

## Emergency Response Plan

Section	Description	Review/Revision Date
<b>A</b>	<u>EMERGENCY PREPAREDNESS OVERVIEW</u> <ul style="list-style-type: none"> <li>• Emergency Preparedness Policy</li> <li>• Training and exercises</li> <li>• Emergency plan orientation</li> <li>• Fan out call list</li> <li>• Emergency Communication Protocol</li> <li>• Media Relations</li> </ul>	December 2025
<b>B</b>	<u>CODE RED – FIRE EVACUATION</u> <ul style="list-style-type: none"> <li>• Fire Plan</li> </ul>	December 2025
<b>C</b>	<u>CODE GREEN – EVACUATION</u> <ul style="list-style-type: none"> <li>• Evacuation procedure</li> <li>• Evacuation checklist- control officer</li> <li>• Returning Residents Following Evacuation</li> </ul>	December 2025
<b>D</b>	<u>CODE BLUE – MEDICAL EMERGENCY</u> <ul style="list-style-type: none"> <li>• Medical Emergencies</li> <li>• Visitor Medical Emergency</li> </ul>	December 2025
<b>E</b>	<u>CODE YELLOW – MISSING RESIDENT</u> <ul style="list-style-type: none"> <li>• Missing Resident Plan</li> </ul>	December 2025
<b>F</b>	<u>CODE WHITE – VIOLENT &amp; AGGRESSIVE BEHAVIOUR</u> <ul style="list-style-type: none"> <li>• Violent Situation Protocol</li> </ul>	December 2025
<b>G</b>	<u>CODE BLACK – BOMB THREAT</u> <ul style="list-style-type: none"> <li>• Bomb Threat Policy</li> <li>• Bomb Threat by Mail</li> </ul>	December 2025

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<b>H</b>	<p><u><a href="#">CODE ORANGE – DISASTER CONTINGENCY PLANS</a></u></p> <ul style="list-style-type: none"> <li>• Loss of Hydro</li> <li>• Loss of Water</li> <li>• Loss of Natural Gas</li> <li>• Interruption of Dietary Services</li> <li>• Disruption of Laundry Service</li> <li>• Loss of Communication</li> <li>• Withdrawal of Service No Staff Available</li> <li>• Failure of Internal Air Quality</li> <li>• Flood Contingency</li> <li>• Snow and Ice Storm</li> <li>• Tornado (watch &amp; warning)</li> </ul>	December 2025
<b>I</b>	<p><u><a href="#">CODE BROWN – INTERNAL CHEMICAL SPILL</a></u></p> <ul style="list-style-type: none"> <li>• Chemical Spill</li> </ul>	December 2025
<b>J</b>	<p><u><a href="#">CODE GRAY – EXTERNAL AIR CONTAMINATION</a></u></p> <ul style="list-style-type: none"> <li>• External Air Exclusion</li> </ul>	December 2025
<b>K</b>	<p><u><a href="#">CODE PURPLE – HOSTAGE &amp; INTRUDER</a></u></p> <ul style="list-style-type: none"> <li>• Code Purple Intruder Hostage Taking</li> </ul>	December 2025
<b>L</b>	<p><u><a href="#">CODE SILVER – ACTIVE SHOOTER</a></u></p> <ul style="list-style-type: none"> <li>• Active Shooter</li> <li>• Hold and Secure</li> <li>• Lockdown</li> </ul>	December 2025
<b>M</b>	<p><u><a href="#">SAFETY POLICIES</a></u></p> <ul style="list-style-type: none"> <li>• Boil Water Advisory</li> <li>• Elevator Entrapment</li> <li>• Outbreaks of Communicable disease or Public Health Significance</li> <li>• Pandemic Planning</li> </ul>	December 2025
<b>N</b>	<p><u><a href="#">EMERGENCY PREPAREDNESS TRAINING</a></u></p> <ul style="list-style-type: none"> <li>• Disaster Plan Review</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Fire Safety Plan Review</li> </ul>	
<b>Appendix</b>	<b>Quick reference Emergency Codes</b>	December 2025

### Emergency Preparedness Overview

Shalom Village recognizes the benefits of being prepared in the event of an emergency. Shalom Village has developed a comprehensive emergency plan to ensure staff are prepared with the necessary skills and equipment to effectively manage emergency situations.

Shalom Village Emergency Preparedness Program will ensure that:

- Plans for coping with emergencies generic to Long-term care, Assisted Living and Community areas are developed and implemented
- Staff at all levels are educated to the emergency preparedness plans
- Plans are tested and practiced by staff to establish the efficacy of protocols and provide familiarity with disaster operations
- All plans are reviewed and updated annually. (Ministry of Long-Term Care: O. Reg. 79/10 Section 230 (6))
- Section 268 of O. Reg. 246/22, under the Fixing the Long-Term Care Homes Act, 2021, sets forth several requirements for licensees in conducting emergency exercises. Section 7(a) requires annual testing of emergency plans related to **missing residents, fires, medical emergencies, violent outbursts, and loss of essential services.**
- Section 7(b) requires testing of all other emergency plans once every 3 years and a requirement that the home conduct a planned evacuation once every three years.

### Training and Exercises:

May take the form of: Tabletop Exercises, walk through Drills, or Scaled “Physical” Exercises. Students, volunteers, or others may be used as mock residents. Community agencies and partner facilities are recommended to be used to assist in a planned evacuation.

Real events may be considered training exercises.

## **Emergency Response Plan**

### Emergency Plan orientation

1. Before commencement of duties for all staff and reviewed again annually or more often as needed.
2. All volunteers receive orientation that provides information regarding Emergency procedures.
3. All employees are expected to be aware of the Plan, identify where it can be found, and understand their individual and collective roles and responsibilities during an emergency situation.
4. All staff participate in e-learning modules regarding emergency codes and a mandatory education session regarding fire and emergency response on an annual basis.
5. Fire drills are conducted once per month (on each of 3 shifts) and require staff participation.
6. Significant changes to the Plan are shared with staff at annual mandatory In-Service or Team Meetings and reinforced in subsequent training.
7. Service providers are informed in writing of their expectations in emergency response.
8. The Resident handbook and Admission documents provided to residents and their families upon admission outlines the safety and security expectations and considerations required of residents and their families during a real or mock emergency event.
9. Test/Mock drills are to be evaluated. Post drill analysis and action plan and attendance.

### **PROCEDURE:**



## Emergency Response Plan

Emergency Preparedness Manual has been developed to provide procedures in the event of the following emergencies:

Code Red:	Fire Emergency
Code Green:	Evacuation
Code Blue:	Medical Emergency
Code Yellow:	Missing Resident
Code White:	Violent/Aggressive Behavior
Code Black:	Bomb Threat
Code Orange:	Disaster Contingency Plans
Code Purple:	Hostage, Intruder
Code Brown:	Chemical Spill
Code Grey:	External Air Contamination
Code Silver:	Active Shooter
	Hold and Secure
	Lockdown

Outbreak Planning  
Pandemic Planning

### Fan Out Call List

In an emergency situation, staff on-site may require additional assistance in dealing with issues arising.

To minimize the amount of time that the Nurse in Charge spends calling in staff, there only needs to be one phone call to the On-call Registered Nurse who will activate the procedure. For the purpose of confidentiality, the actual Fan-out/Call-in list will not be provided in this manual.

Staff will be asked to come in to assist in dealing with an emergency. If called as part of an Emergency Fan-out/Call-in, it is expected that staff will respond to the Home as quickly as possible to assist in resolving the emergency. Registered Nurse on duty to contact the On-call leader immediately to alert an emergency.



## Emergency Response Plan

### Emergency Communication Protocol

In the event of emergency involving the police, fire department, the serious injury or death of a resident, or any other matter of a serious nature the following steps are to be taken:

- 1) Contact the On-call manager immediately.
- 2) On-call manager reaches out to the Directors who will contact the CEO to apprise of the situation

Other Types of Situations where Leaders should be contacted:

- Natural Disaster (flooding, significant storm)
- Prolonged Utility Failure (including IT)
- Hospitalization of a Resident (serious injury, potentially life threatening)
- Serious Injury of Staff while on duty
- Missing Resident
- Infectious Disease Outbreak
- Violent Crime, Major Vandalism
- Bomb Threat
- Hazardous Material Spill
- Sexual Assault
- Suicide Attempt
- Serious Responsive Behavior
- Major Fight/Disturbance
- Generator Failure

### Emergency Telephone

Shalom Village home will have backup telephone units, along with an emergency default line.

If the main telephone lines are down, Shalom Village has backed up phone lines.

Nurses and maintenance personnel carry cellular phones.

On-call Registered Nurse has a Shalom Village cell phone at all times.



## Emergency Response Plan

### Media Relations

The CEO, or designate, is responsible for speaking with the media. No other staff is to address the media without expressed authority.

### RED – FIRE

**Policy:** All members of staff will receive orientation and ongoing training in Fire Safety Procedures as specified in the Fire Manual.

