

Table of Contents

Emergency Response Plan Requirements

Emergency Response Plan Requirements	2
Definitions	3
Code Red	4
Code Green	6
Code Grey	13
Code White	14
Code Black	15
Nurse One	20
Code Brown.....	24
Code Yellow.....	27
Code Orange – Loss of Services: Heat, Electricity, Potable Water	30
Code Orange – Weather Related	34
Code Orange – Loss of Telephone	36
Code Orange- Boil Water Advisory	37
Authority in Emergency Situations	39
Emergency Fan Out.....	40
Emergency Plans – Training Requirements	41
Emergency Response Locker.....	44
Fire Extinguishers	45
Fire Watch.....	46
Responsibility of the Fire Officer.....	47
Responsibility of the PIC (Person in Charge)	48
Responsibility of Selected Person on Duty	49
Fire Drills	50
Designated Runner Policy	52

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Emergency Response Plan Requirements

STATEMENT:

In accordance with the Fixing Long Term Care Act (FLTCA, 2022) Pioneer Ridge Long Term Care and Senior Services will maintain an Emergency Preparedness Manual that contains, but is not limited to, emergency plans for the following:

- Outbreaks of communicable diseases, outbreaks of a disease of public health significance, epidemics, and pandemics (See IPAC Emergency Response Plan)
- Fires (See Code Red)
- Evacuation plans (See Code Green)
- Community disasters (See Code Grey)
- Violent outbursts (See Code White)
- Bomb threats (See Code Black)
- Medical emergencies (See Nurse One)
- Internal emergencies including: Chemical spills, Internal Floods, Structural Failure, Loss of Elevators, Gas Leaks (See Code Brown)
- Situations involving a missing resident (See Code Yellow)
- Loss of one or more essential services such as electricity, heating and cooling, food preparation, water supply, communications equipment, etc. (See Code Orange – Loss of Services)
- Natural disasters or extreme weather events e.g., earthquakes, tornadoes, extreme heat or cold, drought. (See Code Orange – Weather Related)
- Boil water advisories (See Code Orange- Boil Water Advisory)

PROCEDURE:

In developing and updating the plans, the licensee shall

- consult with emergency service providers and community organizations in the area that will or may be involved in responding to the emergencies, and keep a record of the consultation
- ensure that a Hazard Identification and Risk Assessment is completed to identify and assess any hazards or risks that may arise within the home or near vicinity /community
- consult with and involve Residents' Council and Family Council as appropriate

Every licensee of a long-term care home shall ensure that the emergency plans are tested, evaluated, updated and reviewed with the staff of the home as provided for in the regulations.

Every licensee of a long-term care home shall prepare an attestation attesting to compliance with this section and shall maintain a record of every attestation and shall comply with every requirement respecting the attestation that may be set out in the regulations

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Definitions

STATEMENT:

For purposes of clarification the following definitions will apply in this plan.

PROCEDURE:

DESIGNATE is defined as any supervisor who is immediately available or the Person in Charge. (PIC)

DISASTER CONTROL CENTRE is an area in the building that has been determined as a safe and effective area to act as a communications and coordination centre in the case of emergencies.

The Disaster Control Centre is located at the main fire panel (annunciator panel) unless unsafe and then will be at an alternate location **ALTERNATE LOCATION: Plaza 4 or as determined by PIC**

FIRE OFFICER is the Homes liaison with the Fire Department. This is usually the Environmental Services Supervisor.

NOTE: It is the responsibility of the Fire Officer to appoint a designate in the event that they are unavailable.

FIRE WATCH A term used to describe a person(s) whose sole responsibility is to look for signs of fire and smoke within an established area. Fire watch is required in the event of a temporary failure of the fire alarm system or where activities require the interruption of any fire detection, suppression or alarm system component.

DESIGNATED HOLDING AREA is a pre-determined area within the home that has been designated as an area where residents are taken to prepare for evacuation from the building. The holding area should be separated from the affected area by fire doors.

HORIZONTAL EVACUATION: Residents are moved to a safe area on the same floor, separated from the emergency by Fire Doors.

TOTAL EVACUATION: Residents are evacuated in a horizontal and /or vertical pattern to a holding area in preparation for leaving the facility.

VERTICAL EVACUATION: Residents are moved to a safe area on a floor downward but not below grade level. (Below grade level is defined as an area that would require going up a stairwell to leave the building).

PERSON IN CHARGE (PIC) is defined as is the Registered Nurse (RN) who assumes responsibility at the Disaster Control Centre in the event of an emergency and will be responsible for making decisions, delegating responsibilities and coordinating the response during the emergency situation.

SAFE AREA is a place within the facility where residents can be taken to remove them from immediate danger. The safe area should be separated from the affected area by fire doors.

SELECTED PERSON ON DUTY (SPOD)

is defined as the first available Registered Practical Nurse (RPN) who will be responsible for directing staff to carry out specific duties within the Nursing section during an emergency.

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Code Red - Response to Fire or Fire Alarm

STATEMENT:

In the event of a Fire or Fire Alarm all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

PROCEDURE:

If you discover a fire, you must REACT:

- R** - Remove persons in immediate danger, if possible
- E** - Ensure the door(s) is closed to confine the fire and smoke
- A**- Activate the fire alarm system, using the nearest pull station
- C** - Call 911 (this is assigned to right court, plaza 2 RPN)
- T** - Try to extinguish the fire / Take appropriate action - assist as needed

** Attempts to extinguish the fire should only be made by those persons who are trained and familiar with fire extinguisher operation

Upon hearing the fire alarm or "Code Red"

1. Turn off any equipment, as required
2. Listen for the announcement of the location of the fire
3. Using the safest route possible
 - a) Return / report to your nursing unit, or
 - b) Report to the closest nursing station, or
 - c) Report to the Disaster Control Centre **

**Nutrition and Food staff working in the kitchen and anyone in the coffee shop area / general vicinity of the DCC reports here.

Note: Residents should not be left unsupervised. Some staff may need to stay with residents.

4. On your way to the nursing station / DCC, check any rooms or offices in the area (staff rooms, classrooms, closets) for signs of smoke or fire
5. Close doors
6. Staff will be assigned to complete tasks to ensure resident safety by the Person in Charge or the Selected Person on Duty. **Follow the directions of these persons only!**

Assigned duties may include:

- Monitoring exit doors / stairwells
- Checking resident rooms
 - Once a room has been checked, the door should be closed and the flexi-strip is placed across the door jamb to indicate the room is clear.
- Shutting off oxygen concentrators in the area of the fire
- Removing residents to a safe area as required
- Reassuring residents
- Further evacuation, listen for instructions.

If the Automated Fire System malfunctions:

AT FIRE PANEL MAIN PLAZA:

1. Remove the black microphone from the left panel (next to the red phone).
2. Press the “All Call” button.
3. Press and hold the button on the side of the microphone.
4. When the “Ready Page” light is solid, announce (three times):

“CODE RED – (SPECIFY LOCATION OF FIRE)”

5. Press “All Call” button once page is complete.
6. Call 911 to confirm the fire and location with the Thunder Bay Fire Department.
7. Establish communication link with the emergency zone only, using the portable radio on channel # 1 and your cell phone.
8. Remain at the fire alarm panel for the arrival of Thunder Fire Department.

TO SILENCE AND RESET ALARM:

Only silence and reset fire alarm under the direction of the Thunder Bay Fire Dept.

1. Silence the fire panel by pressing the “Alarm Silence” button.
2. Press the “Reset” button located in the top left corner of the fire panel.
3. Ensure building is operational to include magnetic doors and elevators in the fire panel cabinet (magnetic door and elevator indicators are both located beside the fire panel on the right side).
4. If the *Trouble Light* is flashing and the fire panel will not reset, press “Reset” again. If panel will still not reset, contact Building Services (*after hours call 807-346-2300*).
5. Once fire emergency is over, announce (three times):

“CODE RED – ALL CLEAR”

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Code Green – Evacuation

STATEMENT:

In response to an emergency situation, the decision may be made to evacuate parts or all of Pioneer Ridge Long Term Care. All staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

In any stage of evacuation, the technique used to move the resident shall be the safest yet most effective means possible, based on the individual situation.

Pioneer Ridge has a reciprocal agreement for temporary shelter for our residents with Jasper Place and Glacier Ridge Retirement Residence in the event that an evacuation is necessary.

In the event that a City Wide Disaster is declared, the Administrator/designate would contact the City Disaster Planning Committee, to determine which location(s) our residents would be evacuated to.

Agreements with local facilities are made based on locale and geographical location to admit residents on a temporary basis in the case of a facilities emergency.

PROCEDURE:

The authority to activate Code Green rests with the PIC in collaboration with the City of Thunder Bay Emergency Management Team.

To initiate an evacuation, the PIC or designate will:

Using a telephone perform a building wide page, and announce (3 times):
“CODE GREEN – (SPECIFY HOLDING AREA)”

Upon hearing the alarm or "Code Green"

Listen for the announcement of the location of the emergency
 Check any rooms or offices in your areas (staff rooms, classrooms, closets)
 Close doors
 Using the safest route possible:

Return / report to your nursing unit, or
 Report to the closest nursing station, or
 Report to the Disaster Control Centre

Note : Residents should not be left unsupervised. Some staff may need to stay with residents.

