

# **Emergency Management Plan**

## **Humber Meadows Long-Term Care Home**

*Revised March 11, 2026*

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## **Introduction**

The Emergency Management Plan is an all-hazards disaster response plan which provides overarching principles and operational guidelines used to coordinate an effective response to all types of emergencies that may affect staff, Residents, and facilities. It is intended to address all emergencies that are not normally managed by staff, requiring the coordinated effort and resources of multiple departments, community agencies, and organizations.

This Emergency Management Plan has been created in response to the Emergency Management Plan Policy and meets the requirements under the applicable legislations.

- ON Fixing Long-Term Care Act, 2021 (FLTCA) & ON Regulation 246/22
- CARCF/Accreditation Canada

A recognized system of codes identified by color or procedure will be used to ensure common understanding of the emergency. No codes or colors will be added or deleted by a care community residence.

Humber Meadows' Emergency Management Plan will provide directions to all team members using the Incident Management Team (IMT) framework to ensure leadership and command of all emergencies or potential emergencies within the care community/retirement residence.

## **Purpose & Scope**

The purpose and scope of the Emergency Management Plan is to ensure that this Home:

- Maintain a continuous state of readiness to manage a disaster response.
- Minimize the actual or potential danger to individuals, Resident, staff, volunteers, or visitors, and address individual staff and Resident needs, including accessibility; and
- Ensure the continuity of operations to the highest degree possible.

## **Objectives**

To this end, the objectives of this Emergency Management Plan are to:

- provide a common organizational structure and control method for the management of personnel, equipment, facilities and resources during an emergency.
- outlines the roles and responsibilities of key staff to prepare for, respond to and recover from emergencies

- enhance communication linkages between the Home, partner facilities, other community agencies, and resources in the preparation and implementation of emergency response activities.
- establish a clear line of authority during an emergency and clearly defined operational roles for management staff.
- provide a basis on which policies, procedures, training and exercises relating to emergency management may be developed.
- minimize the impacts of an emergency by maintaining a standard of operational readiness, awareness and preparedness.
- ensure, as much as possible, the well-being of patients, Residents, staff and all others on site in the event of an emergency or disaster.

### **Developing & Updating Plan**

Consultation in development of this plan was done with:

- Architectural and Building (Construction) Partners.
- HOK Architectural Firm
- Infrastructure Ontario
- EllisDon
- Humber River Health
- City of Toronto
- TSSA & Otis
- Toronto Fire
- Aramark Senior Living Canada
- Staff, Resident" Council and Family Council

To facilitate the implementation and maintenance of this Emergency Plan. The Executive Director/Manager of Facilities/Operations should utilize the Emergency Management Plan Checklist.

The checklist is a tool developed to ensure that fundamental maintenance and compliance programs are in place.

- Fire Safety Plan – up to date (reviewed annually) and staff trained
- Emergency Management Plan – reviewed annually and staff trained
- Fire Log – all inspections up to date, certificates issued, no o/s deficiencies, fire drills documented
- JH&S Committee – meetings, inspections and minutes up to date
- Security – required secure doors, sign-in log, mag locks, alarms, elevator access, window openings

- Nurse Call/Paging System maintained and operational
- Emergency Power System maintained and operational
- Elevator Machine Room locked and proper signage to restrict access to unauthorized people
- Electrical and Mechanical Rooms secure and free of combustibles
- Lighting requirements are met
- Domestic Hot Water Temperature Records up to date
- Chemicals stored in a secure location with MSDS Sheets
- Safety Equipment, PPE in proper use by staff
- Loss Prevention Maintenance Program in place c/w documentation
- Sprinkler valves monitored and/or locked open
- Hot Work Policy in place
- FM Global Red Tag Permit System in place
- Lock-out / Tag-out Process in place
- Contractor H&S Sign-off sheets up to date for all contractors
- Contractor Agreements / Reporting up to date
- Health & Safety Training Records for all staff including Orientation and Refreshers
- Housekeeping visual audit

## **Definitions**

### **Emergency:**

Emergency is defined as situations or the threat of impending situations that could affect the property and the health safety and welfare of the Home in which, by their nature and magnitude require a controlled and coordinated response.

### **Emergency Management:**

The term used to designate the efforts of communities or businesses to plan for and coordinate all personnel and materials required to either mitigate the effects of, or recover from, natural or man- made disasters, or acts of terrorism.

### **Incident Commander:**

The person is responsible for all aspects of an emergency response; including quickly developing incident objectives, managing all incident operations, application of resources as well as responsibility for all persons involved.

## **Emergency Codes:**

Codes are used in hospitals and health care settings worldwide to alert staff to various emergencies. The use of codes is intended to convey essential information quickly and with minimal misunderstanding to staff while preventing stress and panic among Residents and visitors to the Home.

## **Roles and Responsibilities**

### **Executive Director & Manager of Facilities Operations**

- Develop an annual training and exercise program including personal preparedness training for staff, and preparedness exercises of the Emergency Management Plan and Emergency Code Procedures as defined in the Emergency Management Plan.
- Maintain records and documentation of emergency training, exercises, and maintenance of supplies and equipment.
- As Incident Commander for the Home:
  - Declare activation of the plan in response to an emergency incident.
  - Assess the situation and determine the appropriate action and code to Initiate the Fan Out procedure, if applicable to Lead the response to incidents
  - Notify Board Chair and Board of Directors, if applicable
  - Contact Community Partners if applicable, including landlord
  - Follow procedures for the appropriate emergency code as necessary, solve problems
  - Set priorities and define the organization of the incident response teams and the overall incident action plan.
  - At own discretion, assign individuals, who may be from the same Home or from assisting agencies, to subordinate or specific positions for the duration of the emergency.
  - At the All Clear, record how the plan worked, note areas that need revisions and updating of Chair a formal debriefs of the incident after recovery
- Maintain accurate and most updated emergency contact of all staff and functions listed in the Fan Out List.
- Follow the Serious Adverse Event Algorithm and Hot Issue Alert protocol to obtain support and direction while responding to an incident.
- Establish agreements with relocation facilities and essential vendors/suppliers.

