



Department: Emergency
Policy Number: 01-01-01
Section: General
Subject: Emergency Management Plan
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to have a current Emergency Management Plan in place that will promote processes related to the prevention of risk and ensure that people and property are safe guarded in the event of an emergency.

In developing and updating the Emergency Plan, the Home will:

- a. Consult with entities that may be involved in or provide emergency services in the area including, without being limited to, community agencies, health service providers, County Departments, and resources that will be involved in responding to the emergency, and keep a record of the consultation;
- b. Ensure that hazards and risks that may give rise to an emergency impacting the Home are identified and assessed, whether the hazards and risks arise within the surrounding vicinity or community; and
- c. Consult with the Residents' Council and Family Council, if any.

The Emergency Management Plan will provide directions to all team members using the Incident Management Team (IMT) framework to ensure leadership and command of any and all emergencies or potential emergencies within the Home.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S):

An emergency: will be defined as an urgent or pressing situation or condition presenting an imminent threat to the health or wellbeing of residents and others attending the Home that requires immediate action to ensure the safety of persons in the Home.

A recognized system of codes identified by colour or procedure will be used to ensure common understanding of the emergency.

CODE/PROCEDURE DEFINITIONS:



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Code/Emergency	Description	Practice Months
Red	Fire	Every Month, Every Shift
Green	Internal Evacuation	September
Green Stat	External Evacuation	September
Black	Bomb Threat	January
White	Physical Threat/Violence	February
Fan Out List	Team Member Fan Out	March
Blue	Medical	April
Orange	External	May
Yellow	Missing Person	June
Grey	Infrastructure Loss/Failure	July
Brown	Internal Emergency (Leak/Spill/Hazard)	August
Boil Water Advisory	Drinking water supply contaminated	October
Building Lockdown	Implemented to secure/protect when unauthorized person enters /threatening communication, etc.	November
Outbreak / Epidemic / Pandemic Preparedness	Outbreaks of communicable disease, of public health significance, epidemics & pandemics	August/September

PROCEDURE:

General

1. The Home will carry out Emergency Management responsibilities through focus on four interrelated activities: mitigation, preparedness, response, and recovery.
 - a. **Mitigation:** Reduction of exposure to, or probability of loss from emergency events.



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- b. **Preparedness:** Establishment of authorities and responsibilities for emergency actions along with resource designation to support them. Includes education and practice of drills and exercises.
 - c. **Response:** Time sensitive actions taken in the event of an emergency to reduce negative impact to residents and team members. Response to emergencies will first focus on Life Safety, and will utilize the principles of Incident Management and follow Code Procedures as outlined in this manual.
 - d. **Recovery:** The effort to restore infrastructure and resident life to normal.
2. One Emergency Management Manual will be kept on each level of the building. The Manuals are in dark blue binders in the following areas:
 - a. Basement Level- in the Education Room.
 - b. First Floor Level- to the right of the Welcome Centre in the “Emergency Cupboard”.
 - c. Second Floor Level- Photocopy area across from Assistant Manager Of Nursing office.
3. The Environmental Services Supervisor will:
 - a. On an annual basis, review evidence of complete Emergency Management Plan.
 - b. Monitor through regular Operations reports that Emergency Plans are practiced in accordance with relevant legislation and organizational policies and procedures.
4. The Director/ designate will:
 - a. Develop and maintain an Emergency Management Plan that ensures mitigation, preparedness (including practice strategies and education), response, and recovery for all defined emergencies.
 - b. Ensure the Emergency Management Plan is kept in the Home accessible to all team members.



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- c. Ensure all team members are aware of the home Emergency Management Plan and how to navigate the plan in the event of an emergency.
- d. Ensure the Emergency Management Plan is kept up to date as updates/changes are issued, which will include:
 - i. Annual (at minimum) evaluation.
 - ii. Annual (or more frequently as needed) updating of all emergency contact information, including but not limited to community agencies, partner facilities, and resources that will be involved in responding to an emergency; and
 - iii. Evaluation and update (as required) of the Home's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.
- e. Document any evaluation of and update to the Emergency Management Plan.
- f. Ensure specific education and practice sessions for managers and nurses with building charge responsibilities is completed annually.
- g. Coordinate with the Finance Director on an annual basis any budgetary considerations to ensure the necessary execution of the Emergency Management Plan.
- h. Ensure practice and documentation of code practice and orientation/training activities as per policy.
- i. Communicate results to leadership team/appropriate committees and implement improvements to process as needed utilizing the completed debriefing sheets as a resource.
- j. Review the Individual Accommodation to consider the accessibility needs of team members with disabilities, where applicable, in accordance with the Accessibility for Ontarians with Disabilities Act.
- k. Complete and submit Emergency Plan Attestation annually as required (form/process pending further direction from Ministry), see Annex C.

ADDITIONAL NOTES: Not applicable.

ANNEXES:



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Annex A- Emergency Plan Consultation with Resident & Family Council PPT Template

Annex B- Emergency Plan Consultation Record Template

Annex C- Emergency-Planning-Attestation-Form

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 11:28 pm, Jan 02, 2023



Department: Emergency
Policy Number: 01-01-02
Section: General
Subject: Incident Management Team
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to will follow the Incident Management Team (IMT) structure approach in any response to an emergency situation.

Response to emergencies will first focus on life safety; when life safety has been addressed, the IMT model will be implemented to organize the scene and ensure necessary actions are taken, including:

- Protecting the health and safety of residents/team members
- Minimizing damage to the building and environment
- Ensuring continued operations
- Minimizing inconvenience to residents/team members
- Acknowledging our responsibility to the community

Team members will be assigned to Incident Management Team positions prior to the occurrence of an emergency situation. At the time of an emergency, the Incident Manager will, in the absence of pre-designated team members, assign available team members to IMT positions to handle the immediate emergency.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

Define: Definition of the terminology.

PROCEDURE:

General

1. Incident Commander/Designate:
 - a. Coordinate, collaborate and assign IMT roles at the County level to provide support as required in the event of an emergency.



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2. Director will:
 - a. Report regularly as required to County Incident Commander / designated leads the status of specific concerns and any issues arising related to emergency response.
 - b. Assign team members to Incident Management Team positions according to the Incident Management Team.
 - c. Ensure all team members attend mandatory in-service and training drills as scheduled.
 - d. Ensure all team members are familiar with their role and responsibility should an emergency occur.

3. In an emergency situation, the Incident Manager will:
 - a. Activate the Incident Management Team and assign positions to available team members.
 - b. Update external Emergency Services on the situation upon their arrival and take direction from them once they take over the scene.
 - c. Notify the Incident Commander and team members as required and request assistance as needed.
 - d. Apprise team members, residents, family members, and volunteers of the situation.
 - e. Notify provincial regulatory authorities as required.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- Incident Management Team Structure

BROCHURES: Not applicable.

DIRECTOR: _____

APPROVED

By Angela Malcolm at 8:20 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-01-03
Section: General
Subject: Incident Management- Location
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) that there will be an established Incident Management Team at the Home that follows the Incident Management approach in response to any emergency. The Director is responsible for the official declaration of an Emergency at in The JMPC in consultation with the CAO/or designate, and other applicable County Services leaders.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

Responsibilities

1. The Director or designate will:
 - a. Establish an internal Incident Management Team, including backups for every position where possible.
 - b. Ensure rollout of Emergency Plan resources and procedures as applicable.
 - c. Liaise with provincial regulatory authorities and County services as required during all Emergency Phases.

Membership

2. Refer Annex A- Incident Management Team Structure (LTC).

Frequency of Meetings

3. Daily during Emergency at a minimum or at the call of the Chair.

Minutes



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4. Minutes of all meetings to be posted and stored in an accessible area for all team members to read and filed electronically by the committee, year, month, and day.

Agenda

5. All before or during the assigned meeting date.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- Incident Management Team Structure

Annex B- Incident Management Team – Agenda Template

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 8:31 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-01-04
Section: General
Subject: Emergency Equipment
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to ensure adequate emergency equipment is available, accessible, and properly maintained, the Environmental Services Supervisor, under the direction of the Director, will develop and maintain a listing of all emergency equipment available for use in the Home.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

Responsibilities

1. The Director or designate will:
 - a. Ensure all individuals who utilize emergency equipment are afforded proper training.
 - b. Ensure individuals responsible for inspecting emergency equipment are properly trained in how to inspect the equipment.
2. The Environmental Services Supervisor or designate will:
 - a. Conduct emergency equipment inspections as required or contract external resources or agencies to inspect or otherwise approve listed equipment as per regulation or code.
 - b. Log all completed inspections.
 - c. Properly maintain, test, and verify all emergency equipment.

General

3. The Home will maintain a listing, including location as applicable, of emergency equipment. The listing will include at a minimum:
 - a. Fire Extinguishers/Hoses.
 - b. Fire Suppression System(s).
 - c. Emergency Power provided by Generator (e.g. outlets, lighting, and equipment) and extension cords to maintain care where needed.
 - d. Eye Wash Stations.



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- e. Personal Protective Equipment (PPE).
 - f. Emergency Supplies.
 - g. Spill Response Kits.
 - h. Carbon Monoxide Detectors.
 - i. Any other emergency equipment that is appropriate to the workplace.
4. Emergency equipment and supplies will be inspected and maintained as required to ensure compliance with the applicable provincial Fire Code, Building Code, and any other municipal or relevant legislation.
 5. All completed inspections on emergency equipment will be properly documented.
 6. On an annual basis, the Home will conduct a written review of emergency equipment to ensure the following:
 - a. A correct selection of equipment has been made
 - b. An adequate amount of equipment is available
 - c. The equipment is properly located for the need
 7. Replacement and calibration of emergency equipment will be done in accordance with the provincial Fire Code, Building Code, any other relevant legislation, and the manufacturer's requirements.
 8. Only trained and authorized personnel will utilize emergency equipment.

ADDITIONAL NOTES: Not applicable.

ANNEXES: Annex A- Emergency Supplies

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 8:57 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-01-05
Section: General
Subject: Building Map/Profile
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) a building Map/Profile will be developed and reviewed annually.

PURPOSE: To provide all pertinent information for the Emergency Management Plan.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director or designate will:
 - a. Create a Building Map/Profile using the Building Map/Profile Template and store together with copy of Building Floor Plans with the Homes Emergency Management Plan. Profile will include:
 - i. Hazards.
 - ii. Risks.
 - iii. Shutoffs.
 - iv. Internal shelter in place locations.
 - v. Floor plan with all pertinent information and locations marked.
 - vi. All other information useful in emergencies.
2. Refer to the Building Map/Profile during testing of Code Procedures and use in refining as applicable.
3. Use Building Map/Profile for orientation of new team members to the building and building systems that may be referenced during an emergency.
4. Review and update Building Map/Profile annually or more frequently as needed; document any changes.



Department: Emergency
Policy Number: 01-01-05
Section: General
Subject: Building Map/Profile
Date of Approval: December 2022
Revised: December 2022

ADDITIONAL NOTES: Not applicable.

ANNEXES: Annex A- Building Map/Profile Template

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 9:01 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-01-06
Section: General
Subject: Hazard Identification & Risk Assessment
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to conduct a Hazard Identification & Risk Assessment (HIRA) to identify and prioritize potential external and internal risks (non-occupational) to the location, residents, and team members; and will keep this assessment current and up to date.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director or designate will:
 - a. Complete the Hazard Identification & Risk Assessment Form for the Home.
 - b. Store completed Hazard Identification & Risk Assessment Tool with the Emergency Management Plan.
 - c. Use the HIRA to assess which hazards pose the greatest risk in terms of how likely they are to occur and how great their impact will be, categorizing and rating known hazards and risks that may lead to an emergency occurrence.
 - d. Review the County of Lennox & Addington's Emergency Plan for Community or Geographic hazards and risks as identified in that document.
 - e. Consult the HIRA when developing JMPC code response procedures and when prioritizing code exercises and training.
 - f. Review and update the Hazard Identification & Risk Assessment Form annually or more frequently as required.



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Policy Number: 01-01-06
Section: General
Subject: Hazard Identification & Risk Assessment
Date of Approval: December 2022
Revised: December 2022

ADDITIONAL NOTES: Not applicable.

ANNEXES: Annex A- Hazard Identification & Risk Assessment Form

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 9:22 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-01-07
Section: General
Subject: Agreements with Community Partners
Date of Approval: December 2022
Revised: December 2022

POLICY: The John M. Parrott Centre (JMPC) will establish and keep current all arrangements with entities that may be involved in or provide emergency services in the area including, without being limited to, relevant community agencies, health service providers, partner facilities, and resources that will be involved in responding to an emergency.

Agreements for mutual aid or assistance during an emergency with community partners, agencies, and/or vendors will be negotiated and formalized into written agreements to be tested and renewed annually.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director or designate will:
 - a. Establish or ensure written agreements entered into for the provision of accommodation/temporary shelter in the event of an emergency evacuation.
 - b. Establish or ensure written agreements entered into between the Home and others for the provision of the following:
 - i. Transportation (to be arranged with both a main and backup provider).
 - ii. Resources (food & water).
 - iii. Supplies (non-food i.e. cots, blankets, etc.).
 - iv. Services (oxygen, medical, etc.).
 - v. Generator.
 - vi. Any other needs as applicable to the Home.



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- c. Keep current agreements with the Home's Emergency Management Plan.
- d. Store contact information for Accommodation Providers with Code Green Evacuation Plan Annex E- Relocation Sites Evacuation Agreements Chart- Template.
- e. Store contact information for Transportation Providers with Code Green Evacuation Plan.
- f. Store contact information for Resources, Supplies, and Service Providers in with Code Green Evacuation Plan.

ADDITIONAL NOTES:

References

The Connecting Care Act, 2019 <https://www.ontario.ca/laws/statute/19c05>

ANNEXES: Not applicable.

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 3:41 pm, Dec 28, 2022



Department: Emergency
Policy Number: 01-01-08
Section: General
Subject: Emergency Recovery
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) that recovery strategies will be put in place to ensure a smooth return to normal operations post-Emergency. The person responsible for the official declaration of an Emergency ending at the Home in consultation with the Director and/or designate, and other applicable County Senior Directors.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director or designate will:
 - a. Ensure recovery plan is in place as part of overall emergency response, including contact information (as required) for:
 - i. Insurance.
 - ii. Local contractors and disaster cleanup specialists available on short notice.
 - b. Ensure the plan includes detailed communication strategy post-emergency to follow up with and debrief residents, substitute-decision makers (where they exist), team members, volunteers, and students.
 - c. Ensure the plan outlines how the Home will support residents, team members, and others who may have been impacted by the emergency and are experiencing distress.
 - d. Consider recovery in all aspects of planning, education, training, and exercises.
 - e. Consider recovery when developing standard operating procedures and integrate into the Home's Incident Management framework,



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including strategies for both physical plant and counselling assistance for team members/residents as required.

- f. Involve the Joint Health & Safety Committee in development of recovery strategies.
- g. Evaluate and update (as required) the Home's Emergency Management Plan within 30 days of an emergency being declared over, after each instance that an emergency plan is activated.

ADDITIONAL NOTES: Not applicable.

ANNEXES: Annex A- Recovery Plan Template

BROCHURES: Not applicable.

DIRECTOR: _____

APPROVED

By Angela Malcolm at 9:52 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-02-01
Section: Communication
Subject: Emergency Communication
Date of Approval: December 2022
Revised: December 2022

POLICY: The John M. Parrott Centre (JMPC) will have a communication procedure in place for use during an emergency, including backup/secondary communication methods.

The Home's emergency plan will include a plan to ensure access to reliable communications equipment, including for the purpose of obtaining emergency assistance, at all times, including in the event of a power outage.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. A communication team will be set up to ensure frequent and ongoing communication with residents, families, team members, volunteers, and Resident & Family Council (if any) with the goal of keeping all parties apprised of the status of the emergency. The Director or designate will ensure ongoing communication using various methods at the beginning of the emergency, when there is a significant change throughout the course of the emergency that has occurred or is about to occur, and when the emergency is over.

Phone Communication: Incoming Calls

2. The Home will assign a team member to receive incoming calls, prepared to respond with/to:
 - a. Status updates on emergency/Home/residents.
 - b. Help/resources or staff coming from other County departments (if appropriate).
 - c. Team members calling to find out work schedule.
 - d. Medical information (as appropriate).



