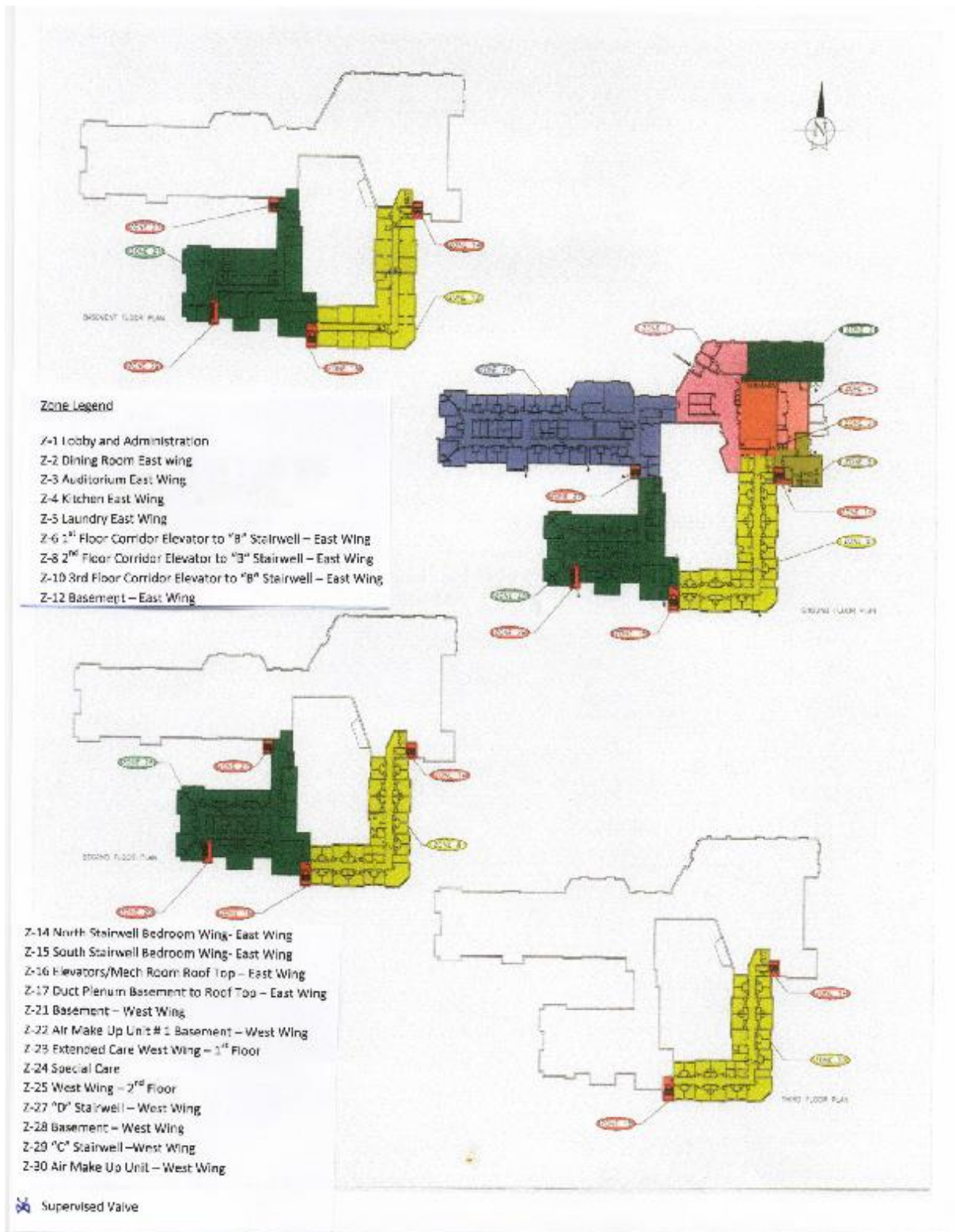


## **Appendix A: Human resources AUDIT**

HUMAN RESOURCES AUDIT			
	DAYS	AFTERNOONS	NIGHTS
Administrator	1		
Office staff	2		
Director Of Nursing	1		
Assistant Director of Nursing	1		
Infection Control Coordinator	1		
Registered Nurses	1-12 hour shift 7 days a week	1-12 hour shift 7 days a week	1
Registered Program Nurses	3-8 hour shifts (1-weekend)		
Personal Support Worker	21	10 (1430-2230)	10 (1830-630) 1 (2230-630)
Resident Service Aide	On demand		
Registered Practical Nurse	6	6	1
Food Services Staff	9	7 (until 1900)	
Dietician	1		
Housekeeping Staff	8		3- Every 6 wks
Housekeeping Laundry Lead	1		
Laundry Staff	3		
Risk, Quality and Resident Experience Coordinator	1		
Resident Services Staff	6 (1 on weekend)		
Social Worker	1		
Support Services Supervisor	1		
Recreation Therapist	1		
Facility Supervisor	1		
Maintenance Staff	3 (1 on weekend)		
Nurse Practitioner	1		
Nutrition Coordinator	1		
Physiotherapist	1		
Physio Aid	2		
Health Informatics Nurse	1		
Ward Clerk	1		
Scheduling Clerk	1		
Nursing Admin. Asst.	1		
Covid-19 Screener	1.5	1	
Covid-Tester	1		
Volunteers			
Hair Salon			
Service Contractors			
Student Placements			
Contract workers after hours and week-ends			



## **Appendix B: Building Drawings**







## **Appendix C: FIRE watch checklists**

**Golden Manor Fire Watch Checklists**  
(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**AREA: EAST BASEMENT**

Area/Room	Room No	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	22	23	24
Stairwell "A"																									
Area by East elevators																									
Housekeeping Room	B1																								
Pump Room	B2																								
Dietary Storage # 1	B3																								
Main Fire Alarm and Elec. Room	B4																								
Electrical Room	B5																								
Nursing Supply Room	B6																								
Mattress Storage Room	B7																								
Floater Room	B8																								
Paper Products Room	B9																								
Administration Storage	B10																								
Mechanical Room	B11																								
Resident Services Storage	B12																								
East Resident Storage	B13, B14																								
Housekeeping Supply Room	B15																								
Stairwell "B"																									

## Golden Manor Fire Watch Checklists

(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: WEST BASEMENT

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Stairwell "D"																									
Elevator Mechanical Room	B21																								
Sump Pump Room	B20																								
** Medication Storage	B19																								
Staff Ed Room-2 doors	B18																								
Staff Lounge-2 doors	B34																								
In Staff Lounge- Women's Room	B33																								
In Staff Lounge- Men's Room	B32																								
West Resident Storage	B22																								
Air Make up unit Room	B23																								
Female Locker Room	B31																								
Male Locker Room	B30																								
Maintenance Storage	B25																								
Stairwell "C"																									
Maintenance Shop	B24																								
In Maintenance Shop Unnamed Door 2	B26																								
In Maintenance Shop- Standby Generator	B27																								
In Maintenance Shop Supervisor's Office	B28																								
In Maintenance Shop Unnamed Door 1 Paint Room	B29																								
West Resident Storage	B17																								
Electrical Room	B16																								
Stairwell "B"																									

\*\* No keys available



## Golden Manor Fire Watch Checklists

(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: EAST 1

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Elevator- Left																									
Elevator-Right																									
Janitor OFFD31																									
Stairwell "A"																									
Housekeeping Supply Room																									
Infection Control/ Environmental Services Coordinator																									
101																									
102																									
103																									
104																									
105																									
106																									
107																									
108																									
109																									
Nursing station																									
Med Room – No name on the door																									
Health Informatics Nurse																									
110																									
111																									
Soiled Utility																									
Bath																									
112																									
Clean Utility																									
Servery																									
Dining Room																									

		Time from 1 am to 2400																							
Area/Room		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
113																									
Electrical Room																									
114																									
115																									
116																									
117																									
118																									
119																									
120																									
121																									
122																									
Stairwell "B"																									

# Golden Manor Fire Watch Checklists

(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

## AREA: EAST 2

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Stairwell "A"																									
Janitor																									
201																									
202																									
203																									
204																									
205																									
206																									
207																									
208																									
209																									
Nursing station																									
Med Room																									
Nurses Conference Room – Program RN																									
210																									
211																									
Dirty Utility Room																									
Bath																									
212																									
Clean Utility																									
Servery																									
Lounge																									
213																									
Electrical Room																									
214																									
215																									
216																									
217																									
218																									
219																									
220																									
221																									
222																									
Stairwell "B"																									





## Golden Manor Fire Watch Checklists

(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: EAST 3

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
4 <sup>th</sup> Floor																									
Open area to Penthouse (Authorized Personnel only)																									
Outdoor Roof Assess																									
Storage Room																									
East Elevator Control Room																									
Stairwell "A"																									
Janitor																									
301																									
302																									
303																									
304																									
305																									
306																									
307																									
308																									
309																									
Nursing station																									
Med Room – name not on the door																									
Nurses Conference Rm																									
310																									
311																									
Soiled Utility																									
Bath																									
312																									
Servery																									
Clean Utility																									
Dining Room																									
313																									
314																									
Electrical Room																									
315																									
316																									

Area/Room	Time from 1 am to 2400																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
317																								
318																								
319																								
320																								
321																								
322																								
Stairwell "B"																								

## Golden Manor Fire Watch Checklists

(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: WEST 1

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Courtyard																									
Stairwell "B"																									
West 1 Servery																									
Dining Room																									
Lounge																									
123																									
124																									
Washroom/Eye Wash Station																									
Bath																									
125-left																									
125-right																									
Housekeeping																									
Duct Room																									
Store																									
Staff																									
Clean Utility																									
126																									
Soiled Utility																									
Stairwell "C"																									
127																									
128																									
129																									
130																									
131																									
132																									
133																									
Soiled Utility																									
Clean Utility																									
Linen																									
134																									
Housekeeping																									
135																									
136																									
Bath																									

Area/Room	Time from 1 am to 2400																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Nursing Station																								
Med Room- No name on the door																								
Nurses Conference Room-No Name on the door																								
137																								
138																								
139																								
Elevator-Left																								
Elevator-Right																								
Director Of Care OFFD1																								
Stairwell "D"																								
Assistant Director of Nursing OFFD2																								
Community Home Support Supervisor OFFD4																								
Dr.'s Office OFFD5																								
Back Office in Dr.'s Office																								

## Golden Manor Fire Watch Checklists

(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: WEST 2

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Stairwell "D"																									
Elevator Room (HVAC for SC))																									
238																									
237																									
236																									
235																									
Bath																									
234																									
Housekeeping																									
233																									
Linen																									
Clean Utility																									
Soiled Utility																									
232																									
231																									
230																									
229																									
228																									
Palliative Room																									
227																									
Stairwell "C"																									
Soiled Utility																									
226																									
Clean Utility																									
Staff																									
Store																									
Duct Room																									
Housekeeping																									
225-Left Side																									
225-Right Side																									
Bath																									
Washroom/Eyewash Station																									

Area/Room	Time from 1 am to 2400																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
224																								
223																								
Nursing Station																								
Conference Room – Program Nurse																								
Med Room - No name on the door																								
Lounge																								
Dining Room																								
Servery																								
Stairwell "B"																								

## Golden Manor Fire Watch Checklists

(Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: SPECIAL CARE UNIT

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Servery OFFD13																									
Dining Room																									
Female Washroom																									
Emergency Exit																									
165																									
Male Washroom																									
Storage Room																									
164																									
163																									
162																									
161																									
160																									
Bath																									
159																									
Linen																									
158																									
Clean Utility																									
Soiled Utility																									
157																									
156																									
155																									
154																									
153																									
Emergency Exit																									
152																									
151																									
150																									
Dirty Utility-2 <sup>nd</sup> Door																									
Clean Utility-2 <sup>nd</sup> Door																									
149																									

Area/Room	Time from 1 am to 2400																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	22	22	23	24
Housekeeping																								
148																								
Bath																								
147																								
Lounge																								
Courtyard																								
Small Lounge (Across from Nurses Station)																								
146																								
Room/Conf. Room																								
Nursing Station																								
Medication Room-No name on it																								
145																								
Male Washroom																								
Female Washroom																								
144																								
143																								
142																								
Emergency Exit																								
141																								
140																								



**Golden Manor Fire Watch Checklists** (Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**AREA: RESIDENT SERVICES**

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Chapel-OFFD12	OFFD12																								
Back Room																									
Adult Day Program OFFD11	OFFD11																								
Resident Services OFFD10	OFFD10																								
Washroom (Across from the Adult Day Program) OFFD9	OFFD9																								
Staff Washroom (Across from Clinical Conf. Rm.)OFFD8	OFFD8																								
Nursing Scheduling Clerk	OFFD6																								
Clinical Conference Room-OFFD3	OFFD3																								
(In Clinical Conference Rm)																									
Housekeeping Supply Room-OFFD7	OFFD7																								
Adult Day Program Lounge-2 <sup>nd</sup> Door OFFD11	OFFD11																								
Barber/Beauty Shop OFFD14	OFFD14																								
Board RoomOFFD15	OFFD15																								



**Golden Manor Fire Watch Checklists** (Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**AREA: FRONT LOBBY**

Area/Room	Room No.	Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Main Lobby:																									
Closets	OFFD35-37																								
Public Washrooms:																									
Male	OFFD38																								
Female	OFFD39																								
Reception	OFFD16																								
Common Area																									
Storage Room	OFFD22																								
Ward Clerk's Office	OFFD21																								
Quality, Risk & Resident Experience Coordinator	OFFD20																								
Administrator's Office	OFFD19																								
Financial Clerk's Office	OFFD18																								
Vault	OFFD17																								
Main Dining Room:	OFFD23																								
Nutrition Coordinator	OFFD24																								
Dietary Supervisor/Dietitian	OFFD25																								
Recreation Therapist	OFFD26																								
Social Worker	OFFD27																								
Computer Area																									
Physio Area	OFFD28																								
Main Kitchen	OFFD29																								
Main Area																									
Sign in Room																									
Walk in Fridge #1	OFFD46																								

Area/Room		Time from 1 am to 2400																							
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Walk in Freezer	OFFD45																								
Dry Storage Room	OFFD44																								
Electrical Room	OFFD47																								
Garbage Room	OFFD48																								
Receiving Area	OFFD49																								
Staff Washroom(Ladies)	OFFD43																								
Staff Washroom (Men)	OFFD42																								
Laundry Area	OFFD50																								
Sewing Room	OFFD51																								
Tuck Shop	OFFD41																								
Auditorium	OFFD30																								
Auditorium Closets	OFFD31-34																								
Courtyard	OFFD40																								

## **Appendix D: EVACUATION LOG**





## **Appendix E: Missing Person search zone**



**Golden Manor Missing Person Search Zone  
(Updated 9-Feb-22)**

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**AREA: EAST BASEMENT**

Area/Room	Room Number	Staff Initial
Stairwell "A"		
Area by East elevators		
Housekeeping Room	B1	
Pump Room	B2	
Dietary Storage #1	B3	
Main Fire Alarm and Elec. Room	B4	
Electrical Room	B5	
Nursing Supply Room	B6	
Mattress Storage Room	B7	
Floater Room	B8	
Paper Products Room	B9	
Administration Storage	B10	
Mechanical Room	B11	
Resident Services Storage	B12	
East Resident Storage	B13, B14	
Housekeeping Supply Room	B15	
Stairwell "B"		

**Note**

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.



