

Every licensee of a long-term care home shall ensure that the emergency plans for the home are recorded in writing

January 9, 2025

SOUTHBRIDGE GODERICH

515 Seabreeze Drive, Goderich ON, 226-421-3060

CALL 911 First For IMMEDIATE ASSISTANCE FROM FIRST RESPONDERS

For Police - Fire -Ambulance

Coordinates 43.74305 degrees North and 81.7142 degrees West

CALL On Call Manager Cell 519-242-3499 to initiate additional support. On-Call Manager to contact ED and if directed initiate the Fan Out List

Emergency Preparedness and Response Manual , the Binder is RED

First on the scene to pull specific incident policy and checklist from the manual. Hard Copy of POLICY Manuals are located 2nd Floor Nursing Station.

Executive Director Work Cell:519-242-3453

Director of Care Work Cell: 519-242-3454

On Call Manager Cell 519-242-3499

Regional Director Christi Broderick 226-222-4612

Regional Nursing Consultant Jaclyn Goss 519-239-8545

Southbridge Care VP of Long Term Care and Retirement Andrea Loft 289 244 2297

Southbridge Care VP of Operational Quality and Excellence Judy Plummer 647 539 3953

Public Health 519-482-3416 Home Specific Inspector: Roxana Nassiri

Medical Director Dr.Ameet Karaul 647-460-0049

Hospital Alexandra Marine & General Hospital 519-524-8323

Public Health Medical Director Dr. Miriam Klassen 653 West Gore Street Stratford N5A 1L4

EXAMPLES

1 Community Emergency Management Coordinator Larry Fullerton 519-524-8344 Ext. 223

2 OHT-519-274-2671

3 FOG-TBD

4 Ontario Health-1-877-280-8538

5 Ontario Health at Home- 519-473-2222

HIRA is Completed and Posted in the home: **In Progress**

If no, complete and the document is normally posted on the Occupational Health and Safety Bulletin Board

Consultation with Resident and Family Council related to hazzards and risks has taken place: February 2025

Policy Number EP-14-01-01 has been educated and practiced, **February 10 & 11, 2025** NOTE: There is an additional Document in our Policy specific to Outbreak Preparedness.

Policy Number EP-03-01-01 has been educated and practiced, February 10 & 11, 2025

Policy Number EP-10-01-01 has been educated and practiced, **February 10 & 11, 2025**

Policy Number EP-07-01-01 has been educated and practiced, February 10 & 11, 2025

Policy Number EP-11-01-01 has been educated and practiced, February 10 & 11, 2025

Policy Number EP-04-01-01 has been educated and practiced, **February 10 & 11, 2025**

Policy Number EP-08-01-01 has been educated and practiced, February 10 & 11, 2025

Policy Number EP-06-01-01 has been educated and practiced, **February 10 & 11, 2025**

Policy Number EP-09-01-02 has been educated and practiced, **February 10 & 11, 2025**

Policy Number EP-09-01-05 has been educated and practiced, **February 10 & 11, 2025**

Policy Number EP-14-01-01 has been educated and practiced, **February 10 & 11, 2025**

Policy Number EP-09-01-04 has been educated and practiced, **February 10 & 11, 2025**

Policy Number EP-09-01-03 has been educated and practiced, **February 10 & 11, 2025**

TBD

1. CIS IS Completed **TBD**

2. Home Specific Emergency Plan has been review following an event **TBD**

1. Completed: **January 29, 2025**

2. Most recent review: **January 29, 2025**

1. Completed: **January 25, 2025**

2. Most recent review: **January 25, 2025**

CODE GREEN

Evacuation



What Does It Mean?

Code Green is the designated phrase used to alert and notify staff that they must leave an area and move themselves and residents/visitors to an area of safety. Code Green is a response to a condition/incident/event emergency where if occupational of an area or site continues, it could put persons in danger of injury.

A Code Green—evacuation may be caused by other emergency codes such as Code Red (fire), Code Brown (hazardous/chemical spill), Code Black (bomb threat), Code Purple (hostage situation), Code Silver (active assailant), or Code Grey (infrastructure disruption/failure).