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- e. Redirect media to Director and/or delegate.
3. A voicemail messaging recording may be used to share a status update and redirect callers as appropriate.

Phone Communication: Residents & Family

4. The Home will prepare a telephone tree and have assigned team members call family members to assure them of their family member's safety and advise them of the Home's plan for the crisis
5. When placing calls, the assigned team members will:
 - a. Advise if unable to contact via telephone where family members may call and/or visit the County of Lennox & Addington website to obtain further information.
 - b. Advise family members to monitor their email for Family Newsletter updates that will be sent from the Director. (if not signed up for these newsletters, can do so by going to the County of Lennox & Addington website)
 - c. Advise family members that the team will be focused on providing resident care and protection
 - d. Confirm the primary family contact, their phone number and email address where they may receive updates
 - e. Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
 - f. Track calls made and any follow up required on the Annex A- Family Emergency Contact Record Template.

Written Communication: Residents & Family

6. The Director / delegate will create a "key point bulletin" for the Home to provide a communication to residents and family members consisting of these basic elements:
 - a. Type of emergency.
 - b. Estimated time and severity of impact.
 - c. Expected disruptions to services and routines.



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- d. Actions taken to mitigate risk.
 - e. Estimated time frame for the next status update.
 - f. What residents and family members can do to help.
7. Family and Staff newsletters may be used to share information during and after an emergency event. The Home will collaborate with Family and Resident Council as to potential information gaps to ensure these are quickly addressed.

In Person Communication: Residents & Family

8. Based on the nature of the emergency, team members will keep residents informed via various strategies such as daily updates, one to one conversations, and updates to all residents in the dining room with opportunity for Q&A, posters on the RHA information boards, posters on the elevator communication boards, Residents' Council meetings, etc.
9. Family and Resident Town Halls may be organized by the Director to provide situational updates, include subject matter experts, answer questions, and address concerns. The frequency of written updates will be determined by the Director.

Communication: Team Members, Volunteers, Students & County Departments

10. See Fan Out Policies/Templates.
11. Use email, SSC bulletin, PCC Bulletin and posters for communications to team members. To organize email communication related to the emergency, number each email within the subject line. (i.e. "COVID Update 12").
12. Team member newsletters may be used to share information during or after an emergency event.

Communication: Lennox & Addington County Communications Coordinator



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13. The Hot Issue Alert process will be initiated by the County Communication Coordinator as appropriate to alert all County staff of the emergency and strategize immediate support as necessary.

14. As part of the incident management process, the Director/CAO will determine the need and frequency of Incident Management Team calls with internal/external team members as appropriate to provide ongoing support, resources, and guidance throughout the emergency.

Communication: Alternate Methods

15. In an emergency, normal means of communication may become unreliable or nonexistent. Methods of communication in a disaster may include:

- a. Messengers (designated individuals may need to hand deliver important messages in the aftermath of a disaster, once officials have determined that it is safe to leave protective structures).
- b. Telephones (both cellular and landline if operating).
- c. Fax machine (if phones are operable).
- d. Internet (emails/websites) or local area networks (if computer systems are operative).

16. Technology applications – Point Click Care, Staff Schedule Care, Billboard, Constant Contact.

Communication: Resident Documentation & Transfer of Accountability

17. During an emergency, if there is a failure with the electronic documentation system that is used to document resident information and communicate key resident health status changes, alternative methods can be used such as:

- a. The use a verbal shift exchange and the use of paper shift report tools.
- b. Recording the shift report.
- c. Assigning a point person to call for resident clinical updates from the hospital at min. every 3 days.



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Communication: Provincial Regulatory Authorities & Community Partners

18. The Director will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.
19. Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the Director/designate. The frequency, participant list etc., will be determined in collaboration with the community partner.
20. The Director/ Incident Manager or designate will:
 - a. Ensure ongoing communication using the methods noted above to residents, substitute decision makers (if any), team members, volunteers, students, caregivers, and the Residents' and Family Councils (if any), including:
 - b. At the beginning of the emergency;
 - c. When there is a significant status change throughout the course of the emergency; and
 - d. When the emergency is over.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- Family Emergency Contact Record Template

Annex B- Communication Backup & Alternative Devices

BROCHURES: Not applicable.

DIRECTOR: _____

APPROVED

By Angela Malcolm at 10:24 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-02-02
Section: Communication
Subject: Team Member Fan Out
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to establish a Team Member Fan Out.

The Home's Team Member Fan Out will be activated as required to contact team members and volunteers (as applicable) in an organized fashion in the event of an emergency. SSC will be utilized to get the information out to staff that an emergency is in progress and their assistance is required.

A current Team Member Fan Out List and Volunteer Contact List will be maintained in a location accessible to all leaders for immediate access in the event of an emergency.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Team Member Fan Out list will be organized based on job classification and distance from the Home; members living closest to JMPC will be called first.
2. Test Procedure:
 - a. The Director will ensure that a test of the Emergency Call Back System annually is conducted annually at minimum; all team members are expected to participate.
 - b. All managers and team members who are responsible to call back team members (phone fan out) will keep a current phone list at work and at their home.

Activation



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3. The Incident Manager will:
 - a. Determine the need for emergency fan out and implement as required per the scope of the emergency.

4. Team Members responsible for phone fan out will:
 - a. Call team members according to JMPC fan out procedures.
 - b. Leave voicemail (where no immediate answer) and ask team members not to call back but to report to work if available.
 - c. Provide the following information to team members who are to return to duty:
 - i. Status and nature of emergency event
 - ii. Who to report to
 - iii. Assignment upon return
 - iv. Any special instructions (i.e. bring an extra change of clothes)

5. Document all calls on Team Member Call-Back Record Sheet.

6. The Incident Manager will:
 - a. Establish a “check in station” for each team member to report to upon arrival.
 - b. Delegate job responsibilities to each team member returning to work.
 - c. Delegate a team member to make any necessary calls to volunteers in the event of an emergency.
 - d. Be prepared to locate additional qualified temporary personnel as required to fill gaps in team member coverage (consider sourcing temporary staffing agency).

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- Team Member Fan Out Template

Annex B- Team Member Call-Back Record Sheet



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BROCHURES: Not applicable.

DIRECTOR: **APPROVED**
By Angela Malcolm at 10:33 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-02-04
Section: Communication
Subject: Emergency Contacts for External & Mutual Aid
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to have a current emergency contact list (external) that will be maintained at the reception desk with the Code Green Evacuation Plan.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director or designate will:
 - a. Place a current emergency contact list for external community and stakeholder contacts, including their roles and responsibilities in emergency response, at the reception desk Emergency cupboard and with the Code Green Evacuation Plan.
 - b. Place and maintain a current email distribution list for external community and stakeholder contacts on the email system.

2. The Emergency Contact list should include, but is not limited to:
 - a. Agencies & Services.
 - b. Contractors.
 - c. Transportation Services.
 - d. Transfer Sites.
 - e. LTC Management
 - f. Community Partners (HCCSS, Hospitals).
 - g. Media.
 - h. MLTC/MOL

3. The Incident Manager or delegate will:



Department: Emergency
Policy Number: 01-02-04
Section: Communication
Subject: Emergency Contacts for External & Mutual Aid
Date of Approval: December 2022
Revised: December 2022

- a. Appoint a team member to begin making all necessary phone calls in the event of an emergency.

ADDITIONAL NOTES:

References

Connecting Care Act, 2019 (ON LTC)

<https://www.ontario.ca/laws/statute/19c05>

ANNEXES:

Annex A- Emergency Contact Numbers- External & Mutual Aid

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 10:45 pm, Dec 21, 2022



Department: Emergency
Policy Number: 01-03-01
Section: Orientation & Education/Training
Subject: Emergency Codes Tests/Drills/Exercises
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to establish an integrated program of orientation, ongoing training, exercises, and drills will be maintained to ensure the Emergency Management Manual, Code Procedures, and team member/student knowledge is current and appropriate.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S):

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

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

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

PROCEDURE:

General

1. The Director or designate will:
 - a. Conduct drills and exercises for all codes per provincial regulatory requirements, including as required:
 - i. Mock Exercise for Code Procedures.
 - ii. Tabletop Exercise for all Code Procedures on shifts where Full Scale Exercise was not completed i.e. Night Shift.
 - iii. Monthly Drill (Code Red) completed on each shift to be carried out in accordance with provincial Fire Codes.



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- b. Include participation of EMS, Police, Fire dept., Utility Providers, Municipal Emergency Management, and other outside agencies in Full Scale Exercises as appropriate.
- c. Ensure safety in all exercises/drills, considering the following:
 - i. Provide advance notice so exercise drill is not confused with a real event.
 - ii. Begin/end each telephone call/message with: "This is an exercise/drill".
 - iii. Ensure physical safety of all participants.
- d. Exercise all mutual aid/partnership/community agreements identified in Emergency Management Plan to ensure their ongoing validity.
- e. Consult with entities that may be involved in or provide emergency services in the area as part of code/emergency procedure tests/drills, including but not limited to community agencies, health service providers, other LTC Homes, and resources that will be involved in responding to the emergency.
- f. Ensure Infection Prevention & Control Lead is involved in evaluation, testing, and review of emergency practices related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- g. Document and evaluate each exercise/drill to determine changes needed in the procedure and identify additional training needs using the Emergency Preparedness Test-Drill Evaluation Form.
- h. Ensure records of all training, drill, and exercise activities are documented/tracked as required.
- i. Maintain records of Fire Drills with other documents required by the Fire Code in a separate binder identified as "Records of Fire Code Compliance" for review by the local Fire Official.
- j. Maintain all other records of exercises to test colour codes in a binder identified as "Colour Code/Emergency Procedure Exercise Records".
- k. Complete an Emergency Preparedness Test-Drill Evaluation Form for each colour code/emergency procedure exercise and file in Colour Codes/Emergency Procedures Records Binder. Ensure Attendance Sign-In Sheet completed as part of form.



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Schedule for Testing

- Use this guide to follow the schedule below for Code/Emergency Procedure tests, recognizing that operational needs and actual events documented as code procedures may require adjustments to the schedule.

Code/Emergency	Description	Practice Months
Red	Fire	Every Month, Every Shift
Black	Bomb Threat	January
White	Physical Threat / Violence	February
Fan Out List	Team Member Fan Out	March
Green	Evacuation	May-Oct.
Blue	Medical	April
Orange	External	May
Yellow	Missing Person	June
Grey	Infrastructure Loss / Failure	July
Brown	Internal Emergency (Leak/Spill/Hazard)	August
Boil Water Advisory	Drinking water supply contaminated	October
Building Lockdown	Implemented to secure/protect when unauthorized person enters location/threatening communication, etc.	November
Outbreak / Epidemic / Pandemic Preparedness	Outbreaks of communicable disease, of public health significance, epidemics & pandemics	August/September

ADDITIONAL NOTES: Not applicable.

ANNEXES: Annex A- Emergency Preparedness Test-Drill Evaluation Form

BROCHURES: Not applicable.

DIRECTOR:
APPROVED
By Angela Malcolm at 1:00 pm, Dec 22, 2022



Department: Emergency
Policy Number: 01-03-02
Section: Orientation & Education/Training
Subject: Emergency Codes- Orientation for Team Members & Students
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to establish an integrated program of orientation, ongoing training, exercises, and drills will be maintained to ensure the Emergency Management Manual/Plan, Code Procedures, and team member knowledge is current and appropriate.

All team members and students will receive specific orientation and ongoing education as required on all Emergency Code roles and responsibilities.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director or designate will:
 - a. Ensure all team members and students receive an orientation to the Emergency Management Manual/Plan as per onboarding process of JMPC so that they are prepared to respond to an emergency in accordance with their role.
 - b. Ensure all team members and students (as applicable) are re-trained on their potential roles and responsibilities in the event of an emergency on an annual basis.
 - c. Ensure all supervisory team members receive specific orientation and training on all Emergency Code roles and responsibilities specific to the supervisory role.
 - d. Ensure that all non-supervisory team members and students receive specific orientation and training on all Emergency Code roles and responsibilities specific to their role.
 - e. Place a copy of completed Emergency Code Orientation Checklists in personnel file.



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Policy Number: 01-03-02
Section: Orientation & Education/Training
Subject: Emergency Codes- Orientation for Team Members & Students
Date of Approval: December 2022
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ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- Emergency Code Orientation Checklist – Supervisory Team

Annex B- Emergency Code Orientation Checklist – Non-Supervisory Team

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 12:53 pm, Dec 22, 2022



Department: Emergency
Policy Number: 01-04-01
Section: Building Lockdown
Subject: Building Lockdown
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to establish an official method for Building Lockdown. Lockdown procedures are implemented to secure and protect team members and residents when an unauthorized or suspicious person enters the Home and may be implemented in the event of a threatening communication. Lockdown procedures are similar to shelter-in-place procedures in that they are to be used when it may be more dangerous to evacuate than to stay inside. The intent is to reduce the number of casualties, and is initiated when evacuation is not feasible.

PURPOSE: As per policy statement.

APPLICATION: All staff of JMPC.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. When implementing lockdown procedures, ensure communication with team members as calmly as possible, call 911 as soon as it is safe to do so, and follow the direction of the police. By controlling access to, and movement and noise within the building, emergency personnel are better able to manage and respond to the threat.
2. If the intruder is outside the building, secure all windows and doors and gather all team members and residents inside the building, outside of the line of view of intruder. If the intruder has entered the building, secure team members and residents in a safe room or area of the building.

Shelter in Place



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3. This type of lockdown is normally referred to when an environmental threat is present outside and it is not possible or advisable to evacuate the building. This type of action is normally in response to an air contaminant and involves keeping the air contaminants outside the building and keeping persons from unnecessarily putting themselves in medical danger.
4. In the case of external health hazard, where it is not possible or advisable to evacuate the building:
 - a. The Team Leader (Incident Manager) or designate will announce “Building Lockdown – Shelter in Place” to all team members as soon as possible.
 - b. The Team Leader (Incident Manager) or designate will advise all team members, residents, and visitors in the building to move upwards to an interior room on the second floor since many agents are heavier than air.
 - c. All team members will close windows and doors.
 - d. The Team Leader (Incident Manager) or designate will:
 - i. Ensure exterior doors are locked.
 - ii. Direct maintenance to turn off heating, air conditioning and ventilation systems.
 - iii. Check the inventory of openings to ensure that no openings have been overlooked.
5. The Team Leader (Incident Manager) or designate will monitor radio or television stations for further updates and have occupants remain in the shelter-in-place mode until authorities indicate it is safe to come out.

Hold & Secure

6. This response is used when a serious environmental/physical threat is present outside the building or in the local neighbourhood. A Hold & Secure involves enacting preventive measures to prevent individuals from leaving the building and entering into an area of danger, or to prevent the threat from entering the building.



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7. Examples of incidents:
 - a. a violent crime nearby
 - b. an active shooter in the area

What to do – if it's safe to:

8. Announce “Building Lockdown – Hold and Secure” to all team members as soon as possible.
9. Listen to instructions from emergency responders or supervisors.
10. Proceed inside the building (if not already inside).
11. Close and secure exterior doors.
12. Close windows and blinds.
13. Turn off lights.
14. Keep away from exterior doors and windows.
15. Encourage people to remain inside the building until the threat has passed.

Lockdown

16. This response is used when the threat is already in the building and measures need to be enacted to prevent the threat from accessing areas where potential victims are or may be, or to protect individuals from entering areas where the threat may be present.

17. Examples of incidents:
 - a. a person with a weapon inside the building
 - b. an active attacker inside the building

What to do – if it's safe to:

18. Announce “Building Lockdown” to all team members as soon as possible.
19. Listen to instructions from emergency responders or supervisors.
20. Move to a safe area.



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21. Close and secure doors and windows.
22. Barricade doors with furniture or wedges if unable to secure them.
23. Turn off lights.
24. Keep away from doors and windows.
25. Silence cell phones.
26. Remain silent.
27. Lie on the floor if gunshots are heard.
28. Call 911 if it is safe to do so and if you have information such as location of attacker.
29. Speak as calmly and quietly as possible. Provide quiet activities to help keep residents focused and quiet.
30. **Do not** open the door for anyone unless you have a plan in place to protect yourself and others from the potential threat. If you open the door, you may be placing others in danger. Police will announce their entry. If still uncertain, and if safe to do so, you can confirm police presence by calling 911.
31. Remain in the lockdown response until police release you with a key.

