1. Code Red: Fire
2. Code Green: Evacuation
3. Code Orange: Natural Disaster/Extreme Weather and Community Disasters
4. Code Brown: Chemical Spill/Release (Internal) and Nature Gas Leak
5. Code Grey: Outdoor Air Exclusion
7. Code Aqua: Hold and Secure in Place
8. Code Purple: Hostage Taking
9. Code Silver: Active Shooter/Assailant
10. Code Black: Bomb Threat
11. Code Blue: Medical Emergency
12. Code Yellow: Missing Person
13. Loss of One or More Essential Services
14. Outbreaks/Pandemics
15. Flood Procedures
16. Boil Water Advisory
17. Building Emergency Response Team (BERT)

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

Please reach out to Gerard Reuss, Coordinator of Quality Improvement and Risk Management if you have questions. You can reach Gerard at 519 893-8494, ext. 6336
1.0 Policy Statement
Sunnyside is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

We follow the R-A-C-E acronym to safely evacuate residents/clients:

R Rescue (remove persons in the most immediate danger first)
A Alarm (ensure the alarm is sounding, or pull if you are the first to see fire)
C Contain (contain smoke to a smaller area by closing windows and doors)
E Evacuate (continue to evacuate persons beyond the area of danger)

2.0 Purpose
The purpose of the Code Red policy and procedure is to define the process for response in case of a fire, a fire alarm or smell of smoke.

3.0 DECISION TO ACTIVATE BUILDING EMERGENCY RESPONSE TEAM (BERT)
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security).
Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy. [DOC: #4228023]

4.0 Alarm Systems

A) Fire Panel:
   • A fire panel is located on each home area in the communication centre.
   • A master panel, for the entire home, is located by the main entrance of the building.
   • A localized beeping sound at a panel indicates an interruption in the fire system. Examples of interruptions can include: low pressure in sprinkler, a system has been by-passed.

B) Stage 1 Alert (Code Red):
   • Loud facility wide alarm
   • Alert to notify staff there is a potential fire (opportunity for verification)

C) Stage 2 Alert (Code Green):
   • Loud facility wide alarm that is the same tone, but a faster frequency than Stage 1.
   • Alert to notify staff that an evacuation is required

5.0 Initiating a Code Red
Any person can immediately initiate a Code Red by activating/pulling a fire alarm pull station.

Note: If alarm sounds (even if at change of shift), all staff must remain on premises until “all clear” is announced in order to assist with evacuation of residents/clients, if necessary.

6.0 Procedure (All Staff)

A. Discovery of Fire
   • Remain calm and reassure resident/clients and visitors.
If you are in a room when the alarm sounds:
  • Before opening the door; feel the bottom of the door for heat with the back of your hand (start low and move hand upwards)
  • If the door is not warm, feel the door knob with the back of your hand

If the door is not hot:
  • Crouch low and brace yourself against the door and open slightly
  • If no fire or smoke is detected, evacuate room, close door and move to the dining room or location as designated by the registered staff/person in charge.

If the door of the room is hot or if hot air is felt when opening the door slightly:
  • Close the door
  • Keep the door unlocked to allow for entry of fire fighters
  • Call RN at [phone number] (or reception during business hours). They will notify the fire fighters
  • Seal all cracks where smoke can get in (e.g. use wet towels, clothing)
  • Reception or RN to page overhead

If you cannot leave the area you are in or have returned to it because of fire and/or heavy smoke:
  • Go to a room with a door and a telephone (if possible)
  • Close the door and remain in the room
  • Keep the door unlocked for entry of fire fighters
  • Call RN at [phone number] (or reception during business hours). They will notify the fire fighters
  • Seal all cracks where smoke can get in
  • Reception or RN to page overhead
B. Code Red Announced Specific to Resident Areas: Key Activities

<table>
<thead>
<tr>
<th>Fire announced in your assigned area</th>
<th>Fire announced but not in your assigned area</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Return to your work area to assist with ensuring safety of residents/clients, unless you are with a resident/client.</td>
<td>• Listen for Code Red announcement for fire location.</td>
</tr>
<tr>
<td>• Use stairs - not elevators. To enter stairs, use access code</td>
<td>• If working in a resident home area or CAP, remain with the residents/clients.</td>
</tr>
<tr>
<td>• Follow direction from the RN/RPN in charge and fire department upon their arrival.</td>
<td>• If you are not on your home area at the time of the alarm return to your home areas immediately.</td>
</tr>
<tr>
<td>• Use the R-A-C-E acronym to safely evacuate residents/clients</td>
<td>• If working in a non-resident home area/program, but have residents with you, remain with residents.</td>
</tr>
<tr>
<td>• Ensure resident/client rooms and washrooms have been searched (behind doors, in closets and under beds).</td>
<td>• If working in a resident home area or CAP, report to your area leader for direction.</td>
</tr>
<tr>
<td>• Evacuation alert signs are turned up if the room is empty. Leave evacuation alert signs down if resident/client remains in the room and report to RPN in charge immediately.</td>
<td>• If you do not work in a resident home area or CAP, report to Control Centre for direction.</td>
</tr>
<tr>
<td>• Gather residents/clients to a safe common area outside the fire area (e.g. dining room, resident wings as directed) as directed by person in charge.</td>
<td>• Ensure safety of residents/clients.</td>
</tr>
<tr>
<td>• Help RPN in charge as assigned:</td>
<td>• If on a non-home area with a resident (e.g. Hair Salon, Gift Shop, Chapel, Heritage Hall) stay with them and prepare a list of names for the person in charge of the Control Centre.</td>
</tr>
<tr>
<td>o Close windows and doors in areas outside the fire zone.</td>
<td>• Be prepared to evacuate if necessary.</td>
</tr>
<tr>
<td>o Clear all exits and corridors of obstacles.</td>
<td></td>
</tr>
<tr>
<td>o Turn lights on.</td>
<td></td>
</tr>
</tbody>
</table>

REMEMBER:
• Use stairs-not elevators: to enter stairs, use access code  |
• Remain calm and reassure clients and visitors. |
• Control Centre will be set up at reception, unless reception is the fire area, in which case the Control Centre will be set up in the Classroom (announced overhead).

C. Code Red Announced in Non Resident/Client Area
• Follow the R-A-C-E acronym to safely evacuate residents/clients
• Follow direction from the RN/RPN in charge and Fire Department upon their arrival.
• Use stairs—not elevators.  |
• Remain calm and reassure clients and visitors.
Roles and Responsibilities

Role of RN and RPN

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role of RN in Charge of Fire Area</td>
<td>Upon hearing Stage 1 fire alarm, the RN shall:</td>
</tr>
<tr>
<td></td>
<td>1. Check closest enunciator panel for location of fire.</td>
</tr>
<tr>
<td></td>
<td>2. If any indication of fire (smoke, heat, flames) is detected, escalate to 2nd</td>
</tr>
<tr>
<td></td>
<td>3. Go to the fire area, using stairwells to provide direction.</td>
</tr>
<tr>
<td></td>
<td>4. Check to determine if fire exists</td>
</tr>
<tr>
<td></td>
<td>5. If any indication of fire (smoke, heat, flames) is detected, escalate to 2nd</td>
</tr>
<tr>
<td></td>
<td>6. Page Code Green 3x, indicating area of evacuation (if required). Note, stairwell and exit doors unlock when Code Green is activated.</td>
</tr>
<tr>
<td></td>
<td>7. Call the Fire Department to update on status</td>
</tr>
<tr>
<td></td>
<td>8. Provide direction and communicate with the RPN in charge of fire area.</td>
</tr>
<tr>
<td></td>
<td>9. Communicate with the RN in charge of Control Centre.</td>
</tr>
<tr>
<td></td>
<td>10. Contact Manager on Standby</td>
</tr>
<tr>
<td></td>
<td>11. In collaboration with the Manager on Standby and the Fire Department, determine if Voicenet or the emergency fan-out list should be implemented.</td>
</tr>
<tr>
<td></td>
<td>12. Call maintenance staff on call, if after hours.</td>
</tr>
<tr>
<td></td>
<td>13. 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.</td>
</tr>
<tr>
<td></td>
<td>14. Complete fire drill (#12-60-A) report and forward to Coordinator, Staff Education and Quality Improvement and Risk Management</td>
</tr>
<tr>
<td></td>
<td>15. Update communications and messaging if/when circumstances to the emergency change.</td>
</tr>
</tbody>
</table>

Role of RPN in Charge of Fire Area | Upon hearing Stage 1 fire alarm, the RPN shall: |
| 1. Wear vest to be easily identifiable |
| 2. Return to home area if not already there. |
| 3. Take charge of the home area and remain in visible location. |
| 4. Advise RN if a real fire exists (if determined prior to their arrival). |

Note: Refer to Policy 12-86 for the role of Registered Staff in Supportive Housing.
5. Coordinate the fire procedures by directing staff to prioritize the room/location of fire first, and then remainder of wing/area.

6. Remind staff how to safely check doors before opening, to enter a room to be checked (ie 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 Centre 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, if resident remains in room.

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 (ensure easy access and movement by Fire Department)

11. Report any issues to the RN (for example, residents who are unable to be evacuated from the fire area)

12. Take roll call of residents, using the census located in the emergency fire box and account for all residents on the home area.

13. If safe to do so, have staff re-check Evac alert signs to ensure evacuation complete.

14. If code green is called, coordinate evacuation of residents and prepare to move resident charts and medication cart.

15. 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

<table>
<thead>
<tr>
<th>Upon hearing Stage 1 fire alarm the RN will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check closest enunciator panel for location of fire.</td>
</tr>
<tr>
<td>2. Page overhead (6900) to announce “Code Red” and exact location, 3 times, if it has not done.</td>
</tr>
<tr>
<td>3. Establish the Control Centre at reception or the classroom if reception is in the fire zone. Page overhead (6900) new location if location of Control Centre has changed.</td>
</tr>
<tr>
<td>4. Ensure that CAP staff and Supportive Housing staff are kept informed of the situation.</td>
</tr>
<tr>
<td>5. Ask Security to unlock reception (if locked) and obtain the fire vest from emergency fire box.</td>
</tr>
<tr>
<td>6. Use the Control Centre Emergency Procedures Checklist [DOC# 288170] stored in the emergency fire box to assign staff to emergency tasks. Complete the checklist.</td>
</tr>
<tr>
<td>7. Advise non-emergency callers to call back as we are having a fire alarm.</td>
</tr>
<tr>
<td>8. Assign staff/Security to meet 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.</td>
</tr>
<tr>
<td>9. The staff person/Security will return to Control Centre to give report of fire situation to RN in charge of Control Centre.</td>
</tr>
<tr>
<td>10. Assign staff to check public areas and ensure safety of residents and visitors, as per checklist.</td>
</tr>
<tr>
<td>11. 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.</td>
</tr>
<tr>
<td>12. Maintain contact and take direction from RN/RPN in charge of fire area.</td>
</tr>
<tr>
<td>13. If maintenance is not yet on site, silence the panel when the all clear has been paged and on direction of the Fire Department. <strong>Do not reset the fire panel</strong> (maintenance will do so, on direction from the Fire Department).</td>
</tr>
<tr>
<td>14. Complete Control Centre Emergency Procedures Checklist [DOC# 288170] and forward to Coordinator, Staff Education.</td>
</tr>
</tbody>
</table>
### Role of RPN in Non-Fire Areas

Upon hearing Stage 1 fire alarm the RPN will:

1. Remain in home area with residents, unless sent to assist in the fire area.
2. Assign staff members to watch exit doors until “all clear” is paged, to ensure residents do not leave the home area.
3. If night shift, send PSWs to assist in area of fire, and RPN to oversee both home areas.
4. Take roll call of residents to ensure all are accounted for.
5. Remain calm and reassure residents and staff.
6. Prepare to move medication and resident charts.

### Role of Other Staff

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Alzheimer Program Staff</td>
<td>• Follow the same procedures as in resident/client areas described above</td>
</tr>
<tr>
<td>Laundry Staff</td>
<td>• Turn off electric and gas-powered equipment if required</td>
</tr>
<tr>
<td></td>
<td>• Exit the area and proceed to the Control Centre</td>
</tr>
<tr>
<td>Housekeeping Staff</td>
<td>• Turn off equipment and remove from corridors</td>
</tr>
<tr>
<td></td>
<td>• Exit the area and proceed to the Control Centre</td>
</tr>
<tr>
<td>Main Kitchen Staff</td>
<td>• Turn off electric and gas-powered equipment.</td>
</tr>
</tbody>
</table>
|                                 | • If the fire is in the kitchen, ensure activation of the hood suppression system:  
  • if fire suppression system for the exhaust hood is not automatically activated by the fire detectors, it can be manually activated in an emergency  
  • to activate, go to the wall across from cart wash; locate the fire suppression switch; pull the manual release and leave the kitchen immediately  
  • **use only in case of fire in main cooking area**  
  • **everyone must leave the area if the kitchen fire suppression system is activated**  
  • Exit the area and proceed to the Control Centre |
| Maintenance Staff               | • If the fire is in mechanical room B-107 Franklin Building one person from maintenance staff will proceed outside and turn off gas valve at the meter.  
  • At the sound of the fire alarm, a maintenance staff takes the nearest fire extinguisher and proceeds to the fire location to be assigned duties by the person in charge.  
  • If the fire is in the main kitchen or laundry area, a maintenance staff will shut off gas valves in the corridor outside the area. |
7.0 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 (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 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:

CODE GREEN –EVACUATION 6-10, Emergency Manual

Master Manual 1-10, Emergency Planning

Master Manual 5-100, Critical Incident Reporting
1.0 POLICY STATEMENT
Seniors’ Services is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

2.0 PURPOSE OF CODE GREEN (Evacuation)
The purpose of CODE GREEN is to move residents, staff, volunteers, students and others as applicable from an area of danger to an area of safety. Situations that may require evacuation include, but are not limited to fire, structural damage, a chemical spill, a gas leak, flooding, or a bomb threat. The situation will determine what type of evacuation takes place.
3.0 DECISION TO ACTIVATE BUILDING EMERGENCY RESPONSE TEAM (BERT)

Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy.

4.0 EVACUATION TYPES

Evacuation types are provided in the table below. Reference section 6.0 for triage and relocation options for offsite evacuation.

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Why Partial or Complete Evacuation is Called</th>
</tr>
</thead>
</table>
| Partial Evacuation of Building | **Horizontal**: The removal of people from the area of danger, to a safe area on the same floor.  
                              | **Vertical**: The removal of people from the area of danger using the stairwell to a lower level/ground level. | This is used when the concern or problem is only occurring in a home area or one part of the Home. |
| Complete Evacuation of Building | The removal of all people from a building to another location.                  | Only considered when staying in the Home causes a greater risk than leaving.                             |
|                              |                                                                            | Risk may be related to physical harm and/or exposure to a dangerous substance. Causes of risk may be due to events such as a large scale fire or structural damage. |

**Note**: If a room is designated for a new admission and the resident has not yet arrived; the admission will be put on hold and priority will be given to residents being relocated until the emergency is over.
Note: If a vertical evacuation is necessary (and elevators have not been approved for use by the Fire Department) the stairwells will need to be used.

To move residents, evacuation sheets will be used for those persons who are unable to evacuate. Info about evacuation sheets is included in Appendix 1.

See Appendix 2 for an Illustration of Evacuation Flow.

5.0 INITIATING A CODE GREEN

Any staff can request a CODE GREEN by notifying the RN in Charge. The RN in Charge makes the decision if the evacuation will be horizontal or vertical in nature.