1. Emergency, fire, and evacuation procedures as outlined in this manual.
2. Location of Fire Panel meeting areas.

Designated Fire Panel Meeting Areas:

- a. SVO LTC – 1st floor fire panel in nursing home (outside Weisz House)

## **Emergency Response Plan**

- b. SVO Apartments – Fire Panel at front doors outside CEO’s office
  - c. SVToo LTC – 1st floor fire panel inside the double doors in LTC front doors
- \*\*\* If the fire situation is in one of the fire panel meeting areas, the team moves to the next closest fire panel meeting area, staying within the building of fire origin if possible.
- 3. Location of posted Fire Exits.
  - 4. Location and use of Fire Extinguishers and location of Fire Hoses.
  - 5. Location and use of telephones, cellular phones, and pagers
  - 6. Location of Smoke Barrier Doors (doors which close automatically when alarm sounds to prevent the spread of smoke)
  - 7. Location of Fire Doors (metal-clad doors, some with small wire mesh windows located in stairwells) and potential fire zones to prevent the spread of smoke and fire. Fire Doors must be closed at all times.

## Emergency Response Plan

### **SUPERVISORY STAFF OR DELEGATE, EMERGENCY PROCEDURES**

In the event of a fire, sound judgment is necessary in deciding which action is appropriate in each situation. The safety of residents must always be the primary motive for any action.

The supervisory staff or delegate is responsible for the following actions in the event of a fire:

#### **IF YOU DETECT A FIRE:**

#### **R.E.A.C.T**

Remove all residents and visitors from the immediate danger

##### When Removing Residents:

1. Evacuate resident in room of immediate danger (fire origin)
2. Next evacuate residents on either side of room of fire origin
3. Then evacuate any residents directly across the hall from the origin of the fire
4. If further evacuation is needed, then it is a CODE GREEN (Evacuation – and stage 2 alarm) and an evacuation of residents based on the colour codes:
  - a. (1<sup>st</sup>) GREEN – None to minimal ambulatory assistance
  - b. (2<sup>nd</sup>) YELLOW – Moderate ambulatory assistance
  - c. (3<sup>rd</sup>) RED – Full ambulatory assistance
  - d. (4<sup>th</sup>) – any residents who were uncooperative to evacuate (but not in immediate danger).

Ensure the door is closed to contain the fire

Activate the nearest Fire Alarm Pull Station

Call Fire Department 9-1-1. Proceed to the nearest telephone and dial 9, to get an outside line, then dial 9-1-1 and report the fire.

STATE: This is Shalom Village, 70 Macklin St. North,

- Building: Levy, Sherman, Weisz or Gould
- We have a fire at \_\_\_\_\_ (state location of fire).



## Emergency Response Plan

Try and extinguish the fire if you feel capable and there is no threat to your safety.

If the fire is of a small nature and can be controlled with a portable extinguisher in the vicinity, then do so with EXTREME CAUTION. If the fire cannot be controlled, close the door to the affected area to prevent further spread of the fire.

### REMAIN CALM

#### WHEN A FIRE ALARM SOUNDS – FIRST STAGE ALARM (CODE RED)

**Policy:** When a fire alarm sounds, all staff need to visually check their immediate area for signs of fire. If signs of fire are present or resident room light indicators are red, then REACT.

- First Stage:**
1. Look around for signs of fire. Visually check areas in the unit.  
A red light illuminated over a room door indicates that the detector in that room has been activated and therefore REACT.
  2. If no signs of fire are present in your immediate area and you are **providing direct care/programming with residents**, stay with the residents and keep them calm and ready to evacuate the area if necessary. Reassure residents. The Registered Nurse ensures all residents are accounted for. Ensure that all corridors and exits have clear access. Store all carts and equipment.
  3. If no fire is apparent and you are not **providing direct care/programming** with residents, turn off equipment and proceed to the nearest fire panel meeting area. To avoid walking into a fire situation, feel doors before proceeding through to see if they are hot and if available and safe to do so, go outside to get around to the fire panel at designated meeting area instead of walking through the buildings. Do NOT use the elevators.
  4. When arriving at the fire panel, work in groups of two to find the source of the fire.

#### CODE GREEN – EVACUATION



## Emergency Response Plan

The building will be evacuated when an unsafe condition exists that threatens the safety and well-being of the residents including:

1. uncontrollable fires
2. loss of heat during freezing temperatures
3. a bomb threat
4. a dangerous condition of the environment (i.e. gas leak, flood, etc.)

### **DECISION TO EVACUATE**

The decision to evacuate the building will be made by the CEO or delegate. In their absence, the Registered Nurse after careful assessment of the situation and in consultation with the senior staff present and the Hamilton Fire Department.

In the event of a fire, elevators are not to be used unless instructed by the Fire Department.

### When Removing Residents:

1. Evacuate resident in room of immediate danger (fire origin)
2. Next evacuate residents on either side of room of fire origin
3. Then evacuate any residents directly across the hall from origin of fire
4. If further evacuation is needed it is a CODE GREEN (Evacuation – and stage 2 alarm):
  - a. (1<sup>st</sup>) GREEN – None to minimal ambulatory assistance
  - b. (2<sup>nd</sup>) YELLOW – Moderate ambulatory assistance
  - c. (3<sup>rd</sup>) RED – Full ambulatory assistance
  - d. (4<sup>th</sup>) – Residents are uncooperative (but not in immediate danger).

### **CODE BLUE – MEDICAL EMERGENCY**



## Emergency Response Plan

**Purpose:** To ensure a system is in place to alert Shalom Village staff that there is a medical emergency on Shalom Village property (whether it is within the campus or outside on the grounds) and to provide a timely and systematic approach when responding.

A medical emergency is defined as the sudden onset of an illness or injury serious enough to require immediate medical or nursing intervention. A sudden illness or injury can happen to anyone – resident, staff member, volunteer or visitor.

### Procedures for RNs/RPNs:

- Confirm Code Status for resident or ADP client.
- Upon arrival with the Code **BLUE** Cart/Kit and AED, Resident Home Area RN/RPN will take charge of the situation, initiate the appropriate clinical response(s), and delegate to other staff members any functions to be carried out.

Actions include:

- **Call 9-1-1**, explain the emergency and the location including floor # and room location.
- Assign a staff member to meet Emergency Responders at the front entrance.
- Assign a staff member to prepare transfer documents for EMS.
- Provide detailed report to Emergency Responders.
- Notify caregiver/SDM and Physician.
- Complete a Risk Management Report in PCC, including the type of care, treatment and medication delivered.

### Procedures for Staff:

When discovering a person suffering from one or more of the above conditions:

- Yell out “Code **BLUE**” and pull nearest call bell, if not near phone for paging.
- Stay with the resident/person and initiate CPR (if trained and within Resident plan of care.)
- If no immediate response to call bell, go to the hallway, yell again “Code **BLUE**, room #” \_\_\_\_\_.



## Emergency Response Plan

### CODE YELLOW – MISSING RESIDENT

## Emergency Response Plan

**Purpose:** It is the policy of Shalom Village to ensure that all residents live a high quality of life and are provided with safe and secure oversight. In the event of a missing resident, it is imperative that Shalom Village staff ensure information is readily available for searchers and that all staff will know what to do in the event a resident is missing.

- **Use the Missing Person incident plan (form on Policy Manager).**
  - ◆ For LTC - A Plan of care for each resident is developed in connection with their family/substitute decision maker. The residents' plan of care will address risks identified such as wandering, exiting seeking and any other concerns that team or family have in relation to resident elopement.
  - ◆ A resident profile binder is kept at the First Floor Nursing station and Concierge desk for residents in LTC.
  - ◆ The staff in each home area will make regular visual checks of residents to ensure that everyone who should be present is present.
  - ◆ Residents who are leaving/returning to LTC with a family member or friend, must notify the Nurse and must sign out and in at the reception desk.

Note:

- ◆ For Assisted Living, the resident profile is on Point Click Care.
- ◆ Residents are asked to inform staff if they are leaving the building for the day or longer.
- ◆ For Goldie's Place Adult Day Program participants' profiles are on Point Click Care.
- ◆ In Goldie's Place, all residents are supervised.

**If you suspect a resident is missing the following stages occur:**

### **Missing Resident Search Guidelines:**

#### **STAGE 1: Local Floor Area Search**

1. Immediately upon discovering that a resident is missing, look around the immediate area and inform the staff of that area that the resident is missing.
2. Inform the Registered Nurse of the home area as to which resident is missing and when they were last seen and what they were wearing.
3. Check the sign out log to confirm if the resident has been signed out

## Emergency Response Plan

4. Search the Floor including resident rooms, closets, washrooms, common areas, etc.

### **STAGE 2: Building Search**

1. Registered Nurse in charge will call the care team together by calling Code Yellow “Stage 2” and home area of missing resident three times through overhead pager and:
  - Obtain the Resident’s Emergency information and picture located in the Resident Profile Binder
  - OR Point Click Care for Assisted Living / Goldies participants
  - Get building maps
  - Determine when the resident was last seen, where and what they were wearing and any other pertinent facts.
  - Ask other residents/family members if they have seen the resident and how long ago.
2. Have team members complete room searches (including all resident washrooms, staff washrooms, dining rooms, utility rooms, laundry room, spas, balconies, synagogue, nursing station, lobby, gardens etc.) in each house using a building map.

