



LANARK LODGE

115 Christie Lake Road; RR4
Perth, Ontario
K7H 3C6
(613) 267-4225

EMERGENCY PLAN

Last Updated: July 2022



EMERGENCY PLAN

Purpose

This Emergency Plan Overview has been prepared to provide direction and guidance in the event of an unforeseen emergency occurring at Lanark Lodge to reduce the risk of injury, death or damage to public or private property or belongings. It sets out facility policy, information, training, and an emergency plan to react to an emergency up to and including a full evacuation of the building at any time of the day or night and re-location of residents.

The Emergency Plan is used as a resource for staff, visitors, and emergency services.

Definition of a Disaster or Emergency

A disaster or emergency is an unforeseen circumstance placing lives in imminent jeopardy and requiring a planned emergency response to minimize danger to residents, staff and any other persons on the site at the time beyond those provided in the daily operation of Lanark Lodge.

A disaster can occur at any time and could necessitate the evacuation of the Home, relocation of the Residents, shelter in place, or accepting other people from outside the Home.

Emergency Plan - Mitigation

1. The building meets the Fire Code Standards.
2. A certified private company tests all Fire Systems annually.
3. An Annual Inspection by the Fire Department is carried out, and the results provided to Council.
4. An up-to-date Emergency Plan is readily available to all staff.
5. Floor plans are posted on all levels, and at the Front Entrance.
6. All furnishings, materials and equipment are fire rated and meet the requirements of the Fire Code for Residential Settings.

Emergency Plan - Preparedness

1. Identified emergency requirements and plans to respond in Emergency Plan Manual.
2. Annual mandatory staff orientation and training in emergency procedures related to emergency management.

3. Emergency Call-In Binder with Facility Management and Staff Call-In Lists and Directory of Resources and Resident Log Forms are located on the wall of all Nurse Managers Offices and Mangers Off Site– updated every three months for accuracy.
4. Carry out routine fire drills in accordance with the fire plan and applicable regulations – ensuring within any calendar year all staff participate by scheduling them at different times of the week covering all shifts. (Scheduling does not mean announced times, but that the Fire Marshall sets out a certain number of drills over the year to be carried out.)
5. Call-In (Fan-Out) exercises annually.
6. The Emergency Plan is supported by administrative policies and procedures contained in the Facility Administration Manual to ensure administrative “upkeep” of our emergency response system.
7. The Emergency Plan Manual is on the County of Lanark “H” Drive for all staff who can access a facility computer.
8. Duties of all employees are set out in Plan.
9. All precautions in place to reasonably protect the health and safety of staff including:
 - a. Planned emergency responses that will protect the health and safety of staff required to respond to an emergency situation.
 - b. Personal Protective Equipment available – gloves, gowns, boots, goggles, N95 masks. Staff trained in Infection Control Personal Protective Equipment use.
 - c. Staff training in fire and safe/orderly evacuation to ensure the safety, health and security of residents and in a manner that protects their health and safety as they carry out their obligations as an employee to help evacuate.
 - d. Provide job specific training in emergency response assigned role for each classification and department.
 - e. All supervisors are trained in their responsibilities under the Occupational Health and Safety Act.

- f. Occupational Health and Safety Committee review of Emergency Plan, and workplace inspections undertaken in accordance with the Occupational Health and Safety Act.
- g. Trained certified managers (2) and workers (2) under the Occupational Health and Safety Act.
- h. All employees trained in their responsibilities under the Occupational Health and Safety Act.
- i. Protocol in each plan to ensure that the Occupational Health and Safety Certified Worker Member and, as required by legislation, the Ministry of Labour are called in as may be required under the Occupational Health and Safety Act.
- j. Take any other action to protect the safety of workers as they carry out their responsibilities.

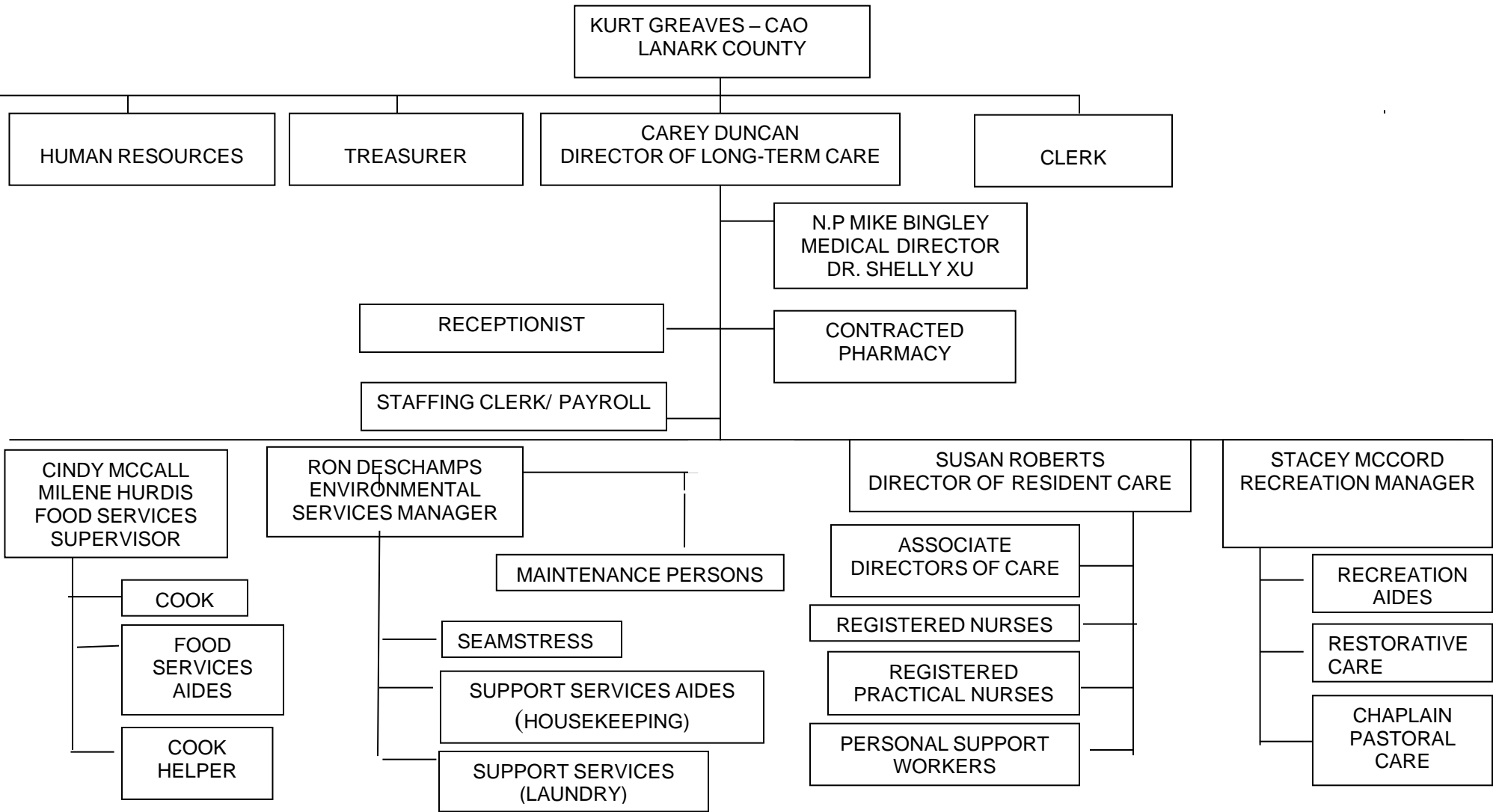
Emergency Plan – Reception Plan for Temporary Services

To receive and to provide basic services (food and lodging) for individuals relocated from other facilities and the community in the event of an emergency elsewhere. See Section E for Reception Plan.

Lanark Lodge has the resources to provide:

1. Accommodation for up to 12 individuals requiring a bed in a congregate room.
2. Facilities for hygiene needs.
3. Temporary Holding Area with food and beverages for up to 35 people.
4. Electrical outlets in the event of a black-out - e.g., patients requiring medical treatment needing electricity.

LANARK LODGE – LONG – TERM CARE ORGANIZATION CHART AND STAFFING



Types of Emergency Plans

Long-Term Care Emergency Code System and Plans

| | |
|---------------------|--|
| Code Red: | Fire |
| Code Green: | Emergency Evacuation |
| Code White: | Physical Threat |
| Code Yellow: | Missing Resident |
| Code Blue: | Medical Emergency |
| Code Orange: | External Emergency (i.e. Extreme weather, natural disaster) |
| Code Black: | Bomb Threat |
| Code Grey: | Infrastructure Loss (i.e. power supply, internal flood) |
| Code Brown: | Internal Emergency (i.e. chemical spill, leak) |
| Code Silver: | Armed Intrusion |

Other Emergency Plans

Building Lockdown
Boil Water Advisory
Outbreaks of a Communicable Disease, Epidemics, Pandemics
Staffing Contingency Planning
Provision of Food & Fluid in an Emergency

Universal codes will be used to announce the type of emergency over the communication system.

Colour-coded key actions of all emergency codes will be posted at each phone for quick reference and an emergency code card will be given to each staff, student and volunteer.

Education & Training

1. All staff, volunteers, and students will have an orientation to universal codes.
 - a. Education on universal emergency codes will be provided to all new employees during general orientation.
 - b. A review of universal codes will be done as part of the employees performance review annually.
2. All staff will achieve proficiency through provisions of ongoing education and practical application of universal codes.
 - a. Staff will have an opportunity to apply learned knowledge through testing of components of the Disaster Plan on a monthly (fire drills) and on an annual basis.



The Fire and Evacuation Plan (Code Red and Code Green) comply with the Fire Code of Ontario's regulations and has been approved by the Fire Chief, Tay Valley Township.

Emergency Response Capability – Management Preparedness

The Emergency Response Team All members of the leadership team and the In-Charge R.N. will operate as a team in an emergency by performing their assigned roles and communicating effectively in the management of an emergency.

The Emergency Call-In Binder This binder has key emergency information from including Call-in Lists and Call-In Protocol, Staff and Community Resource Lists. All Managers will carry this binder in their vehicle, and a binder will be in each Neighbourhood Medication Room.

Assigned “On-Call” Manager. The Manager on duty will be rotated, and the “On-Call” Manager must have the Emergency Call-In Binder available at all times. The RN onsite will have the correct contact information for who is on call.

Emergency Management Committee – Terms of Reference

Membership: CAO, Lanark County, Director, Lanark Lodge; Environmental Services Manager (Fire Marshall); All members of the leadership team, IPAC Lead, In Charge RN designate, RPN designate, Maintenance, Interdisciplinary Team Members, Medical Director, Clerk, Lanark County, Deputy Clerk, Lanark County and Advisors as required.

Meetings: At least Quarterly.

Function:

1. Review and update the Emergency Plan as may be required, at least annually.
2. Review drills and exercises carried out in the period including fire drills, mock evacuations, tabletop exercises, power generator testing, and fan-out drills.
3. Review staff participation lists to ensure all full and regular part-time staff over a year participates in at least one fire drill.
4. Ensure Staff Orientation on Fire and Evacuation Plan reflects the updated Emergency Plan.
5. Receive minutes and information from the Infection Control Committee.

6. Review documented evidence that fire safety and evacuation procedures are a standing agenda item on the agendas of staff meeting.
7. Managers of Departments will bring issues or suggestions for CQI of Plan from their staff meetings (Round Table).
8. To establish and maintain regular liaison between the Home and other agencies involved in disaster planning, in order to integrate disaster preparedness throughout the community.
9. Review Supply Lists/Replacement Plan.

Annual Telephone Fan-Out Exercise Protocol

The Fan-Out Exercise will be commenced by the Director of Long-Term Care who will Telephone the In-Charge Nurse during off-hours and declare a Fan-Out Practice. A scenario will be presented to the R.N. about the nature of the emergency.

1. The In-Charge R.N. will call the On-Call Manager and tell her/him to commence the fan-out exercise by calling the facility list. If unsuccessful, the In-Charge R.N. will follow the fire or any other emergency procedure and assign a staff to call the facility list until a manager is reached using the Emergency Binder.
2. The On-Call Manager and/or the first manager reached will commence to complete calling the facility list and as may be needed, assigning another manager to assist in calling in staff.
3. All managers or staff conducting the call-in, using the list in the Emergency Binder, will:
 - a. Keep a note of the time each staff is contacted.
 - b. Ask staff if they had to come in, what their estimated time of arrival would be and document time.
 - c. If staff has a reason, they are unable to come in, move on to the next staff on the list.
 - d. Continue down the list until sufficient staff is able to report to duty.
4. The Emergency Plan participants will conduct a debriefing of the exercise.