The decision to move to a partial or complete building evacuation, from the building, is made by the RN in Charge in consultation with Management and/or Emergency Services (if BERT is not being activated).

If the Fire Department is onsite, they will determine whether a CODE GREEN is required and if the risk presented requires partial or complete building evacuation.

Activating CODE GREEN will result in other workers coming to assist, including security and responding emergency services.

6.0 OPTIONS FOR EVACUATED RESIDENTS

6.1 On campus relocation options available for residents who are displaced due to evacuation, include:

Note: Supportive Housing has its own air handling units and fire panel.

Implications for Evacuating Residents:
Consider relocating residents to another building prior to moving them off campus due to fire/smoke.

In the Home, if the need for evacuation presents (due to fire/smoke), consider moving residents horizontally (e.g. from GF to RS) or from one building to the other (e.g. Kenneth to Franklin) as necessary.
If it is determined there is a need to evacuate residents from both the Kenneth and Franklin building, discussion about moving residents (as many as possible) to Supportive Housing should take place. If tenants need to be evacuated from Supportive Housing, discussion should be had about moving them to the Home.

6.2 Off campus relocation options available for residents who are displaced due to a building evacuation, include:

- Hospital
- Family/friends
- Other LTCs
- Hotels
- Reception Centre (municipal facility)

As applicable, and necessary, staff, volunteers, students and others, will accompany residents to the evacuation location(s). This will be undertaken to ensure appropriate resident safety and care is maintained.

6.2.1 Reception Centre

Reception centres are facilities designated by the Region of Waterloo and local municipalities for use as emergency evacuation sites. These sites are used as a place for residents to reside until a more permanent location can be found. The evacuation location will also be used as a safe place for others (staff, volunteers, students) to reside as necessary and applicable.

6.2.2 When to Use Reception Centre

Residents should only be moved to a reception centre (Municipal facility) if:
- There is no time to triage resident’s needs beyond the first priority of immediately evacuating the building.
- All other relocation options have been exhausted or reached capacity.

See Appendix 3 for a summary table to support decisions for triaging residents. To access the most recent resident profile, DOC #3361538.

6.2.3 Activating Emergency Reception Centre

The RN in Charge (in consultation with Management and/or Emergency Services) determines if an emergency reception centre needs to be activated (if
BERT is not being activated).

Fire or Police Services will contact the Region’s Community Emergency Management Coordinator (CEMC) to open the facility. If fire/police do not have time to contact CEMCs, they may open the community centre themselves.

The process, as described above, is guided by the Region’s Emergency Social Services Plan (ESSP). The process is stored in DOCS (#2359963).

Initial transportation (of people, medications, supplies and equipment) to the reception centre is coordinated by Fire or Police Services (via contacting GRT and or Mobility Plus for support). Secondary supports for coordinating transportation, if necessary, will be coordinated by the Region’s Community Emergency Management Coordinator.
7.0 ROLES AND RESPONSIBILITIES

The following roles and responsibilities exist for both partial and complete evacuations.

<table>
<thead>
<tr>
<th>Role by Title</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAFF who identify the incident</td>
<td>• Ensure your safety and residents/other persons safety&lt;br&gt;• Isolate the area of concern and do not let others in&lt;br&gt;• Inform RN in affected area (call [redacted])&lt;br&gt;</td>
</tr>
<tr>
<td>RN IN EVACUATION AREA</td>
<td>• The decision for a horizontal evacuation within the building is made by the RN in the evacuation area. If total or vertical evacuation is deemed necessary the RN will consult with Senior Management or the Standby Manager (the BERT may also be involved in making the decision).&lt;br&gt;  o Note: In the event that the Fire Department is onsite the decision to evacuate will be made by them.&lt;br&gt;• Call 911 and report incident, providing as much information as possible (i.e. location, type of incident, number of people affected)&lt;br&gt;• Use the pull station key on the RN keyring (insert and turn to right: ¼ turn)&lt;br&gt;• and page overhead “CODE GREEN” 3 times. In your message, include: area to be evacuated and location to evacuate to&lt;br&gt;• Notify Security at [redacted]&lt;br&gt;• Communicate with the RPN in charge of the area to be evacuated.&lt;br&gt;• The RN, in the area of evacuation, communicates with and updates the RN in charge of the Control Centre&lt;br&gt;• The RN in the evacuation area (in consultation with Management and/or Emergency Services) determines if an emergency reception centre needs to be activated.&lt;br&gt;• The RN in charge of the Control Centre or a Manager/Standby Manager, initiate the emergency call in procedure (Everbridge preferred method) if more help is needed to evacuate (See Emergency Policy 2-10 Staff Emergency Call In)&lt;br&gt;</td>
</tr>
<tr>
<td>RN IN NON-EVACUATION AREA ACTING AS: RN AT CONTROL CENTRE</td>
<td>• Responsible for establishing a Control Centre at reception or alternate area (if reception is unsafe)&lt;br&gt;• Follow the Control Centre emergency procedures Checklist (in the emergency box [redacted])&lt;br&gt;• Maintain communication with the RN in the evacuation area&lt;br&gt;</td>
</tr>
<tr>
<td>Role by Title</td>
<td>Responsibility</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| RPN (AREA OF EVACUATION)                         | • Takes direction from RN in the evacuation area.  
• Responsible to direct the evacuation of their Home area.                                                                                          |
| SECURITY                                         | • Calls 911, if not already done  
• Responds to initial incident and document details as possible  
• Supports with evacuation as much as possible  
• Calls security dispatch to inform them of the situation and provides updates                                                                 |
<p>| SENIORS’ SERVICES MANAGEMENT MEMBER NOTIFIED     |                                                                                                                                                                                                             |
| (during business hours: M-F 8:30-4:30 pm)        |                                                                                                                                                                                                             |
| OR                                               |                                                                                                                                                                                                             |
| STANDBY MANAGER (outside business hours)         |                                                                                                                                                                                                             |</p>
<table>
<thead>
<tr>
<th>Role by Title</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| MANAGER, RESIDENT CARE /ALTERNATE (Support from Manager of Business Operations and Social Work, as required) | - Manages staffing responsibilities and deploys staff; ensures Residents/others are accounted for, safe and monitored during evacuation.  
- Ensures critical medications, necessary medical supplies, equipment, and resident charts and laptop computers are removed and sent to new locations with residents (via Ambulance, commercial transportation, family, GRT or Mobility Plus/other). See Appendix 4. Essential Medical Supplies and Equipment. All medications transferred must be transported with a Registered Nurse present.  
- Facilitates a list of all supplies and equipment taken offsite (e.g. wheelchairs, walkers, portable oxygen)  
- Delegates record-keeping for destination of each resident  
- Facilitates collecting consent from residents for relocating them to evacuation destinations (if required).  
- Collaborates with HCCSS to create tracking document of all residents requiring evacuation (including all residents).  
- Facilitates completion of the Evacuation Placement Form and Resident Information sheets and shares with Home and Community Care Support Services  
Contacts Home and Community Care Services to request the following:  
- Dedicate Placement Coordinators, and necessary support staff, to facilitate emergency management activities. Support for placing residents based on current vacancies  
- Obtain consents from Sunnyside (if able/appropriate), for resident admission authorization to homes where residents are placed (for residents currently receiving services). An expedited process for all residents at the time of the evacuation will be used should residents be transferred to a community location (LTCH, Care Partner’s residence, Retirement Home).  
- Contact residents/families to review options.  
- As appropriate HCCSS will collaborate to share all required documents/information to support transfer of accountability and facilitate resident care.  
- Facilitate meetings with LTCs that will receive residents (i.e. case conferences to enable seamless transfer).  

Upon resident return to Sunnyside:  
- Notify Home and Community Care Services that residents that have been moved to other homes can safely return to Sunnyside.  
- Designate a central control area for returning residents, staff and equipment  
- Ensure checklists of residents and equipment are continually updated |
<table>
<thead>
<tr>
<th>Role by Title</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| MANAGER, BUSINESS OPERATIONS/ALTERNATE | • Notices all staff (via Division wide email) about what happened and how they can help  
• Notices residents about what happened and what actions need to be taken (message confirmed with Manager of Care)  
• Ensures families are notified via Everbridge about what happened and action to be take (message confirmed by Director/Administrator/delegate)  
• Ensures critical documents are gathered  
• Ensures laptops with wifi capabilities are available |
| FACILITIES MANAGEMENT/ALTERNATE      | • Shuts down all equipment, as applicable  
• Manually bypass necessary air handling units via the Building Automation System (BAS) and reprogram the fire panel, as necessary (e.g. evacuation of residents to another building on campus)  
• Turns off gas valves to prevent potential for explosion  
• Assigns person for traffic control of parking lot  
**Upon resident return to Sunnyside:**  
• Ensures all equipment is operational  
• Ensures building is adequately ventilated |
| DIRECTOR/DELEGATE                   | • Notices (and continue to provide updates) to Commissioner of Community Services  
• Liaises with ROW Senior Management |
| ADMINISTRATOR/DELEGATE              | (Support from Manager of Care, Manager of Business Operations, as applicable)  
• Collaborates with the Fire Department and police services  
• Notices the Medical Director, Attending Physicians and Nurse Practitioner to indicate what happened, information about the plan and contact information for the Manager  
• Facilitates, as applicable, contractors and suppliers to inform of relevant changes to services or supplies  
• Provides corporate communications with relevant messaging for community if applicable  
• Provides Home’s Communication Representative with key content to draft communication for residents, families and staff.  
**Upon resident return to Sunnyside:**  
• Ensure appropriate individuals or authorities have inspected and approved the area/home for residents to return  
• Notify MLTC regarding return  
• If required, submit Clearance documentation to the SAO. Clearance documentation may have been provided by Fire Dept, Building Dept, Public Health or any other authority involved in the emergency:  
  [Redacted]  
• Ensure Managers are prepared to resume operations (e.g. staffing, supplies, equipment, etc.) |
- Notify families about time and date of return, re-admission of residents who have been staying with families
- Ensure equipment is returned to the appropriate areas
- Lead or assign a delegate to lead the debrief

<table>
<thead>
<tr>
<th>Role by Title</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ENVIRONMENTAL SERVICES /ALTERNATE</strong></td>
<td>Assembles emergency supplies as necessary (e.g. blankets, sheets, etc.)</td>
</tr>
</tbody>
</table>
| **Manager Food and Environmental Services/Alternate** | Assemble and send emergency supplies as necessary:  
  - Plastic plates, cups and cutlery  
  - Draw on pandemic supplies, as applicable  
  - Facilitate collection and shipment of non-perishable food supplies, including; but not limited to:  
    - Bottled water  
    - Bread (peanut butter and jam)  
    - Other (depending upon duration and need)  
  - Communicate special diets for residents (approx. 150) to care staff:  
    - Consider triaging resident placement based on diet needs, as applicable and possible |
| **Upon resident return to Sunnyside:** | Ensures resumption of normal operations |
| **Admissions and Social Work /Alternate** | Assists in notifying families  
  - Works with resident care team, as required |
| **Upon resident return to Sunnyside:** | Arranges for a meal or snack for returning residents |
| **Grand River Transit (GRT) (includes regular and Mobility +) OR Alternate** | Notified by Police/Fire on site, as required  
  - In addition to other transportation resources needed (i.e. ambulances, resident’s family), GRT/Mobility Plus, will be requested by Fire/Police to transport residents, staff, volunteers, students and others as applicable. |
<p>| <strong>Note:</strong> In escalated situations where additional transportation resources are required: Sunnyside Home staff may request support through the Region’s CEMC, who liaises with partners to access additional options such as mutual aid supports, accessible taxis, other commercial transportation. |</p>
<table>
<thead>
<tr>
<th>Role by Title</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| HOME AND COMMUNITY CARE SERVICES    | • Dedicates Placement Coordinators, necessary support staff, to facilitate emergency management as necessary  
• Sends communication to all LTCs in the area about the emergency and put all bed matches temporarily on hold  
• Supports placing residents from Sunnyside if required  
• Facilitates a meeting with all homes receiving residents to answer questions  
• Facilitate meetings with LTCs that will receive residents (i.e. case conferences to enable seamless transfer) and enables the waitlist process as needed  
• Contact residents/families to review placement options if needed  
• Obtain consents from Sunnyside (if able/appropriate), for resident admission authorization to homes where residents are placed (for residents currently receiving services). An expedited process for all residents at the time of the evacuation will be used should residents be transferred to a community location (LTCH, Care Partner’s residence, Retirement Home).  
• Employs the use of a tracking document to identify which residents have open files  
• Upon receipt of Evacuation Placement Form, from Sunnyside; HCCSS ensures completion of EPF. HCCSS to review, update systems and submit to MLTC. |
| ROW CORPORATE COMMUNICATIONS        | • Work with Sunnyside Home on messaging to the public and media                                                                                                                                                                                                                           |
### 8.0 COMMUNICATIONS

Remember to update communications and messaging if/when circumstances to the emergency change. See the table below for responsibilities, messaging and the audiences that are communicated with.

<table>
<thead>
<tr>
<th>Who is Notified</th>
<th>Messaging</th>
<th>Responsibility</th>
</tr>
</thead>
</table>
| Director, Seniors' Services and Administrator | • What has happened  
   • Action to be taken | SENIOR MANAGEMENT STAFF/STANDBY MANAGER |
| Commissioner of Community Services       | • What has happened  
   • Action to be taken | DIRECTOR/ALTERNATE                         |
| Senior Management and ROW Emergency Management | • What has happened  
   • Action to be taken | DIRECTOR/ALTERNATE                         |
| Staff                                    | • What has happened  
   • How they can assist? | ADMINISTRATOR/ALTERNATE                   |
| Residents                                | • What has happened  
   • Actions to be taken | ADMINISTRATOR/ALTERNATE                   |
| Families (via Everbridge system)         | • What has happened  
   • How they can assist? | ADMINISTRATOR/ALTERNATE                   |
| Ministry of Long-Term Care               | • What has happened  
   • Type of emergency  
   • Initial steps taken | ADMINISTRATOR/ALTERNATE                   |
| Ministry Service Area Office (SAO) Manager | • Alert the SAO of the emergency  
   • Maintain communication throughout emergency  
   • Submit Clearance documentation, if required | MANAGEMENT STAFF/STANDBY MANAGER |

Contact Numbers: 
After Hours: 1-800-268-6060, Monday to Friday 0830 – 1630: 1-866-434-0144
<table>
<thead>
<tr>
<th>Who is Notified</th>
<th>Messaging</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home and Community Care Services</td>
<td>• Describe what has occurred</td>
<td>ADMINISTRATOR/ALTERNATE</td>
</tr>
<tr>
<td></td>
<td>• Type of emergency</td>
<td>(Support from Manager of Care)</td>
</tr>
<tr>
<td></td>
<td>• Initial steps taken: initial plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Name and phone number of contact at Sunnyside Home for return call</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What is needed from Home and Community Care Services</td>
<td></td>
</tr>
<tr>
<td>Attending Physicians</td>
<td>• Type of emergency</td>
<td>ADMINISTRATOR/ALTERNATE</td>
</tr>
<tr>
<td>Medical Director</td>
<td>• Initial plan</td>
<td>(Support from Manager of Care)</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>• Manager responsible for ongoing communication and placement decisions</td>
<td></td>
</tr>
<tr>
<td>Contractors and Suppliers</td>
<td>May include: Pharmacy, Respiratory Therapy Services, Continence Product Supplier, Food Suppliers</td>
<td>ADMINISTRATOR/ALTERNATE</td>
</tr>
<tr>
<td></td>
<td>• Name and phone numbers of key contacts at Sunnyside (cell numbers)</td>
<td>(Support from Manager of Care)</td>
</tr>
<tr>
<td>Media</td>
<td>• As applicable and relevant based on need and inquiry.</td>
<td>CORPORATE COMMUNICATIONS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication/message shared by Director of Seniors’ Services and Administrator</td>
</tr>
<tr>
<td>Home and Community Care Services</td>
<td>• Notify Home and Community Care Services that residents moved to other homes can return to Sunnyside.</td>
<td>MANAGEMENT STAFF/STANDBY MANAGER</td>
</tr>
</tbody>
</table>
9.0 SAFETY PROCEDURES: ASSISTANCE TO EVACUATE SAFELY

Most residents will require assistance to evacuate safely.