Follow the directions of the Person in Charge or Selected Person on Duty

STAGES OF EVACUATION:

A complete evacuation normally occurs in successive steps through the building:

- ② **Partial (Site)** - evacuation from the immediate area of emergency (i.e. fire in a resident’s room).
- ② **Horizontal** - evacuation beyond corridor fire doors and/or into an adjacent secure area.
- ② **Vertical** - evacuation to another level.
- ② **Complete** - evacuation of the entire building.

PRIORITIES FOR EVACUATING RESIDENTS:

1. Nearest to the source of danger
2. Ambulatory – 4 or 5 residents will be accompanied by a staff member.
3. Requiring assistance – will be transported by blanket carry if no wheelchair/stretchers available
4. Non ambulatory /noncompliant.

To minimize traffic confusion, staff will “keep right” when moving down corridors.

RESPONSIBILITIES OF REGISTERED STAFF/MANAGER FROM EMERGENCY AREA

REGISTERED STAFF - those who are assigned on their work schedule to assume responsibility for the code green emergency until the Manager /Leadership arrives.

1. Determine the need for an immediate evacuation in conjunction with first person who identifies the emergency.
2. Determine evacuation exit(s) and or stairwells to be used.
3. Put on the orange safety vest from the evacuation bin and remain in a central location to be accessible.
4. Obtain portable radios to liaise with all resident home areas within the building if required.
5. Be calm and reassuring
6. Assign a staff member to report the holding area with the evacuation bin, portable radio and medication cart to await residents.
7. Complete resident evacuation record as residents are being evacuated to holding area by safest route.
8. Ensure no residents are remaining in the emergency area by carefully checking the resident home area such as: closets, behind curtains, bathrooms, behind doors and under beds and in cupboards.
9. Close resident room doors and place Flex-Evac marker - located on the bottom of the door - to the *VACANT* position (**see Figure 1**) to indicate room has been checked and cleared of residents.

(1) If the door is opened while the Flex-Evac marker is in *VACANT* position, it will close, indicating re-entry and alerting staff to check room again (**see Figure 2**)

Figure 1 – Indicates room has been successfully evacuated



Figure 2 – Indicates the room must be re-checked



10. Remain in affected area until the last person leaves.
11. Report to the holding area for roll call.
12. Document any decisions made.
13. Attend debrief meeting as required.

Before attempting to evacuate residents, a quick assessment of the immediate danger and the residents' physical condition and size must be made. Emergency removals may be done by one or more persons.

When attempting the lift of a resident requiring more than one person, it is advisable that one person assumes command of the situation and directs all the instructions.

Horizontal evacuation

Residents should be removed from the area of emergency, into a safe area beyond the fire doors.

Stage One

Evacuate the room of origin, only if you are able, then the rooms on each side of and opposite the room of origin. Make certain to close all doors and activate the flex-evac strips.

Stage Two

Evacuate all ambulatory residents and residents in wheelchairs next. They should be moved in a group, whenever possible. Make certain to close all doors and activate the flex-evac strips.

Non-ambulatory residents should be moved next. (May require more than one person) Make certain to close all doors and activate the flex-evac strips.

Resistant residents should be removed last, if they are not in immediate danger.

If further evacuation is required: Vertical evacuation

Residents should be moved into a holding area beyond the fire doors.

Stage Three

Residents from the emergency unit are now taken to a lower level away from the emergency (but never into a below grade level)

Stage Four

Residents on floors above the emergency are now taken to a lower level away from the emergency (but never into a below grade level)

If further evacuation is required: Total evacuation

Stage Five

Residents are now taken to the exterior of the home

The Person in Charge will consult with the Administrator and the designate at the temporary shelter locations to determine how many residents will go to each location.

In the event that a City Wide Disaster is declared, the Administrator would, in collaboration with a member of the City Disaster Planning committee, determine which location(s) the residents would be evacuated to.

Arrangements for the transportation of residents will be made in accordance with the Municipalities' Emergency Plan. Fire Department / Police officials on site will assume the lead role in accessing required services, e.g. buses, ambulances, portable transporter units.

The information required in any request for transportation is:

- a) Total number of independently mobile residents
- b) Total number of residents requiring assistance
- c) Total number of residents in wheelchairs
- d) Destination

Additional support will be required in assisting residents to transfer onto transport vehicles and on arrival at the receiving areas or temporary shelters for transfer out of vehicles. Therefore, anyone able to do so will be requested to accompany residents. Nursing staff will provide leadership in identifying priority health needs and how these needs can be met depending on the circumstances.

At the receiving area Pioneer Ridge staff will stay with the residents until relieved

The Disaster Control Centre will arrange for the transportation of staff from receiving areas or temporary shelters back to the Home.

FIRST RESPONSE IN OTHER AREAS

1. If the CODE GREEN announcement does not involve your area to either evacuate or to receive residents:
 - a. Continue your normal duties, but remain alert for further instructions.
 - b. Be available to assist with the evacuation of residents, if required
2. If complete evacuation is required all staff:
 - a. Follow direction of individual wearing the fire vest.
 - b. Perform a quick visual check of your immediate area.
 - c. Place Flex-Evac markers on doors of rooms that have been evacuated in the *VACANT* position
 - d. Redirect residents and visitors to designated evacuation route.

RESPONSIBILITIES HOLDING AREA

Staff member assigned to holding area must:

1. Put on a fire /safety vest to indicate "**in charge status**".
2. Obtain portable radios to communicate with registered staff.
3. Clear an area in preparation to receive residents.
4. Rapidly assess residents and coordinate emergency care of severely injured residents.
5. Prioritize injured/ acutely ill residents for transfer to another institution. Place evacuation identification tag (red, blue or green) for residents being sent to evacuation site

6. Document on the resident evacuation record where residents are being transferred to when relocating to another site.
7. If additional help is required contact registered staff on portable radios
8. Ensure that one staff member remain with residents at all times.
9. Encourage and reassure residents to remain calm.
10. Attend debrief meetings as required.

The Command Centre is located at main entrance (fire panel) contact by using portable radio or cell phone

The Manager/PIC will oversee the emergency until the arrival of Administrator, designate and/or Leadership.

1. Control all communication regarding the evacuation.
2. Liaise with emergency responders.
3. Dispatch additional personnel as requested.
4. Keep staff informed on the progress of the emergency situation.
5. Notify Leadership at 807-628-4207
6. When instructed by Emergency Responders that the emergency is over, the PIC will announce (3 times):

“CODE GREEN – ALL CLEAR”

7. Arrange for relocation site and transportation for residents in a complete evacuation
8. Document all actions and decisions taken.
9. Arrange for debrief meeting.

EVACUATION INFORMATION

COMMUNICATION

To communicate from the emergency area to the holding area zone(s) staff will use **portable radios**. They are provided on all resident home areas. Cell phones are used by registered staff as well and the overhead paging system (807-684-3954).

EVACUATION BINS

Evacuation Bins are clearly labeled and located on all resident home areas. They contain - code green evacuation plan, safety vest, evacuation holders, colored tags, resident evacuation record. The evacuation bin will not be used to carry medications from the med carts when there is a vertical or a complete evacuation of Pioneer Ridge. Medications will be re-dispensed by the contracted pharmacy (Janzen's).

EVACUATION TAGS

The Evacuation Tags are color coded to facilitate visual identification for relocation purpose Evacuation Tags will be completed with the name of the resident, room where the resident was located and with the name of the facility the resident is being relocated to.

NAME

ROOM

RELOCATION SITE

1. **RED TAGS** are used for residents that will be transferred to Thunder Bay Regional Health Science Centre.
2. **BLUE TAGS** will be used for clients that will be transferred to another health care facility.
3. **GREEN TAGS** will be used for clients that will be discharged home.

COMPLETE EVACUATION:

The next stage of the evacuation procedure is the complete evacuation of residents, Pioneer Ridge has reciprocal agreement to accept each other resident in the event one of the sites must evacuate immediately. The evacuation bag must be used to carry medications from the med carts when a complete evacuation of Pioneer Ridge is warranted. The Command Centre will contact the possible relocation sites and arrange for immediate transport and relocation of the residents. Possible relocation sites may include Jasper Place and Glacier Ridge.

Medications will have to be ordered and re-dispensed, according to medical records, by the contracted pharmacy (Janzen's).

CITY WIDE DISASTER

In the event that a City Wide Disaster is declared, the Leadership team would contact or be contacted the City Disaster Planning Committee to determine which locations(s) the residents of the Pioneer Ridge would evacuate to.

The City of Thunder Bay has agreements with local facilities based on locale and geographical location to admit residents on temporary basis in the case of a facilities emergency.

Following a total evacuation the Leadership, Directors and Managers in consultation with the Medical Director will identify when the residents can be returned to Pioneer Ridge. Next of kin should be notified by each home area. An inspection must be made by an authorized individual(s) or emergency responders to ensure the building is deemed safe for re-occupancy of residents.

Medications will have to be ordered and re-dispensed, according to medical records, by the contracted pharmacy (Janzen's).

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Code Green - Return of Evacuated Residents

STATEMENT:

Following a total evacuation, the Administrator or designate in consultation with the Medical Director, Supervisors and the Fire Department will identify when residents can be returned to Pioneer Ridge.