#### **During the Search:**

- ♦ Remain silent (except for essential conversation) and listen for the missing person
  - ♦ Do not call the person’s name (people with dementia rarely respond to calls of searchers)
  - ♦ Registered Nurse or Designate will collect reports back from the staff every 10 minutes
  - ♦ Registered Nurse or Designate to delegate a team member to retrieve information kept on file to be used in the event of an emergency search (i.e. wandering person’s profile, and person’s personal profile)
  - ♦ Registered Nurse or delegate to ensure that all the necessary information is ready for the police as well as aerial maps and campus floor plans which will all be located in the Code Yellow Kit at the First Floor Nursing Station
3. Assign staff on each floor of LTC, apartments and basement and have them do the same check as above and report back as soon as they have finished
  4. Assign staff to check the perimeter of the outsides of the buildings, including the parking lot, sides of building. enclosed gardens etc.

## Emergency Response Plan

5. Provide grid maps that detail the area to be searched, including the apartments, elevator lobby, and ensure that the roof doors are locked.
6. Registered Nurse or delegate to notify the resident family that the resident is missing, and the home has completed a building search and moving to Neighbourhood

### STAGE 3: Neighbourhood Search

- If the resident is not found in the search of the buildings and the immediate area surrounding them, then make the announcement “CODE YELLOW: Stage 3; home area of the missing resident” throughout the building.
- Registered Nurse or delegate will call the care team together and:
  - Access the emergency Binder
  - Obtain maps of the neighbourhood
  - Obtain the Resident’s Emergency information and picture located in the Resident Profile Binder
- Registered Nurse or delegate will contact:
  - ◆ Leadership/On-call (after hours) who will implement the fan out of emergency calls and inform the respective Directors, who will inform the CEO
  - ◆ The police
  - ◆ The resident’s next of kin
  - ◆ HSR and Taxi companies and inquire if a resident got on the bus in front of the building
  - ◆ Contact local hospitals
  - ◆ If relevant, use \*69 on the resident’s landline phone to check the most recent call, check calendar and notes for any appointments, question anyone who may have knowledge of the resident
- Do a second building search, assigning staff to search areas they had not searched in the initial search
- Use a map of the area and send teams out to do a search of the local area
- Have each person report back to the Registered Nurse or delegate as soon as they have searched the area assigned.
- Depending on the number of volunteers available, assign areas for searching in a widening circle away from the building.

Communications:

## Emergency Response Plan

- **MEDIA: THE CEO WILL BE THE ONLY PERSON TO SPEAK MEDIA PERSONNEL.**
- The CEO or delegate will contact the Chairman of the Board, if necessary.
- The Registered Nurse or delegate will inform the Ministry of Long-Term Care as per Regulation 246/22 S.115 Critical Incidents

### **After the Person is found:**

1. Assess the resident for injury, complete head to toe assessment
2. Page Code Yellow “All Clear” three times via overhead page
3. If after hours, call on-call and notify that the resident has been found (Senior Director of Operations, Registered Nurses, next of kin, etc.)
4. Document the person’s wandering incident – on PCC and/or Internal Incident report
5. If LTC resident, DOC or delegate will complete a Critical Incident as per Regulation 246/22 S.115, if it meets the criteria for mandatory reporting
6. Debrief with team members
7. The incident report will be reviewed by Leadership and follow up action as is necessary will be implemented. The Board of Directors will be notified at the next meeting of the Board following the incident that required the police being notified.

### **A Search Kit will be located at 1<sup>st</sup> Floor Nursing Station - Communication Centre and will contain:**

- ◆ Flashlight and batteries (5)
- ◆ Notepads
- ◆ Post-it notes
- ◆ Pens, highlighters and markers
- ◆ Floor Plans indicating search areas
- ◆ Missing Person incident report procedure
- ◆ Maps and photos of grounds indicating search areas and highlighting areas of high probability for residents to wander.
- ◆ aerial photos I maps



## Emergency Response Plan

### CODE WHITE – VIOLENT & AGGRESSIVE BEHAVIOUR

## Emergency Response Plan

### **PURPOSE:**

To ensure a plan is in place to attain immediate assistance in a situation related to violent/aggressive behaviours in staff, resident, family or visitors.

Code White is used to signal that assistance is required due to another person behaving in a potentially dangerous manner towards himself or others. There can be a potential that this behaviour may escalate causing further risk and harm to Others.

### **PROCEDURE:**

The person confronted with the situation should:

1. Stay Calm
2. Call for help from co-workers by calling out code White and location or if in resident room pull call bell to alarm team members.
3. Registered Nurse or Delegate to Page “Code White” and location three times by using overhead page system
4. Registered Nurse or delegate to instruct other responders for crowd control and resident/visitor safety

Take Measures to protect your own safety and those involved

- Residents are escorted from the immediate area
- Position yourself close to the door
- Establish a safe location

Second staff member on Scene:

1. Isolate individual if safe to do so.
2. Monitor traffic and direct people away from area in incident
3. Continue to deescalate and formulate a coordinated plan of action
4. Ensure that formally trained techniques, such as GPA (Gentle Persuasive Approach) is utilized
5. Contact physician if required
6. Determine if necessary to call police, if yes call 911

TIPS : Do not promise anything in response to demands. Acknowledge requests but say you have to check with supervisor. (claim lack of authority)

5. Do not obstruct passage ways

### Appropriate Interventions for Code White Responders:

#### A. Distance from individual/Positioning of First Responder

Leg length plus a step or a lunge away.

Step to the side if the individual responds physically (versus backwards as this could end up with staff being cornered).

Stand at a 45 degree angle. Palms should be in front of thighs facing out (to evidence nothing in hands). Avoid hands positioned behind back.

Avoid leaning forward (shows aggression).

Avoid leaning back (portrays fear).

#### If individual is in wheelchair:

Get to their level: not crouched as puts balance off

Kneel on one knee

Position to the side or

Pull up a chair to the side with one leg positioned in front for quick movement if needed.

Position hand on lap with palms out.

#### Other:

For any position consider hands in front of chest in a steeple position (non-threatening but makes you ready to defend yourself if needed).

Make eye contact but avoid staring

Calm tone of voice: Make statements like: *"Can I help you right now"*

#### B. General Guidelines for defusing Hostility:

Defuse yourself first

Be aware of your body language, distant from resident, environment

Deal with individuals feelings first

Look at what you can say yes to: e.g. "you can't go outside now but you can 1. 2. 3. (always give 3 other options so they can choose).

Be assertive, not manipulative

Be effective versus being right

#### C. WHEN HELP ARRIVES

There should always be a lead negotiator (usually the person who is already there)

Only one person talks at a time

## Emergency Response Plan

### Responders

Other Responders : Their main role is crowd control and safety.

Look out for resident's safety

Look for any available weapons and call code Silver and refer to Emergency Procedure

If someone has been taken hostage, call code Purple and refer to the Emergency Procedures

Meet the police if they have been called to advise them of the current situation.

**Debriefing:** This is a crucial step in the process.

It should take place immediately following the incident, prior to staff leaving for their shift.

Discussion should take place regarding:

- What went right/What went wrong
- Recommendations and plans for further interventions for resident
- Completion of Internal Incident Report/PCC Documentation for resident behaviour
- Decide on further supports necessary e.g. EAP counselling, group debriefing etc.

### Notification

If incident occurred outside of regular office hours the On-call Manager should be notified as soon as possible.

## CODE BLACK – BOMB THREAT



## Emergency Response Plan

Code Black is used to alert all employees that a bomb threat has been received. The bomb threat procedures will be initiated immediately to ensure the safety and security of all residents, visitors, employees, and volunteers.

### **PROCEDURE:**

Remain Calm – Do Not Panic

#### **If a telephone or direct verbal bomb threat is received:**

- ◆ SEE BOMB THREAT TELEPHONE CHECKLIST.
- ◆ Pay particular attention to the distinguishing characteristics of the caller's voice, Listen for background noise
- ◆ Record details of the call on the CODE BLACK: BOMB THREAT TELEPHONE CHECKLIST
- ◆ Individual receiving the bomb threat call needs to alert a staff Registered Nurse to notify that a bomb threat has been received.
- ◆ The Registered Nurses to call 9-1-1

#### **If a written bomb threat is received:**

- Read carefully while handling as little as possible to preserve evidence.
- Do not discard anything (i.e. envelope). Save the evidence for the police.
- SEE BOMB THREAT BY MAIL INFORMATION SHEET
- Condensed Emergency Response Procedures:

#### **If a suspicious article is found:**

IMMEDIATELY NOTIFY THE Registered Nurse of:

- THE LOCATION
- DESCRIPTION OF THE OBJECT
- DO NOT TOUCH THE OBJECT

EVACUATE ALL PEOPLE FROM THE IMMEDIATE AREA.

### **CODE ORANGE – DISASTER CONTINGENCY PLANS**

This is the loss of functionality of a building system. These systems include

## Emergency Response Plan

- Hydro
- Water
- Elevators
- Heating/Cooling
- Network/Wi-Fi/Telephone
- Nurse Call System
- Security/Access Control
- Kitchen Equipment
- Laundry Equipment
- Roof Collapse

Procedure for all staff:

- Stay calm
- Notify the Registered Nurse or Leadership within the home
- Await further direction and instructions
- Call 9-1-1 if there is an immediate risk to life safety

Refer to Emergency Response Procedures for each system.

NOTE: Some system failures require immediate communication to the Ministry of Long-Term Care. The Administrator or delegate must submit a Critical Incident Report where an environmental hazard affects the provision of care or the safety, security or well-being of one or more residents for a period greater than **6 hours** including;

- A breakdown or failure of the security system
- A breakdown of major equipment or a system in the home
- A loss of essential services
- Flooding

### Loss of Hydro

## Emergency Response Plan

The home does have an emergency backup generator to provide power to critical equipment. When power fails to the campus, there is a short delay until the generator powers on. It may be necessary to turn equipment back on after the generator starts.