The following are the procedures for evacuation of persons requiring assistance:

- Staff are to assist residents in the home areas as directed by the RPN/RN
- Based on the degree of danger, staff will move residents to an area of safety (e.g. dining room) on the home area or off the home area.
- Whenever possible, people should be moved to the exit with their assistive devices (e.g. wheelchairs, crutches or scooters) as they will require these devices once outside the building.
- The device(s) should remain on the floor if too heavy or large to be transported.
- If a resident remains in their room, position room evacuation tag accordingly; and report to the RN in charge immediately.

10.0 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 (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 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.

11.0 EDUCATION

Education and testing of this policy is provided as per policy 1-10, Emergency Planning.
12.0 REFERENCES:

External Reference Documents:
- Lakeridge Health Code GREEN Policy
- Guelph General Hospital Code GREEN Policy
- Ontario Hospital Association- Development Guidance Documents
- Ontario FLTCA, 2021. Regulation 246/22

Internal Reference Documents:

- 5-11 Maintenance Communications: System Failure/Organization Risk
- 5-40 Reporting and Managing Risk Events (for LTCH)
- 5-20 Essential Services, Emergency Manual
- Loss of One or More Essential Services, Emergency Manual
- 5-11 Maintenance Communications: System Failure/Organization Risk
- 1-10 Emergency Planning
- Business Continuity Plan (Doc #: 2931339)
- Master Manual 1-10, Emergency Planning
- Master Manual 5-100, Critical Incident Reporting
- Sunnyside Home Fire Plan
- Region of Waterloo's Emergency Social Services Response Plan (Doc #:1394483)
- Regional Emergency Response Plan (Doc #: 630430)
- Business Continuity Planning Template (Doc #: 2931339)
- Documentation Contingency Plans
- Point Click Care Failure (Doc #:1529290)
- eMAR Paper Backup (Doc #: 2267064)
- PCC or POC Password Reset (Doc#: 1184574)
- eMAR Backup Failure (Doc #: 2234368)
12.0 Appendices

Appendix 1. Evacuation Sheets

A. Product Details

- Sunnyside uses the S-capepod product. It is an under-mattress evacuation sheet, allowing the bed occupant and mattress to be easily and safely moved out from a room/ward and down stairs in an emergency evacuation scenario.

B. Location of Evacuation Sheets

- The campus is equipped with 5 evacuation sheets
  - All 5 evacuation sheets are located in the Surge Learning Room/Lobby room B (Rm 2143), of the Kenneth Building (first floor)
  - The sheets are stored in the cupboard: the cupboard is clearly labelled

C. Instructions on How to Use Evacuation Sheets (Doc #: 4464319)

Instructional Video: https://www.youtube.com/watch?v=F6CHFjITcFo

1. Place the evacuation sheet directly onto the bed from/deck (you will need to remove the mattress).
2. Fold the side and end flaps of the evacuation sheet, making sure to match the orange marking as you go.
3. Reposition the mattress on top of the evacuation sheet.
4. At the head section of the bed, pull the elastic straps over the corners of the mattress to secure the evacuation sheet in place.
5. The evacuation sheet is now in place and ready to deploy during an emergency.
6. With the resident in the bed and the evacuation sheet in place, first pull the flaps on the right side of the bed and drape it over the resident (this is the longest flap and will make the cocooning process faster)
7. Pull out the second flap and attach it to the first using the velcro fasteners
8. Instruct the resident to place their arms at their side and explain that they are safest under the flaps.
9. From the foot end of the bed, reach for the bottom flap. Pull the bottom flap up towards the resident and attach it securely. Secure the straps at the foot end of the bed to carefully.
10. Pivot the mattress so that the resident’s feet are at the side of the bed.
11. Pull the mattress off the side of the bed and slowly lower the resident to the floor.
12. One staff can pull the resident to the desired location (e.g. down hallway and down stairs)
APPENDIX 2. Evacuation Flow:

- **Incident!**
  - **Evacuation required?**
    - **No**
      - **No Code Green required**
    - **Yes**
      - **Activate Code Green**
      - **Decide if BERT is Activated?**
        - **No**
          - **Partial Evacuation?**
            - **Yes**
              - **Follow Horizontal/Vertical Evacuation**
            - **No**
              - **Full Evacuation?**
                - **Delayed?**
                  - **Make arrangements as per accommodation type while leaving residents inside**
                - **Immediate?**
                  - **Evacuate to safe location outside of the building**
        - **Yes**
          - **Evacuee(s) able to safely relocate to primary reception centre?**
            - **Yes**
              - **Hospital Family/Friends**
            - **No**
              - **Service delivery and triage to alternate accommodations**
              - **Alternate accommodation made?**
                - **Yes**
                  - **Sunnymise Staff: resident care needs**
                  - **Home and Community Care Services: identifying spaces, registering residents at other Long Term Care Homes**
                  - **Emergency Social Services: temporary provisions of food, clothing, companionship, mental health, recreation, registration**
                - **No**
                  - **Remain at Stanley Park Community Centre**
                  - **Set up services at alternate accommodations as needed**
                  - **Choose appropriate transportation**
                  - **Arrive at accommodations**
                  - **Return to Sunnyside or new long term accommodation when all clear**
              - **Accommodation Type**
                - **1 Hospital**
                - **2 Family Caregiver’s Home**
                - **3 Other Long Term Care Home**
                - **4 Hotel with staff supports**
                - **5 Reception Centre (Municipal Facility)**
### Appendix. 3 Triaging of Residents:

<table>
<thead>
<tr>
<th>Triaging Groups</th>
<th>Resident needs profile</th>
<th>Initial Relocation Option</th>
<th>Secondary Relocation Option</th>
<th>Transportation Option</th>
<th>Approx. Percent of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First</strong></td>
<td>High acuity (e.g. medical needs, palliative, elopement risk, responsive behaviours)</td>
<td>Hospital</td>
<td>Other LTC</td>
<td>Ambulance</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Second</strong></td>
<td>Needs can be met by family safely at home</td>
<td>Family caregiver’s home. If no time permitted, evacuate to Stanley Park Community Centre</td>
<td>Family caregiver’s home</td>
<td>Private vehicle</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sunnyside van</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Mobility Plus</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other accessible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>transportation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GRT busing</td>
<td></td>
</tr>
<tr>
<td><strong>Third</strong></td>
<td>Mobility issues requiring mechanical lift, cognitive impairment</td>
<td>Reception Centre (Municipal Facility)</td>
<td>Other LTC</td>
<td>Mobility Plus</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other accessible</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>transportation</td>
<td></td>
</tr>
<tr>
<td><strong>Fourth</strong></td>
<td>Require minimal care and mobility assistance, with minimal to no cognitive impairment</td>
<td>Reception Centre (Municipal facility)</td>
<td>Hotel with service/support setup</td>
<td>GRT Busing</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Reception Centre (Municipal facility)</td>
<td>Private bussing</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** To access the most recent resident profile, reference DOC # 3361538.
Appendix 4. Essential Medical Supplies and Equipment (in the event of off-site evacuation)

1. Medication cart with medication administration supplies (medication crusher, spoons, cups, pitcher, insulin and injection supplies-swaps, tips, syringes)

2. Diabetic scanner for blood sugar sensors (eMAR is electronic), but also need narcotic count and insulin card book

3. Emergency Starter Boxes

4. Treatment cart with treatment and dressing supplies

5. Nurse on a stick/vital sign machine, oximeter, flashlight, thermometer

6. Catheter and oxygen supplies

7. Fall prevention supplies (anti-slip socks, floor/chair alarms)

8. Continence supplies

9. I-Phones to access DOCit; BSPs

10. Physical carts if possible (appreciating most data is electronic)

NOTE:
If additional medical mobility equipment is needed (walker or wheelchairs) check the Greenfield storage room. If further equipment is required contact Motions Specialties (519-885-3160).
Table of Content
1.0 Policy Statement
2.0 Natural or Community Disaster/Extreme Weather
3.0 Deciding to Activate Building Emergency Response Team (BERT)
4.0 Roles and Responsibilities
5.0 Debrief
6.0 Appendix 1. Considerations for action based on the event type and severity

1.0 Policy Statement
This policy outlines the response and related accountabilities in the event of an actual or possible Natural or Community Disaster/Extreme Weather event.

2.0 Natural or Community Disaster/Extreme Weather
A Natural or Community Disaster/Extreme Weather event, or alert, may take the form of one or more of the following occurrences: a flood, a tornado, a hurricane, a severe thunderstorm, extreme heat, or an earthquake.

3.0 Deciding to Activate Building Emergency Response Team (BERT)
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency
4.0 Roles and Responsibilities

<table>
<thead>
<tr>
<th>Role by Title</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Initial Identification of Risk Event and Notifications</strong></td>
<td></td>
</tr>
</tbody>
</table>
| STAFF who identify the incident | • Ensure your own and residents’ safety first (see Appendix 1)  
• Isolate the area of concern and do not let others in  
• Call RN in Charge (6355) or Member of Management Team/Standby Manager to notify of situation |
| RN IN CHARGE **OR MEMBER OF MANAGEMENT/STANDBY MANAGER** | • Stay tuned to the local radio, television or weather website for related advisories  
• Page event details to inform organization of the event  
• Call 9-911 or pull the fire alarm:  
  o Provide name and address of location  
  o Name of Most Responsible person: Management or Registered Nurse in Charge  
  o Provide essential details  
  o Call ambulances if required  
| Call Maintenance person on call after regular hours, or call Supervisor of Maintenance on call. |
### B. Respond to Event

<table>
<thead>
<tr>
<th>SECURITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Calls 911, if not already done</td>
<td>• Responds to initial incident and document details as possible</td>
</tr>
<tr>
<td>• Responds to initial incident and document details as possible</td>
<td>• Supports with management of event as much as possible</td>
</tr>
<tr>
<td>• Supports with management of event as much as possible</td>
<td>• Calls security dispatch to inform them of the situation and</td>
</tr>
<tr>
<td>• Calls security dispatch to inform them of the situation and provides</td>
<td>updates</td>
</tr>
<tr>
<td>updates</td>
<td></td>
</tr>
</tbody>
</table>

| SENIORS’ SERVICES MANAGEMENT MEMBER NOTIFIED                             |                                                                 |
| (during business hours: M-F 8:30-4:30 pm)                                |                                                                 |
| OR                                                                      |                                                                 |
| STANDBY MANAGER (outside business hours)                                 |                                                                 |
| • Notifies Seniors’ Services Management Team                            | • Notifies Corporate Community Emergency Management Coordinator (CEMC), only if BERT has not been activated:
| • Notifies Corporate Community Emergency Management Coordinator (CEMC), only if BERT has not been activated: | - 519 –575-4740 (on-call rotation 24/7)
| • Notifies Corporate Community Emergency Management Coordinator (CEMC), only if BERT has not been activated: | - cemc@regionofwaterloo.ca
| • Notifies Corporate Community Emergency Management Coordinator (CEMC), only if BERT has not been activated: | - Health and Safety Advisor – 226-753-6332
| • Notifies Corporate Community Emergency Management Coordinator (CEMC), only if BERT has not been activated: | - Health and Safety Manager – 519-778-0705
| • Notifies Corporate Community Emergency Management Coordinator (CEMC), only if BERT has not been activated: | - HRCERHSAdvisors@regionofwaterloo.ca
<p>| • Completes Critical Incident report for MLTC, if applicable             | • Completes Critical Incident report for MLTC, if applicable      |
| • Ensures all documentation is completed (i.e. risk report, HR18s)       | • Ensures all documentation is completed (i.e. risk report, HR18s) |
| • 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. | • 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. |
| • If partial or total evacuation is necessary, follow organization’s Code Green policy | • If partial or total evacuation is necessary, follow organization’s Code Green policy |
| • Ensures that necessary actions as listed in Appendix 1 are put into place: dependent upon event type and severity | • Ensures that necessary actions as listed in Appendix 1 are put into place: dependent upon event type and severity |
| • Update communications and messaging if/when circumstances to the emergency change. | • Update communications and messaging if/when circumstances to the emergency change. |</p>
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| MANAGER, RESIDENT CARE /ALTERNATE         | • Manages staffing responsibilities and deploys staff as applicable  
• Ensures that resident charts and medications are accessible  
• Ensure that emergency first aid services are available and assigned to an agreed upon location(s)  
• Contacts MLTC to share information about what happened, the type of emergency and initial steps taken, if applicable  
• Update communications and messaging if/when circumstances to the emergency change. |
| RN IN CHARGE                              | • Completes census of residents/tenants/clients to ensure that persons are accounted for  
• Ensures that at least one staff remains on each house, on all home areas, (if safe and feasible to do ), until ALL CLEAR is sounded over the P.A. system  
• Collaborates with the Fire Department and police services  
• Facilitate relevant action items, as per Appendix 1 |
| MANAGER, BUSINESS OPERATIONS /ALTERNATE   | • Notifies all staff about what happened and how they can help:  
• Notifies residents about what happened and what actions need to be taken (message confirmed with Manager of Care)  
• Ensures families are notified  
• Ensures critical documents are gathered  
• Ensures laptops with wifi capabilities are available  
• Update communications and messaging if/when circumstances to the emergency change. |
| MANAGER, FOOD AND ENVIRONMENTAL SERVICES  | • Secures perishables and initiates emergency plan for food services  
• Ensure that essential supplies, both perishables and non-perishables, are moved from storage rooms to a safe location to avoid damage/loss, as applicable. |
| FACILITIES MANAGEMENT /ALTERNATE          | • Reference policy, Maintenance Communications: System Failure/Organization Risk. The 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.  
**Key Tasks Include, but are not limited to:**  
• Come on site to support |
### 4.0.4.2 Immediate Actions

<table>
<thead>
<tr>
<th><strong>Immediacy</strong></th>
<th><strong>Immediate Actions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Shuts down all equipment, as applicable&lt;br&gt;Assigns person for traffic control of parking lot, if applicable&lt;br&gt;Secure outside objects (e.g. chairs, windows), if applicable and safe to do so&lt;br&gt;Facilitate receipt of necessary services and required goods&lt;br&gt;Notifies, as applicable, contractors and suppliers to inform of relevant changes to services or supplies</td>
<td></td>
</tr>
</tbody>
</table>

**Upon resident return to Sunnyside:**<br>• Ensures all equipment is operational<br>• Ensures building is adequately ventilated

### 5.0 Debrief

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

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 (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 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.
### 6.0 Appendix 1. Considerations for action based on the event type and severity