What Do I Do?

- *Staff discovering an initial dangerous or hazardous condition will activate an evacuation of the immediate area of the danger.*
- *To notify staff of a Code Green, announce 3 times, "Code Green + location" (the location is the area to be evacuated).*
- *The level of evacuation (Stage 1, 2, or 3) will be escalated as determined by the Incident Manager or emergency officials and the degree of danger, risk, and level of the emergency.*
- *When an emergency evacuation is required and called, evacuate the area of the danger, then the rooms across and beside the area of the danger, and then the remainder of the area immediately.*

Review It Before You Need It:

- *Refer to your Home's Emergency Preparedness & Response Manual Code Green*

CODE GREEN – EVACUATION:**Types of Evacuation**

There are four types of emergency evacuation procedures that can be initiated, and they are as follows:

- a) **Code Red** – this includes the evacuation of the room in which the fire originated, and the rooms on either side, and directly across the fire location. This evacuation will be announced over the voice communication system as "CODE RED", followed by the exact location of the fire as indicated on the fire panel in the main lobby.
- b) **Code Green - Horizontal Evacuation** – this includes the complete evacuation of disaster area to a designated safe area on the same Resident Home Area.
- c) **Code Green - Vertical Evacuation** – this includes the complete evacuation of the disaster area in a vertically downward direction. This evacuation will be announced as "CODE GREEN VERTICAL EVACUATION" followed by directions for which Resident Home Areas to be evacuated and in which order.
- d) **CODE GREEN - Total Evacuation** – this involves total evacuation of all persons in the facility. This will be indicated by the sounding of the stage two evacuation alarm. Total evacuation is initiated at the discretion of the Fire Department and/or Executive Director/DOC.

CODE GREEN - HORIZONTAL

1. Code green (horizontal evacuation) - All residents to be horizontally evacuated to a safe area beyond the fire barrier doors on the same home area.
2. Person in charge pages (x3) code green, the location to be evacuated and designated home area and the location that residents will be evacuated to (ex. 2 north RHA code green to 2 South RHA).

CODE GREEN – VERTICAL EVACUATION

1. Code Green Vertical Evacuation is to be used to completely evacuate residents from disaster area in a vertical downward direction and may involve one Resident Home Area/department or the whole building.
2. Person in charge pages code green vertical evacuation (x3), the RHA and designated area (i.e. code green vertical evacuation RHA 2 north stairwell to community hall)

3. All exits which promote safe evacuation will be utilized.
4. Where Code Green Vertical Evacuation involves more than one RHA/department evacuation routes to be used by individual RHAs/departments will be announced over the voice communication system to prevent cluttering/blocking of the stairwells when other exits are appropriate/available.(ex. RHA 1 to evacuate using Stairwell #1; RHA 2 to evacuate using Stairwell #2; etc)

CODE GREEN – TOTAL EVACUATION

1. Total evacuation is initiated at the discretion of the Fire Department and/or Executive Director/designate in consultation with the Regional Director (if possible) in a crisis or impending danger situation (stage 2 alarm).
2. Total evacuation will be conducted in an orderly and timely fashion as announced over the voice communication system by the designated personnel.
3. The order of total evacuation will be determined by location, severity and the extent of disaster/emergency and various options/methods of evacuation may be utilized as safe and appropriate.

PRIORITY OF EVACUATION – also refer to Code Green - Evacuation Procedures in Tab 15 for specific instructions

In order from highest to lowest priority:

1. Those residents in immediate danger
2. All ambulatory residents under supervision. Residents able to walk should be led to another fire barrier area for a horizontal evacuation or a stairway for vertical evacuation.
3. All wheelchair residents. Wheelchair residents should be assisted to safe fire barrier areas and if their wheelchairs are required for other residents, then remove them from their wheelchairs.
4. All non-ambulatory residents. Most residents can be carried to a safe area, if necessary. Helpless residents may be placed on a blanket on the floor and pulled to a safe area. See for assistance on lifts and carries see section in this manual

Obtain the Emergency Bin and take it to the Evacuation Holding Area(s).

EVACUATION HOLDING AREA(S):

An evacuation holding area is an area that is located on the grounds of the building, a safe distance away from the building.

When selecting an evacuation holding area external to a building, consider the following factors to ensure safety, accessibility, and efficiency:

1. Safety and Security

- **Distance from Danger:** The area should be far enough from the building to avoid exposure to fire, smoke, structural collapse, or hazardous materials.
- **Clear of Hazards:** Avoid locations near busy roads, power lines, water bodies, or other environmental dangers.
- **Visibility:** The area should be visible and easily recognizable to evacuees and emergency responders.

2. Accessibility

- **Ease of Access:** Ensure the path to the holding area is unobstructed and accessible to all, including individuals with mobility aids (e.g., wheelchairs, walkers).
- **Emergency Vehicle Access:** The location should allow access for fire trucks, ambulances, or other emergency vehicles.
- **Adequate Space:** The area must be large enough to accommodate all evacuees, with room for social distancing if necessary.

3. Proximity

- **Reasonable Distance:** It should be close enough for evacuees to reach quickly but far enough to avoid risks associated with the incident.
- **Alternative Routes:** Ensure there are multiple routes to the area in case one is blocked (if possible).

4. Shelter and Comfort

- **Protection from Elements:** Choose an area that provides shade or cover from rain, wind, or extreme temperatures if possible.
- **Seating Options:** If feasible, the area should have seating or allow for temporary seating arrangements.

5. Communication and Coordination

- **Designated Meeting Points:** The area should have a clearly marked and designated meeting point for evacuees.
- **Communication Signals:** Ensure the area allows for clear communication between evacuees and emergency personnel (e.g., cell phone coverage, visibility for hand signals).
- **Supervision:** The area should enable staff or responders to monitor evacuees effectively.

6. Special Considerations for Vulnerable Individuals

- **Accessibility Needs:** Ensure the area accommodates those with disabilities, and residents' mobility aids.
- **Proximity to Medical Support:** If possible, locate near facilities or areas where medical aid can be quickly provided.

Indicate the Evacuation Holding Area(s) for your building below:

Evacuation Holding Area #1: _____

Evacuation Holding Area #2 (to be used if Area #1 can not be used for some reason):

EVACUATION LOG

1. The Incident Manager will assign staff member(s) to complete an Evacuation Log Form for each zone/Resident Home Area (RHA) that is being evacuated.
2. Process of completing the evacuation log:
 - a) Utilize Evacuation Log form found in Tab 15 to record the names of all residents evacuated from the zone/RHA.
 - b) Ensure that all residents are accounted for upon completion of the Evacuation Log(s).
 - c) Initiate communication with substitute decision maker noting each successful contact made
3. The Incident Manager will ensure that:
 - a) Evacuation Log is completed
 - b) All substitute decision makers have been contacted

TRIAGE – AREA SET UP AND RESPONSIBILITIES

PROCEDURE:

1. Establish and identify triage area within the Evacuation Holding Area that is safe and accessible to emergency personnel. This area will be used to assess and provide First Aid to those requiring it.
2. The triage area should be sheltered and provide sufficient light to observe and assess the victims.
3. Assign at least one Registered Nurse or Registered Practical Nurse to triage residents. Ensure additional staff are assigned to assist the Registered nursing staff as required.
4. All non-injured individuals will be monitored by nonnursing personnel outside of the triage area in the Evacuation Holding Area.
5. Co-ordinate to ensure all necessary supplies and emergency kits are delivered to the triage area within the Evacuation Holding Area.
6. The role of the person (s) assigned to monitor residents in the Evacuation Holding Area includes:
 - a) Providing emotional support/reassurance to the individuals
 - b) Preventing individuals/residents from wandering away
 - c) Keeping out all unnecessary personnel/visitors
 - d) Keeping individuals who do not require first aid out of the triage area
 - e) Identifying and logging all individuals
 - f) Directing arriving emergency personnel to the triage area
 - g) Observing and monitoring all residents in the Evacuation Holding area and calling for additional support from registered nursing staff to address emerging medical issues as necessary
 - h) Assisting with transportation of individuals/residents to re-locate to care sites
7. Maintain ongoing communication with Incident Manager to await for further directions