When the power goes off unexpectedly, the Registered Nurse will immediately:

- Announce “Code Orange – Power Outage – Location” three times using overhead page
- If annunciator system is not working call Code Orange verbally
- If after hours the Registered Nurse will notify the On-call Manager
- Ensure all essential equipment is plugged into ORANGE Outlets throughout the home as the outlets are connected to the backup generator
- Notify the Maintenance Personnel to check the electrical system for obvious problems
- If no internal problem is found, check Hydro Utilities website to see if the power outage is in an area wide issue caused by the provider or a building specific issue:
  - o If provider caused, report the outage to the provider and monitor the website for progress
  - o If building specific, contact the home’s Electrical Services Vendor and work to resolve the issue
- Inform the fire alarm monitoring company if they have not already called the home
- Check elevators to ensure no one is trapped and lock them out
- Keep the Registered Nurse informed and continue to monitor the situation
- Shut off all non-essential equipment in work areas to avoid power surges when power is restored
- In the event of total loss of power, contact the Hydro Utility Office to determine the anticipated duration of the power loss.
- If the power is expected to be restored in a couple of hours, continue to monitor the residents and supplies that are plugged into the ORANGE OUTLETS

If the power is not expected to be restored within a reasonable time frame, the departments will follow the Code Orange Loss of Hydro Procedures for the respective departments

## Emergency Response Plan

### Communication

Network phone systems have been connected to the backup generator but other options can be utilized:

- A cell phone

If the weather is cold, the Leadership Team will also direct staff:

- to ensure that all windows and exterior doors are closed; Keep vacant room doors closed to minimize loss of heat.
- To obtain extra blankets from storage as required.
- To record the interior temperature of the home hourly and report any findings below 10C.
- If gas supplies are still available, supply residents with hot beverages as needed.

If the weather is hot, the Leadership Team will also direct staff:

- to ensure that all windows and exterior doors are closed; Keep vacant room doors closed to minimize loss of cool
- To record the interior temperature of the home hourly and report any findings above 26C
- Supply residents with cold beverages as needed.
- Provide damp cloths for around necks or other body parts

### Emergency Generators:

This home is equipped with a diesel backup generator. This generator will operate for approximately 72 hours if the tank is full.

As soon as loss of hydro is experienced ensure an adequate supply of diesel fuel is on hand.

Conserve water as when loss of hydro is experienced for an extended period of time water supply may be affected.

In the event that hydro is not expected to be restored for an extended period and resident safety is negatively impacted, evacuation of the home should be considered. Refer to CODE GREEN – Evacuation

## Loss of Water

## **Emergency Response Plan**

In the event of total loss of water the Maintenance Personnel will check the water system for obvious problems. Contact the Local Public Utilities in order to determine expected duration of shutdown.

If there is a planned disruption for service reasons, etc. the water company will notify the home in advance. All departments will then be notified and have time to plan for the event.

In the event of an unplanned water supply interruption, the Registered Nurse will:

- Announce “Code Orange – loss of water-Location” 3 times using the overhead paging system
- Notify the Leadership/ On-call Manager if after hours
- Notify Public Health
- Initiate a Command Centre at the 1<sup>st</sup> Floor Nursing Station of the respective building

Each department will follow the procedure put in place for Code Orange Loss of Water for the respective areas

In the event that water supplies will not return to normal for an extended period of time, initiate contact with an emergency water source.

In the event that water is not expected to be restored for an extended period of time and resident safety is negatively impacted, evacuation of the home should be considered. Refer to CODE GREEN – Evacuation

## **Loss of Natural Gas**



## Emergency Response Plan

Natural gas is typically used for the building's heating system, hot water system, dryers in the laundry room, and cooking equipment in the kitchen.

In the event of a loss of gas, the Registered Nurse or their delegate, will:

- Announce "Code Orange – Loss of Natural Gas-Location" three times using the overhead paging system
- Notify Leadership/On Call Leader if after hours
- Notify the Maintenance Personnel to check the fuel line system for obvious problems.
- If no obvious problems are found, the home natural gas supplier will be contacted in order to determine the expected duration of shutdown.
- If it's an internal issue in the home, the natural gas supplier will be requested to attend the premises and correct the problem.

In the event that natural gas supply is not expected to be restored for any extended amount of time each department will follow the procedures for Code Orange Loss of Natural Gas for the respective areas.

In the event that natural gas is not expected to be restored for an extended period of time and resident safety is negatively impacted, evacuation of the home should be considered. Refer to CODE GREEN – Evacuation

### **GAS LINE BREAK**

Danger from an escape of natural gas into Shalom Village exists in the presence of a



## Emergency Response Plan

4-14% concentration.

Warning would probably be from a strong odour.

Note: Should be presence of gas become apparent, no electrical switches are to be touched by any person. This will prevent an electrically ignited explosion. The switchboard can be operated until instructed not to do so. There must be NO SMOKING and NO OPEN FIRES.

1. Call ON CALL who will contact the Maintenance On-Call if a gas leak is expected
2. If unavailable, notify Enbridge Gas (1-866-763-5427)
3. Call Fire Department – 911.
4. Initiate the Fan Out System and Evacuation Procedure if necessary.

## Interruption of Dietary Services

The Dietary Manager will instruct the dietary staff

If the kitchen is unable to be used:

## Emergency Response Plan

- To use the serveries or dining rooms for the preparation of cold foods and the organization of meal delivery;
- To use paper/plastic products as necessary
- The gas stoves may continue to function, may be of use
- The generator will provide power for the site but the blenders will not work in the kitchens;
- to use the barbeque as required;
- Adjust the menus as necessary

In the event of non-delivery of food supplies, the Dietary Manager or their delegate will:

- Access supplies from current inventory – current inventory allows for meal planning for 3-7 days in case of emergency.
- Purchase supplies and/or food offsite if/when needed

If the Kitchen is out of order due to disaster, the menu would be adjusted using shelf stable items, and if needed, offsite purchases would be made. Dietary department to maintain offsite emergency food suppliers.

In compliance with the Fixing Long Term Care Act, a minimum of three days supply of food is stocked in the home. Perishable foods are ordered one week in advance and staples are on hand to cover any hazard.

## Disruption of Laundry Service

In the event of laundry service failure, all essential laundry shall be sent to an external laundry service for offsite commercial laundry services.

The team will work with the external provider to:



## Emergency Response Plan

- Ensure that industrial washers and dryers are used for the washing and drying of all laundry
- Ensure that they are aware of Cytotoxic Laundry items and the requirements for these laundry items
- Ensure that the linens, towels, wash clothes are top priority
- Ensure that turn around time is adequate for the needs of the home.

When clean laundry returns it will be distributed as required by the laundry team

## Loss of Communication

In the event of loss of regular telephone services, utilize a cell phone and dial 310 – BELL to notify them of the disruption of service and request immediate emergency repairs.

If out because of HYDRO:



## Emergency Response Plan

\*Use cellular phone.

### **No Staff Available**

Employees already in the building will remain on duty in an emergency situation until relieved or other instructions are received.

The Registered Nurse follow the Emergency Fan Out Procedure.



## Emergency Response Plan

The Administrator or Delegate will contact staffing agencies to establish staffing patterns for all departments.

Each Manager will follow the Emergency Fan Out Procedure for their respective departments. Which may entail arranging car pools or other transportation to get the staff to the building.

The Administrator or Director of Apartments will delegate a team member to notify families of the situation and discuss contingency plans for alternative care, if required.

If the situation warrants, residents shall be discharged to their own families where possible.

## Flood Contingency

Flooding may result from severe weather, snowmelt, blocked sewers, or plumbing malfunctions. This policy aims to minimize risk to life, property, and operations.

### PROCEDURES FOR ALL STAFF:

- Request assistance from other staff. If necessary, call CODE **ORANGE** - FLOOD to recruit more people to address the issue.
- Notify the RN in charge
- Use buckets, blankets, towels, etc. to contain the water until the flow has stopped.
- Find water source and shut it off, if possible
- Post wet floor signs.
- Clean-up the water with mops, floor machines, shop-vac vacuum cleaners, dehumidifiers, fans and/or spill kit supplies.

### Safety Precautions

- Avoid walking in water near electrical devices.
- Shut off utilities (water, gas, power) in affected areas.
- Contact service providers for plumbing and electrical inspections.
- Replace damaged drywall, insulation, and ceiling tiles.
- Do not use flooded electrical equipment until inspected.

## Explosion

If there is an explosion which affected the structure of the building, the police (emergency 911) should be notified immediately.

The CEO and Senior Leadership will be notified immediately



## Emergency Response Plan

Gas Company should be notified immediately. If possible, shut off the main gas valve to the building.

If resident or staff are injured, the Registered Nurse is responsible to ensure that first aid is administered and ensure they are transported to an appropriate treatment facility.

If the building suffers structural damage and its safety is in question, the residents should be evacuated immediately. Refer to CODE GREEN

### Failure of Internal Air Quality

In the event of a loss of acceptable internal air quality, the following steps must take place.