32. If a fire alarm should sound during a lockdown, you may need to re-assess your situation. Do not automatically evacuate unless you smell smoke. If you determine it is too dangerous to remain in lockdown, be aware of your surroundings when evacuating. Have a plan in place and if the threat presents itself, be prepared to defend yourself.

Recovery

33. Police will advise the Team Leader (Incident Manager) or designate when it is safe to end the Lockdown. Announce "Lockdown All Clear" when matter is resolved.
 - a. All team members should return to their work area for debriefing.
 - b. Team members from the affected area should go to a designated meeting point.
 - c. The Home will consider how to address any operations that may not be immediately available post-incident (i.e. if the affected area is secured for investigation; if damage to equipment/building inhibits their use)



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- d. As soon as possible, the Incident Management Team, including Support Services representatives, will conduct a debriefing, including participation of any responding law enforcement, and ensuring appropriate Employee & Family assistance resources are provided.

ADDITIONAL NOTES: Not applicable.

ANNEXES: Not applicable.

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 4:49 pm, Dec 19, 2022



Department: Emergency
Policy Number: 01-05-01
Section: Boil Water Advisory
Subject: Boil Water Advisory
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre to establish an official method for Boil Water Advisory's. 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 the tap water destroys pathogens and makes the water safe to drink and use.

In the event of a boil water advisory, follow the direction of Public Health. The Home will use boiled water, bottled water, or water from another safe public supply not affected by the advisory, and will follow procedures as indicated for personal hygiene, cleaning and sanitizing, and preparing food, including ensuring handwashing is followed by use of alcohol-based hand rub. The Home will contact the KFLA Public Health that issued the boil water advisory for more information as needed.

Do not use tap water to:

- Drink
- Prepare foods
- Make Beverages
- Make ice
- Wash fruits or vegetables
- Brush teeth
- Give to pets or animals in pet therapy programs

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Environmental Services Supervisor or designate will:



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Section: Boil Water Advisory
Subject: Boil Water Advisory
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- a. Ensure all team members, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
 - b. Implement the Home's Incident Management Team for the duration of the advisory.
 - c. Ensure alternate sources of water are provided to residents, team members, and visitors that is safe for drinking.
2. The Infection Prevention & Control Lead or designate will:
- a. Post signage at entrance to the Home and at all faucets, including the kitchen area, washrooms, and hand sinks, as a reminder that a boil water advisory is in effect and that the water is not safe to drink. See Annex D- Boil Water Advisory Signage.
 - b. Post signage advising team members, residents, and visitors to apply alcohol-based hand sanitizer (to be available in all washrooms and at all sinks) after normal handwashing procedures with warm tap water and paper towels. See Annex E- Boil Water Advisory Handwashing Signage.
3. The Environmental Services Supervisor or designate will:
- a. Disconnect all ice making machines from the affected water supply.
4. The Environmental Services Team will:
- a. Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.
 - b. Reference Annex B- Cleaning & Sanitizing Practices during a Boil Water Advisory.
5. The Food Services Supervisor or designate will:
- a. Secure a supply of potable water (e.g., contact Bottled Water Company for delivery of more bottles—purchase/obtain bottled water from local grocery stores).
 - b. Discard any ice and beverages that may have been prepared with the affected water supply.



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- c. Direct team to prepare boiled water as needed:
 - i. Bring water to a rolling boil for at least one minute.
 - ii. Use an electric kettle if possible.
 - iii. Only boil as much water as you can safely lift without spilling.
 - iv. If boiling water on the stove, place the pot on the back burner.
 - v. Take all precautions as needed to avoid burns.
6. If providing bottled water, check with KFLA Public Health about brands of bottled water or water dispensers considered to be safe / that are produced in areas not affected by the boil water advisory.
7. Reference Annex B- Preparing Food during a Boil Water Advisory.
8. The Nursing team will:
 - a. Use boiled water that has been cooled to room temperature, or use sterile water, to wash broken skin and wounds and for other resident care activity (note: commercial bottled water is not sterile).
 - b. Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents.
 - c. Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.
 - d. Reference Annex A- Personal Hygiene during a Boil Water Advisory.
9. **NOTE:** Water filtration devices cannot be relied on to make tap water safe to drink or cook with. Do not use water unless it has been boiled first.

When the Boil Water Advisory has ended:

10. The Environmental Services Team will:
 - a. Flush all water-using fixtures and faucets by running them for five minutes (if your service connection is long or complex, consider flushing for a longer period of time).
 - i. Begin on the second floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for



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five minutes, proceed to the first floor and then the basement; continue the procedure until all fixtures and faucets on all floors are flushed.

- b. Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.

11. The Environmental Services Supervisor or designate will:

- a. Flush, drain, clean, and disinfect cisterns that contained the affected water source.
- b. Run water softeners through a regeneration cycle according to the manufacturer's recommendations.
- c. Replace the filters on any water filtration devices, and flush the fixture according to manufacturer's directions.
- d. Drain and refill hot water heaters that have been set below 45°C/110°F.

12. The Director or designate will:

- a. Communicate to all team members, residents, and visitors that the Boil Water Advisory has ended.
- b. Conduct a debrief with the team to review procedures and make any adjustments to specific practices/Emergency Management Plan as needed.

13. The Infection Prevention & Control Lead or designate will:

- a. Remove signage.

ADDITIONAL NOTES:

References

How to Use Water Safely in Long Term Care Facilities, Supportive Living and Home Living Sites during a Boil Water Advisory:

<https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-water-safely-ltc-bwa.pdf>



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How to Use Water Safely in Your Food Establishment during a Boil Water Advisory:
<https://www.albertahealthservices.ca/assets/wf/eph/wf-eh-water-safely-food-establishment-bwa.pdf>

Boil Water Advisory: <https://www.cdc.gov/healthywater/emergency/drinking/drinking-water-advisories/boil-water-advisory.html>

Guidance for Issuing and Rescinding Boil Water Advisories in Canadian Drinking Water Supplies: <https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidance-issuing-rescinding-boil-water-advisories-canadian-drinking-water-supplies.html>

Best Practices for Hand Hygiene in All Health Care Settings:
https://www.publichealthontario.ca/-/media/Documents/B/2014/bp-hand-hygiene.pdf?sc_lang=en

ANNEXES:

Annex A- Personal Hygiene during a Boil Water Advisory

Annex B- Cleaning & Sanitizing Practices during a Boil Water Advisory

Annex C- Preparing Food during a Boil Water Advisory

Annex D- Boil Water Advisory Signage

Annex E- Boil Water Advisory Handwashing Signage

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 8:50 pm, Dec 22, 2022



Department: Emergency
Policy Number: 01-06-01
Section: Outbreaks, Epidemics, & Pandemics
Subject: Outbreaks, Epidemics, & Pandemics
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) that JMPC will be prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S):

Outbreak: An outbreak is a sudden rise in the number of cases of a disease and it carries the same definition of epidemic, but is often used for a more limited geographic area.

Endemic: The usual incidence of a given disease within a geographical area during a specified time period.

Epidemic: An excess over the expected incidence of disease within a given geographical area during a specified time period. If the expected number of cases of a disease in a province is 8 per year, and 16 occur in 1 year, this indicates an epidemic. It should be noted that an epidemic is not defined on the absolute number of cases but on the number of cases in comparison to what is expected.

Pandemic: An epidemic spread over a wide geographical area, across countries or continents, usually affecting a large number of people. It differs from an outbreak or epidemic because it:

- Affects a wider geographical area, often worldwide.



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- Is often caused by a new virus or a strain of virus that has not circulated among people for a long time. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.
- Causes much higher numbers of deaths than epidemics.
- Often creates social disruption, economic loss, and general hardship.

PROCEDURE:

General

1. The IPAC Lead / Director or designate will:
 - a. Reference the respective divisional Infection Prevention & Control manual for detailed outbreak preparation and response requirements:
 - b. KFL&A Public Health Outbreak Management Quick Reference Guide
KFL&A Public Health CIPP Outbreak Management Guidance Initiate
KFL&A Public Health's outbreak control measure checklist for enteric and respiratory illnesses during an outbreak from the Outbreak Management Quick Reference Guide
 - c. . If outbreak, epidemic, or pandemic is specifically related to COVID-19, initiate Public Health Ontario's COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes.
 - d. Ensure an area(s) of JMPC is identified to be used for isolating residents as required.
 - e. Ensure a process is in place to cohort staff and residents to specific areas in the home based on exposure to infectious organism and confirmed laboratory results.
 - f. Ensure staffing contingency plans are in place and kept current.
 - g. Ensure annual practice/testing of outbreak and pandemic preparedness, inclusive of any arrangements with external entities who may be involved in or provide emergency services in KFLA (including, without being limited to, health service providers, partner facilities and resources that will be involved in responding to the emergency).
2. The Infection Prevention & Control Lead or designate will:



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- a. Participate in developing, updating, evaluating, testing, and reviewing JMPC's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- b. Involve the Medical Director (as applicable) and KFLA Public Health in development and annual review of JMPC's emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
- c. Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.

ADDITIONAL NOTES:

References

Principles of Epidemiology in Public Health Practice, Third Edition: An Introduction to Applied Epidemiology and Biostatistics:

<https://www.cdc.gov/csels/dsepd/ss1978/lesson1/section11.html>

KFL&A Public Health Outbreak Management Quick Reference Guide

- Can be located on the drive JMPC I:\Nursing\Infection control

KFL&A Public Health CIPP Outbreak Management Guidance

- Can be located on the drive JMPC I:\Nursing\Infection control

COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes, Second Edition, July 2022, Public Health Ontario,

https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/covid-19-ipack-checklist-ltrh.pdf?rev=7128ca00b45d4b92a3c92e7ca3c0ffdf&sc_lang=en

ANNEXES:

Annex A- Sample Agenda – Outbreak Preparedness Drill (Leader Copy)



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Subject: Outbreaks, Epidemics, & Pandemics
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Annex B- Sample Agenda – Outbreak Preparedness Drill

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 9:11 pm, Dec 22, 2022



Department: Emergency
Policy Number: 01-06-02
Section: Pandemic Plan
Subject: Pandemic Plan
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to support leaders to make the best possible decisions in the context of a pandemic and to ensure site readiness, including readiness of team members.

Pandemic Plans will be implemented and used in context with and in consideration of other policy & procedure manuals, including Infection Prevention & Control, Emergency Management, and other departmental manuals as required.

The Home will also reference tools and direction provided by KFLA Public Health, Ministry of Long Term Care and Public Health Ontario as applicable for Outbreak Response/Outbreak Debrief.

Under the direction of the IPAC Lead/Director, the Pandemic Plan will be implemented and the necessary audits completed to ensure safety and risk mitigation during a pandemic.

The Pandemic Plan is to be reviewed annually or more frequently as needed, with updates to JMPC processes as required.

It is noted that in the event of a pandemic, information and requirements may change rapidly as the situation evolves. Provincial mandates will supersede local practice as the highest authority where applicable.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. Pandemic Plan will be reviewed and approved by:
 - a. The Joint Health & Safety Committee.
 - b. KFLA Public Health as required.



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2. The Pandemic Plan will be reviewed at the Professional Advisory Committee meeting and with Residents' and Family Councils. Review will be completed with healthcare service providers, partner facilities, and resources that may be involved in pandemic response at the local level as needed
3. The Director or designate will:
 - a. Develop and maintain a Pandemic Plan that ensures mitigation, preparedness, response, and recovery in the event of a pandemic.
 - i. Involve all members of the Incident Management Team in development of the Pandemic Plan.
 - ii. Involve the Infection Prevention & Control Lead in the development of the Pandemic Plan.
 - iii. Ensure the Pandemic Plan reflects organizational guidelines and provincial directives along with Public Health and Health Authority guidelines and requirements.
 - b. Implement the Pandemic Plan as needed to direct communication flow, manage resident acuity, and allocate inventory and human resources to deliver resident care/services.
 - c. Review and update the Pandemic Plan annually (or more frequently as required).
 - d. Conduct specific education and practice sessions for managers and supervisors with building responsibilities.
 - e. Coordinate any budgetary considerations to ensure the necessary execution of the Pandemic Plan.
 - f. Ensure practice and documentation of orientation/training activities related to pandemic preparation and response.
 - g. Communicate results to the leadership team/appropriate committees and implement improvements to process as needed.
4. The Infection Prevention & Control Lead or designate will:
 - a. Collaborate with KFLA Public Health to implement safety measures to mitigate risk to residents, team members, and visitors.



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- b. On an annual basis (or more frequently as required), review evidence of a completed Pandemic Plan.
 - c. Monitor through regular operations reports that Pandemic Plans are practiced in accordance with relevant legislation and organizational policies and procedures.
5. Administration Office will:
- a. Establish an Incident Management Team to ensure emergency response processes are in place to support business continuity and service delivery needs of residents. Communicate and activate the Incident Management Team in the event of a pandemic.

ADDITIONAL NOTES: Not applicable.

ANNEXES: Annex A- Pandemic Plan Template

BROCHURES: Not applicable.

DIRECTOR: _____

APPROVED

By Angela Malcolm at 9:32 pm, Dec 22, 2022



Department: Emergency
Policy Number: 01-07-01
Section: Staffing Contingency Planning
Subject: Staff Shortages- Contingency Planning
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to address staffing shortages, in addition to preparing and implementing contingency plans, the leadership team will:

- a. Work closely with all departments to understand hiring needs and ramp up hiring.
- b. Work with all departments to implement co-horting.
- c. Accelerate onboarding processes while maintaining quality.
- d. Actively manage return to work.
- e. Prevent work refusals through education, training, and enablement of team members.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Administrative Supervisor or designate will:
 - a. Develop/review contingency plan to:
 - i. Identify minimum staffing needs for each home area.
 - ii. Prioritize critical and essential services based on resident population needs.
 - iii. Identify backup for each shift and role and ensure training provided.
 - b. Create contingency plan for leadership in the event that several critical roles can no longer attend work due to illness or other reasons and critical leadership gaps exist.
 - i. Identify team members who could potentially take on a leadership role.



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- ii. This may also require discussions on available staffing support with HR, Agency Services, County departments.
- c. Recruit and train for as many vacancies as possible and hire to fill gaps across all areas as established in contingency plan. Prioritize RN, RPN, PSW.
- d. Monitor government directives that impact team members, compensation, schedules, etc., as well as any other programs that offer team member support (e.g. emergency childcare). Communicate as appropriate.
- e. Review staffing schedules, availability of alternate staff, and emergency contact numbers for team members.
- f. Work with Department managers/schedulers to:
 - i. Increase staffing to support additional requirements/surge capacity.
 - ii. Create contingency plans.
 - iii. Implement team member cohorting.
 - iv. Determine who should work from home.
 - v. Ensure schedule is in compliance with latest orders
 - vi. Improve team member engagement and morale.
- g. Work with department leads to identify backup schedulers.
- h. Redeploy team members who work in non-essential/suspended County services. (ie library staff)
- i. Align with union reps on pandemic/emergency needs and procedures, for example, to review compensation from hourly to salaried pay for the pandemic/emergency response period, discuss standard PPE provided, etc.
- j. Closely monitor absenteeism, execute contingency plans as needed, and adjust staffing plans accordingly.
- k. Identify all available options to meet staffing needs, including:
 - i. Health Workforce Matching Portal.
 - ii. Volunteers.
 - iii. Agency contracts.
 - iv. Health Unit support.
 - v. Local healthcare facilities (e.g. hospital).