Location of Emergency Plan Manuals and Emergency Call-In List Binder

Copies of the Emergency Plan Manual are available in the following public locations:

All Neighbourhood Conference Rooms, the Business Office, the Recreation and Restorative Care Office, Staff Training and Development Office, the Director of Lanark Lodge Office, the Director of Resident Care Office, the Kitchen (Lower Level), outside the Support Services Manager's Office (Lower-Level Information Highway), the Fire Marshall's Office (Maintenance) Office, Administration Building.

All management staff will access the manual on the "F" Drive and the Chief Administrative Officer for the County of Lanark will have hard copy.

Emergency Call-In Binder

All management staff will have the above binder reasonably available when off-duty, particularly the On-Call Manager.



EMERGENCY RESPONSE: AUTHORITIES

Role of the In-Charge R.N.

The In-Charge R.N. will carry out all “Red Cap” functions in responding to an imminent danger. They will follow the protocol for the type of emergency announced and has the authority to call 9-1-1 and/or initiate an evacuation procedure either crisis (Stat) or precautionary (getting ready to evacuate) based on their judgment of the situation in the event there is no manager on site.

Role of On-Call Manager (Off Hours)

On being called by the In-Charge R.N., the Manager will report to the facility and take over the function of the Incident Manager. They will, using the emergency binder and cell telephone (if no land line available) will commence to organize a facility list and staff list call-in if required.

Role of Managers (Off Hours)

All other managers upon being notified will report as quickly as possible to the facility or assist with calling in staff from a remote location. The most senior manager assumes role as the “Supervisor/Incident Lead” under the Occupational Health and Safety Act.

Role of Managers – (When in Building)

The Director of Long-Term Care or in their absence the designated manager (usually the Director of Resident Care and/or the In-Charge R.N) will be alerted to the emergency by the announcement of the colour code and will respond by informing themselves on the nature of the emergency and take appropriate action setting up an Emergency Operations Centre, and undertaking the functions assigned. The Emergency Operations Centre Manager assumes the role as the “Supervisor/Incident Lead” under the Occupational Health and Safety Act.

Protocol for Calling In

The In-Charge R.N. will either call or delegate the responsibility to an R.P.N. to telephone the Facility Managers call-in list. The first manager with an emergency binder and a telephone will commence to call managers and/or staff in.

Duty of All Employees

1. All employees will reasonably report for duty when so requested and must bring their Photo ID.
2. All staff recalled for duty, unless otherwise designated, will report to the Emergency Operations Centre and sign in noting time of arrival. (There will be signs and/or staff at building entrance to direct).
3. Shift work may be altered to meet existing operational need; days off may be changed if required. During an emergency, employees will not leave the assigned post unless authorized by the In-Charge R.N. or leave the facility unless authorized by a manager.
4. For payroll purposes, all employees must sign in and sign out noting time of leaving the Emergency Operations Centre before leaving.
5. Personal and non-essential telephone calls will be prohibited. The telephone is only to be used only when delegated.
6. Employee vehicles may be prohibited from parking in designated areas – obey police or staff when reporting for duty.
7. **Do not use elevators in the event of a fire.**

EMERGENCY RESPONSE: TERMINOLOGY

Fire: CODE RED

If a Code Red is announced over the PA, follow the protocol set out in the Fire Plan.

Evacuation: CODE GREEN – STAT – Immediate Evacuation

Should an immediate danger exist, the In-Charge R.N./Incident Manager would initiate **CODE GREEN STAT**. This would result in an evacuation of the individuals from the immediate danger area and a receiving response by staff from other areas. Usually this would be a partial evacuation to another area but could be a full facility evacuation depending on the situation.

Evacuation: CODE GREEN - PRECAUTIONARY – Prepare for Evacuation

Should an evacuation be a possibility (precautionary) resulting in readying for an evacuation, “Stat” is not used. In this instance, staff would be alerted/ready to evacuate.

Isolation

The Lanark Lodge Infection Control Manual, reflecting new standards and guidelines from the Fixing Long Term Care Act, 2021, sets out the detailed steps to be taken in the event of an infectious outbreak or an external threat of an infectious disease. All staff received will receive this training in General Orientation.

Individual Isolation (Internal Threat of Infectious Outbreak):

Standard infection control pre-cautions taken to isolate a resident or residents who have the symptoms of a respiratory, enteric (gastro-intestinal) or any other infection to reduce spread of the infection e.g., hand washing, universal pre-cautions, personal protective equipment (e.g. gloves, goggles, masks), management of laundry.

Facility Isolation (External Threat of Infection)

Standard infection control pre-cautions taken to isolate residents from exposure to infections from the community e.g., no visitor policy, limited visitor policy, visitor sign-in, staff line list and screening stations at the door.

Relocation

Refers to the movement of residents evacuated to a safe place in another part of the building or off the home’s grounds. See Code Green.

Reception

Refers to the receiving of individuals requiring housing and/or other services. In the event of an emergency outside the organization, the Home has the capacity to receive individuals from the community or other facilities. (60 for shelter/food, 35 for overnight accommodation.)

EMERGENCY OPERATIONS CENTRE

Locations

| FLOOR LEVEL | LOCATION EMERGENCY OPERATIONS CENTRE |
|--------------------|---|
| Main | Front office |
| Second Floor | Outside Evergreens Conference Room |

- *Alternate site may be designated and announced on PA system.
- * Emergency Operation Centres will have PA and telephone capability.

Personnel

Office Hours: The designated Manager will identify the location for the Emergency Operation Centre and be responsible to carry out the necessary functions.

Off Hours:

Phase 1

In-Charge R.N., as may be required, will designate an experienced staff to establish an Emergency Operation Centre until a manager arrives to assume the function. The location, once identified, will be announced on the PA system.

Phase 2

Once the first Manager arrives, they will assume responsibility. Business Office staff and other staff as required may be called in depending on the requirements.

Function of Emergency Operation Centre

To initiate and/or coordinate activities, ensure information is communicated as required (PA), man the internal and external communication networks, sign-in, orient and assign duties to called-in managers and/or staff. All communication with families, press and external parties will be through the Director of Long-Term Care or delegate.

Role - Manager, Emergency Operation Centre

The designated manager, usually the Director of Long Term Care or designate, has overall responsibility to establish, coordinate, organize and manage the activities of the Emergency Operation Centre including all communication with families, press and external parties.

When the emergency is over, **declare end of the Emergency** over the PA system.

Manager Guideline - List of Emergency Operations Centre Start-Up Functions

1. Unless already called by the In-Charge R.N., announce the emergency using the colour code or title of the emergency and location.
2. If call-in procedure is in effect, put signs at entrances for reporting staff directing them to the Emergency Operations Centre for assignment.
3. Ensure the system in place for information is communicated internally (PA, cell phones, pager, telephone) and manage internal and external communication to facilitate emergency response team.
4. Set up and manage sign-in/out system for called-in staff ensuring time in/out noted for payroll purposes.
5. Ensure community resources are accessed in a timely manner to assist the emergency/evacuation/relocation/reception function.
6. Assign staff to exterior doors to direct and/or manage entry/exit according to the nature of the emergency.
7. Orient, deploy and assign duties to Managers and called-in staff, as may be required including sending home if no longer required.
8. Conduct a debriefing with core team once emergency is managed, keeping notes.

On-going Management Functions as designated by the Manager, Emergency Operations Centre

1. Call the MOH LTC using off-hours telephone number located in the Emergency call-in binder and inform the ministry of the situation within 24 hours (or sooner) if the situation warrants.



2. File a MOH LTC unusual occurrence (to January 1/05) or the critical incident report to the MOH LTC (See administration policy manual for protocol)
3. Hold meetings regularly with managers/staff if emergency is extended in time to ensure opportunities for communication/problem solving.
4. On-going assessment of staffing requirements/redeployment.
5. Notify stakeholders when emergency over e.g., MOL, MOHLTC, Medical Officer of Health.
6. Coordinate debriefing within 48 hours and prepare a written report on emergency and, and follow-up with a Serious Occurrence or Critical Incident Report (whichever is in force at the time).

Take Precautions to Protect the Health and Safety of Workers

1. Notify the certified worker and the Ministry of Labour (1-800-268-8013) or the Medical Officer of Health, 613-283-2740, and after hours 613-345-5685, depending on the nature of the emergency and have worker certified member(s) report to duty if at all possible – if certified worker on duty, back-fill position.
2. Ensure any investigations into accidents, injuries, and work refusals are carried out in a timely way by providing workers within the policy related to their duty as caregivers.
3. Provide orientation to staff on their assigned duties and the nature of the emergency as much as is practical and useful.
4. Provide protective equipment, notify and/or take any other action to protect the safety of workers as they carry out their responsibilities.
5. Ensure, if the certified member is on duty, a shift replacement is arranged as soon as is possible.

Security/Traffic Control Guidelines for All Types of Emergencies

Location: Facility or Wing (Fire Compartment) entrances.

Personnel: In-Charge R.N./Nurse Manager in the absence of a manager in the building will deploy staff to manage entrance/exit to areas or building as may be required based on the nature of the emergency.



Police may be called to provide assistance. First manager who reports assumes the supervision of this function.

Function:

1. To secure all entrances or re-direct people to appropriate entrance.
 - Orange security tape (available in unit offices)
 - Use appropriate signage to shut down designate restricted areas.
 - To restrict admittance of visitors the “no visitors sign” will be in place in the parking lot and at the entrance (s).

Gathering Areas – For Evacuation

There are two designated outdoor gathering areas in the event of an evacuation:

1. Front of Lanark Lodge, across from the driveway
2. Back of Lanark Lodge

Security/Traffic Control – Entrances to Property

There are three driveways into the property:

3. Center driveway off the Christie Lake Road
4. West driveway off the Christie Lake Road
5. Rear laneway off the County Entrance Road.

In the event of a disaster requiring restricted access to the property, the Police will assume this role.

All staff responding to a call-in must bring, per protocol, their County of Lanark Identification Card.

LANARK
COUNTY



115 Christie Lake Road, RR#4
Perth, Ontario

(613) 267-4225

Fire Plan

2022

All staff are responsible for pulling the fire alarm upon discovery of smoke or fire



Policy Statement:

The Code Red Fire policy and procedure defines the process to respond appropriately in case of a fire, fire alarm or smell of smoke, under minimum staffing levels.

Applicability:

The procedure is written assuming Minimum Staffing (Night Shift): One (1) Registered Nurse, one (1) Registered Practical Nurse and twelve (12) Personal Support Workers. If other staff are present, they may assist as directed by nursing department staff (RN/RPN/PSW). See procedure for Other Staff.

Definitions/Instructions:

Black Dot PSW: Personal Support Worker in each neighbourhood with lead responsibilities during a fire (specific to each neighbourhood).

Code Red: Announce to alert staff, residents and visitors of a fire.

Ensure pull station has been activated if alarms aren't sounding

1. Do overhead page with: 6010#;
2. Announce three (3) times: Code Red, Location, This Is Not A Drill.
Example: Code Red, First Floor Alpha A Wing, This Is Not A Drill (3 times);
3. In-Charge RN (or designate) Call the Fire Department; 9-1-1:
 - a. Press 9 to get outside line; Then dial 9-1-1
 - b. Location: 115 Christie Lake Road, Tay Valley Township;
 - c. Do not call Advanced Alarms.

Code Green: Partial or Full Evacuation.

1. May only be declared by Fire Marshal RN or Fire Chief;
2. Evacuate through one set of fire doors to Resident Assembly Areas.

Fire Case: Enclosed case in each care area holding walkie talkies.

Locations: Maples and Oakridge conference rooms, Honeysuckle Haven across from the conference room, Evergreens outside of conference room by fire panel.

Fire Marshal RN: In-Charge Registered Nurse (Front of Building EG/OR)

Fire Panel: The controlling component of a Fire Alarm System, it shows fire location.



There are three fire panels. The Main Fire Panel is located in the Lower Level outside of A Wing Elevator, another smaller fire panel on the main floor at the entrance to the facility and one on Evergreens, outside the nursing conference room.

- Once the fire panel is activated (through smoke or pull station), the magnetic lock doors will open (doors will not be secure).
- Once the fire panel is activated, Advanced Alarms is automatically notified.

Locations:

Wings: A Wing = Alpha B Wing = Bravo
 C Wing = Charlie D Wing = Delta
Floors: 1st Floor, 2nd Floor, Lower Level, Attic

RPN Evergreens West: Lead RPN in building responding to the fire.