## **All Staff**

- Participate, review, and assist in the development of the Emergency Plans and Code Procedures
- Inform changes in contact information for emergency – contact during fan out procedure
- Attend and participate in emergency training and exercises; ensure sign-off each time and seek additional support if needed
- Follow the directions given by the Incident Commander during the Incident and recovery phase.
- Adhere to safe work practices in an emergency
- Report to their supervisor about any known hazardous situation that may result during an emergency
- Communicate effectiveness of Emergency Plan at the end of all clear
- Participate in formal debriefing as required

## **Food Services**

- Participate, review and assist in the development of the home emergency plans and procedures
- Maintain a sufficient supply of food and water in case of emergency, minimum three days
- Develop contingency plans to support the emergency stockpile of food and water
- Attend and participate in emergency training and exercises

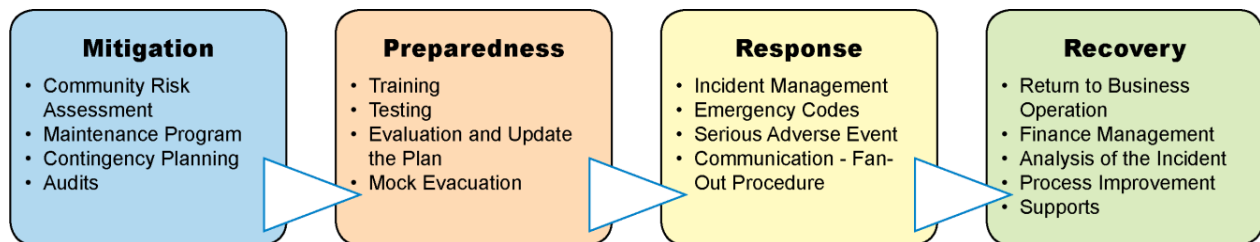
## **Manager of Facilities Operations /Maintenance**

- Participate, review and assist in the development of the home emergency plans and procedures
- Participate or lead the hazard site assessment to identify and mitigate physical hazards
- Provide and maintain information in the emergency plan, such as the location of utility controls and procedures for managing an emergency
- Ensure Fire Plan is maintained and updated as needed; ensure Toronto Fire has reviewed and approved all changes
- Ensure all life-safety systems are functioning and continue to be integrated into the BAS system
- Oversee the Emergency Management Program ensuring training and exercises for Emergency Management are up to date and in accordance with this Emergency Management Plan

## External Stakeholders – including landlord

- Communication linkages will be enhanced within Humber Meadows, other long-term care (LTC) home / community agencies and resources in the preparation and implementation of emergency response activities
- Community Partners will ensure appropriate plans and implementation procedures are developed for carrying out their roles and tasks. Community Partners will ensure that the health, safety, and welfare of the Residents are considered when developing and implementing plans and procedures.
- Ensure all evacuation agreements from community partners are current and reflective of practices, and contact information is accurate. Test this yearly, at minimum.

## Key Elements of the Emergency Plan



- **Mitigation:**  
Reduction of exposure to, or probability of loss from emergency events.
- **Preparedness:** Establishment of authorities and responsibilities for emergency actions along with resource designation to support them. Includes education and practice of drills and exercises.
- **Response:** Time sensitive actions taken in the event of an emergency to reduce negative impact on residents and team members. Response to emergencies will first focus on Life Safety and will utilize the principles of Incident Management and follow Code Procedures as outlined in this manual.
- **Recovery:** The effort to restore infrastructure and resident life to normal.

## Mitigation Loss Prevention

### Community Risk Assessment

The purpose of a Community Risk Assessment is to analyze potential hazards, assess risks and vulnerabilities of the Home in order facilitate risk-based decision making. These decisions aim to address vulnerabilities, mitigate hazards, and prepare for response to and recovery from hazard events. Risk-based means based on informed choices of alternate unwanted outcomes. In other words,

Homes make risk reduction choices based on the acceptability of consequences and the frequency of hazards. The Community Risk Assessment is also utilized to develop response procedures. See below.

Risk	Consequences	Impact or Likelihood	Resources
Identify the most likely risk for your Home. Examples: Communicable disease outbreak Criminal-bomb threats, hostage, shooting Earthquake Extreme weather Fire Flooding Hazardous Material event Medical Supply chain interruption Missing Residents Utility outages Other threats (events that were identified in the Canadian Disaster Database or Risk Assessment completed by the municipality)	Consider the potential consequences of each risk for Home, Staff, and Residents: Damage to critical infrastructure* Energy & Utilities, Finance, Health Services, Information & Communications Technology, Food, Water, Safety, Government Services, Logistics Damage to critical facilities Injuries and fatalities Staff and Residents' safety Business Disruption	Consider the impact and likelihood of each one of the risks identified: Facilities Families Environment Residents Operations Staff	List the mitigation/preparedness strategies and resources in place to prevent or manage the response to this risk, such as: Mitigation strategies to remove or reduce hazard Emergency Plan & applicable response procedures Related education, training and exercises Resources and supplies Contingency plans External resources

A Community Risk Assessment will enable Humber Meadows to identify risks, impacts and mitigation strategies. This analysis will be reviewed annually.