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Potential Action Items (Considerations)</th>
</tr>
</thead>
</table>
| **Flood**        | • Ensure all persons are indoors  
                   • Shut off electrical, furnace, gas and water, and disconnect appliances  
                   • Move all persons to higher ground (top level of facility)  
                   • Move valuables/essential products from basement to upper floors  
                   • Raise large appliances up on wood or cement blocks  
                   • Tie down or bring in outdoor objects  
                   • Evacuate when instructed to do so by local authorities.                                                                                           |
| **Tornado**      | • Ensure all persons are indoors  
                   • Move persons to lowest level possible  
                   • Avoid sheltering persons in a room with windows  
                   • Evacuate when instructed to do so by local authorities.                                                                                           |
| **Hurricane**    | • Ensure all persons are indoors  
                   • Secure windows and doors  
                   • Move electronics and valuables away from windows  
                   • Close windows  
                   • Secure outdoor objects or bring them indoors  
                   • Close all blinds  
                   • Move persons away from windows  
                   • Move persons to interior sections of building (hallways) or to lowest level of building if possible  
                   • Evacuate when instructed to do so by local authorities.                                                                                           |
| **Severe Thunderstorm** | • Ensure all persons are indoors  
                                          • Avoid using electronic devices connected to an electrical outlet  
                                          • Avoid running water  
                                          • Evacuate when instructed to do so by local authorities  
                                          • If you need to use a phone, only use a cordless phone  
                                          • Move persons way from windows and glass doors                                                                                          |
| **Earthquake**   | • Ensure all persons are indoors  
                                          • Drop under heavy furniture such as a table, desk, bed or any solid furniture.  
                                          • Cover persons head and torso to prevent being hit by falling objects.  
                                          • If person can't get under something strong, or if you are in a hallway, flatten or crouch against an interior wall and protect your head and neck with arms.  
                                          • If you are in a wheelchair, lock the wheels and protect the back of your head and neck                                                                 |

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| Extreme Heat | • Ensure all persons are indoors  
• Check for conditions of heat-induced illness including heat rash, heat syncope, heat cramps, heat exhaustion, and heat stroke  
• Ensure that external doors (including patio doors) are not propped open  
• Encourage use of lightweight clothing and discourage use of heavy blankets and coverings.  
• Increase fluid consumption if tolerated  
• Reference Heat Related Illness and Prevention Management policy, 7-210 |

**References:**

- 6-10 Sunnyside Home Evaluation-Code Green, Emergency Manual.
- 5-40 Reporting and Managing Risk Events (for LTCH).
- Business Continuity Plan (Doc #s:2931339).
Seniors’ Services

Table of Contents:
1.0 Policy Statement
2.0 Purpose
3.0 Deciding to Activate Building Emergency Response Team (BERT)
4.0 General Awareness About Gas Leaks
5.0 Procedure
6.0 Post Code Brown: All Clear
7.0 Debrief

1.0 Policy Statement:
Sunnyside is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

2.0 Purpose:
This procedure outlines actions to be taken in the event of a natural gas leak (Code Brown). The procedure outlines the accountabilities of Staff, Management, the Registered Nurse in Charge and Maintenance.

3.0 Deciding to Activate Building Emergency Response Team (BERT)
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy. [Redacted]

4.0 General Awareness About Gas Leaks:
Natural gas has no odor. Gas companies add a harmless chemical called Mercaptan to give it its distinctive "rotten egg" smell.

High levels of natural gas exposure can cause natural gas poisoning, which can be include fatigue, severe headaches, memory problems, loss of concentration, nausea, loss of consciousness, and suffocation. A gas leak can catch on fire and trigger an explosion from another fire source or electrical spark.

5.0 Procedures: Gas leak or fumes

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Finding Gas Leak or Fumes</td>
<td>• Contact Management or RN in Charge /delegate, provide as much information as possible (i.e. location, details of gas leak or fumes and any injury, if applicable) Under direction of Management or the RN in Charge will: • Secure area and safely evacuate/direct all persons from the immediate vicinity • Prevent the spread of vapours/fumes by closing door(s) and interior window(s) <strong>EXCEPTION: do not</strong> close doors to the immediate area. Closing doors to the area could lead to a spark that causes an explosion • Leave all electrical equipment alone, do not turn anything on or off (including the light switches)</td>
</tr>
<tr>
<td>Management or RN in Charge/Delegate</td>
<td>Management or RN in Charge to lead or facilitate the following: • Dial 9-911 for response by Fire Department • Establish a Control Centre in a safe place of the Campus (e.g. by Reception desk at main entrance of LTCH, Classroom, Heritage Hall, Boardroom) • Meet or designate someone to meet with first responders to update on location and status of incident. • Organize necessary staff (and information/ documentation) to support critical next steps to ensure safety and mitigate further damage and/or risk • Notify Director and Administrator • Notify Maintenance • Direct staff to stay away from location of Code Brown and to assist with procedural items below: • Secure area and safely evacuate/direct all persons from the immediate vicinity • Prevent the spread of vapours/fumes by closing door(s) to rest of building and interior window(s) • Leave all electrical equipment alone, do not turn anything on...</td>
</tr>
</tbody>
</table>
• Remind all persons **NOT to SMOKE** in area as there is a potential for explosion
• After front line emergency response procedures are notified and underway (9-1-1, Sunnyside staff engaged in response); notify the Community Emergency Management Coordinator (CEMC) of the incident and current situation (only if BERT has not been activated). The CEMC will assess broader notification and available resource options.
  • Notifies corporate Community Emergency Management Coordinator (CEMC), only if BERT has not been activated:
    • 519–575-4740 (on-call rotation 24/7)
    • cemc@regionofwaterloo.ca
  • 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.
• Facilitates return to normal operations
• Update communications and messaging if/when circumstances to the emergency change.
• See section 6.0 for accountabilities once Code Brown is confirmed all clear.

### Maintenance
• Notifies City of Kitchener Emergency Gas Service at 519-741-2529 (gas and water). In case of a gas emergency contact 519-741-2541 (24 hour repair).
• If safe to do so, used portable gas detector to assess the situation.
• Shut off all electrical and gas equipment if possible in kitchen, laundry, boiler rooms, etc.
• See 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.

### 6.0 Post Code Brown: All Clear

Once the Fire Department indicates Code Brown is all clear, Management or the RN in Charge/delegate will facilitate the following actions:
• Page “Code Brown All Clear”
• Notify Director and Administrator

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7.0 Debrief:
The Director/Administrator will lead or assign a delegate to facilitate 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.

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 (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 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.
Title: EXCLUSION OF EXTERNAL AIR – CODE GREY
Applies to: All Employees

Table of Contents
1.0 Policy Statement
2.0 Purpose
3.0 Decision to Activate Building Emergency Response Team (BERT)
4.0 Procedures
5.0 Debrief

1.0 Policy Statement:
Sunnyside is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

2.0 Purpose:
This procedure is used to restrict entry of contaminated external air into the building ie. fumes from a toxic gas release. The procedure is normally implemented if there is insufficient time to evacuate the facility.

This procedure does not apply if contaminates are heavier than air, e.g. explosive gas may enter from underground (sewers, natural gas leaks etc). In this case, the building should be ventilated and building evacuation procedures would apply.

Note: Notification of contaminated external air will be made to the LTCH by way of government officials or media.

3.0 Decision to Activate Building Emergency Response Team (BERT)
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.
In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy.

4.0 Procedures: Discovery or suspicion of contaminated external air

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
</table>
| Facilities, or Management onsite or the RN in Charge in consultation with Standby Manager (depending on time of notification). | Person/Group Notified of Event:  
- Performs a quick assessment of the situation  
- Will immediately call:  
  - Police 9 - 911  
  - Fire Department 9 – 911, and  
  - Page - Code Grey 3 times overhead by [number hidden] |
| Management or RN in Charge | - Notify Director and Administrator  
Facilitates/calls-on staff to help with:  
- Shut all windows and exterior doors  
- Disable all automatic doors on the manual switch on the door frames  
- Place wet blankets at openings where air could leak into occlude fumes  
- Post staff at doors to minimize potential of entry of contaminated air  
- After front line emergency response procedures are notified and underway (only if BERT is not being activated):  
  - Notifies the Community Emergency Management Coordinator (CEMC) of the incident and current situation. The CEMC will assess broader notification and available resource options.  
  - [Number hidden]  
  - [Email hidden]  
- 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.  
- Facilitates return to normal operations |
Note: remember to update communications and messaging if/when circumstances to the emergency change.

Facilitates the following actions once the code grey is over:
- Pages “Code Grey All Clear” 3x
- Notify Director and Administrator

| Maintenance Staff/Maintenance on Call | Promptly shut down all ventilation equipment from the Building Automation System, located in the maintenance office lower level of the Kenneth Building.  
|                                           | 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. |

| All Staff | Shut all windows and exterior doors 
|           | Disable all automatic doors on the manual switch on the door frames 
|           | Place wet blankets at openings where air could leak into occlude fumes 
|           | Post staff at doors to minimize potential of entry of contaminated air |

5.0 Debrief:
The Director/Administrator will lead or assign a delegate to facilitate 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.

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 (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 Review report. The report should clearly articulate who was involved in the debrief, details about the incident, immediate actions taken and other actions/recommendations.

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that should be implemented or explored further to mitigate risk and future occurrence.

References:

• Sunnyside Home Evaluation-Code Green, Policy # 6-10, Emergency Manual.
• Maintenance Communications: System Failure/Organization Risk, Policy # 5-11, Quality Improvement and Risk Management.
1. Policy Statement

Sunnyside is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

2. Code White Definition and Purpose

A Code White response is used by staff to respond to situations where a person (e.g. resident/client/tenant/visitor/volunteer/staff) behaves in a way that threatens the safety of others.

Activating a Code White provides:
- A standard response for staff to manage potentially violent persons
- Necessary support to maintain or regain control of the situation
- The means to minimize risk of injury
- Structure for notifying other staff
3. Decision to Activate Building Emergency Response Team (BERT)

Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy. Doc #4228023.

4. Activation and Procedure for Code White

A. Who Calls a Code White: Any/All Staff

All staff can activate the Code White response by:

- Pressing the purple button on a Code White pendant (for LTC only); or
- By dialling “6900” and paging “Code White” (state location calmly, repeat message three times); or
- By yelling loudly or using a phone to get someone’s attention, pull a call bell, or activate the fire alarm system (as a last resort)

Note: If the Code White pendant system is down in LTC see section 4 of this policy.

See Appendix A for more information about Code White Pendants.
B. Who Responds to a Code White (by Location)
The Code White alert, when activated by the Code White pendants used in the LTC, is sent to designated staff phones to initiate a response. If Code White is paged overhead, the message will be heard within the LTC Home, but not in Supportive Housing.

<table>
<thead>
<tr>
<th>Location of the Code White</th>
<th>Who Responds</th>
</tr>
</thead>
</table>
| Kenneth and Franklin Buildings | • Security  
• RN carrying [redacted] 
• Staff in the home area  
• RPN from opposite house  
• BSO Team |
| Supportive Housing | • Security  
• Community Alzheimer Program RPN  
• Supportive Living Assistants  
• RPN (on Greenfield) [redacted] phone  
• RNs carrying [redacted] |
| Kitchener Community Alzheimer Program | • Security  
• Community Alzheimer Program staff  
• RN carrying [redacted] |

C. Roles of Responders: During Code White
In a Code White situation, it is important to:
- Always remain calm and speak in a calm, soothing voice
- Stay at least a leg length away from a violent person
- Ensure that person does not get in between you and the exit door
- Never try to confront or control a violent person

<table>
<thead>
<tr>
<th>Responder (Who)</th>
<th>Roles and Accountabilities</th>
</tr>
</thead>
</table>
| Any/All Staff | • Activate the Code White by pushing the pendant or calling out to other staff (describe in section 3A)  
• If safe, redirect/distract (if the person is a resident)  
• Help others to safety  
• Wait in safe location for help  
• Participate in debrief |
| Code White Lead: RN/RPN | • Contact police, if required  
• Remove hazards and others from harm  
• Determine level of response required by Security  
• Monitor/direct people responding  
• Assign the Code White Negotiator  
• Bring any medications required to the scene |

*The Code White Lead will be the RN/RPN of the area where the Code White is initiated.*
### Code White Negotiator: RN/RPN/BSO/Delegate

*The person communicating directly with the escalated person. This is the person who has the best rapport with the person.*

- Employ a Gentle Persuasion Approach, or Non-violent Crisis intervention techniques (if the person is a resident/client/tenant)
- Wait in safe location for help
- Participate in debrief

### Code White Responders:

- Check that you can safely leave the residents/clients/tenants in your area
- Go to the Code White location
- Take direction from the Code White Lead
- Participate in debrief

### Security Guard

- Go to the Code White location
- Take direction from the Code White Lead
- Participate in debrief

### Management/Supervisor

- Provide support to staff as needed
- 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.
- Support those involved in the incident to take some “time out” to regain personal composure before returning to work, if necessary
- Watch for signs of stress amongst staff and remind to contact the Employee Assistance Program for assistance, as needed
- Facilitate completion of HR 18s, if applicable
- Participate in debrief, if possible
- Ensure [Responsive Behaviour Program policy](#) (R- 40) is followed (if applicable)

### Code White Debrief and Follow-up: Facilitated by Code White Lead

- Lead debrief and complete the electronic Code White report immediately following the incident, detailing key information of the incident (form found on the desktops of all computers at Sunnyside)
- The Code White debrief will address the following:
o Apparent or perceived triggers
o Identification of any/all system issues that impacted either the response or resolve of the Code White (e.g. technology and staff response)
o Identification of actions (both immediate and planned) to address the incident.

- Ensure the person in crisis is appropriately assessed and supported
- Initiate observation, documentation and reports as appropriate to the situation
- Phone call to resident/client/tenant’s physician, or on call physician (as appropriate). If unable to reach an on call physician contact the Medical Director
- Notify the person’s family of the situation as soon as possible (if applicable)
- Notify the Assistant Manager of Care/Supervisor or Standby Manager
- Complete an E-Risk Report (if applicable)
- 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.
- 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 (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 Review. 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.
- Ensure that staff impacted by the incident (stress or trauma) are supported in an effective and timely manner. Compliance with the organizations Post Critical/Traumatic Incident Response policy must be followed.

6. What to do if Code White System (used in LTC) is Not Working

Immediate Action: Notify Staff of Manual Process to start Code White Response

As soon as the system is found not to be working, the following actions must be taken, based on time and day.

During Business Hours (M-F 8:15am-4:15pm and S-S 10:30am-1:00pm)

Communications:
- The RN in Charge notifies reception that the system is down: asks for reception to page overhead 3x “Attention staff, residents and visitors, the Code White system is currently offline”
- RN in Charge will notify Security that the system is down, and that if there is a Code White they will be called via phone
- RN will direct Security to increase rounds on areas that are known to be high risk
- The RN in Charge will notify the following groups via email of the issue (RNs, RPNs,
Standby Manager, Mgt/Mgt Support and Security).