TRIAGE – ASSESSMENT OF RESIDENTS

PROCEDURE:

1. The assessment for triage categorization is to be performed by the person(s) assigned in charge of the triage area (usually RN, RPN). The incumbent will don an orange vest to identify them as the person in charge of the triage area. Orange pylons may be used to identify the triage area.
2. The assessment of each resident/individual should not take more than 30 seconds per person.
3. The assessment includes:
 - a) Asking the individual/resident where it hurts in order to determine level of awareness and main complaint.
 - b) Observing for any obvious signs of bleeding/trauma.
 - c) Assessing the ventilatory and circulatory status of the unconscious residents.
4. The Triage Nurse does not provide treatment except in the following conditions/circumstances:
 - a) Individual/resident is bleeding profusely and will surely die unless immediate treatment is provided.
 - b) The resident's airway is severely compromised.
5. The Triage Nurse assigns the resident to the following international categories based on his/her assessment and will affix a triage tag or triage tape of the appropriate colour to the individual based on the assessment:

First Priority (Red)

- a) Immediate medical attention is required.
- b) The individual is critical, and their condition is probably deteriorating.
- c) Transportation to hospital via ambulance is required.

Second Priority (Yellow)

- a) Prompt medical attention is required.
- b) Individual is in serious but stable condition.
- c) Individual can sustain a wait of approximately 30 minutes to two hours without hospital intervention provided stabilization occurs on-site.

Third Priority (Green)

- a) Individual transportation to hospital can be delayed.
- b) Individual is ambulatory.

Last Priority (Black)

- a) Individual has deceased.

Stable Non-Urgent (White)

- a) Individual does not require medical interventions awaiting transportation to relocation center.
-
6. Time permitting, document assessments on the appropriate face sheets tagged to resident.

DUTIES BY DEPARTMENT**Director of Care(DOC)/designate:**

The DOC/designate has the authority to initiate and manage the evacuation plan.

1. Assess the magnitude and type of threat.
2. Ensure notification of Executive Director/designate and the Regional Director regarding the decision to put the evacuation plan into effect.
3. Assign a non-nursing staff member as the Logistics Lead to initiate the fan out list.
4. Assign a registered nurse to the Triage Area.
5. Assign additional registered nurses/registered practical nurses to assist the triage nurse if required to perform triage.
6. Assign a team member(s) (can be a PSW) to the Evacuation Holding Area to monitor and safeguard uninjured residents.
7. Assign team members to accompany residents to the Evacuation Holding Area.
8. Assign a team member as Runner -to be a communication link for updates and also to obtain necessary supplies for the Evacuation Holding Area.
9. Assign a team member to be Liaison lead -(coordinate activities and communication with external emergency personnel (fire, ambulance, hospital, etc.). (see duties of Liaison lead).
10. Assign a team member in each zone/RHA to account for all residents in their zone/RHA.
11. Assign a team member as Communications lead (normally this would be the Executive Director/designate or the Regional Director).
12. Assign team members to monitor exit doors to prevent unauthorized re-entry of residents or personnel and to ensure the doors do not close and lock authorized personnel out; each floor has an assigned member as instructed by the charge nurse.
13. Assign team members to monitor external traffic flow to ensure unimpeded access for emergency vehicles and access to buildings for emergency personnel (fire, ambulance, etc.)
14. Ensure eMAR computers are removed and transported to the receiving site(s).

UNIT NURSE

1. Upon receiving verification of evacuation, begin to instruct team members in the procedure. Refer to Evacuation Procedures form located in Tab 15. If immediate need is NOT in your home area, assign team members to go to the affected area to provide assistance.
2. Remove residents from immediate danger (room of origin) to a safe zone.
3. Remove all other residents from the affected fire/danger zone to a safe zone beyond the fire door
4. Ensure team members use evacuation tags on doors to indicate the room is vacant and checked.

