

<b>ALBRIGHT MANOR</b>	Document:	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
	Revised: July 1, 2022	
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Topic: Manual Distribution		

**Copies of this manual will be found in the following offices and locations:**

- Chief Executive Officer (CEO)
- Administrator
- Director of Properties
- Director of Dietary Services
- Office of the Food Service Supervisor -1<sup>st</sup> Floor Kitchen
- Chief Nursing Officer (CNO)
- Director of Nursing (DON)
- Associate Director of Nursing (ADON)
- Office of the Secretary to the Director of Nursing
- Director of Financial and Administrative Service
- Director of Program and Support Services
- Director of Housekeeping and Laundry
- Reception
- Health and Safety Board
- 2<sup>nd</sup> Floor Nursing Station
- 3<sup>rd</sup> Floor Nursing Station
- 4<sup>th</sup> Floor Nursing Station
- 5<sup>th</sup> Floor Nursing Station

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Topic: Electronic Distribution List		

**Electronic copies of this manual will be found in the following locations:**

- <https://albrightmanor.ca/emergency-plans/>
- CEO Laptop Desktop
- ACEO Laptop Desktop
- CNO Laptop Desktop
- Director of Properties Laptop Desktop



<b>ALBRIGHT MANOR</b>	Document: EDP-2.1	Approved By: Saad Akhter
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Topic: Emergency Disaster Plan Summary		

## **Policy**

To provide effective handling of a disaster or emergency situation (i.e. bomb threat, loss of water/heat, fire, evacuation of residents).

The Emergency Disaster Plan outlines the efficient deployment of staff and outside agencies/organizations in the event of a disaster/emergency.

## **Coordination**

The Disaster Alert Committee is responsible for coordinating and reviewing the Emergency Disaster Plan on an annual basis.

## **Person in Charge**

The most senior Registered Nurse or in the absence of a Registered Nurse, the most senior Registered Practical Nurse, shall be designated as the Person in Charge for Albright Manor until relieved by the CEO or designate. For further clarification typical designate include but are not limited to: Director of Properties, CNO, DON, or ACEO. The Person in Charge shall be later referred to in this document as the Disaster Alert Coordinator.

## **Implementation**

The decision to implement any part of the Emergency Disaster Plan is made by the CEO or ACEO or Director of Properties in consultation with all or any of CNO, DON, ADON, Director of Dietary Services, Director of Housekeeping/Laundry, Director of Financial Services or Director of Programs.

This decision can be made on site, remotely and/or en route to Albright. For clarification, the decision to call 911 in order to respond to an immediate emergency does not require the implementation of the Emergency Disaster Plan. The Implementation of the Emergency Disaster Plan is used to manage the whole crisis.

## **Evacuation Centres**

1. During an evacuation, residents shall be transferred to predetermined Evacuation Centres (see EDP- 2.5). Evacuation Centres shall be utilized as required by the number of residents evacuated.

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2. Food Services staff shall proceed to the Evacuation Centre(s) and arrange for emergency food service.
3. Housekeeping and Maintenance Services staff shall arrange to have additional bedding and linens delivered to the Evacuation Centre(s).
4. The CNO or DON or ADON or a Registered Nurse shall call the Pharmacy to arrange to have medications delivered to the Evacuation Centre(s) as soon as possible.
5. The Nursing Services staff shall proceed to the Evacuation Centre(s) and provide direct assistance with resident care needs.
6. The Program and Support Services staff shall proceed to the Evacuation Centre(s) and provide direct assistance with resident care needs.
7. The Administrative Services staff shall proceed to the Evacuation Centre(s) and provide direct assistance with resident care needs.

### **Hospitals**

If residents require hospitalization, the DNO, DON, ADNO or a Registered Nurse shall alert hospitals and provide an estimate of the number of residents being sent.

### **Records**

1. Nursing staff shall remove residents' clinical records and computer equipment; and arrange to have the items transported to the appropriate Evacuation Centre(s).
2. Administration Office staff shall remove records and computer equipment required to provide administrative services.
3. Department Heads shall remove staff time sheets/schedules and phone lists to provide information on staff and to contact staff as necessary.

### **Public Information**

During an evacuation and/or emergency situation, the CEO/designate shall provide the following:

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1. Information to officials involved in the evacuation and/or emergency situation.
2. News releases to the media.

**Staff Education and Quality Improvement**

These procedures form part of the general orientation and are reinforced through departmental orientation.

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Topic: Management Responsibilities		

### **Responsibilities of CEO/Designate**

1. The CEO and/or the Director of Properties shall maintain overall coordination of the Emergency Disaster Plan. This shall include an annual review of the plan and ensuring that there is regular staff training and drills with respect to the Fire Safety Plan and other emergencies as described in this policy and applicable legislation.
2. The CEO and/or the Director of Properties shall establish Evacuation Centre(s) for residents in the event of an evacuation.
3. The CEO and/or the Director of Properties shall establish external sources for the provision of emergency supplies and equipment required to supply Evacuation Centre(s).
4. The CEO and/or the Director of Properties shall be prepared to activate the Emergency Disaster Plan, if necessary.

### **Responsibilities of Director of Properties**

The Director of Properties shall maintain overall responsibility for the implementation of all aspects of the Emergency and Fire Safety Plan in addition to those responsibilities listed under Responsibilities of CEO/Designate.

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Topic: Disaster Alert Committee		

### **Composition**

The Disaster Alert Committee shall include the following:

- Chief Executive Officer (CEO)
- Administrator
- Chief Nursing Officer (CNO)
- Director of Nursing (DON)
- Associate Director of Nursing (ADON)
- Director of Properties
- Director of Programs and Support Services
- Manager of Programs and Support Services
- Director of Housekeeping and Laundry Services
- Director of Financial and Administration Services
- Director of Dietary Services
- Manager of Dietary Services

Other staff or persons from specialized agencies or organizations may be added as the need arises.

### **Responsibilities of Disaster Alert Committee**

1. In the event of a disaster, each member of the Disaster Alert Committee shall report to Albright Manor and/or alternate site (if applicable) and assist the Disaster Alert Coordinator.
2. The Disaster Alert Committee shall develop and review the Emergency Disaster Plan on a yearly basis.
3. The Disaster Alert Committee shall maintain education and orientation programs for all personnel.
4. The Director of Properties shall conduct fire safety drills on a monthly basis as per the Fire Safety Plan.
5. The Director of Properties shall conduct other safety drills on the emergency plan on the following basis:

#### Annually

- loss of essential services

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Topic: Disaster Alert Committee		

- fires
- missing resident
- medical emergencies
- violent outbursts
- gas leaks
- natural disasters
- extreme weather events
- boil water advisories
- outbreaks of communicable disease, outbreaks of public health significance, epidemics, pandemics
- floods

Every Three (3) Years

- Arrangements with other involved entities including but not limited to: community agencies, health service providers as defined in the Connecting Care Act 2019, partner facilities and other resources involved in responding to the emergency.
  - Conduct a planned evacuation
6. The Director of Properties shall keep a written record of the testing of the emergency plans and planned evacuation and of the changes made to improve plans.

**Responsibilities of Disaster Alert Coordinator**

1. When the Emergency Disaster Plan is activated, the CEO/designate shall assume the position of Disaster Alert Coordinator. Until the CEO or designate can assume the position of Disaster Alert Coordinator it is understood that the In-charge RN will have this responsibility.
2. During the Emergency, the Disaster Alert Coordinator shall be responsible for the following:
  - a) coordinate and control of emergency operations;
  - b) assessment of required outside assistance;
  - c) evacuation in whole, or in part of the facility;
  - d) dispersal of people not directly connected with the emergency operations, where presences may hinder responding to an emergency;
  - e) discontinuation of utility services, including electrical, water and gas as necessary;
  - f) establishment of an information Centre on the emergency;

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Topic: Disaster Alert Committee		

g) maintenance of an emergency log.

**Lines of Authority**

1. Lines of Authority will begin with the most senior person/manager at the site leading the emergency response, then to the CEO or designate. For example: In a Code Red, the Fire Department, once on site, will take the lead until an all clear is called and the line of authority is handed back to the site. When an emergency service response (police, paramedics) or 3<sup>rd</sup> party is onsite (gas, electrician), they will lead until they have transferred authority back to the site.
2. The Disaster Alert Coordinator will be the immediate authority based upon the emergency plan structure when no emergency service or 3<sup>rd</sup> party is involved.
3. During an outbreak, the IPAC Lead/designate will be the immediate authority ensuring all Public Health measures are implemented.
4. Staff roles are further defined within each Emergency Code/Procedure response as related to the specific emergency incident.

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Topic: Activating Emergency Disaster Plan		

In the event of an emergency situation, the Disaster Alert Coordinator will notify pertinent emergency response in the community depending on the reason for evacuation.

The Disaster Alert Committee will report to Albright Manor to assist the Disaster Alert Coordinator.

Albright Manor will use the internal communication systems in place to notify employees, volunteers and families of the need for their assistance with the emergency. This internal communication systems can include but is not limited to:

- a) Intercom System
- b) Cell phone communication (phone calls/texting)
- c) Email notification
- d) Internet communication (Instagram, Facebook, Twitter etc.)

Available employees, volunteers and families will report to Albright Manor to assist with the emergency.



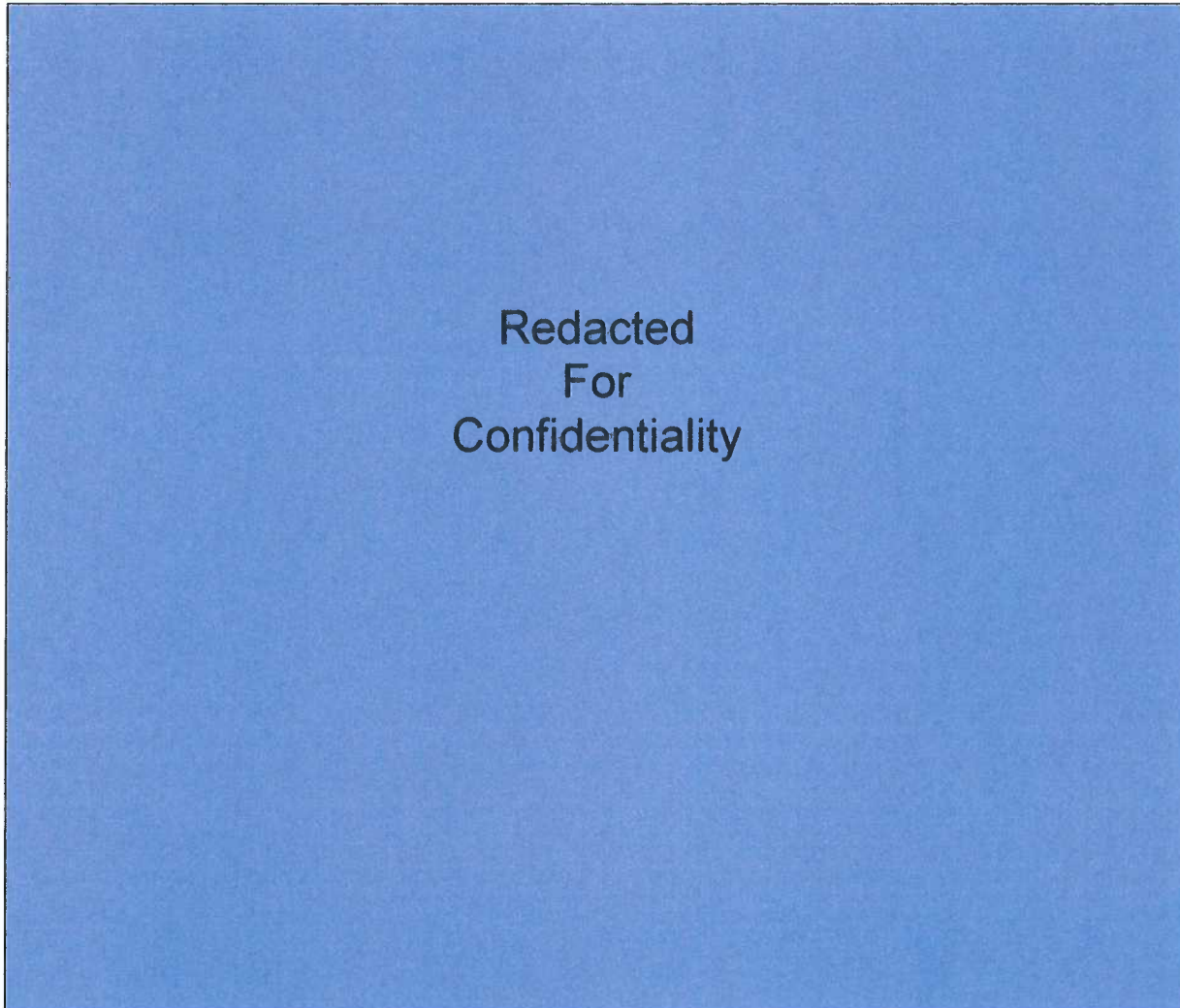
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Topic: Emergency Telephone Numbers		

**Emergency Notification (Regular Hours)**

In the event of an emergency during regular business hours, obtain particulars, notify the CEO/designate and prepare for the implementation of the Emergency Disaster Plan.

**Emergency Notification (After Hours)**

If the emergency occurs after hours contact:



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Topic: Emergency Telephone Numbers		

<u>Contact</u>	<u>Day</u>	<u>Night/After Hours</u>
----------------	------------	--------------------------

Police-Fire-Ambulance	911	911
Niagara Region Public Health	905-688-3762	905-984-3690

Hospitals

- |   |              |
|---|--------------|
| a) West Lincoln Memorial Hospital       | 905-945-2253 |
| b) Niagara Health – St. Catharines Site | 905-378-4647 |

Evacuation Centres

- |                                 |              |
|---------------------------------|--------------|
| a) St. Mark Catholic School     | 905-563-9191 |
| b) Jacob Beam Public School     | 905-563-8209 |
| c) Senator Gibson Public School | 905-563-7431 |
| d) After hours contact person:  |              |

Health, Safety and Energy Manager  
District School Board of Niagara  
Cell 905 685 2423

If unable to contact Manager, contact:

Dumont Security                      905-641-2150  
They will dispatch the on-call person for the District School Board of Niagara

Transportation

- |                                      |                            |                        |
|--------------------------------------|----------------------------|------------------------|
| a) Sharp Bus Lines Limited           |                            |                        |
| Office                               | Mon-Fri 6:30 am to 5:00 pm | 289-517-4216           |
| b) Ambulance                         |                            |                        |
| Director Emergency Services Division |                            | 905-641-2218 ext. 5366 |

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**Contact**

**Day**

**Night/After Hours**

**Utilities**

- |                                       |                |                |
|---------------------------------------|----------------|----------------|
| a) Enbridge Gas                       | 1-877-362-7434 | 1-866-763-5427 |
| b) Bell Canada                        | 611            | 611            |
| c) Niagara Peninsula Energy (Hydro)   | 1-877-270-3938 | 1-877-270-3938 |
| d) Town of Lincoln-Public Works-Water | 905-563-8205   | 905-641-0971   |

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Topic: Emergency Call Out List		

In the event of the activation of the Emergency Disaster Plan, the Emergency call list shall follow the same fan out as described in the Fire Safety Plan Section 7.2

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Topic: Horizontal/Total Evacuation Procedures		

## **Evacuation Code**

### **CODE GREEN**

#### **General Evacuation Procedures**

Refer to the Albright Manor Fire Safety Plan, Section 1, 1.6 Evacuation Procedures

#### **Horizontal Evacuation Procedures**

See Section 4 of the Albright Manor Fire Safety Plan:

<u>Departmental Duties</u>	<u>Go to Section</u>
Nursing Staff	4.2.2
Dietary Staff	4.3.2
Activation	4.4.2
Housekeeping/Laundry Staff	4.5.2
Maintenance Staff	4.6.2
Office Staff	4.7.2
Administration Staff	4.8.2

#### **Total Evacuation Procedures**

See Section 4 of the Albright Manor Fires Safety Plan:

<u>Departmental Duties</u>	<u>Go to Section</u>
Nursing Staff	4.2.3
Dietary Staff	4.3.3
Activation	4.4.3
Housekeeping/Laundry Staff	4.5.3
Maintenance Staff	4.6.3
Office Staff	4.7.3
Administration Staff	4.8.3

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Topic: Pharmacy Role in Emergency Evacuation		

In the event of a disaster, fire or other forced evacuation of the facility, the Pharmacy will undertake the following as the need arises:

- replacement of all required medications
- delivery of required medication to alternative locations
- print and deliver MAR sheets and Physician's Medication Review to agreed-upon locations
- supply ongoing refills to the alternative locations for the duration of the evacuation
- in the case of reception of evacuees from outside the home, provide replacement medications, refills, MAR sheets and Physician's Medication Reviews as required.

**Evacuation of Residents - no time to evacuate medications**

1. Notify the Pharmacy of the evacuation and where the residents have been located.
2. Refer to the Disaster Procedure Pharmacy Call list of phone numbers to call (see EDP-2.9).

Suggest items to be kept in the home's "Disaster Box" or "Evacuation Box" for rapid gathering of information:

3. List of residents' names (eg. Census List).
4. A copy of the Disaster Procedure Pharmacy Call list to accompany of all residents with the Pharmacy phone #'s.

**Evacuation of residents, with medications, to various sites**

1. Check that resident is properly identified by wristband or other means.
2. Send all medications with each resident (includes all cards, strips, PRN's, liquids, eyedrops, inhalers, narcotics, injectables and topical treatments).
3. Send MAR Sheet/Care Plan/Chart, if possible.
4. Notify the Pharmacy where each resident is being sent.
5. Notify your Clinical Consultant Pharmacist.
6. Government Stock Drugs: Pharmacy can supply in emergencies

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Topic: Pharmacy Role in Emergency Evacuation		

**Evacuation of residents with medications, to one site**

1. Check that all residents are properly identified by wristband or other means.
2. Evacuate all medications from all locations: auxiliary medication storage sites, extra storage bins, government stock, refrigerator, Emergency Stock Box, if applicable.
3. Evacuate medication carts, treatment carts, MAR's & TAR's.
4. Notify the Pharmacy where residents are being sent.
5. Notify Clinical Consultant Pharmacist where residents are being sent.

**Reception of evacuees from another facility or the community**

1. Try to ensure that all medications and MAR sheets and TAR sheets come with the resident.
2. Ideally the Pharmacy would need for each evacuee:
  - Resident's name as on Health Card
  - Health Card Number and Version Code
  - Resident's allergy information
  - List of all current medications
  - Name, initial, address, telephone number of resident's doctor
  - OR
  - Name and telephone number of pharmacy supplying current medications
  - Prescription numbers of current medications if possible

**Disruption of phone or power service**

1. Advise Pharmacy of extended loss of utility service at earliest convenience.
2. Try **phoning** the pharmacy fax number if no service available on their regular pharmacy phone number.
3. Try phoning the pharmacy after hour pager/cell#

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Topic: Pharmacy Call List		

**A copy of the Call List should be kept in the facilities Disaster/Evacuation Box**

Call the following people in this order until you reach someone in person and leave a message at each number called, along with your name and phone number to call back.

**STRESS THAT THE SITUATION IS AN EMERGENCY**

- 1<sup>st</sup> CareRx (during regular business hours)
  - Phone: 905-682-9343
  - After Hours:
  - Fax: 905-682-9406 (use fax# as phone# in power failure)
  - Office Hours: Monday to Friday 9:00 AM to 7:00 PM  
Saturday 9:00 AM to 4:00 PM
  
- 2<sup>nd</sup> Pharmacist Manager:
  - Gigi Nazmy
  - Cell: 905-682-9343
  - email: [gigi.nazmy@carerx.ca](mailto:gigi.nazmy@carerx.ca)
  
- 3<sup>rd</sup> Clinical Consultant Pharmacist:
  - Bruce Clement
  - Cell: 905-407-0837
  - Email: [bruce.clement@carerx.ca](mailto:bruce.clement@carerx.ca)
  
- 4<sup>th</sup> CareRx Corporate Office at 1-647-361-4499
  - Office Hours: Monday to Friday 9:00 AM to 5:00 PM



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Topic: Bomb Threat		

## **Emergency Code**

### **CODE BLACK**

To ensure bomb threats are handled in a safe and efficient manner.

## **Person in Charge**

The most senior Registered Nurse or the absence of a Registered Nurse, the most Senior Registered Practical Nurse, shall be designated as the person in charge for the facility until or unless relieved by the CEO and/or Director of Properties and/or the CNO, and/or the DON.

## **Telephone Threat Procedure**

The person who receives the Bomb Threat call shall:

1. Complete the Bomb Threat Report (EDP 3.1.1) answering questions fully, and record as much detail as possible; and
2. Contact the Registered staff person in charge or their Department Head immediately after receiving the Bomb Threat.

## **Response Procedure**

1. The Registered staff person in charge shall initiate and coordinate the Bomb Threat Response Procedures, until relieved by the CEO and/or the Director of Properties and/or the CNO, and/or the DON
2. Steps
  - a) Dial 911. Inform police of bomb threat call and your location.
  - b) Review the Bomb Threat Report (EDP 3.1.1)
  - c) Interview the person who received the telephone call.
  - d) Assign the staff person who received the bomb threat to proceed to the front entrance with the Bomb Threat Report to meet the responding police officer.
  - e) Consider evacuating high risk area(s) if known.

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- f) Notify the CEO, the Director of Properties and the CNO and DON.
- g) In conjunction with police, coordinate search.
- h) Upon approval from police, the CEO or designate or Registered Staff person in charge, shall announce the " Code Black All Clear".
- i) When the threat is terminated the Registered staff person or Department Head in charge shall complete an evacuation report for submission to the CEO. Otherwise the CEO will complete the report.

### **Search Procedure**

1. The Registered staff person in charge shall initiate and complete the Bomb Threat Search Procedures, until or unless relieved by the CEO and/or the Director of Properties and/or the CNO and/or the DON.
2. Steps
  - a) Assign staff to search teams (two staff per team preferred).
  - b) Assign each search team a designated search area that the team members are familiar with.
  - c) Provide each search team a copy of the Staff Search Guidelines together with a copy of the corresponding Floor Plan (see Fire Safety Manual - Section 8).
  - d) Maintain a list of areas paroled.
  - e) Evacuate residents from the immediate area of any suspicious objects to a separate fire zone, as well as the residents in the same area on the floor above and or below.

### **Staff Search Guidelines**

1. Upon direction of the Registered staff person in charge and/or the police and/or the C.E.O. and/or the Director of Properties and/or the CNO and/or DON, search assigned area systematically and thoroughly.
  - a) Do not turn lights on or off; use a flashlight
  - b) Stop at doorways

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- c) Look for suspicious objects
  - d) Listen for unusual sounds
  - e) Observe any unusual odours
  - f) Enter cautiously
  - g) Look and Listen
2. Do not open or close cupboards, drawers, or windows.
  3. Do not move things about. Look behind doors and curtains, into waste receptacles and under furniture.
  4. Do not touch or approach suspicious objects. Report concerns immediately to the Registered staff person in charge, then continue searching the assigned area.
  5. After searching a room leave the door open when possible.
  6. When searching designated areas identified on the floor plan, initial all rooms, closets, stairwells, etc. that you or a team member have checked and submit the information to the Registered staff person in charge.

### **Police Involvement**

1. Police officers require Albright Manor to search its own premises for a bomb with their assistance.
2. When a bomb or suspected bomb is found, it becomes the responsibility of the Police Department to deactivate it or remove it to a place where it can be safely detonated.
3. If an evacuation order is given by a Police Officer, the Registered person in charge, or the CEO and/or the Director of Properties and/or the CNO or DON, shall initiate an evacuation of part or all of the facility as directed.

### **Public Relations**

1. All outside calls from the news media shall be directed to the CEO/designate.
2. The CEO/designate shall assess the situation to decide whether contact with the media is appropriate.

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Topic: Bomb Threat Report		

BOMB THREAT REPORT

Date: \_\_\_\_\_

Warning Message: (exact words as possible)

\_\_\_\_\_

\_\_\_\_\_

Inform the caller that the detonation of a bomb could result in death or serious injury to innocent people.

Time Warning Received:                      A..M.    P.M.

Time Police Notified:                      A.M.    P.M.

Area of facility where the bomb is said to be located:

- Where is it now? \_\_\_\_\_
- Why was it put there? \_\_\_\_\_
- Type of bomb? \_\_\_\_\_
- When will the bomb explode? \_\_\_\_\_

Does the call appear legitimate?                      Yes                          No   

Sex of Caller:                      Male                          Female                          Unknown   

Background Noises: \_\_\_\_\_

Accent: \_\_\_\_\_

- Scottish     American     English     French     German     Italian     Scandinavian  
 Other Foreign     Unknown

Other Pertinent Information:

\_\_\_\_\_

\_\_\_\_\_

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Topic: Bomb Threat Report		

STAFF SEARCH GUIDELINES	
1.	<p>Upon direction of the Registered Staff person in charge or the Police, or the C.E.O. or the Director of Properties, or the Director of Nursing, search assigned area systematically and thoroughly.</p> <ul style="list-style-type: none"> <li>▶ Do not turn lights on or off; use a flashlight where necessary</li> <li>▶ Stop at doorways</li> <li>▶ Look for suspicious objects</li> <li>▶ Listen for unusual noises</li> <li>▶ Observe any unusual odours</li> <li>▶ Enter cautiously</li> <li>▶ Look and Listen</li> </ul>
2.	Do not open or close cupboards, drawers, or windows.
3.	Do not move things about. Look behind doors and curtains, into waste receptacles and under furniture.
4.	Do not touch suspicious objects. Report concern immediately to the Registered Staff person in charge, then continue searching the assigned area.
5.	After searching a room leave the door open.
6.	When searching designated areas identified on the floor plan, initial all rooms, closets, stairwells, etc., that you or a team member have checked, and submit the information to the Registered Staff in charge.

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Topic: Loss of Water Supply		

## **Emergency Code**

### **CODE GREY**

Any person who becomes aware of a major or total failure of the building's water system will notify the CEO and/or Director of Properties immediately.

The Director of Properties in consultation with the CEO or designate will call Code Grey.

Albright Manor has no in-built source of water other than the main supply provided by the municipality.

### **Person(s) in Charge**

In the event of a loss of water the Director of Properties shall be called. Outside of normal business hours the Registered staff person in charge shall be responsible to contact the Director of Properties/designate.

Cell Phone: 1-905-708-7159

The Director of Properties shall inform the Disaster Alert Committee members of the loss of water supply. After normal business hours, the Director of Properties shall call the members of the Disaster Alert Committee, requesting them to return to work to assist in the management of the emergency.

### **Unplanned Loss of Water**

The Director of Properties/designate shall contact the local water department to determine the cause and expected duration of the loss.

Town of Lincoln Public Works      905-563-8205 (Day)      905-641-0974 (After hours)

### **Loss of Water - Staff Action**

The Director of Properties/designate together with the members of the Disaster Alert Committee shall:

1. Call the following local water haulage company to bring water to the receiving entrance of the Manor and connect to the exterior water connection.

Smith's Water Delivery

905-563-8975

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2. Arrange to have staff manually transport water, if required, from the receiving entrance, to essential areas within the Manor, based on the following priorities.
  - i. personal hygiene (nursing)
  - ii. cooking (dietary)
  - iii. housekeeping/laundry
3. Coordinate with Dietary staff to provide cold drinks for staff and residents.
4. Arrange for the purchase and pick up of bottled water for residents and staff from the local grocery stores.

<u>Town</u>	<u>Grocery Store</u>	<u>Phone</u>
Beamsville	Sobey's	905-563-1088
Grimsby	Sobey's	905-945-9973
	Food Basics	905-945-3323
	Real Canadian Super Store	905-309-3911
Vineland	Foodland	905-562-5881
Smithville	Foodland	905-957-7015

5. Coordinate with Nursing staff to restrict resident bathing.
6. Coordinate with Nursing staff to arrange for the purchase and distribution of waterless hand cleaners and disposable sani-wipes.