- Remind the above groups that the actions to be taken in the event of a Code White include:
  - Staff to call for help loudly
  - Use phone to call for help
  - Pull a call bell
  - Pull fire alarm (as last resort only)

Technical Support:

- During business hours, RN in Charge completes Maintenance request and calls 519-575-4472 to report concern
- If the issue cannot be resolved by Maintenance, the RN in Charge will call the ROW Information Technology department at extension 4564
- If the ROW Information Technology department cannot resolve the issue the RN in Charge will call KR Communications at 519-684-7570

Afterhours Communications:

- If outside of normal business hours the RN in Charge will page overhead themselves using 6900, stating 3x: "Attention staff, residents and visitors, the Code White system is currently offline"
- RN in Charge will notify Security that the system is down, and that if there is a Code White they will be called via phone
- RN will direct Security to increase rounds on areas that are known to be high risk
- The RN in Charge will notify the following groups via email of the issue (RNs, RPNs, Standby Manager, Mgt/Mgt Support and Security).
- Remind the above groups that the actions to be taken in the event of a Code White include:
  - Staff to call for help loudly
  - Use phone to call for help
  - Pull a call bell
  - Pull fire alarm (as last resort only)

Technical Support:

- RN in Charge will call On-call Maintenance
- If the issue cannot be resolved by Maintenance, the RN in Charge will call the ROW Call Centre and request to speak to Information Technology department
- If the ROW Information Technology department cannot resolve the issue the RN in Charge will call KR Communications at 519-684-7570

Once the Code White system is working again

- During business hours pages 3x "Attention staff, residents and visitors, the Code White System is back online."
Training Requirements:
To ensure awareness and compliance with the Code White policy, annual drills will be undertaken for all Seniors' Services locations/sites. In addition, annual review of the Code White policy will be completed by all staff via the related Surge Learning module.

Cross References:
Notifying Police Policy 5-134 Master Manual
Code of Conduct Policy, 5-130 Master Manual
Responsive Behaviours Program Policy, r-40, Resident Care Manual
Responsive Behaviours Program Policy, 3-170, Community Alzheimer Program
Reference other CAP code white policies
Reference policy 1-10 education for emergency policies
Appendix A. Code White Pendants: Technology and Activation for LTC

Sunnyside utilizes technology in the form of Code White pendants in the event of a known risk to self and others. The pendant system provides coverage in the Franklin and Kenneth building including the Community Alzheimer Programs (CAP- Kitchener site, in Heritage Hall and Overnight Stay), but not in Supportive Housing.

The pendants are to be worn around the neck, using only the supplied lanyards that have an anti-choking break away feature. Pendants are equipped with a red light that illuminates when the button is pressed on the pendant.

Pendants are kept in each home area’s Communication Centre, at Reception, at the Trust Clerk’s desk in the main office, in CAP (in nursing office ), in Café, basement kitchen and in Social Work Offices (x2).

Additional pendants are available to be signed-out at Reception. They can be accessed 24 hours and must be signed out and signed back in upon return, via Reception staff or Security.

Where Code White Pendants are utilized, the RN/Supervisor will: assess the need for Code White pendants and if applicable, distribute the pendants to staff responsible for the resident’s/client’s care.

The Code White pendant may also be used for employee health and safety as part of the Workplace Violence Protection Program.

Appendix B. Equipment Testing and Preventative Maintenance

Equipment Testing:

All pendants are independently checked on a monthly basis to ensure that they are working. This test is conducted by Quality and Risk Management, and includes: activating pendants and checking to ensure that proper phone readouts occur (i.e. location of pedant during activation).

Preventative Maintenance:

Quality and Risk Management tests the batteries in the Code White pendants during monthly tests and replace when necessary (i.e reading not going to phones promptly). If pendants are deemed defective, a new pendant is put in circulation by Quality and Risk Management.
Title: CODE AQUA (HOLD AND SECURE)  
External Human Threat (Outside Building)

Applies to: All Staff

Table of Contents:
1) Policy Statement
2) Definitions
3) Building Emergency Response Team (BERT)
4) Procedure
5) Debrief and Follow-up
6) Training Requirements

Appendix 1. Debrief Template

1. Policy Statement
Code Aqua is a planned response to ensure the safety of all persons when there is a threat or emergency situation on Campus or in the immediate surrounding area.

Threats include, but are not limited to: intimidation, harassment or physical violence, which may place building occupants (e.g. employees, visitors, tenants, clients, residents, other) at risk. Threats may also include damage to property.

In the event of an external threat or emergency situation, that cannot be deescalated or controlled quickly.

2. Definitions

Emergency Situation: a situation that which may significantly impact the safety of building occupants.

Hold & Secure: preventive measures to prevent individuals from entering and/or leaving the facility, or to prevent the threat from entering the facility. Examples of
incidents may include but are not limited to a violent crime nearby, an active shooter in
the area, etc.

**Lockdown:** All entry points of the facility are secured to restrict access to the building
during a threat or emergency situation.

---

### 3. Decision to Activate Building Emergency Response Team (BERT)

In Seniors’ Services, the activation of Code Aqua (and BERT) during day-time business
hours, will be made at the discretion of the Management Team member(s) responding
to the incident. Outside of normal business hours, the Manager on Standby will make
the decision (if uncertain consult with the Management Team).

For important information about the BERT, please reference the Building Emergency
Response Team policy.

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### 4. Procedure:

**ROLES AND RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
</table>
| Senior Management (or Designate)      | - Make decision active Code Aqua - hold and secure in place  
                                          - Notify Police and liaise as applicable  
                                          - Notify Security (6346)  
                                          - Facilitate Code Aqua building activation and response via paging overhead:  
                                          - State 3 x: “Code Aqua- do not enter or exit building, until all clear is announced”. Include any other relevant information in the page that will help to keep people safe.  
                                          - Attends BERT meeting(s) via MS Teams  
                                          - Facilitate completion of necessary documentation (e.g. risk report, HR18s)  
                                          - Under direction of police/emergency services and Control Centre facilitate paging code is all clear when safe to do so  
                                          - Ensures support for persons who experience distress post emergency is offered: via the Region of Waterloo’s Employee Assistance Program. Connect with the person(s) via a call, or a meeting if onsite.  
                                          - Lead code debrief (Appendix A. Debrief Template)  |
<table>
<thead>
<tr>
<th><strong>STANDBY MANAGER</strong>&lt;br&gt;Outside of Normal Business Hours</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Notify Director and Administrator</td>
<td></td>
</tr>
<tr>
<td>Notify Security (6346)</td>
<td></td>
</tr>
<tr>
<td>Make decision to activate Code Aqua-hold and secure in place (consult with Senior Management as necessary)</td>
<td></td>
</tr>
<tr>
<td>Attends BERT meeting(s) via MS Teams</td>
<td></td>
</tr>
<tr>
<td>The Manager on Standby will direct the RN in Charge of immediate action to take</td>
<td></td>
</tr>
<tr>
<td>Facilitate Code Aqua building activation via paging overheard: &lt;br&gt;o State 3 x: “Code Aqua—do not enter or exit building, until all clear is announced”. Include any other relevant information in the page that will help to keep people safe.</td>
<td></td>
</tr>
<tr>
<td>Come onsite, if safe to do so</td>
<td></td>
</tr>
<tr>
<td>Notify Police and liaise as applicable and required</td>
<td></td>
</tr>
<tr>
<td>Under direction of police/emergency services and Control Centre facilitate paging code is all clear when safe to do so</td>
<td></td>
</tr>
<tr>
<td>Complete critical incident report for MLTC</td>
<td></td>
</tr>
<tr>
<td>Ensure all required documentation is completed (e.g. risk report, HR18s)</td>
<td></td>
</tr>
<tr>
<td>Ensures support for persons who experience distress post emergency is offered: via the Region of Waterloo’s Employee Assistance Program. Connect with the person(s) via a call, or a meeting if onsite.</td>
<td></td>
</tr>
<tr>
<td>Facilitates return to normal operations</td>
<td></td>
</tr>
<tr>
<td>Lead code debrief (Appendix A. Debrief Template)</td>
<td></td>
</tr>
<tr>
<td><strong>RN IN CHARGE</strong>&lt;br&gt;(ext 6355)</td>
<td></td>
</tr>
<tr>
<td>Follows direction from Management</td>
<td></td>
</tr>
<tr>
<td>Consult with the Manager on Standby if there is reason to believe that Code Aqua needs to be activated</td>
<td></td>
</tr>
<tr>
<td>Notify Security (6346)</td>
<td></td>
</tr>
<tr>
<td>Call 911, provide as much information as possible (if not already done)</td>
<td></td>
</tr>
<tr>
<td>Liaise with police and emergency services and assist as required</td>
<td></td>
</tr>
<tr>
<td>Notify Security (6346), if not already done</td>
<td></td>
</tr>
<tr>
<td>Facilitate overhead page (3 x), if not already done: “Code Aqua—do not enter or exit building, until all clear is announced”. Include any other relevant information in the page that will help keep people safe</td>
<td></td>
</tr>
<tr>
<td>Notify all staff of code by sending an email to the Division (include location of the Control Centre)</td>
<td></td>
</tr>
<tr>
<td>Call program areas across campus to notify of situation including Supportive Housing at 6245 and Wellness Centre 6222</td>
<td></td>
</tr>
</tbody>
</table>
Note: remember to update communications and messaging if/when circumstances to the emergency change. Direct any incoming calls related to the emergency to the Control Centre.

STAFF

• Ensure your safety first
• Notify RN in Charge (6355) of any threats or perceived threats
• Follow instructions from emergency responders, RN in Charge, Management or building security. Actions may include:
  o Move campus occupants, who are outside, back in to the building (if safe to do so).
  o Move persons to an area which can be safely locked, if necessary
  o Encourage people to remain inside the building until the threat/emergency situation has passed
  o Staff who are outside should return to inside the building
  o Secure exterior doors, if requested
  o Close and lock main doors to your area of work, if necessary
  o Close windows and blinds, if necessary
  o Stay away from windows and doors, if necessary
  o Remain inside and do not leave the building unless directed to do so
  o Wait for all-clear to be called before resuming normal operations

SECURITY

• If Security is the first person to become aware of the threat/emergency situation (via observation or being informed):
  o Assess the situation and endeavour to de-escalate and manage the situation, if applicable/deemed safe to do so. Note, this will not take place if a decision to go into Code Aqua is made
  o Facilitate the initiation of BERT by calling the Security Operations Centre (ext. 4802)
  o If threat/emergency situation cannot be de-escalated contact the RN in Charge (6373 or 6355).
  o If Security requires additional support promptly:
5. Debrief and Follow-up: Facilitated by RN in Charge or Management Member (or assigned person)

- Complete an E-Risk Report (if applicable)
- 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.
- 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 Review. 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.

- Ensure that staff and residents impacted by the incident (stress or trauma) are supported in an effective and timely manner. Compliance with the organizations Post Critical/Traumatic Incident Response policy should be followed.

6. Training Requirements:
To ensure awareness and compliance with the Code Aqua policy, annual drills will be undertaken for all Seniors' Services locations/sites. In addition, annual review of the Code Aqua policy will be completed by all staff via the related Surge Learning module.

References:

- Sunnyside, Master Manual 5-100 (2023), Critical Incident Reporting
- St. Joseph's Care Group (2023), Code Lockdown Policy
- County of Simcoe (2023), Intrusive Threat from Outside the Home Policy
- Region of Peel (2023), Violent or Aggressive Situation Policy
- University Health Network (2023), Code White Violent Person Policy
Appendix 1. Debrief Template

Date and Time of Debrief:
Name and Position of Person Leading Debrief:

<table>
<thead>
<tr>
<th>Date/time of incident</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of incident</td>
<td></td>
</tr>
<tr>
<td>Persons involved in incident</td>
<td></td>
</tr>
<tr>
<td>Incident details and triggers if known</td>
<td></td>
</tr>
<tr>
<td>Action taken to resolve incident</td>
<td></td>
</tr>
<tr>
<td>Outcome (impacts) of incident</td>
<td></td>
</tr>
<tr>
<td>Identification of immediate actions and planned actions</td>
<td></td>
</tr>
</tbody>
</table>

Submit completed debrief report to Coordinator, Quality Improvement and Risk Management
### Table of Contents:

1.0 Policy Statement  
2.0 Purpose  
3.0 Initiating a Code Purple  
4.0 Decision to Active Building Emergency Response Team (BERT)  
5.0 Roles and Responsibilities  
6.0 Safety Procedures  
7.0 Debrief  
8.0 Education  
9.0 Reference  

### 1.0 POLICY STATEMENT

Sunnyside is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

### 2.0 PURPOSE of CODE PURPLE (Intruder/Hostage Taking)

Code Purple is a planned response to minimize harm when there is an intruder or hostage taking.

### 3.0 INITIATING a CODE PURPLE

Any person can immediately initiate a Code Purple by calling 911 when they observe or are told of a hostage taking situation.

### 4.0 DECISION TO ACTIVATE BUILDING EMERGENCY RESPONSE TEAM (BERT)

Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors' Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the
decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy. Doc

### 5.0 ROLES and RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
</table>
| **STAFF who identified the threat** | • Ensure your safety first  
• If able, **call 911 and report incident**, provide as much information as possible (i.e. location, # of hostages, details of the intruder)  
• If safe, isolate the area (evacuate and do not let others in)  
• Protect yourself and others; follow procedure in Section 5.0 |
| **RN IN CHARGE (ext 6355)** | • Call 911, provide as much information as possible (if not already done)  
• **DO NOT** page code purple overhead  
• Send an email to the Division to notify all staff of the code (including location of code and the location of the Control Centre)  
• If there is a sign of actual danger do not attempt any action with the hostage taker  
• Notify Security (ext 6346) and ask them to go to Control Centre.  
• Notify other staff of emergency, seek help as needed.  
• Call program areas across campus to notify of situation; including Supportive Housing at ext 6245 and Wellness Centre ext 6222  
• Notify Manager/Standby Manager on Call*  
• Meet Police once they arrive  
• Protect yourself and others; follow procedure in Section 6.0  
• Note: remember to update communications and messaging if/when circumstances to the emergency change. |
<p>| *Management member notified (during business hours: M-F 8:30-4:30 pm) OR Standby Manager (outside business hours) (p) 519-504-4568. |</p>
<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECURITY</td>
<td>• Call Security Dispatch to inform them of situation, provide updates (519-575-4802)</td>
</tr>
<tr>
<td></td>
<td>• Respond to hostage taking situation, attempt to mitigate risk and protect life (only if safe to do so: hostage taking is a matter for Police to take control over)</td>
</tr>
<tr>
<td></td>
<td>• Go to established Control Centre and assist as applicable</td>
</tr>
<tr>
<td></td>
<td>• If safe, restrict others from entering and evacuate area of risk</td>
</tr>
<tr>
<td></td>
<td>• Protect yourself and others; follow procedure in Section 6.0</td>
</tr>
<tr>
<td></td>
<td>• Assist police: allow them to take command and control of the situation</td>
</tr>
<tr>
<td>RN AT CONTROL CENTRE</td>
<td>• Establish Control Centre in a safe place</td>
</tr>
<tr>
<td></td>
<td>• Assist Police</td>
</tr>
<tr>
<td></td>
<td>• Ensure all documentation is complete, as needed (Risk Report, HR 18’s, Critical Incident Report, etc): to occur post incident resolution</td>
</tr>
<tr>
<td></td>
<td>• Ensure all staff and residents/clients are accounted for.</td>
</tr>
<tr>
<td></td>
<td>• Offer support to residents/clients and staff.</td>
</tr>
<tr>
<td></td>
<td>• Protect yourself and others; follow procedure in Section 6.0</td>
</tr>
<tr>
<td>MANAGER / STANDBY</td>
<td>• Notify Director and Administrator immediately upon notification</td>
</tr>
<tr>
<td></td>
<td>• Notifies corporate Health and Safety (as per sequence below, until you have made contact) (if BERT is not being activated)</td>
</tr>
<tr>
<td></td>
<td>o Health and Safety Advisor – 226-753-6332</td>
</tr>
<tr>
<td></td>
<td>o Health and Safety Manager – 519-778-0705</td>
</tr>
<tr>
<td></td>
<td>o <a href="mailto:HRCERHSAdvisors@regionofwaterloo.ca">HRCERHSAdvisors@regionofwaterloo.ca</a></td>
</tr>
<tr>
<td></td>
<td>• Complete critical incident report for MOLTC</td>
</tr>
<tr>
<td></td>
<td>• Verify all necessary documentation is completed (i.e. Risk Report, HR 18’s)</td>
</tr>
<tr>
<td></td>
<td>• 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>
</tr>
<tr>
<td></td>
<td>• Facilitates return to normal operations</td>
</tr>
<tr>
<td></td>
<td>• Facilitate (or delegate) completion of debrief meeting to review occurrence</td>
</tr>
</tbody>
</table>
6.0 SAFETY PROCEDURES

If you are taken hostage or in the LOCATION of the incident:
- Remain calm, courteous and cooperate
- Speak when spoken to
- Establish eye contact, but do not stare
- Sit rather than stand, if possible
- Avoid making suggestions/promises
- Attempt to escape only if safe
- Observe and gather information
- When police arrive, take direction from police

ALL OTHER LOCATIONS:
- Stay calm
- Avoid the area of the code
- Go to a safe location and remain in place until all clear

7.0 DEBRIEF
The Director/Administrator will lead or assign a delegate to facilitate 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.