PROCEDURE:

1. Inventories shall be taken and Supervisors shall advise the Administrator of the need to replenish supplies prior to reoccupation.
2. An inspection will be made to approve the home for resident re-occupancy by appropriate individuals or authorities and to determine that all equipment is functional. These reports are to be submitted to the Person in Charge.
3. Staff in all departments must be contacted to confirm their return for specified shifts. Attending Physicians are notified directly by the Director of Nursing. The Medical Director will be notified by the Administrator or designate
4. Priorities must be established to facilitate the return of residents and a schedule developed to allow for an orderly reoccupation. Next of kin must be notified by each resident home area.
5. Nursing Staff shall:
 - a) receive pertinent information about residents from temporary shelter area
 - b) provide nursing support to residents in process of transfer
6. Staff will accompany residents on their return to the home.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Code Grey - External Air Exclusion

STATEMENT:

In the event of an external emergency causing outside air to become hazardous and may enter the building through air handling units that requires Pioneer Ridge to restrict the air intake into the facility, all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

PROCEDURE:

The authority to activate Code Grey rests with the PIC in collaboration with Environmental Services

In the event of declared air exclusion:

1. Staff in Maintenance / Environmental Services will assess the situation and must initiate control measures, including:
 - shut down all air handlers /exchangers
 - shut down all exhaust fans
 - shutdown of all air conditioners
 - closing of loading doors
2. All staff should close all doors and windows
3. Advise residents and visitors to stay indoors. Restrict outdoor activities.
 - It is recommended that Staff and residents / visitors wear masks if required to travel outdoors for appointments / other reasons
4. Station staff at all normally used doors to limit their use to essential traffic only
5. The Administrator/Designate will investigate the situation and make the decision on whether or not to evacuate.

ALL CLEAR

After consultation with Environmental Services (who will consult with the regulatory agency), the PIC will announce **"Code Grey All Clear"** on the intercom.

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Code White – Aggressive Incidents

STATEMENT:

In the event of an aggressive incident involving a resident, staff or intruder, all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

If an unknown person is demonstrating suspicious behaviour on the property or in the building, notify the Person in Charge.

Staff should never try to subdue, chase or otherwise come into contact with anyone who is demonstrating suspicious behaviour or who is on the premises without authority or purpose.

PROCEDURE:

In the event of an aggressive incident, or an incident that may potentially become aggressive:

Assess the situation and, if appropriate, respond according to procedures for the Prevention and Management of Responsive Behaviour

If a resident or staff member is in imminent danger, notify the Police immediately by calling 911

To obtain staff assistance, access the telephone paging system (dial 807-684-3954 or 3954, or the Paging quick key if setup) and announce CODE WHITE and the location:

All available staff should respond to a code white.

Staff with training in crisis intervention or responsive behaviour techniques should attempt to safely diffuse the situation

Remove residents from immediate danger to a safe area as soon as possible.

In the case of injury:

Provide necessary medical attention on-site or arrange transportation to hospital. If a resident is transported to hospital, the attending physician must be contacted. Complete a Resident Incident Report and appropriate documentation.

If medical attention is required for the employee, his/her immediate supervisor or the RN must complete the following forms (as applicable):

- a) Supervisor's Report of Employee Injury/Loss (within 24 hours of injury)
- b) Resident Incident Report
- c) Critical Incident Report
- d) Witness Statement (Statement of Knowledge)

Provide immediate emotional support to staff and residents; debrief the incident as soon as possible.

Advise the Medical Director of the incident as soon as possible

ALL CLEAR should be announced only when the incident is fully under control.

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Code Black - Bomb Threat

STATEMENT:

In the event that a bomb threat- either in person, written or verbally is received or a suspicious object or package is discovered, all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

All bomb threats must be taken seriously and considered genuine until proven otherwise.

A potentially explosive device (suspicious package) may be discovered on the premises without receiving a previous call or warning, and must be treated in the same manner.

PROCEDURE:

The authority to activate Code Black rests with the PIC in collaboration with Thunder Bay Police

1. Upon notification of a bomb threat / suspicious package, PIC will contact and advise:
 - Police by dialing 911
 - Administrator or designate
2. The PIC, in collaboration with the Thunder Bay Police will assess all available information to determine whether to authorize a Code Black response.
3. If Code Black response is initiated, PIC will announce on intercom:
 - “Code Black + location” (if location is known) and “please refrain from using cellular devices at this time”.
(Overhead announcement subject to change as per Police instructions)

Repeat announcement every 3 minutes

INSTRUCTIONS FOR STAFF RECEIVING A BOMB THREAT OR SUSPICIOUS PACKAGE

Telephone Threat

The person receiving the call should obtain and record as much information as possible using the Bomb Threat Telephone card or any other available means.

1. Listen carefully; be calm and courteous.
2. Do not interrupt the caller.
3. Obtain as much information as you can by using the quick reference Code Black sheet.
4. When the bomb threat is received by telephone, DO NOT USE that particular telephone again until Police gives permission to do so.
5. While talking to the caller use any means possible to get the attention of a co-worker (e.g. wave clear plastic Code Black card or hit wall or a desk) to alert them of the Code Black situation.
6. Ask the caller:
 - ☒ What time will the bomb explode?
 - ☒ Where is it?
 - ☒ Why did you place the bomb?
 - ☒ What does it look like?
 - ☒ Where are you calling from?
 - ☒ What is your name?

7. DO NOT USE wireless device to communicate they may activate the bomb. Only use a land line telephone for communication purpose or send a runner.

8. Any persons who receive threats by written forms such as email, txt, or letter should cease use of the device and limit handling of the device/paper.

Immediately after the caller hangs up, report the threat to the PIC @ 807-624-6990

Take the completed Bomb Threat Telephone Card / alternate record to the PIC at the Disaster Control Centre.

Be available to speak to the Police when they arrive.

Written Threat

If the threat is received via mail / letter format, avoid handling it unnecessarily.

Immediately report the threat to the PIC @ 807-624-6990

Be available to speak to the Police when they arrive

In Person Threat

Note any physical / distinguishing characteristics of the individual

Immediately report the threat to the PIC @ 807-624-6990

Record as much information as possible on the Bomb Threat Telephone card to provide to Police.

Take the completed Bomb Threat Telephone Card to the PIC at the Disaster Control Centre.

Be available to speak to the Police when they arrive.

Finding a Suspicious Package

If a suspicious package is found DO NOT ATTEMPT TO MOVE, OPEN OR INSPECT IT!

1. Restrict access to the area by providing a safe perimeter.
 2. Evacuate the immediate area. Bring all staff, residents, and visitors out of danger.
 3. Notify manager/person-in-charge @ 807-624-6990 (include description and location)
- Further actions to be determined by the PIC or Police may include evacuation of the area.

Be available to speak to the Police when they arrive.

INSTRUCTIONS FOR ALL STAFF UPON HEARING "CODE BLACK"

The use of cellular phones or portable transmitting devices is restricted to emergency use only until the code black is cleared.

- All employees should return to their departments avoiding the use of elevators
- All residents and visitors should be returned to their rooms with staff reassuring and explaining what is occurring.
- SPODS should arrange for a resident census to be completed in the event an evacuation is required.
- Staff should be prepared to assist by searching their areas.

Search Instructions

Upon hearing the Code Black Announcement, teams of 2 staff (one wearing the runner vest) in each area should immediately conduct a walk through and visual scan for any suspicious packages.

- Listen for unusual sounds and look for items that are out of the ordinary or seem out of place (ie. wires hanging, or ceiling tiles moved)
- Do not touch any suspicious items or packages.
- Do not open any locked doors or move any objects that appear to be suspicious.
- Do not touch light switches

If a suspicious package is found **DO NOT ATTEMPT TO MOVE, OPEN OR INSPECT IT!**

Immediately report the item to the PIC @ 807-624-6990 (include description and location)

EACH department must call the PIC at 807-624-6990 to report inspection results.

INSTRUCTIONS FOR EVACUATION

If a suspicious package is found, the decision to evacuate and the extent of the evacuation will be made by the PIC in consultation with Police.

(See Code Green for further information about Evacuation procedures.)

See **Code Green** for further information on evacuation procedures.

ALL CLEAR

When instructed by Leadership and the Police announce **“Code Black All Clear”** on the intercom

1. Arrange for Critical stress debriefing and counseling for staff as required.
2. Document all actions taken.
3. Attend a debrief meeting as require

UNUSUAL INCIDENTS

Unusual occurrence to report to your supervisor include:

- ☐ Unauthorized photography of the building or grounds
- ☐ Persons loitering on the premises with no clear business, including persons in vehicles.
- ☐ Questions or monitoring of security.
- ☐ Questions about unauthorized entry or access areas / any persons attempting or accessing unauthorized areas without permission.

Suspicious package characteristics could include:

- ☐ No return address / unknown sender
- ☐ Restrictive markings (confidential/personal/private)
- ☐ Endorsed “fragile-handle with care”/”rush”/”do not delay”
- ☐ Excessive postage
- ☐ Foreign mail, air mail, special delivery
- ☐ Misspelled words
- ☐ Hand written, poorly typed
- ☐ Address to title only – no specific name
- ☐ Incorrect titles with name
- ☐ Oily stains, discoloration, crystallizations on wrapper, unusual odor
- ☐ Excessive weight / unusual noise, buzzing, ticking, sloshing
- ☐ Rigid or bulky envelope Lopsided or uneven envelope
- ☐ Protruding wires or tinfoil
- ☐ Visual distractions

☒ Excessive securing – tape, string, etc.

If you find a suspicious article:

1. Do Not Disturb it.
2. Keep PIC advised on emergency status.
3. Provide traffic control, if safe to do so.
4. Provide assistance to the Police as directed.

When Police are satisfied that all occupied areas have been inspected and found clear or a bomb has been found, removed, or defused, they will direct the PIC to announce "Code Black All Clear" overhead

Upon the All Clear, Administration schedules a formal debrief as soon as possible with appropriate personnel.