## **Document**

### **Community Risk Assessment – Humber Meadows**

#### Maintenance Program

The Home shall keep a Maintenance Program of the critical services and utilities to ensure they are working properly. The program shall outline all scheduled inspections, checks, audits and monitoring of the critical services and utilities.

Checklists are utilized to assist the monitoring and compliance of the Maintenance Program.

- Heating units should be cleaning, inspecting, and calibrating boilers, rooftop heating units, and air make-up units. The operation of all outside air dampers should be tested and verified to close. Hydronic cooling coils should be drained, isolated, and charged with glycol to prevent freezing. Freeze protection controls must be checked.
- Preventative maintenance programs should be set up for emergency generators and fire/life safety systems.
- Sump pumps should be inspected and tested.
- Roof drainage systems and rainwater catch basins should be cleaned.
- Irrigation systems and outside water taps must be isolated and drained.
- Dry system fire sprinklers must be drained of any residual water.
- All points of outside air infiltration should be checked and sealed as required. Examples: seals around doors and windows exhaust fan backdraft dampers and damaged siding or insulation.
- Piping systems in unheated spaces should be inspected. Insulation, heat trace cables or supplementary heat may be required to prevent freezeups.
- In-suite heating systems should be checked and serviced.
- Ensure that snow and ice removal program is in place.
- Inspect parking lot for potential slip/trip hazards.
- Dryer venting systems should be cleaned and inspected.

### Inspection Programs

Buildings are unique and require specific care to maintain them properly, but there are some common practices that, to a minimum, should regularly be performed at all sites.

- A daily inspection should be carried out throughout the building (inside and out). Fire alarm system, lighting, slip and trip hazards, heating systems, water lines, mechanical systems and safety equipment must be monitored daily to identify potential problems.
- Weekly inspections should be carried out on emergency generators, kitchen exhaust and fire sprinkler systems.
- Fire extinguishers, elevators, kitchen, and laundry equipment should be checked monthly. All fire-related systems must be inspected by Fire Code.
- Quarterly inspections should be carried out on heating equipment by our contractors to ensure reliable and safe operation.
- On an annual basis, the Fire Safety Plan and Emergency Management Plan should be reviewed, and staff should be updated on emergency procedures, the location of utility shut offs and emergency call numbers.

### **Preparedness**

#### Mandatory Training

<b>Item</b>	<b>Audience</b>	<b>Frequency</b>	<b>Objective</b>
Emergency Plan and Codes	All Staff, volunteers & students	Orientation – before start work in the Home  Annual at the review of the Plan	Fire prevention and safety, & emergency evacuation plans. Emergency Plan Changes and revisions made to the Emergency Plan will be communicated & staff training
Emergency Codes	Residents and Families	At time of move in Annually	Familiarization with emergency codes and procedures

## Testing of the Plan

Item	Objective	Frequency	Record
Emergency Plan* Code Grey - Loss of essential services Code Yellow – Missing Resident Code Blue – Medical Emergencies Code White – violent outbursts Code Red – Fires Code Orange – Disaster Response Plan Boil Water Advisories Floods Outbreaks, Epidemics, Pandemics	Test the Plan Meet regulation: Ontario: Reg 246/22 s. 268 (10)	Mandatory Annual	Code Specific Checklist and Action Plan Template
<b>Testing the Emergency Management Plan must include arrangements with community agencies partner facilities, and resources that will be involved in responding to an emergency.</b>			
Mock Evacuation (planned) Code Brown – Chemical Spills Code Black – Bomb Threat Code Silver - Intruder	Test the Plan Meet regulation Ontario: Reg 246/22 s. 268 (10)	Mandatory Once every three years	Code Specific Checklist and Action Plan Template Mock Evacuation Checklist
Fan-out Call List	Test the Plan	Mandatory every six months	Fan-out Call List is updated
Drills	See Fire Safety Plan	Mandatory One drill per shift/month Fire Department to observe one drill annually	Fire Drill Checklist and Action Plan Template

\* Testing the Emergency Management Plan must include arrangements with community agencies, partner facilities, and resources that will be involved in responding to an emergency.

The Executive Director and Manager of Facilities Operation will develop exercises to test the plan as frequently as required above. There are three main types of exercises to test the Plan: Discussion-based, Tabletop, or Live exercises. The choice of which one to adopt depends on what the purpose of the exercise is. It is also a question of lead-in time and available resources. A combination of the three types can also be an option for testing the Plan.

The "**Guidelines for Emergency Design**" acts a reference guide will assist the ED and Manager of Facilities Operations in developing exercises to test the plan. The testing of the plan and the actions and improvements required will be documented in the appropriate Emergency Exercise Checklist and Action Plan Template.

In addition, follow the schedule in the Emergency Manual "Emergency Codes Exercise, Testing Schedule and Fire Drill schedule.

Documents:

**Guidelines for Emergency Exercise Design ([Link to document](#))**

**Emergency Codes Exercise Testing Schedule**

**Fire Drill Schedule**

### **Manager on Call & Emergency Call –in Lists**

There is a Manager on Call every day, including weekends, holidays and nights. The Manager on Call Schedule is available for all staff and used by the building Charge Nurse in the absence of a manager in the building.

In addition to the Manager on Call Schedule, there are additional phone numbers and procedures for the Emergency Call-in Lists. The Manager on Call has a full and robust list available for any/all emergencies.

#### **Documents:**

Manager on Call list  
Emergency Call –in  
list

### **Residents and Family Contacts List**

Families and responsible parties will be contacted promptly by staff in the event of an emergency.