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 (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 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.

8.0 EDUCATION
Education and testing of this policy will be conducted as per policy 1-10, Emergency Planning.

9.0 REFERENCES
1-10, Master Manual, Emergency Planning
5-100, Master Manual, Critical Incident Reporting
1.0 POLICY STATEMENT
Sunnyside is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

2.0 PURPOSE of CODE SILVER (Active Shooter/Assailant)
Code Silver is a planned response to ensure the safety of all persons when an individual is in the possession of a “weapon” (anything that can cause harm i.e. knife, gun etc.). Code Silver should be called if there is a threat, attempt, or active use of a weapon to cause harm, regardless of the type of weapon.

3.0 INITIATING a CODE SILVER
Any person can initiate a Code Silver by calling 911 when they observe or are told of a person who is attempting to harm/injure people with a weapon, or carrying a weapon.

4.0 DECISION TO ACTIVATE BUILDING EMERGENCY RESPONSE TEAM (BERT)
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.
However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy. Doc #: [redacted]

5.0 ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
</table>
| STAFF who identified the threat | - Ensure your safety first  
- If able, **call 911 and report incident**, provide as much information as possible (i.e. location, # of hostages, details of the intruder)  
- If safe, isolate the area (evacuate and do not let others in) |
| RN IN CHARGE (ext 6355) | - Call 911, provide as much information as possible (if not already done)  
- **DO NOT** page code silver overhead  
- If there is a sign of actual danger do not attempt any interaction with the hostage taker  
- Notify Security (ext 6346) and wait for them to arrive (if safe to do so)  
- Notify other staff of emergency, seek help as needed.  
- Call program areas across campus to notify of situation including Supportive Housing at ext 6245 and Wellness Centre ext 6222  
- Notify Manager/Standby Manager on Call  
- Notify all staff of code by sending an email to the Division (including location of code and the location of the Control Centre)  
- **Note:** remember to update communications and messaging if/when circumstances to the emergency change.  
- Protect yourself and others; follow procedure in Section |
<table>
<thead>
<tr>
<th>SECURITY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Call security dispatch to inform them of situation, provide updates (519-757-4802)</td>
<td></td>
</tr>
<tr>
<td>• Request 911 to be called</td>
<td></td>
</tr>
<tr>
<td>• Attempt to evacuate all persons from their immediate area along with themselves and escape the area</td>
<td></td>
</tr>
<tr>
<td>• Hide if escape is not possible</td>
<td></td>
</tr>
<tr>
<td>• Act in anyway necessary to preserve life</td>
<td></td>
</tr>
<tr>
<td>• Send out any Waterloo Region Alert notifications</td>
<td></td>
</tr>
<tr>
<td>• Protect yourself and others; follow procedure in Section 6.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RN AT CONTROL CENTRE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Establishes Control Centre in a safe place</td>
<td></td>
</tr>
<tr>
<td>• Assists police</td>
<td></td>
</tr>
<tr>
<td>• Ensure all documentation is complete, as needed (Risk Report, HR 18’s, critical incident report etc)</td>
<td></td>
</tr>
<tr>
<td>• Ensure all staff and residents/clients are accounted for.</td>
<td></td>
</tr>
<tr>
<td>• Offer support to residents/clients and staff</td>
<td></td>
</tr>
<tr>
<td>• Protect yourself and others; follow procedure in Section 6.0</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MANAGER / STANBY MANAGER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Notify Director and Administrator</td>
<td></td>
</tr>
<tr>
<td>• Notifies corporate Health and Safety, as per sequence below, until you have made contact (only if BERT has not been activated)</td>
<td></td>
</tr>
<tr>
<td>o Health and Safety Advisor – 226-753-6332</td>
<td></td>
</tr>
<tr>
<td>o Health and Safety Manager – 519-778-0705</td>
<td></td>
</tr>
<tr>
<td>o <a href="mailto:HRCERHSAdvisors@regionofwaterloo.ca">HRCERHSAdvisors@regionofwaterloo.ca</a></td>
<td></td>
</tr>
</tbody>
</table>
6.0 SAFETY PROCEDURES:

A. IN THE LOCATION of the Code Silver: RUN, HIDE, FIGHT

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 safely, without attracting attention
  • While evacuating keep hands visible at all times (not to be mistaken for the shooter)
  • Leave any belongings behind

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

FIGHT

• Fight only as a last resort and only if your life is in imminent danger
7.0 DEBRIEF

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

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 (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 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.
8.0 EDUCATION
Education and testing of this policy is provided as per policy 1-10, Emergency Planning.

9.0 REFERENCES:
- Master Manual 1-10, Emergency Planning
- Master Manual 5-100, Critical Incident Reporting
- Lakeridge Health Code Silver Policy
- Guelph General Hospital Code Silver Policy
- Ontario Hospital Association- Development Guidance Documents
1.0  **POLICY STATEMENT**
Sunnyside is committed to the safety of everyone in our community and will take precautions to provide a safe environment.

2.0  **PURPOSE of CODE BLACK**
The purpose of Code Black is to provide a direction to persons involved in a bomb threat situation to minimize injury/harm or to resolve the crisis.

3.0  **INITIATING a CODE BLACK**
Any person can immediately initiate a Code Black by calling 911 when they observe or are told of a bomb threat.

4.0  **DECISION TO ACTIVATE BUILDING EMERGENCY RESPONSE TEAM (BERT)**
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

Document Number: 4481316
In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy.
5.0 PERSON RECEIVING THREAT – ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Mode of Receipt</th>
<th>Action Taken (By Person Receiving Threat)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Suspicious Phone Call</strong></td>
<td>• Speak calmly and politely</td>
</tr>
<tr>
<td></td>
<td>• Listen to the caller and for background noise</td>
</tr>
<tr>
<td></td>
<td>• Write down the number and all information from caller</td>
</tr>
<tr>
<td></td>
<td>• Ask for information about:</td>
</tr>
<tr>
<td></td>
<td>• What kind of bomb it is</td>
</tr>
<tr>
<td></td>
<td>• Where it is located</td>
</tr>
<tr>
<td></td>
<td>• When and how will it go off</td>
</tr>
<tr>
<td></td>
<td>• Get the attention of a co-worker, tell them to call 911</td>
</tr>
<tr>
<td></td>
<td>• Notify Security (ext 6346) and the RN (ext 6373)</td>
</tr>
<tr>
<td></td>
<td>• Follow the instructions of the emergency crews/police</td>
</tr>
<tr>
<td></td>
<td>• Complete bomb threat phone checklist (Appendix A)</td>
</tr>
<tr>
<td></td>
<td>• Cooperate with the investigation</td>
</tr>
<tr>
<td><strong>2. Suspicious Letter/Email/ Social Media</strong></td>
<td>• Remain calm</td>
</tr>
<tr>
<td></td>
<td>• Put the item (s) in a clean bag/envelope (minimize touching)</td>
</tr>
<tr>
<td></td>
<td>• Call 911, explain the situation</td>
</tr>
<tr>
<td></td>
<td>• Notify Security (ext 6346) and the RN (ext 6373)</td>
</tr>
<tr>
<td></td>
<td>• Give the envelope to the emergency crew/police</td>
</tr>
<tr>
<td></td>
<td>• Follow the instructions of the emergency crew/police</td>
</tr>
<tr>
<td></td>
<td>• Cooperate with the investigation</td>
</tr>
<tr>
<td><strong>3. Suspicious Object Identified or Found</strong></td>
<td>• Look for the following:</td>
</tr>
<tr>
<td></td>
<td>• No return address or sender is unknown</td>
</tr>
<tr>
<td></td>
<td>• Too much postage</td>
</tr>
<tr>
<td></td>
<td>• Misspelled words, errors in job title or person</td>
</tr>
<tr>
<td></td>
<td>• Odours, stains or discolouration</td>
</tr>
<tr>
<td></td>
<td>• Packaging seems heavy for size</td>
</tr>
<tr>
<td></td>
<td>• Ticking, buzzing or sloshing sounds</td>
</tr>
<tr>
<td></td>
<td>• Do not open package, avoid touching it</td>
</tr>
<tr>
<td></td>
<td>• Move anyone close to the suspicious object to a safe area</td>
</tr>
<tr>
<td></td>
<td>• Secure the area as much as possible (e.g. close door)</td>
</tr>
<tr>
<td></td>
<td>• Call 911, explain the situation</td>
</tr>
<tr>
<td></td>
<td>• Notify Security (ext 6346) and the RN (ext 6373)</td>
</tr>
<tr>
<td></td>
<td>• Tell emergency crews/police where the package is</td>
</tr>
<tr>
<td></td>
<td>• Follow instructions from the emergency crew/police</td>
</tr>
<tr>
<td></td>
<td>• Cooperate with the investigation</td>
</tr>
</tbody>
</table>
4. Verbal Threat

- Speak calmly and politely
- Ask for information about:
  - What kind of bomb it is
  - Where it is located
  - When and how will it go off
  - What is the reason for the bomb
- Write down all of the information you receive
- Get the attention of a co-worker, tell them to call 911
- Notify Security (ext 6346) and the RN (ext 6373)
- Follow the instructions of the emergency crews/police
- Cooperate with the investigation

6.0 All Responders - ROLES AND RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL STAFF</td>
<td>• Follow the direction of the emergency crews/police, RN and Security.</td>
</tr>
<tr>
<td>RN IN CHARGE</td>
<td></td>
</tr>
<tr>
<td><strong>SECURITY</strong></td>
<td></td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>• Call Security Dispatch to inform them of situation, provide updates (519-757-4802) (only if BERT has not been activated)</td>
<td></td>
</tr>
<tr>
<td>• Request 911 to be called</td>
<td></td>
</tr>
<tr>
<td>• Send out any Waterloo Region Alert notifications necessary</td>
<td></td>
</tr>
<tr>
<td>• Assist the RN/Manager</td>
<td></td>
</tr>
<tr>
<td>• Follow the instructions of the emergency crews/police (if applicable)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>MANAGER/STANDBY MANAGER</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ensure that the RN completed documentation (i.e. Risk Report, HR18s)</td>
<td></td>
</tr>
<tr>
<td>• 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</td>
<td></td>
</tr>
</tbody>
</table>
7.0 CONDUCTING A SEARCH (RESPONSE to THREAT)

The RN, in conjunction with 911: Emergency Crew/Police, will decide if they should commence a search. Prior to commencing a full facility search, careful consideration should be directed to determining the actual need for a full scale search.

1. If deemed necessary, the Nurse in Charge or delegate will:
   - Assign search areas, where possible, within staff’s own department or unit.
   - Each search team will be given a floor plan with their assigned area highlighted. Team to indicate each room searched by marking an ‘x’ on the floor plan.
   - Special attention must be given to areas accessible to the public. Locked rooms/areas to be searched after all public areas completed.
   - Search personnel to look for unusual objects in unusual places (e.g. boxes, paper bags behind sinks, toilets, or stairwells, etc.)
   - Designated search areas to be of a size that could be covered in 15-20 minutes.

2. If a suspicious package or object is found:
   - Do not touch the device or any object near it: Advise police onsite or call 911 again.
   - Contact the Control Centre, giving the following information:
     - Where the object is
     - Why it is suspected
     - Description of the object
     - Who might have placed it there
   - Isolate the area by removing any residents/clients/visitors, closing the doors and window coverings, including fire doors; leave windows open; and block entrance to the area (blankets or clothing can be used to protect people)

3. Searching procedures must continue until all areas have reported to the Control Centre as all clear (via floor plan maps). There may be more than 1 device/bomb.
8.0 EVACUATING THE BUILDING

Based on the results of the search, it may be deemed necessary to evacuate all or a portion of the buildings. This decision will be made by the Police in collaboration with the Nurse in Charge/Standby Manager or designated alternate in charge of the building.

Do not tell residents, clients or visitors that there is a bomb in the building. Instead, to avoid panic, say, "There is an emergency, and I must take you down the hall."

Further evacuation instructions: see code Green in Emergency manual.

9.0 CODE BLACK BOX

The Code Black box is kept in the lower cupboard of the Boardroom. It contains:

- 10 copies of the floor plans, to be used as search maps
- 10 copies of the 'sign out sheets'
- 20 pens
- 10 highlighters
- 10 clipboards

10.0 DEBRIEF

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

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 (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 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.

11.0 EDUCATION

Education and testing of this policy will be conducted as per policy 1-10, Emergency Planning.
12.0 REFERENCES

[Text redacted]
APPENDIX A. Code Black – Telephone Checklist

To be completed by the Person receiving a telephone BOMB THREAT

Name:  
Department/Division:  
Date:  
Time:  
Phone ext:  

Exact wording of the THREAT:  

Try to keep the caller talking

Some examples of what you might ask:

a. Where is it?  
b. What does it look like?  
c. Why was it placed in the building?  
d. What kind is it?  
e. Time of detonation?  

Caller's identity (fill those that apply)

Male  
Female  
Adult  
Juvenile  

Origin of call (fill in those that apply)

Local  
Long distance  
Internal  

Call display #  

Voice characteristics (fill in those that apply)

Loud  
Soft  
Raspy  
Pleasant  
Intoxicated  
Foul  
Fast  
Slow  
Nasal  
Stutter  
Slurred  
Other  

Manner (fill those that apply)

Calm  
Angry  
Rational  
Irrational  

Emotional  
Laughing  
Other  

Background Noises (fill those that apply)

Quiet  
Voices  
Animals  
Air planes  

Traffic  
Machines  
Party  
Music  

Did the caller have an accent?  If so, give details:

(e.g. French, English, English as a second language, etc)
Sunnyside
Seniors’ Services

EMERGENCY
Policy 
Section: Code Blue Medical Emergency
Revised/Approved:  
Sept 5, 2023  
Original:  
Feb 2, 2011

Title:  
MEDICAL EMERGENCY – CODE BLUE

Applies to:  
All Employees

TABLE OF CONTENTS
1. Policy 
2. Deciding to Activate Building Emergency Response Team (BERT) 
3. Procedure 
4. Code Debrief and Follow-up 
5. Appendix A: Medical Supplies in Code Blue Cart

1. POLICY
Seniors’ Services staff will be prepared to respond to medical emergencies on campus. Code Blue includes: cardiac arrest, choking, hemorrhage, head injury, and/or any other medical emergency.