5. Complete head count of residents to ensure no residents have been missed.
6. If fire or emergency is in your home area, obtain resident emergency face sheets from the Emergency Box and assign a team member to identify and tag each resident.
7. Assist team members in your home area with safe evacuation of residents (transfers).
8. Bring a laptop to access eMARs from your home area to the designated Evacuation Holding Area.
9. If your home area is NOT being evacuated, assign team members to monitor residents, secure your home area, and await additional instructions from the Incident Manager/Director of Care or Emergency Services Personnel.

PSW

1. Upon hearing the Code Green announcement. Clear corridors while reporting to the Unit Nurse.
2. Verify announcement to evacuate.
3. If immediate need is NOT in your home area, secure and monitor residents or go to affected area to assist the evacuation as assigned by your Unit Nurse
4. If evacuation IS in your home area, check and mark evacuated rooms with emergency tags. Ensure ALL rooms (locked and unlocked) are checked and empty. Move residents to a safe zone as directed by the Incident Manager.
5. Complete a head count of residents to ensure no residents have been missed; confirm using current resident list.
6. Report any resistive resident or resident needing assistance to your Unit Nurse
7. Inform a staff member assigned to record resident names as they are evacuated of the name of the resident on hand-over.
8. Once all residents have been moved to a safe area, take direction from the Nurse Manager: may include monitoring residents, assisting to load residents on buses, etc.

MEDICAL DIRECTOR AND ATTENDING PHYSICIANS

1. Attend to any emergencies to provide medical care as required.
2. Arrange for transfer of residents to hospital if necessary

OFFICE MANAGER/RECEPTION TEAM:

1. Communications lead - manage all communications and notifications as directed by the Incident Manager.
2. Confirm that Fire Department received alarm via monitoring company as per fire plan
3. Notify the following external contacts that the Evacuation Plan is in effect:
 - All necessary emergency services (fire, police, ambulance, hospital)
 - Medical Director
 - MLTC/HCCSS/Health Authority (as required)
 - Pharmacy
 - Evacuation sites (if necessary)
 - Residents' families
4. Assign reception team to screen incoming phone calls, and document media requests for information. Inform all media and family members requesting updates on the situation that someone will respond to the request as soon as possible. Provide the information requests to the Executive Director/designate for follow up as appropriate.

5. Refer to policies ADHR-09-01, Media Relations and ADHR-09-03, Press Releases for additional information and directions.

COMMUNICATIONS LEAD:

1. Initiate the fan out/call-in list as directed by the Incident Manager or DOC.
2. As directed by the Incident Manager or Emergency Services, initiate call to transportation service providers for buses, etc.

LOGISTICS LEAD/RUNNER:

1. Obtain necessary supplies for the Evacuation Holding/Triage Areas as necessary.

MAINTENANCE AND SECURITY TEAM

1. Assist the Incident Manager as required.
2. Ensure all entrances are clear of vehicles to allow for emergency services personnel / vehicle to enter the location.
3. Assist the Registered Nurse assigned to the Triage area to set up triage area, set out cones to identify the location of the triage area.
4. Be available to assist fire and all emergency services providers.
5. Ensure information on equipment, systems (HVAC, fire sprinklers, etc.), security doors, access to locked areas, supplies are available.
6. Assist with evacuation of residents and with loading wheelchairs and equipment, etc. into transport vehicles.
7. Communicate all pertinent information to the Incident Manager during the evacuation process.
8. Assist Executive Director/Incident Manager/DOC with final check of the building if applicable: ensure all electrical equipment is turned off and unplugged. Unplug all unnecessary equipment to reduce the load on the emergency generator as applicable.
9. Travel to relocation site(s) and assist as needed
10. Keep a record of equipment, supplies, etc, that were removed from the building.