#### **PROCEDURE:**

The person-in-charge will:



## Emergency Response Plan

- contact the CEO and maintenance personnel;
- turn off the air make-up unit and exhaust fans;
- instruct staff to open all doors and windows;
- if it is a gas leak, move residents outdoors, call Union Gas.

Prepare staff and residents for potential evacuation of the premises. Refer to Code Green

### Snow and Ice Storm

In the event of an ice or snowstorm, which could interfere with the normal services of the building, the following procedures will be in effect.

#### **PROCEDURE:**

Registered Nurse in charge will assess staffing.

## Emergency Response Plan

Delegate, or have staff volunteer, to work next shift. Have remaining staff rest to cover following shifts, if necessary.

Check dietary department to see if their staffing is adequate for upcoming meal preparation and service. Assess food supplies - if situation lasts longer than one day, it may be necessary to ration foods.

Provide food and rest areas as available for staff remaining in building. Use residential area, activity room, etc.

Ensure that all exits and entrances remain clear of ice and snow for emergency passage.

If power is off due to ice storm, conserve heat and energy as able. Refer to Code Orange, Loss of Hydro.

All baths and bed making, etc., will be kept to a minimum depending on staffing.

Attempt to arrange for supplies to be brought in by snowmobile or large tractor, if possible.

Notify families of situation and reassure residents if need be.

## Tornado (Watch & Warning)

**Tornado Watch** is designated by Environment Canada when a combination of weather conditions which may include Thunderstorms exist that are conducive to the creation of a tornado.

**Tornado Warning** as issued by Environment Canada means that conditions are favorable for tornado activity and funnel clouds have been observed or have touched down in the area.

### Resources for Weather Notification:

1. Website: [www.weather.gc.ca/canada](http://www.weather.gc.ca/canada)

## Emergency Response Plan

2. [www.ontario.ca/emo](http://www.ontario.ca/emo) -You can sign up for emergency alerts for actual or potential emergencies. Alerts will be delivered by: E-mail, SMS message, RSS feed, Twitter.

### **Tornado Warning**

Registered Nurse to notify staff and residents immediately using an overhead page.  
State: *Tornado Warning in effect x 3*

Residents should be moved into the hallway. Position with backs against the inside wall and do not sit in front of doorways/windows. If necessary, a resident can be moved into the hallway in their bed. Ambulatory residents who are able to sit on the floor.

Staff should then ensure curtains are closed, and equipment is secure and away from the resident area.

If time allows, provide each resident with a blanket for warmth and head and body protection.

The On Call personnel will be notified after the storm from the Registered Nurse at their discretion, if the situation including the immediacy or severeness of the storm, would warrant.

Evacuation procedure activation would also be an option if the local fire/police departments deem this necessary.

Follow up required such as notification of Ministry of Long Term Care, etc. will be the decision of the CEO or her delegate.



## Emergency Response Plan

### CODE BROWN – INTERNAL CHEMICAL SPILL

Chemical accidents that could possibly occur:

Chemical spill

Gas or toxic fumes

Definitions:

Small/Minor Spill: is supported by Shalom Village Team response. these types of spills involve materials that pose minimal or no risk to individuals. And the performance of clean up and disposal procedures are within the staff scope of knowledge and capabilities

Large/Major Spill: cannot be supported by Shalom Village Team response. These are either due to the size, or the materials poses a clear and present danger to individuals. Or

## Emergency Response Plan

performance of clean and disposal procedure is outside the scope of the staff knowledge and capability.

In the event of such a disaster, immediate reaction would be directed by the Fire Department, as they would be the best equipped to determine the type of chemical, and

- the rate at which it is spreading
- the method to control it
- the damage it poses to the Nursing Home
- the appropriate action and where, if necessary, to re-locate.

### **PROCEDURE:**

If you are the person that discovers the chemical spill:

- Assess the area and determine if it is a Small/Minor Spill or a Large/Major Spill
- Page using paging system “Code Brown and Location” 3 times overhead
- If a small spill delegate the first team member to arrive to get the supplies required to clean the spill i.e. Chemical Spill Kit, PPE, etc.
- Ensure that the area is blocked off
- Ensure area is cleaned in its entirety
- Ensure proper disposal of the spill

If a large Spill that cannot be supported by in house team,

- Page “Code Brown and Location” overhead 3 times
- Ensure that the area is blocked off
- Ensure all individuals are removed from the immediate area of the spill
- contact the Ministry of the Environment Spills Action Centre emergency number 416-325-3000 or 1-800-268-6060 (toll-free). Also request the air quality be monitored.
- Contact the local Public Health Unit and report the problem.
- Follow directions from the Ministry of Environment Spills and Public Health Unit

Some possible reactions might include:

- If it is a gas that is airborne, seal all doors and windows.
- Shut off all ventilation systems.
- Prohibit use of food and water until it has been tested.

If there is a potential for explosion.



## Emergency Response Plan

- NO SMOKING
- Shut off all open flames in kitchen, laundry, boiler room, etc.

If evacuation is required, refer to Code Green

### **CODE GRAY – EXTERNAL AIR CONTAMINATION**

Notify the CEO, or delegate and Manager of Environmental Services immediately upon being informed of the situation.

Employees in each department must immediately securely close all windows to the outside.

All doors to the outside must be closed. Entering and exiting the building will be minimized and confined to the doors in the reception area. Allow the first set of doors to close before the second set opens to reduce air exchange.

**NOTE: DO NOT DEACTIVATE FIRE EMERGENCY EXITS.**



## Emergency Response Plan

Turn off all air conditioners and air conditioning systems.

Shut down bathroom/toilet fans.

Shut down stove fume hoods, dishwasher fans, dryer fans etc.

Notify maintenance and direct that the air circulation and exhaust fans that draw air from or exhaust air to the outside are shut down.

### **CODE PURPLE – HOSTAGE & INTRUDER**

The Code Purple alert will be used to initiate an appropriate effective response to hostage taking or the presence of unauthorized persons in the home.

#### **PROCEDURE:**

All employees and volunteers in the home, shall be identified by means of name tag or identification badge.

The reception and/or nursing staff will ensure that all visitors have identified themselves upon entry and ensure they sign-in to the Kiosk.

Once the nature of the visit has been determined, advise the visitor that it is the policy of Shalom Village that all visiting persons register at the reception desk. If they have not

## Emergency Response Plan

registered at reception, ask them to return to reception to register. If the person demonstrates an unwillingness to cooperate advise them that the home will call the police upon refusal to comply.

### **If You Are Taken Hostage:**

- Do what the hostage taker tells you.
- Pay close attention to the demeanor of the captor(s)
- Try not to speak to the hostage taker unless spoken to and then only when necessary
- Do NOT show too much emotion
- Sit down, if possible
- Act relaxed
- Weigh any chances of escape very carefully
- Have faith in the Police
- Face your captor - eye to eye
- Be patient
- Be observant. You may be released or escaped
- Attempt to establish rapport with the hostage taker

## **Code Silver**

### **Three Levels of Code Silver and Definitions**

**Hold and Secure:** means that all movement in and out of the building is restricted, however movement within the building is not restricted. The external danger near the building poses no immediate threat to the residents, staff, and others unless they leave the buildings.

***Direction to Secure and Hold is usually initiated by emergency first responders at or near the site of the emergency.***

***Example:*** an armed individual in the surrounding area.

**Lockdown:** refers to the most serious response to a threat to residents, staff, and others inside the building, on building property, or on property in immediate proximity to the building. The danger poses an immediate and serious threat to everyone in the building or on the property. The lockdown minimizes visibility and shelters/isolates residents,



## Emergency Response Plan

staff, and others in the safest possible location within Shalom Village given the specifics of the situation and in accordance with instructions from first responders.

***Direction to lockdown is usually initiated by emergency first responders at or near the site of the emergency.***

Specific actions taken by Shalom Village LTC and Shalom Community Village staff will depend on the specifics of the situation. Any action taken will depend on several factors, including the level of threat and the advice/directive of emergency personnel.

**Shelter in Place:** this type of response is referred to when an environmental threat is present outside and it is not possible or advisable to evacuate the home. This usually is in response to an air contaminant outside the building and keeping persons from unnecessarily putting themselves in medical danger.

The main objectives of activating Code Silver are:

- Minimize risk and preserve the safety of residents, visitors, employees, professional staff, families/visitors, volunteers, contractors, and all persons who have a relationship with Shalom Village.
- Activate immediate response from Hamilton Police Services.
- Communicate and activate a standard organizational response to an incident in which a person is discharging a firearm or another threatening act.

Staff will follow the Procedures in place for each of the Three Levels of Code Silver



## Emergency Response Plan

### **Boil Water Advisory**

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make residents, team members, and visitors sick.

Boiling tap water destroys pathogens and makes the water safe to drink and use.

To make the water safe, bring a rapid rolling boil for at least one minute. Boil only as much water in the pot as one can comfortably lift without spilling. Ensure water is cooled appropriately before using or direct handling to prevent scalds.

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### **Elevator Entrapment Procedure**

The elevators at Shalom Village are covered by maintenance contracts

In the event of an elevator entrapment the following procedure is to be followed:



## Emergency Response Plan

1. All elevators are equipped with emergency phones. These phones call the elevator Emergency Line when used.

The safety of trapped passengers is of paramount importance.

