EMERGENCY POLICIES AND PROCEDURES
(SUPPORTING DOCUMENTS FOR EMERGENCIES)

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Note: Sensitive content, within our Emergency policies, has been redacted to protect confidentiality.

Document Number: 4134430
As part of Sunnyside's Emergency Management Program, the Management Team will develop and maintain Emergency Contingency Plans and related Policies to address the Emergencies as listed in the table below.

The policy details how Sunnyside will track/record:
- Consultations with stakeholders involved in emergency responses and pre-emptive emergency planning efforts (e.g. ensure contact information and arrangements are kept current)
- Changes to emergency plans based on testing results and policy updates

**Note:** Tracking and reporting, as described above, will be maintained by the Quality and Risk Management Office.

**Note:** An Annual Planning Template for Setting the Testing Cycle for Emergency Policies and Codes, is included in Appendix. A.

### Codes and Emergency Plans, Educating/Testing Cycle and Most Responsible

<table>
<thead>
<tr>
<th>Area of Focus</th>
<th>Related Policies and Contingency Plan DOCs</th>
<th>Education/Testing Cycle</th>
<th>Most Responsible Persons (Policy Update and Education/Testing)</th>
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<td><strong>A. ASSIGNED EMERGENCY CODES</strong></td>
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<tr>
<td>1. Fire emergencies</td>
<td>CODE RED (DOC#: 1907662)</td>
<td>Annual</td>
<td>Coordinator, Staff Education</td>
</tr>
<tr>
<td>2. Evacuation of residents</td>
<td>CODE GREEN (DOC#: 292234)</td>
<td>Every 3 years</td>
<td>Coordinator, Q&amp;R Mgt.</td>
</tr>
<tr>
<td>3. Violent/Behavioural Threat</td>
<td>CODE WHITE (DOC#: 292181)</td>
<td>Annual</td>
<td>Coordinator, Q&amp;R Mgt.</td>
</tr>
<tr>
<td>4. Missing Resident/Client</td>
<td>CODE YELLOW (DOC#: 279337)</td>
<td>Annual</td>
<td>Coordinator, Staff Education</td>
</tr>
<tr>
<td>5. Medical Emergency</td>
<td>CODE BLUE (DOC#: 897891)</td>
<td>Annual</td>
<td>Coordinator, Infection Control</td>
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<thead>
<tr>
<th></th>
<th>Chemical Spill/Release (Internal) and Natural Gas Leak</th>
<th>CODE BROWN (DOC#: 292191, 292192)</th>
<th>Annual</th>
<th>Coordinator, Q&amp;R Mgt.</th>
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<tbody>
<tr>
<td>6.</td>
<td>Hostage Taking</td>
<td>CODE PURPLE (DOC#: 292173)</td>
<td>Every 3 years</td>
<td>Coordinator, Q&amp;R Mgt.</td>
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<td>Outdoor Air Exclusion</td>
<td>CODE GREY (DOC#: 292196)</td>
<td>Every 3 years</td>
<td>Coordinator, Q&amp;R Mgt.</td>
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<tr>
<td>8.</td>
<td>Natural Disasters/Extreme Weather and Community Disasters</td>
<td>CODE ORANGE (DOC#: 4048155)</td>
<td>Annual</td>
<td>Coordinator, Q&amp;R Mgt.</td>
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<td>9.</td>
<td>Bomb Threat</td>
<td>CODE BLACK (DOC#: 292157)</td>
<td>Every 3 years</td>
<td>Coordinator, Q&amp;R Mgt.</td>
</tr>
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<td>10.</td>
<td>Active Shooter/Assailant</td>
<td>CODE SILVER (DOC#: 2885384)</td>
<td>Every 3 years</td>
<td>Coordinator, Q&amp;R Mgt.</td>
</tr>
</tbody>
</table>

**A. OTHER RELATED EMERGENCY POLICIES**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Annual</th>
<th>Coordinator, Q&amp;R Mgt.</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.</td>
<td>Boil Water Advisory</td>
<td>(DOC# :4004438)</td>
<td>Manager, Food and Environmental Services</td>
</tr>
<tr>
<td>12.</td>
<td>Loss of One or More Essential Services</td>
<td>(DOC#: 4069519)</td>
<td>Manager, Food and Environmental Services</td>
</tr>
<tr>
<td>13.</td>
<td>Infectious Diseases/Outbreaks, Epidemics and Pandemics</td>
<td>(DOC#: 278882) (DOC#: 278902)</td>
<td>Annual</td>
</tr>
</tbody>
</table>

The Home will:
- Ensure that the emergency plans/policies for the home are evaluated and updated at least annually, including the updating of all emergency contact information as applicable.
- If an actual emergency occurs, in which any of the policies above are activated, the incident itself will count towards the requirement for annual or every three year testing, as long as a formal debrief of the emergency is completed.
• Ensure that if an emergency plan is activated (actual incident), the emergency plan will be evaluated and updated (if changes are required) within 30 days of the emergency being declared.

• Try, to the greatest extent possible when testing emergency plans, to include community agencies, partner facilities and resources that will be involved in responding to an emergency.
  o Consultation with external partners, with regards to emergency plan updates and incident debriefs, will be tracked [REDACTED]

• A written record of the testing of the emergency plans and changes made to improve plans will be maintained. Key areas reported on will include: date of test, notable changes to policies and/or related emergency plans.
  o To record testing and related changes [REDACTED]

• Policies as referenced herein will be developed with local and municipal emergency planning groups, as possible.

• The testing schedule for all policies, as referenced herein, will be updated on an annual basis, by the Coordinator of Quality and Risk and the Coordinator of Staff Education. Reference Appendix A. Annual Planning Template for Setting the Testing Cycle for Emergency Policies and Codes.

Reference:
• Fixing Long Term Care Act, Emergency Management Sections of O. Reg 246/22
## Emergency Code Testing Schedule: Specify Year

<table>
<thead>
<tr>
<th>Policy or Code</th>
<th>Scheduled Test Date</th>
<th>Relevant Comments</th>
<th>Completion Status (DD/MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. ANNUAL TESTING REQUIRED</strong></td>
<td></td>
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<tr>
<td>Fire-CODE RED</td>
<td></td>
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<tr>
<td>Missing Resident/Client-CODE YELLOW</td>
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<tr>
<td>Medical Emergency-CODE BLUE</td>
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<tr>
<td><strong>B. EVERY THREE YEARS TESTING REQUIRED</strong></td>
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</tr>
<tr>
<td>Evacuation of Residents-CODE GREEN</td>
<td></td>
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</tr>
</tbody>
</table>
# Seniors' Services

**Title:** OVERHEAD PAGING  
**Applies to:** All Employees

## Policy Statement:
Seniors Services uses overhead paging to communicate an emergency or to test an emergency response. Overhead paging is kept to a minimum to provide a homelike and least disruptive atmosphere for the residents, clients and tenants.

## Procedure:
- Overhead paging is used for emergencies or upon approval of a senior manager/RN in charge.
- Dial [redacted] from any phone in the building (including portables) to access overhead paging. Announce the emergency code and location 3 times, i.e. Code Red, Main Kitchen x3.
- Dial 9-911 for all fire emergencies and other emergency codes, as necessary.

**Note:** Supportive Housing:
Supportive Housing is not equipped with an overhead paging system and therefore staff and tenants will not hear any overhead pages. Staff in Supportive Housing can page overhead by dialing [redacted] which will be heard in Sunnyside Home.
In the event of an emergency, requiring support from external contractors or suppliers, this policy outlines the key steps to follow; and provides a listing of key contractors/suppliers and related contact numbers.

1. Locating Contractor and Suppliers Contact Info
   Contact information for contractors and suppliers that Sunnyside Home utilizes are found in the Emergency Manual at Front Reception and with the Sunnyside Home Maintenance. If outside of business hours, follow instruction in point 2, below. A listing of contractors/suppliers is included in this policy, as Appendix 1.

2. Who to Call Outside of Normal Business Hours
   The Maintenance on-call rotation is circulated quarterly with contact phone numbers. The on-call rotation is placed in the RN in Charge Manual and the Standby manual. Any changes to the rotation are communicated by the Supervisor, Facilities Management.

3. Determining Action to be Taken
   The decision to contact a contractor or supplier is made by the Standby Manager and the Maintenance on-call person. In the unlikely event of the failure of the on-call systems, the person in charge of the Home (at the time that support is needed) will make the call and direct actions to be taken.