Bomb Threat Search List.

Search area in pairs of 2 if directed by Police.

Area to be Searched	Person Responsible to Search	Time Completed
All exterior perimeter Public Area Secured Exterior Business Office and all Administration Offices within the Area	Environmental Services	
Hair Salon	Business Office Clerk	
Resident Home Areas	Registered Nurse	
Service Area		
Maintenance Shop Staff Rooms Change Rooms First Floor Offices	Environmental Services	
Laundry and Shipping/Receiving	Laundry Staff	

Area to be Searched	Person Responsible to Search	Time Completed
Mechanical/Electrical Room Corridors in Service Area Public Washroom Telephone/Server Room Housekeeping Area	Environmental Services	
Kitchen Area Food Service Supervisor Office Dietitian Office	Environmental Services Staff Nutritional Food Services Staff	
Each Resident Home Area Medication Room Nursing Documentation Room Living rooms Soiled Utility Room Clean Linen Room Resident Laundry Area Bath Tub Rooms Storage Rooms Equipment Rooms Activity Room Resident Bedrooms Resident Dining Room Washroom area Servers Dishwashing area Storage Elevators	Nursing staff	

Date: _____
 Time search started: _____
 Time search complete: _____
 Signature of Manager/Person-in-charge: _____

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Nurse One – Response to Medical Emergency

STATEMENT:

This policy has been established to ensure the safety and health of all employees, residents, and visitors to our Home.

Every staff member, regardless of their role, is expected to become familiar with the following procedures and protocols. Your responsibility to maintain a safe and secure environment is crucial, as emergencies can occur at any time and may have serious consequences if not managed properly.

This policy is meant to provide guidance to all staff on how to respond to any medical emergency that may occur during their work, whether they involve **residents, employees, students, or other visitors**.

Medical Emergencies can include anything from a specific issue like an allergic reaction, to a more general medical emergency like a heart attack, stroke, or fainting episode. Anyone, on any given day can experience a life-threatening incident while in our Home.

In our Home it's important that all staff, regardless of their role, know how to respond effectively and appropriately to keep everyone safe.

Emergency Roles and Responsibilities

Each staff member plays a role during a medical emergency. This section describes the different responsibilities based on roles within our Home.

Supervisor or Person in Charge: Takes the lead in all emergencies. Assigns roles as needed, makes the decision to call 911, and ensures that the pathway for emergency medical services is clear.

If Person in charge is responding to emergency, one other Registered Staff must assume responsibility by appointing a runner to get needed supplies, delegating staff to reassure and relocate residents, and respond to the PIC's direction.

All Staff: Must follow directions from the supervisor, person in charge, and/or delegate Person in Charge as directed. Aim to keep pathways clear for emergency personnel and ensure there are no bystanders that should be asked to vacate area. Know how to retrieve required supplies, call a Nurse one, and follow all directions from PIC.

Person in charge or delegate person in charge needs to dismiss bystanders or release staff back to their duties when situation under control.

PROCEDURE:**Medical Emergency Process****Step 1: Recognizing Medical Emergencies**

A key component of handling a medical emergency is recognizing when one is happening. Recognition requires observing signs and symptoms of potential medical emergencies that may occur.

Signs of a medical emergency can include but are not limited to:

- Sudden loss of consciousness
- Fall resulting in possible head injury
- Severe difficulty breathing
- Severe chest pain
- Sudden weakness or paralysis (especially on one side of the body), sudden severe headache, severe abdominal pain, uncontrolled bleeding, severe burns, or sudden severe pain anywhere in the body.

Step 2: Reporting a Medical Emergency

Once you have identified a potential medical emergency, it's critical to report it immediately.

- Always remember the first rule: "Safety first". If a medical emergency occurs, your safety and that of the staff or visitor are paramount.
- If you identify a potential medical emergency, remain calm. Do not try to move the person unless they are in immediate physical danger.
- Immediately inform your supervisor or the person in charge. **This can be done by announcing a Nurse One:**
 - If using a landline phone at Pioneer Ridge press the programmed PAGING button on the phone OR dial 807-684-3954 from ANY phone, including a cell phone. Wait for the tone indicating you can speak. Announce the Nurse One including exact location of the emergency i.e. "Nurse one, plaza 2 room 200". Repeat announcement three (3) times.

NOTE: If any emergency occurs on a Home Area where an RN is already present and managing the situation, the RN may determine that it is not necessary to call "Nurse One" unless further assistance is required.

- All RNs in the building will respond to "Nurse One". Any available RPNs from each home area will respond to offer assistance to the RNs.
- Stay with the person until help arrives and be prepared to take direction from the Person in Charge.
 - The first RN to arrive at the emergency site takes control and assesses the situation (becomes the PIC).
 - The PIC will determine the amount of assistance required to manage the emergency and release those who are not required to stay.
 - Assistance of PSWs or other homes staff may be requested based on needs.
 - The PIC should direct the cancellation of the "Nurse One" once adequate help has arrived or it is safe to do so. (Cancel by announcing Nurse One All Clear)

- Dial 911 if directed by the Person in Charge and be sure to provide clear information regarding the location and nature of the emergency.
- The Person in Charge will communicate with staff as required. PIC may require assistance accessing equipment and required resources.
- Person in charge may want to establish a next of kin or someone the affected person would like to have notified of incident.

Step 3: Documentation and Incident Reporting

All medical emergencies, including actions taken and outcomes, must be documented accurately and promptly. Incident/Unusual Occurrence reports should be completed detailing the nature of the emergency, individuals involved, actions taken, and any follow-up requirements. This documentation allows for continuous improvement of emergency response protocols.

The Administrator or designates should be notified of all emergency situations.

NOTE:

Injured staff must have a Report of Injury completed by the RN.

Injured visitors must have a General Incident / Unusual Occurrence Form completed by the RN.

Injured residents must have a Resident Incident Report and/or other applicable documentation completed by the RN.

Step 4: Post-Emergency Review

After a medical emergency, it's important to review and reflect on the event to improve future responses. This section explains how we will conduct post-emergency reviews.

- After any emergency, the staff involved should participate in a debriefing. This discussion should include what happened, how the team responded, what went well, and what could be improved.
- Any recommendations for improving the response should be documented and incorporated into the policy as appropriate.
- Ensure all staff are offered post-incident support, as these events can be stressful and potentially traumatic.

If there is an emergency situation that may require an evacuation, procedures established in the Emergency Plan will be implemented (Code Green) to safely evacuate residents, employees, and visitors from the premises. Evacuation routes, assembly points, and emergency exit signage are clearly identified and regularly reviewed.

Compliance with this Medical Emergency Response Policy is vital to ensuring the safety and well-being of our patients, employees, and visitors. By following these guidelines, employees contribute to a swift and efficient response to medical emergencies, ultimately saving lives and minimizing the impact of these critical situations.

Medical Emergency Preparedness - Training and Equipment

Being prepared for medical emergencies involves having the proper training and equipment. This section outlines the types of training staff should undergo and what emergency equipment should be on hand.

- Although not mandatory for unregulated staff, all staff will benefit greatly by being trained in basic first aid and CPR. Recertification should occur every two years.
- Mandatory FA/CPR for all RPNs and RNs and require recertification every 2 years
- Each Home Area has a treatment cart that is stocked with basic first aid supplies. **It is located in each clean utility room on every floor.**
- Each Home Area also has an Emergency Plan and CPR/Ambu-bag Kit. **It is labelled and located behind the nursing station on every home area, above the chart rack near the medication room.**
- All kits are checked every 3 months by BPC and or Night RN, and after each use (by responder) to ensure all supplies are stocked.
- All Registered staff should have training in how to use an Automated External Defibrillator (AED). **An AED is readily accessible in the front lobby by the fire panel.**
- **AED monthly checks will be completed by the Maintenance staff during the monthly fire alarm testing. Checklist is attached.**
- All staff should know where the AED is located and how to retrieve if asked.
- It is imperative that all staff know how to call a nurse one
- Regular training and emergency response drills are conducted to ensure preparedness and efficiency in handling medical emergencies.
- Employees do an annual review of emergency response protocols and are provided with opportunities to practice their knowledge.
- Orientation checklists for direct care staff include reviewing the location of emergency response plans, treatment carts, Ambu-bag kits and how to page for Nurse one.

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Code Brown – Internal Emergencies

STATEMENT:

In the event of an internal emergency, all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

Internal disasters can include: flooding or water damage due to water main or pipe breaks, building leaks or storm or sanitary sewer backup, gas leaks or chemical spills.

For all building related emergencies the Environmental Services Supervisor or someone from the maintenance department must be notified immediately. If no one is available, contact a contractor for assistance as necessary.

PROCEDURE:

Flooding or Water Damage - Clean Water

Shut off water supply to affected area if able

Obtain containers to catch dripping water to minimize damage

Remove residents to a safe area as required. If an evacuation is required the PIC & Administrator or designate must be notified as soon as possible.

Secure the area

Remove any supplies or equipment from the flooded area to prevent damage. A record must be kept of all damage and expenses to repair damage for the insurance claim.

If water coming into facility is heavy and sustained, the following steps may be necessary:

- a. Power supply and telephone service may have to be interrupted if the leak is too serious.
- b. Fire Department must be notified if main water supply to building is disconnected and/or power is interrupted to fire alarm system

After water has been shut off, any available staff can begin clean-up work as follows:

- obtain wet/dry vacuum
- assign staff for mopping (extra staff may be required)
- obtain mops and pails from housekeeping
- wash the area with detergent solution
- thoroughly clean and return cleaning equipment to appropriate areas
- suction equipment may be available from the City of Thunder Bay 'Facilities' dept.