FOOD SERVICES MANAGER AND DIETARY TEAM:

1. If you are in the servery, ensure all appliances are off and unplugged and secure the area.
2. Upon receiving notification of the emergency and the location, if it is on your home area, report to the Unit Nurse on your home area. Assist as directed by the Unit Nurse.
3. If you are in the kitchen, turn off all equipment and ensure all hallways are clear; secure the area.
4. If the emergency is NOT in your home area or the kitchen report to the command center/front lobby.
5. Implement the Emergency Food and Water policy RFNC-05-03 from the Nutrition Care manual as appropriate.
6. As assigned, by DOC or the Unit Nurse in your home area, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
7. Travel to relocation site(s) and assist as needed.

HOUSEKEEPING/LAUNDRY TEAM

1. Secure your department by shutting down all equipment; close windows and doors.
2. Ensure all rooms are clear and vacant. Ensure that doors are closed and the emergency tag engaged once rooms are searched and cleared of all individuals.
3. If you are in affected area, place red emergency tags on doors to identify that room has been searched, is clear and is not to be re-entered.
4. Report to command centre and await instructions.
5. Travel to relocation site(s) and assist as needed.

PROGRAMS/ACTIVATION/RECREATION TEAM:

1. If you are with a group of residents in the danger zone, begin moving residents to the closest safe zone as directed by the Incident Manager.
2. If you need assistance to move residents, ask the Nurse Manager to assign team members to assist you.
3. If more than one team member is involved in resident activity, one person will remain with residents while other team members report to Unit Nurse.
4. If volunteers are in the building assisting with program activities, they will assist the Recreation team as directed by the Nurse Manager.
5. The Nurse Manager will ensure the Recreation team and volunteers are made aware of the evacuation procedure being followed and assist with moving residents.
6. As assigned, monitor residents, keep them calm or assist with evacuation from the affected area or other duties.
7. If evacuation of the building has been declared and all residents have been evacuated, proceed to the Evacuation Holding Area and assist as necessary.
8. Travel to relocation site(s) and assist as needed,

Ministry of Long Term Care Evacuation Guide (Administrative Process)

The Director of Care/designate will:

1. Start the Home process as per the emergency plan and procedures
2. Use the Ministry of Long-Term Care Emergency Evacuation Guide (Found in Tab 15) to ensure they are following the MLTC process related to emergency evacuations.

The guide will:

1. Identify the process of transmitting information;
2. Provide materials to complete during the evacuation process;
3. Provide information regarding licenses, specifically temporary emergency license; and
4. Outline the terms and conditions under which the ministry will license eligible beds and reimburse LTC Homes for eligible expenses related to the admission and accommodation of residents during emergency evacuations from existing LTC Homes or the community.

In addition, the guide will describe:

- The issuance of Temporary Emergency License(s), with applicable license conditions (more

information under licensing below), which typically includes a condition that the Director may revoke the license effective on the day that the affected resident(s) are all discharged from the Recipient Home(s);

- Information on the provision of applicable funding; and
- The necessary permission under s. 112(3) of the Fixing Long-Term Care Act, 2021 and Ontario Regulation 246/22 (BIA approval) in respect of the temporarily closed beds, and to the associated BIA Agreement to be created, effective until the day when the Source Home/Beds re-opens and the Temporary Emergency License is revoked or surrendered.

NOTE: If at any time during the emergency you determine resident/staff safety is at risk you initiate code green.

ADDITIONAL RESOURCES:

1. Ministry of Long Term Care – Instructions, Information and Materials – The Guide on the Policy, Process, and Procedures during Emergency Evacuations – Instructions, Information and Materials (English)

[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20\(EN\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20(EN).pdf)

2. Ministry of Long Term Care – Instructions, Information and Materials – The Guide on the Policy, Process, and Procedures during Emergency Evacuations –

Instructions, Information and Materials (French) [https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20\(FR\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Evacuation%20Policy%20(FR).pdf)

3. Evacuation Placement Process (English):

[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20\(EN\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20(EN).pdf)

4. Evacuation Placement Process (French):

[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20\(FR\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Evacuation%20Placement%20Process%20(FR).pdf)

5. Evacuation Placement Form (English):

[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20\(Appendix%20B\).docx](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20(Appendix%20B).docx)