At least, one list of all Residents and family contact information is maintained. As per Fire regulation, this is kept in the binder located in the building Fire Box.

The information on the list is revised and updated monthly or whenever necessary. It contains relevant information on Residents and families to be utilized in case of an emergency, such as a picture of the Resident, description of mobility needs, tags, family contact information, etc.

The Executive Director/designate will delegate staff to make the necessary phone calls. When establishing initial contact with families, staff will convey emotional support and reassurance that safety and well-being of the Resident is the home's priority. When families are contacted in an emergency, they should be notified of:

- Type of emergency
- Time of emergency
- Status and/or location of Resident
- Mechanism in place for access to updated information

**Refer to the Emergency Preparedness Manual for:**

Communications Guide for Homes (draft letters)

Incident Management Team (IMT) Communication Responsibilities.

## **Response**

This section outlines the framework for Humber Meadows 's response. It includes an organizational structure to provide overall direction and control of the Home's emergency operations.

Emergency Management begins at the home level where most incidents are managed. If the incident cannot be adequately managed from the Home due to insufficient resources, an escalating threat, or an incident that impacts multiple sites, site support can be provided by the organization's corporate support team.

Incidents in the large community/city are managed daily by first responders – paramedics, police officers, and fire personnel.

Emergency calls are prioritized based on the severity of the incident and the availability of resources. In a larger scale incident, local authorities may also activate emergency operations centers or mobilize staff to coordinate the response.

During these major emergencies, the local authority, together with first responders, will assess and prioritize community needs, allocate resources, and respond based on the determined priorities. In a major emergency such as major

disruption to transportation networks or severe storms, outside assistance or community resources may not be immediately available.

High demand for limited resources and nature of the emergency itself means that Communities need to be as self-sufficient as possible at the site level and look to corporate leadership for site support where possible.

### **Site Support**

If the response cannot be adequately managed by the home support can be provided by the corporate support team. The corporate support team serves to provide support to the site in the following areas:

- inter-agency coordination
- communications and media relations
- policy guidance
- logistics - resource acquisition, transportation, and staffing

To notify and/or activate the corporate support team, the Executive Director/Designate will follow the Serious Adverse Events Reporting Algorithm.

This is a step-by-step process used to identify, document and report significant harm or unexplained deaths to drugs, medical devices or vaccines.

### **Core Components of the Reporting Adverse Events algorithm**

- Detection & Assessment
- Initial Documentation
- Clinical Intervention (immediate action taken to manage the resident condition)
- Escalation
- Safety system input
- Mandatory Reporting
- Follow up – Root Cause

### **Example**

Step 1: incident occurs (e.g resident falls due to dizziness after new medication)

Step 2: Assess serious criteria (e.g hip fracture requiring hospital transfer = serious)

Step 3: Initiate facility incident report (internally)

Step 4 Document in the Medication Administration Record (MAR) or resident record

Step 5: Submit a CQI

## **Incident Management**

When an incident occurs, appropriate steps should be followed to deal with the incident.

- Implementation of the Emergency Response Procedures – Codes.
- Notify the Executive Director immediately.
- Executive Director must follow the Adverse Event Management Policy and Serious Adverse Event Algorithm; and
- Communication utilizing the Emergency Fan out Procedure when applicable.

## **Response Procedures – Codes**

The “Emergency Response Procedures – Codes” provides a general approach to procedures on how to deal with various incidents or guidelines on how to respond to incidents. Consideration must be given to the incident scenario, contributing factors, resources available, magnitude, etc. to provide a proper respond to the incident.

The Emergency Response Guide is a simplified version of the procedures to be utilized as a tool for consultation and staff training.

A Code Debrief Form will be completed after activation of each emergency code drill or actual event.

It is a structured post event discussion with the primary purpose of fostering continuous quality improvement and providing support to team members.

## **Quality improvement and safety**

- Identify deficits in knowledge, skills, equipment or communication during the event.
- Systemic improvement - to address issues with supplies, equipment functionality, environmental factors, reducing the risks of similar failures in the future
- Performance review - review the code process e.g. response time, and adherence to protocols

## **Team performance and learning**

Reinforcing best practices – highlight what went well and ensure successful actions are repeated

Enhancing collaboration to improve team cohesiveness and communication, creating a non-punitive environment for open discussion

Sharing knowledge to allow for collective review of events which helps team members understand their roles and improve skills

### **Psychological and emotional support**

Providing closure to offer a “pause” to honour pattern and help staff “regroup” before returning to work

Reducing distress to minimize the long-term effect of stressful traumatic events on the staff involved

Validating feelings provides a safe space to share emotions, reducing feelings of burnout or guilt.

### **The key characteristics of an effective debrief**

- **timing** immediately after event best capture details while fresh
- **structure** – using a “pulse -delta” model (what went well, what to change)
- **inclusivity** – involves all members of the team
- **psychological safety** – focuses on systems and processes rather than individual blame.

### **Evacuation Procedures – Code Green**

Green Emergency Code will be used:

1. To evacuate Residents and staff from immediate danger in the event of an emergency
2. To evacuate Residents and staff in the event of an impending emergency disaster
3. All employees are responsible for understanding the use of Code Green procedures in the event of a disaster /emergency situation.

### **Procedure**

A Code Green could be required under different circumstances such as following a Code Red, Code Black, Code Brown etc.

The decision to initiate Code Green is the responsibility of the person in charge at the disaster scene or the Fire Department if present.