Flooding or Water Damage - Black Water (Sanitary Sewer Backup)

Remove residents to a safe area as required. If an evacuation is required the PIC & Administrator or designate must be notified as soon as possible.

Secure the area

Remove any supplies or equipment from the flooded area to prevent damage. A record must be kept of all damage and expenses to repair damage for the insurance claim.

Any available staff can begin clean-up work as follows:

- shut off water
- obtain wet/dry vacuum
- assign staff for mopping
- wash area with a disinfectant
- thoroughly clean and return cleaning equipment to storage areas
- suction equipment may be available from the City of Thunder Bay 'Facilities' dept.

Any items and equipment that has come in contact with the spill must be thoroughly inspected for contamination. All equipment and areas must be cleaned with solution as indicated in Housekeeping procedures.

Natural Gas Leaks

Report any unusual "smells or odours". Gas has a distinctive odour of "rotten eggs" for ease in identification. All suspicious or unknown odours should be reported to Maintenance.

If the smell of gas is noticeable: contact Enbridge (Union Gas) **1-866-763-5427** and Thunder Bay Fire and Rescue Department by calling **911**.

Extinguish all smoking materials. Pay close attention to residents

Notify all areas by announcement.

Remove residents to a safe area as required. If an evacuation is required the PIC & Administrator or designate must be notified as soon as possible.

Open the doors and windows for ventilation and to assist in reducing concentration.

Do not touch any electrical switches on equipment. (Light switches, cell phones etc.)

Internal Chemical Spill

Remove residents to a safe area as required. If an evacuation is required the PIC & Administrator or designate must be notified as soon as possible.

Secure the area.

Open the doors and windows for ventilation as required.

Always use appropriate Person Protective Equipment as needed

STOP - THINK! Do not rush. Carefully plan clean up. The effects of a spill can be minimized with proper planning.

Acquire Safety Data Sheet (SDS) and determine the appropriate clean up procedures for the material.

Decide if you can safely handle the spill. If not, contact the appropriate person who can.
If spill is unknown, or unmanageable, call 911 and block off area

IF UNSURE CALL ONTARIO POISON CENTRE FOR ASSISTANCE **1-800-268-9017**

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Code Yellow – Missing Residents

STATEMENT:

To ensure the maximum safety of our residents, staff will perform safety/presence checks at regular intervals.

Check intervals may include, but are not limited to: AM/PM care, med passes, meal times, snack/hydration rounds, shift changes, night time room checks and any other time as may be required.

If a resident is absent or unaccounted for during checks, staff must attempt to verify their location immediately.

If a resident is not located, or is suspected to have left the premises of the facility, a Code Yellow search must be initiated immediately.

PROCEDURE:

Staff who discovers that a resident is missing is responsible for initiating the code yellow beginning with **Stage 1**

STAGE 1- AREA SEARCH:

- Search the resident's room and all accessible areas of the home area, including locked rooms/closets. (i.e. bathrooms, spa rooms, living rooms, other resident rooms)
- Review the outing binder / white board to determine if signed out by family / visitor
- Check the appointment book at the nursing station
- Check white board to determine if resident is at a program. Double check by physically attending the program to verify if resident is present
- Call the Hair Salon 807-684-3919
- Call Jasper Place 807-684-3068 (Be prepared to provide description of resident)
- Announce over the Intercom for the resident to return to the home area

If the resident is not located, notify the SPOD on the resident's home area who will initiate **Stage 2**. (They will be known as "Lead SPOD")

STAGE 2- FACILITY NOTIFICATION AND SEARCH:

- LEAD SPOD to notify the Charge RN. Ask them to come to the nursing desk – this will serve as **home base**
- LEAD SPOD announces over the Intercom

"ATTENTION ALL STAFF, CODE YELLOW – LOCATION, DESCRIPTION OF RESIDENT" X 2. "Please report to your home area nursing desk for further instructions."

Description should include:

Name

Hair Colour

Clothing

General physical description (height and weight/build)

Distinguishing characteristics

Mobility aides (wheelchair, walker)

Upon hearing the Code Yellow announcement the SPOD on **EACH** home area:

- Uploads the photo of the missing resident from Med-e-care for staff to view / refer to MAR book
- Turns on the walkie talkie in case communication to home base is required
- Assigns 1-2 staff to conduct a thorough search of their home area for the resident

The LEAD SPOD / Charge RN located at Home Base:

- Assigns 1-2 staff to conduct a thorough search of the home area for the resident
- Assigns 1-2 staff for an outside walk-about / search which must include the perimeter of Pioneer Ridge, Jasper Place and Grace Remus Daycare and the grounds. Vehicles are NOT to be used.

Search Procedure

- Searchers must be provided with a map indicating the areas they must search (located in the Emergency Kit)
- Searchers must use the provided map to conduct a search of the designated area, and check off as each room is searched.
- Completed maps are returned to the SPOD/Charge RN as quickly as possible

If the resident is located, report immediately to Charge RN via cell phone, walkie talkie or runner

If the resident is not located, Charge RN to contact family / POA

Proceed to **Stage 3**.

STAGE 3- EMERGENCY NOTIFICATION:

- Charge RN to call 911 for Police assistance
- Charge RN to notify Administrator / Director of Nursing or delegate (if not already done)
- Charge RN and/or LEAD SPOD to gather all information relating to the resident for police (Photo, security footage etc.)

When Missing Resident is Found:

- Resident should be returned to the facility if possible
- If unable to return, Charge RN should be notified of location and provided details regarding resident via cell phone
- Charge RN, Lead SPOD or designate announces over the Intercom
 "ATTENTION ALL STAFF, CODE YELLOW ALL CLEAR X 3 (Be sure to notify Jasper Place of all clear as well. (807-684-3068)
- LEAD SPOD and RN (or other health professional) must perform a thorough medical assessment of the resident

- Resident Incident Report must be completed
- Critical Incident Report may be required to MOHLTC.
- Charge RN to update Administrator / Director of Nursing or delegate
- Charge RN should arrange a debriefing meeting for all staff involved.
- Charge RN and LEAD SPOD must document all actions taken

DEPARTMENT: Community Services
 DIVISION: Pioneer Ridge
 SECTION: Emergency Response
 SUBJECT: Code Orange – Loss of Essential Services - Loss of Heat, Electricity or Potable Water

STATEMENT:

In the event of an external emergency causing a loss of heat, electricity or potable water to the facility, all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

The impact of loss of heat will be affected by the weather/season and duration. Good communication related to the needs of the residents, the length of emergency, etc. will be provided on an ongoing basis.

The loss of electricity or potable water can occur at anytime and the time frame can range from minutes to days. The loss of electricity can have an effect on being able to provide heat or cooling.

The role of the Leadership Team and Registered staff the during an internal disaster is to protect the residents, visitors and staff from actual or threatened dangers such as fire, explosion, and prolonged loss of electricity, potable water or other essential utilities and to stabilize the incident.

If temperature falls below regulated standards, the building may have to be evacuated. The Administrator or designate is responsible for making this decision.

Definitions:

CODE ORANGE – INTERNAL DISASTER – is the designated word to clearly communicate to all staff, residents and visitors that there may be a need for extra personnel to care for residents and possible evacuation of them due to a disaster within the facility. Examples of a disaster may include; loss of electricity, loss of water, sewer break/back-up, fire, flood, weather-related conditions or building damage.

FIRST RESPONSE WHEN INTERNAL DISASTER OCCURS:

In case of immediate impending danger to residents and/or staff, a decision to evacuate should come from the Administrator / Director of Nursing or their designate or the first responder in the area at the time.

- **REPORT** to the Administrator and/or the Director of Nursing or their designate.

Under their direction:

☒ **ANNOUNCE CODE ORANGE INTERNAL** by paging on the telephone to make the over head announcement.

☒ **DETERMINE** need for partial evacuation of residents to a safe zone in conjunction with the first responder.

☒ **SECURE** perimeter of immediate area

☒ **NOTIFY** Leadership of the internal emergency.

☒ **ASSUME** responsibility until arrival of Administrator and/or Director of Nursing

RESPONSIBILITIES OF COMMAND CENTRE:

The Command Center will be located at the Disaster Control Center and the Person in Charge will delegate duties until Leadership arrives.

The Command Centre can be reached by portable radio or cell phone at 807-624-6989/807-624-6990 or delegate a runner.

☒ **CO-ORDINATE** operations during the disaster including all activities and requirements concerning care and evacuation of residents to a safe zone

☒ **Delegate** Staff to close all doors and windows to prevent heat escape. Station staff at all normally used doors to limit their use to essential traffic only

☒ Dress all residents warmly and transport to living rooms where possible. Obtain blankets as necessary for resident comfort.

☒ **Co-ordinate** frequent staff rounds to monitor and reassure residents.

☒ Serve hot beverages to residents and staff if possible.

If necessary:

☒ **CALL** 911, Emergency Service for police, fire and ambulance

☒ **ENSURE** a roll call of residents is performed

☒ **COLLABORATE** with emergency responders/building services regarding emergency.

☒ **ESTABLISH** communications with effected area use portable radios

☒ **DISPATCH** additional personnel as required to assist in the emergency area/ receiving area.

☒ **DISCONTINUE** visitors from entering the building.

☒ **ENSURE** the fan out list is in operations if necessary and establish a redeployment area for staff to report to.

☒ **PUT** on emergency vest.

☒ Arrange to **SECURE** perimeter of immediate area

☒ **LOCK** down doors as requested from Command Center/Leadership

☒ **CONTACT** Environmental Services after hours.

☒ **LIASE** with emergency responders/ building services upon their arrival.

☒ **CONTROL** traffic.

☒ **ATTEND** debrief meeting as required

☒ **DOCUMENT** all actions taken

As necessary:

☒ **CONTROL** all communication regarding the disaster.

☒ **DOCUMENT** all actions taken

☒ **ESTABLISH** debriefing meeting schedule for managers / owners of leased area of the affected area

REVIEW next steps and assign task as required.

☒ **AUTHORIZE** release information to news media through Communications

☒ **REPORT** emergency situation to MHLTC as required by LTC Act.

☒ **UNDER** the direction of emergency personal **DETERMINE** when to clear the CODE ORANGE – INTERNAL

RESPONSIBILITIES: Administrator, Director of Nursing or DESIGNATE:

Track incident cost and monitor the utilization of financial assets.

☒ **DELEGATE** duties and coordinate the following necessary support services:

☒ Communication and transportation

☒ Traffic control and security, including purchase of Security Services, as required

☒ Nutrition and Food Services

☒ Material Management

☒ Environmental Services

☒ **ARRANGE** services to remain operational on a 24-hour basis if necessary.

☒ **REPORT** the financial status and provide expenditure tracking at the debriefing meetings.

RESPONSIBILITY: ENVIRONMENTAL SERVICES

☒ **RESPOND** to emergency location upon announcement to assist with environmental services in the emergency /receiving area.

☒ **FOLLOW** the direction of **Person in Charge OR Administrator or Director of Nursing**

☒ **PROVIDE** assistance and support as required with residents evacuation.

Leadership will contact Building Services after hours /holidays for the on call person to contact appropriate contractors to assist as required.

☒ **RESPOND** as requested.

☒ **LOCATE** necessary staff to assist and call in contractors as required.

☒ **STABILIZE** the situation.

☒ **RESTORE** full operation of facility as soon as possible.

☒ **REFER** to Appendices for further direction depending on disaster.

☒ Maintenance or designate will shut down all air exchanges

Appendix 1: Emergency Contact Information located in Code Orange Manual.

RESPONSIBILITY NUTRITION and FOOD SERVICES:

☒ **DETERMINE** food requirements necessary to feed residents, staff and others who are present in facility.

☒ **IF** elevators are down during dinner service, Food Services with Support Services Staff will proceed with meal delivery via stairwell

☒ **ASSIGN** another site dietary services to assist as required

☒ **ENSURE** adequate supply of disposable dishware, utensils etc.

☒ **ENSURE** emergency power in kitchen is operational. If food is in jeopardy contact refrigeration transport as a backup to store refrigerated items.

☒ **USE** refrigerated food on-hand first, then the food from unpowered freezers and lastly disaster reserve supplies.

☒ **MONITOR** holding temperatures and the length of time food is held in the danger zone (45°F to 140°F). Discard any food held in the danger zone more than 4 hours.

☒ **DOCUMENT** all actions taken.

☒ **REPORT** to Command Centre as part of debriefing meetings.

RESPONSIBILITIES OF ALL STAFF:

- ☑ **FOLLOW** directions of person in authority at the time.
- ☑ **REDIRECT** residents and visitors to the safest evacuation route.
- ☑ **DO NOT LEAVE** work area if the emergency is not over when a staff's shift ends, until they are instructed to by their manager/ registered staff.
- ☑ **REPORT** hours worked to your manager before leaving the facility, if working beyond normal shift hours,
- ☑ **DETERMINE** what your responsibilities and accountability will be during the disaster

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Code Orange – Loss of Essential Services – Weather Related

STATEMENT:

In the event of a weather related emergency all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

For staff who are not able to leave the facility, a sleeping area will be provided. Good communication related to the needs of the residents, the length of emergency, etc. will be provided on an ongoing basis.

PROCEDURE:

The Administrator or designate will monitor any significant weather advisories. If it becomes apparent that the conditions will pose a significant threat to staffing and may hamper access to or from the facility, the Administrator:

a) Will notify all department Supervisors that there is a weather emergency. The Supervisor/Designate will initiate their fan out list to determine staff availability.

** Fan-Out lists are located at the fire panels

b) Will notify the Child Care Supervisor / Designate that there is a weather emergency. The Child Care Supervisor / Designate will initiate their fan out to determine staff availability and initiate their Weather Emergency Plan.

c) Will make contact with the Corporate Services & Long Term Care General Manager and advise of the circumstances.

d) May call a meeting of the TQM Team, on site, to monitor/coordinate effectiveness of sectional plans.

e) Plan for a communication strategy so that all staff, residents and supervisors are aware of the status of the emergency.

Supervisors or designate will initiate the Weather Emergency Plans:

Business Office

Minimal services only will be offered. The phone will be manned during normal business hours and assistance with communications (i.e. distributing notices) will be offered.

Other staff may be reassigned to assist on the units as warranted.

Nursing

The Nursing Support Person/Scheduler on duty will determine staffing availability to come into work. If staff identify that they are unable to come in, other staff will be contacted. Information for transportation will be provided.

The staff on shift will not be released unless staff replacements are available. In consultation with the Person in Charge, the DON / Clinical Nurse Managers will determine the minimal staffing requirements for the safe provision of care to residents. If there is a staffing issue that will result in resident care being greatly compromised the DON / Clinical Nurse Managers will notify the Administrator.

Co-ordinate staffing from other departments to provide assistance for feeding or other assistance as needed

Nutrition and Food

If the home is unable to receive regular deliveries, a simplified or modified menu will be offered.

The Storekeeper/receiver will place an emergency order for food if necessary.

Resident food service will remain the priority. Reassignment of staff will be at the discretion of the Supervisor and/or the Homes' Administrator/designate

Environmental Services

Initiate communication with contractors, authorities as appropriate.

There must be enough back up diesel fuel to run emergency power for a minimum of three (3) days.

Housekeeping will provide mats/mattresses should employees be required to stay overnight.

Washers & Dryers will be used to wash/dry any extra linen required - home must have a three (3) day supply on hand.

Other staff may be reassigned to assist on the units as warranted.

Therapeutic Recreation

TR staff who are able to come to work will report to the PIC

Assistance to residents on the resident home areas will be provided

Regular programming may be altered or cancelled

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Code Orange – Loss of Essential Services - Loss of Telephone Service

STATEMENT:

In the event of an external emergency causing a loss of telephone service to the facility, all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

Good communication related to the needs of the residents, the length of emergency, etc. will be provided on an ongoing basis.

PROCEDURE:

The Environmental Services Supervisor or designate will contact the telephone company by cell to report the outage and obtain an estimate of time for the outage.

The Environmental Services Supervisor will instruct Tbaytel to forward critical lines to a designated cellular phone number (807-624-6989/807-624-6990/807-627-7962)

All department supervisors and staff will be notified of the outage and estimated duration

The Administrator will be notified of any outages over 1 hour.

For any outages estimated to last longer than 1 hour, the PIC should direct staff to gather any walkie-talkies or nurse call phones to communicate internally.

If these devices are not available staff may be allowed to carry their personal cell phones only until the outage is over OR communication devices are made available. The PIC shall coordinate the exchange of staff telephone numbers.

The Environmental Services Supervisor or designate will maintain contact with Tbaytel and monitor the outage until it is over.

In the event landline, VOIP and cellular service become unavailable, the PIC will designate a runner for each floor and communicate via hand held radios.

All staff will be notified once service is restored.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Code Orange – Loss of Essential Services – Boil Water Advisory

STATEMENT:

In the event of an external emergency causing a loss of safe drinking water service to the facility, all staff must be aware of their responsibilities to assist in keeping the residents and staff safe.

Good communication related to the needs of the residents, the length of emergency, etc. will be provided on an ongoing basis.

PROCEDURE:

If the Thunder Bay District Health Unit officials issue a **boil water advisory**, you should use bottled water or boil tap water. This is because a boil water advisory means your community's water has, or could have, germs that can make you sick.

Advisories may include information about preparing food, drinks, or ice; dishwashing; and hygiene, such as brushing teeth and bathing. Boil water advisories usually include this advice:

- Use bottled or [boiled water](#) for drinking, and to prepare and cook food.
- If bottled water is not available, bring **water to a full rolling boil for 1 minute** . After boiling, allow the water to cool before use.
- Boil tap water even if it is filtered (for example, by a home water filter or a pitcher that filters water).
- Do not use water from any appliance connected to your water line, such as ice and water dispensers.

Handwashing

- In many cases, you can use tap water and soap to wash hands during a boil water advisory. Follow the guidance from the Thunder Bay District Health Unit officials.
- Be sure to scrub your hands with soap and water for at least 20 seconds. Then, rinse them well under running water.
- If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

Bathing and showering

- Be careful not to swallow any water when bathing or showering.
- Use caution when bathing residents and do not allow them to ingest water.

Brushing teeth

- Brush teeth with boiled or bottled water. Do not use tap water that you have not boiled first.

Washing dishes

- If possible, use disposable plates, cups, and utensils during a boil water advisory.
- Commercial dishwashers generally are safe to use if:
 - The water reaches a final rinse temperature of at least 150 degrees Fahrenheit (66°Celsius), or
 - The dishwasher has a sanitizing cycle.
- To wash dishes by hand:
 - Wash and rinse the dishes as you normally would using hot water.
 - In a separate basin, add 1 teaspoon of unscented household liquid bleach for each gallon of warm water.
 - Soak the rinsed dishes in the water for at least one minute.
 - Let the dishes air dry completely before using again.

Laundry

- It is safe to wash clothes as usual.

Cleaning

- Clean washable surfaces with:
 - Bottled water,
 - Boiled water, or
 - Water that has been disinfected with bleach.

Caring for your garden and houseplants

- You can use tap water for household plants and gardens.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Authority in Emergency Situations

STATEMENT:

In an immediate life threatening situation, such as fire, gas leak or major flood, the Fire Department takes possession of the building upon arrival.

During a Bomb Threat, the PIC in consultation with the Police will determine who has complete responsibility of the building.

Only the Administrator/designate, the Fire Officer/designate, or the Fire Department has the authority to order an evacuation.

PROCEDURE:

In the event of any emergency or potential disaster, the following authorities shall be notified by the first available Administrator/Designate:

General Manager of Corporate Services & Long Term Care

and/or

The Mayor

and/or

City Manager

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Emergency Fan Outs

STATEMENT:

All department supervisors will maintain a current emergency fan out list which includes full-time staff. Part-time staff may be included at the supervisor's discretion.

A copy of the section fan out lists will be saved on the e-drive for the Administrator to view and access. All managers will notify Administrator by email each time a list is modified.

Administrator will ensure copies of the fan out lists are available to the Fire Officer for the Emergency Response Locker.

It is the responsibility of the Administrator to ensure that all section emergency fan out lists are maintained and the Administrator will be responsible for the Management fan out

The Administrator will initiate the fan out procedures if required.

All emergency fan-out lists will follow the principle of downward flow where one employee will call a number of people under their name in order to request attendance to assist in dealing with an emergency

The fan-out procedure shall be tested annually.

PROCEDURE:

1. In the case of need for a fan out, the PIC will contact the Administrator. The Administrator/designate will initiate the management fan out list by contacting the department Supervisors.
2. Each supervisor will then in turn initiate their respective section fan out list.
3. If any person is unable to contact their designated person(s), they shall continue down the list until they reach someone
4. During an emergency fan out call, callers must:
 - i. Identify themselves, and give the type and the location of the emergency
 - ii. Document whether the person will or will not respond to the fan out call
 - iii. Advise staff where they can park their vehicles and where they should enter the building or area
 - iv. Inform staff as to where the Disaster Control Center is and direct them to report to that area and to wear identification
 - v. Remind staff to phone their designated person(s) according to the fan out list.
5. Report to work or designated area immediately after your fan out contact has been completed.

DEPARTMENT:Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Emergency Plans – Training Requirements

STATEMENT:

An integrated program of orientation, ongoing training, exercises, and drills will be maintained to ensure the Emergency Preparedness Plan, Emergency Code Procedures, and team member/student knowledge is current and appropriate.

DEFINITIONS:

Drill: A coordinated, supervised activity used to test code procedures.

Full Scale Exercise: A multi-agency exercise involving an incident in real time at an actual location with actors/simulated victims, first responders, and/or emergency officials. As close to the real thing as possible.

Tabletop Exercise: Key participants discussing simulated scenarios in an informal setting. Can include discussion on roles and responsibilities, policies and procedures, assessment of plans, etc.

Training: General or role specific review of emergency plans and procedures. Training includes, but is not limited to orientation and annual reviews, either in-person or through online modules housed in the Surge Learning or other LMS database.

PROCEDURE:

EMERGENCY PLAN TRAINING

The Environmental Service Supervisor or designate will:

- 1) Conduct drills and exercises for all codes per provincial regulatory requirements, including as required:
 - Full Scale Exercises and/or;
 - Tabletop Exercise for all Code Procedures on shifts where Full Scale Exercise was not completed i.e. Night Shift and/or;
 - Monthly Drill (Code Red) completed on each shift to be carried out in accordance with provincial Fire Codes
- 2) Include participation of EMS, Police, Fire dept., Utility Providers, Municipal Emergency Management Team, and other outside agencies in Full Scale Exercises as available or required.

- 3) Ensure safety in all exercises/drills, considering the following:
 - Begin/end each telephone call/message with: “This is an exercise/drill”
 - Clearly print “This is an exercise/drill” on all documents produced/distributed as related to the exercise/drill
 - Ensure physical safety of all participants

- 4) Ensure Infection Prevention & Control Lead is involved in evaluation, testing, and review of emergency practices related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.

- 5) Document and evaluate each exercise/drill to determine changes needed in the procedure and identify additional training needs using the Emergency Preparedness Test-Drill Evaluation Form. Ensure Attendance Sign-In Sheet completed as part of form.

- 6) Ensure records of all training, drill, and exercise activities are kept and documented/tracked as required.

- 7) Maintain records of Fire Drills (along with any other documents required by the Fire Code), and all other records of exercises to test emergency codes/preparedness (Emergency Preparedness Test-Drill Evaluation Form) in a binder for review by the local Fire Official, Ministry of Health Inspector or other Inspector/Organization as required.

SCHEDULE FOR TESTING:

The Home will developed a schedule for Code/Emergency Procedure testing to align with regional peer supports, recognizing that operational needs and actual events documented as code procedures may require adjustments to the schedule.

See Table 1 for frequency of training and exercises as per the legislative requirements under O. Reg. 246/22 and O. Reg. 150/13

Table 1: Emergency Procedures Training and Exercise Type and Frequency

Emergency Procedure	Training Frequency	Exercise Type & Frequency (if other than annual)
Code Red – Fire or Fire Alarm	At Orientation & Annually	Monthly Drills on all D/E shifts Tabletop on Night shift
Code Green – Evacuation	At Orientation & Annually	Partial Evacuation annually Planned Full Scale Exercise every 3 years
Code Grey – External Air Exclusion	At Orientation & Annually	Drill or Tabletop
Code White – Aggressive Incidents	At Orientation & Annually	Drill – Every 3 years
Code Black – Bomb Threat	At Orientation & Annually	Drill – Every 3 years
Nurse One – Medical Emergency	At Orientation & Annually	Drill
Code Brown – Internal Emergency (Floods, Chemical Spills, Gas Leaks)	At Orientation & Annually	Drill or Tabletop Floods – annually Chemical spills & Gas leaks – Every 3 years
Code Yellow – Missing Resident(s)	At Orientation & Annually	Drill
Code Orange – Loss of Essential Service: Heat, Electricity or Potable Water	At Orientation & Annually	Drill or Tabletop
Code Orange –Weather Related	At Orientation & Annually	Drill or Tabletop
Code Orange – Loss of Telephone Service	At Orientation & Annually	Drill or Tabletop
Code Orange – Boil Water Advisory	At Orientation & Annually	Drill or Tabletop
Outbreaks – Communicable Disease; Disease of Public Health significance; Epidemics or Pandemics.	At Orientation & Annually	Drill or Tabletop

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Emergency Response Locker

STATEMENT:

An Emergency Response Locker will be located at the Disaster Control Centre.

The Fire Officer will be responsible for maintaining the Emergency Response Locker. A copy of the Emergency Response Manual will be located in the locker for reference.

The Emergency Response Locker will be clearly identified and never locked.

PROCEDURE:

A checklist of all required contents will be kept in the locker at all times.

Annually, an inspection will be carried out by the Fire Officer/Designate to review all contents; the checklist will be signed appropriately and kept in the locker.

CONTENTS

Weather Radio
Emergency Call-In List
AM/FM Radio
Internal Telephone List
Floor Plans
Clipboards and Paper
Flashlights/Lanterns (2)
Pencil/Pens
Hazard Tape
"Communication Runner" tags (4)
"Person in charge" vest
"Holding Area" vest
"Traffic control" vests (2)
Holding Area Procedure
Management Fan out List
Cheat Sheets for PIC
Departmental Fan out Lists
Emergency Response Locker checklist

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Fire Extinguishers

STATEMENT:

Pioneer Ridge Long Term Care and Senior Services will provide the appropriate type of fire extinguishers to battle fires.

PROCEDURE:

The majority of fire extinguishers are multipurpose "ABC" extinguishers.

Fire Extinguisher symbols:

CLASS A (LETTER "A" IN A **TRIANGLE** FRAME)

This symbol indicates the extinguisher is applicable for use on ordinary combustibles such as wood, cloth, paper, rubber, etc.

CLASS B (LETTER "B" IN A **SQUARE** FRAME)

This symbol indicates the extinguisher is applicable for use on flammable or combustible liquids, flammable gasses, greases or similar materials.

CLASS C (LETTER 'C' IN A **CIRCULAR** FRAME)

This symbol indicates the extinguisher is applicable for use on fires involving energized electrical equipment.

Extinguisher Use

1. Staff are responsible for knowing the locations of firefighting equipment
2. It is the responsibility of all staff to be familiar with the operation and proper use of all fire extinguishers
3. The direction for the use of fire extinguishers is located on the extinguisher itself.
4. Staff should attend fire extinguishers training when provided

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Fire watch

STATEMENT:

Fire watch is required in the event of a temporary failure of the fire alarm system or where activities require the interruption of any fire detection, suppression or alarm system component.

All staff must take responsibility for monitoring their particular work areas when a fire watch is in effect and to report problems/concerns immediately.

PROCEDURE:

When notified** that equipment is not working or has malfunctioned, the Person in Charge will notify staff that a FIREWATCH is required.

**Notification may come from the Fire Department, TBayTEL Security, Troy Life and Safety Limited, Anton Sprinkler Systems, Water Department, Utilities or the Environmental Services Department.

The PIC will contact Fire Communications to inform them that a fire watch is in effect.

SPODs on the resident home areas will initiate **hourly** patrols in their respective areas to check for outbreaks of fire, access to exits is unobstructed, and fire/safety/regulations are enforced. This may be delegated to others depending on the availability of staff.

The Person in Charge will initiate **hourly** patrols in the rest of the building to check for outbreaks of fire, access to exits is unobstructed, and fire/safety/regulations are enforced. The Person in Charge may delegate this duty to others depending on the availability of staff.

Each person assigned to fire watch duties must be provided with the following equipment:

- Suitable means of communication (cell phone, portable radio, walkie talkie, etc.)
- Walkie Talkie / Paging access or some other approved means of alerting occupants to a fire
*device must be approved by the Chief Fire Official
- Flashlight
- Clipboard and pen
- Copy of Fire Watch Log sheet
- Keys and/or access codes to all rooms/spaces
- Floor plan of the building areas under fire watch

Rounds must be completed diligently and recorded immediately upon conclusion. The person completing the rounds must record the time on the Log sheet. The Fire Watch Log sheet must be returned to the Environmental Services Supervisor at the conclusion of the fire watch.

If a fire is discovered, the Fire Department will be notified by dialing **911**. Building occupants will be alerted by overhead paging, walkie talkie or some other approved method. Do not attempt to extinguish the fire unless safe to do so.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Responsibility of the Fire Officer

STATEMENT:

The Fire Officer is the person who will be responsible for the fire systems and emergency plans for Pioneer Ridge Long Term Care and Senior Services, and acts as the liaison with the Fire Department.

The Fire Officer is responsible for ensuring that the fire alarm, sprinkler system and PA system are maintained in good working order.

The Fire Officer is the Supervisor of Environmental Services

PROCEDURE:

Responsibilities include:

- Fire alarm testing.
- Arranging for and participating in the annual fire inspection
- Arranging for annual inspection/testing of the fire alarm, sprinkler systems and PA system
- Arranging for annual inspection of fire hoses and extinguishers
- Participating in the annual review/revision of the Emergency Response contingency plans and submitting these to the Fire Department for approval
- Maintaining the Emergency Response Locker at the Disaster Control Centre.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Responsibility of Person in Charge (Nursing)

STATEMENT:

The Person in Charge is the Registered Nurse (RN) who will be responsible for making decisions, delegating responsibilities and coordinating the response during emergency situations. The Person in Charge works in consultation with emergency personnel as required.

The Person in Charge will be the RN working Plaza 2 & 4 (unless otherwise designated)

** In the event that the PIC is not available, they are responsible to assign a designate

PROCEDURE:

In an emergency: report to the Disaster Control Centre.

If it is unsafe or impractical to use the established Disaster Control Centre, the PIC will designate another Disaster Control Centre.

Put on the fluorescent vest marked Person in Charge during any emergency procedure or fire alarm.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Responsibility of Selected Person on Duty

STATEMENT:

The Selected Person on Duty is defined as the first available Registered Practical Nurse (RPN) who will be responsible for directing staff to carry out specific duties on each resident home area during an emergency.

The SPOD will be the Right Court RPN

** In the event that the designated SPOD is not available, they are responsible to assign an alternate. If the SPOD is not available, and no alternate was assigned, any available staff member may stand in.

The SPOD on plaza 2 is responsible to telephone 9-911 and confirm a fire alarm.

*** In a drill situation, the Environmental Services Supervisor or designate will quietly place a sign on the phones on plaza 2 indicating that it is a drill and not to call 911 ***

PROCEDURE:

Put on the fluorescent vest during any emergency procedure or fire alarm.

The SPOD must remain at the nursing station and direct staff who report to the area to assist.

Assign staff to monitor all exit doors and stairwells.

The PIC will communicate via walkie-talkie with the SPOD on the unit closest to the emergency and advise if sending runners is required.

If you are advised to send runners, choose 2 staff and provide these staff with the second walkie-talkie, the runner's keys/access fob and runner's vests which are located in the med room on each unit. *** The runner's keys must ALWAYS be kept in the emergency kit and can only be used in an emergency situation. If any staff member is found to be using the runner's keys in situations that are NOT an emergency, it will be equivalent to someone tampering with emergency equipment and the staff member may be subject to disciplinary action.**

Be prepared to send available staff to another area to assist at the request of the Person in Charge

Be prepared to obtain Master Profile Binders, Medication Administration Records and Bed Count Sheets to be transported to the safe or holding areas, if evacuation is required.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Emergency Plans - Fire Drills

STATEMENT:

Fire drills and training are provided so that in the event of a fire emergency, all staff and volunteers are aware of their responsibilities to assist in keeping the residents and staff safe.

There will be an audible test of the fire detection and alarm system performed every month. AED audits will be completed monthly along with the scheduled fire drills.

There will be silent drill scenarios for staff working nights. Fire "scenarios" will be chosen by the PIC to discuss with staff.

All staff working in the building during a fire drill shall participate in the drill.

A minimum of 1 supervisory staff will participate in each drill. This person will have training in the role and expectations and will demonstrate a high level of experience.

Resident, family and visitor participation is limited. They are expected to follow proper emergency procedures, under the direction of staff.

The master keys located at the Disaster Control Centre will be tested by the PIC at each fire drill to ensure they are in good working order. This will be recorded on the Fire Alarm Audit.

PROCEDURE

1. Maintenance staff or Environmental Services Supervisor (ESS) or designate will:
 - plan and initiate fire drills and AED audits
 - phone the fire department and notify monitoring service prior to alarm and upon completion
 - record all information in the Fire Log Book (kept in the Main Office - see attached template)
 - Complete AED audit forms and save in Completed audits folder
2. Following each drill or unexpected alarm, each RHA SPOD and the PIC must complete a fire alarm audit form. (see Fire Alarm Audit tool - PIC & SPOD)
3. All staff in attendance at a drill / alarm must sign the back of the audit form. Completed audits are forwarded to the ESS for review.
4. An audit of the PIC's response to the alarm will be completed by the NFS Supervisor or designate and forwarded to the ESS.

5. Managers (or designates) will complete an audit of the staff response on each unit, as required / requested by the Environmental Services Supervisor and return completed forms to the ESS.

(see MGMT Audit tools - SPOD and Staff response audit and RN DCC Audit tool)

6. The ESS will review all fire and AED audit forms and respond to any issues noted by staff. As required, the ESS will notify the appropriate Supervisor of any issues relating to their staff members that need to be addressed.
 - a. All fire alarm / fire drill information will be tracked on an Excel spreadsheet to ensure all audit forms have been returned and will include date, time, location and pertinent notes regarding issues / challenges identified.
 - b. ESS will bring the tracking tool to TQM and Health & Safety monthly for review of trends, educational needs identified, etc.
 - c. ESS will file all fire related audits in a binder in their office and will provide this to the Fire Department or Ministry Inspector as required.
7. Code Red policies will be assigned in Surge Learning to all staff members based on job role and responsibilities annually for review.

DEPARTMENT: Community Services
DIVISION: Pioneer Ridge
SECTION: Emergency Response
SUBJECT: Designated Runner Policy

STATEMENT:

The Designated Runners are staff members designated by the SPOD or the PIC to verify that an emergency event, such as fire, is taking place and communicate this to the SPOD / PIC immediately.

For safety purposes, the SPOD/PIC will endeavor to always send two (2) staff members together unless staffing availability does not allow. (ie. nights)

The Designated Runners can be any available staff member from any department. The two first available staff responding to the home area control centre or the disaster control centre nearest to the emergency will be assigned runner duty.

The designated runners are given this responsibility by the SPOD of a home area or the PIC at the disaster control centre; whichever is closest to the origin of the alarm. The runners are responsible for verifying the status of the alarm and reporting back on the status of the alarm in that area.

If in fact it is verified that a Code Red is taking place their role is to notify the PIC that an evacuation must begin (code green).

PROCEDURE:

1. Upon hearing the location of the emergency, and when safe to do so, report to your nearest control centre. If you are off the Resident Home Areas, return immediately by the safest route possible. If unable to return to your assigned area, go to the Main Disaster Control Centre using the safest route.
2. The SPOD or PIC will advise staff if they are required to be the Designated Runners.
3. Once assigned, the Runners will put emergency vest on, take the labeled runner walkie talkie and the runner key and FOB on the green lanyard
4. Before leaving the floor, the Runners must verify the walkie-talkies are on same channel as the SPOD / PIC and that the power is on / units are functional. To complete the test, simply hold down the talk button and say, "Runner testing". SPOD and PIC will respond "SPOD 10-4 or PIC 10-4"
5. Runners should check the maps located on the wall near the emergency box on the home areas / at the DCC to confirm the location. Ask for clarification if you are not sure.
6. The Runners will head towards the location of the reported emergency and will immediately notify the SPOD/PIC via walkie talkie if they detect any signs of fire or confirmed emergency (ie. smoke, fire, steam, water, sewage backup / smell, etc.)

Please note:

The main purpose of the Designated Runners is to verify that there is in fact an emergency. The Runners are not expected to put themselves in harm's way. You should be able to detect an emergency (without physically seeing it) before you even get to the location

Smoke - You will smell, see or even taste smoke. You do not have to go any further for confirmation.

Hot door handles/doors - These are indications there is fire on the other side of the door. Do not open door.