Shalom Village staff may be notified of a stalled elevator by emergency alarm bell, by cell phone or by calling for help. In addition to the emergency phone, emergency instructions may also be posted in the elevator car and included as part of orientation for all building occupants and tenants.

The emergency instructions emphasize that the trapped passengers do not attempt to evacuate or exit themselves by climbing out, jumping or prying open the door or escaping through the ceiling. This can lead to additional emergencies and possible injuries.

Some people fear getting trapped in an elevator and may have a panic attack requiring medical attention. There may also be other potential medical emergencies, such as pregnancy or a cardiac emergency.

For these and a variety of other reasons, establishing and maintaining direct communication with trapped passengers is an important part of rescue operations. The communication should be maintained to reassure the trapped passengers until the rescue operations are complete.

If any medical or other emergency situations are present, notify the appropriate emergency responders promptly with necessary details.

### **Communication**

The building or facilities management team is responsible for managing the elevator entrapment of rescue procedures. This team should be in direct contact with the trapped elevator passengers through the elevator intercom or phone system. If you are part of this team, let the trapped passengers know that they are safe and that steps are being taken to rescue them. Tell them to refrain from smoking and to stand clear of the doors. Ask them if the lights are on in the elevator and how many people are in the elevator car. Find out if there are any ill or injured passengers as well.

### **Assessment**



## Emergency Response Plan

The facilities management team should immediately notify the elevator manufacturer when entrapment occurs. If the company does not have trained personnel in the area, the team should call the local fire department. Once the rescuers arrive, an assessment of the elevator occurs. This assessment typically includes determining where the elevator is situated (in relation to the landing levels), as well as why the elevator is stalled. For example, some elevators entrap people because the power went off throughout the entire building

### **Passenger and Witness Procedures**

If you are outside the elevator shaft and witness a person or group trapped in the elevator, alert the building facilities team. If you are not sure who to contact, call 911. Try to talk to the people trapped inside the elevator by yelling through the elevator door. Tell them that you've taken steps to alert the proper authorities and remind them to stay calm. If you can, stay outside the elevator until the rescuers arrive.

## **Outbreaks of Communicable Disease or Public Health Significance**

Shalom Village LTC is committed to protecting residents, staff, essential caregivers, and visitors by promptly identifying, reporting, and managing infectious disease outbreaks. The Home will collaborate with Public Health to implement evidence-based infection prevention and control (IPAC) measures, ensure effective communication, and maintain resident safety and dignity throughout an outbreak.

### **RESPONSIBILITIES**

This section outlines accountability for outbreak management, specifying who is responsible for the leadership, coordination, and implementation of IPAC measures. Operational details are further described in the Outbreak Control Measures section.

#### **Public Health Unit**

1. Exercise legislative authority to declare and resolve an outbreak
2. Communicate with Medical Officer of Health and the LTC Home.
3. Assist with epidemiological investigation and provide recommendations for control measures.
4. Monitor specimen analysis and recommend transmission-based protocols.

#### **Outbreak Management Team (OMT)**



## Emergency Response Plan

Outbreak will be monitored and managed through the coordinated efforts of an Interdisciplinary OMT:

- Meet daily during the outbreak to review case status and control measures.
- Led by the IPAC Manager or Designate.
- Oversee implementation of outbreak control measures, resource allocation, and communication strategies.
- Ensure Public Health recommendations are implemented.
- Identify communication needs for residents, staff, and families.

### **Chief Executive Officer (CEO)**

- Act as a liaison for media inquiries.
- Support overall communication strategy and public transparency.

### **LTC Director Of Operations**

- Ensure adequate staffing, supplies, and resources are available during an outbreak.
- Inform families of outbreak via email and provide regular updates to residents, families and staff.
- Support OMT and ensure interdepartmental collaboration.

### **IPAC Manager:**

- Inform the department managers and staff about the initial declaration of the outbreak followed by regular updates.
- Lead outbreak investigation and management, including case definition and surveillance.
- Liaise with Public Health, IPAC Hub, and leadership team.
- Direct and monitor implementation of IPAC precautions and PPE use.
- Maintain updated line list and communicate with Public Health as required.
- Conduct regular Hand Hygiene and use of Personal Protective Equipment (PPE) audits and report findings to OMT.
- Conduct weekly<sup>2</sup> IPAC audits<sup>3</sup> for the duration of the outbreak<sup>4</sup> and share findings with and recommendations for corrective action, if any, with OMT.
- Lead the OMT and coordinate outbreak debriefing after resolution.
- Ensure adequate supply of PPE.

### **Director of Care (DOC) / Associate Director of Care (ADOC)**

- Oversee nursing care during the outbreak and ensure implementation of precautions.
- Assign additional staff where required cohort staffing and ensure appropriate nursing interventions.

## Emergency Response Plan

- Ensure the completion of any required reports including Critical Incident, LTC Closure / Tracking form

### **Nursing Team**

- Implement and monitor transmission-based precautions as per policy and IPAC Manager's directions.
- Perform ongoing resident surveillance and documentation.
- Initiate and update outbreak line listing as required and communicate new cases promptly to the IPAC Manager and the DOC/ADOC.
- Notify physicians, pharmacy, and external facilities of outbreak status.
- Inform residents and families of transmission-based precautions in effect and ensure that they are followed.
- Once an infection in a resident is suspected, monitor and record symptoms of infection in the resident, on every shift, and take immediate action to reduce transmission, that is, isolate residents and place them in cohorts as required.
- On the outbreak floor/unit, monitor and record symptoms of all non-isolated residents twice daily, and if infection is suspected, take immediate action to reduce transmission, that is, isolate residents and place them in cohorts as required.
- Collect specimens to identify causative organisms and report results to the IPAC Manager and DOC/ADOC.

### **Dietary Manager**

- Ensure dietary staff are aware of outbreak status and protocols.
- Reinforce hand hygiene and safe food handling.
- Ensure adequate food and sanitation supplies are available.
- Refer to Outbreak Control Measures for specific food service precautions.

### **Environmental Services Manager**

- Communicate outbreak status and transmission-based protocols to all staff.
- Implement enhanced cleaning and disinfection procedures.
- Ensure adequate hand-hygiene, cleaning and disinfecting supplies are available.
- Refer to Outbreak Control Measures for cleaning frequency and methods.

### **Recreation (Programs) Manager**

- Communicate outbreak status and transmission-based protocols to all staff.
- Reinforce need for frequent handwashing.
- Adjust recreation and group activity schedules as per OMT direction and ensure that adjustments are communicated to staff, residents and families.
- Cohort residents for activities based on the OMT recommendations.

## Emergency Response Plan

- Cohort residents for activities where permitted.
- Ensure staff are informed of all restrictions and precautionary measures.

### **Human Resources (HR) Manager**

- Notify Ministry of Labor (MOL) of occupational illness of staff, if any symptomatic staff related to the outbreak.
- Notify Workplace Safety and Insurance Board (WSIB) of any staff absences due to occupational illness related to the outbreak.

### **Front Desk / Concierge**

- Ensure that signages are in place at all entry points, kiosk signs are updated, visitors sign at the kiosk and that visitor restrictions are communicated. Report any violations of protocol to the leadership and IPAC Manager.
- Handle all general inquiries ensuring that approved information is communicated consistently.
- Refer any media inquiries to the CEO / Senior Director of Operations.

### **OUTBREAK CONTROL MEASURES**

This section outlines standardized control actions to be implemented during all outbreaks. These measures apply across departments and are enacted under the direction of the Outbreak Management Team (OMT). Separate guidance is noted for respiratory and enteric outbreaks where applicable.

### **Personal Protective Measures**

- Use personal protective equipment (PPE) as per transmission-based precautions protocol and point of care risk assessment (PCRA).
- Reinforce frequent hand sanitization with alcohol-based hand rub; use soap and water during enteric outbreaks.
- Mask and eye protection for resident care, cleaning vomit/diarrhea, or specimen collection.
- Gloves for direct care and specimen handling.
- Gowns when contamination of clothing is likely.

### **Residents**

- Restrict symptomatic residents to rooms for the period based on latest Ministry of Health guidance and Public Health recommendations.
- Restrict residents on affected units; suspend group activities.
- Encourage frequent hand hygiene and assist as needed.
- Restrict admissions and transfers unless cleared by Public Health.
- Notify receiving facilities of outbreak status when transferring residents.

## Emergency Response Plan

### **Staff**

- Exclude ill staff until symptom-free for 48 hours (enteric) or 5 days (respiratory).
- Cohort staff assignments to minimize cross-unit transmission.
- Reinforce PPE compliance and hand hygiene.
- Provide ongoing education and updates throughout the outbreak.

### **Visitors**

- Review outbreak signage before entry.
- Un-well visitors advised not to enter the Home.
- Restrict visits to resident rooms only; suspend volunteer and non-essential visits.
- Ensure hand hygiene before and after each visit and educate on PPE requirements.
- If visitors are to provide direct care or assist in direct care to an infected resident, they need to follow the same precautions as a staff member.

### **Volunteers/Contract Workers**

- Suspend volunteer visits directed by Public Health.
- Ensure essential contractors follow outbreak precautions.

### **Laundry and Waste**

- Handle linen minimally and avoid agitation.
- Place soiled linen in appropriate waterproof bags.
- Empty waste bins more frequently and perform hand hygiene afterward.