6. Evacuation Placement Form (French):

[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20\(FR\).docx](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Emergency%20Placement%20Form%20(FR).docx)

7. Overview of Temporary Emergency (TE) Licence and Beds In Abeyance (BIAs) (English):

[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20\(TE\)%20Licence%20and%20Beds%20in%20Abeyance](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20(TE)%20Licence%20and%20Beds%20in%20Abeyance)

[ance%20\(BIAs\)%20\(EN\).pdf](#)

8. Overview of Temporary Emergency (TE) Licence and Beds In Abeyance (BIAs) (French):
[https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20\(TE\)%20Licence%20and%20Beds%20in%20Abeyance%20\(BIAs\)%20\(FR\).pdf](https://www.ltchomes.net/LTCHPORTAL/Content/Snippets/Overview%20of%20Temporary%20Emergency%20(TE)%20Licence%20and%20Beds%20in%20Abeyance%20(BIAs)%20(FR).pdf)
9. Fixing Long Term Care Act, 2021 and Ontario Regulation 246/22, s. 112 – Licensees who report investigation under s. 27 (2) of Act

FAN-OUT PROCEDURE:

When a situation arises which requires additional staff, the Incident Manager/designate will direct the Office Manager/Communications Lead/designate to initiate the FAN OUT PROCEDURE.

Situations that require the initiation of this procedure are, but not limited to the following;

- an evacuation of the facility
- receipt of additional residents from another facility
- a loss of power, water, gas or inclement weather
- any situation which potentially requires increased staff in a very short time frame

The Incident Manager will direct the Office Manager/Communications Lead/designate to begin the staff call-in/fan-out process. The senior management team will then call their managers/supervisors and they in turn call their staff until all have been contacted.

Insert the fan-out documents for your home here.

- If the procedure is initiated outside of business hours, each Manager/Supervisor will maintain the most recent call-in sheet close to his/her telephone at home. It is the responsibility of the Managers/Supervisor to maintain the most current list of their department's staff contact information.
- The callers will initiate the staff calls, advising each staff member to report to the on-site command centre.
- Each caller should obtain an estimated time of arrival from each staff member who will be assisting with the procedure.



RELOCATION PLAN – EXTERNAL

For relocation of residents to an Evacuation Holding Area please see Code Green – Evacuation.

CIRCUMSTANCES NECESSITATING EXTERNAL RELOCATION

The circumstances under which relocation may be required are:

- Fire
- Bomb threat /explosion
- Natural Emergencies such as flood, hurricane, etc.
- Loss of heat, water or power for an extended period of time
- Community emergencies such as toxic spill, train derailment, etc.
- And for any other reason, as directed by the Vice President, Operational Excellence or the Vice President, LTC and Retirement Homes.

PROCEDURE:

1. The Executive Director, in consultation with the Regional Director and Emergency Services Officials, makes the decision to relocate residents.
2. The Director of Care/designate contacts delegated relocation site(s).
3. The Director of Care/designate assigns a Registered nurse or Registered practical nurse to lead triage procedures.
4. The Director of Care/designate together with the Executive Director/designate determines and arranges an appropriate mode of transport to delegated relocation site based on individual needs of residents.
 - Wheel trans
 - Ambulance service
 - Private bus/transport service
5. The Food Service Manager/delegate will contact the Food Service Manager of the home receiving evacuated resident's to determine if the receiving facility requires assistance at the relocation site.
6. The Director of Care/delegate to coordinate appropriate staffing to ensure continuity of care services at the delegated relocation site.
7. The Director of Care/delegate assigns individual(s) to accompany, receive and supervise evacuees at the delegated reception site.
8. The Director of Care/delegate coordinates the transfer of critical supplies (including the notification to Pharmacy) and



health records to the delegated reception site.