Red Flashing Light above All Resident Rooms:

- Indicates the fire alarm has been activated in that room;
- Issue Code Green Stat (Partial or Full Evacuation) if required.

Resident Assembly Area:

Lower Level:

B Wing – Piazza Area (outside round room/hairdresser)
D Wing – Far end Staff Dining Room by the main kitchen

First Floor:

A1 Wing – Norm Ferrier Lounge & A1 West Lounge (end of Oakridge)
B1 Wing – B1 Dining Room (the Glenview)
C1 Wing – C.B. Church Lounge (Maples deck area) & Family Friendly Lounge (Maples)
D1 Wing – North Lounge (Kitchenette) and Maples Round Room (opens to Maples Courtyard)

Second Floor:

A2 Wing – Dining Room & A2 West Lounge (Evergreens)
B2 Wing – Lounge Area (“X” area) (Evergreens)
C2 Wing – Dining Room (Audrey’s Kitchen Honeysuckle)
D2 Wing – Must be corridor past fire doors. If not safe to do so; evacuate down one flight of stairs to the Maples Round Room (see D1 Wing)

Sounds/Audible: There are two different audible sounds. The first is a general alarm sound, which is a beep then a short pause followed by another beep. The second is an evacuation alarm, which is beep/beep/beep a short pause then beep/beep/beep.



Walkie-Talkies: Use channel 1 and ensure the volume is turned up

Procedures:

Fire Marshal RN: In-Charge Registered Nurse (Front of home, EG/OR)

1. Duty and authority to manage the fire drill or respond to a fire.
2. Upon hearing fire alarm, go to nearest Fire panel to see location of fire.
3. Announce Fire/Code Red and call 9-1-1 (may be delegated).
4. Proceed to nearest Fire Case. Get a walkie talkie.
5. Proceeds to Front Entrance to the Fire Box → Emergency Operations Centre Information.
6. Fire box → Front Entrance fire cabinet → Code 264. Turn the key left.
7. Don vest from fire box. Grab clipboard to write notes of fire coordination.
8. Secure keys for Fire Chief (3 sets total) and provide status upon arrival.
9. Establishes Emergency Operations Centre at the Front Business Office.
Location may be relocated elsewhere at the authority of the Fire Marshall RN.
10. Coordinate with EG RPN and secure updates on the fire situation via walkie talkie.
11. Deploy additional staff to fire area as required.
12. Authorized to issue Code Green Stat (partial or full evacuation) through one set of fire doors as required.
13. Use Evacuation key at location of the fire to change audible general alarm tone to the evacuation tone.
14. Continue to provide updates to 911 with info received from EG RPN.
15. Authorized to call off fire alarm. Page 6010# and announce "All Clear" 3 times
16. Reset fire panel. Location at Front Entrance. Replace Code Red Instructions on clipboard inside Fire Box.
17. Reset the magnetic lock at front entrance emergency fire box. Instructions posted above key switch. Note front door will close from open position.
18. Page 6010# and announce "All staff check that magnetic locks on all stairwells and exits are functioning" 3 times.
19. Reset front elevator A Wing. Key on Fire Key Ring. Instructions on front elevator. Insert key and turn until fire hat icon disappears. Returns keys to front entrance emergency fire box. Note: Maples Black Dot PSW will unlock back elevator C Wing.
20. Complete Fire Alarm Report. Attend debriefing in the Norm Ferrier Room. All notes and fire alarm report are returned to Environmental Services Manager mailbox.



RPN Evergreens West (assigned per shift)

1. Inform the Fire Marshall RN if leaving building so duties can be temporarily reassigned.
2. Inform the staff partner when on break within the building to assume the role in your absence.
3. Upon hearing fire alarm bell; listen for location or confirmed at Fire Panel outside Evergreens Conference Room. Don the vest for the RPN, pick up the fire extinguisher, light, walkie talkie and proceed to the fire location.
4. RPN has the duty and authority to manage the fire area.
5. Use fire extinguisher to extinguish fire if trained and comfortable.
6. Evacuate Residents from immediate fire area if full or partial Code Green is announced from Fire Marshall RN or Fire Chief.
7. Directs staff to evacuate residents from rooms adjacent to, and then opposite the fire area until wing is clear past one set of fire doors.
8. Assess situation and relay information to Fire Marshall RN as required.
9. Report as soon as possible when the fire is extinguished or if a false alarm to enable the Fire Marshal RN to announce the all clear.

Black Dot Personal Support Workers (assigned per shift)

Black Dot PSWs have specific responsibilities during a fire or fire drill.

All Black Dot PSWs must inform their partner if leaving the building or taking a break off the floor so that the Black Dot duties can be temporarily reassigned to their partner.

Black PSW Evergreens West

1. Upon hearing the fire alarm, go to the Evergreen West Communicator Fire Panel (beside Evergreens Conference Room) don the Black Dot PSW vest, pick up the walkie talkie, fire extinguisher and light and proceed to the fire location to provide assistance to the RPN Evergreens West.
2. Delegates other staff available to man doors.

Black Dot PSW Maples

1. The Black Dot PSW on Maple will grab the elevator key, labelled "Elevator Fire Stop" from the Maples Conference Room.
2. The Maples Black Dot will then walk to "C" elevator.

3. Take the key and insert into the panel outside of the elevator.
4. Turn key to the right to "ON" and the Fireman's Hat will light up.
5. The elevator doors will open, and elevator will remain on first floor, 'Out of Service'.
6. The Black Dot will then man the Maples Neighbourhood Door by the elevator.
7. Once the "All Clear" is heard. Turn the key to the left to "RESET" and then back to center to "OFF".
8. The Fireman's Hat light will go out and the elevator is back in service.
9. Delegates other staff available to man doors.

Black Dot PSW Honeysuckle Haven

1. Upon hearing the fire alarm, go to the Honeysuckle Conference Room, don the Black Dot PSW vest and pick up the walkie talkie. Await instruction from Fire Marshal RN, RPN from EG or Black Dot PSW EG. Delegates other staff available to man doors.

Black Dot PSW Oakridge

1. Upon hearing the fire alarm, go to the Oakridge Med Room, don the Black Dot PSW vest and pick up the walkie talkie. Await instruction from Fire Marshal RN, RPN from EG or Black Dot PSW EG. Delegates other staff available to man doors.

All Other Staff – If able to safely do so:

1. All staff must know how to announce a fire or activate a pull station.
2. Upon hearing the alarm, assemble outside the nursing conference room in each area to receive direction from the Black Dot PSW to man floors. If on break, return to the floor. Do not attempt to use the elevators.
3. During Day and Evening shifts, other Registered Staff are expected to secure the extra walkie talkies and remain on standby in their assigned neighbourhood.
4. Be prepared to evacuate residents in a Code Green Stat – Partial or Full Evacuation. Code Green can only be called by Fire Marshal RN or Fire Chief.
5. Check all rooms to make sure empty of staff and residents. Use flex/evacuation florescent marker attached to doorknob to indicate room has been checked and is vacant. Provide direction and reassurance to all residents.
6. Close all doors and windows and shut off any fans throughout the home to impede the movement of air that can transport heat, smoke and fire gasses from one location to another.

7. Turn off all electrical equipment/appliances and get oxygen concentrators in bathrooms out of hallways for safety.
8. Turn on all ceiling lights to ensure maximum visibility.
9. Clear hallways of all carts, equipment and furniture to ensure safety in case of potential evacuation.
10. Staff near the main kitchen should turn on walkie-talkies provided. Listen only and provided assistance the Fire Marshall RN or RPN Evergreens West if requested.
11. Terminate calls unless they specifically deal with the emergency. Line 1 will be locked for outside calls when the fire alarm activated. An Emergency landline phone and cellphone is in the front reception area.
12. Residents and visitors in the non-fire area are requested to stay in their area, unless otherwise directed, until fire “all clear” is announced. No entry or exit is permitted during a fire alarm.
13. Attend the Code Red debrief if the fire or drill was in your neighborhood.
14. All staff should sign the attendance sheet for all drills.

References/Legislation:

- Lanark Lodge Nursing Red Binder, Section 14: Emergency Plan. Subsection B. Code Green Partial or Full Evacuation.
- Fixing Long Term Care Act, 2021
- Ontario Regulation 213/07 Fire Code.

Forms:

- Fire Report
- XVIII-D-10.10 Fire Drills Fire Drill Attendance Sheet
- XVIII-D-10.10(a) Fire System Check Form
- Maples Black Dot Elevator Procedure Poster

Revision History:

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LANARK
COUNTY



115 Christie Lake Road, RR#4
Perth, Ontario

(613) 267-4225

CODE GREEN
EMERGENCY EVACUATION
2022

CODE GREEN – LANARK LODGE EVACUATION PLAN

PURPOSE:

To provide a written plan for actions to be taken and proper procedures to be followed in an emergency necessitating evacuation of the building and address the following variables:

- location (partial/entire home, town wide, province wide)
- duration (hours, days weeks) and seasonality
- severity (number & type of service affected) of disaster

These factors will determine how quickly the home must be evacuated and to what location residents must be relocated.

The objective of the plan is to ensure the safety and welfare of residents, team members, and visitors. Where evacuation is required, the objective is to remove all or part of the resident population as quickly and safely as possible from an area in the home or completely away from the home. Life safety is the main goal; the building and records are secondary.

Code Green Stat and Location (crisis evacuation): announcement indicates an immediate evacuation is necessary e.g. internal explosion, major gas leak, rapidly spreading fire.

Code Green: announcement indicates less urgent evacuation e.g. extreme weather, loss of essential service such as water, hydro. A little more time can be taken to evacuate residents. There is lead time before the threat becomes imminent.

TYPES OF EVACUATION:

- 1) Partial: necessary where smoke or fire damage can be contained or weather conditions have cause partial damage to the building.
- 2) Total: necessary where smoke, fire damage cannot be contained or an explosion or external disaster requires that residents be moved to another location.

At the discretion of the Incident Manager or designate, or at the request of the Fire Department at the time of the disaster, it will be decided whether a partial or total evacuation is necessary. If in doubt, the home is to be totally evacuated.

EVACUATION PROGRESSION:

- Site: evacuation from the room of origin of an emergency (e.g. during a fire)
- Horizontal: evacuation beyond corridor fire doors and/or to an adjacent service wing



- Vertical: evacuation to a lower floor
- Premises: evacuation of the home

LINES OF AUTHORITY DURING EVACUATION PROCEDURES

Internal Authority for Code Green:

1. In the absence of a member of the Leadership Team, the In Charge RN (front of house EG/OR) is the Incident Manager.
2. The In Charge RN has complete authority until the first Leadership Team Member arrives, whereby they would assume the role of Incident Manager.
3. Incident Manager designates all remaining roles as per below.

External Support Services Authority

Fire Department, responsible for:

- fire fighting
- search and rescue
- complete authority with the building and fire grounds

Ambulance Officer, responsible for:

1. triage
2. primary medical aid
3. communications with health agencies & other ambulance services
4. transportation

Police Department, responsible for:

- traffic control
- building and property security
- communication between incident and police station

The Incident Manager works closely with all external support services to know the circumstances of the total situation.

NOTE:

- 1) All instructions of the Fire Department must be followed upon their arrival.
- 2) Once outside, the Ambulance Officer will assess the type of suitable transportation for each resident and is in charge of transportation.

Offsite Evacuation location: Residents will be evacuated to:

- Lanark County Municipal Building for triage
- Perth Community Care Centre (Perth) (613) 267-2506 – 35 Residents
- Camp Merrywood (Perth) (613) 267-1244 – 75 Residents



- Mapleview Manor (Athens) (613) 924-2696 – 20 Residents
- St. Lawrence Lodge (Brockville) (613) 345-0255 – 51 Residents
- Sherwood Park Manor (Brockville) (613) 342-5531 – 20 Residents
- Broadview Nursing Home (Smiths Falls) (613) 283-1845 – 35 Residents
- Stoneridge Manor (Carleton Place) (613) 257-4355 – 15 Residents
- St. Patrick's Home (Ottawa) (613) 731-4660 – 45 Residents

STAGES OF EVACUATION –

REMOVE: Residents from immediate danger in the room and into the corridor. If a fire, remember to crawl in. Non-ambulatory residents are placed on blankets and slide from the room. (See Lift and Carries procedures following)

CLOSE: The room door and windows.

MOVE: Residents who have been evacuated from the site to a safe designated assembly area beyond the fire doors.