### **Environmental Controls**

- Increase cleaning frequency for high-touch surfaces (minimum twice daily), paying extra attention to surfaces like handrails, light switches, elevator buttons and rails, phones, doorknobs, bedrails etc.
- Environmental staff must wear appropriate PPE while cleaning.
- Use Public Health–approved disinfectants, bleach-based for enteric outbreaks.
- Perform frequent hand hygiene, and handwashing with soap and water during enteric outbreaks

### **Group Activities and Appointments**

- Cancel large gatherings, continue small activities for well-residents only, if approved by OMT.
- Reinforce resident hand hygiene support before and after each activity
- Reschedule non-urgent medical appointments and notify hospitals of outbreak status.

### **Pandemic**

Shalom Village LTC is committed to ensuring readiness and coordinated response to pandemics that may affect residents, staff, essential caregivers, and visitors. The Home will maintain a Pandemic Preparedness and Response Plan that aligns with the Ontario Ministry of Health, Public Health Ontario (PHO), and World Health Organization (WHO)

## Emergency Response Plan

guidance. The plan will be reviewed annually and following any declared provincial or global public health emergency.

### **PURPOSE**

To provide a structured and evidence-based framework to:

- Prepare for a pandemic event.
- Detect and monitor the emergence of novel or pandemic pathogens.
- Respond promptly to reduce morbidity and mortality.
- Maintain essential care and operations during a pandemic.
- Support recovery and operational improvement following a pandemic event.

### **ACCOUNTABILITY AND RESPONSIBILITY**

#### **Role Responsibilities**

**Chief Executive Officer (CEO)** Provides leadership oversight and acts as media liaison. Ensure communication with external agencies and governance.

**Senior Director of Operations (SDO) / Administrator** Activates the Pandemic Response Team (PRT) and ensures adequate staffing, PPE, and resources. Coordinates communication with families and staff.

**IPAC Manager / Designate Leads** pandemic preparedness and response. Liaises with Public Health, oversees infection prevention, and ensures implementation of control measures. Leads the POMT and ensures outbreak surveillance and reporting.

**Director of Care (DOC) / ADOC** Ensures nursing oversight, staffing coordination, and implementation of transmission-based precautions.

**Department Managers** (Dietary, Environmental, Programs, etc.) Ensure departmental compliance with pandemic protocols and maintain essential services.

**Public Health Unit** Provides epidemiologic guidance, declares/ends outbreaks, and advises on control measures.

**All Staff and Volunteers** Follow IPAC and occupational health requirements; report illness immediately and comply with testing, PPE, and vaccination requirements.

#### **PANDEMIC PREPAREDNESS**

Preparedness activities are ongoing and aim to ensure the Home can sustain safe operations during a pandemic.

#### **Preparedness Actions**

During a pandemic, Home's interdisciplinary Outbreak Management Team (OMT) will work as Pandemic Response Team (PRT) led by the SDO, with defined roles of other members.

- During outbreaks in the pandemic, OMT will continue its role, led by the IPAC Manager.

## Emergency Response Plan

- Conduct annual pandemic response exercises (tabletop or simulation).
- Maintain a minimum one-month stockpile of personal protective equipment (PPE), essential cleaning products, and critical supplies.
- Review and update staffing contingency plans, including redeployment and cohort staffing.
- Maintain up-to-date contact lists for Public Health, Ministry of Long-Term Care (MLTC), pharmacy, hospitals, suppliers, and funeral services.
- Review communication plans for internal (staff/residents) and external (families/media) messaging.
- Maintain education and training programs on donning/doffing PPE, respiratory etiquette, and outbreak management.
- Review and update visitor and volunteer management procedures.
- Ensure vaccine programs (e.g., influenza, COVID-19, other emerging pathogens) are in place and documented.

### **PANDEMIC RESPONSE PHASES**

Shalom Village follows province and regionally aligned phased pandemic response approaches, consistent with WHO PRET operational stages.

#### **Phase Description Key Actions**

1. Preparedness (Inter-pandemic period) No pandemic activity; heightened surveillance. Maintain readiness, supplies, and staff training. Continue immunization and education.
2. Alert (Emerging Threat) Novel pathogen detected internationally or in Ontario. Increase surveillance and screening. Review PPE and staffing plans. Activate PRT.
3. Response (Pandemic Activity in Community or Facility) Confirmed cases in Ontario or facility outbreak. Implement outbreak control measures, activate OMT, restrict admissions/visits, and report daily to Public Health.
4. Recovery and Evaluation Pandemic wave subsides. Resume normal operations gradually. Conduct debrief and update policies.

### **PANDEMIC RESPONSE IN THE HOME**

When a pandemic pathogen is suspected or confirmed in the Home:

- a) Activate the Outbreak Management Team (OMT) Led by IPAC Manager / Designate, including DOC, Administrator, Environmental, Dietary, Programs, and Public Health.
- b) Notify Public Health and the Ministry of Long-Term Care immediately.

#### **c) Implement Infection Prevention and Control Measures**

- Reinforce hand hygiene, PPE, and environmental cleaning.
- Initiate resident isolation or cohorting as indicated.

## Emergency Response Plan

- Post signage and implement entrance screening.

### **d) Communication**

- Use phone, email, and posted notices to inform residents, families, and staff.
- CEO/SDO acts as media liaison.

### **e) Resident Management**

- Restrict symptomatic residents; cancel group activities on affected units.
- Support psychosocial well-being and virtual family contact.
- Facilitate access to antivirals, testing, and vaccination.

### **f) Staff Management**

- Exclude symptomatic staff until cleared.
- Cohort staff assignments; prevent cross-unit work.
- Reinforce PPE and infection control training.
- Offer mental health and resilience supports.

### **g) Visitors and Volunteers**

- Restrict non-essential visits.
- Screen and educate essential caregivers on precautions and PPE use.
- Suspend volunteer programs as directed by Public Health.

### **h) Environmental and Facility Controls**

- Enhance cleaning and disinfection (minimum twice daily for high-touch areas).
- Verify ventilation system functioning.
- Manage waste and laundry per IPAC and Public Health guidance.

### **i) Supplies and Logistics**

- Maintain inventory of PPE, disinfectants, and hygiene supplies.
- Activate alternate supply sources if needed.
- Track PPE use and communicate shortages to administration.

### **j) Vaccination and Therapeutics**

- Coordinate vaccination clinics with Public Health and pharmacy partners.
- Facilitate distribution of antivirals or other therapeutic agents as available.

## **COMMUNICATION AND REPORTING**

- Maintain daily situation reports and distribute to:
  - Public Health Unit
  - Ministry of Long-Term Care (Critical Incident System)

## Emergency Response Plan

- Families and essential caregivers
- Log all communications and directives in the Pandemic Logbook.
- Ensure consistent messaging through administrative offices; all media inquiries directed to the CEO / SDM.

### **RECOVERY AND EVALUATION**

After the (pandemic related) outbreak wave ends:

- Public Health declares the outbreak over.
- Conduct an internal debrief within 2 weeks, led by the IPAC Manager and SDO/Administrator.
- Evaluate the effectiveness of response and communication.
- Update the related policies, including Pandemic Plan, checklists and emergency plans accordingly.
- Resume regular operations and reinstate suspended services gradually

### **EMERGENCY PREPAREDNESS TRAINING**

#### **Disaster Planning Review**

Education on emergency codes will be provided upon orientation and annually thereafter.

Staff will have an opportunity to apply knowledge learned through regular testing of components of the emergency plan.

#### **PROCEDURE:**

All emergency codes will be tested and evaluated annually.

- Code Red – is to be tested once a month on all three shifts;
- Code Green – a total mock evacuation is to be completed annually;
- All other codes will be tested annually.

The Fire Department in accordance with the Fire Marshall's office will attend an evacuation of a house in Shalom Village annually.

#### **Fire Safety Review**



## Emergency Response Plan

All staff at orientation and annually thereafter, will review the fire protocols for Shalom Village.

Fire Drills will be conducted monthly on all shifts.

Staff will be receiving annual training in the proper use of the following fire equipment and techniques:

- Fire Medsleds
- Fire Extinguisher
- Stop, Drop and Roll
- Evacuation Lifts and Carries

### **APPENDIX 1:**

## Emergency Response Plan

### Emergency Color Codes

Code	Meaning of Code	Who can activate this code?	What number do I call?	What do I need to do during this code?
<b>CODE RED</b>	<b>Fire Related Emergency</b>	Anyone discovering fire or smoke	<ol style="list-style-type: none"> <li>1. 9-911</li> <li>2. On call</li> </ol>	R-remove from danger E-ensure door is closed A-activate alarm C-Call 911 T-Try to extinguish if safe *Night shift has specific protocol to follow.
<b>CODE GREEN</b>	<b>Evacuation</b>	Nurse in Charge Fire Department Police	<ol style="list-style-type: none"> <li>1. 9-911</li> <li>2. On call</li> </ol>	<ul style="list-style-type: none"> <li>• Team up in pairs</li> <li>• Follow instructions</li> <li>• Provide assistance as directed</li> </ul>
<b>CODE BLUE</b>	<b>Medical Emergency</b>	Anyone who sees someone who needs immediate medical attention	<ol style="list-style-type: none"> <li>1. 9-911</li> </ol>	<ul style="list-style-type: none"> <li>• Check for unresponsiveness</li> <li>• Page for help</li> </ul>
<b>CODE YELLOW</b>	<b>Missing Resident</b>	Nurse in charge Any staff	<ol style="list-style-type: none"> <li>1. Nurse in charge</li> <li>2. At: End of Stage 2 Call:</li> </ol>	<ul style="list-style-type: none"> <li>• Search immediate work area</li> <li>• Search facility</li> </ul>