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- vi. Emergency services (e.g. army).
 - vii. Recruit college/university students, individuals from other sectors (e.g. hotels, restaurants).
 - viii. Cross-training/universal roles (e.g. housekeeping and tray delivery).
 - ix. Look at team member history (e.g. PSWs who were housekeepers) and how to leverage cross-skilling.
 - l. Review plans to offer team member hotel accommodation, transportation subsidy, grocery delivery, etc. Ensure initiated and communicated as indicated.
 - m. Consider adding scheduling staff to support outbreak needs.
 - n. Discuss with County Services and health authorities/hospital partners thresholds for requesting external staffing help and determine contact person.
 - o. Place enhanced focus on team member engagement and morale as difficult situations arise (e.g. death of resident, team member).
 - p. If using emergency staffing (e.g. army, hospital staff), discuss timeline for availability, create a plan to self-sustain staffing needs, and continue recruiting.
 - q. Implement Return to Work protocols.
2. The Director will designate:
- a. Implement initiatives to increase team member engagement and empowerment and prevent high absenteeism in the event of an outbreak including:
 - i. Recognize team members' hard work often.
 - ii. Check in with team members.
 - iii. Organize engagement activities (e.g. sidewalk chalk messages, team video, etc.).
 - iv. Ensure team members are aware of EAP and other resources available for their wellness.
 - v. Mitigate team member fears by communicating protection measures taken/to follow.



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- b. Discuss with team members ahead of time to understand whether they plan on attending work in anticipation of rapidly changing situations i.e. outbreak, weather that limits travel, etc.
 - c. Track additional employment locations of team members and monitor those locations for outbreaks (as applicable).
3. The County Human Resources department will:
- a. Support the leadership team as required to address staffing shortages and plan for contingencies.
 - b. Support conversion of as much casual and part-time team members as possible to full-time to facilitate cohorting and increase capacity.

ADDITIONAL NOTES:

Administration Policies- Human Resources I
060202 Policy- Employment- Scheduling Call-In Contingency Staffing

ANNEXES:

- Annex A- Staffing Contingency Plan Template
- Annex B- Staffing Shortage – Immediate Activities (Sample)
- Annex C- Priority Tasks – Clinical (Sample)
- Annex D- Priority Tasks – Dietary (Sample)
- Annex E- Priority Tasks – Activation (Sample)
- Annex F- Priority Tasks – Housekeeping (Sample)
- Annex G- Cheat Sheet – Setting Up Support
- Annex H- Staffing Contingency Assignment (Sample)
- Annex I- Resident Reference Sheet

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 2:02 pm, Dec 22, 2022



Department: Emergency
Policy Number: 01-08-01
Section: Provision of Food & Fluid in an Emergency
Subject: Emergency Menus & Response
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) that in the event of an emergency, each RHA will have dietary operations essential services planning, emergency supplies, alternate menus, infection control protocols, and team member education prepared. An emergency contingency and response plan will be in place with details of specific procedures to follow in the event of disasters such as earthquakes, floods, storms, and emergencies such as fire, power failure, and loss of water supply, staff shortages, and road closures.

Emergency menus are time limited and are created based on the current inventory in the Home at the time of the emergency as well as the impact of the emergency. (ie supply changes depending on when the last grocery order was received; menu will change based on the equipment available for use) require re-assessment of need and items required.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Food Services Supervisor (FSS) will:
 - a. Review the procedures and update information at least annually, or as changes occur.
 - b. Outline roles and responsibilities for team members.
 - c. Conduct education on emergency menus and rotating use of supplies.
 - d. Implement the emergency menu when instructed by the Director.
 - e. Utilize all supplies on hand and make appropriate menu changes.
 - f. Stock a three-day non-perishable and a 24-hour perishable food supply.
 - g. Maintain a 72-hour supply of disposable dishes, cutlery, and aprons.



Department: Emergency
Policy Number: 01-08-01
Section: Provision of Food & Fluid in an Emergency
Subject: Emergency Menus & Response
Date of Approval: December 2022
Revised: December 2022

- h. Maintain an emergency 72-hour supply of drinking water.
- i. Ensure the Emergency Menu meets residents' nutritional needs with available supplies by working collaboratively with the FSS and Dietitian.
- j. Re-assess need for emergency menus and change according to staffing patterns, supplies on hand, direction from external authorities, and status of emergency.
- k. Ensure proper storage of food supplies to avoid damage.

ADDITIONAL NOTES: Therapeutic Diets will be reviewed by FSS/RD(Registered Dietician) to determine food and beverage suitability for each resident.

ANNEXES:

Annex A- Emergency Menu – No Utilities Template

Annex B- Emergency Menu – Therapeutic Diets Template

Annex C- Emergency Menu – Snacks Template

Annex D- Provision of Food & Fluid Continuity Plan Template

BROCHURES: Not applicable.

DIRECTOR: _____

APPROVED

By Angela Malcolm at 12:12 pm, Dec 29, 2022



Department: Emergency
Policy Number: 02-01-01
Section: Code Red- Fire
Subject: Fire Plan
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to develop and maintain an approved Fire Safety Plan in accordance with local and provincial regulations and will be approved by the Fire Department.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director will:
 - a. Ensure a Fire Plan is developed and approved by the local Fire Department.
 - b. Notify the Fire Department when changes are necessary to an approved Fire Safety Plan, including but not limited to:
 - i. Change in location name/ownership.
 - ii. New fire safety equipment.
 - iii. Renovations to building structure or fire safety equipment.
 - iv. Staffing level & personnel changes as related to minimum staffing levels listed in Fire Safety Plan.
 - v. Any occurrence that compromises the integrity of the fire safety systems and thus the fire response procedures.
 - c. Review the Fire Plan response instructions at least annually with managers, Joint Health and Safety, team members and Residents.
 - d. Routinely practice response instructions to ensure team members remain aware of their responsibilities during a fire alarm scenario.
2. The Fire Plan Safety Plan must include, but is not limited to:
 - a. The Emergency Procedures to be used in case of fire, including:



Department: Emergency
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Section: Code Red- Fire
Subject: Fire Plan
Date of Approval: December 2022
Revised: December 2022

- i. Sounding the alarm.
- ii. Notifying the Fire Department.
- iii. Instructing occupants on procedures to be followed when the fire alarm sounds.
- iv. Evacuating occupants, including special provisions for persons requiring assistance.
- v. The procedures for the use of elevators.
- vi. Confining, controlling, and extinguishing the fire.
- b. The appointment and organization of designated supervisory team members to carry out fire safety duties.
- c. The training of supervisory team members and instruction of other occupants in their responsibilities for fire safety.
- d. Documents, including diagrams, showing the type, location, and operation of the building's fire emergency systems.
- e. The holding of fire drills.
- f. The control of fire hazards in the building.
- g. The maintenance of building facilities provided for the safety of occupants.
- h. The provision of alternative members for the safety of occupants during any shutdown of fire protection equipment and systems or parts thereof.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- JMPC Fire Plan

Annex B- Code Red- Debrief Checklist & Action Plan

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 12:25 pm, Dec 28, 2022



Department: Emergency
Policy Number: 02-01-02
Section: Code Red- Fire
Subject: Fire Drills
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) fire drills will be conducted on a monthly basis on all three shifts following the procedure outlined in the Homes Fire Plan.

PURPOSE: To provide information for control of fire hazards, maintenance of fire protection systems, and evacuation procedures for the Home.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Environmental Services Supervisor or designate will:
 - a. Schedule Fire Drills to be conducted monthly on all three shifts: Comprehensive fire drills on day and evening shifts; silent drills on nights. Times of drills must vary so that at least one evening drill per year is conducted after dinner hour when lower staffing levels are scheduled.
 - b. Invite Greater Napanee Fire Services, annually, to observe and time a Vulnerable Occupancy Drill.
 - c. Invite Greater Napanee Fire Services, annually, to conduct a fire and life safety inspection of the Home.
 - d. Encourage residents to participate in all fire drills.
 - e. Rotated drills through zones so residents are evacuated on a rotating basis.
 - f. Time drills and record drill times as per “Staffing Levels for the Emergency Evacuation of Residents in Care Occupancies” (ON).
 - g. Ensure runners are assigned to communicate between the Emergency Coordinator and Communications Coordinator.
 - h. Ensure all staff will receive annual training on Fire and Evacuation Procedures.
 - i. Ensure new staff will receive fire training prior to commencing their position.



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Policy Number: 02-01-02
Section: Code Red- Fire
Subject: Fire Drills
Date of Approval: December 2022
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- j. Ensure all JMPC management participates in Fire Drills, debriefing, planning and feedback.
- k. Ensure managers actively participate in drills by stationing themselves in various locations of the Home and observing team members (Fire Scene, Communication Centre, and Safe Zone etc.)
- l. Monitor correct completion of forms:
 - i. Fire Drill Attendance Log.
 - ii. Fire Drill Check List, to be completed by Building Technician or designate.
 - iii. Fire Scene Observations.
 - iv. Communication Centre Observations.
- m. Conduct a wrap up meeting with frontline team members and residents participating in the drill to review strengths and gaps noted during the drill.
- n. Review and sign the completed reports with the Director.
- o. Review drills with leadership team; implement necessary recommendations and arrange for any emergency equipment repairs required.
- p. Maintain a file of all fire drill records and retain copies for 2 years.
- q. Maintain attendance records will be kept to ensure all staff attend at least 2 drills per year.
- r. Ensure the fire plan will be reviewed each year by the H & S Committee.
- s. Review attendance to ensure all team members have attended at least one drill / fire event annually.

ADDITIONAL NOTES: Not applicable.

ANNEXES: Annex A- Fire Drill Report

BROCHURES: Not applicable.

DIRECTOR: _____

APPROVED
By Angela Malcolm at 12:30 pm, Dec 28, 2022



Department: Emergency
Policy Number: 03-01-01
Section: Code Green
Subject: Internal Evacuation Plan
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) to activate the Code Green Evacuation Plan upon direction from Emergency Services or the Incident Manager (Director / Designate) as appropriate given the situation at hand.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director will ensure there is a process in place to:
 - a. Ensure evacuation supplies are inspected regularly for functionality, expired dates, and restocking as needed.
 - b. Ensure emergency/evacuation supplies are kept in an accessible, secure location(s) that all team members are aware of and can easily access.

2. The Incident Manager will:
 - a. Activate the Evacuation Plan as required to respond to the emergency situation; see Annex A - Deciding Whether to Evacuate or Shelter in Place.
 - b. Notify IMS and John M. Parrott Centre Management team as appropriate/required.
 - c. Activate County of Lennox and Addington EOC (as necessary).
 - d. In the event that JMPC is in an outbreak, further collaborate with KFLA Public Health; JMPC Infection Control Lead and Manager of Nursing to determine the most appropriate relocation area and method whether internally or externally.
 - e. Announce Code Green, including identification of the area affected.



Department: Emergency
Policy Number: 03-01-01
Section: Code Green
Subject: Internal Evacuation Plan
Date of Approval: December 2022
Revised: December 2022

- f. Complete the Incident Manager Duties and Responsibilities checklist during the evacuation process.
 - g. Assign designated leads/managers to their roles and distribute Duties and Responsibilities Checklists accordingly.
3. All Team Members will:
- a. Upon hearing Code Green announced, follow procedures related to the type of evacuation.
 - b. Take direction from the Incident Manager and/or Designated Leads/Managers.

ADDITIONAL NOTES:

References

Contracted Pharmacy Provider Disaster Management Procedures

Infection Prevention & Control Manual

ON LTC: MLTC Emergency Evacuation Policy (July 15, 2021):

[https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Evacuation*20Policy*20\(EN\).pdf ;JSUI!!NzF2aeWtLfMAxVs!XjP0SiDCKriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1n_DSyRU\\$](https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Evacuation*20Policy*20(EN).pdf)

ON LTC: MLTC Emergency Placement Process (July 15, 2021):

[https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation*20Placement*20Process*20\(EN\).pdf ;JSUI!!NzF2aeWtLfMAxVs!XjP0SiDCKriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1gqC976k\\$](https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation*20Placement*20Process*20(EN).pdf)

ON LTC: MLTC Emergency Placement Form (July 15, 2021):

[https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Placement*20Form*20\(Appendix*20B\).docx ;JSUIJQ!!NzF2aeWtLfMAx\\$](https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Placement*20Form*20(Appendix*20B).docx)



Department: Emergency
Policy Number: 03-01-01
Section: Code Green
Subject: Internal Evacuation Plan
Date of Approval: December 2022
Revised: December 2022

[Vs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1rxflv-k\\$](https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview*20of*20Temporary*20Emergency*20(TE)*20Licence*20and*20Beds*20in*20Abeyance*20(BIAs)*20(EN).pdf;JSUIJSUIJSUIJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1rxflv-k$)

ON LTC: MLTC Overview of Temporary Emergency License and Beds in Abeyance (July 15, 2021):

[https://urldefense.com/v3/ https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview*20of*20Temporary*20Emergency*20\(TE\)*20Licence*20and*20Beds*20in*20Abeyance*20\(BIAs\)*20\(EN\).pdf ;JSUIJSUIJSUIJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1TCg6uOM\\$](https://urldefense.com/v3/https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview*20of*20Temporary*20Emergency*20(TE)*20Licence*20and*20Beds*20in*20Abeyance*20(BIAs)*20(EN).pdf;JSUIJSUIJSUIJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1TCg6uOM$)

ANNEXES:

Annex A- Deciding Whether to Evacuate or Shelter in Place

Annex B- Action Plan- Internal Evacuation

Annex C- Resident Identification System

Annex D- Duties & Responsibilities of Designated Positions

Annex E- Duties & Responsibilities of Departments

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 11:47 pm, Jan 02, 2023



Department: Emergency
Policy Number: 04-01-01
Section: Code Green Stat
Subject: Evacuation Plan
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) 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:

- a. Location (partial/entire community, citywide, province wide).
- b. Duration (hours, days, weeks).
- c. Severity (number & type of service affected) of disaster.

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

PURPOSE: 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 building. Life safety is the main goal; the building and records are secondary.

APPLICATION: All of JMPC.

DEFINITION(S): Not applicable.

PROCEDURE:

Code Green Stat

1. Announcement indicates there will be an evacuation from the Home to a relocation site. A code green stat can be classified as:
 - a. Crisis Evacuation - an immediate evacuation is necessary e.g. internal explosion, major gas leak, rapidly spreading fire.
 - b. Urgent Evacuation - indicates less imminent threat 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.



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Types of Evacuation

2. **Partial:** Necessary where smoke or fire damage can be contained or weather conditions have caused partial damage to the building.
3. **Total:** Necessary where smoke, fire damage cannot be contained or an explosion or external disaster requires that residents be moved to another location.
4. At the discretion of the Director / 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

5. During a Code Green Stat residents should be evacuated in the following order:
 - a. Site: evacuation from the room of origin of an emergency (e.g. during a fire).
 - b. Horizontal: evacuation beyond corridor fire doors and/or to an adjacent service wing.
 - c. Vertical: evacuation to a lower floor.
 - d. Premises: evacuation of the entire Home.

Lines of Authority during Evacuation Procedures

6. Internal Authority:
 - a. The Emergency Coordinator has complete authority and provide all direction at the incident scene and assumes the role as the Incident Manager until they are relieved by Director/designate upon their arrival to the Home.
 - b. The Director / Designate has complete authority over the entire evacuation and all officers / leads.
 - c. Each Incident Management Lead is responsible for the duties of their assigned role.



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- d. Nurse in charge of the resident home area.
- 7. External Support Services Authority
 - a. Fire Department, responsible for:
 - i. Fire fighting.
 - ii. Search and rescue.
 - iii. Complete authority with the building and fire grounds.
 - b. Paramedic, responsible for:
 - i. Triage.
 - ii. Primary medical aid.
 - iii. Communications with health agencies & other ambulance services.
 - iv. Transportation.
 - c. Police Department, responsible for:
 - i. Traffic control.
 - ii. Building and property security.
 - iii. Communication between incident and police station.
 - d. The Incident Manager works closely with all external support services to know the circumstances of the total situation.
 - e. **NOTE:**
 - i. All instructions of the Fire Department must be followed upon their arrival.
 - ii. Once outside, the Paramedic Lead/Paramedic Management will assess the type of suitable transportation for each resident and is in charge of transportation.
- 8. Offsite Evacuation location: See Annex E- Relocation Sites Evacuation Agreements Chart.

Stages of Evacuation

Stage #1

- a. Remove residents from room of origin (close door and flip fire tag procedure).
- b. Take resident to safe area beyond fire doors.

Stage #2



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- a. Remove residents from rooms beside and across the hall from room of origin.
- b. Take resident to a safe area beyond fire doors.