## Three Stages of Evacuation

### Code Green - "Horizontal Evacuation"

- Code Green will be used to evacuate Residents from disaster area to a designated safe space determined at the time of the evacuation
- All Residents to be horizontally evacuated to a safe area beyond the grey fire barrier doors
- This evacuation will be announced as "Code **Green, Location Horizontal Evacuation**"

### Code Green - "Vertical Evacuation"

- Code Green Vertical will be used to completely evacuate Residents from the disaster area in a vertically downward direction.
- This evacuation will be announced as "Code **Green, Location Vertical Evacuation**" followed by directions for which floors to be evacuated and in which order. If it is determined by the Fire Department that the elevator should not be used, Med Sled equipment is available for use by trained staff.

### Code Green – "Partial / Total Evacuation"

- Code Green Partial/ Total Evacuation" will be used to completely evacuate Residents from the disaster area (partial / total) in a vertically downward direction.
- This will be indicated by the sounding of the **stage two evacuation alarm** (i.e. rapid continuous ring).
- Total evacuation is initiated at the discretion of the Fire Department and /Fire Warden /ED / Manager of Facilities Operation.
- This evacuation will be announced as "Code **Green, Location Total/Partial Evacuation**" followed by directions for which floors to be evacuated and in which order. If it is determined by the Fire Department that the elevator should not be used, Med Sled equipment is available for use by trained staff.

### Code Green Evacuation

Follow the instructions for Operating the Fire Panel – Paging System located in the CACF office to make the overhead announcement. "Code Green, type of evacuation, location (s) to be evacuate x 3.

**Evacuation Locations:** Refer to the MOU for Evacuation Agreements in the Emergency Preparedness Manual.

## **Fire – Code Red**

### **Standard**

Emergency Code Red will be used:

1. To alert all occupants when a fire/smoke is discovered.
2. When conducting Fire Drills

### **Procedure**

**The fire alarm detectors are sensitive and fire and smoke and will trigger the fire alarm system.**

**A. Once the alarm is triggered** – Immediate response from all staff to search for the fire /smoke. If the alarm is triggered in a resident area -the dome light outside of the resident’s room will turn red indicating where the emergency code red is.

Staff must remain calm and follow the **R.E.A.C.T** procedure.

**R** - Remove Residents from immediate area. (search the room, remove person, close door, use the magnetic door to indicate room vacant). **Move** person (s) to safe area behind the grey fire doors. **Sequence: fire origin; adjacent rooms, and room across. Never cross the area with the fire.**

**E** - Ensure windows and doors are closed. (confine)

**A** - Activate Alarm. The nearest alarm pull station

**C** - Call the Fire Department. 911. **Designated Fire Warden makes the overhead announcement from the Fire Panel in the CACF room and calls 911.**

**T** - Try to extinguish the fire if safe to so and you are trained

If you discover fire or smoke and the fire alarm is not activated – Using the Manual Alarm Pull Station is the quickest way to help

All staff are educated on the locations of the manual alarm pull stations and fire extinguishers are on unit/department

### **B. If you hear the alarm**

1. Remain calm and search for the fire.

Once you find the fire/smoke, follow the **REACT** procedures; remove person(s) from danger to a safe place behind grey fire barrier doors.

2. Clear corridors.
3. Account for residents & staff.
4. Initiate room-to-room search. All rooms to be checked as follows:
  - a. Close windows
  - b. Check closets
  - c. Check bathrooms
  - d. Close doors
5. Assign a staff member to monitor exits.
6. Proceed with pre-planned fire procedures for your area.

Overhead announcement confirms the location of the location of the fire

### **If the fire is not on your unit**

- Check all rooms, close doors and account for your residents
- Clear hallways and wait for further instructions

### **Medical Emergency – Code Blue**

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

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

Choking is treated as a medical emergency, and a Code Blues emergency response will be initiated

### **Procedure**

#### **A. Upon discovering the emergency:**

- i. Pull the nearest call bell and alert nearby staff by shouting Code Blue.
- ii. Stay with the individual.
- iii. If there is no response to the call bell or the call for help - assess and initiate CPR (chest compressions)

- Use cell phone to call 911
- Call Reception / another Registered staff

To page "CODE BLUE", floor number, room number, x3. Never leave person unattended.

### **Upon receiving the page for "Code Blue":**

**For the Resident Home Area** iv. The RN/RPN of the floor above and/or below or his/her designate will attend to the emergency location. Emergency equipment from the RHA, located \_\_\_\_\_contains suction, oxygen, and ambubag will be brought to the area called.

### **For the Main Floor**

**One Registered staff from each RHA must respond to the area.**

- v. **announced.** Emergency equipment from the 2 N RHA , located \_\_\_\_\_contains suction, oxygen, and ambubag will be brought to the area called.
- vi. The Nurse Manager/ADOC, the DOC and/or the Executive Director will go immediately to the area of Code Blue and direct it until ambulance personnel arrive. At all other times, the Charge Nurse will attend the code and assume responsibility.

### **B. The Nurse Manager/ADOC on duty will support the registered staff during the code and ensure appropriate resuscitation endeavors:**

- i. The Nurse Manager/ADOC will direct 911 to be called where appropriate and the person will give name, address, floor, and room location.
- ii. A PSW will be assigned to put elevator on 'service' and wait for ambulance on main floor (after reception hours)

### **Missing Person – Code Yellow**

Code Yellow will be used each time a Resident is discovered missing.

An immediate and thorough search of the home and the immediate environment will be conducted upon the suspicion/notification that a Resident is missing.