## Emergency Response Plan

			3. On call; 4. 9-911	<ul style="list-style-type: none"> <li>Initiate outdoor search</li> <li>Assist as directed by Response Personnel</li> </ul>
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<b>CODE WHITE</b>	<b>Violence/ Behavioural Situation</b>	Anyone who is threatened	1. Page ALL 2. Nurse in charge 3. Maintenance 4. On call	Responders: -Personnel in immediate area -Leaders -Maintenance Personnel -Club Personnel
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<b>CODE BLACK</b>	<b>Bomb Threat</b>	Anyone who receives a bomb threat or finds a suspicious package	9-911; On call	<ul style="list-style-type: none"> <li>Alert others</li> <li>Record info on Bomb threat checklist</li> <li>Conduct visual search</li> <li>Report any suspicious packages</li> </ul>
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<b>CODE ORANGE</b>	<b>Disaster (ex. Flood)</b>	Anyone who encounters the disaster  Leader On call	On call  If appropriate: 9-911	Depending on disaster: <ul style="list-style-type: none"> <li>Refer to plan in emergency response manual</li> <li>designate will activate administrative fan out list</li> </ul>
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## Emergency Response Plan

<b>CODE BROWN</b>	<b>In –Facility Hazardous Spill</b>	Anyone who encounters a spill or hazardous material	Leaders Maintenance; Environmental Services On call	<ul style="list-style-type: none"> <li>• Stop all work in area</li> <li>• Contain spill</li> <li>• Remove unnecessary personnel</li> </ul>
<b>CODE GREY</b>	<b>Infrastructure Loss (ex. Loss of power) or Failure External Air Exclusion</b>	Anyone Leaders ; Maintenance; Protection Services	Leaders, On Call	<ul style="list-style-type: none"> <li>• Stay indoors</li> <li>• Close all windows and doors</li> <li>• Check that air beds, O2 are in red plugs</li> <li>• Check Mag lock doors</li> <li>• Listen for possible Code Green Evacuation</li> </ul>
<b>CODE PURPLE</b>	<b>Hostage Taking</b>	Anyone discovering the incident	<ol style="list-style-type: none"> <li>1. Leader</li> <li>2. Page code</li> <li>3. 9-911</li> <li>4. On call</li> </ol>	<ul style="list-style-type: none"> <li>• Notify Police</li> <li>• Cordon off the area</li> <li>• Do not enter area of hostage taking</li> <li>• Refer to plan in emergency manual</li> </ul>
<b>CODE SILVER</b>	<b>Active Shooter</b>	Anyone discovering the incident	<ol style="list-style-type: none"> <li>1. Page code</li> <li>2. 9-911</li> </ol>	<ul style="list-style-type: none"> <li>• Seek cover</li> <li>• Warn/assist others of situation if able</li> <li>• Turn off lights, Lock and barricade doors</li> </ul>



## Emergency Response Plan

				<ul style="list-style-type: none"> <li>Hide and Stay quiet</li> <li></li> </ul>
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### Introduction

The information contained here is a brief summary of all Emergency Codes and the expected response from Shalom Village staff. Report unusual situations, suspicious persons or codes affecting life safety and any needs for immediate assistance as per the response protocols. When assembling at the meeting areas, listen and follow the directions of the person in charge. Avoid elevators and phone use unless urgent or part of code response.

### **Code Red – Fire**

**On discovery of FIRE OR VISIBLE SMOKE... R-E-A-C-T:** **Remove** persons from room; **Ensure** doors/windows shut; **Activate** nearest fire pull station; **Call** 911 and report code. **Try to contain/extinguish** if able and safe to do so. If unable, close and place wet material under the door. If safe to do so, evacuate area, ensuring all rooms in the area are empty. If time permits, place tape across room door frames and entrance door at knee level when the last person leaves. Gather in an external assembly area, re-check attendance, report any missing persons and await further direction.

**On discovery of SMELL of SMOKE** call and report smell of smoke, but not a fire and search the area. Do not activate fire alarm unless directed otherwise.

**On notification i.e. FIRE/SMOKE ALARMS** follow your area developed protocols for a Code Red then go to fire panel meeting area.

**Note:** If unable to safely exit the building, take refuge in a safe room. Close and place wet material under the door. Seal vents/air ducts. Keep low to the floor as smoke rises. Call for help or call 911 via external phone line and advise them of your location in the building. Listen for instruction from authorities.

### **Code Green- Evacuation**

**On notification of this code:** As per protocol follow direction of nurse in charge. evacuate all occupants from danger area(s). Close doors and turn off unnecessary equipment. On reaching external assembly area, re-check attendance and await further direction.

### **Code Blue- Medical Emergency**

## Emergency Response Plan

**On discovery of a code blue situation** where a person requires immediate medical attention, initiate basic life support if trained. Call or ask someone to call and page code. Remain at scene until Nurse/ EMS arrives and follow their instructions. On notification of code, follow Area in Charge Person's instructions as assistance may be needed.

### **Code Yellow- Missing Resident**

**On discovery of code yellow, Stage 1- Local floor area search**, Inform the staff and Registered Nurse of that area.

**Stage 2- Building Search**, Inform the team by sending an email then page to check email. Search whole building and outside of building areas.

**Stage 3- Neighbourhood search**, inform the police, On-call, etc., do second building search and get maps to search surrounding areas.

### **Code White**

**On discovery of a violent situation** unable to be de-escalated and threat of injury/harm exists, press room alarm if available or call/ask staff to call and report code. Call 9-911. **On notification of this code**, home area staff, maintenance, Fitness staff to respond immediately. Follow lead negotiator's instructions. Unnecessary staff avoid the location of the code.

\*Night shift has a specific protocol to follow.

### **Code Black**

**On discovery of a Suspicious Package, Object or Mail:** Avoid handling or put down carefully. Avoid use of radio or cell phone. Leave scene undisturbed (If powdery contents dispersed, drape with plastic/garbage bag). Seal off area from others. Move to a safe location. Wash hands thoroughly with waterless hand wash solution. Identify and contain persons exposed within 2M/6ft radius of opened package if biological agent suspected. Call and report code and follow Security direction.

**On receiving a Telephone Bomb Threat:** Stay calm, courteous and listen.

Encourage caller to talk and repeat information. Record caller # if able. Ask... Where is it located? What does it look like? When will it explode? Why was it put there? Who is responsible for it? Where is caller calling from? Identify caller: Gender, Age, Voice/Accent, Diction, Manner, Background Noise, Voice Familiarity, Caller familiarity with area. Log date, time, duration of call and extension where call received. Call and report code and follow Security direction.

**On announcement/notification of Code Black:** complete visual search and sweep of your area for suspicious objects. Do not search and sweep if area is unfamiliar. Call and report negative or positive findings. Evacuate building only if directed and gather in designated external assembly area at safe distance from building.

### **Code Orange**

## Emergency Response Plan

**On discovery or notification of this code**, continue normal duties but remain on alert for instructions from your Registered Nurse.

### **Code Brown**

**On discovery of a hazardous material spill** that cannot be contained or safely cleaned by available resources, ensure spill area access is restricted before leaving the scene. RN In Charge Call and report code and call maintenance on call. **On notification of this code**, follow Area In Charge Person's instructions.

### **Code Grey**

**On discovery** of unexpected loss of power, water, heating, ventilation, cooling or medical gases, implement area specific contingency plans if applicable. RN In Charge call and report code and call maintenance on call. **On discovery** of a smell of noxious fumes or contaminated air entering your area or building, implement actions to control entry e.g. place wet cloth under leaking doors/windows and seal vents if accessible. RN In Charge call and report code and call maintenance on call. **On notification of this code**, follow Area In Charge Person's instructions.

### **Code Purple**

**If hostage situation observed:** Do not disturb area or approach hostage-takers. Avoid unnecessary risks. Go and remain in safe area until notified that situation is resolved. Call and report code.

**If taken hostage:** Remain calm, courteous and cooperate. Observe and gather information. Speak when spoken to. Attempt escape only if certain. Avoid doors and windows.

**On witnessing or escaping hostage situation:** Get away and alert others. Call and report code. Give details: Hostage-takers (# and description); Weapons (# and type); Hostages (# and description); Location of occurrence; Threats or demands; Tel. locations and ext. #s in area. If mobile, ID vehicle type and direction. Remain in place and encourage others to do same. Clear hallways of persons. Close all doors. Remain on alert until notified that the situation is resolved or directed otherwise.

**On notification of this code**, avoid the code area. Go to safe location and remain in place until notified of all clear

### **Code Silver**

**On discovery or notification** of a person threatening with or discharging a firearm, seek cover and warn/assist others of situation if able. Call 911 via external phone line. If not safe to speak, leave the line open and allow 911 operator to listen. Escape/evacuate area if able, keeping hands free, visible, raised and following any police instruction. If unable to escape, find a secure shelter and lock or barricade door. Turn off lights and any source of noise. Hide behind large items. Wait for Police or Security to arrive, identify themselves, provide verification and direction or listen for an "all clear" announcement.