Stage #3

- a. Remove all residents from the immediate fire/danger area; search and evacuate all rooms following fire plan procedure.
- b. Take resident to safe area beyond Fire doors.

Stage #4

- a. A team member assigned by the communication coordinator will be sent to the emergency cupboard (at reception desk) to retrieve fanny packs (labeled by RHA) and position themselves outside the RHA to place an identification lanyard on each resident before they are evacuated from the RHA.
- b. Ensure each resident is adequately clothed.

Stage #5

- a. External evacuation ordered: move residents from building to parking lot triage area. (In cold weather this could be MacDonald Hall depending on the situation).

Stage #6

- a. Transport residents not requiring medical care (as determined at triage by Paramedics / Medical Director) to pre-designated relocation site(s).

Order of Evacuation

9. Ambulatory Residents: many residents can be removed with assistance by one or two team members.
 - a. Cautions:
 - i. Confused & ambulatory – may get in the way or wander back into the danger area.



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- ii. Slow ambulatory – may hinder others; may need to remove in wheelchair.
- b. Non-Ambulatory residents: easier to remove than bedridden; may require one team member to assist.
- c. Totally Dependent Residents: use demonstrated lifts and carries, may require two team members.
- d. Uncooperative Residents: remain until last; otherwise valuable time lost and may sacrifice others. Ensure their door is closed and identify resident name & location to Emergency Coordinator and Fire Department.

Continuity of Resident Care

10. In order to ensure care needs of residents are met throughout an emergency evacuation and relocation, the following procedures will be in place.
11. **Resident Identification:** An identification lanyard will be placed on each resident. The identification information includes: name, DOB, level of transfer/mobility, allergies, and DNR/MOST designation), next of kin /POA, diagnosis, etc. As per Annex C- Resident Identification System.
12. **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 as per Annex D- Resident Evacuation Log. Copies of the Evacuation Log will be provided to the Incident Manager, transportation system (bus, taxi etc.) and relocation site.
13. **Resident Chart:** Resident charts must be removed from the site. This will be prepared by each RHA Charge Nurse. Care Plans must be taken to the relocation site. Most of the actual chart can be retrieved on electronic health records out of the Home via PCC.
14. **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. After-Hours On-Call Pharmacist (Emergencies): **1-866-494-3008**



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15. **Other life sustaining equipment (oxygen, g-tube feeds):** May require evacuation with the resident or triage at treatment zone based on care needs.
16. **Food & Fluid:** As per Emergency Management Policies Provision of Food & Fluid in an Emergency: 01-08-01 Policy- Annex D- Provision of Food-Fluid Continuity Plan (LTC).
17. **Physician on call:** The doctor on call will decide:
 - a. Whether a site physician should be called.
 - b. Whether a coroner should be onsite.

Triage: Designated Treatment Zones

Canadian Triage Acuity Scale (CTAS) CTAS Level	Clinical Presentation
CTAS 1 Resuscitation	Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions. Cardiac arrest/major trauma/severe respiratory distress.
CTAS 2 Emergent	Conditions that are a potential threat to life, limb or function, requiring rapid medical intervention or controlled acts. Head injury/severe trauma/chest pain.
CTAS 3 Urgent	Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living. Moderate trauma/assault/moderate respiratory distress.
CTAS 4 Less Urgent	Conditions that relate to patient age, distress, or potential for deterioration or complications would benefit from intervention or reassurance within 1-2 hours. Minor trauma/abdominal pain/headache/back pain.
CTAS 5 Non-Urgent	Conditions that may be acute but non-urgent as well as conditions which may be part of a



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chronic problem with or without evidence of deterioration.

The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.

Sore throat/vomiting/minor symptoms.

ADDITIONAL NOTES:

References

Contracted Pharmacy Provider Disaster Management Procedures
Infection Prevention & Control Manual

ON LTC: MLTC Emergency Evacuation Policy (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Evacuation*20Policy*20\(EN\).pdf_";JSUI!!NzF2aeWtLfMAXVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1n_DSyRU\\$](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Evacuation*20Policy*20(EN).pdf_)

ON LTC: MLTC Emergency Placement Process (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation*20Placement*20Process*20\(EN\).pdf_";JSUI!!NzF2aeWtLfMAXVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1qqC976k\\$](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation*20Placement*20Process*20(EN).pdf_)

ON LTC: MLTC Emergency Placement Form (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Placement*20Form*20\(Appendix*20B\).docx_";JSUIJQ!!NzF2aeWtLfMAXVs!XjP0SiDCkriqwEGwmehHLq_LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC_TBpCEv1rxflv-k\\$](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency*20Placement*20Form*20(Appendix*20B).docx_)

ON LTC: MLTC Overview of Temporary Emergency License and Beds in Abeyance (July 15, 2021):

[https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview*20of*20Temporary*20Emergency*20\(TE\)*20Licence*20and*20Beds*20in*20](https://urldefense.com/v3/_https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview*20of*20Temporary*20Emergency*20(TE)*20Licence*20and*20Beds*20in*20)



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[Abeyance*20\(BIAs\)*20\(EN\).pdf ;JSUIJSUIJSUIJSU!!NzF2aeWtLfMAxVs!XjP0SiDCkriqwEGwmehHLq LjUyQQ8S0y1-v9Mk4kxzUheiWOFnuujhC TBpCEv1TCg6uOM\\$](#)

ANNEXES:

- Annex A- Deciding Whether to Evacuate or Shelter in Place
- Annex B- Evacuation Supplies
- Annex C- Resident Identification System
- Annex D- Resident Evacuation Log
- Annex E- Relocation Sites Evacuation Agreements Chart – Template
- Annex F- Duties & Responsibilities of Designated Positions
- Annex G- Duties & Responsibilities of Departments
- Annex H- Return to Evacuated Site
- Annex I- Name Tags for Designated Positions

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 10:29 pm, Dec 22, 2022



Department: Emergency
Policy Number: 04-01-02
Section: Code Green Stat
Subject: Mock Evacuation
Date of Approval: December 2022
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre (JMPC) will complete a Mock Evacuation per timelines mandated by provincial regulations.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Director will:
 - a. Establish a date and time for the mock emergency, allowing approximately two months for planning and training for the event.
 - b. Establish in detail the type and scope of emergency with the assistance of the Joint Health & Safety Committee.
 - c. Identify team leaders to assist with the development of key areas for the evacuation: Communications, Triage, Parking Lot Control, Security & Resident Movement, Resident/Family Liaison, Training, and Infection Prevention & Control.
 - d. Follow the Mock Evacuation checklist to cover all areas required prior to running the exercise.
 - e. Hold regular meetings and practice sessions for team members, visitors, and volunteers leading up to the Mock Evacuation to outline their roles and responsibilities during the drill.
 - f. Invite participation from the local fire department, police department, and emergency medical services (ambulance). These community professionals will add authenticity to the event and act as official observers on the day of the event.
 - g. Assign observers to complete Mock Evacuation Observer Report.



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- h. Plan a debriefing session for all team members and participants to evaluate the strengths and weaknesses of the drill and make recommendations to improve the evacuation process.
- i. Document exercise using Emergency Preparedness Test/Drill Evaluation Form and implement Quality Improvement actions as needed.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- Mock Evacuation Checklist

Annex B- Mock Evacuation Observer Report

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 3:39 pm, Dec 28, 2022



Department: Emergency Management
Policy Number: 05-01-01
Section: Code Yellow
Subject: Missing Resident
Date of Approval: July 2022
Revised: December 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.

PURPOSE: To ensure an organized, safe and timely recovery of a missing resident.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. All Team Members will:
 - a. Notify the charge on RHA immediately when a team member is unable to locate a resident.
 - b. Follow the direction of the Emergency Coordinator.

2. The Nurse in charge on the RHA will:
 - a. Alert building Charge Nurse/Manager.
 - b. Direct team members to thoroughly search their home area/floor, check the sign out book, and check for resident with Recreation/Resident Engagement team and uninsured service providers.
 - c. Act as the scribe for the Emergency Coordinator at the Communication Centre, as needed.

3. The Team Leader will:
 - a. Assume the role of Emergency Coordinator.
 - b. Initiate a Code Yellow. See Attachments for complete procedure.
 - c. Coordinate all events related to the search
 - d. Document the initiation, progression and outcome of the incident.



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Recovery

4. Following a Code Yellow the Director or Delegate will:
 - a. Review the Missing Person's Report and any observations from staff members, families and residents.
 - b. Complete the Missing Persons Debrief Checklist
 - c. Notify team members, families, residents and councils of any changes.
 - d. Ensure the incident was reported to appropriate regulatory authorities.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A - Missing Persons Quick Guide

Annex B - Missing Resident Search Checklist

Annex C - Search Checklist for Missing Resident

Annex D - Debrief Checklist & Action Plan

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 3:07 pm, Dec 28, 2022



Department: Emergency
Policy Number: 06-01-01
Section: Code White
Subject: Physical Threat/Violence
Date of Approval: July 2022
Revised: December 2022

POLICY: The Home 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 Home's Code White Emergency Plan.

PURPOSE: The purpose of initiating a Code White is to:

- a. Regain control of an emergency situation in which a person's escalating behaviors are beyond the staff abilities to control.
- b. To provide the aggressive person(s) with the best and safest care until they regain control of their behavior.
- c. To prevent injury to the aggressive person, residents, staff and others.
- d. To prevent damage to the property or environment.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. If confronted by a violent or aggressive person, team member, volunteer, visitor or situation:
 - a. If safe to do so, try to diffuse the situation with the aggressive person(s) by remaining calm and agreeable.
 - b. Never argue with the aggressor.
 - c. Seek immediate assistance by activating an emergency call point, activating the reception duress call or using the Homes code word "Snowball".



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- d. Announce or have someone else announce “Code White and location” if the situation escalates into a dangerous situation.
- e. If safe to do so, isolate the person(s) away from residents and team members and if possible/appropriate ask person to leave the premises.
- f. Document any information relevant to the situation (phone numbers, background noises, user handle name, date, time etc.)
- g. Notify appropriate Supervisor, Manager or Team Leader who will investigate and document the incident and file appropriate reports.
- h. Regain an atmosphere of calm and control and deal with stress the situation might have caused with others involved.

Situation Specific

2. Please see attachments for situation specific Code White procedures.
3. All Team Members will:
 - a. Report any violent or aggressive situations or person(s) immediately to their supervisor or the Team Leader.
 - b. Speak with their supervisor regarding any specific concerns, needs, or considerations.
 - c. Respond appropriately to any emergency situation.
 - d. Follow the direction of the Emergency Coordinator, Incident Manager or delegate(s).
 - e. Remain calm and make every reasonable effort to protect themselves, residents, visitors, and others in their immediate area.
4. As part of the recovery process, the Director or designate will:
 - a. Ensure the proper documents are filed.
 - b. Ensure the incident is reported to the appropriate regulatory authorities.
 - c. Coordinate a debriefing session with staff.
 - d. Schedule an information session with residents and families (as applicable).
 - e. Notify CAO and/or Senior Leadership Team (as applicable).



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- f. Consider the physical and mental health needs of all team members and residents.
- g. Arrange a press release (if applicable).
- h. Ensure supports are provided (e.g. EAP, peer support, group or individual counseling etc.).

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A - Aggressive Person/Physical Threat

Annex B - Protest/Demonstration/Disturbance

Annex C - Threatening Communication

Annex D - Procedures for Emergency Lockdown of the Facility

Annex E - Code White Report

Annex F - Debrief Checklist & Action Plan

BROCHURES: Not applicable.

DIRECTOR: **APPROVED**
By Angela Malcolm at 3:10 pm, Dec 28, 2022



Department: Emergency Management
Policy Number: 07-01-01
Section: Code Orange
Subject: External Emergency
Date of Approval: July 2022
Revised: December 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 Home 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.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

External Air Exclusion (Chemical, Biological, Radiological, Etc.)

1. Any person who becomes aware of external air exclusion (chemical, biological, radiological, etc.) will:
 - a. Inform the Emergency Coordinator immediately.

2. The Emergency Coordinator will:
 - a. Tune into local radio (88.7 My FM) /television/internet for information and direction from provincial or community authorities.
 - b. Alert team members that an evacuation may be necessary.
 - c. 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".
 - d. Seal building so contaminants cannot enter by:
 - i. Ensuring that all windows and doors are closed.
 - ii. Sealing gaps under doorways, windows, and other building openings (indicate where supplies will be kept).
 - iii. Ensure that all heating, air conditioning, and ventilation systems remain off.
 - iv. Limit access to the building.



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- e. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
 - f. Initiate Code Green evacuation procedure as required.
3. All Team Members will:
- a. Close windows, doors and other openings to the exterior.
 - b. Turn off air conditioning, vents, fans, and heating equipment.
 - c. Take direction from the Emergency Coordinator.

Severe Weather/Wildfire

4. 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.
5. Any person who receives communication that severe weather is being forecasted/wildfires are drawing near will:
 - a. Inform the Emergency Coordinator immediately.
6. The Emergency Coordinator will:
 - a. Tune into their local radio station/television station/internet for updates on severe weather/wildfire warnings.
 - b. Advise team members, residents, and visitors of severe weather/wildfire warning.
 - c. 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.
 - d. Direct team members to have emergency supplies readily accessible.
 - e. Direct Maintenance team to verify that the generator is adequately fueled and in good working order.
 - f. Direct Maintenance team to arrange for additional fuel onsite as required.
 - g. Initiate Code Green evacuation procedure as required.

Earthquake



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7. 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.**
 - a. **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.
 - b. **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.
 - c. **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.

8. In the event of an earthquake, all Team Members will:
 - a. Protect self – drop, cover, and hold on.
 - b. Not attempt to assist others until the shaking stops.
 - c. Stay covered until the shaking stops.
 - d. Stay away from windows, bookcases, and other hazards.
 - e. If inside, stay inside. Do not attempt to exit.
 - f. Crawl under a strong table, counter, or desk if possible and hold onto the legs.
 - g. Do not stand in a doorway.
 - h. If outside, stay outside.
 - i. Move away from the building and power lines.
 - ii. Avoid overhanging structures.
 - iii. Remain in location until the shaking stops.

9. When the shaking stops:
 - a. Put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.
 - b. Alert residents, team members, and visitors to expect aftershocks.
 - c. Alert residents, team members, and visitors of fallen power lines and other hazards.
 - d. Attempt to continue operations onsite. Continue to provide essential care and service as much possible.



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- e. Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
 - f. Check the operating status of all telephones, and replace receivers on the bases.
 - g. Check for injuries: assess if anyone is injured and provide medical assistance where required, or call other team members for assistance.
 - h. Check for people who may be trapped: inspect residents' rooms, team centres, and other locations in your area. Leave doors to rooms open.
 - i. 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.
 - j. Do not evacuate until advised by the Emergency Coordinator. Check exit routes for damage and debris in the event that evacuation is required. Expect to clear corridors and doorways, or navigate disabled stairways.
 - k. Do not consume or distribute food or water unless you are certain it is free from contamination.
 - l. Do not flush toilets – conserve water.
 - m. Assess the damage to your designated area/RHA, and inform the Emergency Coordinator. 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 Emergency Coordinator of unsafe situations.
 - n. Report to the Emergency Coordinator.
10. The Emergency Coordinator will:
- a. Alert residents, team members, and visitors that fire alarms and sprinklers may activate.
 - b. Instruct residents, team members, and visitors to not leave the building due to potential danger of falling objects.
 - c. Instruct residents, team members, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
 - d. 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.



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- e. Contact emergency services, keeping in mind that the location may not be the only Home requesting assistance.
- f. 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.
- g. Take direction from Emergency Services personnel.
- h. Arrange for the building to be inspected before residents and team members are re-admitted.

Flood (External i.e. Due To Weather)

- 11. In the event of an external flood that may affect the building.
- 12. The Emergency Coordinator will:
 - a. Tune into local radio/television/internet for information and direction from provincial or community authorities.
 - b. Alert team members that an evacuation may be necessary.
 - c. 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”.
 - d. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
 - e. Initiate Code Green evacuation procedures as required.
- 13. In the event there is time and it is safe to do so, the Environmental Services Supervisor or designate will:
 - a. Shut down/de-energize utilities not necessary for urgent resident care to reduce ignition sources and damage.
 - b. Raise and relocate valuable and easily moveable equipment, furniture, and vital records to a higher elevation/upper floor wherever possible.
 - c. Close emergency valves to sewer drains.
 - d. Check sump pumps to ensure they are operable.
 - e. Ensure backup power supplies (i.e. generators) are functional.
 - f. 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.



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Community Disaster/Utility Failure

14. Any person who becomes aware of a community-wide disaster and/or utility failure will:
 - a. Inform the Emergency Coordinator immediately.

15. The Emergency Coordinator will:
 - a. Tune into local radio/television/internet for information and direction from provincial or community authorities.
 - b. Alert team members that an evacuation may be necessary.
 - c. 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”.
 - d. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
 - e. Initiate Code Green evacuation procedure as required.

16. All Team Members will:
 - a. Take direction from the Emergency Coordinator.

REFERENCES:

BC Interior Health Emergency Information: Wildfires:

<https://www.interiorhealth.ca/YourEnvironment/Emergency/Wildfires/Pages/default.aspx>

BC Interior Health Incident Report Online Portal:

<https://www.interiorhealth.ca/YourEnvironment/RCFacilities/IncidentReporting/Pages/RCIncidentReportForm.aspx>



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ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A – Code Orange – Severe Snow/Ice Storm Action Plans

Annex B – Code Orange - Severe Thunderstorms Action Plan

Annex C – Code Orange - Tornado Action Plan

Annex D – Damage Assessment Checklist

Annex E – Code Orange Debrief Checklist & Action Plan

BROCHURES: Not applicable.

DIRECTOR:

APPROVED
By Angela Malcolm at 3:21 pm, Dec 28, 2022



Department: Emergency Management
Policy Number: 07-01-02
Section: Code Orange
Subject: Emergency Reception Plan
Date of Approval: July 2022
Revised: December 2022

POLICY: The Home will provide support and act as an Emergency Reception site for other healthcare institutions/residences in crisis and in the event of certain community disasters.

PURPOSE: To ensure reciprocal support agreements to LTC / Retirement Homes have been put in place prior to an emergency.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. The Team Member who receives a request to use JMPC as an Emergency Reception site will:
 - a. Notify the Emergency Coordinator immediately.
 - b. Notify the Director/delegate immediately

2. The Emergency Coordinator will:
 - a. Assess the type of persons the Home is able to receive and inform the caller if the Home can accept them if they are not a prearranged “reception partner”.
 - b. Notify Director/delegate, and others as appropriate i.e. provincial regulatory authority, health authority.
 - c. Inform team members of the upcoming reception.
 - d. Determine the number of team members to be called back should additional team members be required to support the emergency situation.
 - e. Meet the evacuated public or residents in the main lobby upon their arrival.
 - f. Delegate team members to designated areas of the building where public/residents will be accommodated. The following two areas will need to be established (ideally located in the Education Centre and Staff Room to allow for entrance/exit via receiving or back staff entrance – this will minimize disruption to the rest of the Home):
 - i. Assessment Area.
 - ii. Holding Area.



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- g. Appoint one team member to identify each individual or resident by placing a temporary identification bracelet on their wrist and completing the Emergency Reception Registration Log.
 - h. Appoint team members/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
 - i. Direct team members to provide beverages/light snack to evacuated public or residents.
 - j. Direct Dietary team to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the Home if necessary.
 - k. Direct care and support teams as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).
3. Team Members will:
- a. Take direction from the Emergency Coordinator.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A – Reception Site

Annex B – Emergency Reception Registration Log

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 3:27 pm, Dec 28, 2022



Department: Emergency Management
Policy Number: 07-01-03
Section: Code Orange
Subject: Hot Weather
Date of Approval: July 2022
Revised: December 2022

POLICY: It is the policy of The John M Parrott Centre to have guidelines in place for the prevention and management of heat related illnesses.

PURPOSE: To ensure the health, safety and comfort of all residents & staff during the hot weather season.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

1. Heat Risk Assessments will be completed for all residents as per Nursing Policy 06-01-03.
2. Staff education will be held annually and will include but not be limited to:
 - a. Signs and symptoms of heat related illness.
 - b. Prevention and management of heat related illness.
 - c. Facility Emergency Plans.
 - d. Duties and responsibilities of all service areas under the plan.
3. The Emergency Plan (hot weather) will be reviewed with staff at their monthly staff meeting during the months of May & June.
4. The Facility Emergency Plan will be initiated by the Director or Designate when a "Level 1 Heat Alert" is declared by KFLA Public Health.
5. A level 1 heat alert is declared when outside temperatures are 36 degrees C or 36 humidex for 2 consecutive days with no smog advisory).
6. Follow current Guidelines for the Prevention and Management of Hot Weather – Related Illness in Long-Term Care Homes as per Appendix A attached separately.



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7. Copies of the Emergency Plan can be found at the Welcome Centre (emergency cupboard), centre core level 2 (near the photocopier), and the education room in the basement.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A – Extreme Temperatures Action Plans

Annex B – Signs, Symptoms & Treatment of Health Related Illnesses

APPENDIX: [APPENDIX A – Guidelines for the Prevention and Management of Hot Weather Related Illness in Long-Term Care Homes](#)

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 3:35 pm, Dec 28, 2022



Department: Emergency Management
Policy Number: 08-01-01
Section: Code Black
Subject: Bomb Threat/Suspicious Package/Device
Date of Approval: July 2022
Revised: December 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.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. All staff will:
 - a. Notify the Team Leader / Manager of any bomb threats or suspicious packages / devices.
 - b. Follow the direction of the Emergency Coordinator
 - c. Make every reasonable effort keep themselves, residents, team member and families safe.
 - d. Document and report, in detail, any suspicious communications, events or observations.
2. The individual receiving the threat will:
 - a. Remain calm and courteous.
 - b. Note the delivery method and location of the threat (if available)
 - c. Inform the Team Leader / Manager immediately.
 - d. Follow attached Code Black Procedures.
 - e. If the threat is received by telephone:
 - f. Not interrupt the caller.
 - g. Keep the caller on the line as long as possible.



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- h. Obtain as much information as possible by completing the Bomb Threat Telephone Checklist.
 - i. Call 911/contact police.
 - j. Notify Team Leader / Manager.
 - k. If the threat is a suspicious package / device:
 - l. Notify Team Leader / Manager
 - m. Do not touch, shake, bump, smell, taste, examine or move the package / device.
 - n. Follow direction of the Emergency Coordinator.
3. The Team Leader / Manager will:
- a. Immediately contact the police at (9)911.
 - b. Contact the Director or Designate.
 - c. Make available the bomb threat information in all areas in which an incoming call can be received.
 - d. Initiate a Code Black following attached procedure and assume the role as the Emergency Coordinator.
 - e. Determine whether to initiate Code Green evacuation procedures.
 - f. Follow direction from police and other emergency services personnel.

In The Event Of an Explosion

4. The Emergency Coordinator will:
- a. Ensure treatment of any residents, team members, visitors, or volunteers injured as a result of the emergency.
 - b. Photograph all damage as a result of the incident.
 - c. Preserve evidence in order to assist the police in their investigation.
 - d. Gather personnel directly involved and document in detail every action taken throughout the bomb threat once the threat is resolved.
 - e. Designate a team member to notify next of kin of any resident or team member who suffered trauma in the event.
 - f. Notify others as appropriate (i.e. provincial regulatory authority).
5. The Director or designate will:
- a. Determine if a Code Green and Relocation is necessary.
 - b. Alert the County Emergency Preparedness Team



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Recovery

6. Review all reports recommendations and documentation and implement necessary changes to processes.
7. Ensure the incident is reported to appropriate provincial authorities.
8. Conduct a general meeting within a week of the incident to debrief team members, residents, visitors, and volunteers on the outcomes and recommendations following the emergency.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A- Bomb Threat Quick Guide

Annex B- Bomb Threat Telephone Checklist

Annex C- Written Threat/Suspicious Package Checklist

Annex D- Debrief Checklist & Action Plan

BROCHURES: Not applicable.

DIRECTOR:

APPROVED
By Angela Malcolm at 3:37 pm, Dec 28, 2022



Department: Emergency Management
Policy Number: 09-01-01
Section: Code Brown
Subject: Internal Emergency (Spill / Leak / Hazard)
Date of Approval: July 2022
Revised: November 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 our Code Brown Emergency Plan.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S):

Minor Hazardous Spill: 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.

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

- a. A known substance that cannot be contained or cleaned up.
- b. A substance of significant quantity that poses an immediate risk to staff and residents.
- c. The material is unknown.
- d. A chemical reaction is present.
- e. 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:

- a. Stale, stuffy air.
- b. Occupants have symptoms of CO exposure (see below).
- c. The pilot light on gas-fired equipment keeps going out.
- d. A sharp odour of the smell of natural gas occurs when equipment turns on
- e. 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).
- f. Chalky, white powder on a chimney or exhaust vent pipe or soot buildup around the exhaust vent.



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- g. Excessive moisture on walls or windows in areas where natural gas equipment is on.
- h. CO detectors alarm.

Symptoms of Carbon Monoxide (CO) Exposure:

- a. Headaches.
- b. Nausea.
- c. Dizziness.
- d. Drowsiness or fatigue.
- e. Burning eyes.
- f. Confusion.
- g. Loss of coordination.

PROCEDURE:

General

1. Any person who suspects exposure to Carbon Monoxide will:
 - a. Call the fire department using 911 immediately.
 - b. Inform the Team Leader immediately.
2. The Team Leader will:
 - a. Contact the Maintenance staff on duty/or on call to identify proper shutdown of gas to equipment.
 - b. Shut down gas to equipment if Maintenance not available. This is located at the receiving ramp (Room 10). There is a yellow shut off wrench hanging in this room to shut off the gas.
 - c. 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).
 - d. Take direction from fire department
3. All Team Members will:
 - a. Open windows to ventilate the area.
 - b. Relocate residents, team members, visitors, and volunteers from the affected area immediately.



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- c. Take direction from the Team Leader.

Natural Gas Leak

4. Any person who suspects exposure to a natural gas leak will:
 - a. Call 911 from a phone located well away from the source of the leak.
 - b. Inform the Team Leader immediately.
5. The Team Leader will:
 - a. Instruct Maintenance staff or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
 - b. Shut off the valves if Maintenance not available. Room 4A is the location of the shutoff valves. There is a sign located in this room that provides further direction.
 - c. Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
 - d. Notify the gas company from a phone located well away from the source of the leak.
 - e. Gas company name: Enbridge Gas
 - f. Gas company Emergency # 1-866-763-5427
 - g. Take direction from Emergency Services personnel.
6. All Team Members will:
 - a. Not smoke or use electrical devices including cell phones.
 - b. Not turn the power on and off.
 - c. Advise visitors/volunteers to not smoke or use electrical devices including cell phones.
 - d. Take direction from the Team Leader.

Biological/Chemical Threat

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



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- a. Immediately ensure all persons are relocated to an area away from the release.
 - b. Call 911.
 - c. Inform the Team Leader immediately.
8. The Team Leader will:
- a. Direct team members to evacuate as many residents from the contaminated area as possible if it can be done without become a victim.
 - b. Direct team members to evacuate everyone in the building outside if it is safe to do so.
 - c. Organize a calm evacuation as per Code Green Stat evacuation process.
 - d. Check that building is secure.
 - e. If an evacuation outside of the building is not possible, move everyone in the building upwards to the second floor (many agents are heavier than air) or to an adjacent fire zone if movement to the second floor is not practical.
 - f. Direct team members to seal off the contaminated area by closing fire doors and sealing gaps under doorways, windows, and other building openings.
 - g. Direct maintenance team to turn off heating, air conditioning, and ventilation systems.
 - h. Take direction from Emergency Services personnel.
9. All Team Members will:
- a. Take direction from the Team Leader.
 - b. If splashed with a chemical agent, immediately wash if off using ONLY water.

Liquid / Chemical / Gas Spill

10. Any person who discovers a liquid/chemical/gas spill or leak will:
- a. Inform the Team Leader immediately.
11. The Team Leader will:
- a. Keep team members, residents, volunteers, and visitors clear of the area.



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- b. Contact the maintenance staff in the building or on call or designate to investigate and together determine the appropriate actions.
- c. If no leak or spill, complete Incident Report.
- d. If leak/spill found:
 - a. Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
 - b. Determine the nature, extent, and cause of the spill/leak;
 - c. Instruct team members to use the Spill Kit stored in the Environmental Storage Room RM#8 or in the Emergency Cupboard in the reception area (additional location) in order to contain the leak.
- e. If required, advise the Director that a Code Brown should be called. This may involve evacuation of the affected area.
- f. If the spill is unmanageable contact professional assistance.
- g. Environmental spill emergency company: **Drain All**
- h. Environmental spill emergency # **1 (800) 265-3868**
- i. If required, call 911 to get Emergency Services assistance.
- j. Take direction from emergency services personnel.
- k. When the situation is under control, advise the Communications Coordinator to announce "Code Brown – All Clear".
- l. Complete Incident Report (with assistance from maintenance team involved).

12. The Environmental Services Supervisor or designate will:

- a. Attend on scene of spill/leak as directed by the Team Leader.
- b. If required, assist the Team Leader with duties.
- c. If required, assist Communications Coordinator to announce code and then "All Clear" signal.
- d. Assist emergency services as required.
- e. Assist Team Leader in completion of Incident Report.

13. The Communications Coordinator will:

- a. Announce "Code Brown" and "All Clear" as directed by Team Leader.
- b. Take directions from the Team Leader.

14. Team Members in the affected area will:



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- a. Keep team members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the Team Leader/Environmental Services Supervisor/Delegate.
- b. Take directions from the Team Leader.
- c. Refer to SDS if chemical is known for PPE requirements, clean up procedures and proper disposal.

15. All Team Members will:

- a. Take directions from the Team Leader.
- b. Keep out of the area.
- c. Reassure residents, visitors, and volunteers as appropriate.

16. NOTE: Spill Kit contents include:

- a. Code Brown Policy 10 Sorbent Pads.
- b. SM, MED, LR chemical resistant gloves.
- c. 5-26x36" 3mil Disposal Bag.
- d. Eye protection.
- e. Chemical resistant gown.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

Annex A – Spill Kit Instructions

Annex B – Debrief Checklist & Action Plan

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 7:15 pm, Jan 03, 2023



Department: Emergency Management
Policy Number: 10-01-01
Section: Code Blue
Subject: Medical Emergency
Date of Approval: July 2022
Revised: December 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 Homes Code Blue Emergency Plan.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. Upon discovering a medical emergency, Team Members will:
 - a. Shout to nearby team members “Code Blue” and as applicable pull call bell and phone Nurse.
2. The Nurse/Manager in charge will:
 - a. Respond to site.
 - b. Direct a team member to call 911 for an ambulance and notify POA/Responsible Party/Next of Kin.
 - c. Direct appropriate resuscitation procedures until arrival of paramedics.
 - d. In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles.
 - e. For residents, confirm DNR order/status to find out if resident requires CPR or not.
 - f. Continue resuscitation procedures or comfort measures as applicable until arrival of 911.
3. The Nurse or designate will:
 - a. Complete transfer forms (as applicable) and give to ambulance attendants (paramedics).
 - b. Notify POA / family member of transfer to hospital.



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c. Ensure all resuscitation equipment is replenished and cleaned following the emergency.

4. All Team Members will:

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

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

ANNEXES:

Annex A – Management of a Choking Resident

Annex B – Cardiac Arrest Quick Guide

Annex C – Debrief Checklist & Action Plan

BROCHURES: Not applicable.

DIRECTOR: _____

APPROVED
By Angela Malcolm at 4:47 pm, Dec 28, 2022



Department: Emergency Management
Policy Number: 11-01-01
Section: Code Grey
Subject: Infrastructure Loss/Failure
Date of Approval: July 2022
Revised: December 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 Home's Code Grey Emergency Plan.

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

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

Elevator Entrapment/Failure

1. Any person who discovers that someone is trapped in an elevator/elevator failure will:
 - a. Inform the Emergency Coordinator immediately.
2. The Emergency Coordinator will:
 - a. Call Code Grey.
 - b. Contact the Environmental Services Supervisor and the elevator service company immediately and determine their estimated response time.
 - c. Elevator Service Company Name: Otis Elevator.
 - d. Elevator Service Company Contact Information: OTISLINE – 1 (800) 233-6847.
 - e. Where to find Elevator Service Company information: Elevator Mechanical Rooms (RM#27 and RM#29).
 - f. Attempt to determine where the elevator is stopped.
 - g. 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.