2. DECISION TO ACTIVATE BUILDING EMERGENCY RESPONSE TEAM (BERT)
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy. [Redacted to protect privacy].
### 3. PROCEDURE

#### 3.1 Initial Response to Event

<table>
<thead>
<tr>
<th>Responder (Who)</th>
<th>Roles and Responsibilities</th>
</tr>
</thead>
</table>
| **Any/All Staff**                   | • Page Code Blue overhead announce “CODE BLUE” and the location, calmly. Repeat three times.  
• If the Code Blue Team attending the scene needs further assistance, they will call additional registered staff.  
• Stay with person until help arrives                                                                                                                   |
| **Code Blue Team:**                 | • Will respond immediately to the scene upon hearing overhead page.  
• Assess the situation and initiate the most appropriate emergency response.  
• RPN: retrieve CODE BLUE CART located in the first floor Dental Clinic and take to scene  
• RNs: contact EMS if necessary.                                                                                  |
| RN carrying phone                   |                                                                                                                                                                                                                         |
| RN carrying phone                   |                                                                                                                                                                                                                         |
| RPN Greenfield carrying phone       |                                                                                                                                                                                                                         |
| **Nurse Practitioner**              | • Respond to all CODE BLUE events if onsite  
• Provide support as requested by registered staff                                                                                                                                                                      |
| **Security**                        | • Respond to all CODE BLUE events  
• Provide support as requested by registered staff  
• Complete necessary/relevant documentation                                                                                                                                                                        |
| **Physician**                       | • Attend and support Code response, if requested                                                                                                                                                                          |
### 3.2 Post Event: Once Code is All Clear

<table>
<thead>
<tr>
<th>Person (Who)</th>
<th>Roles and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Staff (Code Blue Team)</td>
<td>• Call or facilitate having ALL CLEAR called via overhead paging system</td>
</tr>
<tr>
<td></td>
<td>• Contact physician and families and update as appropriate</td>
</tr>
<tr>
<td>RPN (Greenfield)</td>
<td>• Lead or facilitates completion of Code Blue Flowsheet and Debrief event/report</td>
</tr>
<tr>
<td></td>
<td>• Return and replenish the CODE BLUE Cart (from Central Stores supplies)</td>
</tr>
<tr>
<td>Charge Nurse</td>
<td>• Complete Ministry Critical Incident report, if applicable</td>
</tr>
<tr>
<td></td>
<td>• Notify the Manager of Care and Administrator of the event, if applicable</td>
</tr>
<tr>
<td></td>
<td>• Call Manager-on-Call if the incident occurred after business hours, if applicable</td>
</tr>
<tr>
<td></td>
<td>• Complete E-Risk form, if applicable</td>
</tr>
<tr>
<td>Management/Supervisor</td>
<td>• Provide support to staff as needed</td>
</tr>
<tr>
<td></td>
<td>• Recommend Employee Assistance Program for assistance, as needed</td>
</tr>
<tr>
<td></td>
<td>• Facilitate completion of HR18s, if applicable</td>
</tr>
</tbody>
</table>

### 4. Code Debrief and Follow-up: Facilitated by RPN (Greenfield) or Delegate
- The RPN will lead the debrief and complete the electronic Code Blue Flowsheet and Debrief report immediately following the event. The form is found on the desktops of all computers at Sunnyside.
- The incident debrief should be attended by both persons who were affected by the incident and persons who were involved in supporting the resolution of the incident.
- Consideration could be given to including the following stakeholders as part of the debrief including: staff, residents and substitute decision makers, volunteers, students, and external responders (e.g. Police, Fire Department, ROW Emergency Management, ROW Health and Safety).
- The debrief will serve to evaluate 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.
- Based on the outcome of the debrief, a Risk Review report may need to be completed. 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.
5. Appendix A: Medical Supplies in Code Blue Cart
The CODE BLUE CART will contain the following:

- First Aid Kit
- Gloves 1 bx
- Masks 1 bx
- Gowns, disposable x5
- Hand sanitizer
- Periwipes 1 pk
- Sterile dressing tray
- Suction machine
  - Suction tubing x2
  - Yonker x2
  - Suction catheter x2
- CPR board
- Extension cord

- Oxygen tank
  - Mask x2
  - Tubing x2
- BP cuff and stethoscope
- Pocket Mask
- Defibrillator
- Ambubag
- Flashlight
- Blanket and Pillow

- Code Blue Flowsheet and Debrief Report x5 copies
  (DOCS 945595)

• The Coordinator, Infection Control/delegate is responsible to complete the Code Blue Cart Monthly Checklist and replenish nursing supplies.

• The contracted Respiratory Therapy provider is responsible to complete the Code Blue Cart Monthly Checklist and replenish oxygen supplies.
# Code Yellow Policy – Missing Person

**Title:** CODE YELLOW POLICY – MISSING PERSON

** Applies to:** Long Term Care

## Table of Contents:
1.0 Policy Statement
2.0 Deciding to Activate Building Emergency Response Team (BERT)
3.0 Definitions
4.0 Procedure
5.0 Required Reporting and Documentation – CIS
6.0 Code Yellow Debrief

### 1.0 Policy:

The Code Yellow is intended for situations when a person is missing and their location is unknown. The Code Yellow policy supports and facilitates resident/client safety by:

1) Supporting early identification of a missing resident/client, and;
2) Facilitating a quick search response.

### 2.0 Decision to Activate Building Emergency Response Team (BERT)

Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response and additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security). Notifying these areas occurs through a BERT notification.

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).

For important information about the BERT, please reference the Building Emergency Response Team policy. [redacted to protect privacy]
3.0 Definitions:

**Elopement** refers to a resident/client (herein referred to as resident) who leaves a secure home area unattended and without notice, who leaves the building, but is noticed by someone immediately and brought back. An elopement can demonstrate risk and identifies a ‘near miss,’ that has the potential to become a Code Yellow.

**Code Yellow** refers to a situation were a resident is discovered to be missing, or has been off the home area/out of the building undetected for a period of time. In the event of a missing resident, the following Code Yellow procedural steps are followed.

4.0 Procedure:

The RN in Charge will act as the leader during the procedures noted below.

4.1 Searching for Resident:

**Stage 1) Initial Search (approx. 5-10 min)**

1. The person who noticed the resident missing will check if he/she has been signed out and notify the RPN in charge of the home area to organize a search of the home area.
2. Staff on the home area will make an immediate and thorough search. Search storage areas, waiting areas, washrooms, showers, stairwells, resident rooms, beds, etc.
3. If not found, the RPN will notify the RN in charge.

As soon as it is determined that the resident is **MISSING**, the RN will assess the level of risk. Key areas of inquiry include, but are not limited to:

- Is this a resident who is physically healthy and known to wander?
- Is the resident vulnerable or at risk of getting lost?
- Is the resident someone who threatens to leave or do harm?
- Is the resident on roam alert due to risks of elopement?

5. If the resident is determined to be “high risk” (to oneself and/or others), the RN will **notify the police immediately** by calling 9-1-1 before proceeding with the code yellow steps below.

**Stage 2) Enhanced Search (approx. 10-15 min)**

1. RN will delegate a staff member to fill out the Description of the Missing Person form and to make copies of the resident’s photo.
2. RN will delegate staff to search the home area again, other program areas (e.g. hairdressing, Heritage Hall) and to call other places offsite that are known to be frequented by the resident.
3. RN will contact family, friends or POA to identify if they are aware of their whereabouts.
4. RN will contact security to assist in a search of the property and cameras. If the resident is found on the cameras to have left the building and not return, the RN will notify the police immediately by calling 9-1-1.

Stage 3) Activating the Code Yellow and Home Wide Search

1. RN will page a “CODE YELLOW – giving the name of the house, name of the resident/client and the location of the Control Centre”. Page Three Times.
2. RN will call Supportive Housing to advise them of the Code Yellow.
3. RN will verify if there is documentation that the resident is part of the Vulnerable Person’s Registry
4. Staff in other areas, upon hearing a Code Yellow, will make an immediate and thorough search of their home area/area

6. RN will divide searchers into groups and assign them an area to search and ensure that each group has a staff member with a master key. The search should include:
   - All home areas and program areas
   - All washrooms, lounge areas, café, stairwells, locked and unlocked rooms, mechanical rooms, storage areas, elevators, etc.
   - All parking lots and ground areas

Note: remember to update communications and messaging to all relevant stakeholders if/when circumstances to the emergency change.

Stage 4) Call Police and 2nd Home wide search

1. If the internal search fails to locate the resident (and the police were not contacted earlier), the RN will call police immediately at 9-1-1. Let them know the resident is missing (note if he/she is registered with the Vulnerable Persons Registry)
2. RN will notify the SDM of the situation
3. RN will notify the Administrator LTC or Manager, Resident Care (or delegate) during business hours, or the Manager On Standby after hours
4. RN will assign staff to do a 2nd complete indoor and outdoor search

If the resident is found see Section F, if not found the situation will remain in the hands of the Police and staff will assist as requested.

4.2 Resident Found (Follow-up):

1. Once found, the RN will page “Code Yellow All Clear”, three times.

   RN will notify the SDM, police dept. (if not on premises), Manager of Resident Care and the Administrator LTC or designate during business hours, or the Manager On Standby after hours -

Document Number: 279337 Version: 9
3. RN will assess resident for signs of possible injury and implement emergency care procedures as required
4. RN will contact attending physician (or physician on call) of incident and condition of resident/client
5. RN will implement safety plan (update care plan and communicate to staff) to prevent further elopements/Code Yellow
6. RN will complete Code Yellow electronic debrief form (located on the desktop under forms). This form will automatically send to the Administrator and Manager of Resident Care.
7. RN will complete Risk Management and Document
8. RN will complete an Unusual Occurrence Report
9. RN will provide/offer support to any persons (i.e. resident, staff etc) who may be experiencing distress from this experience. This may include such things as inquiring on their well-being, offer to take a break, referring to Employee Family Assistance Program, leaving early etc.

5.0 Required Reporting and Documentation – CIS:
If a resident is missing for any length of time, it is reportable to the MLTC. Refer to the Critical Incident Reporting Policy for more information as well as these guidelines:

Immediate Report:
- If resident is missing for three or more hours;
- Any missing resident who returns to the Home with an injury or change of condition, regardless of the time they were gone

Next day Report:
- A resident who is missing for three or less hours and returns to the Home with no injuries or change in status

6.0 Code Yellow Debrief:
The RN in Charge will complete/facilitate completion of:
- A debrief and documentation of the event using the Code Yellow Debrief E-form (must be completed for all Code Yellow events)
- The debrief should be attended by all persons who were impacted by the incident, and any persons involved the resolution. Consideration could be given to including the following stakeholders: staff, residents and substitute decision makers, volunteers, students and external responders (e.g. Police, Fire Department)
- The debrief serves as an evaluation of the emergency plan. If changes to the
emergency plan are required they must be made within 30 days of the emergency being declared over.

The Coordinator, Quality Improvement and Risk Management or delegate will:

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

- Critical Incident Reporting, Master Manual, 5-110
- Notifying Police, Master Manual, Policy 5-134
- Elopement Log (DOCS#3141520)
- Description of Missing Person Form (DOCS#2623605)
- Code Yellow Debrief Form (electronic, located under forms on desktop)
### ELOPMENT LOG– TO BE COMPLETED BY THE NURSE IN CHARGE

<table>
<thead>
<tr>
<th>Action</th>
<th>Time</th>
<th>Documentation</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>STAGE 1: Initial Search: Resident is Noticed Missing and Reported to Charge Nurse (5-10 Mins)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Ensure a complete check is completed in the immediate and alternate home area: Search storage areas, waiting areas, washrooms, showers, stairwells, resident rooms, beds, etc</td>
<td></td>
<td>Person who noticed resident missing:</td>
<td></td>
</tr>
<tr>
<td>- Sign Out binders and Communication Books</td>
<td></td>
<td>What wearing:</td>
<td></td>
</tr>
<tr>
<td>- Resident’s progress notes for possible LOA that did not get communicated</td>
<td></td>
<td>Time and Place last seen:</td>
<td></td>
</tr>
<tr>
<td>- Contact family to inquire of whereabouts</td>
<td></td>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td>- Recreation re: Activity Outing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Ask Security to check cameras to determine if, when &amp; where resident left the building and type and colour of clothing resident was wearing</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>- Assess level of risk, if resident is determined to be missing <strong>contact police immediately.</strong></td>
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</tr>
<tr>
<td><strong>STAGE 2: Enhanced Search (10-15 minutes)</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Delegate a staff member to fill out the Description of the Missing Person form and to make copies of the resident’s photo (in the chart or on PCC).</td>
<td></td>
<td>Search should include:</td>
<td></td>
</tr>
<tr>
<td>- Delegate staff to search the home area again, other program areas (e.g. hairdressing, Heritage Hall) and to call other places offsite that are known to be frequented by the resident/client</td>
<td></td>
<td>Notes:</td>
<td></td>
</tr>
<tr>
<td>- RN will contact family, friends or POA to</td>
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</tbody>
</table>
identify if they are aware of their whereabouts.

- RN will contact security
  - RN will notify the police immediately by calling 9-1-1.

**STAGE 3: Activate Code Yellow and Home-Wide Search (20 minutes)**

- The RN will page a “CODE YELLOW – giving the name of the house, name of the resident/client and the location of the Control Centre”. Page Three Times.

- The RN will call Supportive Housing to advise them of the Code Yellow. Ask them to search the building. Provide a copy of the resident’s photo.

- Verify if there is documentation that the resident is part of the Vulnerable Person’s Registry

- A team of at least 2 staff should check the exterior of the building starting through the front doors, conducting a thorough search of the exterior of the building and parking lots. In the parking lots, all cars must be looked into and under as well as around.

**Search should include:**

- All home areas and program areas
- All washrooms, lounge areas, café, stairwells, locked and unlocked rooms, mechanical rooms, storage areas, elevators, etc.
- Meeting rooms/offices
- Basement, Kitchen, Maintenance
- CAP Supportive Housing
- All parking lots and ground areas
## STAGE 4: Call Police and 2\textsuperscript{nd} Home Wide Search

- If the internal search fails to locate the resident (and the police were not contacted earlier) **call police immediately at 9-1-1.** Let them know the resident is missing (note if they are registered with the Vulnerable Persons Registry)

- Notify the SDM of the situation

- Notify the Administrator LTC during business hours, or the Manager On Standby after hours.

- Assign staff to do a 2\textsuperscript{nd} complete indoor and outdoor search

- Remind staff that they are expected to remain at the Home/continue with search until further notice is received from the Police or the resident is located.

### When the Resident is located

- Once found, page “Code Yellow All Clear”

- Notify the SDM, police dept. (if not on premises), Manager of Resident Care and the Administrator LTC or designate during business hours, or the Manager On Standby after hours.

- Assess resident for signs of possible injury and implement emergency care procedures as required

- Contact attending physician (or physician on call) of incident and condition of resident/client

- Implement safety plan (update care plan and communicate to staff) to prevent further elopements/ Code Yellow

### Notes:
• Complete Code Yellow Debrief form

• Complete Unusual Occurrence Report

Staff Member(s) who completed this form:

______________________________________________________________

Date: __________________________  Time: ____________________________
1.0 Policy Statement
This policy identifies key policies and contingency plans that may need to be followed in the event of the loss of or one or more essential services on campus.