## **Procedure**

### **Initial Search**

1. In the event a Resident is suspected of being missing from a home the staff member will notify the person in charge immediately.
2. The person in charge/designate will check the sign out book and health record to see if the Resident is signed out of the home. If applicable, the Resident wanderer's observation checklist will be checked to determine the time and location the Resident was last recorded as being seen.
3. Registered staff will check with Recreation staff to account for all Residents engaged in social/ programming activities and report findings to the Charge Nurse.
4. After a thorough check of the Resident Home Area, Registered Staff will notify the Charge Nurse immediately of a suspected missing Resident.
5. The person in charge/designate will page three times "CODE YELLOW, location x3. One Registered Staff from each RHA as per the Code Yellow policy. of missing Resident will proceed to the Command Centre for description of missing resident
6. Registered staff will initiate Missing Resident Search Checklist to record the time, sequence, and details of the search.
7. Registered staff will instruct staff to conduct a thorough search of all areas identified on the Missing Resident Search Checklist. Home-specific areas not listed should be added to this checklist.

### **Second Search – when the Resident is not found:**

Immediately on completion of the first search and before an exterior search is carried out, the Charge Nurse/designate will notify the Police. Staff will begin a second search, following the procedures outlined in the procedure and reporting back to the Command Centre to advance the search plan . Refer to the Emergency Plan Manual for additional procedures for Code Yellow.

### **Code of Violence/Violent Situation – Code White**

Code White will be used to obtain immediate assistance in a situation related to violent/aggressive behaviours.

## **Procedure**

1. Call out "Code White". Unit staff to respond immediately to area of concern.

2. Remove residents/visitors from immediate areas.
3. Page overhead "Code White", floor number and location (e.g. "7th Floor, Room 220")
4. Ensure environment is safe. Using principles noted in the aggressive behavior policy, attempt to diffuse the situation.
5. Registered Staff / Charge Nurses must always respond to Code White.
6. Once situation is assessed then:
  - a. If able to diffuse violent behaviours, stay with Resident, provide reassurance and assess contributing factors. Document on EHR/PCC interventions and outcomes.
  - b. If unable to diffuse violent behaviours, call 911 for emergency response. Notify physician, family, DOC/ Executive Director. Complete Unusual Occurrence report and document strategies in Risk Module on PCC

### **Bomb Threat – Code Black**

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in nature, a Code Black will be called.

#### **Procedure**

##### Via Mail

The individual receiving the threat via mail will:

1. Remain calm. Note the delivery method and location of the threatening piece of mail.
3. Inform the Incident Manager immediately.

The Incident Manager will:

1. Immediately contact the police at 911, all other managers, team members, and support services office.
2. Determine whether to initiate Code Green evacuation procedures.
3. Follow police directions.

##### Telephone Threat

The individual receiving the threat by telephone will:

1. Be calm and courteous, do not interrupt the caller.
2. Keep the caller on the line as long as possible & obtain as much information as possible by completing the Bomb Threat Telephone Checklist.

3. Call 911/contact police & notify Incident Manager.

The Incident Manager will:

1. Alert ED, all other managers, team members.
2. Determine whether to initiate Code Green evacuation procedures.
3. Take directions from Emergency Services personnel.

All Team Members will:

1. Notify the Incident Manager if a suspicious object is found.
2. Not touch the object; take directions from the Incident Manager.

Suspicious Package /Device

Any person who becomes aware of a suspicious package or device will:

1. Inform the Incident Manager immediately.

The Incident Manager will:

1. Instruct team members to clear the area where the package was discovered.
2. Notify team members and provide the following information:
  - Object location, Object description & Any other useful information
3. Call 911.
4. Instruct team members who have been in close proximity to or in contact with a package/device which is suspected to have been contaminated with chemical or biological agent to:
  - Wash their hands with water
  - Remove contaminated clothing and place it in a sealed container (i.e. plastic bag) to be forwarded to emergency responders once on site.
  - Shower (with soap and warm water) as soon as possible
  - List all people who may have been in contact with or in close proximity to the suspicious package/device and provide this list to appropriate authorities once they arrive onsite
  - Seek medical attention as soon as possible

Team Members will:

1. Not touch, shake, or bump the package. Do not open, smell, examine, touch, or taste.
2. Take directions from Incident Manager.

**In the event of an explosion, the Incident Manager will:**

1. Ensure treatment of any residents, team members, visitors, or volunteers injured as a result of the emergency.
2. Photograph all damage as a result of the incident.
3. Preserve evidence in order to assist the police in their investigation.
4. Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.
5. Designate a team member to notify next of kin of any resident or team member who suffered trauma in the event.
6. Notify VPRO and others as appropriate (i.e. provincial regulatory authority).

The ED / Manager of Facilities Operations will:

1. Conduct a general meeting within a week of the incident to debrief team members, residents, visitors, and volunteers on the outcomes and recommendations following the emergency.
2. Implement the recommendations resulting from the debriefing sessions as well as from Emergency Services who responded to the emergency.

**Hazardous Chemical Spill – Code Brown****Standard**

The spill or leak of any hazardous material can result in immediate danger to life or health, disruption of resident care and threaten both the property and the environment.

These procedures must be carried out immediately for:

- a. The unplanned and/or uncontrolled release of any hazardous or potentially hazardous chemical in any quantity.



b. The spill or leak of any UNIDENTIFIED SUBSTANCE.

In the event of a spill or leak of any substance as defined above, the person(s) involved or discovering the spill/leak shall:

- S:** Safely evacuate everyone from the immediate area.
- P:** Prevent the spread of fumes by closing doors, if possible.
- I:** Initiate notification of Manager of Facilities Operations / Manager of Environmental Services or Health & Safety Rep. Over the P/A system and state the unit and exact location of the spill as well as the chemical if known.
- L:** Leave all electrical equipment, appliances and switches alone. Do not turn them on or off.
- L:** Locate any information regarding the chemical spills from the M.S.D.S.