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- h. Reinforce to occupants to not force the doors open and remain calm.
 - i. 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.
 - j. Call 911 if the occupant(s) is in distress or their health status cannot be determined.
 - k. Follow the directions of the elevator service technician or emergency services when they arrive on scene.
 - l. Take the elevator out of service until the necessary repairs are made.
 - m. How to take elevator out of service i.e. location of switch: Elevator disconnect switches are located in RM#27 (west elevators) and RM#29_ (East Elevator).
3. Post out of order signage on each floor and instruct team members, residents and visitors to use alternate elevators.

Roof Collapse

4. Any person who suspects that there has been a roof collapse will:
 - a. Inform the Emergency Coordinator immediately.
5. The Emergency Coordinator will:
 - a. Instruct building maintenance personnel to immediately assess the situation i.e. snow or ice on roof needing to be removed immediately, etc.
 - b. Direct team members to relocate residents, visitors, and themselves from the affected area(s) of the building following the fire emergency procedures.
 - c. Call 911 from a phone located well away from the area affected.
 - d. Take direction from Emergency Services personnel.
6. All Team Members will:
 - a. Take direction from the Emergency Coordinator.

Electrical Power Failure



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7. Any person who becomes aware of a major electrical power failure will:
 - a. Notify the Emergency Coordinator immediately.

8. The Emergency Coordinator will:
 - a. Contact Maintenance or on call Maintenance staff. Direct team members to monitor all doors and high risk residents for elopement.

9. The Nurse will (where applicable):
 - a. Identify needs of residents for power (G-Tube, IV, Oxygen, Air Mattresses, etc.).

10. All Team Members will:
 - a. Carry a flashlight. (Located in the Emergency Cupboard at Reception)
 - b. Provide residents with night light as needed.
 - c. Take direction from the Emergency Coordinator.

11. The JMPC has an Emergency Generator that activates immediately upon detection of loss of power and supplies 100% back up power to all aspects of the Home.

12. The Maintenance Team will:
 - a. Ensure the Emergency Generator activated immediately and monitor to see that it is working correctly.
 - b. Determine the estimated length of disruption and affected area by checking Hydro One Storm Centre Outage Map at [Stormcentre \(hydroone.com\)](https://www.hydroone.com) or by calling 1-800-434-1235 and update the Emergency Coordinator.
 - c. Inspect the generator, life safety systems and building automation system every 30 minutes and complete required documentation.
 - d. Ensure that all lights and Generator powered equipment is working.
 - e. JMPC generator is capable of running all components within the Home for a minimum of five days.



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- f. Maintain an adequate supply of flashlights, batteries, and extension cords that are readily available to team members.
- g. Supplies located in: Emergency Cupboard at Reception.
- h. Check fuel supply and activate procedure for delivery of additional fuel as needed.
- i. Procedure for delivery of additional fuel: Call Upper Canada Fuels 613-354-6505.
- j. Contact the Environmental Services Supervisor in the event of a prolonged outage greater than 8 hours.
- k. Maintenance staff must stay onsite for the duration of the outage. Depending on the estimated length of the outage rotating Maintenance shifts may be implemented.

Fire Protection System Failure

- 13. Any person who suspects that the Fire Protection System is not working will:
 - a. Inform the Emergency Coordinator immediately.

- 14. The Emergency Coordinator will:
 - a. Notify all team members that a fire watch has been initiated.
 - b. The Emergency Coordinator will notify all registered staff.
 - c. 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.
 - d. Assign team member(s) to monitor/complete Occupant Safety Measures Checklist (Annex J) for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.
 - e. Assign one team member to post Fire Watch signs at all entrance doors, information centres, main kitchen, laundry, and in elevators.
 - f. Notify Environmental Services Supervisor.

- 15. All Team Members will:
 - a. Complete monitoring and Fire Watch Checklist as assigned.
 - b. Take direction from the Emergency Coordinator.



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16. The Environmental Services Supervisor will:
- Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
 - Fire Protection Service Supplier: Troy Life and Fire Systems
 - Fire Protection Service Supplier Contact Info.: 613-389-9500
 - Location of Fire Protection Service Supplier Contract: Environmental Service Supervisors Office RM#14
 - Fire Department Contact Info.: 613-354-3351

Total Loss of Heating System

17. Any person who becomes aware of a major or total failure of the building's heating system will:
- Notify the Environmental Services Supervisor and/or Emergency Coordinator immediately.
18. The Environmental Services Supervisor or designate will:
- 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: E.S. Fox Limited.
 - HVAC heating system contractor service provider Contact Info.: 613-549-4396.
 - Location of HVAC heating system contractor service provider Contract: Environmental Services Supervisors Office RM#14.
 - Review Evacuation plan and prepare to institute if estimated time for repair is greater than 12 hours.
 - Notify CAO of County of Lennox & Addington to access other County resources.
 - Review and implement policy on required interventions during Extreme Cold Conditions.
 - 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.



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- i. Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- j. Direct team members to move residents to inner core of building away from exterior walls if temperatures drop to less than 20°C.
- k. Implement evacuation plan if building temperatures fall below 15°C.

Total Loss of Cooling System

19. Any person who becomes aware of a major or total failure of the building's cooling system will:

- a. Notify the Environmental Services Supervisor and/or Emergency Coordinator immediately.

20. The Environmental Services Supervisor or designate will:

- a. Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
- b. HVAC cooling system contractor service provider: E.S. Fox Limited.
- c. HVAC cooling system contractor service provider Contact Info.: 613-549-4396.
- d. Location of HVAC cooling system contractor service provider Contract: Environmental Service Supervisors Office RM#14.
- e. Notify the manager/nurse in charge or designate.
- f. Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
- g. Notify support services office.
- h. Review and implement Management of Risk Associated with Extreme Heat policy.
- i. 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.
- j. Direct team members to ensure all exterior windows are closed and curtains are drawn closed.
- k. Direct Maintenance to place in operation any fans available to provide additional comfort to residents.



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- I. Direct team members to move residents to inner core of building away from exterior walls.

Loss of Potable Water

21. Any person who becomes aware of a major or total failure of the building's water system will:
 - a. Notify the Environmental Services Supervisor and/or Emergency Coordinator immediately.

22. The Environmental Services Supervisor or designate will:
 - a. Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
 - b. Notify the local system contractor service provider of the failure and ask for expedited service call to correct.
 - c. System contractor service provider: Greater Napanee Utilities.
 - d. System contractor service provider Contact Info.: 613-354-3351.
 - e. Location of system contractor service provider Contract: Environmental Service Supervisors Office RM#14.
 - f. Request an estimated time to correct following the initial investigation.
 - g. Notify Greater Napanee Fire Services of disruption of services 613-354-3351.
 - h. Implement Fire Watch procedures (See Fire Protection System Failure).
 - i. Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours.
 - j. Notify support services office.
 - k. Direct Maintenance to search for leaks / shut off water i.e. at localized appliance.
 - l. Implement emergency water rations for residents as required (i.e. boil water advisory).
 - m. Contact water Haulage Company for emergency water supply.
 - n. Water haulage company name: Shelin Pools.
 - o. Water haulage company contact: 613-354-4391.



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Internal Flood (I.E. Burst Pipes)

23. Any person who becomes aware of an internal flood will:
- a. Notify the Environmental Services Supervisor and/or Emergency Coordinator immediately.
24. The Emergency Coordinator or designate will:
- a. Call Code Grey.
 - b. Direct Maintenance to turn off water supply at main valve and shut off electricity to affected parts of the building.
 - c. Main valve location: Main Sprinkler Room RM#4A.
 - d. Main valve # 440.
 - e. Electricity shut off location: Main Electrical Room RM#4.
 - f. Contact a plumber.
 - g. Plumber: Jaynes Plumbing.
 - h. Plumber Contact Info: 613-377-6648.
 - i. Direct Maintenance to turn on faucets and flush toilets in the basement to drain pipes and relieve pressure.
 - j. Implement emergency water rations for residents as required (i.e. boil water advisory).
 - k. Manage any relocation of residents as required whose rooms may have been affected.
 - l. Remove electronics, furnishings, equipment, files, etc. in danger of water damage.
 - m. If needed, reach out to County Property Services for additional support for remedy of any water damage/services required to be engaged with external provider.
 - n. Determine whether to initiate partial or full Code Green evacuation.
25. Team Members will:
- a. Begin water cleanup as directed.
 - b. Set up fans, dehumidifiers, etc. as directed.
 - c. Clean any areas or items damaged by water.



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Mag Locks Failure

26. Any person who suspects that the Mag Locks are not working will:
 - a. Inform the Emergency Coordinator immediately.

27. The Emergency Coordinator will:
 - a. Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
 - b. Instructions to reset mag locks: Insert Key and turn until red light is illuminated.
 - c. Location of station: Main Entrance Vestibule (beside fire panel) and Basement Education Room RM#17 (beside fire panel).
 - d. Assign team members to monitor exit doors until the problem is resolved.
 - e. Assign team members to complete a resident room check using Occupant Safety Measures Checklist (Annex J) and complete an ongoing walk about every fifteen minutes until system is reactivated.

28. All Team Members will:
 - a. Complete room check and monitor exits as assigned.
 - b. Take direction from the Emergency Coordinator.

29. The Environmental Services Supervisor or Director will:
 - a. Obtain immediate assistance (service response) from mag lock (security system) supplier.
 - b. Mag lock/security system supplier: Cimtel.
 - c. Mag lock/security system supplier Contact Info.: 1 (866) 727-8340.

Telephone System Failure

30. Any person who becomes aware of a landline telephone system failure will:
 - a. Inform the Emergency Coordinator immediately.

31. The Emergency Coordinator will:



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- a. Call Code Grey.
- b. Notify Director, MON, ESS, or designate.
- c. Use cell phone to contact the IT Staff on call (if issue occurs outside of business hours).
- d. Notify residents and post signage.

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

- a. Inform the Emergency Coordinator immediately.

33. The Emergency Coordinator will:

- a. Call Code Grey.
- b. Notify Director, Manager of Nursing, and Environmental Services Supervisor or designate.
- c. Use landline phone to contact the IT on call staff (if issue occurs outside of business hours).
- d. Determine alternative communication methods.
- e. Notify residents and post signage.

External Air Exclusion (Button Down)

34. Button-down restricts entry of contaminated air entering the building. Upon notification that Button-down is required the following will occur:

- a. The Emergency Coordinator will have a staff member announce Code Grey – Button Down.
- b. The Emergency Coordinator will instruct Maintenance staff to shut down all HVAC units and air handling system via the Building Automation System (BAS) or by physically disconnecting the HVAC breakers in room # C261)
- c. The Emergency Coordinator will instruct Laundry staff to shut down all dryers.
- d. The Emergency Coordinator will instruct Kitchen staff to shut down all gas fired equipment and the kitchen range hood.
- e. Staff will ensure all windows are closed and cranks removed to prevent opening.



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- f. One staff member will be posted at the front door to restrict access to the Home.
- g. Residents will be instructed to stay inside, staff will monitor residents for signs of illness.
- h. The Director and all Managers will be notified of the incident and will respond to the home.

Loss of Gas

- 35. In the event of a gas leak the Emergency Coordinator will contact Maintenance staff on duty or on-call.
- 36. The Emergency Coordinator will instruct staff to remove everyone from the affected area and ensure the area is isolated.
- 37. Maintenance staff will shut off and lock out any gas valves to isolate the leak.
 - a. The main gas valve is located on the east side of the receiving ramp. A shut off key is located inside the receiving area doors (Large Yellow Wrench).
 - b. Maintenance staff will call the gas provider to report the gas leak and obtain an estimated response time.
 - c. Gas Company: Enbridge Gas
 - d. Gas Company Contact: **1 (866)763-5427**
 - e. All ignition sources will be avoided including, light switches, power outlets, vehicles and equipment.
 - f. For a leak at the Main Gas Valve the receiving ramp will be isolated and deliveries directed to the main entrance. The automatic transfer switch will be turned to "OFF" to eliminate the ignition risk caused by the emergency generator.
- 38. For extended outages families may be notified of the disruption and possible relocation or residents.



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Policy Number: 11-01-01
Section: Code Grey
Subject: Infrastructure Loss/Failure
Date of Approval: July 2022
Revised: December 2022

Internet / Computer Outage

39. Upon noticing a disruption or loss of internet / computer the Team Leader will implement paper documentation for EMAR and PCC.
40. Notify the Manager of Nursing / Assistant Manager of Nursing.
41. Contact Lennox and Addington IT support.

ADDITIONAL NOTES: Not applicable.

ANNEXES:

- Annex A- Emergency Power Supply Inventory
- Annex B – Fire Watch Sign
- Annex C – Fire Watch Checklist
- Annex D – Action Plan – External Air Exclusion (Button-Down)
- Annex E – Action Plan – Gas Leak/Loss of Supply
- Annex F – Action Plan - Water Outage
- Annex G – Action Plan – Internet/Computer Outage
- Annex H – Actions – Power Outage
- Annex I – Debrief Checklist & Action Plan
- Annex J- Occupant Safety Measures Checklist

BROCHURES: Not applicable.

DIRECTOR:

APPROVED
By Angela Malcolm at 12:48 pm, Dec 29, 2022



Department: Emergency Management

Policy Number: 12-01-01

Section: Code Purple

Subject: Active Shooter / Armed Intrusion / Hostage Situation

Date of Approval: July 2022

Revised: December 2022

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

Note: Code Purple 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 Purple is called. When a Code Purple 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.

PURPOSE: As per policy statement.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

General

1. Any person who becomes aware of an intrusion by an armed person, an active shooter, or a hostage taking incident will:
 - a. Call 911 as soon as possible. Be prepared to provide JMPC address, name, contact information, and any other relevant information.
 - b. Announce/communicate Code Purple and exact location.
 - c. Notify the Team Leader as soon as possible.

Team Members Who Are In the Immediate Area of Assailant

2. Do NOT attempt to engage the assailant. This includes verbal and physical attempts to deescalate the situation.
3. Remain calm and evacuate:
 - a. Do not confront a person with a weapon
 - b. Do not attempt to remove wounded persons from the scene



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Section: Code Purple

Subject: Active Shooter / Armed Intrusion / Hostage Situation

Date of Approval: July 2022

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- c. If possible, assist others to leave the area and redirect those trying to enter
- d. Evacuate if able and safe to proceed:
 - i. Only evacuate if you are close to an exit and can get there safely, without attracting attention.
 - ii. Have an escape route and plan in mind.
 - iii. While evacuating, keep hands visible at all times (not to be mistaken for the shooter).
 - iv. Leave any belongings behind.
4. If unable to evacuate, hide:
 - a. Use rooms with doors that lock.
 - b. Barricade the door with heavy furniture.
 - c. Silence your cell phone and turn off any sources of noise (e.g. radios, televisions, etc.).
 - d. Hide behind large objects (e.g. cabinets, desks, walls, etc.).
 - e. Remain quiet and low to the ground.
5. Survive:
 - a. Fight only as a last resort and only if your life is in imminent danger.
 - b. Attempt to disrupt and/or incapacitate the assailant by: Acting as aggressively as possible against them, throw items and improvising weapons, yelling, and commit to your actions.
 - c. If others are available, work together to distract and attack the assailant as fiercely as possible.
6. Call Team Leader as soon as possible:
 - a. Tell them to initiate Code Purple.
 - b. Give as much information as possible, including:
 - i. Location of the assailant(s) (current, last known, and/or direction headed).
 - ii. Type of weapon(s) if known.
 - iii. Description of the assailant(s).
 - iv. Any comments or demands made by the assailant.
 - v. Information on victims and/or hostages.
 - vi. Any other information you feel may be relevant.



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- c. Remain on the line, and follow instructions of the Team Leader (stay as quiet as possible).