Flexo Rep - Phone: 1-905-354-2723

7. Coordinate with Nursing staff and Laundry regarding a linen and clothing changes reduction program.
8. Coordinate with Dietary to implement emergency non-cooking menus as necessary; use of disposable dishes and utensils; and distribution of bottled water for resident consumption.
9. Coordinate with Maintenance to assess impact on heating and refrigeration systems, and shut off main valves to prevent loss of water in piping.
10. Coordinate with Housekeeping to use spray cleaners which do not require dilution with water. Flexo Rep - Phone: 1-905-354-2723

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### **Evacuation**

If the water supply has not been restored within a reasonable length of time, as determined by the CEO/designate, then the evacuation procedure shall be initiated.

See Section 1, 1.6 and Section 4 (4.2.3, 4.3.3, 4.4.3, 4.5.3, 4.6.3, 4.7.3, 4.8.3) of the Albright Manor Fire Safety Plan.

### **Planned Loss of Water**

If Albright Manor receives notification of a planned disruption of water service, the Director of Properties or designate shall:

1. Direct staff in all Departments to fill all available sanitary containers prior to the shut-down (tubs, sinks, etc.).
2. Coordinate with Maintenance to shut off main valves to prevent loss of water in piping, and assess impact on heating and refrigeration systems.
3. Coordinate with all other Departments regarding the planned loss of water impact relative to timing and duration.

### **Boil Water Advisory**

A boil water advisory is a notification that the drinking water supply may be contaminated with pathogenic microorganisms, and that drinking the tap water can make residents, team members, and visitors sick. Boiling the tap water destroys pathogens and makes the water safe to drink and use.

### **Boil Water Advisory Implementation**

In the event of a boil water advisory, the location 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 location will contact the Public Health Unit that issued the boil water advisory for more information as needed.

Do not use tap water to:

- Drink
- Prepare foods
- Make juice



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

The CEO or designate will:

1. Ensure all staff, residents, families, and visitors are made aware of a boil water advisory in effect and when it is over.
2. Advise the disaster Alert Committee
3. Ensure that alternate sources of water are provided to residents, staff, and visitors that is safe for drinking.

The Infection Prevention & Control Lead or designate will:

1. Post signage at entrance to the location 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.
2. Post signage advising staff, 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.

The Director of Properties or designate will:

1. Disconnect all drinking water fountains, soda dispensers with post-mix service, and ice making machines from the affected water supply.

The Director of Housekeeping will instruct housekeeping staff to:

1. Provide alcohol-based hand sanitizer, containing at least 70% alcohol, in all public and team member washrooms and at all standalone hand sinks.

The Director of Dietary Services or Dietary Supervisor will:

1. Discard any ice and beverages that may have been prepared with the affected water supply and sanitize ice cube trays.
2. Direct team to prepare boiled water as needed:

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- a) Bring water to a rolling boil for at least one minute or as Public Health advises
- b) Use an electric kettle if possible.
- c) Only boil as much water as you can safely lift without spilling.
- d) If boiling water on the stove, place the pot on the back burner.
- e) Take all precautions as needed to avoid burns.

3. If providing bottled water, check with Public Health Unit about brands of bottled water or water dispensers considered to be safe / that are produced in locations not affected by the boil water advisory.
4. Preparing Food During a Boil Water Advisory.

The Nursing Department will:

1. 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).
2. Consider using sterile bottled, boiled, or otherwise disinfected drinking water for severely compromised residents.
3. Discuss with physician/NP any special precautions that may be needed for residents with weakened immune systems.
4. Personal Hygiene During a Boil Water Advisory.

**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. The facility is not equipped with ultraviolet filters nor is water passed through filters of a micron level that is sufficient to filter bacteria or viruses.

### **When the Boil Water Advisory Has Ended**

The maintenance department will:

1. 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).
  - a) In multi-storey buildings, begin on the top floor, flushing each fixture and faucet for five minutes. Once every fixture and faucet has been flushed for five minutes, proceed to the next floor below; continue the procedure

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until all fixtures and faucets on all floors are flushed.

2. Ensure equipment with water line connections, such as refrigerators and ice dispensers, are drained, flushed, cleaned, and disinfected according to the manufacturer's recommendations.
3. Follow any additional instructions as issued by public health.

The Director of Properties or designate will:

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

The CEO or designate will:

1. Communicate to all staff, residents, and visitors that the Boil Water Advisory has ended.
2. Conduct a debrief with the Disaster Alert Committee and in employee rounds to review procedures and make any adjustments to site specific practices/Emergency Management Plan as needed.
3. Communicate to Residents and Families the return to normal operations

The Infection Prevention & Control Lead or designate will:

1. Remove signage.

### **Personal Hygiene During A Boil Water Advisory**

#### **Can tap water be used to wash hands?**

Yes, tap water can be used for handwashing, but an alcohol-based hand sanitizer must be applied to hands afterwards.

1. Wash hands with warm tap water and soap; lather for at least 20 seconds.

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2. Rinse hands well under running water and dry them with a paper towel.
3. When hands are dry, apply an alcohol-based hand sanitizer containing at least 70% alcohol.

**Can tap water be used for showering or bathing?**

Yes. Residents may take showers or baths with tap water, but must be careful to avoid the face, and avoid swallowing any of the water.

1. The use of hand-held showerheads is recommended to assist with this concern.
2. Open wounds, cuts, blisters, or recent surgical wounds must be covered with a waterproof covering prior to showering or bathing, and care must be taken not to contaminate these areas during bathing, showering, or towel-bathing.
3. Pre-boiled water, sterile water, or water from a safe alternative source may also be used if towel-bathing is required.
4. Residents with weakened immune systems may require special consideration; discuss with physician/NP.

**Can tap water be used for brushing teeth?**

No. During a boil water advisory, tap water is NOT safe for brushing teeth. Only pre-boiled water that is cooled, bottled water, or water from another safe source may be used for brushing teeth.

**Cleaning & Sanitizing Practices During A Boil Water Advisory**

**Can tap water be used for cleaning and disinfecting contact and non-contact surfaces?**

Yes. Contact surfaces such as door knobs, handles, railings, vanities, etc. and non-contact surfaces such as walls, floors, and ceilings can be cleaned and disinfected using normal routine practices.

**Can tap water be used for washing laundry?**

During a boil water advisory, tap water may be used for general laundry procedures.

1. Wet laundry must be dried in a mechanical drying machine on a normal setting or hotter.
2. Consult with Infection Prevention & Control Lead or designate to verify correct

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procedures for sterile linen processing.

**Can medical equipment that is directly connected to the water supply be used?**

Generally, no. Any instruments or machines that use water to sterilize and disinfect equipment would typically be affected by a boil water advisory.

1. Consult with Infection Prevention & Control Lead or designate before use of any specialized medical equipment directly connected to the water supply.
2. Contact Public Health for specific questions related to water quality.

**Preparing Food During A Boil Water Advisory**

**Immediate Steps to Take When a Boil Water Advisory is Issued:**

1. DO NOT use the water for drinking, making juices or ice, washing fruits or vegetables, or preparing ready-to eat foods.
2. Turn off drinking water fountains.
3. Discard ice and beverages that may have been prepared with the affected water supply.
4. Discontinue making ice; use ice from a commercial ice supplier made with safe water.
5. Disconnect ice cream machines, dipper wells, and any other food preparation equipment connected to the water supply.
6. Post signs at all faucets, including kitchen area and washrooms, as a reminder of the boil water advisory and not to drink the water.
7. To make the water safe, bring to a rapid rolling boil for at least one minute.
8. Boil only as much water in the pot that one can comfortably lift without spilling.
9. Ensure water is cooled appropriately before using or direct handling to prevent scalds.

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**What sources of water are approved to be used during a boil water advisory?**

1. Water that has been boiled for one full minute (water can be boiled the night before, cooled overnight, and stored in a covered disinfected container). Always ensure water is cooled appropriately before use or direct handling to prevent scalds.
2. Commercially bottled water (consult with IPAC Lead or designate to confirm brand used has not been affected by the Boil Water Advisory).
3. Hauled water from an alternate approved supply not affected by the Boil Water Advisory.

**Can the cold beverage dispensing machine be used?**

No. Beverage machines connected to the cold water supply used to dispense cold drinks (carbonated beverages, iced cappuccino, etc.) must not be used during the boil water advisory.

**Can tap water be used in commercial coffee brewers and hot tea towers during a boil water advisory?** Yes. Ensure the coffee maker/hot tea tower produces water at 70°C/160°F. This temperature is sufficient to inactivate disease-causing microorganisms. It is recommended that the coffee pot be held for at least five minutes on the burner prior to consumption. Verify temperature using a probe thermometer

**Can tap water be used to prepare food products that use water as an ingredient without cooking?** No. Use boiled, bottled, or an alternate safe water source in the preparation of food products such as powdered drinks, puddings, jellies, sauces, etc.

**Can tap water be used to prepare food that will be boiled?**

Yes. Tap water can be used to prepare foods that will be boiled as long as the water is brought to a rolling boil for one minute.

**Can tap water be used to wash dishes by hand?**

Yes. Follow 3-compartment sink dishwashing procedure, and ensure dishes have enough time for complete air drying to take place.

**Can the commercial dishwasher be used to clean and disinfect dishes?**

Yes. Follow normal dishwashing procedures, and ensure dishes have enough time for complete air drying to take place.

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**Can glass washer with cold water rinse be used?**

No. Glass washers with a cold water rinse must not be used during the boil water advisory.

1. Use a hot water sanitizing cycle to wash and sanitize glasses.
2. For further information, discuss with Public Health.
3. Single-use glasses/cups may also be used.

**Can domestic style dishwashers be used in the building?**

Yes, domestic style dishwashers may be used, provided the machine has a hot temperature setting or sanitizer cycle.

1. If the dishwasher does not have a hot temperature setting, stop the dishwasher at the start of the rinse cycle, add 4 teaspoons (20 mL) of liquid household chlorine bleach containing 5.25% sodium hypochlorite, then re-start dishwasher.
2. Let dishes dry completely, using a heated cycle dry on the dishwasher.

**Can tap water be used for cleaning and disinfecting counter tops, cutting boards, and other kitchen surfaces?**

1. Wash kitchen surfaces with soap, then rinse and sanitize with bleach solution.
2. To prepare the bleach solution (sanitizer strength of 200mg/L chlorine solution), add one teaspoon of liquid household bleach (5.25% sodium hypochlorite) to one litre of room temperature water that has either been previously boiled, is from a safe bottled water source, or has been hauled from a safe public supply.
3. Spray or pour solution onto food contact surfaces and let sit for a minimum of 2 minutes.
4. Make a new bleach solution every day (bleach breaks down quickly once it is mixed with water). Note: vinegar is not an acceptable disinfectant.

**Note:** Vinegar is not an acceptable disinfectant.





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Topic: Loss of Heat		

### **Loss of Heat - Staff Action**

The Director of Properties/designate together with the members of the Disaster Alert Committee shall:

1. Direct staff on all floors to ensure that all windows and doors are closed.
2. Determine the areas of the building which still may have heat and if necessary, relocate residents to areas where heat is still available.
3. Coordinate with Nursing staff to dress residents, in the area(s) affected, with several layers of loose fitting clothing as necessary.
4. Coordinate with Social Services staff to provide activities to keep residents moving, as appropriate, in the area(s) affected.
5. Coordinate with Laundry/Housekeeping staff to provide additional blankets to those residents in the area(s) affected, as necessary.
6. Coordinate with Dietary staff to provide warm liquids for staff and residents in the area(s) affected, as necessary.
7. Coordinate with Maintenance staff to provide industrial commercial space heaters in area(s) affected - 4 units located in Albright Manor storage room.
8. Arrange for the rental of additional industrial/commercial space heaters from

Resource Equipment Rentals

905-682-8618

### **Evacuation**

If the gas supply interruption or the mechanical failure has not been restored within a reasonable length of time, as determined by the degree of comfort of the home's temperature, then the evacuation procedure shall be initiated by the CEO/designate.

See Section 1,1.6 and Section 4 (4.2.3, 4.3.3, 4.4.3, 4.5.3, 4.6.3, 4.7.3, 4.8.3) of the Albright Manor Fire Safety Plan.

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Topic: Power Failure with Generator Back UP		

## **Emergency Code**

### **CODE GREY**

Any person who becomes aware of a major or total failure of the building's power system will notify the CEO and/or Director of Properties immediately.

The Director of Properties in consultation with the CEO or designate will call Code Grey.

Albright Manor is equipped with an emergency generator which is an alternate source of emergency power. The emergency generator is Fan Cooled and as such is not dependent upon the municipal water supply.

The emergency generator utilizes diesel fuel, and as such has an independent fuel source, rather than being dependent upon gas piped directly from a city source.

Should the emergency generator fail to engage, contact the Director of Properties or Designate immediately.

In the event of a loss of electricity, the emergency generator will automatically engage, providing emergency power as follows:

### **Emergency Power - Generator Coverage**

1. Lighting
  - Resident Rooms - all lighting except entrance pot light
  - Resident Washrooms - all lighting
  - Corridors - every third fixture
  - Stairways - all lighting
  - Resident Lounges - one fixture only
  - Activity Areas - one fixture only
  - Resident Dining Rooms - two of four ceiling fixtures
  - Tub Rooms - all lighting
  - Utility Rooms - 50%

### **Fire Alarm System**

In addition to the emergency generator, this system has a back up battery power supply providing up to one hour of emergency power.

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### 3. Nurse Call System

In addition to the emergency generator this system has a back up battery power supply providing up to one hour of emergency power.

### 4. Resident Wander System

In addition to the emergency generator this system has a back up battery power supply providing up to one hour of emergency power.

### 5. Receptacles or Electrical Outlets

All red coloured electrical receptacles are connected to the emergency generator. Each resident room is equipped with a RED receptacle.

### 6. All Stairway Door Maglocks

The emergency generator will provide the electricity necessary to continue to hold these doors in a secure position. However, the maglocks will release with any power failure, and must be reset immediately. This is done manually by using the key switch located at the Fire Control Room on the ground floor. The key is located next to the remote fire panel inside each nursing station.

### 7. Dining Room Serveries

Limited to lighting, coolers, and freezer in each servery.

### 8. Main Floor Kitchen

The following kitchen equipment is connected to the emergency generator and will continue to operate in the event of a power failure:

- Two Walk in Coolers
- Walk in Freezer
- Two 2 Door Reach in Coolers
- 2 Door Reach in Freezer
- Tilt Fry Pan
- Exhaust Hood
- Fire Protection System
- 50% Lighting

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Note: There are no receptacles in the kitchen on the generator

9. Telephone System/Paging

The telephone system is on the generator. Paging to the Administration phone sets will work. As well, general paging can be done through the fire alarm system, from the fire control room.

10. Elevator

The emergency generator will provide the electricity necessary to operate the large passenger elevator only. The two other elevators will not be operable.

11. Heating/Air Handling Units

All bedroom wings and the centre core of the Building are covered with the exception of the resident dining rooms. The 1<sup>st</sup> floor is also covered for heating purposes. The main kitchen exhaust fan and make up air unit will also continue to operate.

**Person(s) in Charge**

In the event of an unplanned/unexpected loss of electricity the Director of Properties shall be called. Outside of normal business hours the Registered staff person in charge shall be responsible to contact the Director of Properties/designate.

Cell Phone: 1-905-708-7159

The Director of Properties/designate shall call the local hydro utility company to determine the course and expected duration of the loss and notify the members of the Disaster Alert Committee accordingly, if he feels this to be necessary.

Niagara Peninsula Energy 24 Hour Phone: 1-877-270-3938

**Unexpected Loss of Power - Unknown Duration**

The Director of Properties/designate shall:

1. Call the Manor's diesel fuel supplier if necessary to arrange for additional fuel to be available to operate the generator.

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ULTRAMAR

24 Hour Phone: 1-416-213-7227

2. Standby to call the Manor's generator repair company if necessary.

WAJAX

24 Hour Phone: 905-383-3654

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Topic: Power Failure Without Generator Back Up		

**Emergency Code**

**CODE GREY**

Any person who becomes aware of a major or total failure of the building's power system will notify the CEO and/or Director of Properties immediately.

The Director of Properties in consultation with the CEO or designate will call Code Grey.

When a total loss of power occurs including failure of the emergency generator, the Fire Alarm System, the Nurse Call System, the Resident Wander System and the Business telephone system continue to work for up to one hour, through a back up battery power supply. There will also be no source of heat in the building.

**Person(s) in Charge**

In the event of a total loss of power the Director of Properties shall be called. Outside of normal business hours the Registered staff person in charge shall be responsible to contact the Director of Properties/designate.

Cell Phone: 1-905-708-7159

The Director of Properties Shall:

1. Call the local hydro utility company to determine the cause and expected duration of the loss;

Niagara Peninsula Energy 24 Hour Phone: 1-877-270-3938

2. Call the Manor's generator repair company to arrange for emergency service;

WAJAX 24 Hour Phone: 905-383-3654

3. Contact the members of the Disaster Alert Committee requesting their presence to assist in the management of the emergency.

**Total Loss of Power - Staff Action**

If it can be determined that the loss and/or the repair time necessary for the generator to work will be minimal, then the Director of Properties/designate together with the members of the Disaster Alert Committee shall:

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Topic: Power Failure Without Generator Back Up		

1. Implement the Loss of Heat - Staff Action provisions as appropriate and applicable, as found in 5.0 of EDP-3.3.
2. Ensure that all staff perform only essential activities during the power disruption.
3. Coordinate with nursing staff to request residents to remain in their rooms for their safety.
4. Check the elevators to ensure that no one is trapped in the elevator, and call the Manor's elevator service company if a person is trapped inside (using the pay telephone or resident room telephone).

Thyssen Krup

24 Hour Phone: 1-800-343-5103

5. Flashlights are located in all nurses' stations.
6. Coordinate with Housekeeping/Laundry, Dietary, Maintenance, Office and Social Services staff to place excess staff in Resident Home Areas and elsewhere as needed.
  - to monitor the stairways
  - to monitor the various exits from second floor
  - to conduct fire watch checks every hour in all areas of the building
7. For the In-charge RN to print medications from 2<sup>nd</sup> floor computer that has a battery backup for both the computer and printer.

### **Evacuation**

If the total loss of power has not or cannot be restored within a reasonable length of time, as determined by the conditions in the Home at the time, then the evacuation procedure shall be initiated by the C.E.O./designate.

See Section 1, 1.6 and Section 4 (4.2.3, 4.3.3, 4.4.3, 4.5.3, 4.6.3, 4.7.3, 4.8.3) of the Albright Manor Fire Safety Plan.

<b>ALBRIGHT MANOR</b>	Document: EDP-3.6	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Loss of Telephone System		

## **Emergency Code**

### **CODE GREY**

Any person who becomes aware of a major or total failure of the building's telephone system will notify the CEO and/or Director of Properties immediately.

The Director of Properties in consultation with the CEO or designate will call Code Grey.

Albright Manor is equipped with a Business Phone System, a Resident Phone System and a Pay Phone. In the event of a loss of service from the Business Phone System, the Resident Phone System and/or the Pay Phone may continue to provide service, as these systems are on separate lines. In this case these phones are to be used by staff for outgoing emergency calls.

The Companion portable phones are part of the Business Phone System and will not operate in the event of a disruption to the Business Phone System.

### **Person(s) in Charge**

In the event of or loss of the Business Phone System, Director of Properties shall be called. Outside of normal business hours the Registered staff person in charge shall be responsible to contact the Director of Properties/designate.

Cell Phone: 1-905-708-7159

In the event of a loss of the Resident Phone System outside of normal business hours, the Registered staff person in charge shall be responsible to contact the phone supplier to advise them of the problem, determine the duration of the disruption and inform all residents by memo, with a copy to the C.E.O. and Director of Properties.

Bell Canada

24 Hour Service: 611

### **Total Loss of Telephone Service**

In the event of a total loss of telephone service the Registered staff person in charge shall direct a staff member to call or page the Director of Properties from the telephone in the office at Edelheim Apartments and/or from a staff cell phone.



<b>ALBRIGHT MANOR</b>	Document: EDP-3.6	Approved By: Saad Akhter
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Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Loss of Telephone System		

The Director of Properties shall:

1. Call Bell Telephone to determine the cause and expected duration of the loss and to arrange for emergency service;

Bell Canada

24 Hour Service: 611

2. Contact the Fire Department and the Police Department to advise them of the emergency by dialing 911;
3. Contact the members of the Disaster Alert Committee requesting their presence, to assist in the management of the emergency.

**Total Loss of Telephone Service - Staff Action**

1. Portable cell phones carried by the CEO, the Director of Properties and the CNO, will be available for placing outgoing emergency phone calls.
2. The Reception Area on the 1<sup>st</sup> floor will be the central communication point.
3. Registered staff persons are to remain on each floor and appoint designated runners to communicate needs between floors and the 1<sup>st</sup> floor central communication point.

<b>ALBRIGHT MANOR</b>	Document: EDP-3.7	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Search of a Missing Resident		

## **Emergency Code**

### **CODE YELLOW**

Albright Manor is equipped with the following resident security systems to reduce the risk of unanticipated or unauthorized absences:

- Resident Wander Alert System, which requires residents who are at risk, to wear a wrist band, which activates the locking mechanism on all resident home area doors throughout the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> floors of the Manor.
- Key pad exit from the front door of the building.
- Key pad access to other areas of the building including stairwells, service corridors, janitor closets, soiled utility rooms.
- Secure courtyards adjacent to the second floor dining rooms.

## **Policy**

The search procedure shall take place when:

- a resident fails to return within one hour of the appointed time following a known (authorized) leave of absence, or
- when a resident cannot be accounted for during any shift, particularly at meal times or during the night rounds.

## **Definition**

If a resident is not fully competent all of the time, he/she is to be deemed incompetent for the purpose of this procedure.

## **Procedure for Competent Resident**

1. A competent resident is not considered missing, unless his/her whereabouts is not known for an hour or more.
2. The Registered staff person in charge, shall immediately initiate a search of the building starting with the floor on which the resident lives, and utilizing the resident floor checklist.

<b>ALBRIGHT MANOR</b>	Document: EDP-3.7	Approved By: Saad Akhter
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Topic: Search of a Missing Resident		

3. If the resident is not located on the floor the Registered staff person in charge shall advise all the floors of the missing resident by means of a public address system announcement.
4. The Registered staff person in charge of each floor shall immediately initiate a search of their respective floors by designating a staff member in each Home Area utilizing the checklist, and report back to the Registered staff person in charge who initiated the announcement, utilizing the Companion Phone system. The Companion Phones do not work outside of the building.
5. During the search on the other residential floors, the Registered staff person in charge will direct a staff member in his/her floor to search first floor, utilizing the checklist, and report back accordingly.
6. If the Resident is not found the Registered staff person in charge shall notify the family.
7. The Registered staff person in charge shall then initiate a search of the grounds by directing a minimum of one staff member from each floor to cover the entire perimeter of the building utilizing the checklist, and report back accordingly. If it is dark outside, female staff members are to conduct the search in groups of two; never alone.
8. The Registered staff person in charge shall then notify the CNO and DON.
9. The Registered staff person in charge shall then follow the directions of the CNO or DON.
10. The CNO or DON shall notify the CEO.

**Procedure for Incompetent Resident**

1. An incompetent resident is considered missing if his/her whereabouts in not known.
2. The Registered staff person in charge, shall immediately initiate a search of the building starting with the floor on which the resident lives, and utilizing the resident floor checklist.
3. If the resident is not located on the floor the Registered staff person in charge shall advise all the floors of the missing resident by means of a public address system announcement.
4. The Registered staff person in charge of each floor shall immediately initiate a search of their respective floors by designating a staff member in each Home Area utilizing the checklist, and report back to the Registered staff person in charge who initiated the announcement, utilizing the Handheld Phone system.

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Topic: Search of a Missing Resident		

5. During the search on the other residential floors, the Registered staff person in charge will direct a staff member on his/her floor to search first floor, utilizing the checklist, and report back accordingly.
- a) If the Resident is not found the Registered staff person in charge shall notify the family.
  - b) The Registered staff person in charge shall then notify the Niagara Regional Police and give a thorough description of the missing resident, utilizing the Missing Resident Report Form.
  - c) The Registered staff person in charge shall then initiate a search of the grounds, by directing a minimum of one staff member from each floor to cover the external perimeter of the building, utilizing the checklist, and report back accordingly. If it is dark outside, female staff members are to conduct the search in groups of two; never alone.
  - d) The Registered staff person in charge shall then follow the directions of the CNO or DON.
  - e) The CNO or DON shall notify the CEO.
  - f) If any resident is missing for more than three (3) hours, the CNO or DON should notify the Compliance Advisor.

M.O.L.T.C.

24 Hour Phone: 1-905-548-3005



<b>ALBRIGHT MANOR</b>	Document: EDP-3.7.1	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Missing Resident Report		

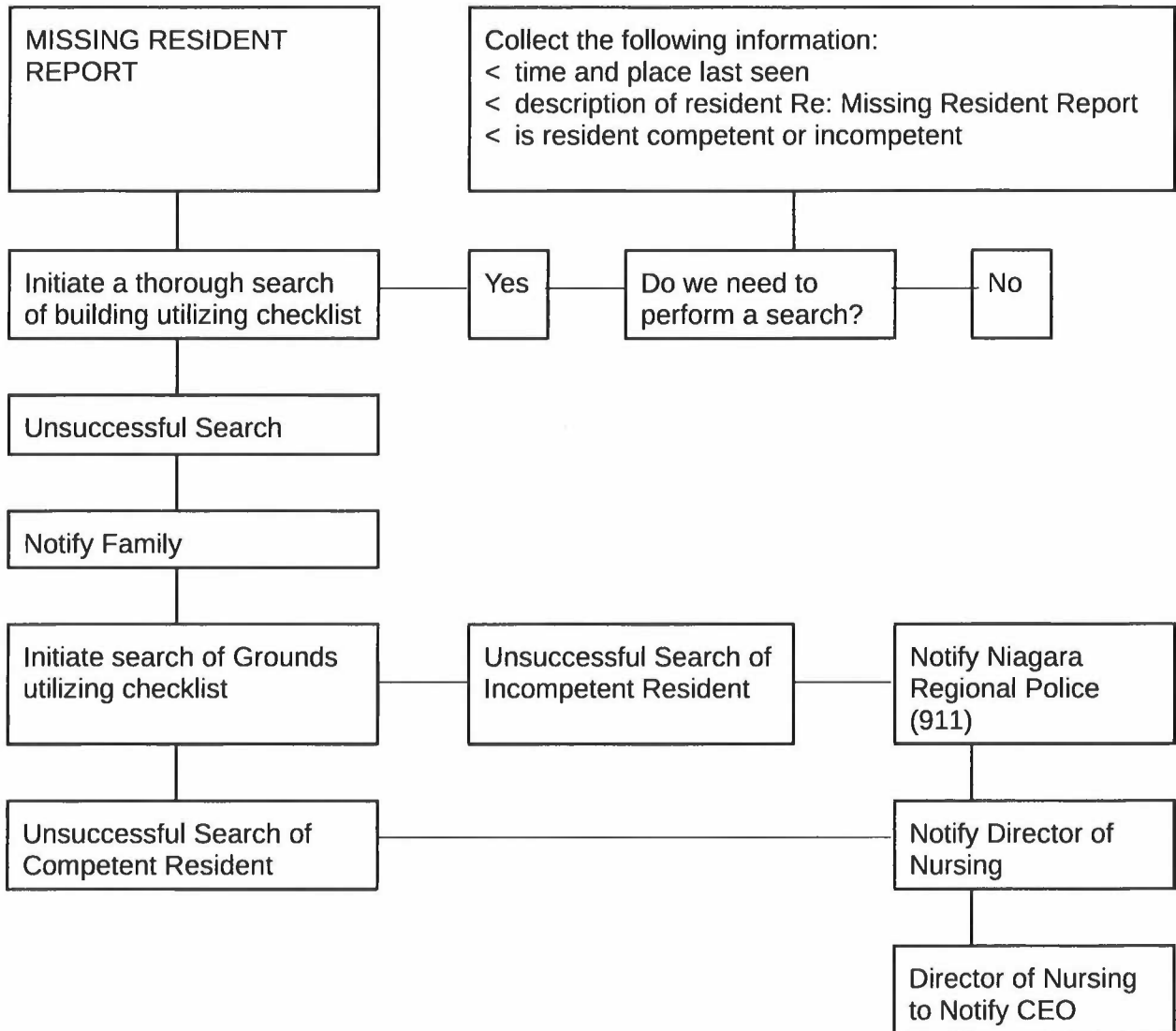
<b>TEETH</b> <input type="checkbox"/> Protruding Uppers <input type="checkbox"/> Protruding Lower <input type="checkbox"/> Irregular <input type="checkbox"/> Good <input type="checkbox"/> Visible Decay <input type="checkbox"/> Visible Missing <input type="checkbox"/> Gold Visible <input type="checkbox"/> Stained <input type="checkbox"/> False	<b>EYE DEFECTS</b> <input type="checkbox"/> Cast Right Eye <input type="checkbox"/> Cast Left Eye <input type="checkbox"/> Right Missing, Blind, Artificial <input type="checkbox"/> Left Missing, Blind, Artificial <input type="checkbox"/> Continually Wears Glasses <input type="checkbox"/> Occasionally Wears Glasses <input type="checkbox"/> Noticeably Near Sighted <input type="checkbox"/> Blind	<b>CONDITION OF RESIDENT</b> <input type="checkbox"/> Alert <input type="checkbox"/> Aggressive <input type="checkbox"/> Impaired <input type="checkbox"/> Confused <input type="checkbox"/> Suicidal <input type="checkbox"/> Oriented <input type="checkbox"/> Violent <input type="checkbox"/> Depressed <input type="checkbox"/> Dangerous <input type="checkbox"/> Psychotic <input type="checkbox"/> Uncooperative	<b>LEVEL OF RISK</b> <input type="checkbox"/> 1. - Needs immediate Medical Attention - Involuntary Psychiatric Patient - May injure self or others <input type="checkbox"/> 2. - Needs further medical attention <input type="checkbox"/> 3. - No further danger
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Form Completed By: \_\_\_\_\_

Date: Date: \_\_\_\_\_

Distribution CNO, DON, CEO

<b>ALBRIGHT MANOR</b>	Document: EDP-3.7.2	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Search for Missing Resident Decision Chart		



<b>ALBRIGHT MANOR</b>	Document: EDP-3.7.3	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Search for Missing Resident Resident Floor Checklist		

### RESIDENT FLOOR CHECKLIST

AREA DESCRIPTION	CHECKED	INITIALED
Resident Rooms		
Resident Washrooms		
Resident Lounges		
Activity Rooms		
Resident Balconies		
Dining Rooms		
Service Corridor		
All Rooms off Service Corridor		
Tub Rooms		
Elevator Lobby		
Resident Courtyards - 2 <sup>nd</sup> Floor Only		
Stairwells		



<b>ALBRIGHT MANOR</b>	Document: EDP-3.7.4	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Missing Resident First Floor Checklist		

### First Floor Checklist

AREA DESCRIPTION	CHECKED	INITIALED
Elevator Areas		
Library/Lounge		
Café/Tuck Shop		
Gathering Place		
Volunteer Office		
Board Room		
Hairdressing/Spa		
Public Washrooms		
Family Room		
Reception Area		
Administration Wing - Business Hours Only		
Service Corridor		
Main Kitchen		
Laundry		
Staff Entrance Area		
Receiving Entrance Area		
All Unlocked Rooms off Service Corridor		
All Stairwells		

<b>ALBRIGHT MANOR</b>	Document: EDP-3.7.5	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Missing Resident Grounds Checklist		

**Grounds Checklist**

<b>AREA DESCRIPTION</b>	<b>CHECKED</b>	<b>INITIALED</b>
Front Entry Way		
Front Parking Areas		
Both Sides of Berm - Hillside		
East/South Parking Areas		
Resident Ground Floor Courtyard		
Receiving Area		
Staff Courtyard at Administration Wing		
West Parking Area (Mountain Street)		
Memorial Trail		
Bridges		

<b>ALBRIGHT MANOR</b>	Document: EDP-3.8	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: External Air Exclusion		

## **Emergency Code**

### **CODE GREY**

Any person who becomes aware of a major or total failure of the building's external air exclusion system will notify the CEO and/or Director of Properties immediately.

The Director of Properties in consultation with the CEO or designate will call Code Grey.

### **External Air Exclusion**

Albright Manor is equipped with an air exchange system that provides for a complete change in internal air with external air (2-3 times per hour). The centre core and ground floor have a 30% exchange of air each hour.

In the event of a release of toxic gases in the community, the air exchange system can be shut down to restrict the entry of external contaminated air.

Note: In the event of fire the air handlers are shut down automatically.

### **Person(s) in Charge**

In the event of a release of toxic gases in the air over Lincoln, the Director of Properties/designate shall be called. Outside of normal business hours the Registered staff person in charge shall be responsible to contact the Director of Properties/designate.

Cell Phone: 1-905-708-7159

The Director of Properties/designate shall:

1. Call the Public Health Department for the Region to determine the cause, the type of toxic gases, and remedial measures that can be taken.

Public Health Department

24 Hour Emergency Phone: 905-688-3762

2. Call the Town of Lincoln, for any further information available.

Town of Lincoln  
Hours)

905-563-8205 (Days)

905-641-0971(After

<b>ALBRIGHT MANOR</b>	Document: EDP-3.8	Approved By: Saad Akhter
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	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: External Air Exclusion		

### **Shutting Down Air Exchange Systems**

The Director of Properties/designate shall turn off the air handlers at the following locations and follow the procedures listed below:

1. External Air Exchange Fans

Panel MCC-E1 - Mechanical Room 1<sup>st</sup> Floor

AHU - 1 Air Handling Unit Ground Floor Supply

Panel PP-E-1 - Electrical Room off of Mechanical Room 1<sup>st</sup> Floor

RTHVAC - 1 Roof Top Heat Ventilation/Air Conditioning - South Wing

RTHVAC - 2 Roof Top Heat Ventilation/Air Conditioning - West Wing

RTHVAC - 3 Roof Top Heat Ventilation/Air Conditioning - North Wing

RTHVAC - 4 Roof Top Heat Ventilation/Air Conditioning - East Wing

RTHVAC - 5 Roof Top Heat Ventilation/Air Conditioning - Centre Core

AHU - 1 Air Handling Unit -Ground Floor

MUA -1 Make Up Air Unit

Panel PP-3 - Electrical Room off of Mechanical Room 1<sup>st</sup> Floor

MUA - 2 Make Up Air Unit

RTHVAC - 6 Roof Top Heat Ventilation/Air Conditioning - West Dining Rooms

RTHVAC - 7 Roof Top Heat Ventilation/Air Conditioning - East Dining Rooms

2. Building Exhaust Fans

Panel MCC-E1 - Mechanical Room 1<sup>st</sup> Floor

KEF - 1 Kitchen Exhaust Fan

Panel PP-3 - Electrical Room off of Mechanical Room 1<sup>st</sup> Floor

EF - 1 Laundry Exhaust Fan

EF - 2 Core Area and Ground Floor Exhaust Fan

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Topic: External Air Exclusion		

Panel LP - M - Electrical Room off of Mechanical Room 1<sup>st</sup> Floor

KEF - 2            Dishwasher Exhaust  
EF - 3            Battery Charging Area Exhaust

Panel 1EC - Kitchen

KEF            Kitchen Exhaust Fan

3.    Windows

Instruct staff to close and secure all windows.

4.    Doors

Instruct staff to refrain from using external doors to reduce external air entry.

**Notification of CEO or designate**

Upon completion of the shut down of the air exchange systems, the CEO or designate is to be notified.

**All Clear**

The Director of Properties/designate will announce "All Clear" over the public address system upon receipt of such information from the Town of Lincoln and/or the Ministry of the Environment.

All air borne toxic contaminants are subject to prevailing winds which will serve to disperse and dissipate them. In this regard, it is anticipated that "shutting down of the air exchange systems" will be for a short-term nature, lasting a few hours at most.

<b>ALBRIGHT MANOR</b>	Document: EDP-3.9	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Fire		

**Emergency Code**

**CODE RED**

Refer to the Fire Safety Manual. Any changes to the Fire Safety Manual need to be made in partnership with the fire department and require final approval by the fire chief.

<b>ALBRIGHT MANOR</b>	Document: EDP-3.10	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Flood Water Leakage		

## **Emergency Code**

### **CODE GREY**

Any person who becomes aware of an internal flood will notify the CEO and/or Director of Properties immediately.

The Director of Properties in consultation with the CEO or designate will call Code Grey.

## **Flood**

As Albright Manor is located on the hillside bench lands of the Niagara Escarpment it is not located on a flood plain nor is located in an area prone to flooding. Therefore, flood planning is limited to internal disasters such burst pipes or overflow of plumbing fixtures.

## **Person in Charge**

In the event of water leakage from a burst pipe or overflow of a plumbing fixture, the maintenance staff should be notified immediately. After normal business hours the registered staff person in charge shall notify the Director of Properties or designated on call person.

## **Water Leakage Flood from Plumbing Fixture**

Contact maintenance staff and attempt to shut off water supply. If the water leakage is due to an overflowing toilet, sink, flush sink, the water supply to the fixture should be turned off. The shut offs are located below each fixture.

Once the flow of water has stopped, immediate steps should be taken to clean up the flooded water to reduce risk of damage. Mops are located in Housekeeping closets in the service corridors on each floor. A wet/dry vacuum is located in the equipment cleaning room near laundry on the ground floor.

## **Water leakage from Burst Pipe**

In the event of water leakage from a burst pipe, the following procedures should take place:

- During normal business hours, contact maintenance staff.
- After normal business contact the Director of Properties or the on-call designate.

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Section 3 Emergency Situations	Revised: July 1, 2022	
Topic: Flood Water Leakage		

**Domestic Water Flood**

1. Immediately shut off the main water shut off valve located in the south east corner of the ground floor mechanical room (Valve #203)
2. Shut down the 2 water pressure booster pumps at the Armstrong Control Panel DPI located in the front of the main water valve. Turn the main disconnect switch on this panel to the off position.

**Fire Sprinkler System Flood**

1. The water supply to the sprinkler system is not controlled by the main water valve to the building.
2. If the sprinkler system has been activated due to a Fire, the system may only be shut off with approval of the Fire Department.
3. If there is a burst pipe in the sprinkler system, the Fire Alarm System will be activated because there is a water flow sensor switch connected to the Fire Panel.
4. There is a shut off valve for each floor for the sprinkler system. The valves are located in the ground floor mechanical room.
5. The only valve that should be turned off is the floor affected by the leak.

**Fire Hose/Standpipe System**

1. The water supply to the Fire Hose/Standpipe System is not controlled by the main water valve to the building. If there is a leak in the Fire Hose/Standpipe System, the flow of water will activate the Fire Alarm System.
2. To shut off water supply to the Fire Hose/Standpipe System without affecting the Sprinkler System, two valves must be closed. The Fire Pump suction valve and the Fire Pump by-pass valve. These are both located in the ground floor mechanical room.
3. There is a main shut off valve for both the Fire Hose/Standpipe System and Sprinkler System. This valve is located next to the main water shut off valve. Closing this valve will send a trouble signal to the Fire Alarm System.
4. Immediate action shall be taken to repair the leak and restore the sprinkler system to normal operation.



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Topic: Flood Water Leakage		

5. All repairs are to be conducted by Chubb Edwards 905-643-6201.
6. Spare sprinkler heads are located adjacent to the sprinkler shut off valves.

**Clean Up**

Once the flow of water has stopped, immediately clean up the flooded water. This would be done by maintenance staff and any Housekeeping staff on site. In the case of a major flood after hours, additional housekeeping staff may need to be called in to assist with the clean up using mops, wet/dry vacuums, and carpet extractors.

**Repairs**

1. Arrangements for any necessary repairs are to be completed by the Director of Properties.
2. Systems may only be restored once the necessary repairs have been completed.
3. It may be possible to isolate the affected area using zone isolation valves and restoring the remainder of the building to normal until the repairs have been completed.

Maintenance staff are able isolate an area by referring to the valve chart located in the Maintenance shop. Once the zone is isolated, the main water valve may be reopened.

<b>ALBRIGHT MANOR</b>	Document: EDP-3.11	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: July 1, 2022	
	Reviewed: July 1, 2022	
Section 3 Emergency Situations	Revised: N/A	
Topic: Medical Emergency		

## **Medical Emergency**

### **CODE BLUE**

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.

Upon discovering a medical emergency, employees will:

1. Shout to nearby staff members "Code Blue" and as applicable pull call bell and phone Nurse/First Aider.

The Nurse/Manager in charge/First Aider will:

1. Respond to site.
2. Direct a team member to call 911 for an ambulance, report back having completed that action and then notify POA/Responsible Party/Next of Kin.
3. Direct appropriate resuscitation procedures until arrival of paramedics.
  - In the event of a cardiac arrest or other sudden medical emergency for someone other than a resident, remember the basic CPR principles.
  - For residents, confirm DNR order/status to find out if resident requires CPR or not.
4. Continue resuscitation procedures or comfort measures as applicable until arrival of 911.

The Nurse or designate will:

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

All Staff members will:

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

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Manual: Emergency Disaster Plan	Original Date: July 1, 2022	
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Section 3 Emergency Situations	Revised: N/A	
Topic: Medical Emergency		

### **Management of a Choking Resident**

Residents who experiencing choking will be treated as a medical emergency and a Code Blue emergency response will be initiated.

The Nurse or designate will:

1. Assess the situation to determine if the resident is able to breathe. Look for signs that the resident is suffering from total airway obstruction. These signs include the resident being unable to make any sounds above a wheeze, the face turning blue, and hands clutching the throat in the universal symbol for choking.
2. If the resident is not able to speak, cough, or breathe, or is making high-pitched noise, immediately begin care for choking.
3. A trained nurse/healthcare provider will perform abdominal thrusts to clear airway.
  - If the resident becomes unconscious, call for medical help using 911.
  - If CPR is required as per residents' goals of care, ensure that the resident is lying on a hard surface to enable ease when doing CPR.
  - Continue providing emergency care until EMS arrives on scene.
4. Notify POA/SDM, most responsible physician/Nurse Practitioner, and CNO, DON and ADON of the incident and actions taken.

### **Post Choking Incident:**

1. Following a choking event, the nurse or designate will:
  - If the resident expels the object, continue to monitor resident's vital signs for 2 days after the choking episode, watching the residents for symptoms of aspiration pneumonia.
  - Investigate and report any new complaints of breathing difficulties, pain, new or unusual cough, discomfort.
  - Contact the Dietitian via phone/virtual for consultation post incident.
  - Identify if any other referrals or consultations may be required, i.e. PT/OT, physician, Speech & Language Pathologist.
  - Review and update the residents' plan of care to ensure risks are identified and based on resident individualized care needs.

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Section 3 Emergency Situations	Revised: N/A	
Topic: Medical Emergency		

2. Document incident in the risk management tab of the resident electronic health record.

The PSW will:

1. Immediately report any signs of chewing or swallowing difficulties during snack, meal times, and when consuming any other food or fluids to the nurse.

The CNO or designate will:

1. Complete a complete a critical incident report as per provincial health authority requirements for transfers to hospital.
2. Obtain proof of current CPR certification from nursing team upon hire and recertification as per provincial requirements thereafter.
3. Ensure team members received training on Code Blue procedures including how to respond to choking incidents.

<b>ALBRIGHT MANOR</b>	Document: EDP-3.12	Approved By: Saad Akhter
Manual: Emergency Disaster Plan	Original Date: July 1, 2022	
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Section 3 Emergency Situations	Revised: N/A	
Topic: Chemical Spill/Gas Leak/Hazards		

## **Emergency Code**

### **CODE BROWN**

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.

#### **Definitions:**

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

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

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

## **Carbon Monoxide**

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

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

Symptoms of Carbon Monoxide (CO) Exposure:

- Headaches

<b>ALBRIGHT MANOR</b>	Document: EDP-3.12	Approved By: Saad Akhter
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- Nausea
- Dizziness
- Drowsiness or fatigue
- Burning eyes
- Confusion
- Loss of coordination

Any person who suspects exposure to Carbon Monoxide will:

1. Call the fire department using 911 immediately.
2. Inform their Supervisor immediately.

The Supervisor will:

1. Call the on-site Disaster Alert Coordinator (CEO/designate or the In-charge RN).
2. Remove resident and then staff from affected areas

The on-site Disaster Alert Coordinator will:

1. Call Code Brown.
2. 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).
3. Call the Director of Properties.
4. Take direction from fire department and other emergency responders

All Team Members will:

1. Open windows to ventilate the area.
2. Relocate residents, team members, visitors, and volunteers from the affected area immediately.
3. Take direction from the Disaster Alert Coordinator.

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### **Natural Gas Leak**

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

1. Call 911 from a phone located well away from the source of the leak.
2. Inform the Disaster Alert Coordinator (CEO or designate or In-charge RN) immediately.

The Disaster Alert Coordinator will:

1. Call Code Brown.
2. Instruct Maintenance or designate to immediately shut off the gas at the main valve and any secondary valves if necessary.
3. Instruct team members to relocate residents, visitors, and themselves from the affected area of the building following the fire emergency procedures.
4. Open outside ventilation to the area if possible.
5. Notify the gas company from a phone located well away from the source of the leak.
6. Take direction from Emergency Services personnel.

All Staff Members will:

1. Not smoke or use electrical devices including cell phones.
2. Not turn the power on and off.
3. Steer residents and visitors away from affected area.
4. Take direction from the Disaster Alert Coordinator.

### **Biological/Chemical Threat**

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

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1. Immediately ensure all persons are relocated to an area away from the release.
2. Call 911.
3. Inform the Disaster Alert Coordinator (CEO or designate or In-Charge RN) immediately.

The Disaster Alert Coordinator will:

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

All Staff members will:

Take direction from the Disaster Alert Coordinator. If splashed with a chemical agent, immediately wash it off using ONLY water.



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**Liquid/Chemical/Gas Spill**

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

1. Inform the Disaster Alert Coordinator (CEO or designate or In-Charge RN) immediately.

The Disaster Alert Coordinator (CEO or designate or In-Charge RN) will:

1. Call Code Brown.
2. Keep staff members, residents, volunteers, and visitors clear of the area.
3. Contact the Director of Properties or designate to investigate and together determine the appropriate actions.
4. If no leak or spill, complete Incident Report.
5. If leak/spill found:
  - Instruct maintenance team to shut off liquid chemical/gas at main valve of container;
  - Determine the nature, extent, and cause of the spill/leak;
  - Instruct maintenance team to use the Spill Kit stored in the Maintenance Shop or in the kitchen in the janitor's closet in order to contain the leak.
6. If required, advise the Disaster Alert Coordinator that a Code Brown should be called. This may involve evacuation of the affected area.
7. If required, call 911 to get Emergency Services assistance.
8. Take direction from emergency services personnel.
9. When the situation is under control, advise reception to announce "Code Brown - All Clear".
10. Complete Incident Report (with assistance from maintenance team involved).

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11. Contact environmental company to arrange proper disposal in keeping with the type of spill collected in the spill kit pail.

The Director of Properties or designate will:

1. Attend on scene of spill/leak as directed by the Disaster Alert Coordinator.
2. Complete directions as per step 2 of Disaster Alert Coordinator's procedures.
3. If required, assist reception/concierge to announce code and then "All Clear" signal.
4. Assist emergency services as required.
5. Assist Disaster Alert Coordinator in completion of Incident Report.

Administration staff will:

1. Announce "Code Brown" and "All Clear" as directed by Disaster Alert Coordinator.
2. Take directions from the Disaster Alert Coordinator.

Staff Members in the affected area will:

1. Keep staff members, residents, volunteers, and visitors out of the area until the situation is investigated and evaluated by the Disaster Alert Coordinator or Director of Properties/designate.
2. Take directions from the Disaster Alert Coordinator.

All Staff Members will:

1. Take directions from the Disaster Alert Coordinator.
2. Keep out of the area.
3. Reassure residents, visitors, and volunteers as appropriate.

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Topic: Physical Threat/Violent Outbursts		

## **Emergency Code**

### **CODE WHITE**

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

### **Physical Threat/Violent Outburst**

If confronted by a violent or aggressive resident, staff member, volunteer, or visitor will do the following:

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

As part of the recovery process, the CEO or designate will:

1. Consider the physical and mental health needs of all team members and residents.
2. Ensure supports are provided, using existing and additional identified programs as needed

All Staff will:

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

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### **Protest/Demonstration/Disturbance**

Any person who suspects/sees a protest or disturbance on the grounds will:

1. Inform the Disaster Alert Coordinator/Supervisor in charge immediately.
2. Not confront or attempt to remove strangers who enter the location.

The Disaster Alert Coordinator or designate will:

1. In the event of violence/significant disturbance, announce Code White (including the area of the location affected).
2. In the event of violence/significant disturbance, notify police; call 911 and provide as much information as possible relating the incident.
3. Delegate staff members to lock all entry and exit doors to prevent entry into the building. All other doors of the location should be locked as per normal day to day security requirements of the location while at the same time not inhibiting evacuation of the building should it be necessary.
4. Inform reception that no visitors are permitted into the building unless escorted by a team member.
5. Direct the relocation of the residents, staff members, visitors, and volunteers away from ground floor windows if there is a possibility that windows could be broken.
6. Contact CEO or designate, determine next steps.

All Staff will:

1. Take direction from the Disaster Alert Coordinator.

### **Threatening Communication**

Threatening communication is any form of communication that is intended to manipulate, control, hurt, and/or intimidate in order to cause a change in the target's (victim's) behaviour.

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Threatening communication can be sent in a number of ways such as mail, email, social media, telephone, voicemail, etc.

Upon receipt of threatening communication

- Treat all threats seriously
- Immediately contact CEO and/or designate in charge of the building

If the communication is received in writing:

- Limit handling of the letter
- Keep the envelope
- Do not time stamp or write on the letter
- Contact CEO or designate

If the communication is received over email, do not forward the email to others.

- Contact CEO or designate

If the communication or photos is received over social media:

- Take screen shots of the threats
- Note the date and time received
- Note any other details about the threat that you can perceive (location, device being used, user handle names, etc.)
- Do not respond to or engage with the user
- Contact CEO or designate

If the communication is received over the phone or voicemail:

- Note the date, time, and phone number
- Write down what was said in detail
- Do not argue with the caller
- Do not transfer the call

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- Do not make any further calls from the extension that the call was received on
- Upon completion of the call, immediately move to a different phone and report the details of the incident by calling CEO or designate
- Any threats of self-harm or harm to others or the environment should be reported as soon as possible to your local police service. Use the non-emergency number but use your own discretion (and/or discuss with a supervisor) whether the threat is serious or urgent enough to call 911.

The CEO or designate may:

- Contact the police
- Implementing/Announcing Code White Emergency Response
- Providing additional security services (i.e. sentries on guard, escorts to team members between vehicle and building)
- Communication to all team members regarding situation, special instructions (i.e. delay to shift change; remain in vehicle until escorted into building)
- Ongoing incident management and recovery planning, including support of team member, resident, and family health and wellness

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## **Emergency Code**

### **CODE SILVER**

In the event of an intrusion by an armed person, an active shooter, or a hostage taking incident, Code Silver procedures will be enacted to prompt an appropriate response.

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

Any person who becomes aware of an intrusion by an armed person, an active shooter, or a hostage taking incident will:

1. Call 911 as soon as possible. Be prepared to provide location address, name, contact information, and any other relevant information.
2. Announce/communicate Code Silver and location.
3. Notify the CEO or designate or Registered Nurse in charge of the building as soon as possible.

### **Staff members who are in the immediate area of Assailant**

Do NOT attempt to engage the assailant. This includes verbal and physical attempts do deescalate the situation.

1. Remain calm and evacuate:
  - Do not confront a person with a weapon
  - Do not attempt to remove wounded persons from the scene
  - If possible, assist others to leave the area and redirect those trying to enter
  - Evacuate if able and safe to proceed
    - Only evacuate if you are close to an exit and can get there

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safely, without attracting attention

- Have an escape route and plan in mind
- While evacuating, keep hands visible at all times (not to be mistaken for the shooter)
- Leave any belongings behind

2. If unable to evacuate, hide:

- Use rooms with doors that lock
- Barricade the door with heavy furniture
- Silence your cell phone and turn off any sources of noise (e.g. radios, televisions, etc.)
- Hide behind large objects (e.g. cabinets, desks, walls, etc.)
- Remain quiet and low to the ground

3. Survive:

- Fight only as a last resort and only if your life is in imminent danger
- Attempt to disrupt and/or incapacitate the assailant by: Acting as aggressively as possible against them, throw items and improvising weapons, yelling, commit to your actions
- If others are available, work together to distract and attack the assailant as fiercely as possible

4. Call CEO or designate or In-charge Nurse in charge of the building as soon as possible:

- Tell them to initiate Code Silver
- Give as much information as possible, including:
  - Location of the assailant(s) (current, last known, and/or direction headed)
  - Type of weapon(s)
  - Description of the assailant(s)



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- Any comments or demands made by the assailant
- Information on victims and/or hostages
- Any other information you feel may be relevant
- Remain on the line, and follow instructions (stay as quiet as possible)

### **Staff members who are in the areas near the Code Silver location**

1. If you can leave safely, evacuate:
  - Remain calm and follow Police/Security direction, if available
  - Quickly leave the area, evacuating as many residents and other people as possible
  - Redirect any people entering the area to evacuate to a safe location
  - Move to a safe, pre-determined meeting point (if possible)
  - Supervisors: once at meeting point, perform a head count to determine if your team is accounted for
  
2. If you cannot leave safely, hide:
  - Protect yourself and individuals in your area by quickly and quietly:
    - Closing doors, locking and barricading yourself and others inside (where possible)
    - Positioning people out of sight and behind large items that offer protection. (e.g. behind desks, cabinets, and away from windows)
    - Silencing personal alarms, mobile phones and other electronic devices (e.g. TVs, Radios, etc.)
    - Turning off monitors and screens (where possible) to reduce backlighting
    - 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)

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- If able and safe to do so, call 911 to report where occupants are hiding
- Do not use the telephone unless directly related to the Code Silver. Medical Emergency Codes will not be called for victims of the assailant until the incident site is secured by Police
- Hide in place until "Code Silver, All Clear" is announced
- If the assailant enters your work area, contact 911 if it is safe to do so

**Staff members who are in other locations within the building**

1. Do not attempt to return to your department.
2. Follow the instructions of the Charge Person/Supervisor in your current location.
3. Lock down all external doors and doors between areas.
4. Stay where you are, protecting yourself and assisting others in your area, if possible.
5. 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.
6. 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
7. 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.
8. Minimize movement within the area to essential, safety-related matters.
9. Silence personal alarms, mobile phones, and other electronic devices.
10. Do not use the telephone unless directly related to the Code Silver incident.

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11. Supervisors: Once lockdown of the area is complete, and only if safe to do, perform a headcount.
12. Police must approve all movement throughout the building, until the Code Silver has been cleared. This includes responding to other codes and resident care needs.

The CEO or designate or In-charge RN will:

1. Call Code Silver.
2. Call 911 immediately and inform them of the details.
3. Initiate Building Lockdown procedure.
4. Warn others in the immediate area of danger and prevent anyone from entering the area.
5. 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.).
6. Ensure that any victims receive medical treatment if it can be provided without putting anyone else in danger.
7. Take direction from police upon their arrival.

### **Upon arrival of police**

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

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.

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:

- Drop any items in your hands (e.g. bags, jackets, etc.)

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- Immediately raise hands and keep them visible at all times
- Remain calm and follow Officers' instructions; avoid screaming and/or yelling
- Avoid making quick movements toward Officers
- Do not attempt to grab hold of an Officer
- 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 CEO or designate or In-charge RN

Police Officers may:

- Be wearing normal uniforms or tactical gear, helmets, etc.
- Be armed with rifles, shotguns and/or handguns
- Use chemical irritants or incapacitating devices (e.g. pepper spray, stun grenades, tasers, etc.) to control the situation
- Shout commands and may push individuals to the ground for their safety

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.

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**

Police will advise the CEO or designate or In-charge RN when it is safe to end the Code Silver.

- Once the Police have said it is safe to do so, announce *"Code Silver, All Clear"*
- Staff members should return to their work area for debriefing. Staff members from the affected area should go to a designated meeting point.

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- The location should 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.
- As soon as possible, the Disaster Alert Committee should conduct a debriefing, including participation of any responding law enforcement and internal security personnel.
- As part of the recovery process, the location will consider the physical and mental health needs of all staff members, residents, visitors, and families. Support will be provided, utilizing existing and additional identified programs (e.g. Employee & Family Assistance Program, individual and group counselling, and workers compensation, as necessary.)
- Staff members should speak with their supervisor regarding any specific concerns, needs, or considerations.

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Topic: Building Lockdown		

## **Building Lockdown**

Lockdown procedures are implemented to secure and protect staff members and residents when an unauthorized or suspicious person enters the location 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.

### **Implementing Lockdown**

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.

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**

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 contaminates outside the building and keeping persons from unnecessarily putting themselves in medical danger.

In the case of external health hazard, where it is not possible or advisable to evacuate the building:

1. The CEO or designate or In-charge RN will announce "Building Lockdown - Shelter in Place" to all team members as soon as possible.
2. The CEO or designate or In-charge RN will advise all staff members, residents, and visitors in the building to move upwards to an interior room on a higher floor since many agents are heavier than air.

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3. All staff members will close windows and doors.
4. The CEO or designate or In-charge RN will:
  - Ensure exterior doors are locked.
  - Turn off heating, air conditioning and ventilation systems.
  - Check the inventory of openings to ensure that no openings have been overlooked.
5. The CEO or designate or In-charge RN 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 And Secure**

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.

Examples of incidents:

- a violent crime nearby
- an active shooter in the area

### **What to do - if it's safe to:**

1. Announce "Building Lockdown - Hold and Secure" to all staff members as soon as possible.
2. Listen to instructions from emergency responders or building managers.
3. Proceed inside the building (if not already inside).
4. Close and secure exterior doors.
5. Close windows and blinds.
6. Turn off lights.
7. Keep away from exterior doors and windows.

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8. Encourage people to remain inside the building until the threat has passed.

### **Lockdown**

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.

Examples of incidents:

- a person with a weapon inside the building
- an active attacker inside the building

### **What to do - if it's safe to:**

1. Announce "Building Lockdown" to all staff members as soon as possible.
2. Listen to instructions from emergency responders or building managers.
3. Move to a safe area.
4. Close and secure doors and windows.
5. Barricade doors with furniture or wedges if unable to secure them.
6. Turn off lights.
7. Keep away from doors and windows.
8. Silence cell phones.
9. Remain silent.
10. Lie on the floor if gunshots are heard.
11. Call 911 if it is safe to do so and if you have information such as location of attacker.
12. Speak as calmly and quietly as possible. Provide quiet activities to help keep residents focused and quiet.



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13. **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.

14. Remain in the lockdown response until police release you with a key.

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**

Police will advise the CEO or designate or In-charge RN when it is safe to end the Lockdown. Announce "Lockdown All Clear" when matter is resolved.

- All staff members should return to their work area for debriefing.
- Staff members from the affected area should go to a designated meeting point.
- The location 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)

As soon as possible, the Disaster Alert Committee, will conduct a debriefing, including participation of any responding law enforcement, and ensuring appropriate Employee & Family assistance resources are provided.

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Topic: Community Disasters/Natural Disasters		

## **Emergency Code**

### **CODE ORANGE**

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

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

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

1. Inform the Disaster Alert Coordinator (CEO or designate or In-charge RN) immediately.

The Disaster Alert Coordinator will:

1. Call Code Orange.
2. Tune into local radio/television/internet for information and direction from provincial or community authorities.
3. Alert staff members that an evacuation may be necessary.
4. If advised by provincial authorities to remain in the building, notify staff members, residents, and visitors of the hazard and reasons to "shelter in place".
5. Seal building so contaminants cannot enter by:
  - Ensuring that all windows and doors are closed
  - Sealing gaps under doorways, windows, and other building openings (indicate where supplies will be kept)
  - Ensure that all heating, air conditioning, and ventilation systems remain off
  - Limit access to the building
6. Monitor radio/television/internet for further updates and remain in shelter until authorities indicate it is safe to come out.
7. Initiate Code Green evacuation procedure as required.

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All Staff Members will:

1. Close windows, doors and other openings to the exterior.
2. Turn off air conditioning, vents, fans, and heating equipment.
3. Take direction from the Disaster Alert Coordinator.

**Severe Weather/Wildfire**

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

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

1. Inform the Disaster Alert Coordinator immediately.

The Disaster Alert Coordinator will:

1. Call Code Orange.
2. Tune into their local radio station/television station/internet for updates on severe weather/wildfire warnings.
3. Advise staff members, residents, and visitors of severe weather/wildfire warning.
4. Direct staff 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.
5. Direct staff members to have emergency supplies readily accessible.
6. Direct Maintenance team to verify that the generator (as applicable) is adequately fueled and in good working order.
7. Direct Maintenance team to arrange for additional fuel onsite as required.
8. Initiate Code Green evacuation procedure as required.

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## **Earthquake**

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

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

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

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

When the shaking stops:

1. Put out small fires quickly if it can be done without endangering themselves or other individuals. Fire is the most common hazard following earthquakes.

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2. Alert residents, staff members, and visitors to expect aftershocks.
3. Alert residents, staff members, and visitors of fallen power lines and other hazards.
4. Attempt to continue operations onsite. Continue to provide essential care and service as much possible.
5. Check for hazards; floors may be covered with glass, spilled medications, and chemicals. Clean up flammable liquid spills as soon as possible.
6. Check the operating status of all telephones, and replace receivers on the bases.
7. Check for injuries: assess if anyone is injured and provide medical assistance where required, or call other staff members for assistance.
8. Check for people who may be trapped: inspect residents' rooms, nursing/wellness stations, and other locations in your area. Leave doors to rooms open.
9. Instruct residents to remain calm and stay in an intact room, or assemble residents in hallways until a detailed damage assessment is complete. Keep residents away from windows, exterior walls, and objects, which may fall.
10. Do not evacuate until advised by the Disaster Alert 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.
11. Do not consume or distribute food or water unless you are certain it is free from contamination.
12. Do not flush toilets – conserve water.
13. Assess the damage to your designated area/unit, and inform the Disaster Alert 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 Disaster Alert Committee of unsafe situations.
14. Report to the Disaster Alert Coordinator.

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The Disaster Alert Coordinator will:

1. Call Code Orange.
2. Alert residents, staff, and visitors that fire alarms and sprinklers may activate.
3. Instruct residents, staff, and visitors to not leave the building due to potential danger of falling objects.
4. Instruct residents, staff, and visitors to evacuate once shaking has stopped and move away from building; follow Code Green evacuation procedure as required.
5. Ensure all residents, staff, 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.
6. Contact emergency services, keeping in mind that the location may not be the only facility requesting assistance.
7. 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.
8. Take direction from Emergency Services personnel.
9. Arrange for the building to be inspected before residents and team members are re-admitted.

**Flood (External I.E. Due To Weather)**

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

The Disaster Alert Coordinator will:

1. Call Code Orange.
2. Tune into local radio/television/internet for information and direction from provincial or community authorities.
3. Alert staff that an evacuation may be necessary.

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

In the event there is time and it is safe to do so, the Director of Properties or designate will:

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

### **Utility Failure**

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

1. Inform the Disaster Alert Coordinator immediately.

The Disaster Alert Coordinator will:

1. Call Code Orange.
2. Tune into local radio/television/internet for information and direction from provincial or community authorities.
3. Alert staff members that an evacuation may be necessary.

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

All Staff Members will:

1. Take direction from the Disaster Alert Coordinator.

### **Emergency Hosting For External Community**

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

The Staff member who receives a request to use the location as an Emergency Hosting site will:

1. Notify the CEO or designate immediately.

The CEO or designate will:

1. Assess the type of persons the location is able to receive and inform the caller if the location can accept them if they are not a prearranged partner organization.
2. Notify provincial regulatory authority, health authority if applicable.
3. Inform the Disaster Alert Committee of the upcoming hosting.
4. Determine the number of staff members to be called in should additional staff members be required to support the emergency situation.
5. Meet the evacuated public or residents in the main lobby upon their arrival.
6. Delegate staff to designated areas of the building where public/residents will be accommodated. The following two areas will need to be established:
  - Assessment Area
  - Holding Area



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7. Appoint one team member to identify each individual or resident by placing a temporary identification bracelet on their wrist and completing the Emergency Registration Log.
8. Appoint staff members/volunteers to escort individuals to the assessment, holding, and temporary accommodation areas.
9. Direct staff members to provide beverages/light snack to evacuated public or residents.
10. Direct Dietary/Culinary team to make necessary adjustments to eating times, meal numbers, and eating locations to accommodate extra individuals within the location.
11. Direct care and support teams as applicable to provide supplies, comfort needs (blankets, pillow, bed, chair, personal – toothbrush, Kleenex, etc.).

Staff Members will take direction from the Disaster Alert Coordinator (CEO or delegate or In-charge RN).

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## **Emergency Code**

### **CODE GREY**

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., the Disaster Alert Coordinator or designate will call Code Grey to alert team members, residents, and visitors, and prompt an appropriate response. Repair service contracts (where applicable) will include priority response time.

### **ELEVATOR ENTRAPMENT/FAILURE**

Any person who discovers that someone is trapped in an elevator/elevator failure will notify the CEO and/or Director of Properties immediately.

The Director of Properties in consultation with the CEO or designate will call Code Grey.

The CEO or designate will:

1. Contact the Director of Properties or designate and the elevator service company immediately and determine their estimated response time.
  - Elevator Service Company Name: Thyssen Krupp
  - Elevator Service Company Contact Information: 905 385-1785
2. Attempt to determine where the elevator is stopped.
3. Designate a member of staff 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.
4. Reinforce to occupants to not force the doors open and remain calm.
5. 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.
6. Call 911 if the occupant(s) is in distress.
7. Follow the directions of the elevator service technician or emergency services when they arrive on scene.

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8. Take the elevator out of service until the necessary repairs are made.
  - How to take elevator out of service i.e. location of switch: In the elevator mechanical room on 1<sup>st</sup> floor.

### **Roof Collapse**

Any person who suspects that there has been a roof collapse will notify the CEO and/or Director of Properties immediately.

The CEO or designate will:

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

### **Fire Protection System Failure**

Any person who suspects that the Fire Protection System is not working will notify the CEO and/or Director of Properties immediately.

The CEO or designate will:

1. Call Code Grey.
2. Notify all staff that a fire watch has been initiated.
3. 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 you must call 911 directly.

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4. Assign team member(s) to monitor/complete Fire Watch Checklist for all areas of the building by doing thirty-minute walk about for the duration of the fire watch.

All staff will:

1. Take direction from the CEO or designate.

The Director of Properties or CEO will:

1. Obtain immediate assistance (service) from Fire Protection service supplier and contact Fire Department.
  - Fire Protection Service Supplier: Chubb Edwards
  - Fire Protection Service Supplier Contact Info.: 905-643-6201
  - Location of Fire Protection Service Supplier Contract: Hamilton
  - Fire Department Contact Info.: 905-684-4311 non-emergency line

### **Total Loss Of Cooling System**

Any person who becomes aware of a major or total failure of the building's cooling system notify the CEO and/or Director of Properties immediately.

The CEO or designate will:

1. Call Code Grey.
2. Notify the local HVAC system contractor service provider of the failure and ask for expedited service call to correct.
  - HVAC system contractor service provider: Naylor Mechanical
  - HVAC system contractor service provider Contact Info.: 905-338-8000
  - Location of HVAC system contractor service provider Contract: CEO Office
  - Request an estimated time to correct following the initial investigation by contractor.
3. Notify the manager/nurse in charge or designate.
4. Review Evacuation plan and prepare to institute if time to correct is greater than 12 hours or if temperature exceeds 39 degrees Celsius.

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5. Notify administrative office.
6. Review and implement Management of Risk Associated with Extreme Heat policy.
7. 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.
8. Direct staff to ensure all exterior windows are closed and curtains are drawn closed.
9. Direct Maintenance to place in operation any fans available to provide additional comfort to residents.
10. Direct staff to move residents to inner core of building away from exterior walls.

### **Mag Locks Failure**

Any person who suspects that the Mag Locks are not working notify the CEO and/or Director of Properties immediately.

The CEO or designate will:

1. Call Code Grey.
2. Check to ensure that doors are unlocked and if so, try to reset mag locks at station.
  - Instructions to reset mag locks: Insert key in lock turn in indicated direction hold for three seconds and release
  - Location of station: Inside front entrance beside reception on wall beside fire panel. Key located at the fire panel in each nursing station. Director of Properties, Maintenance Workers and CEO also have keys.
3. Assign staff to monitor exit doors until the problem is resolved.
4. Notify Director of Properties and CEO.
5. Assign staff to complete a resident room check using fire plan checklist

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and to do ongoing walk about every fifteen minutes until system is reactivated.

All staff will:

1. Complete room check and monitor exits as assigned.
2. Take direction from the Director of Properties and/or CEO.

The Director Properties or CEO will:

1. Obtain immediate assistance (service response) from mag lock (security system) supplier.
  - Mag lock/security system supplier: Pinders
  - Mag lock/security system supplier Contact Info.: Pinders 905-934-6333

### **Telephone System Failure**

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

1. Inform the Disaster Alert Coordinator (CEO or delegate or In-charge RN) immediately.

The Disaster Alert Coordinator will:

1. Call Code Grey.
2. Notify CEO or designate, CNO, DON and Director of Properties.
3. Use cell phone to contact the IT Service Desk (if issue occurs outside of business hours, select After Hours Service).
4. Use cell phone to alert Call Center to the failure and alternate contact numbers.
5. Notify residents and post signage.

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

1. Inform the Disaster Alert Coordinator immediately.

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The Disaster Alert Coordinator will:

1. Call Code Grey.
2. Notify CEO, CNO, DON, Director of Properties, or designate.
3. Use landline phone to contact the Fully Managed - our third-party IT Service Desk  
1-866-765-6674.
4. Determine alternative communication methods.
5. Notify residents and post signage.

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### **Food & Fluid Provision In The Event Of An Emergency**

During an emergency/crisis event, foodservices and dining may be impacted, requiring Albright to consider the minimum preparedness needed to maintain essential services.

In the preparation for essential foodservice delivery needed in the event of a reduction in power, water, natural disaster, fire, flood, and/or insufficient resources, the care community will have considered:

#### **Emergency Plan that Includes**

- Up to date names, phone numbers, and email addresses for disaster-support organizations and for all team members for fan out lists
- Food and water for three to seven days
- Disposable dishes and utensils for three to seven days
- A Contact Plan defining who will make decisions about food services and dining created by the Director of Dietary services in collaboration with the Disaster Alert Committee
- An up to date listing of residents' names, room numbers, nutritional risk and daily food needs
- Staffing plan
- Generator power supply
- Emergency supply list (see below)

#### **Suggested Three-Day Emergency Menu Supplies**

- Prepared assorted juices (nine meals)
- Bread, crackers, jelly (four meals and snacks)
- Graham crackers, cookies (two meals and snacks)
- Canned fruit/pudding (six meals)
- Canned chicken, tuna, salmon (two meals)
- Canned pork and beans (one meal)
- Canned pickled beets or vegetable salad (two meals)
- Puréed meats, vegetables, fruits (nine meals)
- Canned meals for individual diets at the care community (i.e. gluten free, allergies)
- Pre-packaged texturized foods

#### **Special Products**

- Tube-feeding supplies (three to seven days)
- Special supplements i.e. lactose-free, renal, allergy products, thickeners, etc.

#### **Items Required for Emergency Plan Include**

- A manual can opener



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- Disposable plates, cups and plastic ware
- Garbage bags
- Scissors

#### **Other Items to Consider**

- Lanterns
- Flashlights
- Battery-powered radio
- Extra batteries
- Alcohol pads
- Hand sanitizer
- Food-safe disinfecting wipes
- Backup calibrated thermometers
- Matches/lighters
- Lunch bags
- Water containers
- Hand mixer
- Markers
- Tape
- Labels

#### **Loss of Water**

- Use backup water supply
- Coordinate for water replenishment as required
- Adjust menu to foods and fluids that do not require water for preparation
- Communicate loss of water and possible changes to menu to residents, families, and staff through verbal and written means
- Use disposable dishes and utensils
- Re-evaluate daily and adjust as needed

#### **Loss of Power**

- Identify generator powered appliances and equipment; adjust as needed
- Review menus and adjust to prepared menu items as appropriate
- Communicate loss of power and impact to residents, families, and staff

#### **Loss of Kitchen or Reduced Production (Fire, Flood, Staffing Loss or Other)**

- Short term food service strategy: ordering in from local restaurants, community services, etc.
- Long term food service strategy: identify backup kitchen service to prepare menu/snacks
- Determine transportation to the care community that maintains temperatures from preparation to service

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- Implement disposable dishes and utensils
- Collaborate with Disaster Alert Committee for ongoing planning
- Communication of food and dining plans when initiated, upon changes, etc. to residents, families, and staff

#### **Relocation of Residents (Evacuation)**

- Menus (printed and/or electronic)
- Resident lists with food preferences, nutritional risk and needs
- Staff contact lists and schedules
- Transport 3 days' emergency food supply and emergency supplies
- If unable to transport, borrow emergency food supply and emergency supplies from sister site to evacuation site
- Ascertain ordering in food and fluids from restaurants, community services, etc.
- Assign staffing accordingly
- Director of Dietary Services/designate to re-evaluate daily, identify risks, and report to CEO or designate;
- Director of Dietary Services/designate to communicate with Disaster Alert Committee daily the food service plan

#### **Shelter in Place (Code Orange, External Disaster Impacting Food Delivery, Operations of Kitchen, etc.)**

- Implement the 3-day emergency menu plan
- Daily evaluation and planning for ongoing meals/snacks
- Reporting to Support Services Office
- Communication to residents, families and, staff

#### **Staffing Contingency**

During an emergency/crisis event, staffing levels may be impacted, requiring the care community to consider the minimum staffing needed to maintain essential services in the respective departments.

In preparation for the coverage needed in the event of a reduction in staffing or insufficient staff resources, the care community will have considered:

- Staff skills, including scope of practice, delegation, and cross training
- Agency contracts
- Redeployment of staff – managers, regional teams, corporate office, other locations
- 12-hour scheduling
- Full time/part time ratios
- Management team contingency plan – other sites to support virtually or reassigned

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- Remote work options and appropriateness
- Assess access to external resources within the local community and health system
- Priority care and services matrix based on varying staff levels
- Training of volunteers, family members, essential caregivers

In collaboration with the Disaster Alert Committee, the CEO /designate will facilitate and oversee the following:

- Immediate and daily reporting and evaluation of current staffing levels, needs, and predicted resources available
- Notification of human resources, managers, union representatives, and other key personnel as to status and plan implementation
- Communication to residents, families, and staff regarding plan activation and process
- Implementation of alternative staff resource options
- Identification of contractors or other staff options that may alleviate problems resulting from staff loss
- Assessment of flexible scheduling that would ensure team members and managers have time off while continuing to maintain staffing levels through a flexible work plan where feasible
- Assessment of union issues surrounding overtime issues and psychosocial support for team members
- Alternative support measures to maintain staffing levels e.g. child care, overnight accommodations, meals, transportation, etc.
- Monitoring of potential health and safety issues throughout the emergency event or plan activation
- Reporting of status and risk to corporate office

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The Disaster Alert Committee will create a communication team to ensure frequent and ongoing communication with residents, families, staff, volunteers, and Resident and Family Council with the goal of keeping all parties apprised of the status of the emergency. The CEO and/or Disaster Alert Coordinator 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, and when the emergency is over.

### **Phone Communication: Incoming Calls**

The communications team will assign a team member to receive incoming calls, prepared to respond with/to:

- Status updates on emergency/location/residents
- Help/resources or staff coming from other facilities
- Staff calling to find out work schedule
- Medical information (as appropriate)
- Redirect media to CEO and/or organizational representative

A voicemail messaging recording may be used to share a status update and redirect callers as appropriate.

### **Phone Communication: Residents & Family**

The communications team will prepare a telephone tree and have staff assigned to call family members to assure them of their family member's safety and advise them of the Albright's plan for the crisis. The organization's Call Centre may be utilized as required.

When placing calls, the assigned team members will:

- Advise if unable to contact via telephone where family members may call and/or visit website to obtain further information
- Advise family members that staff will be focused on providing resident care and protection
- Confirm the primary family contact, their phone number and email address where they may receive updates
- Leave voicemail (where no immediate answer) and advise where family members can call or visit to obtain further information.
- Track calls made and any follow up on any unanswered questions

### **Written Communication: Residents & Family**

The organization's Communications team will compile information to provide an email communication to residents and family members consisting of these basic elements:

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- Type of emergency
- Estimated time and severity of impact
- Expected disruptions to services and routines
- Actions take to mitigate risk
- Estimated time frame for the next status update
- What residents and family members can do to help

Email communication may be used to share information during and after an emergency event.

### **In Person Communication: Residents & Family**

Based on the nature of the emergency, team members will keep residents informed via various strategies such as daily updates, one to one conversations, printed text of automated call scripts, updates to all residents in the dining room with opportunity for Q&A, Residents' Council meetings, etc.

Family and Resident Town Halls may be organized by the CEO or delegate to provide situational updates, include subject matter experts, answer questions, and address concerns. The frequency of written updates and Town Halls will be determined by the CEO in collaboration with the Disaster Alert Committee and small Communications Team.

### **Communication: Staff, Volunteers & Students**

Surge Learning Communication will be the primary source of information along with daily rounds and group huddles.

### **Communication: Alternate Methods**

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

- 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)
- Telephones (both cellular and landline if operating)
- Two-way radio (always keep in a charger because you may be without power at any point)
- Fax machine (if phones are operable)
- Internet (emails/websites) or local area networks (if computer systems are operative)
- Technology applications – Surge Learning

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Section 3 Emergency Situations	Revised: N/A	
Topic: Communication Plan		

**Communication: Provincial Regulatory Authorities & Community Partners**

The CEO or designate will ensure provincial regulatory authorities are kept informed as required in the event of an emergency.

Based upon the type of emergency, and as deemed necessary, ongoing communication with community partners will be facilitated by the CEO or designate. The frequency, participant list etc. will be determined in collaboration with the community partner.

Due to the list of emergencies covered in this document and their inclusion with the regulations pertaining the Fixing Long-term Care Act, 2021, each emergency would constitute the reporting of a critical incident that the Disaster Alert Coordinator would need to report.

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Section 3 Emergency Situations	Revised: N/A	
Topic: Post Emergency Procedures		

**Immediately following any enactment of this plan:**

1. The Disaster Alert Committee will meet within 24 hours for an initial debrief of the emergency and Albright's response thereto.
2. Within 48 hours a communication will be sent to residents and resident families providing a preliminary summary of the event. A copy of this communication will be provided to both family and resident councils.
3. If normal operations cannot be resumed immediately, a plan will be formulated by Albright's Management Team to address when normal operations will be achieved. This information will be communicated as the RECOVERY PLAN and will be communicated to residents and families and discussion can be had at resident and family councils.
4. If employees and residents have experienced distress during the emergency, on-site and/or remote resources will be investigated with local health partners depending on the nature of the emergency and its impact on the mental health of its residents and staff.
5. Results of the emergency both positive and negative will be documented in the post debrief and made available during the review of training and policies related to emergency plans.

**RECOVERY PLAN**

Recovery strategies will be put in place at Albright to ensure a smooth return to normal operations post-Emergency. The CEO or designate is responsible for the official declaration of an Emergency ending.

As Albright returns to normal operations, the CEO or designate will ensure the following is completed:

- Insurance claims completed as necessary
- Ending of third-party contracts
- Pre-emergency staffing levels resumed as appropriate
- Any paused or altered programs or processes are restarted
- Managers to return activities to normal
- A full debrief of the emergency is completed within 30 days after the emergency is declared over
- Communication with residents via Residents' Council, families via Family Council and/or other means (email/letter) on the recovery stage/plan, outcomes, and any action items
- Collaborate with Joint Health & Safety Committee to execute recovery plan as appropriate
- Update staff on recovery plan status and any action items
- Coordinate support for residents, families, and staff (counselling, support groups)

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Topic: Post Emergency Procedures		

- Consult with residents, families, staff, and respective external stakeholders to evaluate the emergency plan
- Make any necessary changes to the emergency plan; communicate and train those changes accordingly



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Section 4 Fire Safety Plan	Revised: July 1, 2022	
Topic: Fire Safety Plan		

**PLEASE REFER TO SEPARATE FIRE SAFETY PLAN**

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Manual: Emergency Disaster Plan	Original Date: November 1, 2002	
	Reviewed: July 1, 2022	
Section 5 Outbreak/Pandemic Plan	Revised: July 1, 2022	
Topic: Outbreak/Pandemic Plan		

## **Outbreaks of a Communicable Disease, Outbreaks of a Disease of Public Health Significance, Epidemics & Pandemics**

Albright Manor is 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 by referring to the organization's Infection Prevention & Control and Pandemic policies & procedures.

The local Public Health Unit (PHU) would activate and deactivate an outbreak within the Home. Depending upon the situation, the direction to activate and deactivate response to epidemic/pandemic would come from the provincial authority and World Health Organization (WHO) as appropriate.

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 unless otherwise directed.

### **Procedure:**

The CEO or designate will:

- Refer to the IPAC Lead and PHU for activation of the outbreak response
- Report and provide status updates to residents, families, staff, and Admin Office.
- Initiate and lead Outbreak Management Team (OMT) response as required
- Manage staffing and management team resources accordingly
- Coordinate the management of exposed and symptomatic team members as per policy and procedure
- Ensure outbreak/pandemic response initiated and executed as per policy and procedure
- Ascertain community connections and partnerships as part of plan execution and coordinated response
- Govern business continuity, daily evaluation of risk and response actions, initiation of staffing contingency plans
- Ensure implementation of any provincial or organizational directives as required

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Section 5 Outbreak/Pandemic Plan	Revised: July 1, 2022	
Topic: Outbreak/Pandemic Plan		

The Infection Prevention & Control Lead or designate will:

- Assemble the Outbreak Management Team response as per policy
- Track, report, and manage case counts in collaboration with PHU
- Ensure IPAC auditing throughout outbreak/pandemic as required
- Provide pertinent IPAC training and direction to residents, families, and staff
- Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.
- Oversee and execute cohorting plans for staff and residents referencing policies and procedures

The CNO or designate will:

- Coordinate resident care and services for symptomatic and asymptomatic residents
- Ensure Medical Director is updated and involved
- Support staffing contingency plans and altered care and services plans as required

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Section 6 Emergency Codes	Revised: N/A	
Topic: Emergency Codes		

<b>CODE</b>	<b>SUB CODE</b>	<b>DESCRIPTION</b>
<b>CODE GREEN</b>	Horizontal	Horizontal Evacuation
	Vertical	Vertical Evacuation
	Complete	Total Evacuation
<b>CODE ORANGE</b>		External Disaster
<b>CODE RED</b>		Fire
<b>CODE PURPLE</b>		Hostage Taking
<b>CODE BROWN</b>		Hazardous Spill
<b>CODE SILVER</b>		Active Assailant/Weapon
<b>CODE BLACK</b>		BombThreat
<b>CODE YELLOW</b>		Missing Resident
<b>CODE AMBER</b>		Missing Child
<b>CODE GREY</b>		Infrastructure Loss or Failure
	Button-Down	External Air Exclusion
	Shelter in Place	Severe Weather, Threat to Building
<b>CODE WHITE</b>		Violent Person
<b>CODE BLUE</b>		Cardiac Arrest / Medical Emergency