**Golden Manor Missing Person Search Zone (Updated 9-Feb-22)**

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**AREA: WEST BASEMENT**

Area/Room	Room Number	Staff Initial
Stairwell "D"		
Elevator Mechanical Room	B21	
Sump Pump Room	B20	
** Medication Storage	B19	
Staff Ed Room-2 doors	B18	
Staff Lounge-2 doors	B34	
In Staff Lounge Women's Room	B33	
In Staff Lounge Men's Room	B32	
West Resident Storage	B22	
Air Make up unit Room	B23	
Female Locker Room	B31	
Male Locker Room	B30	
Maintenance Storage	B25	
Stairwell "C"		
Maintenance Shop	B24	
In Maintenance Shop Unnamed Door 2	B26	
In Maintenance Shop Standby Generator	B27	
In Maintenance Shop Supervisor's Office	B28	
In Maintenance Shop Unnamed Door 1-Paint Room	B29	
West Resident Storage	B17	
Electrical Room	B16	
Stairwell "B"		

\*\* No keys available

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions



## Golden Manor Missing Person Search Zone (Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: EAST 1

Area/Room	Room Number	Staff Initial	Area/Room	Room Number	Staff Initial
Elevator- Left (ensure the elevator is locked out)	X			110	
Elevator-Right (ensure the elevator is locked out)	X			111	
Janitor	OFFD31		Soiled Utility Room	X	
Stairwell "A"			Bath	X	
Housekeeping Supply Room	X			112	
Infection Control/ Environmental Services Coordinator	X		Clean Utility	X	
	101		Servery	X	
	102		Dining Room	X	
	103			113	
	104		Electrical Room	X	
	105			114	
	106			115	
	107			116	
	108			117	
	109			118	
Nursing station	X			119	
Med Room – No name on the door	X			120	
Health Informatics Nurse	X			121	
				122	
			Stairwell "B"		

**Note**

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.



**Golden Manor Missing Person Search Zone (Undated 9-Feb-22)**

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**AREA: EAST 2**

Area/Room	Room No.	Staff Initial	Area/Room	Room No.	Staff Initial
Stairwell "A"				210	
Janitor	X			211	
	201		Dirty Utility Room	X	
	202		Bath	X	
	203			212	
	204		Clean Utility	X	
	205		Servery		
	206		Lounge	X	
	207			213	
	208		Electrical Room	X	
	209			214	
Nursing station	X			215	
Med Room – No name on the door	X			216	
Nurses Conference Room – Program RN	X			217	
				218	
				219	
				220	
				221	
				222	
			Stairwell "B"		

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.





## Golden Manor Missing Person Search Zone (Updated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: EAST 3

Area/Room	Room No.	Staff Initial	Area/Room	Room No.	Staff Initial
4 <sup>th</sup> Floor					
Open area to Penthouse(Authorized Personnel only)	X				
Outdoor Roof Access	X		Soiled Utility	X	
Storage Room	X		Bath	X	
East Elevator Room Control Room	X			312	
Stairwell "A"			Servery	X	
Janitor	X		Clean utility	X	
	301		Dining Room	X	
	302			313	
	303			314	
	304		Electrical Room	X	
	305			315	
	306			316	
	307			317	
	308			318	
	309			319	
Nursing station	X			320	
Med Room – name not on the door	X			321	
Nurses Conference Room- Name not on the door				322	
	310		Stairwell "B"		
	311				

**Note**

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.



**Golden Manor Missing Person Search Zone (Updated 9-Feb-22)**

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

**AREA: WEST 1**

Area/Room	Room No.	Staff Initial	Area/Room	Room No.	Staff Initial
Courtyard	X			130	
Stairwell " B"				131	
West 1 Servery				132	
Dining Room	X			133	
Lounge	X		Soiled Utility	X	
	123		Clean Utility	X	
	124		Linen	X	
Washroom/Eye Wash Station				134	
Bath			Housekeeping	X	
	125			135	
	125			136	
Housekeeping	X		Bath	X	
Duct Room	X		Nursing Station	X	
Store	X		Med Room- No name on the door	X	
Staff	X		Nurses Conference Room No Name on the door		
Clean Utility	X			137	
	126			138	
Soiled Utility				139	
Stairwell "C"			Elevator- Left	X	
	127		Elevator-Right	X	
	128		Director Of Care's Office	OFFD1	
	129		Stairwell "D"		
			Assistant Director of Care	OFFD2	
			Community Home Support Supervisor	OFFD4	
			Doctor's Office	OFFD5	
			Back Office in Doctor's Office		

Note

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.



## Golden Manor Missing Person Search Zone (Undated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: WEST 2

Area/Room	Room Number	Staff Initial	Area/Room	Room Number	Staff Initial
Stairwell "D"			Palliative Room		
Elevator Room (HVAC for SC)				227	
	238		Stairwell "C"		
	237		Soiled Utility	X	
	236			226	
X	X		Clean Utility	X	
	235		Staff	X	
Bath	X		Store	X	
	234		Duct Room	X	
Housekeeping	X		Housekeeping	X	
	233			225	
Linen	X			225	
Clean Utility	X		Bath	X	
Soiled Utility	X		Washroom/Eyewash Station	X	
	232			224	
	231			223	
	230		Nursing Station	X	
	229		Conference Room – Program Nurse	X	
	228		Med Room - No name on the door	X	
			Lounge	X	
			Dining Room	X	
			Servery	X	
			Stairwell "B"		

**Note**

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.



## Golden Manor Missing Person Search Zone (Undated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: SPECIAL CARE UNIT

Area/Room	Room Number	Staff Initial	Area/Room	Room Number	Staff Initial
Servery	OFFD13			150	
Dining Room	X		Dirty Utility – 2 <sup>nd</sup> Door	X	
Female Washroom	X		Clean Utility – 2 <sup>nd</sup> Door	X	
Emergency Exit	X			149	
	165		Housekeeping	X	
Male Washroom	X			148	
Storage Room	X			147	
	164		Bath	X	
	163		SC Courtyard	X	
	162		Lounge	X	
	161		Small lounge (Across from the nursing station)	X	
	160			146	
Bath	X		Computer Room/Conf. Room	X	
	159		Nursing Station	X	
Linen	X		Medication Room- No name on it	X	
	158			145	
Clean Utility	X		Male Washroom	X	
Soiled Utility	X		Female Washroom	X	
	157			144	
	156			143	
	155			142	
	154		Emergency Exit	X	
	153			141	
Emergency Exit	X			140	
	152				
	151				

**Note**

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.









## Golden Manor Missing Person Search Zone (Undated 9-Feb-22)

Staff Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

### AREA: FRONT LOBBY

Area/Room	Room No.	Staff Initial	Area/Room	Room No.	Staff Initial
			Computer Area		
Closets	OFFD35-37		Physio Area	OFFD28	
Public Washrooms:			Main Kitchen	OFFD29	
Male	OFFD38		Main Area		
Female	OFFD39		Sign in Room		
Reception	OFFD16		Walk in Fridge #1	OFFD46	
Common Space			Walk in Freezer	OFFD45	
Storage Room	OFFD22		Dry Storage Room	OFFD44	
Ward Clerk's Office	OFFD21		Electrical Room	OFFD47	
Quality, Risk and Resident Experience Coordinator	OFFD20				
Administrator's Office	OFFD19		Receiving Area	OFFD49	
Financial Clerk's Office	OFFD18		Garbage Room	OFFD48	
Vault	OFFD17		Staff Washroom(Female)	OFFD43	
Main Dining Room	OFFD23		Staff Washroom (Male)	OFFD42	
Nutrition Coordinator	OFFD24				
Dietitian's Office	OFFD25		Laundry Area	OFFD50	
Recreation Therapist	OFFD26		Sewing Room	OFFD51	
Social Worker	OFFD27		Tuck Shop	OFFD41	
			Auditorium	OFFD30	
			Auditorium- Closets	OFFD31-34	
			Courtyard	OFFD40	

**Note**

- Residents rooms please check: under the bed, behind the bed, behind curtains, bathroom, and closet
- Ensure the yellow magnet "Room checked" has been put on the door
- Report back to the RN/RPN with the completed search zone checklist and follow their directions.



## **Appendix F: IMS Checklists**

**Senior IMS Checklists**  
**Reviewed 9-Feb-22**

**Incident Manager Checklist**

**Role:** Organize and direct the emergency operations and ensure ongoing client services. Give overall direction for facility operations and if needed, authorize evacuation.

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

Date/Time Task Completed	Duties of the Senior IMS	Staff Name
	Initiate the Incident Management System	
	Read this entire Job Action Sheet	
	Delegate an Operations Manager (if required)	
	Delegate a Planning Manager (if required)	
	Delegate a Logistics Manager (if required)	
	Delegate an Administration/Finance Manager (if required)	
	Delegate an Information Officer (if required)	
	Delegate a Safety Officer (If required)	
	Delegate a Liaison Officer (if required)	
	Announce a status/action plan meeting of IMS Team	
	Receive status report and discuss initial action plan with team	
	Receive initial facility damage survey report (Logistics function)	
	Obtain resident/client census and status from planning manager	
	Authorize resources as requested by IMS team	
	Establish a meeting cycle and ensure team meets as per meeting cycle	
	Consult with IMS Team on needs for staff and volunteer food and shelter	
	Approve media releases submitted by Information Officer	



## Operations Check List

**Role:** Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager. Where the incident directly impacts client services, coordinate and ensure ongoing client services during emergency operations.

**Name:** \_\_\_\_\_

Date/Time Task Completed	Duties of the Operations Manager Reviewed 9-Feb-22	Staff Name
	Receive appointment and briefing from Incident Manager	
	Read this entire Job Action Sheet	
	Appoint teams for each area of the operation (e.g. search teams, evacuation teams, nursing teams, as needed)	
	Brief all teams for each area of the operation	
	Provide direction to teams	
	Determine which teams are involved in the emergency and which teams are maintaining normal operations (Normal operations may be assigned to one team leader)	
	Provide direction regarding the emergency response actions for the incident (e.g. evacuation, search, reception etc.)	
	Coordinate staffing requirements with the Logistics Manager who will arrange for additional staff as required	
	Receive, coordinate and forward all requests for personnel and supplies to the Logistics Manager	
	Establish an advisory group as required	
	Attend IMS team meetings	





## Logistics Check List

**Role:** Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, water, and supplies to support the operations. It is also responsible for maintaining the physical environment services of the building. Conducts or collects information for damage assessments of the facility.

**Name:** \_\_\_\_\_

Date/Time Task Completed	Duties of the Logistics Manager Reviewed 9-Feb-22	Staff Name
	Receive appointment and briefing from the Incident Manager	
	Be familiar with this function and sub-functions (HR, Facilities Management, Security)	
	Delegate assistants as required (Insert names) <ul style="list-style-type: none"> <li>• Human Resources _____</li> <li>• Facilities Management Leader _____</li> <li>• Security Leader _____</li> </ul>	
	Brief assistants on situation and action plan	
	Establish a regular meeting cycle of Logistics team members	
	Obtain a damage assessment from the Facilities Management Leader	
	Assess status of telephone and computer systems	
	Assess status of fire alarm system - notify Incident Manager if the fire alarm is out of _____ service and a fire watch is required	
	Establish a system of runners to convey important messages	
	Coordinate efforts of IT, telephone and fire alarm service companies	
	Provide 2 way radios / walkie talkies where required	
	Contact each department to determine equipment and supply needs	
	Create lists of available suppliers, pricing etc.	
	Obtain needed supplies with the assistance of Administration/Finance Manager	
	Attend IMS team meetings	



## Planning Check List

**Role:** The planning function develops scenario/resource projections for the senior management team and undertakes long range planning (more than 2 hours).

**Name:** \_\_\_\_\_

Date/Time Task Completed	Duties of the Planning Manager Reviewed 9-Feb-22	Staff Name
	Receive appointment and briefing from Incident Manager	
	Read this entire Job Action Sheet	
	Establish a status board and keep it current	
	Research the factors surrounding the emergency	
	Ensure all IMS team members have appropriate policies/plans	
	Monitor the external influences (e.g. weather, utilities, staffing, supplies etc.)	
	Project the possible situation(s) in 2 hours (short term)	
	Prepare options to respond to the possible long term situation	
	Prepare a plan / strategy to restore the facility to normal operations	
	Estimate the resource requirements and financial implications (in cooperation with the Administration/Finance Manager) to return to normal operations	
	Attend IMS team meetings	



## Administration/Financial Checklist

**Role:** The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS team members and ensures documentation of all meetings.