Team Members Who Are in the Areas near The Code Purple Location

7. If you can leave safely, evacuate:
 - a. Remain calm and follow Police/Security direction, if available.
 - b. Quickly leave the area, evacuating as many residents and other people as possible.
 - c. Redirect any people entering the area to evacuate to a safe location.
 - d. Move to a safe, pre-determined meeting point (if possible).
 - e. Charge Nurses/delegate: once at meeting point, perform a head count to determine if your team is accounted for.

8. If you cannot leave safely, hide:
 - a. Protect yourself and individuals in your area by quickly and quietly:
 - i. Closing doors, locking and barricading yourself and others inside (where possible).
 - ii. Positioning people out of sight and behind large items that offer protection. (e.g., behind desks, cabinets, and away from windows).
 - iii. Silencing personal alarms, mobile phones and other electronic devices (e.g. TVs, Radios, etc.).
 - iv. Turning off monitors and screens (where possible) to reduce backlighting.
 - v. Instructing others, who are capable of assisting, to do the same with other resident rooms (i.e. visitors may assist with the resident they are visiting).
 - b. If able and safe to do so, call 911 to report where occupants are hiding.
 - c. Do not use the telephone unless directly related to the Code Purple. Medical Emergency Codes will not be called for victims of the assailant until the incident site is secured by Police.
 - d. Hide in place until "Code Purple, All Clear" is announced.
 - e. If the assailant enters your work area, contact 911 if it is safe to do so.

Team Members Who Are In Other Locations within the Building



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Section: Code Purple

Subject: Active Shooter / Armed Intrusion / Hostage Situation

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9. Do not attempt to return to your department.
10. Follow the instructions of the Team Leader/Charge Nurse/Supervisor in your current location.
11. Lock down all external doors and doors between areas.
12. Stay where you are, protecting yourself and assisting others in your area, if possible.
13. Divide into small mixed groups of team members, residents, and visitors. Hide in resident rooms, meeting rooms, bathrooms, offices, etc.; wherever is available and safe to do so.
14. Advise residents, visitors, and others to hide; ask them to remain calm, quiet, and to avoid using their phones, any other electronic device, or posting to social media.
15. Move away from exposed windows, walls, and doors. Cover interior windows if able. Lay on floor, under/behind furniture. If possible, hide against the wall that is on the same side as the door into the room. The room must appear empty.
16. Minimize movement within the area to essential, safety-related matters.
17. Silence personal alarms, mobile phones, and other electronic devices.
18. Do not use the telephone unless directly related to the Code Purple incident.
19. Charge Nurses: Once lockdown of the area is complete, and only if safe to do, perform a headcount.



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Section: Code Purple

Subject: Active Shooter / Armed Intrusion / Hostage Situation

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20. Police must approve all movement throughout the building, until the Code Purple has been cleared. This includes responding to other codes and resident care needs.

21. The Team Leader will:

- a. Call 911 immediately and inform them of the details.
- b. Initiate Building Lockdown procedure.
- c. Warn others in the immediate area of danger and prevent anyone from entering the area.
- d. Delegate a person, if safe to do so, to meet the police at the front door and provide information required (i.e. location, weapon, hostage, etc.).
- e. Ensure that any victims receive medical treatment if it can be provided without putting anyone else in danger.
- f. Take direction from police upon their arrival.

Upon Arrival of Police

22. Law enforcement personnel are the primary responders and will assume control in any Code Purple response.

23. Do not interfere with the Police Officers by delaying or impeding their movements: The Police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

24. Police Officers will be responding with the intent to use a required level of force to diffuse the situation. Ensure you do not present yourself as a threat to them:

- a. Drop any items in your hands (e.g. bags, jackets, etc.).
- b. Immediately raise hands and keep them visible at all times.
- c. Remain calm and follow Officers' instructions; avoid screaming and/or yelling.
- d. Avoid making quick movements toward Officers.
- e. Do not attempt to grab hold of an Officer.



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- f. Do not stop to ask Officers for help or direction when evacuating: Proceed in the direction from which Officers are entering the area or take direction from the Team Leader.
25. Police Officers may:
- a. Be wearing normal uniforms or tactical gear, helmets, etc.
 - b. Be armed with rifles, shotguns and/or handguns.
 - c. Use chemical irritants or incapacitating devices (e.g. pepper spray, stun grenades, Tasers, etc.) to control the situation.
 - d. Shout commands and may push individuals to the ground for their safety.
26. Rescue teams comprised of additional Officers and emergency medical personnel may follow the initial Officers when it is safe to do so. These rescue teams will treat and remove any injured persons. They may also call upon able-bodied individuals to assist in removing the wounded from the area.
27. Once you have reached a safe location, you will likely be held in that area by Police until the situation is under control and all witnesses have been identified and questioned. Do not leave the safe location until Police have instructed you to do so.

Recovery

28. Police will advise the Team Leader (or designate) when it is safe to end the Code Purple.
- a. Once the Police have said it is safe to do so, announce *“Code Purple, All Clear”*.
 - b. Team members should return to their work area for debriefing. Team members from the affected area should go to a designated meeting point.
 - c. The Home will consider how to address any operations that may not be immediately available post-incident. This may occur if the affected area is secured for investigation, or if damage to facilities and equipment inhibits their use.
 - d. As soon as possible, the Team Lead/Management Team should conduct a debriefing, including participation of any responding law enforcement and internal security personnel.



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- e. As part of the recovery process, the Home will consider the physical and mental health needs of all team members, residents, visitors, and families. Support will be provided, utilizing existing and additional identified programs (e.g. Employee Assistance Program (EAP), individual and group counselling, Peer Support Team).
- f. Team members should speak with their supervisor regarding any specific concerns, needs, or considerations.

ADDITIONAL NOTES: Not applicable.

ANNEXES: Not applicable.

BROCHURES: Not applicable.

DIRECTOR:

APPROVED

By Angela Malcolm at 12:53 pm, Dec 29, 2022



Department: Emergency Management
Policy Number: 13-01-01
Section: General
Subject: Information Technology
Date of Approval: April 2011
Revised: December 2022

POLICY: It is the policy of The John M. Parrott Centre to provide direction on information technology.

All users of the County of Lennox and Addington's Information Technology (IT) are responsible to know and comply with County policies for acceptable usage and to conduct themselves accordingly when using corporate resources.

The policies are in place to address various risks, including security, resource capacities, system responsiveness and legal liability. The policy covers all IT systems and includes, but is not limited to, hardware (such as servers and computers), software, equipment (such as printers, terminals, and CD/DVD drives), communication lines, Internet and email).

PURPOSE:

The County is committed to encouraging the appropriate use of IT systems. This resource will be used strictly for the purposes of municipal government in a safe and secure manner.

Information Technology is a resource which shall be used strictly by those employees authorized to do so by their Director and for purposes directly related to the performance of their duties. IT access are tools for business and administrative communication and are not intended for personal or non-business purposes. The use of Information Technology must also comply with relevant legislation.

The purpose of policy is to minimize the risk of unacceptable and unlawful behavior, and to ensure that the Corporation of the County of Lennox & Addington is protected against:

- a. Security threats.
- b. Internet threats.
- c. Liability (civil or criminal) from illegal activities perpetrated on corporate systems.
- d. Liability (civil) arising from violations of software licensing and copyright laws.
- e. Loss of productivity.
- f. Misuse of resources for business or non-business activities.
- g. Spending beyond planned IT resources capabilities.



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Employees shall ensure that they will use the Information Technology in accordance with the procedures outlined in this policy.

APPLICATION: Not applicable.

DEFINITION(S): Not applicable.

PROCEDURE:

Individual Authorization and Access

1. Employees requiring computer related access will receive individual authorization to a user account(s). These should not be shared with any other employee. Using an account or user identifier other than the employee's personal account is strictly prohibited.
2. Password usage is a critical aspect of Information Technology security.
3. Passwords must:
 - a. Be used to prevent unauthorized access to IT resources: local computers, networks, servers, data and specific applications.
 - b. Include random combinations of letters, digits, and capital letters that are not easy for others to guess.
 - c. Be changed frequently, or be changed immediately if they are suspected as being compromised through loss or disclosure.
 - d. Be protected from the view of other people when entered.
 - e. Not be shared with other employees.
4. Employees must take every precaution to safeguard access to their accounts.
5. Employees have a responsibility to ensure that confidential information displayed on a computer screen is not available for viewing by unauthorized persons especially while the computer is unattended. Employees who have access to and can display confidential information should use monitor privacy



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screens and are directed to clear their screen and lock the computer when they leave their workstation unattended for brief periods of time. Employees who are leaving the computer unattended for longer periods of time are directed to log off.

Procedures for Handling IT Related Information

6. All IT information created or managed should be handled in the same professional and confidential manner as letters, faxes, memos, or other forms of business communication. For example, employees may inadvertently open email sent in error and meant for another recipient. In such cases, advise the sender immediately so that the email can be re-sent, and delete the improperly sent item, thereby preserving another's privacy and security.
7. Employees should exercise caution in storing, copying, opening, and/or executing any form of electronic information. Users are responsible for the proper storage of their IT related information.
8. Each user is responsible for checking potential threats, such as viruses, spyware and adware, of all files downloaded from the Internet or introduced through external sources such as floppy disks, DVD's, USB flash drives etc. Staff must report any virus incidents to the Director immediately.
9. Employees are encouraged to read their e-mail frequently and respond within an appropriate time frame (typically within one working day).
10. The use of any chat related software and the like shall not be permitted, unless approved by the Director.
11. Employees must report the presence of any IT resource and/or usage that is not permitted under this Policy.



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Procedures for Downloading the Storage of Files and Software

12. Only business related materials may be downloaded and stored on the County Computer software systems. (See County policy on Copyrights.)
13. Files, software, (including freeware and shareware), music and video should not be downloaded and installed on the employee's computer without prior approval from the Director.
14. Downloading and storing copyrighted material on corporate equipment without the express written consent of the copyright owner is forbidden.
15. Only properly licensed and/or registered copies of software may be installed at any time on an employee's computer. License keys are not to be copied or removed.

Procedures for Handling Removable Media

16. Employees have a responsibility to protect the County's data and processing infrastructure.
17. Employees require management approval before attaching removable media devices to corporate IT systems.
18. Employees must ensure that a storage device (e.g. USB key/memory stick, CD, DVD, removable hard drive etc.) does not contain the only working copy of data.
19. Employees are directed to scan removable media before inserting or attaching the media to a corporate workstation or network. Removable media should be encrypted whenever possible.
20. Removing media from the property (such as hard drives or media tapes) should be logged.



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21. Removable media must be kept in a secure environment that avoids exposure to unauthorized persons.

Prohibited Use

22. Employees must not intentionally or knowingly utilize corporate IT resources to:

- a. Access another user's account(s).
- b. Access IT resources for unauthorized purposes.
- c. Access information with content that engages in, educates on, or encourages illegal practices.
- d. Access information that contains content, language and/or images that are offensive, disruptive, obscene, profane, intimidating, threatening, or harassing.
- e. Access information that contains pornography, or promotes violence or access to weapons.
- f. Access information that contains content, language and/or images contrary to Human Rights Codes (that may offend on the basis of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, age, sex, record of offences, marital status, sexual orientation, family status or disability).
- g. Send or forward religious, political, or commercial messages, chain letters, promotional messages for personal gain, messages for employee solicitation, or messages that are forged, or email inappropriate content such as pornography, racist material or any material in possible violation of Human Rights Code.
- h. Disclose or expose confidential, private or proprietary information stored on corporate systems by unauthorized copying of corporate data and licensing information.
- i. Engage in the piracy of copyrighted materials such as software, music, videos, movies and literature (which has the potential to make the employee and the corporation liable and susceptible to copyright infringement action).
- j. Engage in activities that may pose a risk to the user and/or the corporation e.g. dating sites, chat rooms, gambling websites, etc.



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- k. Engage in private business use or excessive personal use.
- l. Negligently or deliberately introduce any form of computer virus or malware into the corporate network.
- m. Transmit anonymous information.
- n. Remove equipment without management approval.
- o. Delete information subject to retention policies.
- p. Change computer configurations (such as through the use of unauthorized boot disks, circumventing computer security measures, or probing security).
- q. Stream personal media across business networks

Confidentiality and Privacy

- 23. Confidentiality and privacy must be maintained in order to protect corporate, supplier, client and employee information and to comply with federal and provincial legislation. Most corporate information and data stored on or available through computer systems is confidential and proprietary to the organization. As part of employee orientation all employees will be asked to sign confidentiality and non-disclosure agreements.
- 24. IT systems are not to be used for the purpose of collecting, using and disclosing personal information. Collection, use and disclosure of personal information over the email system may result in a violation of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and could result in court proceedings against the individual or the County.
- 25. Due to the inherent characteristics of email systems, correspondence via email is not guaranteed to be private. Users should be aware that email messages can be recovered from the system even though they may have been deleted by the user.



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Freedom of Information

26. All electronic documents that are created by or with the County's Information Technology equipment, including Internet related systems, are records for the purposes of the MFIPPA and may be a public record for the purposes of the Act.

Personal Use of IT Equipment

27. Occasional personal use of Information Technology is permitted provided such is reasonable and conducted in accordance with this Policy. If an employee has any concerns, they should seek assistance from their management representative.

28. Personal use will be treated the same as business use, and subject to monitoring.

County Rights

29. All IT information created, sent, or received using the County's IT systems, including any items or programs downloaded from the Internet, are the property of the County.

30. The County manages, consistent with available technology, the privacy and security of Information Technology, including electronic data or transmission.

31. Employees are advised as follows:

- a. The County reserves the right to log, monitor, access and disclose the contents of all Information Technology usage and content without notification to its users; assistance from IT staff may be required, when approved by the Director and/or C.A.O/Clerk, to monitor access and/or redirect information for propriety, legal ramifications, or investigation of reported violations.
- b. Proxy access to electronic mailboxes should be limited and authorized by the Director; the individual providing proxy access is responsible for all information released.



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- c. All files, email messages and activity logs may be backed up or recorded and stored centrally.
- d. Personal use of corporate Information Technology equipment is subject to review, access or deletion by the County without notice to the employee.

Disclaimer

- 32. The County will not be responsible for any misuse of County IT systems. Employees found to be misusing the County's IT systems will be responsible for any costs or damages sustained by the County or a third party and those employees will be required to indemnify the County for any claim against the County by a third party.
- 33. The County does not warrant or guarantee the accuracy, quality, content or legality of any materials made available through the County Internet services and the use, distribution, or publication of any material does not constitute or imply an endorsement of any such material.

Violations of the Policy

- 34. Violations of this policy are to be immediately reported to the appropriate Director. The Director will apprise the County's Senior Management Team of the circumstances. An IT staff will be assigned responsibility, under supervision of Senior Management, to access or examine files or accounts that are identified as suspected of unauthorized use or misuse.
- 35. The County has the right to take disciplinary action against employees who violate this Policy up to and including termination of employment.
- 36. The County will make every effort to maintain confidentiality within the limits of its obligations.



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Acknowledgment of Policy

37. Each employee that is authorized to have access to the County's Information Technology shall indicate at the time of accessing the County's Information Technology system that he/she has read and fully understands this Policy.

38. All new employees who are authorized to have access to the County's Information Technology shall be required to complete a copy of Appendix "A" to acknowledge that they have read and understands this Policy and confirm that his/her use of the County's Information Technology is subject to monitoring.

ADDITIONAL NOTES: The following link is a source for the policy.

<file:///I:/JMPC%20Management/Policy%20&%20Procedures/Administration%20Policy%20Manual/Tab%2005%20Information%20Technology/LA%20Sec%2032-Information%20Technology%20Policy%20Apr%2014%202011.mht>

ANNEXES:

Appendix A- Terms of Use Agreement

BROCHURES:

DIRECTOR:

APPROVED

By Angela Malcolm at 12:54 pm, Dec 29, 2022

TERMS OF USE AGREEMENT
RE: INFORMATION TECHNOLOGY POLICY

I, _____ have received a copy of the County of Lennox and Addington's Information Technology Policy. I have read and clearly understand the terms and conditions set out in the Policy and agree to abide by all terms and conditions.

I understand that my use of the County's Information Technology services is subject to monitoring, and that violation of the terms of use may result in my loss of privileges, disciplinary action, loss of employment, or legal procedures by the County and/or by any governing sponsor that provides access to information outside the local network.

Employee Signature

Date

Witness

Date