### **Emergency Disaster Response Plan in Effect – Code Orange**

**A Code Orange will be used in case of a natural disaster, technological or human caused incident external to the Home, resulting in a sudden influx of new patients.**

**Code Orange emergency response procedure would be implemented as part of a coordinated response to the City of Toronto, HRH, local Police Services, Fire Department, Emergency Medical services and other relevant agencies.**

## **Procedure**

1. The Executive Director/designate will approve the receipt of Residents from another facility or the community following an external disaster.
2. On request, the receptionist/designate will communicate "Code Orange Alert" to advise employees
3. of a potential influx of Residents. "Code Orange" or "Code Orange Confirmed" will be communicated to declare a confirmed influx of Residents.
4. The reception plan will be implemented to handle the influx of Residents.

## **Outcome**

Code orange is paged, and the reception plan is implemented upon notification of an influx of Residents after an external disaster.

## **Loss of Essential Service/Natural Disaster – Code Grey**

Code Grey is any unplanned interruption or loss of a critical essential service or a natural disaster event. The Home will contact local authorities for further information on specific actions for each individual Code Grey situation.

Its purpose is to provide an immediate plan of action to ensure the safety of everyone and allow the Home to continue operations.

## **Procedure**

Humber meadow has a specific process in place to deal with the loss of essential services/ natural disaster such as the ones listed but not limited to.

1. Loss of hydro
2. Loss of natural gas
3. Loss of water/Boil Water Advisories
4. Loss of telephone
5. External Air Exclusion
6. Flooding
7. Tornado/Hurricane
8. Extreme cold
9. Withdrawal Services - No staff
10. Interruption of Food Services
11. Emergency Power Hook-up

**In this section, you will find home specific templates for the Code Grey situation listed above.**

## **Tools**

1. Loss of hydro – (Home specific)
2. Loss of natural gas – (Home specific)
3. Loss of water – (Home specific)
4. Loss of telephone – (Home specific)
5. External Air Exclusion – (Home specific)
6. Flooding – (Home specific)
7. Tornado/Hurricane – (Home specific)
8. Extreme cold – (Home specific)
9. Withdrawal Services - No staff – (Home specific)
10. Interruption of Food Services – (Home specific)
11. Emergency Power Hook-up (Home specific)
12. Code Grey – Facilitator Drill Checklist
13. Disruption of Building Accessibility – (Home specific)

## **Additional Emergencies - Outbreaks, Epidemics, Pandemics**

Homes will be proactive in the identification and prevention of outbreaks. In the event of an outbreak, an outbreak management plan will be in place and will be implemented as expeditiously as possible to interrupt further transmission of a disease-causing agent.

- Outbreaks will be reported to Regional Director of Operations, Revera Support Office, and provincial public health agencies as required.
- Humber Meadows s will have a pandemic plan in place to guide infection prevention and control practices and provide interventions in the event of an active pandemic.
- Humber Meadows will follow the provincial/regional outbreak management protocols as applicable

## **Documents**

Outbreak Management

Outbreak Management Protocols

Pre-Pandemic Preparedness Plan

Active Pandemic Outbreak Plan

Pandemic Playbook

## **Fire Safety Plan**

This Fire Safety plan is established to ensure that our Residents, clients, and employees, as well as our properties, are protected to the greatest extent possible and are cared for in the safest possible manner. The Home's environment will be 100% compliant with fire code standards

### **Documents**

#### **Fire Safety**

Implementation of the Fire Safety Plan

Humber Meadows Fire Safety Plan

## **Hazard Identification Risk Assessment (HIRA)**

Completing a Hazard Identification Risk Assessment will ensure that measures are in place to respond to those risks identified as most likely to occur. The expectation is that training, practice and resources are customized to react to the risks that are most likely to affect your home.

### **Documents:**

Humber Meadows Hazard Identification Risk Assessment

## **Emergency Management Contingency Plan**

A contingency plan is a process that prepares the Home to explore and prepare to respond to any eventuality or unplanned event. The contingency plan can also be used as an alternative for a planned action if expected results fail to materialize.

### **Documents**

Emergency Management Contingencies

Home Detailed Information

Facility Transfer Agreement (MOU for HM)

Emergency Accommodation Letter (HM MOU)

Relocation Procedures Template (HM)

Internal Emergency Contacts – (HM)

## **“Food, Fluid Provision Plan”**

Emergency Management Plans include:

- ❑ A plan for food and fluid provision in an emergency.
- ❑ A plan to ensure that in an emergency all residents have timely access to all drugs that have been prescribed for them.
- ❑ Resources, supplies, personal protective equipment, and equipment vital for the emergency response being set aside and readily available at the home including, without being limited to, hand hygiene products and cleaning supplies, as well as a process to ensure that the required resources, supplies, and personal protective equipment have not expired.

### **Documents**

HMLTC Specific Procedure - Interruption of Food Services

Emergency Menu Checklist

HMLTC Emergency Sample Menu

7 Day Emergency Menu

7 Day Emergency Menu Guidelines

Possible Emergency Scenarios

Recommended Emergency Supply List

Menu Stream Emergency Procedure

### **Drug Provision Plan**

In the event of a disaster, fire or other forced evacuation at the home:

Pharmacy will work closely with the home to provide the following in a timely manner:

- Replacement and dispensing of all required medications
- Delivery of required medication to alternative locations
- Delivery and Printing of MAR Sheets and/or Prescriber’s Medication Review
- Provide ongoing refills to the alternate location for the duration of the evacuation.