9. The Director of Care/delegate to advise personal physicians, specialists and next of kin of resident relocation to delegate site
10. Residents can be temporarily discharged to the care of relatives and friends. However, approval by the Medical Director or Nurse Practitioner is required. The Director of Care will ensure that the relatives or friends receive the necessary medications and instructions and leave a forwarding address.
11. The Nursing Leadership team will regularly visit relocation sites.
12. If safe to do so, the Environmental Services Manager/designate will complete an initial check of the building and regularly thereafter for the duration of the situation:
 - appropriate electrical equipment is turned off
 - heat is lowered or shut off as appropriate.
 - all evacuated areas are sealed off, secured and barricaded as necessary.
 - all windows are closed, and doors locked.
13. The home will post a sign at the main entrance indicating the names of the receiving facilities and their telephone numbers.
14. During an emergency, all regular work schedules are suspended indefinitely. The department supervisors will call in staff as required.

CODE RED

Fire



What Does It Mean?

Code Red is the designated phrase used to alert staff to smoke and/or fire and to initiative an appropriate response in the case of a fire, fire alarm or smell of smoke.

What Do I Do?

Initiate the R.E.A.C.T sequence:

R *emove persons from immediate danger if possible (evacuate)*

E *nsure doors and windows are closed to confine fire & smoke*

A *ctivate the fire alarm system / use the nearest pull station*

C *all the fire department - Dial 9-1-1*

T *ry to contain or extinguish fire or concentrate on evacuation*



Review It Before You Need It:

- *Refer to your Home's Emergency Preparedness & Response Manual Code Red, and Fire Safety Plan*
- *Review the Code Red policy and Fire Safety Plan for procedures that describe your role if a fire occurs*

CODE RED – FIRE:

A fire emergency code indicating the presence or suspicion of a fire.

NOTE:

Each home must develop a Fire Safety Plan for the building and have it approved by the local Fire Department.

INSERT A COPY OF THE APPROVED SAFETY PLAN HERE.

A Fire Safety Plan template is available in Tab 6 of this manual and can be used to create a new Safety Plan for your home, if needed. This plan must be reviewed and approved by the Fire Department before it is implemented.

RESPONSIBILITIES:**Executive Director (ED):****1. Policy Oversight:**

Ensures the Code Red policy and procedures are regularly reviewed with staff and that fire drills are conducted on all shifts once per month.

2. Incident Oversight:

Assumes command of the situation or delegates the responsibility to the Director of Care (DOC) or Incident Manager if unavailable.

3. Liaison with External Agencies:

Acts as the primary contact with external agencies, including fire services and regulatory bodies.

4. Communication:

Provides regular updates to the Incident Manager, staff, and residents about ongoing response efforts, ensuring information is timely, accurate, and compliant with privacy standards. Handle all external communications with regulatory bodies and the media. Refer to policy ADHR-09-03 – Press Releases for additional information.

5. Post-Incident Review:

Leads a post-incident review, in collaboration with the Incident Manager and other participants in the incident, to assess response effectiveness and implement improvements as necessary. Complete a Emergency Response Evaluation Form (Found in Tab 6).

Director of Care/designate:**1. Resident Evacuation and Care:**

Directs and coordinates resident evacuation as required. Ensures that

residents requiring special assistance are prioritized.

2. **Staff Coordination:**

Assigns staff to assist with evacuation and provide support in containment or suppression measures.

3. **Medical Supplies:**

Ensures medical supplies and resident medications are readily accessible during a Code Red incident.

4. **Documentation:**

Maintains records of resident transfers, medical incidents, or injuries that occur during evacuation. Assists with the completion of the Emergency Response Evaluation Form. Submit a Critical Incident report to the Ministry, Long Term Care (for all LTC Homes) or an Incident Report to the Retirement Homes Regulatory Authority (for all Retirement Homes).

- **Ministry of Long-Term Care** - Report the critical incident using the Critical Incident System available on Itchomes.net. Refer to policy RFC-04-01.
- **Retirement Homes Regulatory Authority** – Submit an incident report form by fax to 1-855-631-0170 or by email to info@rhra.ca. Reports may also be made by contacting the RHRA at 1-855-ASK-RHRA (1-855-275-7472) and speaking with an Intake Representative. Refer to policy RC 6.6.1.