Name: \_\_\_\_\_ Revised \_\_\_\_\_

Date/Time Task Completed	Duties of the Administration/Financial Manager Reviewed 9-Feb-22	Staff Name
	Receive appointment and briefing from Incident Manager	
	Ensure documentation of all IMS team meetings, decisions and actions	
	Receive a copy of all documentation / reports from all IMS functions and organize the documentation	
	Ensure a copy of all outgoing and incoming communications is maintained	
	Maintain chronological chart of all key incidents, actions etc.	
	Monitor and document all purchases and expenditures	
	Maintain written reports summarizing financial data relative to personnel costs, supplies and miscellaneous expenses	
	Monitor current financial balances and credit limits	
	Request approval to extend lines of credit or other banking services as required	
	Negotiate terms of payment for supplies and emergency purchases	
	Document expenditures for reimbursement submissions	
	Notify insurance company of the incident(document time and who was spoken to)	
	Receive and document alleged claims. Use photographs and video to document where appropriate	
	Obtain statements from all claimants and witnesses	
	Enlist the assistance of the Safety Officer and Security function where appropriate	
	Notify and update the facility's legal services and enlist their counsel as required	
	Review contracts or agreements being negotiated on short notice with vendors	
	Provide a summary of all alleged claims for the legal counsel and Administrator	
	Provide or arrange for administrative support to IMS Team	
	Appoint administrative support staff / volunteers as required	
	Administrative support services may include appointing runners for messaging as required	
	Attend IMS team meetings	



**Public Information Checklist**

**Role:** The Public Information function organizes communications with the families, stakeholders and the media (as appropriate) and provides information updates.

**Name:** \_\_\_\_\_

<b>Date/Time Task Completed</b>	<b>Duties of the Public Information Manager Reviewed 9-Feb-22</b>	<b>Staff Name</b>
	Receive appointment and briefing from Incident Manager	
	Read this entire Job Action sheet	
	Identify restrictions in contents of news releases from Incident Manager	
	Coordinate communications strategy for family members / stakeholders	
	If media are on-site or expected establish a Public Information area away from the area where the response is being coordinated and client home areas. Inform on-site media of the physical areas which they have access to and those which are restricted. (coordinate with security)	
	Issue an initial incident information report to the news media	
	Contact other involved agencies to coordinate released information. Keep the Liaison Officer informed on actions	
	Obtain a progress report from IMS team as appropriate	
	Establish communications with family members	
	Notify the media about casualty status	
	Establish a news briefing cycle as approved by Incident Manager	
	Contact a media / communications expert as required	
	Brief and prepare the Administrator or spokesperson speaking to the media	
	Prepare a list of possible questions anticipated from media, families etc.	
	Prepare a response for anticipated questions	
	Manage any media conferences	
	Attend IMS team meetings	





**Public Information Communications Plan**

Date: \_\_\_\_\_

<b>Date/Time Task Completed</b>	<b>Public Information Communication Manager Reviewed 9-Feb-22</b>	<b>Staff name</b>
	Time Public Information Officer designated	
	Incident	
	Public Information Officer	
	Incident Manager	
	Senior Director(s) on location	
	Administrator on location	
	Briefed by Incident Manager	
	Type of incident	
	Time incident started	
	Services on location or involved in responding to the incident	
	EMS: 9-1-1	
	Police: 9-1-1	
	Fire: 9-1-1	
	Public Health	
	Public Works	
	Transit	
	Other	
	Other	
	Any injuries or deaths	
	General actions being taken	
	Issues of contention identified	
	Briefing with Administrator or Delegate	
	Spokesperson identified	
	Interview or press briefing time scheduled for	
	Location for interview / briefing identified	
	Length of interview / briefing	
	Briefing notes	

**Key points to communicate:**

- The priority is the health and safety of our residents, volunteers and staff
- All available resources required are being deployed
- Working closely with emergency / allied agencies (identify key agencies)

---

---

- Working to ensure that the incident will not reoccur
- Other points:

---

---

Identify questions media may ask:

Q: \_\_\_\_\_

A: \_\_\_\_\_

Q: \_\_\_\_\_

A: \_\_\_\_\_

<b>Date/Time Task Completed</b>	<b>Public Information Communication Manager</b>	<b>Staff Name</b>
	Briefing / press release approved by Administrator / Supervisor on Call	
	Copies of press release printed for distribution to press	
	Record all interviews, briefings, or other discussions with the media	
	Notify the Administrator of any contentious issues that may be in the media	

## Liaison Check List

**Role:** Function as incident contact person for representatives from other agencies

**Name:** \_\_\_\_\_

Date/Time Task Completed	Duties of the Liaison Manager Reviewed 9-Feb-22	Staff Name
	Receive appointment and briefing from Incident Manager	
	Read this entire Job Action sheet	
	Establish a list of key contacts from other agencies Establish a list of key contacts from other agencies <ul style="list-style-type: none"> <li>• EMS</li> <li>• Fire</li> <li>• Municipal Emergency Operation Center (EOC):</li> <li>• Other agencies</li> </ul>	
	Code Green - obtain information on the number of clients that need to be transferred and the type of care required	
	Request assistance from other agencies	
	Respond to requests and issues from IMS team regarding organizational issues	
	Assist the Operations and Logistics Managers in soliciting additional staffing resources from other agencies (as required)	
	Appoint Liaison support staff as required	
	Attend IMS team meetings	



## Safety Check List

**Role:** Monitor and have authority over the safety of operations.

**Name:** \_\_\_\_\_

<b>Date/Time Task Completed</b>	<b>Duties of the Safety Manager Reviewed 9-Feb-22</b>	<b>Staff Name</b>
	Receive appointment and briefing from the Incident Manager	
	Read this entire Job Action Sheet	
	Put on a Safety Officer vest	
	Communicate with IMS team to determine safety / security concerns	
	Advise the Incident Manager and IMS team immediately of any unsafe, hazardous or security conditions	
	Appoint Assistant Safety Officers as required to assist in monitoring site safety	
	Provide direction to any person performing a task in a hazardous manner to ensure all workers are working in a safe manner	
	Attend IMS team meetings	



## Human Resources Check List

**Role:** Collect, inventory and assign staff and volunteers as needed. Provide for long term scheduling for extended events. Document scheduling and hours worked. Report to the Logistics Manager.

**Name:** \_\_\_\_\_

**Time (Note Below):**

Date/Time Task Completed	Duties of the Human Resources Manager Reviewed 9-Feb-22	Staff Name
	Collect and inventory available staff at a central point	
	Receive requests and assign available staff as required	
	Call back off duty staff and volunteers as required	
	Establish a pool of volunteers identifying skill levels	
	Credential all volunteers arriving	
	Brief the Logistics Manager frequently as to staff / volunteer availability	
	Ensure documentation of all staff arriving and leaving, time sheets etc.	
	Provide time sheet tabulations to Administration / Finance Manager	
	Establish staff rest area as required	
	Work out scheduling for long term events to maximize staff utilization	
	Monitor staff and volunteers for signs of stress / inappropriate behaviour	
	Provide for Employee Assistance Program as required	
	Provide for staff rest and relief	





## Security Check List

**Role:** Organize and establish scene / facility security. Report to Logistics Manager.

**Name:** \_\_\_\_\_

Date/Time Task Completed	Duties of the Security Manager Reviewed 9-Feb-22	Staff Name
	Appoint security personnel to monitor safety and security	
	Coordinate with contracted security service	
	Implement a lockdown of the facility except from emergency operations	
	Remove unauthorized persons from restricted areas	
	Ensure fire routes and ambulance loading areas are clear	
	Assist Information Officer with establishing a media area	
	Initiate contact with fire / police agencies through Liaison Officer	
	Provide vehicle and pedestrian traffic control	
	Ensure security of food, water, fuel, and other resources	
	Ensure all safety and security personnel document all actions and observations	
	Establish fire watch / patrol if fire alarm out of service	
	Ensure regular briefings with safety and security personnel	
	Provide regular briefings to Logistics Manager	



**Information Technology / Tele-communications Check List**

**Role:** Maintain computer, internet, fire alarm, paging, telephone and other communication systems. Reports to Logistics Manager.

**Name:** \_\_\_\_\_

<b>Date/Time Task Completed</b>	<b>Duties of the Information Technology Manager Reviewed 9-Feb-22</b>	<b>Staff Name</b>
	Assess status of telephone and computer systems	
	Assess status of fire alarm system	
	Notify Logistics Manager if the fire alarm system is out of service and a fire watch is required	
	Establish a system of runners to convey important messages	
	Coordinate efforts of IT, telephone and fire alarm service companies	
	Provide 2 way radios where required	
	Provide regular briefings to the Logistics Manager	



## Facilities Management Check List

**Role:** Maintain the integrity of the physical facility and provide adequate environmental controls.  
Reports to Logistics Manager

**Name:** \_\_\_\_\_

Date/Time Task Completed	Duties of the Facilities Manager Reviewed 9-Feb-22	Staff Name
	Coordinate facilities maintenance staff not involved in emergency operations	
	Conduct a damage / operational assessment <ul style="list-style-type: none"> <li>• Structural</li> <li>• Electrical</li> <li>• Generator</li> <li>• Water and sanitary waste management</li> <li>• Heating / Cooling</li> <li>• Natural Gas</li> <li>• Fuel supply</li> <li>• Elevators</li> <li>• Other</li> </ul>	
	Control observed hazards, leaks, and contamination or notify emergency services (9-1-1) as appropriate	
	Ensure Safety Officer is notified of any hazardous situations.	
	Coordinate with contracted facility maintenance contractors and utilities	
	Identify areas for immediate repair	
	Arrange for a structural engineer assess the facility if required	
	Photograph and document all damage	
	Identify areas for where immediate salvage could save critical services and equipment	
	Assign staff to repair efforts	
	Establish alternate sanitation systems (portable toilets, hand washing areas) if required	
	Provide regular briefings to the Logistics Manager	

## **Appendix G: Emergency Code Checklists**

## CODE RED – FIRE: INCIDENT MANAGER CHECK LIST

Reviewed 9-Feb-22

Initial Incident Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Task assigned to:	Incident Manager's Duties	Time	Delegated by (initials):
	Determine the source of the fire (alarm) or smoke		
	Confirm there is a fire		
	Ensure the fire alarm system has been activated		
	Put on the Yellow Safety Vest		
	Ensure evacuation of the fire area begins immediately, starting with the rooms closest to the fire location		
	Delegate a staff to announce: "Attention, attention, <b>Code Red</b> (location/department)" <b>x</b> <b>3</b> over the paging system (paging System instructions are on the same form as the Emergency Codes pinned on the wall behind the phone)		
	Delegate a staff to announce: "Attention, attention, <b>Code Red</b> (location/department)" <b>x</b> <b>3</b> over the 2-way radio's		
	West 1/East 1 staff lock out the elevators		
	Delegate a staff to get the 2-way radio from West 1 or East		
	If West 1 has not informed the Incident Manager that 911 has been called, delegate a staff to call the Fire Department (9-1-1)		
	Delegate a staff to meet the firefighters at the front door and escort them to the area of the fire. Ensure the front door is unlocked.		

Note: Press the local "ACK" button on the affected unit fire panel to acknowledge the fire bell to prevent automatic 2<sup>nd</sup> stage fire bell





## CODE RED – FIRE: INCIDENT MANAGER CHECK LIST

Initial Incident Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Task assigned to:	Incident Manager's Duties	Time	Delegated by (initials):
	<p>Delegate staff (as available) to go to the following areas to pick up the assignment sheets with their action sheets which need to be signed off and returned to the Incident Commander:</p> <ol style="list-style-type: none"> <li>1. East 1, 2, 3</li> <li>2. West 1, West 2, Special Care, Resident Services Adult Day Program and the Hairdresser</li> <li>3. Auditorium, Dining Room and Physio area</li> </ol> <p style="text-align: center;"><b>Check off the action sheets as they are returned</b></p>		
	<p>Delegate staff (as available) to monitor exit doors and account for all residents and visitors in the following areas. Action sheets need to be signed and returned to the Incident Commander once completed.</p> <ul style="list-style-type: none"> <li>• Stairwell A (by the East elevator)</li> <li>• Stairwell B ( between East and West)</li> <li>• Stairwell C ( by the Palliative room)</li> <li>• Stairwell D (by the West elevator)</li> <li>• Receiving (between the kitchen and laundry area)</li> <li>• Physio doors</li> <li>• Front doors</li> <li>• Special Care (stand in West corridor observing both mag-lock hallway exits)</li> </ul> <p style="text-align: center;"><b>Check off the action sheets as they are returned</b></p>		
	Provide assistance to the fire department as requested		
	Registered Staff/Supervisors can do a Staff Stat blast message to notify staff if there is an indication of a true Emergency to their phones.		
	Ensure that the Administrator, Supervisor on-call and the Facility Services Supervisor are aware of the emergency		



## CODE RED – FIRE: INCIDENT MANAGER CHECK LIST

Initial Incident Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Task assigned to:	Incident Manager's Duties	Time	Delegated by (initials):
	<p style="background-color: #00ff00; display: inline-block; padding: 2px;"><b>Refer to Code Green Checklist</b></p> <p><b>* Notify the Fire department of any missing/unaccounted for residents *</b></p>		
	<b>After the incident has concluded:</b>		
	Delegate a staff to announce: "Attention, attention, Code Red all clear" <b>x 3</b> over the paging system <b>and</b> over the 2 way radio's (paging system instructions are on the same form as the Emergency Codes pinned on the wall behind the phone)		
	Reset the fire alarm system(s), mag lock system, ventilation system, and unlock the elevators		
	Ensure that the Maintenance Supervisor (or designate) is advised of any fire equipment that was used		
	Complete the appropriate incident reports and forward to the Administrative Assistant for scanning		
	Document staff in attendance and forward to the Administrative Assistant for scanning		



**CODE GREEN - INCIDENT MANAGER CHECKLIST**  
**reviewed 9-Feb-22**

Initial Incident Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Code Green-Is a Horizontal, vertical, partial or total evacuation