During any evacuation, the person assigned (as per roles and responsibilities) will remove the medication cart(s) and the E-MAR back up USB.

### **Documents:**

LTC Medication

Administration HM eMAR

Backup eMAR Backup

Master Guideline Care

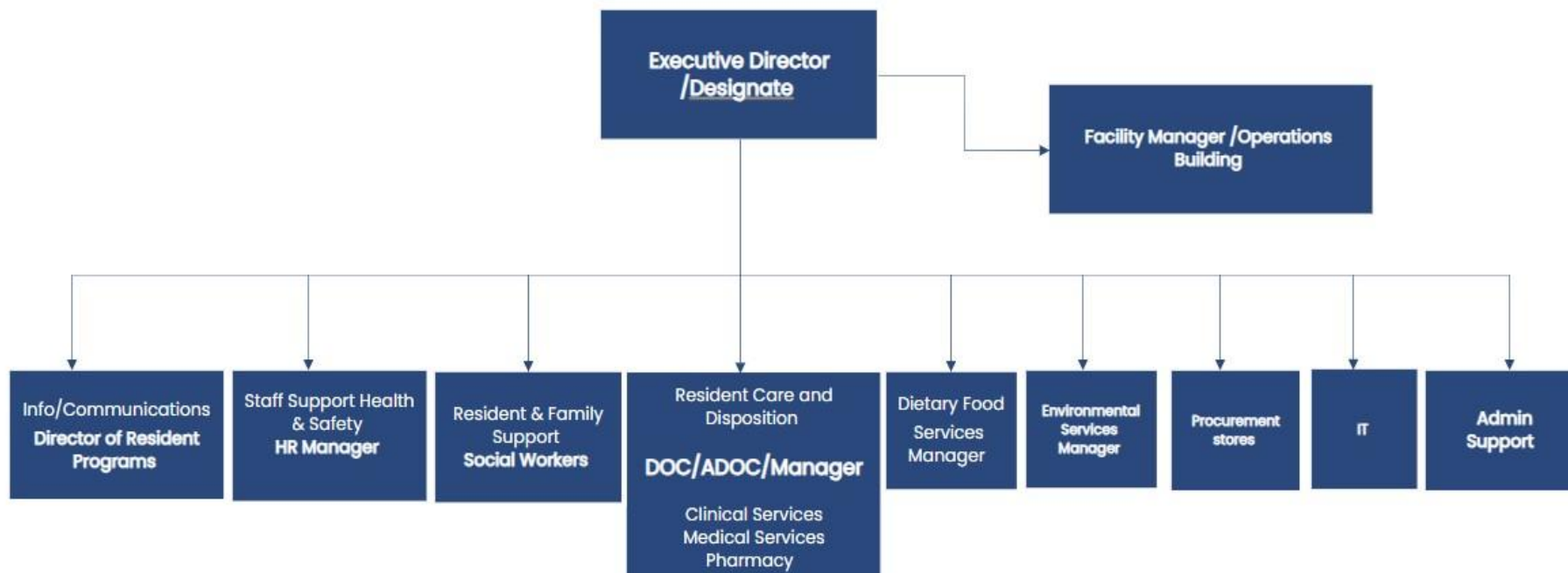
Home Disaster Plan  
(Pharmacy)  
Evacuation Information Binder Checklist

### **Emergency Fan out Procedure**

The Fan out Procedure is a call out process utilized to contact, notify, and direct staff to report, respond and/or assist the Home in the event of an emergency. Refer the Emergency Preparedness Manual xxxxx

## IMT: Team Roles and Structure

# IMT : Team Roles and Structure



## **Recovery and continuity**

Recovery planning is just as important as preparedness planning.

### **Return to Business operation**

Recovery from an incident is dependent on the nature of the incident but it may consist of the following:

- Contact local Health Authority to advise on the issue, and seek any local resources, if available.
- Identifying critical supplies, equipment, and key suppliers that support Home to determine strategies to protect key resources or to identify alternatives. Include contact information of key suppliers in the communications directory.
- Implementing plans to maintain critical operations to ensure the continuity of those operations or to bring those systems back online.
- Indicating back up or store off-site copies of key documents, files and business records.
- Based on Agreements or appropriate arrangements for an alternate location, ensure the continuity of care provision in case the Home cannot be re-occupied or will be temporarily unavailable.
- Contacting Corporate Risk Management Department and they will determine and advise on insurance and claim management.
- Maintaining adequate records to inventory furniture, equipment, and high-cost items
- Photographing all damage including contents, and major damages. Retaining photos in an electronic format and forward to Risk Management.
- Conducting a thorough damage assessment of the Home following the disaster/incident
- Considering plans for supporting staff, such as cash advances, salary continuation, flexible work hours, reduced work hours, crisis counseling, care packages, daycare.
- Identifying restoration companies that can assist with the cleanup of the Home and include their 24-hour contact information in the communications directory.

### **Analysis of the incident and Process Improvement**

After the incident is managed and the operation of the Home is recovered to business as usual, the Executive Director/Manager of Facilities Operations in conjunction with Leadership team involved in the incident response and recovery will debrief to evaluate the incident and how it was managed. This selected team could include, but not limited to Community Agencies, partner facilities, resources, corporate representatives, etc. The purpose of this evaluation is to learn from the incident, identify changes and revisions to the plan and identify areas for improvement.

Actions for improvement are documented in the “Code Specific Checklist and Action Plan” and implemented according to established timelines. The action plan is also used to document improvements identified during the annual review of the Emergency Management Plan, after testing exercises or review of procedures, inspections, and/or audits.