Stage #1 – Area Evacuation (from one area in the Neighbourhood to another area in the same Neighbourhood i.e. D-wing to C-wing)

- remove residents from room of origin (close door and windows, and tag with green tag)
- take resident to holding area beyond fire doors

Stage #2 – Horizontal Evacuation (from one Neighbourhood to another Neighbourhood on same level)

- remove all residents from the immediate danger area, evacuate all rooms, ensuring room vacant, closing door and windows, and identification with green tag.
- take resident to holding area beyond fire doors

Stage #3 – Vertical Evacuation (From EG/HH to the main floor)

- remove all residents to a lower floor and evacuate all rooms, ensuring room vacant, closing door and identification with green tag.

Stage #4 – Total Evacuation

- external evacuation ordered: move residents from building to parking lot
- a team member (assigned by Manager/In Charge RN) will identify resident and place an identification label/lanyard/wristband on resident before they are evacuated
- Resident lists and wristbands are kept in the red backpack in the neighbourhood medication rooms
- ensure each resident is adequately clothed



- transport residents not requiring medical care (as determined by Ambulance Officer/TN) to pre-designated relocation site(s), starting with Lanark County Municipal Building

ORDER OF EVACUATION

1. Ambulatory Residents: many residents can be removed with assistance by one or two team members.
Cautions:
 - a. confused & ambulatory – may get in the way or wander back into the danger area
 - b. slow ambulatory – may hinder others; may need to remove in wheelchair
2. Wheelchair Residents: easier to remove than bedridden; may require one team member to assist.
3. Bedridden Residents: use demonstrated lifts and carries, may require two team members.
4. Uncooperative Residents: remain until last; otherwise valuable time lost and may sacrifice others. Ensure their door is closed and identify resident name & location to In Charge RN/ Incident Manager, and Fire Department.

CONTINUITY OF RESIDENT CARE

In order to ensure care needs of residents are met throughout an emergency evacuation and relocation, the following procedures will be in place.

- 1) **Resident Identification:** an identification label bracelet will be placed on each resident. The identification information must include: name, level of transfer/mobility, allergies, and DNR/MOST designation).
- 2) **Evacuation Log:** to be maintained for all residents transferred out, including relocation site, injury/treatment, time of transfer, how they were transferred, and that SDM has been notified.
- 3) **Resident Chart:** MAR books and any hard copy chart records must be removed from the home by the Nurse in charge. The MAR book must be taken to the relocation site.
- 4) Most of the actual chart can be retrieved on electronic health record out of the community. This can be completed offsite.
- 5) **Medications:** The pharmacy is to be contacted and provide same day service to replace all medication in a seven-day package. The pharmacy will provide all medications at the relocation site as needed.
- 6) **Other life sustaining equipment (oxygen, g-tube feeds):** may require evacuation with the resident or triage at treatment zone based on care needs.
- 7) **Food & Fluid** (as per the Provision of Food & Fluid Continuity Plan)
- 8) **Physician on call:** The doctor on call will decide:
 - whether a site physician should be called
 - whether a coroner should be onsite

LANARK LODGE

CODE GREEN EVACUATION PROCEDURES

CRISIS EVACUATION ANNOUNCEMENT – Full or Partial

- 1. INCIDENT MANAGER OR IN CHARGE R.N. - ANNOUNCES 3 TIMES ON THE PA:**

CODE GREEN STAT and LOCATION

NAME AREA(S) AFFECTED BY CRISIS

**ALPHA: A WING BRAVO: B WING
CHARLIE: C WING DELTA: D WING**

- 2. CALL 9-1-1 OR DESIGNATE CALLER (and have them report back that 9-1-1 has been called)**

DESIGNATED RESIDENT ASSEMBLY/TRIAGE AREAS

Lower Level: **B Wing** Fishbowl – Outside pandemic room/hairdressing
 D Wing – far end Staff Dining Room by the main kitchen

First Floor: **A1 Wing** – Norm Ferrier Lounge & West Lounge
 B1 Wing – B1 Dining Room
 C1 Wing – C.B. Church Lounge
 D1 Wing – North and South Lounge & Round Lounge

Second Floor: **A2 Wing** – Dining Room & A2 West Lounge
 B2 Wing – Lounge Area
 C2 Wing – Dining Room
 D2 Wing – North and South Lounge

DUTIES OF THE IN-CHARGE RN – INCIDENT MANAGER - DESIGNATE

1. Will announce **CODE GREEN STAT** and **Location** (see above).
2. Will don orange vest to be easily identifiable
3. Will designate one or more Resident Assembly and/or Triage Areas outside emergency area and assign an RPN to triage (TN) and manage each area (where staffing exists).
4. Will direct evacuation from the emergency site to the assembly area(s).
5. Will announce and direct evacuation - horizontal, then vertical, out of building.
6. Will direct staff to move residents to designated resident assembly/triage area.
7. Will assign an RPN and two PSWs to the designated Resident Assembly Area
8. Will assign team members to accompany residents to each relocation area.
9. Will assign team members to monitor exit doors to prevent re-entry of residents or unauthorized personnel and to ensure the doors do not close and lock authorized personnel out.
10. Will initiate emergency call fan out list.
11. Will notify Director of Long-Term Care, on-call Manager of evacuation (if not in building).

In the event triage of Residents is required:

1. Will assign a Registered Staff Member where able to each triage zone (Red, Yellow, Green)
2. Will assign a PSW to triage the White Zone for uninjured Residents.

DUTIES OF THE NON-TRIAGE REGISTERED STAFF

1. Upon receiving verification of evacuation, begin to instruct team members in the procedure. If immediate need is NOT in your neighbourhood, assign team members to go to the affected area as directed by the Black Dot PSW.

2. Ensure team members remove residents from immediate danger (room of origin) to a safe zone.
3. Ensure team members move all other residents from affected fire/danger zone to a safe zone beyond the fire door.
4. Ensure team members use green evacuation tags on doors to indicate room is vacant and checked.
5. Complete head count of residents to ensure no residents have been missed.
6. If fire or emergency is in your neighbourhood, obtain resident emergency wristbands from Emergency Backpack and assign a team member to identify and tag each resident.
7. Assist team members in your neighbourhood with safe evacuation of residents (transfers) as directed by IM.
8. Remove MAR book from your neighbourhood to the designated triage area.
9. If your neighbourhood area is NOT being evacuated, assign team members to monitor residents, secure your neighbourhood, and go to triage area as assigned by Black Dot PSW.
10. Complete the Resident Evacuation Log Forms on the emergency service clipboard in the Med Room. The Resident Evacuation Log is used to track movement of residents once in a safe area.

TRIAGING AND DUTIES OF THE TRIAGE NURSE

In the event there is need to establish a Triage Areas, the In-Charge R.N or IM will designate the following Resident Assembly Triage areas that are out of the danger zone:

First Priority (RED)

- Immediate medical attention required
- Individual is critical and their condition is deteriorating
- Transportation to hospital via ambulance is required
- Supervised by Nurse wearing orange vest
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Second Priority (YELLOW)

- Prompt medical attention required
- Individual is in serious but stable condition
- Individual can sustain a wait of approximately 30 min. to 2 hours without hospital intervention provided stabilization occurs onsite
- Supervised by Nurse wearing orange vest
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Third Priority (GREEN)

- Individual transportation to hospital can be delayed
- Individual is ambulatory (walking wounded)
- Supervised by Nurse wearing orange vest
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area
- Evacuation log completed

Fourth Priority (WHITE)

- Individual not injured, only require transportation to designated safe area
- Supervised by Non-Nurse wearing orange vest
- Identifying coloured sticker placed on individual's evacuation label and individual taken to that designated area.
- Evacuation log completed

Fifth Priority (BLACK)

- Individual with no vital signs and has been pronounced deceased by RN
- No staff required to supervise, individual covered with blanket
- Evacuation log completed

Duties of the Triage Nurse

- 1) The assessment for triage tagging is performed by the Nurse assigned as Triage Nurse.
- 2) To clearly identify them, the Triage Nurse will wear the designated cap and orange vest.
- 3) The Triage Nurse will direct team members to set up the 5 designated areas.
- 4) Each resident is assessed and assigned to a coloured zone according to their injuries. A coloured sticker is placed on the individual's emergency wristband and taken to that area for treatment.

- 5) Provide emergency first aid as required. Medications Carts and resident chart should be moved to the triage area (or the resident Assembly Area if no triage required).
- 6) The Triage Nurse does NOT provide treatment except in the following circumstances:
 - individual is bleeding profusely and will surely die unless immediate treatment is given.
 - individual's airway is severely compromised.
- 7) **All injured or unstable residents requiring emergency/acute care will be sent by ambulance to Perth and Smiths Falls District Hospital – Perth Site first if available.**

DUTIES OF THE INCIDENT MANAGER OR DESIGNATE

1. Assign a team member as Logistics lead who will be responsible for staffing assignments: ensuring team members are at relocation sites; initiating call-in procedure, etc. (see duties of Logistics lead). The Logistics lead should be as close as possible to the Incident Manager.
2. Assign a team member as Runner – to be a communication link for updates. In the event of a total communication shutdown, the pre-designated external communication centre will be activated (first- cell phones, second – landline in office, third - County Building) and the runner will provide ongoing relaying of messages.
3. Assign a team member in each neighbourhood to account for all residents in their neighbourhood
4. Assign a team member as Communications lead (see duty outline – contact/update family members)
5. Assign team members to monitor external traffic flow to ensure unimpeded access for emergency vehicles and access to building for emergency personnel (fire, ambulance, etc.)
6. Liaise and coordinate activities with external emergency personnel (fire, ambulance, hospital, etc.). Delegate where required.
7. Assign team members to initiate team member fan out call-in list and volunteer call-in list



8. As required, assign team members to gather supplies:
 - for first aid
 - blankets, pillows, etc. to assist in transport of residents and at relocation site
 - food and water
9. Initiate call to transportation service providers for buses, etc. or delegate.
10. Notify or delegate the notification of the following external contacts that the Evacuation Plan is in effect:
 - All necessary emergency services (fire, police, ambulance, local hospital)
 - Medical Advisor
 - MLTC/HCCSS/Health Authority (as required)
 - Support Services Office
 - Pharmacy
 - Evacuation sites
11. Complete the Incident Manager Evaluation Checklist

BLACK DOT PSWs

1. Verify announcement to evacuate.

Black PSW Evergreens West

3. Upon hearing the fire alarm/Code Green, go to the Evergreen West Communicator Fire Panel (beside Evergreens Conference Room) don the Black Dot PSW vest, pick up the walkie talkie, fire extinguisher and light and proceed to the emergency location to provide assistance to the RPN Evergreens West.
4. Delegates other staff available to man doors.

Black Dot PSW Evergreens East

2. Upon hearing the fire alarm/Code Green, go to the Evergreens Conference Room, don the Black Dot PSW vest and pick up the walkie talkie. Await instruction from Fire Marshal RN, RPN from EG or Black Dot PSW EG. Delegates other staff available to man doors.

Black Dot PSW Maples

2. Upon hearing the fire alarm/Code Green, the Black Dot PSW on Maple will grab the elevator key, labelled "Elevator Fire Stop" from the Maples Conference Room.

2. The Maples Black Dot will then walk to “C” elevator.
3. Take the key and insert into the panel outside of the elevator.
4. Turn key to the right to “ON” and the Fireman’s Hat will light up.
5. The elevator doors will open, and elevator will remain on first floor, ‘Out of Service’.
6. The Black Dot will then man the Maples Neighbourhood Door by the elevator.
7. Once the “All Clear” is heard. Turn the key to the left to “RESET” and then back to center to “OFF”.
8. The Fireman’s Hat light will go out and the elevator is back in service.
9. Delegates other staff available to man doors.

Black Dot PSW Honeysuckle Haven

3. Upon hearing the fire alarm/Code Green, go to the Honeysuckle Conference Room, don the Black Dot PSW vest and pick up the walkie talkie. Await instruction from Fire Marshal RN, RPN from EG or Black Dot PSW EG. Delegates other staff available to man doors.

Black Dot PSW Oakridge

2. Upon hearing the fire alarm/Code Green, go to the Oakridge Med Room, don the Black Dot PSW vest and pick up the walkie talkie. Await instruction from Fire Marshal RN, RPN from EG or Black Dot PSW EG. Delegates other staff available to man doors.
2. If evacuation IS in your community area, check and mark evacuated rooms with green emergency tags. Ensure ALL rooms (locked and unlocked) are checked and empty. Move residents to a safe zone as directed by the IM.
3. Ensure there is a PSW assigned at the Assembly Area(s) to receive or release evacuated residents and log them in/out using the Resident Evacuation Log.
4. Other staff from safe areas or called in staff will be assigned to the Assembly Area(s) to provide supervision, service, and support for residents.
5. Assign team member will monitor doorways to ensure safety and security of residents and facilitate an orderly evacuation as necessary. If residents are outside at time of emergency, they will be brought into a safe area for supervision.
6. Once internal evacuation is completed, the assigned PSW will do a roll call of the Resident Evacuation Log and ensure all residents are in Assembly Area before a full facility evacuation can be undertaken.

7. Once all residents have been moved to a safe area, take direction from IM: may include monitoring residents, assisting to load residents on buses, etc.

All Other Staff – If able to safely do so:

15. Upon hearing the fire alarm/Code Green, assemble outside the nursing conference room in each neighbourhood to receive direction from the Black Dot PSW. If on break, return to the floor. Do not attempt to use the elevators.
16. Terminate calls unless they specifically deal with the emergency. Line 1 will be locked for outside calls when the fire alarm activated. An Emergency landline phone and cellphone is in the front reception area.
17. Assist with evacuation as directed. Check all rooms to make sure empty of staff and residents. Use green door tags to indicate room has been checked and is vacant. Provide direction and reassurance to all residents.
18. Close all doors and windows and shut off any fans throughout the home to impede the movement of air that can transport heat, smoke and fire gasses from one location to another.
19. Turn off all electrical equipment/appliances and get oxygen concentrators in bathrooms out of hallways for safety.
20. Turn on all ceiling lights to ensure maximum visibility.
21. Clear hallways of all carts, equipment and furniture to ensure safety in case of potential evacuation.
22. Staff near the main kitchen should turn on walkie-talkies provided. Listen only and provided assistance the Fire Marshall RN or RPN Evergreens West if requested.
23. As assigned, by Incident Manager or the Nurse in charge in your community area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
24. Travel to relocation site(s) and assist as needed.

DUTIES OF THE COMMUNICATIONS LEAD

1. Communications lead – Assigned by the Incident Manager to lead all communications to family members.
2. Assign reception team to screen incoming phone calls, transfer media and resident's family member calls accordingly.

DUTIES OF THE MAINTENANCE TEAM

- 1) Assist the Incident Manager as required.
- 2) Ensure all entrances are clear of vehicles to allow for emergency services personnel / vehicles.
- 3) Assist TN to set up triage area in the vicinity of the gathering area (front or back of the building as designated), set out cones, identifying each coloured zone: RED, closest to entrance for ambulances to attend, YELLOW and GREEN, in parking lot, WHITE, at front of the building to wait for buses, cars to arrive, BLACK furthest away.
- 4) Be available to assist fire and all emergency services providers.
- 5) Ensure information on equipment, systems (HVAC, fire sprinklers, etc.), security doors, access to locked areas, supplies are available.
- 6) Assist with evacuation of residents and with loading wheelchairs and equipment, etc. into transport vehicles.
- 7) Communicate all pertinent information to the IM during the evacuation process.
- 8) Assist RN/IM/DOC with final check of the building if applicable:
 - ensure all electrical equipment is turned off and unplugged
 - lower heat if applicable
 - maintain and monitor generator if in use
 - check building regularly when vacant
- 9) Travel to relocation site(s) and assist as needed.
- 10) Keep a record of equipment, supplies, etc. that were removed from the building.

Cautions

1. Once an area is evacuated and is unsafe, DO NOT return and search for a missing resident.
2. **In a fire evacuation the Fire Fighters will recheck the area.**
3. Protect your own health and safety and **do not take undo or heroic risks.**

Relocation - Facility Evacuation

1. The Incident Manager (In Charge RN or Manager as defined above) will be designated as the Emergency Operations Centre Manager and will have overall responsibility for delegating the evacuation of residents in the Triage (hospital bound) or the Assembly Area (Bus or Family Pick-up).
2. To facilitate flow and necessary documentation, residents will be sorted/triaged within the facility in the Assembly Area's or Units depending on the nature of the emergency/disaster including their relocation mode of transportation and destination.
3. Residents will not be taken outside the building unless absolutely necessary, particularly in inclement weather (extreme heat or cold, rain). Wait until the reception resources arrive e.g., families or bus service. or consider evacuation to the Lanark County Building as need.
4. Ask the Police to monitor entry to Parking Lot:
 - Family Pick-up at front entrance disaster/fire area or PCCC parking lot where able
 - Bus Pick-Up of residents at the front entrance unless disaster/fire area (turnabout available for ease).
 - Ambulance Pick-Up at the side entrance unless disaster/fire area.
5. In the event a full evacuation must proceed, the Emergency Operations Center Manager, in consultation with Fire Department or Police depending on the nature of the emergency, will identify a safe outside area well away from the building and emergency equipment to avoid injury to residents and staff.
6. **If Perth Community Care Centre or the Lanark County Building, is the offsite holding area residents may be taken over by staff whenever possible to speed evacuation efforts.**
7. A staff member will be assigned to manage the Evacuation Resident Log sign- out of the Assembly or Triage Areas to board their assigned mode of transportation.
8. A staff member will be assigned to sign-out residents in the Evacuation Resident Log, and the bus driver, family member or ambulance driver will sign-in residents.
9. Staff members will be assigned to ensure residents have their ID band, medications pouch/pack, extra clothing/blanket, walker etc (if possible).



A staff member will be assigned to ensure residents are clothed appropriately for weather and carry-out assigned tasks.

A staff member will be assigned to accompany residents on the bus to the designated place of safety.

25. Once arriving at the destination by bus, the accompanying staff members will sign-out as residents leave the bus and sign in once arriving at relocation centre.

26. Dietary Managers - Execute the Plan for provision of Food & Fluid/Emergency Menus as directed by the Director of Dietary Services, Incident Manager or designate.

Emergency Transportation Plan – External

There are three driveways into the property:

6. Center driveway off the Christie Lake Road
7. West driveway off the Christie Lake Road
8. Rear laneway off the County Entrance Road.

In the event of a disaster requiring restricted access to the property, the Police will assume this role. All staff reporting to work must have their County of Lanark Identification Card.

LIFTS AND CARRIES

PART 1 - SLIDE, REMOVAL AND DRAG

Details:

Only one rescuer needed (NOTE: a 2-person lift is always advisable for resident and staff safety). The Slide Removal technique is utilized for non-ambulatory, medium to heavy weight residents without extensive contractures.

Method:

1. Inform and reassure resident the “what, why and how” you are about to do.
2. Place blanket beside bed (1/2 of blanket will be under the bed).
3. Move to head of resident’s bed, facing the bed.
4. Slide one hand under resident’s neck and slide other hand under waist.
5. Place one knee against edge of bed and place other leg slightly back for support.
6. Push in against the bed with knee and at the same time sit back onto imaginary chair (Steps 3 – 6 will slide resident’s shoulders and chest to edge of bed).
7. Move resident’s hips and slide one hand under waist and slide other hand under knees.
8. Place one knee against edge of bed and place other foot slightly back for support.
9. Push in against bed with knee and at same time sit back onto an imaginary chair (Steps 7 – 9 will slide resident’s hips to edge of bed)
10. **Turn and face resident’s feet by keeping your thigh against resident’s hips.**
11. **Move resident’s feet off the bed until legs bend at knees.**
12. **Turn inward to resident by keeping one hand on their hips for support.**
13. Kneel at 45-degree angle to the bed keeping the knee closest to resident’s hand in an upright position opposite to resident’s shoulder.
14. Slide one arm under shoulders and place other arm over and around resident’s waist.
15. Roll resident’s hips toward you until their body starts to slide and guide resident to the floor using the knee opposite their shoulder to break the fall.

If necessary, while sliding resident off the bed to the floor, push your chest against the resident and the bed to slow the descent.

PART 2 - BLANKET SLIDE, REMOVAL AND DRAG HORIZONTAL EVACUATION

Details:

One blanket, one or two rescuers. Technique used for all non-ambulatory residents who are not moved by blanket stretcher.

Method:

1. Inform and reassure resident the “what, why and how” you are about to do.
2. Take up a position in a deep knee bend at the resident’s head.
3. Fold blanket over resident starting with your left-hand and then your right side.
4. Gather in the blanket opposite and each side of resident head.
5. Holding the blanket, place your arms in a straight position on the inside of your legs.
6. Rescuer should be on the balls of feet and rock back by transferring weight to heels so that feet become flat on floor.
7. Rock back wards and push off with your legs keeping back straight.
8. Drag resident to a safe area.

BLANKET DRAG - VERTICAL EVACUATION

Details:

One blanket and one or two rescuers required. This technique is performed on all non-ambulatory residents following horizontal evacuation blanket drag procedure.

Method:

1. Inform and reassure resident the “what, why and how” you are about to do.
2. Bring resident to edge of stairwell platform using the blanket drag horizontal evacuation technique.
3. Step down so that each foot is on a different step.
4. Bring resident to a sitting position supported against your leg by aligning your body at a 45-degree angle to the stairs with the outside of the leg supporting the resident.
5. Place your hands under the blanket between the resident’s body and arms and gripping resident’s wrists, bring them against the base of their rib cage. Hold resident’s wrists in lace with your hands open and flat and keep your palms downward and allow blanket to rest on palms.

6. Start sliding resident and move the leg supporting the resident down one step and then move the other leg down one step. Keep the motion “1 – 2 – Slide”.
7. On arrival at the stairwell platform, stop resident on last step and support with one leg and release resident wrist.
8. Grip blanket on each side of resident’s head and slide resident gently to the platform and drag resident to a safe area.

BLANKET STRETCHER – SIX PERSON HORIZONTAL EVACUATION

Details:

One blanket and six rescuers required. Rescuers at feet give all commands. Resident is carried down feet first.

Method:

Resident is place on blanket.

Line up on each side of resident three on each side, the tallest rescuer will go to resident’s head and the shortest resident to the feet.

Kneel beside the blanket facing the resident with strongest leg in upright position.

Fold blanket edges twice to resident’s body, and place hands as follows:

**Rescuers at resident’s head will place hands opposite ears and chest of resident;
Rescuers in middle will place hands opposite at waist and hips of resident.**

Rescuers at resident’s feet will place hands opposite thigh and ankle of resident.

Roll blanket tight to resident’s body and grip blanket.

Roll keeping backs straight and arms straight and locked to position blanket.

The lift will be done in 2 stages:

On the command “1 – 2 – 3 – Lift” rescuers rock back transferring the weight from the ball of the foot to the heel bringing their backs to a vertical position.

On the command “1 – 2- 3 – Stand” rescuers will stand, turn facing the resident’s feet.

Rescuers step off with their outside foot and proceed to the blanket stretcher.

To place resident on floor

All rescuers face the resident and wait for the command “1 – 2 – 3 – Down”. All rescuers drop to one knee and lower resident gently to floor and drag.

BLANKET STRETCHER - VERTICAL EVACUATION

Details:

One blanket, six rescuers required. Tallest rescuer goes to resident's head and shortest to the feet. Rescuers at feet give all commands. Resident is carried down feet first.

Method:

1. On entering stairwell, rescuers at feet stop at top of stairs and align residents to stairs. If stairwell landing permits, keep to right of stairs.
2. Rescuers turn inward towards the resident at 45-degree angle to the stairs.
3. Rescuers at feet give the command "1 – 2 – 3 – Go" and the other rescuers start counting "1 – 2", "1 – 2", "1 – 2" moving down the stairs one at a time.
4. As they clear the last step, rescuers at feet stop counting, but other rescuers keep moving forward in time with "1 – 2" counts until each of the other rescuers clear the last step, then stop counting.

To place resident on floor:

3. All rescuers face the resident and wait for the command.
4. On the command "1 – 2 – Down" all rescuers drop to one knee and lower resident gently to floor.

LINEN CRADLE SLIDE

Details:

One blanket and 3 – 5 rescuers needed. Technique utilized for residents more than 150 lbs. Effective for violent or spastic residents. The person facing the resident's head will act as the leader and provide direction.

Method:

1. Inform and reassure the resident what is taking place and what you will do.
2. Rescuers line up along one side of the bed facing the resident.
3. Taller rescuers go to resident's head and shorter ones to resident's feet.
4. Rescuer next to resident's head folds linen around end of pillow using a hospital corner. Other rescuers remove linen on close side.
5. Rescuers place knee on the bed and keep other foot slightly back for support and gather linen on far side of bed.
6. Rescuer next to resident's head fold linen around pillow using a hospital corner and other rescuers fold linen over top of resident.

7. All rescuers grip the two edges of the bed linen and roll it down tight to the resident by forming a cocoon around resident.
8. All rescuers place both feet on the floor where one knee is braced against the bed and the other foot is slightly back for support.
9. Rescuer facing resident's head will give order "1 – 2 – 3 – Slide" and all rescuers will slide resident to side of mattress.
10. Removing their knee from the bed, all rescuers will step back 8 – 12 inches from the bed and flex one knee and keep the other leg slightly back for support.
11. Rescuer facing resident's head will give order "1 – 2 – 3 - Slide" and all rescuers slide resident off the bed onto their thighs.
12. Rescuer facing resident's head will give order "Down" and on the order "Down" all rescuers straighten their flexed leg and allow resident to slide to floor.
13. As resident slides past knee, all rescuers kneel onto knee of leg that was placed slightly back for support while lowering resident to floor.

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|-------------------|--|------------------|----------------------|
| TITLE: | Code White – Physical Threat / Violence | POLICY #: | XVIII-F-10.00 |
| | | PAGE: | 45 of 1 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | <u>Sep/07, Jun/10, May/16</u> | | |
| CURRENT REVISION: | February 2022 | | |

POLICY:

Lanark Lodge is committed to providing an atmosphere free of physical threat for all residents, team members, visitors, and volunteers.

In the event of an attempt of or actual exercise of physical force by a person that has the potential to cause injury (including threatening statements or behaviour indicating reasonable cause to believe risk of injury), a Code White will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location’s Code White Emergency Plan.

In the event a Code White is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area.

PROCEDURE:

If confronted by a violent or aggressive person, team member, volunteer, or visitor:

- If safe to do so, try to diffuse the situation with the aggressive person(s)
- Seek immediate assistance (this may involve activating call bell or fire alarm)
- Announce or have someone else announce “Code White and location” if the situation escalates into a dangerous situation
- If safe to do so, isolate the person(s) away from residents and team members and ask person to leave the premises
- Notify appropriate supervisor/Director of Long-Term Care, who will investigate and document the incident and file appropriate reports to provincial regulatory authority, support services, etc.
- Regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved

As part of the recovery process, the Director of Long-Term Care or designate will:

- 1) Consider the physical and mental health needs of all team members and residents.
- 2) Ensure supports are provided, using existing and additional identified programs as needed i.e. EAP, individual and group counseling, etc.

All Team Members will:

- 1) Speak with their supervisor regarding any specific concerns, needs, or considerations.

| | | | |
|-------------------|---------------------------------------|------------------|----------------------|
| TITLE: | Code Yellow – Missing Resident | POLICY #: | XVIII-G-10.00 |
| | | PAGE: | 46 of 3 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | <u>Sep/07, Mar/11, May/16</u> | | |
| CURRENT REVISION: | February 2022 | | |

POLICY:

In the event that a resident cannot be located within 5 minutes of the absence being reported, Code Yellow will be called to alert team members and prompt an appropriate response in accordance with the location’s Code Yellow Emergency Plan, including an organized and comprehensive centralized search procedure. All available means shall be taken to locate a resident, who is unaccounted for, quickly and safely. Searches will be conducted systematically and as quickly as possible

PROCEDURE:

All Team Members will:

- 1) Notify the nurse/manager in charge immediately when a team member, volunteer, family member is unable to locate a resident.

The Nurse/Manager in charge will:

- 1) Will first check the resident “Sign-Out Log” and resident file to ensure resident is not signed out
- 2) If the resident is not signed out, the R.N. will announce on the paging system (6010 #). **Code Yellow, Resident’s Name, Home Room, and Unit. The ADOC/In Charge RN will then obtain a photo of the resident for distribution to staff and authorities as required.**
- 3) Direct team members to thoroughly search their neighbourhood.

The Incident Manager or RN in charge will:

- 1) Ensure completion of the Missing Resident Search Checklist as information is made available from team members conducting the search.
- 2) Coordinate the search for the missing resident as follows:
 - Gather all information re missing resident i.e. care plan kardex, colour photo, full description of clothing worn, where and time resident last seen, resident profile information, previous incidents and where resident was found, etc.
 - Relocate to 1st Floor Information Station/front reception desk and await reports or phone calls regarding the resident
 - Gather search kit, which includes: floor plans, maps, flashlights, interior/exterior hazard list



- 3) Assign a search area (floor plan/map) to team members (work in pairs if possible); team members will check off completed rooms and areas on floor plan/map. When completed, map to be given to Incident Manager.
- 4) Advise searchers to call out to missing person by name loudly and frequently throughout search
- 5) Document the initiation and progression of the search procedures.

If the resident is not found after the initial search, the Incident Manager or RN in charge will:

- 1) Call 911 for police assistance. Ask police to contact Search & Rescue organizations after the first hour of searching if the resident remains missing and there is a high level of risk
- 2) Notify the Director of Long-Term Care, DOC, and the family of the missing resident.
- 3) Provide current photo of resident to the police (Med Cart) or other searchers.
- 4) Deploy staff to search surrounding grounds/area on foot or by car.

If the resident is found, the Incident Manager or RN in charge will:

- 1) Make an announcement that the resident has been found and the CODE YELLOW is cancelled; thank team members for their response, and advise them that they may return to normal duties.
- 2) Notify the police, family, Director of LTC, and DOC.
- 3) Have the resident's condition assessed, complete incident report, provide resident with reassurance, complete Missing Resident Search checklist, and sign off as Search Coordinator.

All Team Members will:

1. **Upon hearing the Code Yellow**, all staff will check for the resident in their area and notify ADOC/In Charge R.N. immediately if resident is located. Specifically:
 - a. **All Personal Support Workers** and allied team members will systematically check their assigned care areas – including washrooms, utility rooms, closets, common rooms, unlocked rooms.
 - b. **RPN 1st floor**, will check:
 - First floor non-resident areas – Norm Ferrier Room, Board Room, Library, and offices **checking all closed doors to see if not locked**; check open doors and then once cleared lock.
 - Proceed to the basement by the front stairwell and search Maintenance Hall and rooms, recreation and hairdressing area, housekeeping, kitchen, and laundry – **checking all closed doors to see if locked**.



- c. **RPN 2nd floor EG and EG black dot PSW**, (with flashlight if dark), will conduct a circle check of the building and parking lot starting at the road area. (If late at night, should be accompanied by the EG black dot PSW). The black dot PSW from Honeysuckle will report to the ADOC/In Charge RN for direction if required.

The Director of Long-Term Care will:

- 1) Inform the CAO and EMT of the missing resident search and recovery status throughout the search.
- 2) Complete a report/contact regulatory authority per provincial regulatory reporting requirements.

Notify the MOH LTC of incident and outcome as soon as possible without compromising search:
Working & Off hours **1-888-999-6973**



CODE BLUE – MEDICAL EMERGENCY

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|-------------------|--|------------------|----------------------|
| TITLE: | Code Blue – Medical Emergency | POLICY #: | XVIII-H-10.00 |
| | | PAGE: | 49 of 68 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | <u>Sept/07, Mar/11, May/16, Apr/21</u> | | |
| CURRENT REVISION: | February 2022 | | |

POLICY:

In the event of a life-threatening medical emergency affecting any individual(s) onsite i.e. cardiac arrest, respiratory issue, choking, etc., Code Blue will be called to alert team members and prompt an appropriate response in accordance with the location’s Code Blue Emergency Plan.

PROCEDURE:

Upon discovering a medical emergency, Team Members will:

- 2) Shout to nearby team members “Code Blue” and as applicable pull call bell
- 3) Page “Code Blue” and the location by calling 6010#
- 4) Designate someone to phone Nurse.

The Nurse/Manager in charge will:

- 4) Respond to the location.
- 5) Direct a team member to call 911 for an ambulance and assign designate Registered Staff member or Manager to notify POA/Responsible Party/Next of Kin.
- 6) Direct appropriate resuscitation procedures until arrival of paramedics.
 - For residents, confirm DNR order/status to find out if resident requires CPR or not.
 - In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles.
- 7) Continue resuscitation procedures or comfort measures as applicable until arrival of 911.

The Nurse or designate will:

- 1) Complete transfer forms (as applicable) and give ambulance attendants (paramedics).
- 2) Notify POA / family member of transfer to hospital.
- 3) Ensure all resuscitation equipment is replenished and cleaned following the emergency.

All Team Members will:

- 1) Keep nearby residents and visitors away from the scene and help maintain calm.

NOTE: Choking incidents will be treated as a medical emergency and the use of Code Blue emergency procedures will apply.

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|-------------------|---|------------------|----------------------|
| TITLE: | Code Orange – External Emergency | POLICY #: | XVIII-I-10.00 |
| | | PAGE: | 50 of 68 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | <u>Sep/07, Mar/11, May/16, Feb/22</u> | | |
| CURRENT REVISION: | April 2022 | | |

POLICY:

In the event of an external disaster, community utility failure, air exclusion event, severe weather events including weather watches and warnings, wildfire danger, or if the location is requested to be a site to shelter an external group, a Code Orange will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the home’s Code Orange Emergency Plan.

PROCEDURE:

EXTERNAL AIR EXCLUSION (CHEMICAL, BIOLOGICAL, RADIOLOGICAL, ETC.)

Any person who becomes aware of external air exclusion (chemical, biological, radiological, etc.) will:

- 5) Inform the Incident Manager immediately.

The Incident Manager, RN in charge or designate will:

- 8) Tune into local radio/television/internet for information and direction from provincial or community authorities.
- 9) Will pull the closest Fire Alarm Pull Station – this shuts off all air exchange into the building.
- 10) Shut off fire alarm.
- 11) Call 9-1-1 or designate Red Dot R.P.N. to do so.
- 12) Call On-Call Manager and advise of situation.
- 13) Alert team members that an evacuation may be necessary.
- 14) If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to “shelter in place”.
- 15) Seal building so contaminants cannot enter by:
 - Ensuring that all windows and doors are closed
 - Sealing gaps under doorways, windows, and other building openings (indicate where supplies will be kept)
 - Ensure that all heating, air conditioning, and ventilation systems remain off
 - Limit access to the building

Important: Other sources of contaminated air TO BE TURNED OFF:

- Maintenance Office** – A Wing - Lower Level
 Inside door on right – 2 control boxes for air supply marked A & B wings TURN OFF.
- **Mechanical Room** – D Wing - Lower Level
 Inside door on right – 3 disconnect boxes marked Corridor Air, Kitchen Air, and Bathroom Exhaust – PULL DOWN HANDLE ON ALL 3.



- **Main Kitchen** – inside double doors to kitchen on left side:
Fume Hood Panel – PUSH: *FAN STOP*
- **C/2 Housekeeping Room**
Shut off 1st and 2nd floor air handling units – 1 box on the wall.
Turn thermostats to OFF.

16) **Call Maintenance** - extensions 7401, 7405, 7406

17) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.

18) Initiate Code Green evacuation procedure as required.

All Team Members will:

- 4) Close windows, doors and other openings to the exterior.
- 5) Turn off air conditioning, vents, fans, and heating equipment.
- 6) Provide reassurance to residents.
- 7) Take direction from the Incident Manager, RN in charge or designate.

SEVERE WEATHER/WILDFIRE

Thunderstorms, hail, tornadoes, blizzards, ice storms, high winds, heavy rain, wildfire, etc. Any of these may result in conditions that require evacuation of the building.

Any person who receives communication that severe weather is being forecasted/wildfires are drawing near will:

- 1) Inform the Incident Manager, RN in charge, or designate immediately.

The Incident Manager, RN in charge or designate will:

- 1) Tune into their local radio station/television station/internet for updates on severe weather/wildfire warnings.
- 2) Advise team members, residents, and visitors of severe weather/wildfire warning.
- 3) Direct team members to move residents away from windows and close blinds and curtains as time allows, preventing window glass from shattering onto them or debris from entering through windows, etc.
- 4) If necessary, advise all to immediately take cover under a bed or heavy table or desk or in a bathroom.
- 5) Direct team members to have emergency supplies readily accessible.
- 6) Direct Maintenance team to verify that the generator is adequately fueled and in good working order.
- 7) Direct Maintenance team to arrange for additional fuel onsite as required.
- 8) Initiate Code Green evacuation procedure as required.



All Team Members will:

- 1) Close windows, doors and other openings to the exterior.
- 2) Turn off air conditioning, vents, fans, and heating equipment.
- 3) Provide reassurance to residents.
- 4) Take direction from the Incident Manager, RN in charge or designate.

EARTHQUAKE

During an earthquake, the majority of injuries are caused by non-structural items falling and becoming projectiles. In most situations you will reduce your chance of injury if you: DROP, COVER, and HOLD ON.

- DROP down to your hands and knees (before the earthquake knocks you down). This position protects you from falling but allows you to still move if necessary.
- COVER your head and neck (and your entire body if possible) under a sturdy table or desk. If there is no shelter nearby, only then should you get down near an interior wall (or next to low-lying furniture that will not fall on you) and cover your head and neck with your arms and hands.
- HOLD ON to your shelter (or to your head and neck) until the shaking stops. Be prepared to move with your shelter if the shaking shifts it around. Be aware of falling debris after the shaking stops.

In the event of an earthquake, all Team Members will:

- 1) Protect self – drop, cover, and hold on.
- 2) Not attempt to assist others until the shaking stops.
- 3) Stay covered until the shaking stops.
- 4) Stay away from windows, bookcases, and other hazards.
- 5) If inside, stay inside. Do not attempt to exit.
- 6) Crawl under a strong table, counter, or desk if possible and hold onto the legs.
- 7) Do not stand in a doorway.
- 8) If outside, stay outside.
 - Move away from the building and power lines
 - Avoid overhanging structures
 - Remain in location until the shaking stops

When the shaking stops:

- 1) Put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.
- 2) Alert residents, team members, and visitors to expect aftershocks.
- 3) Alert residents, team members, and visitors of fallen power lines and other hazards.
- 4) Attempt to continue operations onsite. Continue to provide essential care and service as much possible.
- 5) Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
- 6) Check the operating status of all telephones, and replace receivers on the bases.

- 7) Check for injuries: assess if anyone is injured and provide medical assistance where required, or call other team members for assistance.
- 8) Check for people who may be trapped: inspect residents' rooms, nursing/wellness stations, and other locations in your area. Leave doors to rooms open.
- 9) Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
- 10) Do not evacuate until advised by the Incident Manager. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways, or navigate disabled stairways.
- 11) Do not consume or distribute food or water unless you are certain it is free from contamination.
- 12) Do not flush toilets – conserve water.
- 13) Assess the damage to your designated area/unit, and inform the Incident Manager. Use caution when opening doors to cupboards and rooms as objects may fall. Salvage and protect medications and required supplies. Post signs indicating dangerous areas, and notify the Incident Manager or RN in charge of unsafe situations.
- 14) Report to the Incident Manager or RN in charge.

The Incident Manager will:

- 1) Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
- 2) Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.
- 3) Instruct residents, team members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
- 4) Ensure all residents, team members, volunteers, and visitors present at the time of the earthquake are accounted for. If anyone is missing, either conduct an immediate search or await instruction from emergency services, depending on the condition of the building.
- 5) Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.
- 6) Arrange for first aid to be administered as necessary. Seriously injured individuals should not be moved unless they are in immediate danger of further injury.
- 7) Take direction from Emergency Services personnel.
- 8) Arrange for the building to be inspected before residents and team members are re-admitted.

FLOOD (EXTERNAL I.E. DUE TO WEATHER)

In the event of an external flood that may affect the building:

The Incident Manager, RN in charge or designate will:

- 1) Tune into local radio/television/internet for information and direction from provincial or community authorities.
- 2) Alert team members that an evacuation may be necessary.
- 3) If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to “shelter in place”.

LANARK LODGE EMERGENCY PLAN



- 4) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- 5) Initiate Code Green evacuation procedures as required.

In the event there is time and it is safe to do so, the Environmental Services Manager or designate will:

- 1) Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.
- 2) Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
- 3) Close emergency valves to sewer drains.
- 4) Check sump pumps to ensure they are operable.
- 5) Ensure backup power supplies (i.e. generators) are functional.
- 6) In the event building is damaged and evacuation has been initiated, arrange for building to be inspected before residents and team members are re-admitted.

COMMUNITY DISASTER/UTILITY FAILURE

Any person who becomes aware of a community-wide disaster and/or utility failure will:

- 1) Inform the Incident Manager or RN in charge immediately.

The Incident Manager, RN in charge or designate will:

- 1) Tune into local radio/television/internet for information and direction from provincial or community authorities.
- 2) Alert team members that an evacuation may be necessary.
- 3) If advised by provincial authorities to remain in the building, notify team members, residents, and visitors of the hazard and reasons to "shelter in place".
- 4) Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
- 5) Initiate Code Green evacuation procedure as required.

All Team Members will:

- 1) Take direction from the Incident Manager.



CODE BLACK – BOMB THREAT

| | | | |
|-------------------|---|------------------|----------------------|
| TITLE: | Code Black – Bomb Threat / Suspicious Package/Device | POLICY #: | XVIII-J-10.00 |
| | | PAGE: | 55 of 68 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | <u>Sep/07, Mar/08, Mar/11, May/16</u> | | |
| CURRENT REVISION: | February 2022 | | |

POLICY:

In the event of a bomb threat or a suspicious package/device located within the building for which the owner cannot be located and the circumstances around the package are suspicious in nature, a Code Black will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the location’s Code Black Emergency Plan.

For further information, please contact the Director of Long-Term Care

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|-------------------|--|------------------|----------------------|
| TITLE: | Code Grey – Infrastructure Loss / Failure | POLICY #: | XVIII-K-10.00 |
| | | PAGE: | 56 of 68 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | <u>Sept/07, Mar/11, May/16, Feb/22, Apr/22</u> | | |
| CURRENT REVISION: | July 2022 | | |

POLICY:

In the event of any loss or failure of a major infrastructure component of the building i.e. mag locks, elevator entrapment/failure, loss of utility, life safety system, etc., Code Grey will be called to alert team members, residents, and visitors and prompt an appropriate response in accordance with the location’s Code Grey Emergency Plan.

Repair service contracts (where applicable) will include priority response time.

PROCEDURE:

ELEVATOR ENTRAPMENT/FAILURE

Any person who discovers that someone is trapped in an elevator/elevator failure will:

- 1) Inform the Incident Manager, Director of Long-Term Care, or RN in charge immediately.

The Incident Manager, Director of Long-Term Care, or RN will:

- 1) Call Code Grey.
- 2) Contact the Environmental Services Manager and the elevator service company immediately and determine their estimated response time.
 - Elevator Service Company Name: TKE
 - Elevator Service Company Contact Information: Office 1-800-233-5757
 - Where to find Elevator Service Company Contract: Director of Long-Term Care office
- 3) Attempt to determine where the elevator is stopped.
- 4) Designate a team member to be stationed outside of the elevator door on the floor where it has stopped to reassure the occupant(s) that help is on the way.
- 5) Reinforce to occupants to not force the doors open and remain calm.
- 6) Prevent anyone from overriding the system. Overriding the system may put occupant(s) at risk and may prevent the elevator technician from being able to determine the cause of the malfunction.
- 7) Call 911 if the occupant(s) is in distress.
- 8) Follow the directions of the elevator service technician or emergency services when they arrive on scene.
- 9) After occupants have been safely removed. Take the elevator out of service until the necessary repairs are made.



- To take elevator out of service: Maintenance to switch breaker off and tag elevator. Front office prepare sign indicating elevator out of service.
- In event of elevator service disruption requiring /transportation of residents, follow lift and transfer procedure in Code Green Lanark Lodge Evacuation Plan: XVIII-E-10.00(c)

ROOF COLLAPSE

Any person who suspects that there has been a roof collapse will:

- 1) Inform the Incident Manager, Director of Long-Term Care, or in charge RN immediately.

The Incident Manager, Director of Long-Term Care, or in charge will:

- 1) Instruct building maintenance personnel to immediately assess the situation i.e. snow or ice on roof needing to be removed immediately, etc.
- 2) Direct team members to relocate residents, visitors, and themselves from the affected area(s) of the building following the fire emergency procedures.
- 3) Call 911 from a phone located well away from the area affected.
- 4) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Take direction from the Incident Manager, Director of Long-Term Care, or in charge.

ELECTRICAL POWER FAILURE

Any person who becomes aware of a major electrical power failure will:

- 19) Notify the Incident Manager, Director of Long-Term Care, or in charge immediately.

The Incident Manager, Director of Long-Term Care, or in charge will:

- 1) Notify the local hydro service provider at: 1-800-434-1235 and ask for expected duration of the outage.
- 2) Direct team members to monitor all doors and high-risk residents for elopement.

The Nurse will:

- 1) Identify needs of residents for power (G-Tube, IV, Oxygen, Air Mattresses, etc.).

All Team Members will:

- 1) Carry a flashlight.
- 2) Provide residents with night light/lantern as needed.
- 3) Take direction from the Incident Manager, Director of Long-Term Care, or in charge.

LANARK LODGE EMERGENCY PLAN



The Maintenance Team will:

- 1) Emergency Generator will be immediately activated and should be monitored to see that it is working correctly.
- 2) Ensure that all lights and Generator powered equipment is working.
- 3) Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members. Flashlights/head lamps will be available in nursing conference rooms. Every fire hose cabinet has a flashlight and emergency supply bags with additional lights will be located in the medroom on Evergreens and in the medroom on Maples.
- 4) Check fuel supply and activate procedure for delivery of additional fuel as needed.
- 5) Procedure for delivery of additional fuel: Contact DiCola at (613) 267-1604

Should there be no emergency generator backup, the Incident Manager, Director of Long-Term Care, or in charge will:

- 1) Notify and update support services office and VP/EVP of the outage/expected duration.
- 2) Direct distribution of emergency box supplies (battery flashlights, blankets).
- 6) Supplies located at: Flashlights/head lamps will be available in nursing conference rooms. Every fire hose cabinet has a flashlight and emergency supply bags with additional lights will be located in the medroom on Evergreens and in the medroom on Maples.
- 3) Monitor and assess the effect on resident and team member safety.
- 4) Initiate Code Green Evacuation plan if necessary.

RESIDENT ELECTRONIC DOCUMENTATION SYSTEM

For loss of the resident electronic documentation system, refer to VII-J-10.20 Electronic Documentation System Downtime & attachments (LTC).

FIRE PROTECTION SYSTEM FAILURE

Any person who suspects that the Fire Protection System is not working will:

- 1) Inform the Incident Manager, Director of Long-Term Care, or in charge immediately.

The Incident Manager, Director of Long-Term Care, or in charge will:

- 1) Notify all team members that a fire watch has been initiated.
- 2) Give verbal instruction to team members and visitors that fire watch means that our normal fire detection systems such as heat detectors and pull stations may not work – if a fire is suspected, call 911 directly.
- 3) Assign team member(s) to monitor/complete Fire Watch Checklist for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.
- 4) Assign one team member to post Fire Watch signs at all entrance doors, information centres, main kitchen, laundry, and in elevators.
- 5) Notify Environmental Services Manager or Director of Long-Term Care



All Team Members will:

- 1) Complete monitoring and Fire Watch Checklist as assigned.
- 2) Take direction from the Incident Manager.

The Environmental Services Manager or Director of Long-Term Care will:

- 1) Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
 - Fire Protection Service Supplier: Drapeau Fire Protection
 - Fire Protection Service Supplier Contact Info.: (613) 549-3353 (24hr)
 - Location of Fire Protection Service Supplier Contract: Director of Long Term Care Office
 - Fire Department Contact Info.: BBDE Fire Department, Chief Greg Saunders

TOTAL LOSS OF HEATING SYSTEM

Any person who becomes aware of a major or total failure of the building's heating system will notify the Environmental Services Manager or Director of Long-Term Care immediately.

The Environmental Services Manager or Director of Long-Term Care or designate will:

- 1) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Notify the local HVAC heating system contractor service provider of the failure and ask for expedited service call to correct.
 - HVAC heating system contractor service provider: BC Mechanical
 - HVAC heating system contractor service provider Contact Info.: Jeff Choffe (613) 812-5333
 - Location of HVAC heating system contractor service provider Contract: in Director of Long-Term Care office
- 3) Review Evacuation plan and prepare to institute if estimated time for repair is greater than 12 hours.
- 4) Review and implement policy on required interventions during Extreme Cold Conditions.
- 5) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure temperature does not drop below 20°C in any occupied area until heating system is fully restored.
- 6) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 7) Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
- 8) Implement evacuation plan if building temperatures fall below 15°C.



TOTAL LOSS OF COOLING SYSTEM

Any person who becomes aware of a major or total failure of the building's cooling system will notify the Director of Long-Term Care and/or Incident Manager immediately.

The Environmental Services Manager or Director of Long-Term Care or designate will:

- 1) Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
 - a. HVAC heating system contractor service provider: BC Mechanical
 - b. HVAC heating system contractor service provider Contact Info.: Jeff Choffe (613) 812-5333
 - c. Location of HVAC heating system contractor service provider Contract: in Director of Long Term Care Office.
- 2) Notify the manager/nurse in charge or designate.
- 3) Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
- 4) Review and implement Management of Risk Associated with Extreme Heat policy.
- 5) Direct Maintenance to monitor and document building temperatures every 30 minutes to ensure Humidex does not exceed 39°C in any occupied area until cooling system is fully restored.
- 6) Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- 7) Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
- 8) Direct team members to move residents to inner core of building away from exterior walls.

LOSS OF POTABLE WATER

Any person who becomes aware of a major or total failure of the building's water system will notify the Director of Long-Term Care and/or Incident Manager immediately.

The Director of Long-Term Care or designate will:

- 1) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
- 2) Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
 - System contractor service provider: Di Cola
 - System contractor service provider Contact Info.: 613-257-1604
- 3) Request an estimated time to correct following the initial investigation.
- 4) Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
- 5) Notify support services office.
- 6) Direct Maintenance to search for leaks / shut off water i.e. at localized appliance.
- 7) Implement emergency water rations for residents as required (i.e. boil water advisory).



INTERNAL FLOOD (I.E. BURST PIPES)

Any person who becomes aware of an internal flood will notify the Director of Long-Term Care and/or Incident Manager immediately.

The Environmental Services Manager or Director of Long-Term Care or designate will:

- 1) Call Code Grey.
- 2) Direct Maintenance to turn off water supply at main valve and shut off electricity to affected parts of the building.
 - Main valve location: 1) Cold Water Valve in Basement mechanical room of A-Wing, 2) Cold Water Valve in main kitchen sprinkler room. Refer to building map.
 - Electricity shut off location: Hydro Vault, lower level, yellow hallway
- 3) Notify support services office.
- 4) Contact a plumber.
 - Plumber: McNay Plumbing
 - Plumber Contact Info.: (613) 899-2205
- 5) Direct Maintenance to turn on faucets and flush toilets to drain pipes and relieve pressure.
- 6) Implement emergency water rations for residents as required (i.e. boil water advisory).
- 7) Manage any relocation of residents as required whose rooms may have been affected.
- 8) Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
- 9) Contact regional Building Services support for remedy of any water damage/services required to be engaged with external provider.
- 10) Determine whether to initiate partial or full Code Green evacuation.

Team Members will:

- 1) Begin water cleanup as directed.
- 2) Set up fans, dehumidifiers, etc. as directed.
- 3) Clean any areas or items damaged by water.

MAG LOCKS FAILURE

Any person who suspects that the Mag Locks are not working will:

- 1) Inform the Environmental Services Manager or Director of Long-Term Care or designate immediately.

The Environmental Services Manager or Director of Long-Term Care or designate will:

- 1) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
- 2) Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
 - Instructions to reset mag locks: In the Emergency box
 - Location of station: Front entrance
- 3) Assign team members to monitor exit doors until the problem is resolved.



- 4) Assign team members to complete a resident room check using fire plan checklist and to do ongoing walk about every fifteen minutes until system is reactivated.

All Team Members will:

- 1) Complete room check and monitor exits as assigned.
- 2) Take direction from the Incident Manager.

The Environmental Services Manager or Director of Long-Term Care or designate will:

- 1) Obtain immediate assistance (service response) from mag lock (security system) supplier.
 - Mag lock/security system supplier: Advanced Alarms
 - Mag lock/security system supplier Contact Info.:613-283-6238
 - Location of Mag lock/security system supplier Contract: Director of Long-Term Care Office

TELEPHONE SYSTEM FAILURE

Any person who becomes aware of a landline telephone system failure will:

- 1) Inform the Business Office Manager or Director of Long-Term Care or designate immediately.

The Incident Manager will:

- 1) Call Code Grey.
- 2) Notify DLTC, DOC, Environmental Services Manager or designate.
- 3) Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Use cell phone to alert Call Center to the failure and alternate contact numbers.
- 5) Notify residents and post signage.

Any person who becomes aware of a cellular service system failure will:

- 1) Inform the Business Office Manager or Director of Long-Term Care or designate immediately.

The Business Office Manager or Director of Long-Term Care or designate will:

- 1) Call Code Grey.
- 2) Notify DLTC, DOC, Environmental Services Manager, or designate.
- 3) Use landline phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
- 4) Assign a messenger if safe to leave to alert Support Services Office of failure;
- 5) Determine alternative communication methods.
- 6) Notify residents and post signage.



CODE BROWN – INTERNAL EMERGENCY

| | | | |
|-------------------|--|------------------|----------------------|
| TITLE: | Code Brown – Internal Emergency (Spill / Leak / Hazard) | POLICY #: | XVIII-L-10.00 |
| | | PAGE: | 63 of 68 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | September 2006 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | <u>Sep/07, Jun/10, Mar/11, May/16</u> | | |
| CURRENT REVISION: | February 2022 | | |

POLICY:

In the event of a minor hazardous material spill, a major hazardous material spill or hazmat incident, a carbon monoxide or natural gas leak, or a biological/chemical threat, a Code Brown will be called to alert team members, visitors, and residents and prompt an appropriate response in accordance with the home’s Code Brown Emergency Plan.

DEFINITIONS:

A minor hazardous material spill is defined as a spill of a known substance in a manageable quantity that does not cause a chemical reaction.

A major hazardous material spill or hazmat incident can be defined as:

- a known substance that cannot be contained or cleaned up
- a substance of significant quantity that poses an immediate risk to staff and residents
- the material is unknown
- a chemical reaction is present
- incident could escalate and increase level of risk

CARBON MONOXIDE

Signs that there may be a hazardous or potentially hazardous concentration of carbon monoxide detected in the air in the building:

- Stale, stuffy air
- Occupants have symptoms of CO exposure (see below)
- The pilot light on gas-fired equipment keeps going out
- A sharp odour of the smell of natural gas occurs when equipment turns on
- The burner flames and pilot light of a natural gas furnace or other equipment are mostly yellow, rather than a clear blue (note: some natural gas fireplaces are designed to have yellow flames)
- Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent
- Excessive moisture on walls or windows in areas where natural gas equipment is on
- CO detectors alarm

Symptoms of Carbon Monoxide (CO) Exposure:

- Headaches
- Nausea
- Dizziness
- Drowsiness or fatigue



- Burning eyes
- Confusion
- Loss of coordination

PROCEDURE:

Any person who suspects exposure to Carbon Monoxide will:

- 2) Call the fire department using 911 immediately.
- 3) Inform the Incident Manager, Director of LTC, or RN in charge immediately.

The Incident Manager, Director of LTC, or RN in charge will:

- 5) Contact the Environmental Services Manager to identify proper shutdown of gas to equipment.
- 6) Shut down gas to equipment if Maintenance not available. Location of main shutoff valves identified in XVIII-A-10.50(a) Building Map/Profile.
- 7) Assign team members to provide for medical attention to those who need help, paying particular attention to anyone with a respiratory ailment (i.e. asthma).
- 8) Take direction from fire department

All Team Members will:

- 3) Open windows to ventilate the area.
- 4) Relocate residents, team members, visitors, and volunteers from the affected area immediately.
- 5) Take direction from the Incident Manager.

NATURAL GAS LEAK

Any person who suspects exposure to a natural gas leak will:

- 1) Call 911 from a phone located well away from the source of the leak.
- 2) Inform the Incident Manager, Director of LTC, or RN in charge immediately.

The Incident Manager, Director of LTC, or RN in charge will:

- 5) Instruct Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
- 6) Shut off the valves if Maintenance not available. Location of shutoff valves identified in XVIII-A-10. 50(a) Building Map/Profile.
- 7) Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
- 8) Notify the gas company from a phone located well away from the source of the leak.
- 9) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Not smoke or use electrical devices including cell phones.

LANARK LODGE EMERGENCY PLAN



- 2) Not turn the power on and off.
- 3) Advise visitors/volunteers to not smoke or use electrical devices including cell phones.
- 4) Take direction from the Incident Manager.

BIOLOGICAL/CHEMICAL THREAT

Any person who becomes aware of a chemical, biological, or radiological accident will:

- 1) Immediately ensure all persons are relocated to an area away from the release.
- 2) Call 911.
- 3) Inform the Incident Manager, Director of LTC, or RN in charge immediately.

The Incident Manager, Director of LTC, or RN in charge will:

- 1) Direct team members to evacuate as many residents from the contaminated area as possible if it can be done without become a victim.
- 2) Direct team members to evacuate everyone in the building outside if it is safe to do so.
- 3) Organize a calm evacuation as per Code Green evacuation process.
- 4) Check that building is secure.
- 5) If an evacuation outside of the building is not possible, move everyone in the building upwards to an interior room on a higher floor (many agents are heavier than air) or to an adjacent fire compartment if movement to a higher floor is not practical.
- 6) Direct team members to seal off the contaminated area: seal gaps under doorways, windows, and other building openings.
- 7) Direct maintenance team to turn off heating, air conditioning, and ventilation systems.
- 8) Take direction from Emergency Services personnel.

All Team Members will:

- 1) Take direction from the Incident Manager, Director of LTC, or RN in charge.
- 2) If splashed with a chemical agent, immediately wash it off using ONLY water.

LIQUID / CHEMICAL / GAS SPILL

Any person who discovers a liquid/chemical/gas spill or leak will:

- 1) Inform the Incident Manager, Director of LTC, or RN in charge immediately.

The Incident Manager, Director of LTC, or RN in charge will:

- 1) Keep team members, residents, volunteers, and visitors clear of the area.
- 2) Contact the Environmental Services Manager or designate to investigate and together determine the appropriate actions.
- 3) If no leak or spill, complete Incident Report.
- 4) If leak/spill found:
 - Instruct maintenance team to shut off liquid chemical/gas at main valve of container;



- Determine the nature, extent, and cause of the spill/leak;
 - Instruct maintenance team to use the Spill Kit stored in the Receiving area in order to contain the leak.
- 5) If required, a Code Brown should be called by the Incident Manager, Director of LTC, or RN in charge, and repeated over the paging system 3 times with the location of the spill/leak.
 - 6) This may involve evacuation of the affected area.
 - 7) If required, call 911 to get Emergency Services assistance.
 - 8) Take direction from emergency services personnel.
 - 9) When the situation is under control, advise reception/concierge to announce “Code Brown – All Clear”.
 - 10) Complete Incident Report (with assistance from maintenance team involved).
 - 11) Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

The Environmental Services Manager or designate will:

- 1) Attend on scene of spill/leak as directed by the Incident Manager, Director of LTC, or RN in charge.
- 2) Complete directions as per step 2 of Incident Manage, Director of LTC, or RN in charge’s procedures.
- 3) Assist emergency services as required.
- 4) Assist Incident Manager in completion of Incident Report.

Team Members in the affected area will:

- 1) Keep team members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the IM or designate.
- 2) Take directions from the Incident Manager, Director of LTC, or RN in charge.

All Team Members will:

- 1) Take directions from the Incident Manager, Director of LTC, or RN in charge.
- 2) Keep out of the area.
- 3) Reassure residents, visitors, and volunteers as appropriate.

NOTE: Spill Kit contents include:

- Instructions
- 10x15x19” Sorbent Pads
- 10x3”x4’ Sorbent Socks
- 1x Pair Nitrile Gloves
- 26.5x31” 3mil Disposal Bag
- 5 Gal. UN screw top pail



CODE SILVER – ARMED INTRUSION

| | | | |
|-------------------|---|------------------|----------------------|
| TITLE: | Code Silver – Active Shooter / Armed Intrusion / Hostage Situation | POLICY #: | XVIII-M-10.00 |
| | | PAGE: | 67 of 68 |
| MANUAL | Emergency Management | APPROV. AUTH: | Director of LTC |
| ORIGINAL ISSUE: | April 2022 | SCOPE: | Lanark Lodge |
| PAST REVISIONS: | | | |
| CURRENT REVISION: | April 2022 | | |

POLICY:

In the event of an intrusion by an armed person, an active shooter, or a hostage taking incident, Code Silver procedures will be enacted to prompt an appropriate response in accordance with the location’s Code Silver Emergency Plan.

Note: **Code Silver will not result in other team members coming to assist**, as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called. When a Code Silver is initiated, all team members will make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area, following the procedures set out below.

For further information, please contact the Director of Long-Term Care



Additional Plans available for boil water advisory, building lockdown, outbreak-pandemic-endemic planning, and staff contingency planning.

For further information, please contact the Director of Long-Term Care