<b>Task assigned to:</b>	<b>Incident Manager's Duties</b>	<b>Time</b>	<b>Delegated by (initial):</b>
	Determine the type of Emergency		
	Determine the need for a Code Green (persons in danger)		
	Determine the extent of a Code Green (horizontal, vertical, partial or total evacuation)		
	Activate Stage 1 Fire Alarm		
	Activate Stage 2 Fire Alarm for a total evacuation		
	Delegate a staff member to announce Attention Attention "Code Green (location)" x3 on the paging system and over the 2 way radio's (Paging System Instructions are located behind all phones		
	Call 9-1-1 stating the type and location of the Emergency		
	Registered Staff/Supervisors can do a Staff Stat blast message to notify staff if there is an Emergency to their phones.		
	Emergency Response Team will determine where the transfer facilities will be		
	The two outside muster points for safe Resident pickup sites-Parking lot and receiving area		
	Delegate Registered Staff to each muster points to supervise and be responsible for liaison with the Incident Manager		
	Direct the activities of all Golden Manor personnel		
	Maintain a record of evacuees (attached Evacuation Log) i.e. Resident assignment Sheet		
	Notify the Fire Department (9-1-1) or appropriate agency of persons not accounted for and their last known location		
	Ensure all residents are identified with name badges		
	Coordinate the transportation of residents		
	Be responsible for listing the residents' destinations		

## CODE GREEN - INCIDENT MANAGER CHECKLIST

Initial Incident Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Task assigned to:	Incident Manager's Duties	Time	Delegated by (initial):
	Bring Visitor and volunteer logs to the command post, and access staff schedule to assist with accounting for all staff visitors and volunteers		
	Provide for the continuing care of the residents		
	Access Senior Incident Manager Protocol		
	Notify the MOLTC		

**CODE BLACK – Bomb Threat INCIDENT MANAGER CHECKLIST**  
**9-Feb-22**

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Duties of the Code Black Manager	Staff Name
	Time original threat received	
	Original Threat reported to Charge Nurse by:	
	The Charge Nurse becomes the Incident Manager until relieved by a more senior staff member	
	The Incident Manager advises all staff and visitors “Code Black – Please turn off all cell phones and wireless phones.” (repeat three times)	
	Police notified via 9-1-1, by person who received the threat	
	Command post established	
	If the threat identified a specific location or a suspicious object is located commence an evacuation of the floor - staff assigned to search all other areas to ensure there is not a secondary device	
	If the threat is non-specific, staff assigned to search the entire Home	
	Police arrived at Golden Manor	
	Police assess the situation and provide direction	
	*MOHLTC notified	
	Administrator will determine if the senior IMS team needs to be organized	
	Staff assigned to search the <b>Golden Manor basement</b>	
	Staff assigned to search the <b>Golden Manor Ground Level East 1</b>	
	Staff assigned to search the <b>Golden Manor Ground Level West 1</b>	
	Staff assigned to search the <b>Golden Manor Ground Level Special Care</b>	
	Staff assigned to search the <b>Golden Manor Second Floor East 2</b>	
	Staff assigned to search the <b>Golden Manor Second Floor West 2</b>	



## CODE BLACK – Bomb Threat INCIDENT MANAGER CHECKLIST

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Duties of the Code Black Manager	Staff Name
	Staff assigned to search the <b><i>Golden Manor Third Floor East 3</i></b>	
	Staff assigned to search the <b><i>Golden Manor roof</i></b>	
	Staff assigned to search <b><i>grounds &amp; parking</i></b>	
	<b><u>Suspicious Package Located</u></b>	
	Suspicious package located. Location:	
	By whom:	
	Police notified of suspicious package. Officer:	
	Police advise what areas need to be evacuated	
	Searchers updated (continue searching other areas)	
	Administrator or Supervisor On Call notified	
	MOHLTC notified by Administrator or Supervisor on Call	
	<b><u>After All Clear Given</u></b>	
	Initial debriefing completed at Central Command (Boardroom) or after hours Command Centre will be in the Front Office.	
	MOHLTC Incident Report completed	

**Notes:**

---



---



---



---



---



---

**CODE GREY – AIR EXCLUSION INCIDENT MANAGER’S CHECKLIST**  
**Reviewed 9-Feb-22**

Date: \_\_\_\_\_

Incident Manager: \_\_\_\_\_

<b>Time Task Completed</b>	<b>Duties of the Code Grey Incident Manager Reviewed 9-Feb-22</b>	<b>Staff Name</b>
	Notification received from	
	Agency	
	Contact Information	
	Known information	
	Delegate a staff to announce Attention Attention Code Grey 3 x	
	Notify all staff of the Code Grey “Code Grey – please close all open windows and exterior doors”	
	Notify the Supervisor on Call	
	Delegate Maintenance to Shut down the Ventilation systems	
	Assign staff to each entrance to restrict the exit of residents, staff and visitors from the facility to reduce harmful effects from outside air. Ensure that each door closes completely before opening the next door in the vestibules. (Although you cannot legally prevent a person from exiting the building, you can explain the potential hazards of the outdoor air quality.)	
	Monitor residents, staff and visitors for abnormal breathing difficulties	
	Establish contact with the local emergency services (Fire / Police) as appropriate to gather information on the extent of the hazard and provide an update on the status of the facility	



## CODE YELLOW - MISSING / LOST RESIDENT RESPONSE INCIDENT MANAGER CHECKLIST (Reviewed 9-Feb-22)

Date: \_\_\_\_\_ Resident Name: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Missing resident reported to Registered Staff: \_\_\_\_\_

Missing resident reported by: \_\_\_\_\_

Time noticed missing by the staff member: \_\_\_\_\_

Registered Staff becomes the Incident Manager until relieved by the Supervisor on Call

Time Task Completed	Incident Manager's Tasks (Wears the Yellow Safety Vest)	Staff Initial	Task Assigned to
	Search of wing initiated- Appendix G for that unit Checklist is in the Emergency Checklist Binder (Any Staff can initiate the search of the wing)		
	Delegate a staff to check resident sign in/out on the white board for resident's whereabouts		
	Delegate a staff to Announce: <i>"Attention please, would (resident/client's name) please return to (wing/program area) immediately." 3 X Repeat after 1 min.</i> <b>Ensure all radios in the building are turned on.</b>		
	Delegate a staff member to contact visitors who may have been visiting the resident today		
	West 1 and East 1 staff will lock out the elevators. (Keys are only in the Red Pouches on West 1 and East 1)		
	Delegate a staff member to check the front lobby, smoking areas and the both courtyards		
	Proceed to the Command Center (Board Room) for Code Yellow after hours Command Centre will be in the Front Office.		
	10 minutes after Registered Staff notified (total of 15 minutes since resident went missing) regardless of the completeness of the current search for the Resident <ul style="list-style-type: none"> <li>• Delegate a staff to Announce, "Code Yellow Code Yellow" (Residents/Clients' name and the unit) 3 X <b>Repeat after 1 min.</b></li> <li>• Call P.O.A. of missing Resident/Client</li> <li>• P.O.A.'s name: _____</li> <li>• Incident Manager to call 9-1-1 (Police complete the missing person's report)</li> <li>• Delegate a staff to call the Supervisor on Call who will provide direction with the Staff Emergency Call List</li> </ul>		

## CODE YELLOW - MISSING / LOST RESIDENT RESPONSE INCIDENT MANAGER CHECKLIST

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed		Staff Initial	Task Assigned to
	<ul style="list-style-type: none"> <li>• Supervisor on Call will check the surveillance camera in the Maintenance Supervisor's Office</li> <li>• Delegate a staff to print off a picture of the missing Resident/Client (Pictures can be found on GM Share/Resident Services File/Resident Pictures....then Search Resident)</li> </ul>		
	Initiate a full building search with clipboards (floor plan + key located in Board Room cabinet). Refer to Appendix G In the Emergency Checklist Binder		
	Time the Police arrived at facility		
	Supervisor on Call : <ul style="list-style-type: none"> <li>• Calls the Ministry of Health and Long Term Care after hours pager (1-800-268-6060) and obtain Reference # if applicable</li> <li>• Complete online Critical Incident Report as per MOHLTC Critical Incident Reporting guidelines/algorithm for missing resident</li> </ul>		

## CODE YELLOW - MISSING / LOST RESIDENT RESPONSE INCIDENT MANAGER CHECKLIST

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Zones	Staff Completing the Search	Staff initial who completed the search
	<b>Initial Search of the Facility</b> (Use Missing Person Search Zone Checklist in Emergency Checklist Binder)		
	<i>Basement - West</i>		
	<i>Basement - East</i>		
	<i>East 1</i>		
	<i>West 1</i>		
	<i>Special Care</i>		
	<i>East 2</i>		
	<i>West 2</i>		
	<i>East 3</i>		
	<i>Front Lobby/Laundry/Kitchen</i>		
	<i>Resident Services</i>		

Notes:

---



---

## CODE YELLOW - MISSING / LOST RESIDENT RESPONSE INCIDENT MANAGER CHECKLIST

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Zones Assign different staff to search each area.	Staff Completing the Search	Staff initial who completed the search
	<b><u>Second Search of the Facility</u></b> (Use Missing Person Search Zone Checklist in Emergency Checklist Binder)		
	<i>Basement - West</i>		
	<i>Basement – East</i>		
	<i>East 1</i>		
	<i>West 1</i>		
	<i>Special Care</i>		
	<i>East 2</i>		
	<i>West 2</i>		
	<i>East 3</i>		
	<i>Front Lobby/Laundry/Kitchen</i>		
	<b>Resident Services</b>		

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## CODE YELLOW - MISSING / LOST RESIDENT RESPONSE INCIDENT MANAGER CHECKLIST

Date: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

### **Resident Located**

Where: \_\_\_\_\_ Time: \_\_\_\_\_

By whom: \_\_\_\_\_

Resident condition: \_\_\_\_\_

Medical Assistance required yes  No

Time Task Completed		Staff Initial
	Delegate a staff to call the P.O.A.	
	Delegate a staff to Notify the Police (9-1-1)	
	Delegate a staff to Announce, or have announced All Clear <i>"Code Yellow Canceled" 3X</i>	
	Delegate a staff to call the Supervisor on Call who will notify the Administrator	
	Ministry of Health and Long Term Care notified*	
	Initial Debriefing (Within 1 business day)*	
	Ministry of Health and Long Term Care Incident Report complete if applicable*	
	West 1 and East 1 staff to put the Elevators back in Service	

Comments: \_\_\_\_\_

---

\* Asterisk notes calls made by the Administrator or Supervisor on Call

Please refer to Appendix G for Search Zones





**CODE WHITE – VIOLENCE SITUATION INCIDENT MANAGER CHECKLIST**  
**reviewed 9-Feb-22**

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Announce Code White 3 times and specify location <ul style="list-style-type: none"> <li>• Attention Attention “Code White (location)”</li> <li>• Attention Attention “Code White (location)”</li> <li>• Attention Attention “Code White (location)”</li> </ul>
	Call Police (9-1-1)
	Direct staff to remove all persons from the area of the threat
	Identify (if possible) the identity of the person(s) involved
	Determine if any weapons are involved
	<b>Only as a last resort to stop an ongoing attack (and no weapons are involved), assemble a team to restrain the threat – 5 to 6 people to simultaneously intervene)</b>
	Confirm that a staff member is meeting the police at the main entrance with directions and alternate access to the situation
	Ensure first aid is provided (when safe to do so) and EMS is called for any injuries.
	After the incident: Announce Code White All Clear 3 times <ul style="list-style-type: none"> <li>• Attention Attention “Code White all clear”</li> <li>• Attention Attention “Code White all clear”</li> <li>• Attention Attention “Code White all clear”</li> </ul>
	Ensure Supervisor on-call (after hours) is notified of incident
	Contact any POAs of residents who may have been involved/affected by the incident
	Ensure WSIB reports are completed for any injured staff
	Ensure all staff involved in the incident (including those involved in evacuating the area) complete an Incident Report on their observations and actions – prior to leaving
	Complete the incident report and forward it to the Administrator or DOC.



## CODE BROWN – EMERGENCY INCIDENT MANAGER CHECKLIST

Reviewed 9-Feb-22

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

**Time** (Note Below):

\_\_\_\_\_ Time spill discovered

Person discovering the spill: \_\_\_\_\_

Location of the spill: \_\_\_\_\_

Substance spilled (if known): \_\_\_\_\_

\_\_\_\_\_ Charge Nurse or area Supervisor notified will assume the role of Incident Manager until relieved of the role by the Maintenance Supervisor or Supervisor on Call

Time Task Completed	Code Brown –Incident Manager
	Cordon off the area and establish a safety perimeter
	Determine if an evacuation is required: YES NO (circle)
	Page Code Green (location) x3 if emergency evacuation of area required
	Notify the Supervisor on Call if evacuation is required or injuries occurred. (Supervisor on Call will notify the Administrator and Maintenance Supervisor)
	Incident Manager will notify all staff of the “Code Brown” identifying the location (floor/area)
	<b>If the spill is of a flammable material or there are any injuries/illness from the spilled material:</b>
	Call 9-1-1
	Clear the area of all persons
	Ensure there are no sources of ignition
	Ventilate the area by opening windows (if safe to do so)

## CODE BROWN – EMERGENCY INCIDENT MANAGER CHECKLIST

Date: \_\_\_\_\_

Incident Manager: \_\_\_\_\_

Time Task Completed	Code Brown –Incident Manager
	Attend to any people who may be contaminated. Contaminated clothing must be removed immediately and the skin flushed with water for no less than fifteen minutes. Contaminated clothing left to determine disposal or cleaning methods
	Fire Department arrival (if 9-1-1 called)
	EMS arrival (if 9-1-1 called)
	Police arrival (if 9-1-1 called)
	<b>Maintenance Staff Response</b>
	Maintenance Staff arrive at the location to assess the situation Name: Name:
	Certified worker rep of the GM Health & Safety Committee and the CoT H&S rep Name: Name:
	Additional team members: Name: Name:
	Name and quantity of the substance spilled determined:
	Material Safety Data Sheet(s) obtained
	Appropriate Personal Protective Equipment (PPE) for the spill available and utilized
	Floor drains and other means of environmental release protected
	Public Works notified if spill reaches floor drains or has other environmental release
	Maintenance staff initiate clean up (if it is within their capability) (To clean up the spill the yellow container is located in the Stand by Generator room-B27 in the Maintenance Shop)
	Contaminated material cleaned up properly, contained and labeled
	External assistance requested of commercial spill response team (if required)
	Name and contact information of external support requested: Contact name: Contact Person: Telephone: Other Contact info:
	Supervisor on Call initiates the senior IMS Team if external assistance is required
	MOLTC notified immediately of any evacuation

## CODE BROWN – EMERGENCY INCIDENT MANAGER CHECKLIST

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Code Brown Incident Manager
	Ministry of Labour notified of any critical injuries to staff
	Proper disposal of waste material
	Method of disposal:
	Name of Disposal Company:
	Contact information:
	Date/Time of removal:
	Surface of spill area decontaminated
	Method of decontamination:
	“All clear” given
	Incident Report completed



**CODE 99: NURSE ALERT – Medical Emergency Incident Manager Check List  
(Reviewed 9-Feb-22)**

Date: \_\_\_\_\_

Incident Manager: \_\_\_\_\_

Time Task Completed	CODE 99: NURSE ALERT Incident Manager
	Charge Nurse notified of medical emergency
	Patient originally observed / discovered by:
	"CODE 99: NURSE ALERT (location)" Paged <b>x3</b>
	Arrival times and names of the responding nursing staff
	The first arriving nurse will become the Incident Manager
	Assign a staff member to document the assessment and intervention.
	A nurse after donning on the proper PPE, will assess the patient and determine what interventions are required.
	Summary of Assessment:
	Summary of Interventions:
	EMS required? (Yes/No)
	9-1-1 called by whom:
	Person assigned to meet EMS:
	Advise any staff or volunteers not required to return to their normal duties.



	Notify the Administrator or Supervisor on Call if the emergency is a critical incident involving a staff member, volunteer or visitor.
<b>Time Task Completed</b>	<b>DEBRIEF</b>
	<p>Critically injured - means an injury of a serious nature that:</p> <ul style="list-style-type: none"> <li>(a) places life in jeopardy;</li> <li>(b) produces unconsciousness;</li> <li>(c) results in substantial loss of blood;</li> <li>(d) involves the fracture of a leg or arm but not a finger or toe;</li> <li>(e) involves the amputation of a leg, arm, hand or foot but not a finger or toe;</li> <li>(f) consists of burns to a major portion of the body; or</li> <li>(g) causes the loss of sight in an eye.</li> </ul> <p>As defined by Regulation 834 of the <i>Occupational Health &amp; Safety Act</i></p>
	Administrator or Supervisor-on-Call notifies the Health & Safety Committee of critical injuries to any staff, contracted staff or volunteer.
	Administrator or Supervisor-on-Call notifies the Ministry of Labour of critical injuries to any staff member, contracted staff, volunteer or student.
	Next of Kin notified as appropriate
	Assessment and interventions summarized on Incident Report.
	Incident Report submitted to MOHLTC where appropriate.
	First Aid Kit restocked.

**Code Orange – EXTERNAL EMERGENCY Incident Managers CheckLIST Sheet  
Reviewed 9-Feb-22**

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Code Orange- Incident Manager
	Call Received
	Caller's Name:
	Organization:
	Contact phone:
	Cell phone:
	Contact email:
	Estimated number of incoming patients:
	Demographics of incoming patients:
	Circumstances of relocation:
	Where patients are arriving from:
	Estimated time of arrival:
	Charge Nurse Notifies the Administrator or Supervisor on Call
	First IMS Meeting – 20 minutes after Code Orange paged
	ETA less than 3 hours (180 minutes) – immediately notify all staff Code Orange
	Staff notified of Code Orange
	ETA greater than 3 hours (180 minutes): call together the Senior IMS team
	Staff Call Back initiated (Staff Stat)

## Code Orange – EXTERNAL EMERGENCY Incident Managers Checklist Sheet

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Code Orange- Incident Manager
	Function assignments (if required): Operations                      Name: _____ Logistics                            Name: _____ Planning                             Name: _____ Administration/Finance        Name: _____ Safety                                Name: _____ Liaison                               Name: _____ Communications                 Name: _____
	<b>Tasks to be addressed by the IMS Team</b>
	Call the original caller to reconfirm the data on incoming patients Information:
	Evaluate the capability of Golden Manor to assist in the incident
	Communicate with the originating organization to advise how many patients can be accepted and the restrictions on their presenting conditions based on the resources available
	Security assigned to reception entrance Name(s):
	Access controlled – lock all exterior entrances
	Receiving area for patient assessment determined Location:
	RN(s) assigned to patient triage/assessment area Name(s):
	Dietitian (if available) assigned to patient triage/assessment area Name(s):
	Social Worker (if available) assigned to patient triage/assessment area Name(s):

## Code Orange – EXTERNAL EMERGENCY Incident Managers Checklist Sheet

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Time Task Completed	Code Orange- Incident Manager
	Support staff assigned to patient triage/assessment area to maintain documentation Name(s):
	ID Tags for incoming patients
	Location to house patients determined
	Location(s): Auditorium or Intrim Room
	Notify Medical Director
	Staff assigned to patient housing areas Nursing Staff Name(s):
	Social Work/Activation staff Name(s):
	Housekeeping staff Name(s):
	Dietary staff Name(s):
	Laundry staff Name(s):
	Administration support (documentation) Name(s):
	Meal plan determined
	Overnight accommodations/facilities plan determined Cots/Mattresses required Blankets required

## Code Orange – EXTERNAL EMERGENCY Incident Managers Checklist Sheet

Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

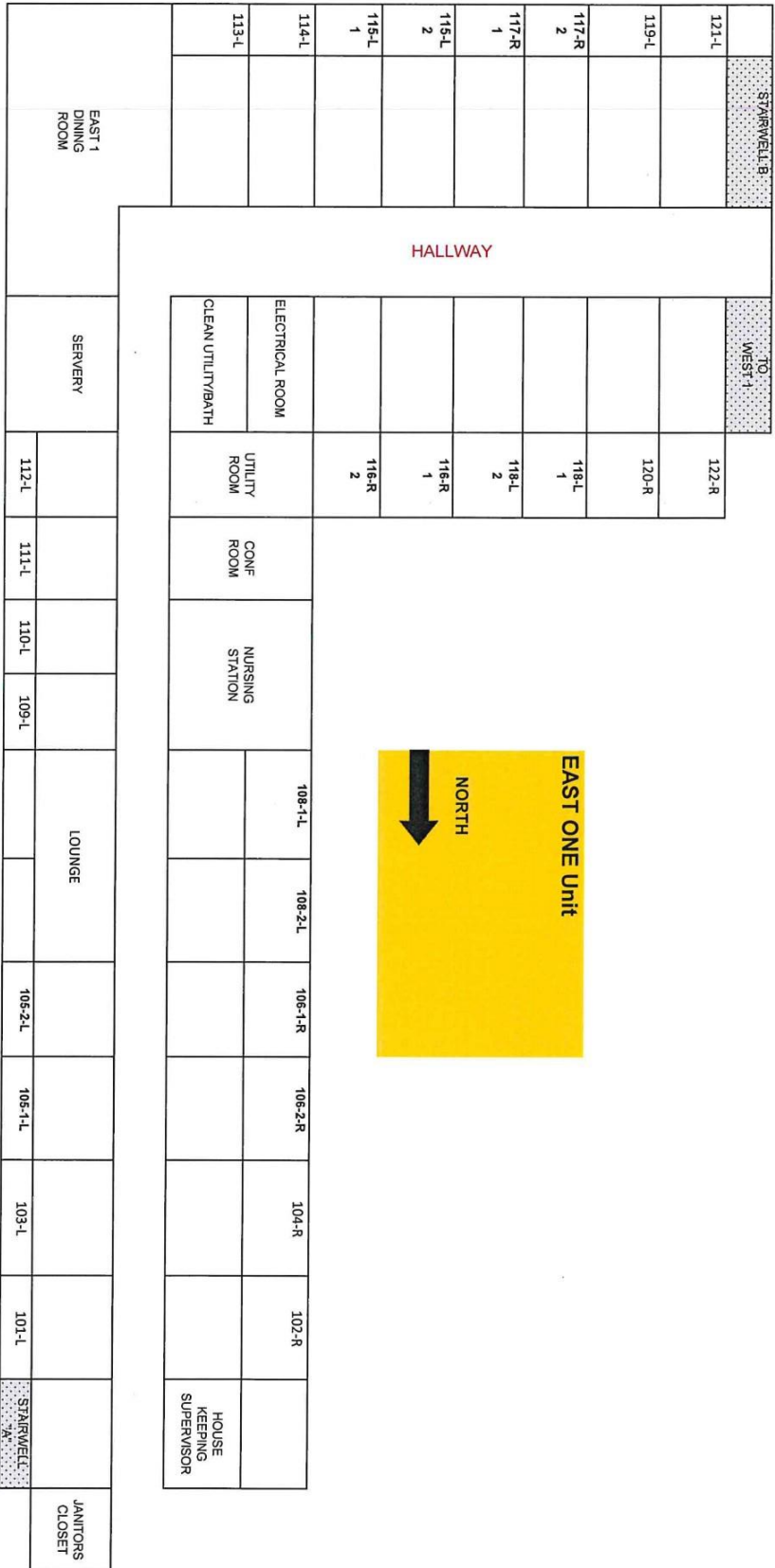
Time Task Completed	Code Orange- Incident Manager
	Assistance requested from:
	MOLTC (Ministry of Long Term Care) as per Critical Incident Reporting reference #
	Ontario Health North
	Emergency Response Table
	Public Health
	Red Cross
	Local Grocery Suppliers:
	Local Bedding / Linen Suppliers:
	Other:



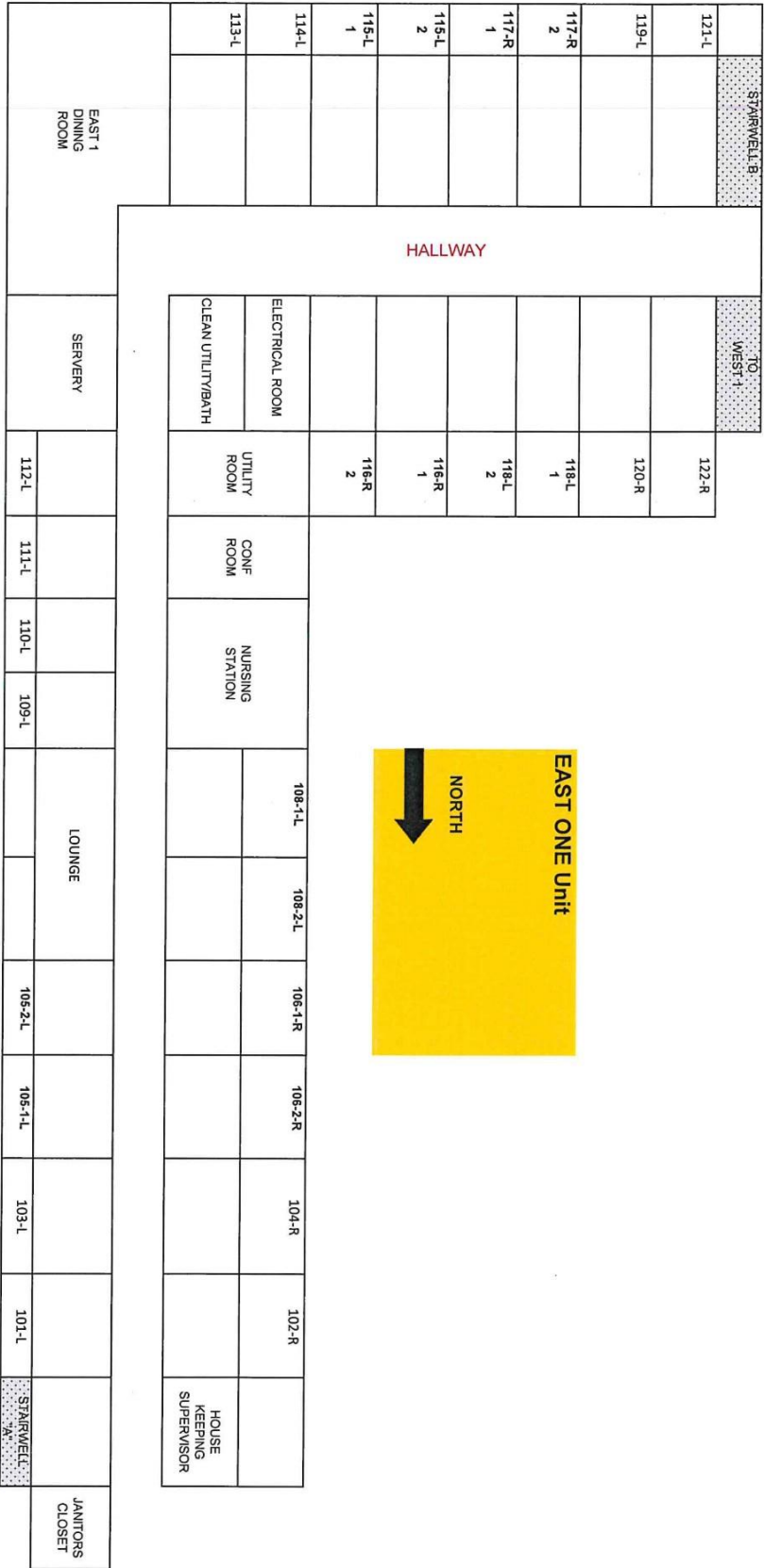
## **Appendix H: Floor Plans**



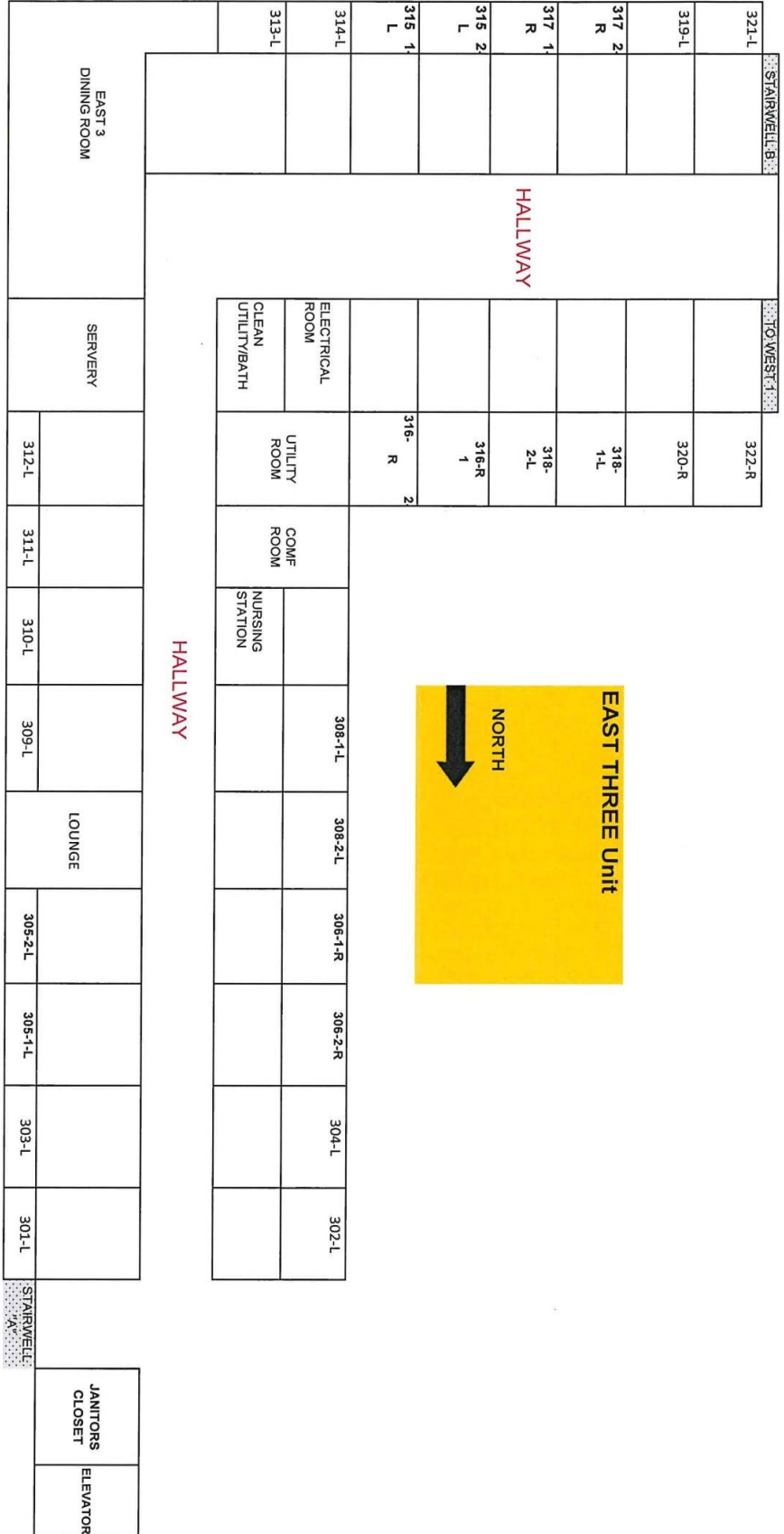




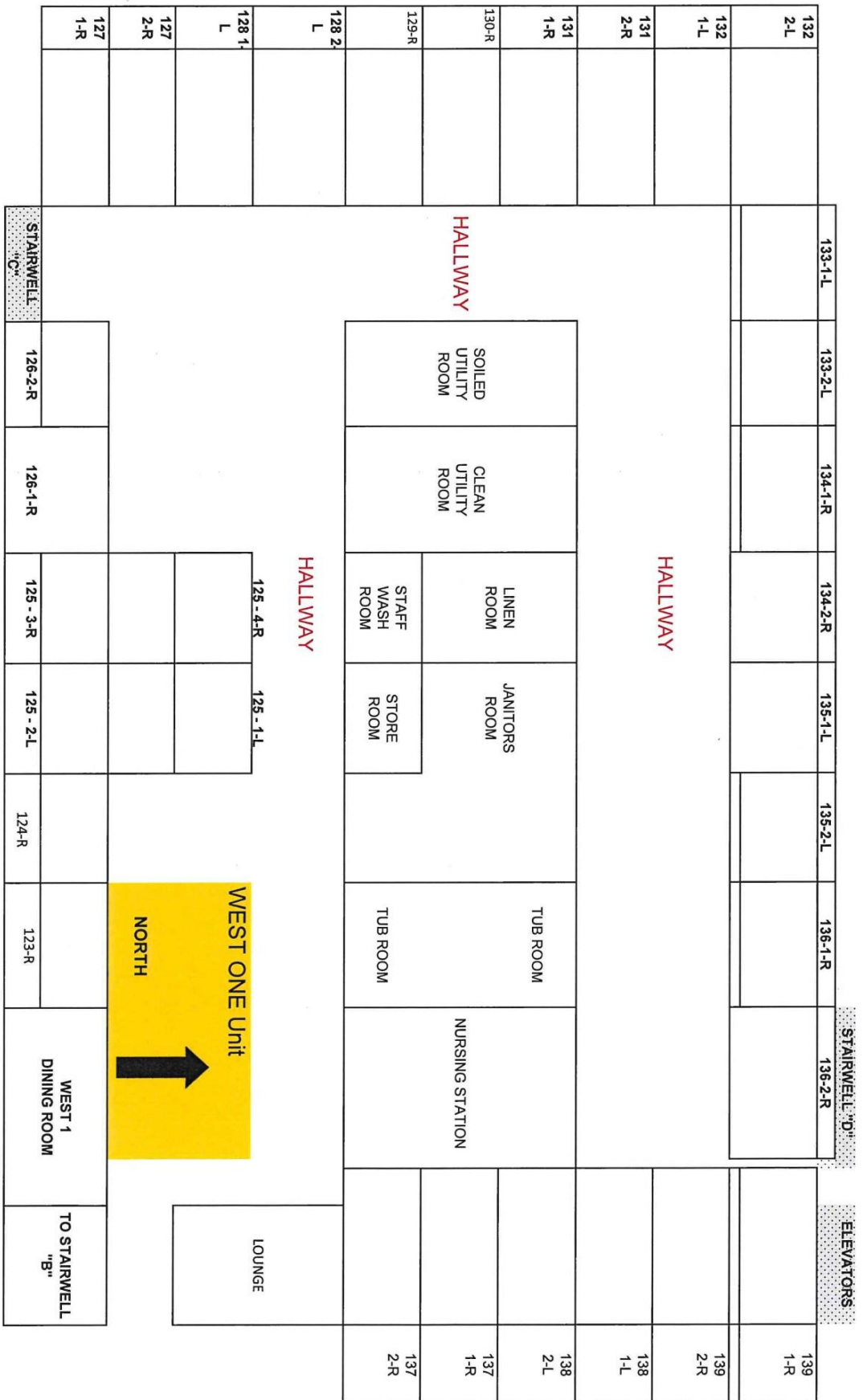






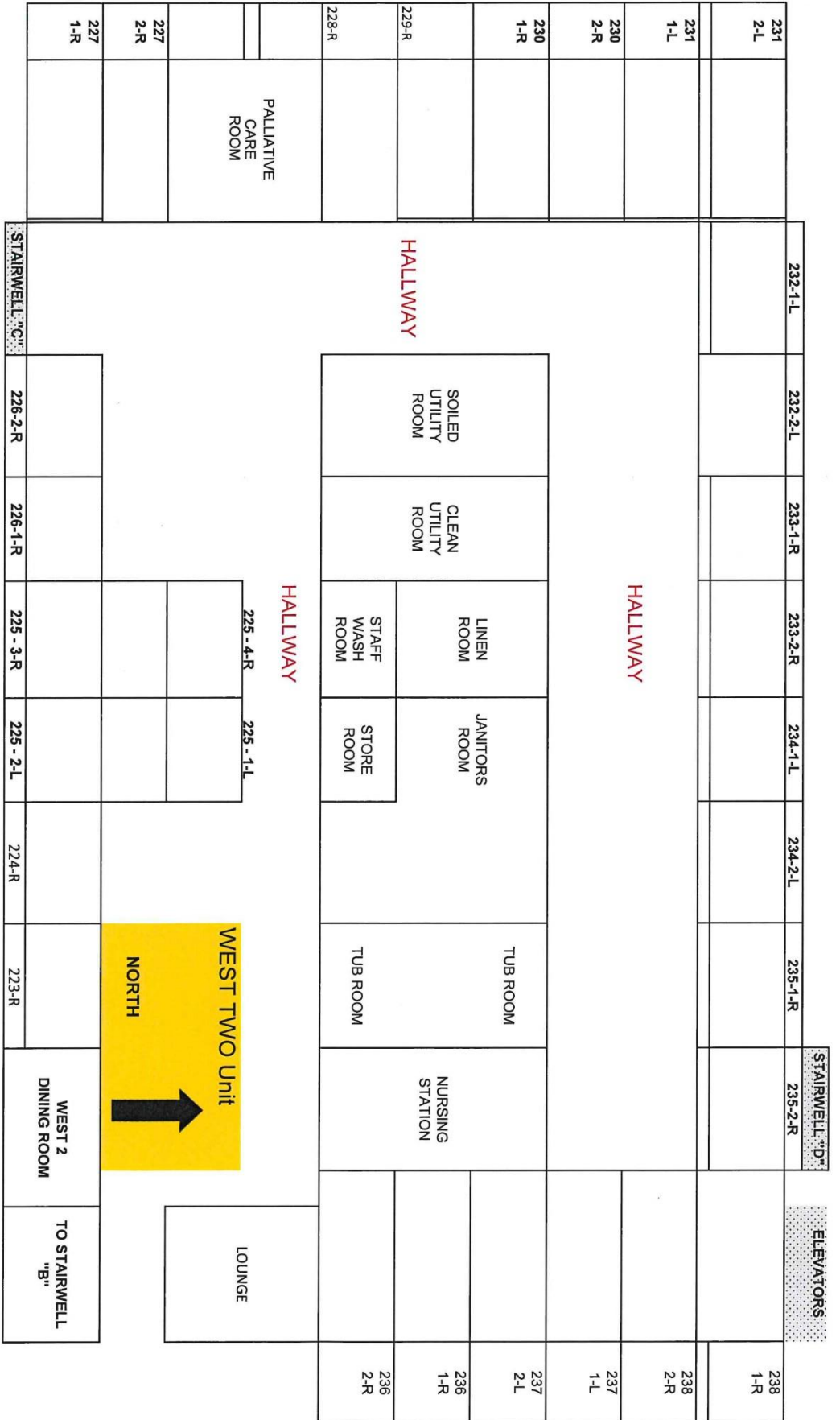


















## **Appendix I: Action Sheets**





## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Pick up the Completed Attendance sheet on <b>East 1</b>
	Pick up the Completed Attendance sheet on <b>East 2</b>
	Pick up the Completed Attendance sheet on <b>East 3</b>
	Return the action sheet to the Incident Commander

Revised: \_\_\_\_\_

**Note:**

- If the Attendance sheet is not ready proceed to the next floor and go back.
- The Attendance sheet will indicate which Residents are on the unit and their whereabouts if not on the unit. Please indicate if there are any other visitors on the unit.







## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Pick up the Completed Attendance sheet on <b>West 1</b>
	Pick up the Completed Attendance sheet on <b>West 2</b>
	Pick up the Completed Attendance sheet on <b>Special Care</b>
	Pick up the Assignment sheet in the <b>Resident Services Room</b> (next to the chapel)
	Pick up the Assignment sheet in the <b>Adult Day Program</b>
	Pick up the Assignment sheet in the <b>Hairdresser</b>
	Return the action sheet to the Incident Commander

Revised: \_\_\_\_\_

**Note:**

- If the assignment sheet is not ready proceed to the next floor and go back.
- The Attendance sheet will indicate which Residents are on the unit and their whereabouts if not on the unit. Please indicate if there are any other visitors on the unit.





## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Pick up the Attendance Sheet from the <b>Auditorium</b>
	Pick up the Attendance Sheet from the <b>Main Dining Room</b>
	Pick up the Attendance Sheet from the <b>Physio Area</b> (next to the Main Dining Room)
	Return the action sheet to the Incident Commander

Revised: \_\_\_\_\_

**Note:**

- If the assignment sheet is not ready proceed to the next floor and go back.
- The Attendance sheet will indicate which Residents are on the unit and their whereabouts if not on the unit. Please indicate if there are any other visitors on the unit.





## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Monitor Exit Doors: <ul style="list-style-type: none"> <li>• <b>Stairwell A</b> (by the East elevator)</li> </ul>
	Return the action sheet to the Incident Commander

Note:

- Please stand in the stairwell on the second floor and listen for anyone entering the stairwell from above or below you. When the fire bells are activated all the Mag doors will release, so any Resident can get into a Stairwell without supervision.
- When the drill is over the fire bells will stop ringing. Please ensure the Stairwell Doors have been reset before returning back to work. The keypad for the stairwell doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.





## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Monitor Exit Doors: <ul style="list-style-type: none"><li>• <b>Stairwell C</b>(Next to the Palliative Room)</li></ul>
	Return the action sheet to the Incident Commander

Note:

- Please stand in the stairwell on the first floor and listen for anyone entering the stairwell from above or below you. When the fire bells are activated all the Mag doors will release, so any Resident can get into a Stairwell without supervision.
- When the drill is over the fire bells will stop ringing. Please ensure the Stairwell Doors have been reset before returning back to work. The keypad for the stairwell doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.







## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Monitor Exit Doors: <ul style="list-style-type: none"> <li>• <b>Stairwell D</b>(by the West Elevator)</li> </ul>
	Return the action sheet to the Incident Commander

Note:

- Please stand in the stairwell on the first floor and listen for anyone entering the stairwell from above or below you. When the fire bells are activated all the Mag doors will release, so any Resident can get into a Stairwell without supervision.
- When the drill is over the fire bells will stop ringing. Please ensure the Stairwell Doors have been reset before returning back to work. The keypad for the stairwell doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.





## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Monitor Exit Doors: <ul style="list-style-type: none"> <li>• <b>Receiving</b>(Between the kitchen and the laundry area)</li> </ul>
	Return the action sheet to the Incident Commander

Note:

- Please prevent Visitors/Resident from entering or leaving the building.
- When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.





## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Monitor Exit Doors: <ul style="list-style-type: none"> <li>• <b>Physio doors</b> (Next to the Main Dining Room)</li> </ul>
	Return the action sheet to the Incident Commander

Note:

- Please prevent Visitors/Resident from entering or leaving the building.
- When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.





## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Monitor Exit Doors: <ul style="list-style-type: none"> <li>• <b>Front Doors</b> (Main lobby)</li> </ul>
	Return the action sheet to the Incident Commander

Note:

- Please prevent Visitors/Resident from entering or leaving the building.
- When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.







## Emergency Action Sheets



Date: \_\_\_\_\_ Incident Manager: \_\_\_\_\_

Reporting Staff Member: \_\_\_\_\_

Time Task Completed	
	Monitor Exit Doors: <ul style="list-style-type: none"> <li>• <b>Special Care</b> (stand in the west Corridor observing both mag-lock hallway exits)</li> </ul>
	Return the action sheet to the Incident Commander

Note:

- Please monitor both doors from the hall way in front of the intrim room.
- When the drill is over the fire bells will stop ringing. Please ensure the Doors have been reset before returning back to work. The keypad for the doors will have a red light indicating the door is locked. We want to ensure the safety of our Residents at all times.



## **Appendix J: Emergency Phone Numbers**

## Golden Manor and City of Timmins

<b>Golden Manor</b> <b>481 Melrose Blvd.</b> <b>Timmins</b> <b>P4N 5H3</b>		
<b>Name</b>	<b>Phone Number</b>	<b>Comments</b>
Charge Nurse-24 hours a day	705 360-2644 extension 4601	Charge Nurse is Incident Commander and will contact a Supervisor on Call

<b>Golden Manor Supervisors</b>				
Position	Contact	Cell Phone No.	Business Phone No.	Comments
Administrator				
Director Of Care				
Assistant director of Care				
Infection Control coordinator				
Quality Risk, and Resident Experience Coordinator				
Dietician				
Nutrition Coordinator				
Facility Services Supervisor				
Maintenance Lead				
Resident Services Supervisor				
<b>City of Timmins</b>				
Water and Sewer				
Public works roads				
Information Technology				
Transportation <ul style="list-style-type: none"> <li>• Dispatch</li> </ul>				

<ul style="list-style-type: none"> <li>• Operations Supervisor</li> <li>• Manager of Transit Operations</li> </ul>	
Building Maintenance Supervisor On Call	

### **Providers for Repairs**

The supervisor on call should always verify a situation in person at the Golden Manor to ensure that a problem requires an emergency/immediate response.

In some situations a repair can wait until the next business day to avoid costly after hour charges.

The resident’s safety, security and comfort must always be considered foremost.

#### **ELEVATORS**

Two (2) - East Wing

Two (2) – West Wing

Identify which elevator has the problem as all work independently.

<b>Provider</b>	<b>Contact</b>	<b>Cell Phone No.</b>	<b>Business Phone No.</b>	<b>Comments</b>
Thyssen Krupp				

#### **FIRE ALARM SYSTEM**

System repairs, faults, trouble notification, smoke (Heat detector replacement)

<b>Provider</b>	<b>Contact</b>	<b>Cell Phone No.</b>	<b>Business Phone No.</b>	<b>Comments</b>
Cain Safety				

#### **FIRE ALARMS MONITORING**

Northern Communications (Sudbury) monitors the status of fire alarm system. You will need to notify them if our system is not functioning or requires repairs.

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Northern Communications				

NOTE: Northern Communications also monitors the phones in the elevators. If someone calls for help Northern Communications notifies administration Monday to Friday 8:00 a.m. to 4:30 p.m. on West 1 after hours, weekends, etc.

**BUILDING HEATING, COOLING AND VENTILATION ISSUES**

There are separate heating and cooling units for East Wing, West Wing, Special Care, Main Dining Room, Auditorium, Main Office, Kitchen and Laundry.

- Identify which area has the issue
- Verify temperature if possible (All nursing units have thermometers on the wall near the desk)

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Northern Mechanical				
Siemen’s Building Automation				
Northern Mechanical				
Building Maintenance				
New Tin Shop				

**HOT WATER SYSTEMS, SEWERS, BASEMENT SUMP PUMPS, DRAINS AND BLOCKAGES**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Northern Mechanical				

**DOOR LOCKS, STAIRWELL AND ENTRY KEYPAD BYPASS, SPECIAL CARE EXIT MAG LOCKS, DOOR CLOSERS, HANDLES, HOLDERS**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Tom’s Lock shop				

**SNOW PLOWING AND SANDING OF PARKING LOT AND MANOR ROADWAY**

Provider	Contact	Cell Phone No.	Business Phone	Comments
----------	---------	----------------	----------------	----------

			No.	
Mascioli Construction				

**SECURITY CAMERAS**

Monitor activity at main doors and receiving exit doors (video is recorded).  
Camera faults, display etc.

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Northern Connection				

**ELECTRICAL REPAIRS**

Faults, failures and hazardous situations

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Accurate Electric				
City of Timmins Electrical				

**PEST CONTROL**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Orkin				

**WANDERGUARD WATCHMATE SYSTEM/NURSE CALL SYSTEM**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Steel Communications				
Sudbury				

**ROOF LEAKS**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
McKee's Weatherproofing				

**WINDOWS/DOORS**

Broken glass, entry to building compromised

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Canada Glass				

**EMERGENCY POWER, DIESEL BACKUP GENERATORS**

Problems, Faults, Repairs, Service

Two (2) generators

- 1 is located in room in maintenance shop which powers West and Special Care Wings.
- 1 is located outside on Southwest fenced area of building. Powers East Wing, Kitchen, Laundry, Main Office and Dining Room.

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Toromont Cat				
Petro Canada				

**DRINKING WATER**

In the event of water main break, discolored water, contamination, etc.

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Fortier Beverages				

**MAIN KITCHEN ALL EQUIPMENT**

Check with Dietary Supervisor to see if an alternate provision is in place or if repair(s) can wait until next working day.

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Northern Mechanical				
Northern Mechanical				

**LAUNDRY ROOM EQUIPMENT**

Check with housekeeping/Laundry Supervisor if repair is urgent or can wait until normal business hours. Northern Mechanical should be called for repairs of washer and dryers.

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Ecolab-				



Dishwasher soap and products	
Northern Mechanical-washer and dryer repairs	
Timmins and District Hospital – laundry service	

**POINT CLICK CARE**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
PCC -8-8 Mon-Fri				
PCC-Off Hours Emergency Only				

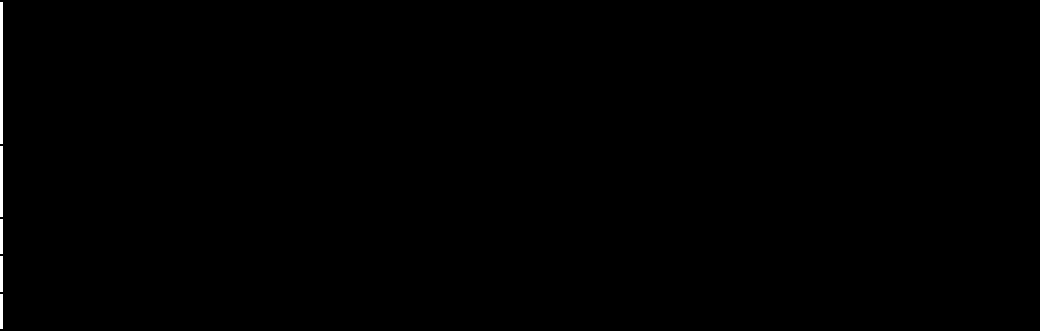
**HAZARDOUS MATERIALS REMOVAL**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
IMS Maintenance Service				
Roztek Sanitation				
Paul Davis Systems				

**OTHER**

Provider	Contact	Cell Phone No.	Business Phone No.	Comments
Vital Aire				
Motion				
Super City Cleaning				
Northern Connection				
Arjo E360				
Porcupine Health Unit				
Timmins Public Health Lab				
Timmins & District Hospital				

Home and Community Care Support Services North East
Canadian Red Cross
Extencicare
Ontario Hydro
Union Energy



## ANNEX A: TOTAL EVACUATION PLAN

## **SECTION 1: INTRODUCTION**

### **1.1 Background**

An evacuation is defined as an organized, phased, and supervised withdrawal, dispersal, or removal of civilians from dangerous or potentially dangerous areas, and their reception and care in safe areas. An evacuation is one means of protecting people from the effects of a hazard. In planning for evacuation, the characteristics of the hazard and its magnitude, intensity, speed of onset, and anticipated duration are all significant factors. These will determine the number of people to be evacuated, the distance people must be moved to ensure their safety and the need for reception facilities.

The facility must be prepared to conduct both small-scale (e.g. single floor) and large-scale (full facility) evacuations at all times of the day.

### **1.2 Purpose**

The purpose of this evacuation plan is to prepare for the most efficient deployment of resources to achieve the following:

- to provide effective intra-agency and inter-agency cooperation and communication before, during, and after an evacuation;
- a coordinated response consistent with prevailing conditions and information provided by external agencies and sources;
- to define the roles and responsibilities of the facility and supporting agencies involved in a mass evacuation; and
- to define the procedures to be utilized in minimizing the effects of an evacuation.

### **1.3 Scope**

The evacuation response plan outlines the assistance that will be provided to the facility and its residents during any emergency where an evacuation is warranted. The facility will work in conjunction with the local stakeholders and provincial authorities to help prepare for, mitigate where possible, and coordinate a response to an evacuation.

### **1.4 Planning Assumptions**

The plan assumes the following:

- City of Timmins will have the primary responsibility for community mitigation, prevention, preparedness, response and recovery in emergency and disaster situations within City jurisdiction.
- External organizations to the City of Timmins are responsible for having their own business continuity plan.
- City of Timmins and partner agencies will follow the response activities set out in the City Emergency Response Plan.

### **1.5 Plan Limitations**

- There may be factors that will adversely affect the facilities ability to assist with evacuations efforts. Efforts may be impacted if infrastructure is deemed unsafe to access, normal channels of communications are disrupted or if critical resources are unavailable.

### **1.6 Authority**

This plan is published as an annex to the facility Emergency Response Plan, as required under the Fixing Long Term Care act (2021) and O.Reg 246/22.

## **1.7 Activation of the Plan**

This plan may be activated in whole or in part, as required, by any member of the Emergency Control Group.

Upon activation, the City of Timmins will need to declare an emergency to allow all participating agencies to respond in accordance with the procedures described within this plan and in accordance with their agency operating procedures.

## **SECTION 2: MASS EVACUATION INFORMATION**

### **2.1 Potential Triggers for a Mass Evacuation**

A mass evacuation event could result from, but is not limited to, the following:

- environmental emergency
- structural failure
- hazardous material/ environmental contamination

### **2.2 Factors Affecting Emergency Response to a Mass Evacuation Event**

- Mass evacuation events are a secondary emergency event; primary resources may be fully committed to the initial emergency resulting in limited resource availability.
- An evacuation route could be impacted by multiple variables, including the size of the hazard zone, population to be relocated and weather.

### **2.3 Mass Evacuation Emergency Management Priorities**

In an evacuation situation, the facility and its partner agencies will focus their efforts on achieving the following objectives:

- preservation of life and safety of residents, visitors, staff and emergency first responders;
- support for stranded and evacuated persons; and
- returning the residents to normal through a coordinated recovery process that includes reentry of displaced persons.

### **2.4 Evacuation Decisions**

Evacuation planning should resolve the following questions:

- What areas or facilities are at risk and should be evacuated?
- How will the residents be advised of what to do?
- What do residents need to take with them?
- What travel routes should be used by residents who can leave on their own?
- What transportation support is needed?
- What assistance will the residents require?
- Does the anticipated duration of the evacuation make it necessary to activate shelter and mass care facilities?
- How will evacuated areas be secured?
- What resources will be needed to conduct the evacuation?
- What sources will be contacted to obtain the necessary resources?

### **2.5 Increased Level of Readiness**

#### *Level 4 - Normal Conditions*

#### *Level 3 - Increased Readiness*

Increased Readiness may be appropriate if there is a greater than normal threat of a hazard which could necessitate evacuation. Level 3 readiness actions may include:

- Review information on potential evacuation areas, facilities at risk, and evacuation routes.
- Monitor the situation.
- Inform first responders and local officials of the situation.
- Check the status of potential evacuation routes and shelter/mass care facilities.

#### *Level 2 - High Readiness*

High Readiness may be appropriate if there is an increased risk of a hazard which necessitates evacuation. Level 2 readiness actions may include:

- Monitor the situation.
- Alert staffing and support personnel for possible evacuation operations.
- Coordinate with the City to determine their readiness to evacuate.
- Check the status of resources and enhance short-term readiness if possible.
- Monitor the availability of transportation assets and drivers.
- Advise the residents and support families to monitor the situation.

#### *Level 1 - Maximum Readiness*

Maximum readiness is appropriate when there is a significant possibility that evacuation operation may have to be conducted. Level 1 readiness actions may include:

- Place staff, support personnel and transportation providers in an alert status;
- Place off-duty personnel on standby.
- Update the status of resources.
- Check the status of evacuation routes.
- Select shelter/mass care facilities for use.
- Provide information to the residents on the planned evacuation process, securing their belongings, and what items they need to take with them. Prepare to issue an evacuation warning if it becomes necessary.

## **2.6 Evacuation Shelter Requirements**

Pre-incident planning should consider temporary shelters, short term housing, and long term housing. Resource and logistical considerations include fixed facility requirements, staffing, food and water, medical supplies, security, triage and medical care, mental health care, and relocation assistance.

The chart below includes information regarding facilities that may be used as reception centre or shelters during evacuations.

Facility	Location	Contact Person
Mountjoy Arena	814 Park Ave	City of Timmins Facility
McIntyre Arena	85 McIntyre Rd	City of Timmins Facility
Whitney Arena	4969 Hwy 101 E	City of Timmins Facility
Archie Dillion Sportsplex	396 Theriault	City of Timmins Facility

Hotels, schools and private facilities may be considered if the duration of the evacuation warrants the need to use them.

The chart below includes a list of support groups to assist with the operations of the reception centre.

Organization	Assistance <i>potentially</i> available	<i>Potential</i> issues or concerns	Volunteer or Paid Staff
Access Better Living	Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Paid Staff
Alzheimer Society of Timmins-Porcupine District	Monetary Support, Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteer
Anti-Hunger Coalition Timmins	Food provider, temporary shelter, assists in other resources when needed	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteer
Bayshore Home Health	Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Paid Staff
Canadian Cancer Society	Health Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Both Volunteers and Paid Staff
Canadian Diabetes Association	Health Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Both Volunteers and Paid Staff

Canadian Hearing Society	Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Paid Staff
Canadian Mental Health Association	Health Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Both Volunteers and Paid Staff
Canadian National Institute for the Blind	Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Paid Staff
Cochrane District Social Services Administration Board	Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Paid Staff
Cochrane Temiskaming Children's Treatment Centre	Monetary Support, Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Paid Staff
Cochrane Temiskaming Resource Centre	Monetary Support, Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mixed Staff and Volunteers
Cochrane Temiskaming Respite Network	Monetary Support, Health Services and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mixed Staff and Volunteers
Community Living Ontario/Community Living Timmins	Short- and Long-Term Support for Housing	Availability of staff or volunteers/ equipment/ services Funding	Majority Paid Staff
Good Samaritan Inn	Health Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers
Heart & Stroke	Health Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers



Jubilee Centre	Rehabilitation Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mixed Paid Staff and Volunteers
Kunuwanimano Child and Family Services	Family and Child Assistance (Mental Health, Child Protection) Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Paid Staff
March of Dimes	Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers
Misiway Milopemahtesewin Community Health Care	Health Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers
North East Local Health Integration Network	Health Services	Availability of staff or volunteers/ equipment/ services Funding	Mainly Paid Staff
North Eastern Ontario Family and Children's Services	Family and Child Assistance (Mental Health, Child Protection) Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Paid Staff
Ojibway & Cree Cultural Centre	Social Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers
Ontario Native Women's Association	Social Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers
Ontario Early Years Centre and Brighter Futures	Social Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers
Porcupine Health Unit	Health Services, Monetary Support and Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mixed Paid Staff and Volunteers

South Cochrane Addictions Services	Addiction Services, Volunteers, Temp Shelter, Volunteers, and other resources as requested and if available	Availability of staff or volunteers/ equipment/ services Funding	Mixed Staff and Volunteers
The Canadian Red Cross	Health services, emergency response support	Availability of staff or volunteers/ equipment/ services Funding	Majority Volunteers
Timmins Family Counselling Centre INC	Health Services	Availability of staff or volunteers/ equipment/ services Funding	Mainly Paid Staff
Timmins Victim Services	Any Crime	Availability of staff or volunteers/ equipment/ services Funding	Victim Support
Timmins and Area Women in Crisis	Health Services	Availability of staff or volunteers/ equipment/ services Funding	Mixed Paid Staff and Volunteers
Timmins Family YMCA	Educational needs, temporary shelter, food, fundraisers, volunteers, and clothing	Availability of staff or volunteers/ equipment/ services Funding	Both Paid Staff and Volunteers
Timmins Native Friendship Centre	Social Service, Monetary Support, Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mixed Paid Staff and Volunteers
Timmins Pride	Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Volunteers
Timmins Salvation Army	Monetary Support, Clothing and Food Aid, Temporary Shelter, Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Volunteers
Tranquility House – Women’s Shelter	Social Service, Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mixed Paid Staff and Volunteers

United Way Cochrane Temiskaming	Monetary Support, Clothing and Food Aid, Temporary Shelter, Volunteers	Availability of staff or volunteers/ equipment/ services Funding	Mainly Volunteers
------------------------------------	--	---	-------------------

Additional MOU's are in place with neighbouring communities who may be able to provide support.

**2.7 Transportation**

It is anticipated that the primary means of evacuation for most individuals will be personal vehicles. Many people who do not own or have access to vehicles will need assistance in evacuating and may choose to evacuate with the use of their personal support system. In the case of large- scale evacuations with advance warning, pickup points may be designated or a telephone bank established to receive and process requests for transportation.

Public information messages emphasizing the need for family supports to help the residents who lack transportation or need assistance can significantly reduce requirements for public transportation during an evacuation.

Emergency transportation may be provided by school buses, city buses or other resources. The City of Timmins will declare an emergency for a large scale evacuation and will aim to provide city transit to assist with relocating residents as a primary option. Third party contracts may also be utilized by the City and their powers outlined in the Emergency Management and Civil Protection Act, R.S.O. 1990.

Residents will be transported via ambulance only if they meet the eligibility criteria for ambulance use as per the ambulance act. Cochrane District Paramedic Service and their representatives will determine the need to utilize an ambulance for transfers during an evacuation as per their policies and procedures.

**2.8 Traffic Control**

Actual evacuation movement will be controlled by Timmins Police Service and OPP as per jurisdiction.

When possible, two-way traffic will be maintained on all evacuation routes to allow continued access for emergency vehicles.

For large-scale evacuations when time permits, traffic control devices, such as signs and barricades, will be provided by the Public Works/Road Department upon request.

Law enforcement will request tow truck services when needed to clear disabled vehicles from evacuation routes.

**2.9 Access Control & Security**

**APPENDIX D EVACUATION LOG**

If an evacuated area has sustained damage and cannot be reoccupied for an extended period of time, it may be desirable to implement a permit system to limit access to emergency workers, homeowners, business owners, utility workers, and contractors restoring damaged structures and removing debris.

## **2.9 Demobilization and Reentry**

Residents returning to the facilities require the same consideration, coordination, and control as the original evacuation. For limited incidents, the facility manager will make the decision to return evacuees and disseminate it as appropriate.

The following conditions should prevail in the evacuated area before residents are authorized to return:

- The threat prompting the evacuation has been resolved or subsided.
- Downed power lines have been removed; ruptured gas, water, and sewer lines have been repaired; and other significant safety hazards have been eliminated. However, utility services may not be fully restored.
- Structures have been inspected and deemed safe for occupancy.
- Adequate water is available for firefighting.

For return and re-entry, it may be necessary to provide transportation for those who lack vehicles. Traffic control along return routes may also be required.

Public information intended for returnees should address such issues as:

- Documenting damage for insurance purposes.

## **SECTION 3: RESPONSIBILITIES**

### **3.1 Federal**

The Federal government, through its powers, provides resources and support to the Province. The Federal government will:

- assist the Province when a declared provincial emergency is made as regulated under the Emergency Management Act and outlined in the provincial agreement.

### **3.2 Provincial**

The Province of Ontario, through its various ministries, provides resources and support to municipalities and conservation authorities. The Province will:

- declare a provincial emergency when warranted; and
- in a declared provincial emergency, invoke the Provincial Emergency Response Plan and coordinate delivery of the provincial response.

### **3.3 Municipal Response and Recovery Responsibilities**

When a community emergency occurs, the initial responsibility for the welfare of residents is at the municipal level. As with any emergency, the first priority is life safety. Following is the protection and maintenance of public critical infrastructure in order to maintain basic services (hydro, water, wastewater, gas, telecommunication systems, etc.).

### **3.4 Timmins District Hospital and Community Long Term Care Homes**

If evacuation of these facilities is required, patients should be transported, with appropriate medical or security support, to a comparable facility. The facility operator is responsible for making arrangements for suitable transportation and coordinating use of appropriate host facilities.

#### **3.5.1 Site Operations (Incident Commander)**

#### Golden Manor Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager unless relieved by a more Senior Manager.
  2. Determine the need for an emergency evacuation (Code Green).
  3. Determine the extent of a Code Green (partial or total evacuation).
  4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the fire/smoke (refer to Code Red).
  5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
  6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a "Code Green" for the specific unit/floor.
  7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat).
  8. The second stage alarm is activated at any pull station by using an alarm key, located at nursing stations.
  9. For a partial evacuation Attention Attention "Code Green (building)" will be announced and repeated 3 times. Identify the area and the unit: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
    - a. Attention Attention "Code Green (wing and unit)"
    - b. Attention Attention "Code Green (wing and unit)"
    - c. Attention Attention "Code Green (wing and unit)"
  10. In the event of a total evacuation of a building "Code Green Golden Manor" will be announced 3 times: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
    - a. Attention Attention "Code Green Golden Manor"
    - b. Attention Attention "Code Green Golden Manor"
    - c. Attention Attention "Code Green Golden Manor"
  11. Call 9-1-1 stating the type and location of the emergency
- Golden Manor Incident Manager becomes a liaison to the emergency first responder incident commander

**The following city departments and partner organizations will assist the facility in the response and recovery efforts at the emergency site:**

#### **3.5.2 Timmins Emergency Information Officer**

- act as liaison between facility and the media
- designate and supervise an area for the media

#### **3.5.3 Timmins Fire Services**

- conduct rescue operations as per regulating bylaw 2015-7699 Schedule D and Fire Department Standard Operating Guidelines
- assist with evacuations in the affected areas as required

#### **3.5.4 Timmins Police Services**

- evacuate the affected areas as required, as per their authority
- perform traffic and crowd control operations
- disperse people not directly connected with the operations who, by their presence, are considered to be in danger, or whose presence hinders in any way the efficient functioning of the operation
- secure the affected areas (based on need and availability of staff)

### **3.5.5 Cochrane District Paramedic Services**

- provide pre-hospital medical care and transportation of ill or injured persons as required under legislation
- assist allied agencies where appropriate during the response
- update the Ministry of Health and Long Term Care Central Ambulance Communication Center
- endeavour to maintain balanced emergency coverage within the municipality

### **3.5.6 Timmins Public Works and Engineering**

- implement actions to assist with establishing evacuation routes as requested by TPS
- assist with the movement of medical equipment and supplies

### **3.5.7 Timmins Transit**

- provide all available resources to assist with evacuations as requested
- assist with the movement of medical equipment and supplies

### **3.5.8 Municipal Emergency Control Group**

The Municipal Emergency Control Group is responsible for:

- activate the Municipal Emergency Response Plan if warranted;
- convene the Municipal Emergency Control Group;
- appoint an EOC Incident Commander;
- if necessary, recommend the declaration of a municipal emergency;
- coordinate the acquisition of emergency response equipment, personnel and other resources required at the incident site;
- disseminate vital emergency information to staff, the media and citizens using appropriate channels;
- provide information to the public concerning safety and protective actions to be taken;
- request assistance from agencies not under municipal control, as required (e.g., Municipal Mutual Assistance Agreements, Red Cross, local industry, etc.);
- request provincial assistance to perform specific tasks that may be required; and
- coordinate disaster recovery assistance (Municipal Disaster Recovery Assistance) as deemed necessary;

## **SECTION 4: EMERGENCY INFORMATION AND NOTIFICATION**

### **4.1 Warning Strategy**

Golden Manor Charge Nurse/Incident Manager

1. Upon notification of an emergency situation, assume the role of Incident Manager unless relieved by a more Senior Manager.
2. Determine the need for an emergency evacuation (Code Green).
3. Determine the extent of a Code Green (partial or total evacuation).
4. In fire emergencies a partial evacuation will be initiated evacuating persons from the area of the

fire/smoke (refer to Code Red).

5. Where there is not an immediate danger and time to wait for the emergency services to arrive the decision to evacuate and the extent of the evacuation will occur in conjunction with discussion with the emergency services.
6. For a partial evacuation the Charge Nurse for the floor will advise all staff and visitors of a “Code Green” for the specific unit/floor.
7. When the decision has been made to initiate an emergency evacuation, activate the fire alarm pull station to set off the alarm bells for a first stage alarm (short beat).
8. The second stage alarm is activated at any pull station by using an alarm key, located at nursing stations.
9. For a partial evacuation Attention Attention “Code Green (building)” will be announced and repeated 3 times. Identify the area and the unit: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
  - a. Attention Attention “Code Green (wing and unit)”
  - b. Attention Attention “Code Green (wing and unit)”
  - c. Attention Attention “Code Green (wing and unit)”
10. In the event of a total evacuation of a building “Code Green Golden Manor” will be announced 3 times: This will be done over the paging system and over the 2 way radio. Instructions for the paging system are under the Emergency Codes located behind the phones at each nursing station.
  - a. Attention Attention “Code Green Golden Manor”
  - b. Attention Attention “Code Green Golden Manor”
  - c. Attention Attention “Code Green Golden Manor”
11. Call 9-1-1 stating the type and location of the emergency

The City of Timmins Emergency Information Officer may use local media (radio, television, newspaper) and social media (Facebook, Twitter) to assist with information distribution. Alerts and key information will also be posted on the City of Timmins’s website.

#### **4.2 Advance Notice of Possible Evacuation**

For slow developing emergency situations, advance warning should be given to affected residents as soon as it is clear evacuation may be required. Such advance notice is normally disseminated through door to door procedures. Advance warning should address suitable preparedness actions, such as securing property, gathering medications and notifying loved ones.

Any special circumstances or requests for assistance should be reported to on-scene authorities or EOC.

#### **SECTION 5: VOLUNTEERS**

In extreme cases the facility may need to supplement the existing municipal workforce with volunteers. If it becomes necessary, the Director of Human Resources will work with local media to recruit volunteers.

Roles and responsibilities of volunteers will vary depending on the situation, safety considerations and the immediate needs of the residents. All volunteers will be briefed and supervised by qualified staff and

assigned tasks based on their skills and abilities.

## **SECTION 6: RECOVERY**

The facility will work with its departments, partner agencies, and volunteer resources to restore critical infrastructure, systematically clean up affected areas and return the facility to a state of normalcy.

The prioritization of restoration and clean-up efforts will be determined on a number of influencing factors, with the primary focus being on the protection of facility safety.