Note: Contact information will be reviewed and updated by the Supervisor, Facilities Management regularly.
Appendix 1. Contact Information for Contractors and Suppliers in Case of Emergency
Policy
Sunnyside has an emergency call in procedure for staff to ensure that the needs of residents/clients/tenants are met in the event of an emergency.

The Emergency Call-In Procedure is initiated when additional staff and management are required at Sunnyside to manage a situation involving residents/clients/tenants.

Procedure – Call Out Systems

Technology

Everbridge – the preferred method of notifying staff will be through our automated “Everbridge” system.

To activate Everbridge, follow the Everbridge Activation Guide (Appendix A).

Accountabilities

During business hours an available person familiar with Everbridge (i.e. someone from the Standby roaster, or someone familiar with the system) will put a message on Everbridge, and send it to recommended staff groups.

Outside of business hours the Standby Manager will be responsible to put a message on the Everbridge system, and send it to recommended staff groups.

If support is required in activating Everbridge, contact an “experienced” Sunnyside user. The names of experienced users can be found in the Standby Binder, accompanying the Everbridge instruction sheet: Appendix A within this policy.
The Message

The message will start with “This is a call from Sunnyside Seniors’ Services”. It should also include the following:

- Information of the nature and specific location of the emergency, as directed
- Ask all available staff to report to the Control Centre (specify if it is at reception or another location)
- Advise employees to enter through the main entrance off Franklin St. (or an alternate location if designated)
- Advise employees to wear their I.D. badges

If there is no answer at a staff member's home, the Everbridge system will leave a message indicating the above information.

Staff receiving the call may notice a slight delay at the beginning of the message. Please do not hang up immediately, and pause a few seconds to ensure the message can be delivered. If you hang up prematurely, Everbridge will call you back. Please listen to the entire message.

Fan-Out List System (if Everbridge is not available)

In the event that Everbridge is not available (i.e. internet failure), we will use a paper-based 'fan out list' procedure.

- The Emergency Fan-Out List is written in order of priority, such that calls to ‘Key Personnel’ must be made first to get key staff into the building immediately.
- A copy of the updated Fan-Out list is kept in the Staffing Office. It will also be distributed to Key Personnel and Additional Personnel.
- The nurse or person in charge will delegate a staff member(s) to initiate the calls, according to this procedure.
- Referring to the fan out list, initial calls are made to those identified as ‘Key Personnel’; the delegated caller(s) will continue to make calls to the next ‘Additional Personnel’, requesting them to make staff calls according to their list (which is based on staff last names). If unable to reach an ‘Additional Personnel’, their calls are assigned to the others that you are able to reach, or to staff as listed as “Spares” at the bottom of the Emergency Fan Out List.
- The delegated caller(s) making the calls should document who they reached and last names of staff they are delegated to call.
- All ‘Additional Personnel’ are required to keep a current staff list at home.
- This list will be revised with management/management support updates as soon as possible as changes occur. All other positions will be updated twice per year on June 30 and December 31. The Administrative Assistant will be responsible for updating the lists, placing updated lists in Staffing Office and distributing lists to Key Personnel and Additional Personnel.
If the telephones are out of order, the delegated caller(s) will go to an emergency power failure phone in the Lobby at reception, [redacted] or [redacted]. Communication Centre, [redacted] or Woodside Communication Centre, [redacted]. If these are out of order, attempt to make calls from a personal cell phone or an occupied home in the neighbourhood.

Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibility</th>
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</thead>
</table>
| All Staff                     | • Make every effort to come into work when contacted  
                               | • Report to Sunnyside (or an alternate location if designated) as soon as possible, with identification/swipe card  
                               | • Park in the front parking lot and enter through the main entrance, unless otherwise advised  
                               | • Report to the Control Centre, usually at the reception area, for further instructions, unless otherwise directed |
| Director/or Designate         | • Makes decision to initiate the call-procedure along with Standby Manager (if applicable)       |
| RN                            | • Call the Standby Manager for after hours emergencies, for support on emergency call-ins  
                               | • If unable to use the Everbridge system (e.g. internet down), the RN will delegate a staff member(s) to initiate the calls, according to the fan out system. |
| Standby Manager (if after hours) | • Contact Director for direction on whether to deploy the call out  
                               | • Initiate the fan out list |
| “Experienced” Everbridge Users | • Support in activation of Everbridge as necessary |
| Key Personnel identified in the Fan Out List | • Proceed to the Home immediately, if able, to assist with the emergency |
| Additional Personnel identified in the Fan Out List | • Keep a current copy of the fan out phone list at home  
                               | • Make calls to staff, as identified in the procedure 2-10  
                               | • Proceed to the Home after calls have been made |

References:
Management Standby Policy (Doc: 157528)
Appendix A: Everbridge User Guide

Everbridge is an enterprise solution used for mass communications via phone, text or email.

1. Logging into Everbridge:

Standby Manager:
The user name and password for Everbridge, specific to the Standby Manager, is stored [REDACTED]. This information is kept secure: accessible by the Standby Manager.

Additional Staff Accounts:

Changes to Users must go through Corporate:

2. How to Send a Notification:
You will automatically be directed to a screen where you can view the progress of the notification.

3. How to Maintain Contact Lists:

4. How to Update an Employee Contact List:
See next page

5. How to upload Resident Contacts

[Redacted text]

Document Number: 4133668
Future to add: how to send by home area and position
This policy outlines key information and steps to follow in the event that Sunnyside acts as a Receiving Centre for persons coming from other healthcare facilities.

1. Sunnyside will act as a Receiving Centre for a manageable number of people for emergency evacuation from other long-term care homes or those eligible for long-term care, and clients of the Community Alzheimer Program. See procedure 8-20, for information about receiving evacuees from the Community.

2. The responsibility for the provision of staff and the provision of medications to meet the needs of evacuees shall rest with the evacuated facility.

3. When the Sunnyside becomes a Receiving Centre, the Emergency Call In Procedure (procedure 2 - 10) may be activated if needed to assist in establishing a receiving area(s).

4. The receiving area(s) will be determined at the time of the call for support. Areas that may be designed as receiving areas include, but are not limited to: Heritage Hall and/or the Kitchener CAP program.

5. Emergency supplies for these occasions are kept in storage (lower level, Kenneth building). Some emergency supplies may also be brought along with evacuees from the evacuated facility, as applicable.

6. The Home may also act as a holding area, providing food, shelter and washroom facilities for a manageable number of ambulatory and semi-ambulatory persons for up to 12 hours. The location of a holding area(s) will be established at the time of the call for support. Examples of holding areas include, but are not limited to: Heritage Hall, lounges throughout the home, Kitchener CAP program, Supportive Housing and the Wellness Centre.
Sunnyside is committed to helping community organizations in the event that persons in their care require evacuation.

Dependent upon the situation, persons that may be relocated to Sunnyside include, but are not limited to: long-term care residents or those eligible for long-term care, and clients of the Community Alzheimer Program.

When a request is received for Sunnyside to receive evacuees from the community, the Director/designate (in consultation with the Administrator and Manager of Resident Care) will:

1. Determine the number of people we are able to accommodate. For an after hours request, the Registered Nurse in Charge collaborates with the Manager on Standby, Administrator, Manager of Resident Care, Social Work, Director, Seniors’ Services (if available and time permits) before the decision is made.

2. Determine the location of placement within the Long Term Care Home (options may include, but are not limited to Heritage Hall, resident care areas, community program areas)

3. Determine number of staff and supplies required.

4. Contact off duty staff as required (refer to Emergency Call In Procedure 2-10).

5. Assign duties to extra staff.

6. Assign a Nurse, and additional organizational staff supports as necessary, to prepare facility and supplies for evacuees.

7. Facilitate set up of central receiving desk to check in evacuees.

8. Facilitate process to ensure names of all evacuees are recorded and special conditions (e.g. diet, allergies) are documented.

9. Assign areas and responsibilities to incoming staff.
10. Facilitate orientation, to Sunnyside, for both evacuees and staff coming from other organization(s) to ensure a smooth transition.

11. Communicate regularly with staff and evacuees to ensure they are informed of real-time evacuation status.

12. Determine care needs for all evacuated people received.

13. Maintain Home’s routines as normal as possible.

Important Procedural Considerations:
- The facility that is sending evacuees is responsible for providing staff and medications to support the care needs of evacuees.

- When the Home becomes a Receiving Centre, the Emergency Call In Procedure (2-10) may be activated to assist in establishing receiving areas.

- Emergency supplies are kept in storage (lower level, Kenneth building). Some emergency supplies may be brought with evacuees from the evacuated facility.

- The Home may also act as a temporary Holding Area, providing food, shelter and Washroom facilities for a determined number ambulatory and semi-ambulatory persons for up to 12 hours. The number of persons that could be accommodated will be determined at the time of the event.
In case of an electrical power failure, the building will go dark for approximately 10-15 seconds until the emergency power takes over. In Supportive Housing, there will only be power for approximately 30 minutes.

In case of sustained electrical failure (regular power is not restored within 15 minutes) the Manager/RN in Charge will:

- Request for staff to check and monitor all mag lock doors
- Request staff to ensure that all critical equipment is plugged into emergency outlets (red power sockets)
- Important: the mag locks may not automatically reset after going to generator power so staff must do this manually. Obtain the emergency keys the RN (each RN carrying and has a key), go to the main fire panel next to the main front door, open the right hand panel with the key marked “fire” and follow the posted instructions to reset.
- Contact Maintenance staff to request support or come in (if after hours),
- Notify the manager/standby manager via email of situation, and
- Communicate the situation with other registered staff and notify that maintenance has been called.
- Notify the Director, Seniors’ Services and the Administrator of Long Term Care (or delegate(s)).

Maintenance staff, as required, will:

1. Check the generator and safety systems.

2. Reset mag locks if necessary. The mag locks will not automatically reset, you must reset. Obtain the emergency keys the RN ( ), go to the main fire panel next to the main front door, open the right hand panel with the key marked “fire” and follow the posted instructions to reset.

3. Call Kitchener Wilmot Hydro at and Facilities Management at . This call is forwarded to the Call Centre after hours.

4. Arrange for diesel fuel supply by calling the following company, Boucher and Jones Fuels . (24 hrs). The back-up fuel supplier is Hogg Fuel at . (24 hrs). May be used to top up generator tank by transferring with Jerry cans (this method to be used when replacement fuel does

Document Number: 4133774
not arrive in time for the generator).

5. If deemed necessary, to switch the power from #4 passenger elevator to #6 service elevators as a temporary measure. Elevator power is switched by inserting a key in switch at elevator in staff corridor (first floor Kenneth Building). Before removing power from the operating elevator, bring it to the ground floor and have a staff person hold door open, until power is switched.

Key Considerations:

1. In case of electrical failure at Sunnyside Home, 247 Franklin St North, the emergency diesel powered generator will operate the following equipment for approximately 24 hours and then it has to be refuelled:
   - perimeter hot water heating
   - emergency lighting in all areas
   - fire alarm system
   - telephone system
   - door alarms
   - one outlet in each bedroom
   - ventilation system
   - all med room fridges
   - nurse call system
   - all circulating pumps and boilers
   - water softeners in boiler room
   - sump pumps (sanitary & storm)
   - elevator #1 & #4 or #6
   - kitchen refrigerators and freezer
   - kitchen cooking equipment (some)

   **Note:** Air conditioning does not work on emergency power.

2. Supportive Housing, 245 Franklin St North, does not have a generator to provide temporary electrical power. Emergency lighting, powered by a 30 minute battery, operates in public areas and stairwells of the Supportive Housing building. One elevator in Supportive Housing can be operated temporarily by maintenance staff.

3. Location of emergency generators:
   a. 350 KW Generator located outside near the receiving ramp at the East side of the Kenneth Building.

4. The mag lock doors will release even with a short interruption in power (small bumps) where the emergency power does not transfer. It is important to ensure that these are checked and secure after a power failure.

5. When the facility is operating on emergency power, only passenger elevator #1 in the Franklin building will operate and in the Kenneth building and one of the (#4) passenger elevators will operate. There is also the option of operating #6 service elevator to bring supplies from lower level.

Document Number: 4133774
Policy Statement
This policy provides direction for steps to be taken when an elevator is not working; and
directs action to determine if someone is trapped in an elevator.

Procedure for ALL STAFF when an elevator is down:
- Ensure that someone is not trapped in the elevator; if someone is trapped, notify the RN at ext immediately (refer to policy Emergency Manual 9-26)

Elevator Locations:
Kenneth Passenger
Franklin Passenger
Kenneth Service
Franklin Service
Supportive Housing (Passenger and Service)

Procedure for the RN during Business Hours:
When a Service and Passenger Elevator is down
- Notify Maintenance via email: CSD SEN Maintenance or by calling
- Notify Security
- Submit work-order to Maintenance
- Maintenance to call Thyssen Krupp (LTCH) or Delta Elevator (Supportive Housing), if required
- Ensure that signage is placed (on all floors) indicating elevator is “Closed for Maintenance”: signage located at Reception
- Notify the Manager of the Program Area

Procedure for the RN outside of Business Hours:
Service Elevators:
- Call Thyssen Krupp (LTCH) or Delta Elevator (Supportive Housing) and obtain reference number (i.e. work order number)
- Create work order with reference number for Maintenance

Document Number: 4133821
Ensure that signage is placed (on all floors) indicating elevator is “Closed for Maintenance”: signage located at Reception
- Notify the Standby Manager

Passenger Elevator: One elevator not working
- Email CSD SEN Maintenance and Create work order for maintenance
- Ensure that signage is placed (on all floors) indicating elevator is “Closed for Maintenance”: signage located at Reception
- Notify the Standby Manager

Passenger Elevators: Both elevators not working
- Call Thyssen Krupp (LTCH) or Delta Elevator (Supportive Housing) and obtain work order number
- Create work order with reference number for Maintenance
- Ensure that signage is placed (on all floors) indicating elevator is “Closed for Maintenance”: signage located at Reception
- Notify the Standby Manager

Reference: Person trapped in elevator, Emergency Manual (9-26)
1.0 Background
Boil water advisories are public announcements advising the public that they should boil water prior to consumption, or using it to prepare foods, to eliminate any disease-causing microorganisms that are suspected to be in the water. Decisions concerning boil water advisories are made by the responsible authorities at the provincial or local level.

2.0 Policy
This policy provides direction on what to do during a Boil Water Advisory.

When a boil water advisory is in effect, all water used for drinking, preparing food, making beverages and ice cubes, washing fruits and vegetables, and dental hygiene must be boiled. Under most circumstances, it is not necessary to boil tap water used for other household purposes, such as bathing, showering, laundry, or washing dishes.

3.0 How to Boil Water:
Research indicates that holding water at a rolling boil (defined as a vigorous boil, where bubbles appear at the center and do not disappear when the water is stirred for 1 minute) will inactivate waterborne pathogens.

Water can be boiled in a heat-resistant container on a stove, in an electric kettle, or in a microwave oven. The water should then be cooled and poured into a clean container with a cover and refrigerated until used.

4.0 Procedures

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td><strong>ALL STAFF</strong> (Person becoming aware of boil water advisory)</td>
<td>When notified of a boil water advisory, immediately inform the Administrator and/or Director of Seniors’ Services (or other member of the Management Team) or Standby Manager if outside of regular business hours. Update communications and messaging if/when circumstances to the emergency change.</td>
</tr>
</tbody>
</table>
| **ADMINISTRATOR/DIRECTOR (MANAGEMENT TEAM MEMBER)** | To inform:  
  - Food Service Manager, Manager of Care and Community Services Manager by phone  
  - Management/Management Support Group by email |
<table>
<thead>
<tr>
<th>STANDBY MANAGER or DELEGATE</th>
<th>RN IN CHARGE (outside normal business hours)</th>
<th>FOOD SERVICE MANAGER or DELEGATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Notifies corporate Health and Safety (as per sequence below, until you have made contact):</td>
<td>• Inform dietary staff of required actions (see table on next page)</td>
<td>• Inform dietary staff of required actions (see table on next page)</td>
</tr>
<tr>
<td>• Complete E-Risk Report</td>
<td>• Distribute bottled water (stored in pandemic supply room): 24 500mL bottles per home area and 24 bottles to Supportive Housing. Note: water should be poured into cups and glasses when consumed.</td>
<td>• Distribute bottled water (stored in pandemic supply room): 24 500mL bottles per home area and 24 bottles to Supportive Housing. Note: water should be poured into cups and glasses when consumed.</td>
</tr>
<tr>
<td>• If applicable, ensures support for persons who experience distress post emergency is offered. This may take the form of a debrief/follow-up call or meeting, or referral to the Region of Waterloo's Employee Assistance Program.</td>
<td>• Create and distribute \textit{DO NOT DRINK} signage to all home areas</td>
<td>• Create and distribute \textit{DO NOT DRINK} signage to all home areas</td>
</tr>
<tr>
<td>Update communications and messaging if/when circumstances to the emergency change.</td>
<td>• Create and post signage at main entrance to LTCH and Supportive Housing indicating that a boil water advisory is in effect</td>
<td>• Create and post signage at main entrance to LTCH and Supportive Housing indicating that a boil water advisory is in effect</td>
</tr>
<tr>
<td>MANAGER of CARE</td>
<td></td>
<td>MANAGER of CARE</td>
</tr>
<tr>
<td>• Inform Registered staff</td>
<td>• Inform Registered staff</td>
<td>• Inform Registered staff</td>
</tr>
<tr>
<td>• Registered staff to inform all home area staff; ensure communication to incoming shifts occurs at shift reports</td>
<td>• Registered staff to inform all home area staff; ensure communication to incoming shifts occurs at shift reports</td>
<td>• Registered staff to inform all home area staff; ensure communication to incoming shifts occurs at shift reports</td>
</tr>
<tr>
<td>• Complete critical incident report for MOLTC</td>
<td>• Complete critical incident report for MOLTC</td>
<td>• Complete critical incident report for MOLTC</td>
</tr>
<tr>
<td>Update communications and messaging if/when circumstances to the emergency change.</td>
<td>Update communications and messaging if/when circumstances to the emergency change.</td>
<td>Update communications and messaging if/when circumstances to the emergency change.</td>
</tr>
<tr>
<td>MAINTENANCE</td>
<td>MAINTENANCE</td>
<td>MAINTENANCE</td>
</tr>
<tr>
<td>• Disconnect water fountains, hot water towers</td>
<td>• Disconnect water fountains, hot water towers</td>
<td>• Disconnect water fountains, hot water towers</td>
</tr>
<tr>
<td>• Turn off ice machines/discard ice</td>
<td>• Turn off ice machines/discard ice</td>
<td>• Turn off ice machines/discard ice</td>
</tr>
<tr>
<td>DIRECTOR/DELEGATE</td>
<td>DIRECTOR/DELEGATE</td>
<td>DIRECTOR/DELEGATE</td>
</tr>
<tr>
<td>• Notify (and continue to provide updates) to Commissioner of Community Services, if applicable</td>
<td>• Notify (and continue to provide updates) to Commissioner of Community Services, if applicable</td>
<td>• Notify (and continue to provide updates) to Commissioner of Community Services, if applicable</td>
</tr>
<tr>
<td>• Liase with ROW Senior Management and ROW Emergency Management, if applicable</td>
<td>• Liase with ROW Senior Management and ROW Emergency Management, if applicable</td>
<td>• Liase with ROW Senior Management and ROW Emergency Management, if applicable</td>
</tr>
<tr>
<td>• Lead or assign delegate to lead debrief</td>
<td>• Lead or assign delegate to lead debrief</td>
<td>• Lead or assign delegate to lead debrief</td>
</tr>
<tr>
<td>Water Usage Needs</td>
<td>Action</td>
<td>Person Responsible</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Water for home areas</td>
<td>Boil in main kitchen kettles and distribute to home areas in water pitchers</td>
<td>FSS or FSM</td>
</tr>
<tr>
<td>Dishes</td>
<td>Use dishwasher only</td>
<td>Kitchen staff</td>
</tr>
<tr>
<td>Washing fruits and vegetables to be eaten raw</td>
<td>Use boiled tap water</td>
<td>Kitchen staff</td>
</tr>
<tr>
<td>Making tea, coffee, drinks</td>
<td>Used boiled water</td>
<td>Dietary Aids, RHAs, PSWs</td>
</tr>
<tr>
<td>Sanitizing Prep areas and dining tables</td>
<td>Follow normal procedures ensuring good sanitation</td>
<td>Kitchen staff/home area staff</td>
</tr>
<tr>
<td>Hand washing</td>
<td>Continue to be washed using tap water. Alcohol-based hand gel disinfectant can also be used if it contains more than 70% alcohol.</td>
<td>All staff and residents</td>
</tr>
<tr>
<td>Menu items that call for added water</td>
<td>Use boiled water if food is not cooked to 100 degrees Celsius</td>
<td>Food Services staff</td>
</tr>
<tr>
<td>Warm drinks</td>
<td>Make using previously boiled water. Heat in microwave</td>
<td>All staff</td>
</tr>
<tr>
<td>CPAPs</td>
<td>Use boiled water</td>
<td>RPNs</td>
</tr>
<tr>
<td>Bathing</td>
<td>Bed baths only</td>
<td>PSWs</td>
</tr>
<tr>
<td>Oral hygiene</td>
<td>Bring boiled water in cups to resident rooms for oral hygiene</td>
<td>PSW</td>
</tr>
</tbody>
</table>

**5.0 Debrief**

The Director/Administrator will lead or assign a delegate to lead the debrief.

The incident debrief should be attended by both persons who were impacted by the incident, and persons who were involved in supporting the resolution of the incident, as applicable.

Consideration should be given to including the following stakeholders as part of the debrief, as applicable: staff, residents and substitute decision makers, volunteers, students and external responders if applicable (e.g. Police, Fire Department, ROW Emergency Management, ROW Health and Safety).

The debrief will serve to commence an evaluation of the emergency plan that was activated. If changes to the emergency plan are required they must be made within 30 days of the emergency being declared over.

As relevant, use information collected during the debrief to generate a formal Risk

Document Number: 4133853
Review report. The report should clearly articulate who was involved in the debrief, details about the incident, immediate actions taken and other actions/recommendations that should be implemented or explored further to mitigate risk and future occurrence.

REFERENCES:
During the Summer Season, service interruption to natural gas will result in lack of domestic hot water and food preparation difficulties as the gas stove in the main kitchen will not function.

1. Supervisor, Facilities Management will ensure that the City of Kitchener Emergency Services is notified.

2. If the natural gas disruption lasts longer than the RN in Charge (in consultation with Maintenance) feels that the home can safely manage, the RN in Charge will contact the Manager on Standby to inform of the situation. The Manager on Standby will notify the Director, Seniors' Services and the Administrator of Long Term Care (or delegate(s)).

3. Nursing staff may obtain small quantities of warm water for resident hygiene and for preparation of warm beverages from electrically operated hot water dispensing units in kitchenettes, café and main kitchen.

4. Dietary Supervisor will implement menu plan No. 1 or schedule barbecues. A catering service may also be utilized.

During Winter Season, service interruption would also seriously affect space heating. It is anticipated that the building would remain reasonably warm for approximately eight hours, depending on weather conditions.

1. Supervisor, Facilities Management will ensure that the City of Kitchener Emergency Services is notified.

2. Facilities Management will run only HVAC units that have heat reclaim capabilities. Shut down all other ventilation systems (supply to exhaust) to maintain heated air in the building as long as possible.

3. The Supervisor, Facilities Management will try to obtain electric heaters to be distributed to critical areas. (Purchase new or borrow from staff offices).

4. Nursing services may obtain small quantities of warm water for resident hygiene and for preparation of hot beverages from hot water dispensers, located in the kitchenettes and main kitchen.
5. Nursing services ensure that residents are dressed in warm clothing and encourage residents to aggregate in electrically heated areas.

6. Dietary Supervisor will implement menu plan No.1. Catering services may also be utilized.

7. All residents to be temporarily transferred to electrically heated areas if gas company officials advise that interruption will remain in excess of eight hours.

8. Consider evacuation if an interruption is expected to remain in excess of 12 hours.
Seniors’ Services

Title: SYSTEMS/ EQUIPMENT FAILURES (INCLUDES TELEPHONES, NURSE CALL, SECURITY SYSTEM, FIRE ALARM, AND BUILDING SECURITY)
Applies to: All Employees

Telephone Failure

1. is our main phone after switchboard closes.

2. If fails, power it down and then remove the battery and obtain the second phone from the GF/RS Team Lead office and use this phone. Complete an ITS request.

3. If the second phone fails: the phone will receive the calls. Call Service First Call Centre (SFCC) at ext and ask for them to dispatch IT technician.

4. Major telephone system failure: Call SFCC at ext. and explain the situation. One or two low-risk extensions down do not represent an emergency.

In case of Home wide failure of the telephone system, cellular phones can be used (i.e. iPhones).

There are 12 two way radios in the The two way radios are fully charged.

Distribution as follows:
RNs – 2
RPNs – 10
Security – 1 has their own two way radio

Reminder when using the two way radio confidentiality is important; be mindful re what is appropriate to say on the radios as others will be able to hear their conversation.

Nurse Call Failure

- Nurse call system failure would be calls not received from the resident rooms or washrooms to the call panel at the communication centre. Notify Maintenance according to the circulated maintenance on call rotation.
• Non emergency (i.e.) a pager or phone not getting calls, but are still able to see calls on the enunciator panel. Try changing the batteries and restarting the phone. If this still doesn’t work, submit facilities work order.

**Fire Alarm (Alarms, trouble)**

• For all fire alarm and trouble alarms on fire panel, notify Maintenance immediately. After hours call Maintenance on call according to the circulated maintenance on call rotation.

**Building Security**

• Failure to security system, doors will not lock. Card readers not working, Roam Alert failures, etc. notify Maintenance immediately after hours according to the circulated maintenance on call rotation.
Seniors’ Services

<table>
<thead>
<tr>
<th>Title:</th>
<th>PERSON(S) TRAPPED IN AN ELEVATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies to:</td>
<td>All Employees</td>
</tr>
</tbody>
</table>

Policy Statement
This policy provides direction on how to respond when a person(s) is trapped in an elevator.

Procedure for ALL STAFF when someone is trapped in an elevator:
- Notify the RN in Charge at ext [redacted]
- Stay with the person(s), or ask someone to stay, to reassure that person that help is on the way

Roles and Responsibilities

<table>
<thead>
<tr>
<th>RN in Charge (during business hours)</th>
<th>• Notify maintenance (email CSD SEN Maintenance) and call [redacted] to notify that someone is trapped in the elevator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Notify Security</td>
</tr>
<tr>
<td></td>
<td>• Ensure that signage is placed (on all floors) indicating elevator is “Closed for Maintenance”: signage located at Reception</td>
</tr>
<tr>
<td></td>
<td>• Ensure that a staff person is stationed at the elevator to reassure the person</td>
</tr>
<tr>
<td></td>
<td>• If a medical emergency occurs, dial 9-911</td>
</tr>
<tr>
<td></td>
<td>• Notify the Manager of the Program Area</td>
</tr>
<tr>
<td></td>
<td>• Complete risk report (if a resident) or public incident report (if a member of the public)</td>
</tr>
<tr>
<td></td>
<td>• If applicable, notify the SDM</td>
</tr>
</tbody>
</table>

Document Number: 4133917
| RN In Charge (after business hours) | • Call Thyssen Krupp (LTCH) or Delta Elevator (Supportive Housing)  
• Notify Security  
• Provide details of the elevator location, floor elevator is stuck, number of people trapped  
• Identify that this is an emergency  
• Obtain estimated time for arrival of elevator repair technician  
• Ensure that a staff person is stationed at the elevator to reassure the person  
• If a medical emergency occurs dial 9-911  
• Notify the Standby Manager  
• Ensure that signage is placed (on all floors) indicating elevator is “Closed for Maintenance”: signage located at Reception  
• Complete risk report (if a resident) or public incident report (if a member of the public)  
• If applicable, notify the SDM |
| Security | • Security to attend and support as necessary/applicable |
| Maintenance (during business hours) | • Call Thyssen Krupp (LTCH) or Delta Elevator (Supportive Housing)  
• Provide details of the elevator location, floor elevator is stuck, number of people trapped  
• Identify that this is an emergency  
• Get an estimated time of the arrival of the elevator repair technician  
• Place signage on elevator door(s): indicting elevator is “Closed for Maintenance”: signage located at Reception  
• Update the RN of the status of the request with Thyssen Krupp (LTCH) or Delta Elevator (Supportive Housing) |
1. In the event of water failure (no water pressure in the building) the RN in Charge will:
   - Phone Maintenance staff/Maintenance on Call (if after hours) to notify of issue and request support, and
   - Notify staff of the issue and communicate that maintenance has been contacted
   - If the water disruption lasts longer than the RN in Charge (in consultation with Maintenance) feels that the home can safely manage, the RN in Charge will contact the Manager On Standby to inform of the situation.

2. Maintenance staff will:
   - Call "Bright Water Services" and request them to bring a truck load of portable water to pressurize the building.
   - Call the City of Kitchener Utilities Dispatch and let them know that we are shutting off our main supply valve from the City (inside the building) and will be pressurizing the building using a portable water truck. Also ask City of Kitchener Utilities to call the person in charge of the home when the city water is restored.
   - Shut off city water supply valve at the water meter and hook up the Bright Water truck to the 1 1/2 inch line by the water meters and slowly build up the pressure in the building to 60 pounds.
   - Meet with the Manager/RN in Charge and instruct them to only use water where absolutely necessary (e.g. toilet flushing, food preparation) until Bright Water Services has supplied water to the facility. Communicate to staff.
   - When city water has been restored, disconnect water truck and slowly open main city water valve in
   - Remind Manager/RN in charge to overhead page that city water to home is back on and temporary water usage restrictions are over.

3. Dietary supervisor will implement the emergency menu (within Synergy).
4. **Resident Care** will carry out only essential hygienic procedures until adequate supply of water is obtained. Moist wipes may can be obtained from the Pandemic stock, by Manager/RN in Charge.

**(Key Considerations):**

- Estimated that there is approximately 2,250 gallons of water in domesticated hot water storage tanks that could be used for toileting and drinking.

- Location of water storage tanks:
  - Main boiler room of Franklin Building has two 750 gallon tanks
  - Kenneth Building mechanical room has one 750 gallon tank
ITEMS ON HAND FOR TWO DAYS

Paper Goods:
Garbage Bags ........................................ 4 cases
Serviettes .................................................. 2 cases
Plastic Silverware (knife) ........................ 3 cases
Plastic Silverware (fork) ......................... 3 cases
Plastic Silverware (teaspoon) ............... 3 cases
Hot Drink Cups ....................................... 4 cases
Cold Drink Cups ..................................... 2 cases
Plastic Dinner Plates ............................ 6 cases
Plastic Soup Bowls ................................. 4 cases
Plastic Dessert Dishes .......................... 2 cases
6 Inch Plates ......................................... 4 cases

Water:
Bottled .................................................. 12 cases
Food Supplies:
- Soup Concentrates (canned or dehydrated)
- Canned Pork and Beans
- Canned Vegetables (Green Beans, Wax Beans, Beets, Tomatoes)
- Canned Fish
- Processed Cheese
- Jam, Jelly, Peanut Butter, Honey Portions
- Dry Cereals
- Canned Juice
- Powdered Milk
- Carnation Milk
- Pickles
- Single Serving Jars Pureed Food (Meat, Fruit, Vegetables)
- Canned Fruit
- Canned Puddings
- Cookies (ready to use)
- Crackers (ready to use)
- Potato Chips
- Dehydrated Mashed Potatoes

Telephone Numbers for Emergency Supplies (Local K-W Area)

Baden Coffee (coffee & equipment) ........................................... 519 634-5807
Canada Bread ................................................................. 1 877 229 1042
Don's Produce (fresh fruits & vegetables) ..................................... 519 579 9794
Flanagan's Food Service ....................................................... 1 855 352 6242
STOP Food Service Equipment (small equipment) ...................... 519 749 2710
Sysco Food Services (food, supplies & milk) ......................... 1 855 373 4555 ext 4234
STANDARD

An emergency menu will be available for use in the event of a power failure

PROCEDURE

1. In the event of a power failure, the Food Service Department will provide an emergency menu. In order to meet the nutritional requirements of the Residents, the following two (2) day menu may be used as a guide.
2. The home will stock a three-day supply of disposable dishes, cups and cutlery

SAMPLE MENU #1

MENU

Limited cooking facilities, water, refrigeration/freezers

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canned Juice</td>
<td>Juice</td>
<td>Juice</td>
</tr>
<tr>
<td>Cold Cereal</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td>Cheese/Peanut butter</td>
<td>Tuna s/w /P.B &amp; J s/w</td>
<td>Tuna Salad Sandwich</td>
</tr>
<tr>
<td>Milk</td>
<td>Mixed salad/Fruit</td>
<td>Pickled Beets</td>
</tr>
<tr>
<td>Bread</td>
<td>Cocktail</td>
<td>Bread &amp; Butter Pickles</td>
</tr>
<tr>
<td>Butter or Margarine</td>
<td>Canned Pudding</td>
<td>Canned Fruit</td>
</tr>
<tr>
<td>Jam</td>
<td></td>
<td>HS Snack:</td>
</tr>
<tr>
<td><strong>AM Snack:</strong></td>
<td><strong>PM Snack:</strong></td>
<td><strong>Cheese &amp; Crackers,</strong></td>
</tr>
<tr>
<td>Canned juice</td>
<td>Cookies, canned Juice</td>
<td>Canned Juice</td>
</tr>
</tbody>
</table>

Document Number: 292648
SAMPLE MENU #2

MENU

Limited electricity, refrigerators or freezer

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canned Juice</td>
<td>Soup (canned or dehydrated) / Crackers</td>
<td>Canned Juice</td>
</tr>
<tr>
<td>Hot Cereal (porridge)</td>
<td>Canned Baked Beans</td>
<td>Salmon Loaf</td>
</tr>
<tr>
<td>Muffins/Margarine</td>
<td>Casserole/Vegetables &amp; Cheese</td>
<td>Canned Luncheon Loaf</td>
</tr>
<tr>
<td>Jam</td>
<td>Pickled Beets</td>
<td>Whipped Potatoes</td>
</tr>
<tr>
<td>Scrambled Eggs</td>
<td>Bread &amp; Butter</td>
<td>Green Beans</td>
</tr>
<tr>
<td>Coffee</td>
<td>Canned Pudding</td>
<td>Bread &amp; Butter</td>
</tr>
<tr>
<td>AM Snack: Juice</td>
<td>Tea, Milk</td>
<td>Canned Fruit</td>
</tr>
<tr>
<td></td>
<td><strong>PM Snack:</strong> Cookies</td>
<td>Cookies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tea, Milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>HS Snack:</strong> banana loaf or other purchased cake</td>
</tr>
</tbody>
</table>
Seniors' Services

<table>
<thead>
<tr>
<th>Title:</th>
<th>FLOOD PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies to:</td>
<td>All Employees</td>
</tr>
</tbody>
</table>

This procedure outlines actions to be taken in the event of an internal flood on campus. The procedure outlines the accountabilities of Management, the Registered Nurse in Charge and Maintenance.

**Flood From Broken Water Pipes**

1. Management, in consultation with the Registered Nurse in Charge, will assess the situation and facilitate moving residents/tenants/clients to safety as necessary.

2. Management or Registered Nurse in Charge will email CSD SEN maintenance on call (during regular business hours). Call Maintenance person on call after regular hours.

3. Management or Registered Nurse in Charge will designate someone to keep systematic watch on the flood level.

4. The Registered Nurse will initiate a census taking to ensure that all residents are safe, as necessary.

5. Management will ensure that essential supplies, both perishable and non-perishable, are moved from storage rooms to a dry location if water damage is likely.

6. Initiate evacuation from areas as necessary following Code Green Policy.

7. After front line emergency response procedures are notified and underway (9-1-1, Sunnyside staff engaged in response); a designated person at Sunnyside (Security/RN/Management) notifies the Community Emergency Management Coordinator (CEMC) of the incident and current situation. The CEMC will assess broader notification and available resource options. Notifies corporate Community Emergency Management Coordinator (CEMC):

   [hidden text]

Document Number: 4134157
Community Wide Flooding

Regional Municipality of Waterloo Flood Warning System will be activated and directives will be given to the Home with regard to contingency procedures.

Role of Maintenance

Please reference policy, Maintenance Communications: System Failure/Organization Risk. This policy outlines key communication guidelines for Maintenance staff (and relevant stakeholders) in the event of an organizational system failure or issue that poses risk to the organization, residents, tenants, clients or staff.

Reference:
- Maintenance Communications: System Failure/Organization Risk, Policy # 5-11, Quality Improvement and Risk Management.
### Seniors’ Services

<table>
<thead>
<tr>
<th>Manual EMERGENCY</th>
<th>Policy # 10-20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section: Weather Emergencies</td>
<td></td>
</tr>
<tr>
<td>Revised/Approved: April 11, 2022</td>
<td>Original: May 1, 1989</td>
</tr>
</tbody>
</table>

#### Title:
TORNADO PROCEDURES

#### Applies to:
All Employees

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### Severe Weather Warning

A severe weather warning means that a severe thunderstorm and/or tornado is either occurring or is expected to occur within the hour.

The following procedure has been established to minimize personal injury, loss of life and property damage through proactive measures.

**Note:** The Region’s Emergency Management Office (EMO) maintains the Regional Emergency Response Plan. This plan describes how the Region responds to emergencies. The plan describes the roles and responsibilities of the Region and our partners, including fire departments, police, and community agencies.

**If a tornado occurs or is likely to occur the following steps must be taken:**

1. Stay tuned to the local radio, television or weather website for weather advisories.
2. Do not alarm residents.
3. Using a reassuring and calm manner, move all persons to the nearest interior corridor away from windows and close bedroom doors.
4. Where appropriate, ambulatory residents not requiring assistance should be directed to the basement.
5. Secure outside objects (chairs etc.) which could become hazardous if blown by a high speed wind.
6. Take a census to ensure residents are accounted for.
7. Avoid gathering people in Heritage Hall.
8. At least one staff should remain on each wing, on all home areas, until ALL CLEAR is sounded over the P.A. system.

Document Number: 4134180
9. If the Home is struck by A Tornado:
   Call 9-911 or pull the fire alarm:
   • Provide name and address of facility
   • Name of Most Responsible person or Registered Nurse in Charge
   • Provide essential details
   • Call ambulances if required

11. If partial or total evacuation is necessary, follow organization’s Code Green policy.

12. After front line emergency response procedures are notified and underway (9-1-1, Sunnyside staff engaged in response); a designated person at Sunnyside (Security/RN/Management) notifies the Community Emergency Management Coordinator (CEMC) of the incident and current situation. The CEMC will assess broader notification and available resource options.

   Notifies corporate Community Emergency Management Coordinator (CEMC):

Role of Maintenance
Please reference policy, Maintenance Communications: System Failure/Organization Risk. This policy outlines key communication guidelines for Maintenance staff (and relevant stakeholders) in the event of an organizational system failure or issue that poses risk to the organization, residents, tenants, clients or staff.

Reference:
• Sunnyside Home Evaluation-Code Green, Policy # 6-10, Emergency Manual.
• Maintenance Communications: System Failure/Organization Risk, Policy # 5-11, Quality Improvement and Risk Management.
Policy Statement:
Sunnyside has a process for determine which staff are essential to operations in an emergency, and a process to identify when/how staff can be deployed to areas of essential needs.

Business Continuity Plan:
Sunnyside has a Business Continuity Plan (BCP) which identifies the number of staff required in an emergency for short term and longer term operations. The BCP is referenced at DOC [missing reference].

Emergency Staffing Contingency Plan:
Staffing should utilize the Emergency Staffing Contingency Plan – [missing reference] –

Staff to be Deployed
The following is a list of staff which can be redeployed during an emergency:

Management/management support staff
Administration (reception deployed to staffing, other admin to cover reception)
Resident Engagement Team
Social Work Team
BSO team
Volunteers
Café Staff (café to close)
All non-essential Community Programs staff
All non-essential housekeeping and laundry

In some circumstances other Regional staff may be deployed.

Essential Duties in Resident Care
The following are steps that could be taken if required in the event of an emergency that reduced the number of staff:

1. Basic Resident Care only: Essentials are toileting, washing as required, meals, medications and treatments, and getting up in a chair at least once per day. Assessments for condition changes would remain in place.

Document Number: 4134196
2. In emergency – no formal baths on that day but a plan will be made to catch up.
3. Weights and BPs and any other extras can wait until emergency is over.
4. Bed making would be attempted but is not essential.
5. Dressing of residents in day clothing would be attempted but is not an essential.
6. Staff redeployed to essential/critical needs
7. Staff could be asked to stay overnight to ensure they are at work the next day or extend their tour of duty.

**Essential Duties in Supportive Housing**

The following are steps that could be taken if required in the event of an emergency that reduced the number of staff:

1. Basic tasks only in tenant apartments- medications, meal support and necessary activities of daily living
2. Lunch meal to be delivered to apartment- no congregate meal
3. Recreation staff to be deployed to help and support with necessary tasks- may need to cancel recreation groups.
4. Redeployment of other staff to Supportive Housing i.e. CAP staff to help with essential needs
The following fire prevention measures will be undertaken:

1. All identified fire hazards on the Sunnyside Campus are eliminated, the Home and Supportive Housing are inspected at least once a year by an officer authorized to inspect buildings under the Fire Marshall's Act and the recommendations of the officer are carried out.

2. There is adequate protection from radiators or other heating equipment.

3. The water supplies are adequate for all normal needs, including those of fire protection.

4. The fire protection equipment, including the sprinkler system and fire extinguishers, are visually inspected at least once a month and serviced at least once every year by qualified personnel.

5. The fire detection and alarm system is inspected at least once a year by qualified fire alarm maintenance personnel, and tested at least once every month.

6. The fire hydrants (exterior) are tested, inspected and serviced annually by qualified personnel.

7. At least once a year the heating equipment is serviced by qualified personnel and the chimneys are inspected and cleaned if necessary.

8. A written record is kept by the Supervisor, Facility Management, of inspections and tests of equipment, fire drill, the fire detection and alarm system, the heating system, chimneys and smoke detectors; and each record shall be retained for at least two years from the date of the inspection or test.

9. The staff and residents are instructed in the method of sounding the fire detection and alarm system.

10. The maintenance staff is trained in the proper use of the fire extinguishing equipment.
11. Staff are instructed in the fire procedures at time of hire and through regular fire drills and de-briefing session.

12. Security guard checks all areas of the home for fire or potential at least twice per shift.

13. An inspection of the building is completed at least monthly by maintenance staff monthly, including the equipment in the kitchen and laundry, to ensure that there is no danger of fire and that all doors to stairwells, all fire doors and all smoke barrier doors close properly.

14. Adequate supervision is provided at all times for the security of the residents and the home.

15. Combustible rubbish is kept to a minimum.

16. All exits are clear and unobstructed at all times.

17. Combustible draperies, mattresses, carpeting, curtains, decorations and similar materials are suitably treated to render them resistant to the spread of flame and are retreated when necessary.

18. Lint traps in the laundry are cleaned out after each use of the equipment.

19. Flammable liquids and paint supplies are stored in suitable containers.

20. Smoking is permitted outdoors only. Self extinguishing cigarette ashtrays are provided.

21. No portable electric heaters are used on the premises that are not in accordance with standards of approval set down by the Canadian Standards Association.

22. No sprinkler heads, fire or smoke detector heads are painted or otherwise covered with any material or substance.
Sunnyside Home (247 Franklin Street North) is equipped with a two stage fire alarm system.

A) **The First Stage Alarm (Alert Stage; Code Red)** - The first stage, which rings in the Franklin and Kenneth buildings, at approximately 20 beats per minute, indicates that there is an alarm.

B) **The Second Stage Alarm (Alarm Stage; Code Green)** - The second stage which rings in the Franklin and Kenneth buildings, at a higher frequency, and indicates evacuation is required of the alarmed area. All other areas must prepare to evacuate upon notice. Total evacuation shall only be determined by the Fire Department, Director, Seniors’ Services or designate or the RN in charge.

The second stage alarm is activated by an RN using key on the RN keyring, upon detection of a fire or smoke in the alert area.

Upon activation of the first stage alarm:
- a) The fire alarm alerts the fire department (directly connected)
- b) Mag locked doors close and local door releases
- c) Air intake and exhaust systems shut down

Upon activation of second stage alarm:
- a) All locked doors are released
- b) Elevators park on main floor

**LOCATION OF ANNUNCIATOR PANELS**

1. Near the main entrance foyer beside the visitor’s washroom
2. At the Communication Centre in each house

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AUTOMATIC DETECTORS

Automatic smoke or heat detectors may activate the fire alarm system before the location of the fire has been identified by staff.

In the event the fire alarm system is initiated by the automatic detection system, the exact location of the fire may not be immediately known. After Code Red and the zone has been announced over the P.A. system, employees in the immediate area shall seek out the fire as quickly as possible, forward the exact location by dialing "0" on the nearest telephone and then follow normal fire procedures.

All areas of the Home are protected by heat or smoke detectors. Smoke detectors are activated by, and are very sensitive to smoke, fumes, tiny insects or vaporized substances such as hair spray, aerosol sprays or dust. Smoke detectors have a red indicator light.

Heat detectors are activated by a rapid increase in temperature.

All bedrooms in resident home areas have a red indicator light beside the door in the corridor which comes on when the detector in the room is activated.

MAGNETICALLY LOCKED DOORS

All mag locked doors will open on a second stage alarm. A mag locked door can be opened individually by pulling the pull station at the door.

KITCHEN HOOD FIRE SUPPRESSION SYSTEM

If there is a fire in the Food Services Department in the kitchen stove areas, the fire suppression system will automatically be activated by heat, and the gas supply will automatically shut off. When the fire suppressant system is activated, all staff must leave the area.

SPRINKLERS

Sprinklers are located in all rooms except for electrical rooms.

ELEVATORS

The Fire Department can override the elevators with the key located in the firefighter’s key box (located outside the main entrance door).
FANS

Air intake and exhaust systems shut down automatically by activation of the fire alarm.

NOTE:
The fire alarm system is directly connected to the Fire Department through Direct Detect.

In the event that an alarm pull station is pulled and bells fail to ring, you are to go to the nearest telephone and dial 9-911.
If fire or smoke is detected:

The Code Red is escalated to second stage by the RN in Charge.

1. Activate first stage alarm by pulling the nearest manual pull station if not already pulled.
2. Use the fire panel key on the RN keyring
3. Insert key in switch on face of the manual pull station, turn key slightly to the right.
4. Key can be removed once pull station is in Stage 2.
5. Dial ☎️ and announce “Code Green” and area of evacuation 3 times
1. All staff shall be familiar with current emergency procedures.

2. Fire prevention rules shall be observed by all staff at all times.

3. Fire hazards and/or infractions with fire safety regulations shall be reported to their supervisor immediately.

4. During fire emergencies the Registered Nurse in charge will assume authority to direct evacuation and fire procedures.

5. Staff shall assist with emergency removal of residents as directed by the Registered Nurse/Designate.

6. In the absence of the Registered Nurse/Designate/Supervisor, the first person discovering the fire will take charge in fire area until the Registered Nurse/Designate/Supervisor arrives.

7. When maintenance staff is not scheduled for duty, the Supervisor, Facilities Management, Environmental or designates shall be notified immediately by phone in case of actual fire. (See emergency fan out list for phone numbers).

8. In case of actual fire the person in charge shall contact the Manager On Standby (if outside of normal business hours) as soon as possible.

9. When the emergency is over, the Registered Nurse of the fire area shall complete a written Fire Alarm report (including false alarms) and forward it to the Coordinator, Staff Education as soon as possible.

10. Non-compliance with the Home’s Fire Safety policies may result in disciplinary action.
POLICY
Fire drills will be held on each shift monthly, to give staff opportunity to practice and become familiar with Fire Emergency procedures and in accordance with the Fixing Long-Term Care Act. The scenarios presented during fire drills are changed to provide staff with an opportunity to practice and become familiar with what to do in various situations. The Kitchener Fire Department (KFD) shall be present to witness one fire drill on an annual basis. Coordination of the KFD’s attendance will be booked directly with the Fire Prevention Officer.

PROCEDURE
1. Actual alarms can be used as a drill. Planned drills can be silent or with alarms.

2. The alarm monitoring agency shall be notified prior to commencement of a drill with alarms to ensure they do not contact the Fire Department unnecessarily.

3. The person in charge of the drill will plan a mock scenario and when assistance is required, they will affirm roles with those involved.

4. Fire drills shall be taken seriously by all employees and appropriate procedures must be followed during such exercises. All staff must remain on-site during an alarm, until the “all clear” has been issued.

5. A fire alarm report (Doc #12-60-A) is to be completed by those involved in running the drill, (or by the Fire Marshalls in the case of an unplanned alarm), and forwarded to the Coordinator, Staff Education

Specifically, they need to be aware of the following during the drill:

- Was the fire notification loud enough to be heard throughout the building?
- Did the person in charge know the appropriate steps to follow?
- Were staff directed to appropriately prioritize when evacuating residents?
- Did staff follow directions provided by the person in charge?
- Did staff respond in a timely manner?
- Were occupants relocated to an appropriate refuge area?

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• Were residents who were left in their room adequately identified to the person in charge?
• How quickly was the fire zone evacuated?
• Were all exits accessible without any obstructions or obstacles?
• Was the drill executed in a timely, calm and efficient manner?
• Were staff aware of next steps to be followed if a fire continued to spread?

6. Following a drill with alarm, the person in charge of the alarm shall meet with the staff to debrief and discuss any deficiencies that arose as a result of the drill.

7. All fire drill reports are to be retained for a period of 24 months after the fire drill.

References

Fire Alarm Report Doc #12-60-A (DOC # 361458)
Please refer to Policy 12-86 for the role of Registered Staff in Supportive Housing.

The RNs in Charge shall be those individuals assigned the [redacted] and the [redacted] phones. Emergency Fire Box is located in the bottom drawer of the outside desk in the communication centres labelled “Fire Box”.

Role of RN in Charge of Fire Area

General Duties:
1. Investigate source of Stage 1 alarm.
2. Put the system to Stage 2 with any indication of fire (i.e. smoke heat or flames).
3. Call the Fire Department to update on status
4. Assist the RPN in the area as required.
5. Communicate with the Control Centre.
6. Contact the Manager on Standby in event of a real fire.
7. Page all clear.

Specific Duties:
Upon hearing Stage 1 fire alarm, the RN shall:

1. Check closest enunciator panel for location of fire.
2. Page overhead [redacted] to announce Code Red and exact location, 3 times, if it has not already been done.
3. Go to the fire area, using stairwells to provide direction.
4. If there is indication of fire, escalate to 2nd stage, using the small fire panel key on the RN keyring. Insert the small key into the nearest manual pull station (you do not need to pull the station to do this). Turn the key slightly to the right until you hear the alarm beeping faster. Turn the key back and remove the key. Do not leave keys in the pull station
5. Page Code Green 3x, indicating area of evacuation.
6. Provide direction and communicate with the RPN in charge of fire area.
7. Communicate with the RN in charge of Control Centre.
8. Contact Manager on Standby if actual fire.
9. In collaboration with the Manager on Standby and the Fire Department, determine if an Auto-Dialler (Everbridge) call or the emergency fan-out list should be initiated.
10. Call maintenance staff on call, if after hours.
11. Page Code Red (and Code Green, if applicable), All Clear, 3 times, when the situation is over, and all residents have been accounted for, or as directed by the fire department.
12. Complete fire drill (#12-60-A) report and forward to Coordinator, Staff Education.
Role of RPN in Charge of Fire Area

General Duties:

1. Wears the vest to be easily identifiable.
2. Directs the evacuation on the unit and instructs where to gather residents.
3. Remains in a central and visible location.
4. Communicates with the RN in Charge.
5. Takes roll call and accounts for all residents.

Specific Duties:
Upon hearing Stage 1 fire alarm, the RPN shall:

1. Return to home area if not already there.
2. Take charge of the home area.
3. Obtain vest from the emergency fire box on the floor.
4. Advise RN if a real fire exists.
5. Coordinate the fire procedures by directing staff to prioritize the room of fire first, and move out from there.
6. Remind staff how to safely check doors before opening, to enter a room to be checked (i.e. use back of hand, start at the bottom, check handle last if door is not hot, crouch down and open slowly if handle not hot).
7. Communicate with RN at Control Center to send more staff, if needed.
8. Ensure resident rooms have been fully searched (behind doors, in closet, washroom, under beds) and Evac-alert signs are turned up, as rooms are cleared.
9. Remind staff not to cross in front of fire if the fire is not contained in a room where the door is closed.
10. Determine most appropriate place for staff to bring residents, ensuring they are moved beyond a fire door.
   -i.e. if fire in resident room, evacuate residents to dining room in central core
   -i.e. if fire in central core, evacuate residents to resident wing(s)
11. Remain in a central location to direct activities of staff.
12. Report any issues to the RN (for example, residents who are unable to be evacuated from the fire area).
13. Take roll call of residents, using the census located in the emergency fire box and account for all residents on the home area.
14. If safe to do so, have staff re-check Evac alert signs to ensure evacuation complete.
15. If code green is called, prepare to move resident charts and medication cart.
16. If code green is called, assign staff members to watch exit doors to ensure residents do not leave the floor unattended.

Role of RN in non-fire area

General Duties:
1. Establish the Control Centre
2. Follow the Control Centre Emergency Procedures Checklist found in the emergency fire box at reception.
3. Maintain communication with the RN in charge of the Fire Area

Specific Duties:
Upon hearing Stage 1 fire alarm the RN will:

1. Check closest enunciator panel for location of fire.
2. Page overhead to announce “Code Red” and exact location, 3 times, if it has not already been done.
3. Establish the Control Centre at reception or the classroom if reception is in the fire zone. Page overhead new location if location of Control Centre has been changed.
4. Unlock reception (if locked) and obtain the fire vest from reception desk emergency fire box.
5. Use the Control Centre Emergency Procedures Checklist, stored in the emergency fire box at reception to assign staff to emergency tasks. Complete the checklist.
6. Advise non-emergency callers to call back as we are having a fire alarm (may delegate someone to answer switchboard phone).
7. Assign security to meet the fire department at the main entrance and escort them to the fire area to connect them with the RPN in charge of the fire area. Then security to return to Control Centre to give report of fire situation to RN in charge of Control Centre.
8. Assign staff to check public areas and ensure safety of residents and visitors.
9. Assign staff to areas of the home as needed as per request from RPN in charge of fire area to assist in the fire area.
10. Maintain contact and take direction from RN/RPN in charge of fire area.
11. If maintenance is not yet on site, silence the panel when all clear has been paged and on direction of the Fire Department. Do not reset the fire panel (maintenance will do so, on direction from the Fire Department).
12. Complete Control Centre Emergency Procedures Checklist and forward to Coordinator, Staff Education.

Role of RPN in non-fire areas

General Duties:
1. Remain in the home area.
2. Take roll call and account for residents by checking sign out book. Communicate with RN if unable to accounted for all residents.
3. Prepare to move medication cart and resident chart rack in event of “Code Green”.

Specific Duties:
1. Remain in home area with residents, unless sent to assist in the fire area.
2. Assign staff members to watch exit doors to ensure residents do not leave the unit.
3. If night shift, send PSWs to assist in area of fire, and RPN to oversee both units.
4. Take roll call of residents to ensure all are accounted for.
5. Remain calm and reassure residents and staff.

Note: Manager on Standby will notify the Director of all real fire situations
1. The Home's Maintenance Department and/or other designated staff shall ensure that the Fire Alarm System is operational at all times to provide continuous protection to staff and residents.

2. Maintenance staff when scheduled for work, are responsible for re-setting the fire alarm system following the activation of the alarm, on the direction of the Registered Nurse/Supervisor of the affected area.

3. Direct Detect shall be notified when the Fire Alarm System is being adjusted or repaired. Any adjustment to the system notification shall be carried out ONLY by the Supervisor, Facilities Management/Designate and ONLY with the approval of the Director or designate.

Maintenance must be called when fire alarm has been activated:

4. After hours the RN will call maintenance person on standby (this procedure is to be used for all problems with the fire alarm).

5. When Maintenance staff is not immediately available, the Registered Nurse/Supervisor will direct the fire department to the fire panel near main entrance on the ground floor in the Kenneth Building.
Repairs or upgrades are done by Facilities Management staff or contractors hired to test/repair the system. **No matter who repairs or upgrades the system, the following procedures must be followed:**

Prior to and upon completion of any approved procedure that disrupts the effectiveness of the system, the Supervisor Facilities Management/Designate shall notify all concerned, that the fire alarm system is temporarily shut down:

- Send division wide building notice or page overhead (if emergency)
- Direct Detect
- Fire Department
- Supervisor /Registered Nurse of affected area(s)
- Reception
- Maintenance

A fire watch shall be appointed to conduct a tour of the building in areas normally served by fire detection devices.

Tours shall be conducted once per hour until the fire alarm system has been reactivated.

The fire watch person shall record their patrols and also have some means of communication that can be used to notify a supervisor to call the fire department.

In the event of a fire, efforts should be taken to notify persons in the building that a fire emergency exists.

**TOTAL DISCONNECT**

Upon direction by the Supervisor, Facilities Management or Director, Reception /Designate is responsible for informing all staff, using the public address system, prior to and upon completion of the TOTAL DISCONNECT Procedure.

In the event of an actual fire during the TOTAL DISCONNECT Procedure the first person to discover a fire must activate the closest pull station and call reception ("O") who will then phone 9-911. Reception will then page overhead to announce "Code Red" and
exact location, 3 times. The fire procedures outlined in the Fire Plan and policies are then followed.

**PARTIAL DISCONNECT**
The Supervisor /Registered Nurse of the affected area is responsible for informing staff prior to and upon completion of the PARTIAL DISCONNECT Procedure.

In the event of an actual fire in a disconnected area during the PARTIAL DISCONNECT Procedure, the first person to discover the fire must activate a pull station in the closest fire zone not affected by the adjustment of the alarm system and call reception (“O”) who will then phone 9-911. Reception will then page overhead ‹轩› to announce “Code Red” and exact location, 3 times. The fire procedures outlined in the Fire Plan and policies are then followed.

**NOTE:** The location of closest functional alarm box will be indicated on the Fire Alarm System Adjustment Report.