2.0 Potential Causes for Loss of Essential Services
Loss of one or more essential services may result from, but is not limited to: mechanical failure, network failure, power outage, and loss of water.

3.0 Policies and Contingency Plans Related to Loss of Essential Service(s)

<table>
<thead>
<tr>
<th>Area of Concern</th>
<th>Related Polices and Contingency Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology and Related Equipment</td>
<td>EMAR Failure-Contingency Plan</td>
</tr>
<tr>
<td></td>
<td>• Vital Hub-Contingency Plan</td>
</tr>
<tr>
<td></td>
<td>• System/Equipment Failures: Telephones, Nurse Call, Security</td>
</tr>
<tr>
<td></td>
<td>• Technology Software-Contingency Plan</td>
</tr>
<tr>
<td></td>
<td>• Contingency Procedure for Extended Disabled Server/Software/Power Outage</td>
</tr>
<tr>
<td>Fire Safety Systems</td>
<td>• System, Fire Alarm and Building Security</td>
</tr>
<tr>
<td></td>
<td>• Fire Alarm System in Distress or Announcing an Alarm</td>
</tr>
<tr>
<td>Mechanical</td>
<td>• Contacting Contractor and Suppliers in an Emergency</td>
</tr>
<tr>
<td></td>
<td>• Elevator(s) Not Working</td>
</tr>
<tr>
<td></td>
<td>• Person Trapped in Elevator</td>
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<tr>
<td></td>
<td>• No Water at Facility-Contingency Plan</td>
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<tr>
<td></td>
<td>• Water Failure</td>
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<tr>
<td></td>
<td>• Heat Related Illness and Prevention Management</td>
</tr>
<tr>
<td></td>
<td>• Electrical Failures-Emergency Generator</td>
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<td></td>
<td>• Natural Gas Interrupted Service</td>
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<td></td>
<td>• Systems/Equipment Failure</td>
</tr>
<tr>
<td></td>
<td>• Food Services and Laundry-Contingency Plan</td>
</tr>
<tr>
<td>Area of Concern</td>
<td>Related Polices and Contingency Plans</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td><strong>Staffing</strong></td>
<td>• Essential Staffing During an Emergency</td>
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<tr>
<td></td>
<td>• Staff Emergency Call-In</td>
</tr>
<tr>
<td></td>
<td>• Business Continuity Plan</td>
</tr>
<tr>
<td><strong>Supplies/Food/Water</strong></td>
<td>• Emergency Supplies</td>
</tr>
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<td></td>
<td>• Emergency Menus</td>
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<tr>
<td></td>
<td>• Boil Water Advisory</td>
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<tr>
<td><strong>Communications and Reporting</strong></td>
<td>• Management Standby Policy</td>
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<tr>
<td></td>
<td>• Reporting and Managing Risk Events (for LTCH)</td>
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<td></td>
<td>• Critical Incident Reporting</td>
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<td>• Maintenance on Call Service-Guidelines for Use (</td>
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<tr>
<td></td>
<td>• Maintenance Communication: System Failure/ Organizational Risk</td>
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</tbody>
</table>
Policy:

Sunnyside Home will be prepared to respond in the event of an outbreak, epidemic, and/or pandemic, including outbreaks of a communicable disease and outbreaks of a disease of public health significance.

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

Definitions:

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

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

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

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

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

Procedure:

The Manager, Resident Care or designate will:

1) Reference the Infection Prevention & Control manual for detailed outbreak preparation and response requirements.
2) Ensure an area(s) of the location is identified to be used for isolating residents as required.
3) Ensure a process is in place to divide both team members and residents into cohorts as required.
4) Ensure staffing contingency plans are in place and kept current.

The Infection Prevention & Control Lead or designate will:

1) Ensure annual practice/testing of outbreak and pandemic preparedness, inclusive of any arrangements with external entities who may be involved in or provide emergency services in the area where the care community/residence is located (including, without being limited to, health service providers, partner facilities and resources that will be involved in responding to the emergency).
2) Involve the Medical Director (as applicable) and Public Health Unit in development and annual review of the location’s emergency plans as related to outbreaks of a communicable disease, outbreaks of a disease of public health significance, epidemics and pandemics.
3) Ensure process in place for inspection of outbreak/epidemic/pandemic supplies for functionality, expired dates, and restocking as needed.

The Coordinator, Education or designate will:

1) Ensure that all staff are trained on PPE procedures

References

Infection Prevention and Control Manual
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 [redacted] maintenance on call (during regular business hours). Call Maintenance person on call after regular hours at [redacted]

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):
   - [redacted]
   - [redacted]
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.
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>
</thead>
<tbody>
<tr>
<td>All STAFF (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>
<tr>
<td>ADMINISTRATOR/DIRECTOR</td>
<td>To inform:</td>
</tr>
<tr>
<td></td>
<td>• Food Service Manager, Manager of Care and Community</td>
</tr>
</tbody>
</table>
| (MANAGEMENT TEAM MEMBER) or STANDBY MANAGER | Services Manager by phone  
| Management/Management Support Group by email  
| Notifies corporate Health and Safety  
| Complete E-Risk Report  
| Facilitates timely communications about the advisory and necessary actions for staff, residents and others as applicable (including written communications)  
| Ensures that the Boil Water Advisory is paged overhead. See Appendix A for script.  
| Facilitates placement of signage across the facility to ensure awareness to the situation and safety measures are visible for all to see. See Appendix B for example signage content and placement locations for signage.  
| 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.  

Update communications and messaging if/when circumstances to the emergency change. |
| FOOD SERVICE MANAGER or DELEGATE  
| RN IN CHARGE (outside normal business hours) | Ensure that any water (e.g. jugs of water) or foods previously prepared with contaminated water are immediately disposed of.  
| Inform dietary staff of required actions (see table on next page)  
| 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.  

Update communications and messaging if/when circumstances to the emergency change. |
| MANAGER of CARE | Inform Registered staff of advisory  
| Ensure that symptoms/impacts to residents are assessed by registered staff, in the event that residents ingested contaminated water (prior to advisory notification and being acted on)  
| Registered staff to inform all home area staff; ensure communication to incoming shifts occurs at shift reports  
| Complete critical incident report for MOLTC |
Update communications and messaging if/when circumstances to the emergency change.

**MAINTENANCE**

- Disconnect water fountains, hot water towers, and water supply to sources of water that might be ingested by residents (e.g. all sinks in residents’ room)
- Turn off ice machines/discard ice

Note: If a water supply valve is seized (e.g. for sink in resident room), remove faucet handles, or place garbage bag over sink and faucet (i.e. water source) to ensure access to water is restricted. In this situation, the Supervisor of Maintenance may need to call upon support from Mgt/Mgt Support to complete these tasks in a timely manner.

**DIRECTOR/DELEGATE**

- Notify (and continue to provide updates) to Commissioner of Community Services, if applicable
- Liase with ROW Senior Management and ROW Emergency Management, if applicable
- Lead or assign delegate to lead debrief

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**Required Action: Boil Water Advisory is in Effect**

<table>
<thead>
<tr>
<th>Water Usage Needs</th>
<th>Action</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<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 sanitization</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>Continue to use distilled water (only)</td>
<td>RPNs</td>
</tr>
<tr>
<td>Bathing</td>
<td>Stop bathing for all residents at the onset of the advisory. Use only wipes until direction from responsible authority is provided.</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 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:

CODE GREEN – EVACUATION 6-10, Emergency Manual
Master Manual 1-10, Emergency Planning
Master Manual 5-100, Critical Incident Reporting
Appendix A. Script for Boil Water Advisory Overhead Paging

The script below should be used in the event of a Boil Water Advisory coming into effect at Sunnyside. Please repeat the script 3 times when paging overhead.

Boil Water Advisory

Attention: Staff, Resident, Visitors and Volunteers

- We have been advised, by health authorities, that our facility is currently under a boil water advisory.
- For your safety, please do not ingest any water from taps, fountains or other water sources.
- Staff have been informed, and will be reminded, about necessary procedures to follow to ensure safety for all.
- We will continue to update you as more information becomes available.

If you have questions please reach out to a member of our leadership team.

Thank you

On behalf of the Management Team
Boil Water Advisory in Effect at Sunnyside

Effective Date: DD/MM/YY

For Your Safety, Do NOT:
- Ingest water from taps or use water that isn’t boiled
- Follow direction from facility staff

We will provide an update when the advisory is lifted

Thank you
On behalf of the Management Team

Locations for signage placement include, but are not necessarily limited to:

- All entrances to facility
- Staff lounge
- All home area communication centres
- All home area dining areas
- In Café (public facing and in kitchen area)
- In Main Kitchen (basement)
- On public facing e-board/TV
- Admin area (by photocopiers)
1.0 Overview
Building Emergency Response Teams (BERTs) is a building specific team of management who convene and collaborate for decision making related to building colour code emergencies.

2.0 Purpose
This protocol provides a framework for BERT to support the decision-making process for Seniors' Services, as well as expectations surrounding a building specific emergency response. The response requirements are specific to Seniors' Services colour code emergencies that have the potential to result in service disruption and pose an actual or potential threat to people and/or property. For a listing of building emergency codes for Seniors' Services, refer to policy 1-10, Emergency Planning and Code List.

3.0 Decision to Activate Building Emergency (BERT) Team Response
Most emergencies will be managed by the RN or Supervisor on-site during the emergency code being called.

However, in some circumstances a larger response requiring additional supports may be required (e.g. additional management team members, corporate supports such as health and safety, emergency management, communications, facilities, and security).

In Seniors’ Services, the decision to activate BERT, during day-time business hours, will be made at the discretion of the management team member(s) responding to the incident. Outside of normal business hours, the Manager on Standby will make the decision to activate BERT (if uncertain about activation of BERT consult with Management Team).
4.0 Roles and Responsibilities: Activating and Facilitating BERT
When BERT is activated, assigned stakeholders from Seniors’ Services, in conjunction with Corporate Services from the Region of Waterloo and Community Services are engaged to support facilitation, management and resolve of the emergency.

4.1 Sunnyside BERT Members
The BERT at Seniors’ Services is internally composed of the Management Team, the Coordinator, Quality Improvement and Risk Management and the Supervisor of Facilities Operations:

- Director, Seniors’ Services
- Administrator, Long-Term Care
- Manager, Resident Care
- Manager, Business Operations
- Manager, Food and Environmental Services
- Manager, Community Programs
- Coordinator, Quality Improvement and Risk Management
- Supervisor, Facilities Operations
- Manager who is on Standby at time of incident

Note: roles and accountabilities for the above responders will be assigned at the time of the Emergency Code BERT response.

4.2 Activating BERT Response at Sunnyside
At the point that Seniors’ Services has decided to activate BERT, a call will be made to the Security Operations Centre (SOC) at 519-575-4802 by the most appropriate Seniors’ Services delegate (i.e. Sunnyside Management member or the Manager on Standby).

The SOC will require the following information:
- The type of emergency and/or colour code being activated (based on Seniors’ Services colour codes)
- The building impacted by the emergency (Sunnyside, 150 Main and or University Gates)

4.3 Convening BERT and BERT Communication Process
Convening protocols for BERT and BERT supports will occur via the TEAMS group for all BERT colour code emergencies.

During a Colour Code Emergency:
1. Seniors’ Services BERT and additional external supports will be notified of the current situation by the Security Operations Centre (via AlertWR notification system: text message, email and phone call).
2. BERT will be informed of the emergency code taking place at Seniors’ Services: this will prompt BERT to convene.
3. BERT members have access to a specific [redacted] group and will meet via this platform. In the event of [redacted] service disruption, a TEAMS teleconference number is made available to connect with each other.

4. Seniors’ Services BERT will connect with any other ROW building teams if support is required and/or if the emergency has affected more than one Regional location.

If an evacuation has been initiated by BERT and the evacuation location is offsite, it is recommended that post decision making, etc. a BERT member(s) attends to the evacuation location for an in-person update where possible. The person(s) to attend to the evacuation location will be assigned by the Management Team.

As part of building evacuation, [redacted] will inform Police [redacted] to update them on the current situation and provide contact information for further communications during the response phase of the emergency.

4.4 Key BERT Response Activities
1. BERT members receive and respond to the incoming notification sent via the [redacted] system.
2. Convene with BERT and BERT support members to assess the current situation and determine immediate next steps.
3. If delivery of critical services are impacted, please refer to [redacted] for making alternate arrangements to continue critical services.
4. Maintain contact and updates with BERT and BERT support throughout the response.

Note: If a BERT member(s) is on vacation or unavailable to answer a call, the other BERT members, in attendance, will send an invite (email and/or phone call) to those who are acting as delegates or who are able to help.

4.5 External BERT Supports (Regional support outside of Sunnyside):

A BERT Support team external to Sunnyside provides advice and guidance during building emergencies. When BERT is activated, BERT Support members will convene with BERT and will participate in the conversation as required by BERT.

Corporate ROW supports include representatives from various Regional departments that assist with decision-making and or action specific tasks as requested by Seniors’ Services BERT. These positions include (but are not limited to):

- Facilities Management
- Health and Safety
- Security
- Service First Call Centre (SFCC)
- Emergency Management Office (EMO)
- Corporate Communications
<table>
<thead>
<tr>
<th>Responder</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Communications</td>
<td>• If escalation is required, the Communications team will notify the Organization Leadership (CAO, CLT and Chief of Staff to Regional Chair) if/when required.</td>
</tr>
<tr>
<td></td>
<td>• This team is also responsible for communicating to the public and media.</td>
</tr>
<tr>
<td>Security Operations Centre (SOC)</td>
<td>• Upon notification of a building related emergency, the SOC will initiate notification via AlertWR to the affected BERT(s)/BERT Support team. In some circumstances, BERT may request the SOC notify all Regional staff that the building is unavailable and that scheduled visits/meetings are cancelled.</td>
</tr>
<tr>
<td></td>
<td>• If Security is present, they will initiate their immediate response actions according to their protocols, and the SOC will be in contact with BERT for follow up notifications as required.</td>
</tr>
<tr>
<td></td>
<td>Security Operations can be reached at 519-575-4802.</td>
</tr>
<tr>
<td>Emergency Management Office / Community</td>
<td>• The EMO/CEMC is part of the BERT Support team and provides advice to BERT during an emergency as needed in a support capacity.</td>
</tr>
<tr>
<td>Emergency Management Coordinator (CEMC)</td>
<td>• The Seniors' Services BERT is ultimately responsible for coordinating the response.</td>
</tr>
</tbody>
</table>

5.0 Building Emergency Recovery
BERT will assess if the emergency had a sustained impact on business operations at Sunnyside:

- **If No**, provide all-clear for employees when safe to do so
- **If Yes** – Senior BERT leader notifies

* Under the leadership of the CAO, the core Crisis Management Team consists of the following positions or alternate(s):
The BERT will determine steps needed to return to normal operations and develop a transition plan.

6.0 Debriefs
The Director/Administrator of Seniors’ Services will lead or assign a delegate to facilitate 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.

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 (e.g. Police, Fire Department, ROW Emergency Management, ROW Health and Safety and the larger BERT).

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 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.

7.0 Testing and Education of BERT
Testing and education of the BERT, for Seniors’ Services, will be facilitated by the Emergency Management Office.

Reference: