

	Emergency Preparedness and Response Plan	Policy Stat ID: 17652198 Procedure	Number:	Page 1
Subject: Emergency Preparedness and Response Plan		Date Issued: March, 2025 Date Reviewed: Date Revised:		

NHNH Emergency Preparedness and Response Plan

Purpose

The Emergency Preparedness and Response Plan (EPRP) provides a comprehensive framework to guide Norfolk Hospital Nursing Home (NHNH) in preparing for, responding to, and recovering from emergency situations. It establishes key principles, standards, and procedures to enhance hospital readiness and resilience, including:

- Risk Identification and Assessment
- Embedding prevention and mitigation strategies into daily operations to reduce vulnerabilities and enhance preparedness
- Coordinated Corporate Response Corporate responses to emergency situations (local, internal or external)
- Incident Management System (IMS) Application
- Business Continuity Planning (BCP)

Scope:

The scope of this document is to outline the Emergency Management structure as a process of risk identification, mitigation, preparedness, response and recovery. The goal is to navigate the situations that pose threats to our community using our resources.

These response plans incorporate, but are not limited to:

- Fires
- Natural Disasters Biochemical incidents and Chemical Spills
- Nuclear or Radiological incidents (OPG Pickering)
- Bomb Threats (internal and external)
- Threats of violence personal safety
- Loss of Essential Services (power, utilities, network, etc.)

- Outbreaks of illness
- Fires
- Floods
- Boil water advisories
- Other disasters and evacuation scenarios

The focus remains on the overall health and safety of staff, credentialed staff, volunteers, students, visitors, and residents alike before, during and after an unplanned event.

Some protocols are in place to provide a clear overview of the processes to effectively respond and manage an emergent situation. This incorporated continuity of operation plans within the organization.

Definitions

Code: a term used to identify an emergency or disaster situation that instigates an immediate response to mitigate potential losses including life or harm to individual(s), property, facility or environment.

Disaster - an emergency situation where the needs of the community or hospital exceed available resources

Emergency - an unplanned event caused by nature or man which constitutes a danger of major proportions to life (death or significant injury) or property, or which can shut down operations, or cause physical or environmental damage

Emergency Operations Centre (EOC) - Established by the Incident Commander (IC) the EOC consists of senior leaders and other staff as required. The EOC directs the hospital's operations during an emergency.

Emergency Muster Point - Formally identified and signed evacuation area.

Essential Services – Infrastructure required to continue business operations. These may include, but are not limited to, electricity, water, heating, cooling, ventilation, medical gas supply (oxygen, medical vacuum, medical air, nitrous oxide, nitrogen), telephone or computer network infrastructure (i.e. access to computer applications), hardware and/or software.

Family Information and Support Centre (FISC) – A location (may be virtual) where friends and family of potentially impacted persons can share/receive information and obtain support

Hazards - sources of potential harm or loss, and when there is interaction with a vulnerability can led to serious consequences.

Incident Management System (IMS) - A standardized approach to managing an emergency at an organizational-level. It allows leadership transition from existing roles in the organization to key roles required to manage an emergency situation, by delegating predefined areas of responsibility and establishing a clear chain of command

Policy Statements:

The goal is to remain resilient and provide effective responses to incidents as they occur within our facility or adjacent. We are cognizant that there are constant changes to response models in efforts to adapt to the ever-changing needs of the community.

We recognize the need of risk assessments for anticipated, or increased frequency of, emergencies small and large scale.

Our goal is to increase awareness and preparedness to create a safer environment for all those who access our resources. These efforts are supported by:

- Maintaining Colour Code Policies and Procedures
- Providing training to staff and ongoing learning to foster overall readiness
- Identifying gaps and building plans to help correct issues

Key Components:

- **Prevention & Mitigation** – The actions taken prior to an event to help prevent and mitigate the emergency to reduce the impact on the organization.
- **Preparedness** - Procedures that are taken prior to an emergency event to ensure that there is an effective response. This includes plans, policy developments, training, education and familiarity with Emergency Management, drills, planned exercises, communication practices etc.
- **Response** – Steps taken to ensure that there is a coordinated response that is both quick and effective for the onset of an emergency. Includes coordination of internal response and external resource response.
- **Recovery** - Actions taken to support the return continuity of operations to normal function. This phase includes: debriefing, documentation of events using After Action Report (AAR), lessons learned, recommendations for change and the implementation of gaps found in the next planning cycle.



OHA Emergency Management Toolkit: Developing a Sustainable Emergency Management Program for Hospitals (LH/LG Colour Codes.

- **Emergency Management:** “Comprehensive programs and activities taken to identify hazards and manage risks, and deal with actual or potential emergencies or disasters”
- Emergency Management incorporates four phases (outlined above) this scope is larger than preliminary response plans and incorporates risk matrixes and safety precautions to encourage harm reduction
- The six elements of an Emergency Management Program:
 1. Confirmation of accountability & its subsequent ownership of Emergency Preparedness
 2. Completion of Hazard Identification and Risk Assessment (HIRA)
 3. Adaptation of Incident Management System (IMS) Framework

4. Adaptation of OHA Standardized Emergency Codes
5. Planned development and implementation of plans, delivery of education and training
6. Exercises, Evaluations and Program Updates

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IMS – Incident Management Systems

Norfolk Hospital Nursing Home (NHNH) adheres to the set structures and guidelines, enhanced by NGH/NHNH Emergency Management Plan and Policies as it pertains to Incident Management Structure (IMS). *(Please refer to NHNH Emergency Procedures- Incident Management Structure (IMS)).*

Emergency Codes and Preparedness

NHNH is required to respond to cases of emergencies, whether natural or deliberate in nature. Emergency preparedness occurs at multiple levels – from the town, region, province, and corporate levels to planning across the organization. This includes participating in municipal, regional, provincial and corporate committees and utilizing information, tools, and other resources to promote effective strategies that enhance emergency planning and management activities.

Communication and Fan Out Systems

- In the event of an incident or emergency, NHNH will implement communications that address both internal (e.g. staff, credentialed staff, students, patients and visitors) and external (e.g. Ministry of Long-Term Care) stakeholders.
- The Fan Out Notification System is initiated as a means to communicate with, as well as request staff to come to the hospital in the event of an incident or emergency *(Please refer to the NHNH Fan- Out Policy).*
- An up-to-date Fan Out list is always available to management and is reviewed annually to ensure its accuracy

Emergency Management Plan-Roles and Responsibilities

Emergency Management Committee:

- To review the Emergency Plan annually and to revise as necessary with the approval of the administrator
- To ensure fire drills are held on each shift each month.
- To ensure emergency plans are tested according to the time lines set out in the MOHLTCH Act and Regulations.
- To ensure all staff are aware of procedures to be followed in an emergency.
- To ensure letters of agreement with all external agencies are updated at least once every three years.
- To monitor staff attendance at fire drills and emergency exercises.
- To schedule an annual Fire Department Tour of the home.
- To ensure emergency procedures and required inspections/tests are in place for Norfolk General Hospital, Norfolk Hospital Nursing Home and West Haldimand General Hospital.

COMMITTEE MEMBERS: The Emergency Management Response Committee made up of a diverse group of staff from NGH, NHHH, WHGH, Holmes House will assume emergency planning responsibilities. Other staff and representatives from external agencies may participate on an as needed basis.

COMMITTEE ACTIVITY: Emergency Management Committee meetings will be held as needed to fulfill responsibilities

Implementation of Plan:

The authority to implement this emergency response plan in whole or in part is vested in:

- The CEO or designate
- The Director of Care/ Assistance Director of Care in the guidance of the IMS Leadership Team
- The Charge RN in the absence of the CEO, Director of Care and the Assistant Director of Care or designates

NHHH utilizes the Incident Management Structure (IMS) to specify roles and responsibilities in the event of an emergency or incident.

NOTE: To ensure consistency, the Charge RN will initiate action until relieved by the CEO, Director of Care or the Assistant Director of Care

Outside Agencies:

Outside agencies will assume authority as follows:

- Fire Chief: in complete charge in the event of a fire or chemical spill
- Police: in charge of coordinating activities-crowd, control, human safety and will recommend a course of action to the Administrator.
- Paramedics: in charge of medical aide to injured parties

Emergency Management and Contingency Plans- Facility Response Plan

- For all emergencies, system failures, or facility related concerns, the hospitals Maintenance and Facilities team have twenty-four hour a day, on call maintenance who will respond and address issues at NHHH as required. They are reached by contacting switchboard at NGH who will call the on-call maintenance person who will respond on site.
- The on-call maintenance staff will assess the situation, make the necessary repairs and/or call for additional assistance from other maintenance staff or a third-party vendor.
- In the event of a full catastrophic system failure, (i.e., domestic water, heating, cooling, electricity, etc.), that for some reason cannot be restored the emergency call would go out to Director, Facilities and Capital Projects and the balance of the facility team to assist. The entire team will come to site, assess the situation, technicians will attempt to restore the system, the Director (or team Lead), will work to secure materials and equipment and communicate with Leadership for decision making.

- Leadership would activate the [IMS, \(Incident Management System\)](#), Viewing Emergency Procedures - Incident Management Structure (IMS) on site and ensuring the team are addressing/ dealing with situations that presented in a real time perspective. This action will ensure the barriers are removed and the patients' safety, comfort and wellbeing are being addressed beyond the repairs for the infrastructure.
- The Facility team will purchase/deploy emergency equipment, (i.e., space heaters), to help if appropriate, expected duration of the system being down and/or contact our emergency equipment company:
- [Sunbelt Rentals of Canada Inc. Power & HVAC Equipment Rentals | Mississauga, ON | Sunbelt Rentals:](#)
 - This company has twenty-four hour a day, seven days a week emergency service and in the event of a catastrophic failure that cannot be restored we would engage this company to come to site with a temporary system to tie in and provide heating, cooling, power for the hospital.
 - Once the immediate emergency is dealt with and the patients have reliable facility systems to ensure their safety, comfort, and wellbeing the planning will begin for a permanent solution.

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Situational Awareness Levels of Risk

- NHHH has a risk management plan utilizing an established risk assessment model with both impact and likelihood criteria.
- The Business Office/Finance supports the organization and work with external parties such as the hospital insurance provider (HIROC) and the Office of the Chief Coroner, to identify, reduce and prevent risks.
- Incident Reports (Incident Tracker) - NHHH uses Incident Tracker for incident reporting
- Claims Management - The Business Office/Finance coordinates and facilitates minimize losses associated with identifiable risks and to minimize and prevent claims against the hospital.
- Insurance Services – The Business Office/Finance is the primary point of contact. This includes coordinating follow-up on liability and property claims, seeking risk management advice, facilitating contract reviews and fulfilling certificate of insurance requests. Information with regards to professional liability coverage available to staff is available.
- Critical Infrastructure failures such as power, gas, and telecommunications have been assessed for impact and its overall likelihood of occurrence for mitigation plans. Risk assessments for these types of incidents are continuously monitored to keep with current best practices.

Business Continuity Plans:

- NHHH adheres to the set structure and guidelines provided by NHHH Emergency Management Plan and Policies as it pertains to Incident Management.

Floor and Site Plans

- Maintenance and Facilities department has access to all floor plans and access to the full facility if required.

Education, Training and Exercises

- Testing the Level of Emergency Preparedness throughout the year is completed by drills, exercises, tabletop review and actual occurrences that are categorized in the emergency plan. The occurrences are documented and opportunities for improvements and lessons learned are shared.
- To provide the most accurate information on emergency preparedness, the hospital is continuously reviewing and revising the emergency policies based on actual occurrences and exercises completed throughout the year as well as to align with the emergency policies within the Organization.

Fire Safety

- Fire safety is the set of practices intended to reduce destruction caused by fire.

- The common principles of fire safety are:
 - Training,
 - Education,
 - Prevention,
 - Detection,
 - Communication,
 - Occupant Protection
- Containment and Relinquishment. Fire safety measures include those that are intended to prevent the ignition of an uncontrolled fire and those that are used to limit the development and effects of a fire after it starts.
- NHHH has an approved fire plan, by the Norfolk County, incorporating all processes and is reviewed annually.
- NHHH conduct annual review fire drills and encompasses a full inspection and review of the required fire-related documentation such as fire systems, and monthly fire extinguisher inspections.

NHHH Flood Management Process

1. Initial Flood Detection

- **Step 1: Assess the Situation**
 - Immediately identify the area where flooding is occurring. Check if it is isolated or spreading.
 - Ensure all staff are aware of the situation and are ready to take action.
 - Contact the on-call maintenance team at Norfolk General Hospital (NGH) for immediate assistance, providing details about the affected area and the severity of the flood.

2. Contain the Water

- **Step 2: Isolate Water Supply**
 - Locate and turn off the main water supply valves to stop the flooding at its source.
 - If the flood is from an internal plumbing issue (e.g., burst pipes), ensure that the valve(s) controlling the affected area are closed.
- **Step 3: Deploy Absorbent Materials**
 - Retrieve the spill kit from NGH.
 - Use absorbent socks, buckets, to contain and direct water to designated drainage or away from vulnerable areas.
 - Lay down absorbent pads in high-risk locations like corridors, dining areas, and patient rooms to minimize spread.

3. Relocate Residents to Safety

- **Step 5: Relocate Residents**

- Clinical staff should quickly assess whether residents need to be moved.
- Relocate residents to unaffected areas, ideally to the two upper floors if the flooding is on the ground floor or to another dry area on the same floor.
- Ensure that any residents with mobility issues receive prompt assistance and appropriate equipment (e.g., wheelchairs, stretchers).

- **Step 6: Inform All Relevant Staff**

- Notify the entire care team and ensure communication continues to confirm resident safety.
- Inform all departments that could be impacted by the flood (e.g., housekeeping, kitchen, laundry).

4. Water Clean-Up and Damage Assessment

- **Step 7: Clean Up the Water**

- Begin using wet vacuums and mops to remove the water as much as possible from all affected areas.
- For larger floods, consider engaging outside contractors with water extraction equipment if the situation is severe.

- **Step 8: Assess Damage**

- Once the water is contained and the flooding has ceased, assess the extent of the damage.
- Inspect all affected areas, including resident rooms, dining areas, corridors, and administrative spaces.
- Check for structural damage (e.g., walls, floors) or damage to equipment (e.g., electrical appliances, medical devices).

5. Infection Prevention and Control (IPAC)

- **Step 9: Notify IPAC**

- Immediately notify Infection Prevention and Control (IPAC) about the flood and any potential concerns related to sanitation and contamination.
- Follow IPAC's instructions for cleaning and disinfection, particularly in high-risk areas like patient rooms, nurses' stations, and medication rooms.

- **Step 10: Clean and Disinfect**

- After water removal, clean all affected surfaces with appropriate disinfectants, particularly in areas that may have come into contact with contaminated water.
- Pay special attention to areas where residents eat, sleep, and receive medical care.

6. Remediation and Restoration

- **Step 11: Dry the Area**
 - Use fans, dehumidifiers, or heaters (if safe) to dry out the affected areas.
 - Monitor humidity levels to prevent mold growth, especially in carpeted areas, behind furniture, and inside walls.
- **Step 12: Repair Damaged Areas**
 - Begin the repair process once water has been removed and areas have dried sufficiently.
 - Replace any damaged flooring, furniture, or equipment as necessary. Work with maintenance and contractors as needed.
- **Step 13: Document and Report**
 - Document the entire incident, including the initial flood cause, the steps taken to resolve the issue, any damages incurred, and the repair actions completed.
 - Report the situation to the relevant leaders at NHHH and Norfolk General Hospital (NGH).

7. Preventative Measures (Post-Incident)

- **Step 14: Review and Improve**
 - Conduct a debriefing with staff to discuss what worked well and what could be improved in future flood response scenarios.
 - Review flood risk management and make adjustments where necessary to prevent future flooding (e.g., improving drainage, ensuring better access to shut-off valves, training for staff).
- **Step 15: Flood Safety Training**
 - Ensure all staff are trained on how to respond to flooding, including how to use the spill kits and the importance of containing water quickly.

Boil Water Advisory Process

<https://ngh.policystat.com/policy/17695227/latest/?showchanges=true>

Procedure:

Communication of Advisory

- **Maintenance Department:**

Post clear and visible signs on each floor/unit, indicating that the facility is under a **Boil Water Advisory**. These signs must state that water from taps is **NOT to be consumed**. Signs should be posted at key locations like hallways, kitchen, and elevator corridors.
- **Staff Notifications:**

Ensure all staff are notified immediately of the advisory, including those in nursing, kitchen, and maintenance. Communication will be delivered via internal memos, email and verbal instructions during shift changes.

- **Resident and Patient Notifications:**

The nursing home and hospital will notify all residents and patients about the boil water advisory. This can be done through in-person communication, handouts, and signs in common areas.

Water Usage Guidelines

- **Bottled Water:**

For **drinking water**, all residents and patients will be provided with bottled water.

Nursing Home: Residents will have access to bottled water in their rooms, and additional bottled water will be available upon request.

Hospital: Patients will receive bottled water in their rooms, and extra bottled water will be provided upon request.

- **Water for Food and Drink Preparation:**

If the tap water is deemed unsafe for food or drink preparation, the kitchen staff will take the following actions:

- Use bottled water or other safe sources of water for food and beverage preparation.
- All beverages, including coffee, tea, and other drinks, will be made with bottled water.
- Food that requires washing (e.g., fruits, vegetables) will be washed using bottled water.
- Ensure that all kitchen staff are trained on these precautions and are aware of the current advisory.

Wastewater and Cleaning Protocols

- **Cleaning and Sanitizing:**

An alternate source of either boiled water or purchased water for cleaning (such as mop buckets, laundry, etc.) should use alternative safe water sources or disinfecting solutions as needed.

- **Handwashing Protocol:**

Ensure that all staff have access to bottled water for handwashing or provide hand sanitizers where possible to minimize the need for tap water.

Coordination and Monitoring

- **Food and Beverage Supervisor** (or designated staff member):

- The Food and Beverage Supervisor will be the point of contact for residents in the nursing home to order bottled water. They will track requests and ensure that all residents have adequate water available at all times.

For the hospital, a designated staff member will fulfill requests as necessary.

- **Ongoing Monitoring:** The Advisory will remain in effect until the water supply is declared safe by local health authorities. Maintenance will keep a close eye on any updates from the water department or local authorities and will inform staff immediately once the advisory has been lifted

Emergency Contacts

- **Local Water Authority/Health Department:**

Contact information for the local water department, (Norfolk County) or health authority should be kept on hand for inquiries regarding the status of the advisory and to monitor progress on the resolution.

Lifting of the Advisory

- **Notification of Lifting:**

Once the advisory is lifted, maintenance will update all signage, and a new communication will be sent to staff, residents, and patients to inform them that it is safe to use tap water again. Bottled water will no longer be required for consumption unless otherwise specified.

CODE GREEN:

CODE GREEN	Evacuation – precautionary
CODE GREEN	Evacuation – crisis

Policy:

The Director of Care and Administrator, Charge RN, or in cases where they are unavailable, their appointed alternate may activate this procedure to protect life. When an emergency situation requires the partial or full evacuation of the facility and fire is not the reason the following will occur:

- An announcement, specifying the area to be evacuated, will be made using the intercom system or, alternatively, the annunciator panel's paging system.
- Upon hearing the announcement all staff will prepare to relocate or evacuate the residents as instructed to a safe area beyond fire doors, outside of building, in the following order:
 - Residents in immediate danger
 - Ambulatory residents
 - Non-ambulatory residents
- Each department will take the equipment and supplies required to meet the needs of residents including:
 - Resident census
 - Medical records
 - Emergency kit
- The Charge RN is responsible for taking the Resident List and Emergency Binder
- The first staff member to escort residents out of the unit will remain at the muster point to account for all subsequent residents and staff arriving at the muster point. (**LOCATED IN THE ROBINSON STREET PARKING LOT**)
- Once residents and staff are evacuated out of the building, they will muster at the base of the tower

from which they were evacuated, unless it is not safe to do so.

- Staff is to remain with residents and await further instructions.
- The Muster area will keep a complete list of residents, staff and visitors under their care (paper supplies in Emergency Kit).
- The “Command Center” will be established as close to the front parking lot as possible. A representative of each Emergency Service and the Charge RN will position themselves in this area. Accounting for all residents and staff will be coordinated in this area.
- Staff will advise the Command Centre of the following:
 - Residents accounted for
 - Visitors accounted for
 - Staff accounted for
 - Immediate needs for clothing, shelter, equipment, etc.
- Those staff assigned to the Command Centre will:
 - Ensure all residents, staff and visitors are accounted for using resident lists, visitor and staff sign-in books.
 - Compile a list of residents/staff/visitors, unaccounted for.
 - Circulate the list of those unaccounted for to all muster areas before commencing search procedure.

CODE

CODE YELLOW

SUBJECT:	Missing Resident	Department:
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Policy

NHNNH will implement a systematic effort to locate missing residents and prevent or minimize harm to themselves and others.

It is assumed that, prior to initiating a “CODE YELLOW” procedure, reasonable efforts will have been made to ensure that the resident is actually “missing”:

- Check white board for appointments
- visiting with family (resident sign in/out binder)

Once it is determined that the resident is MISSING, staff will respond as follows.

- The missing resident is reported to the Charge RN.
- The Charge RN will page “**CODE YELLOW, RESIDENT NAME, HOME AREA**”.
- Upon hearing the page staff will obtain the search area sheet(s) from the Emergency Binder and conduct a search of their assigned area, documenting the search.
- The Charge RN will go to the unit of the missing resident and coordinate search efforts.
- The registered staff on the unit will print the resident’s photo and provide it to each search team

member.

- When your assigned search is completed, notify the Charge RN and deliver the completed search sheet to the unit that is missing the resident.
- Charge RN will record the names of staff and the areas they are searching, on the "Search Summary Sheet".
- Staff performing the exterior search, should carry a cell phone, and confirm the phone # with the Charge RN, so they can be reached if needed.
- When staffing levels permit, interior and exterior searches will be conducted simultaneously.
- During periods of reduced staffing, the Charge RN will assign additional search areas to the available staff until all designated areas have been searched.
- The Charge RN is authorized to call in additional staff to assist in the search when staffing levels are lower. Additionally, the Charge RN can call upon the following for assistance;
 - Maintenance & Facilities
 - Support Services

The photo of the missing resident(s) will be distributed

- When the resident is located the staff member will assess their wellbeing and notify the Charge RN.
- When the Charge RN verifies that the resident has been located, they will page "**CODE YELLOW, all clear, CODE YELLOW, all clear**".
- If missing resident is located within 10 minutes, complete incident report and document in resident progress notes the sequence of events, with careful notation as to time and resident's condition.
- If the resident is not located during the first search:
 - Charge RN will call 911 for police assistance.
 - The unit missing the resident will begin a second, documented search.
 - The unit RPN will print the Resident Admission Profile and begin documentation of the Missing Resident Information.
 - The Charge RN will page "Code Yellow, resident name, home area, all available staff report to the recreation room".
 - The Charge RN will take all documentation to the Front lounge to meet police.
 - Available staff will take direction from Charge RN and Police to continue the search.
 - The Charge RN will notify the Director of Care or Assistance Director of Care.
 - The Charge RN will notify the family. Document time of all phone calls and any other pertinent information on the Missing Resident Timeline.

If the search is unsuccessful after 60 minutes,

- the Director of Care or designate will notify the Ministry of Long-Term Care.
- The Ministry of Long-Term Care must be notified in the following circumstances:
 - Immediately - Resident missing for greater than 3 hours, OR a missing resident who sustains an injury.
 - Within one (1) business day - Resident missing for less than 3 hours and returns with no injury or adverse change in condition

Notify the searching personnel, family, management and the Ministry that the resident has been located.

CODE ORANGE-EXTERNAL EMERGENCY

CODE ORANGE	Disaster
CODE ORANGE	CBRN (Chemical, Biological, Radioactive, Nuclear)

Policy:

External hazards may include, but are not limited to, the following:

- Tornado
- Hazardous Materials
- Wildfire
- Structure Fire
- Flooding
- Power Outage
- Gas leak
- Severe Weather
- Police Activity

When notified that an external hazard, with the potential to have an impact on Dufferin Oaks, is imminent or occurring the following steps will be taken:

- The Charge RN will page, “**CODE ORANGE – insert type of hazard, CODE ORANGE – insert type of hazard**”

Upon hearing the page staff will take immediate action to protect residents and visitors by:

- Moving them away from exterior windows and doors
- Closing doors to all rooms and corridors
- Not allowing elevators to be used
- Preparing for possible evacuation or shelter-in-place
- All management team members will report to administration
- Management team will coordinate efforts to protect lives, property and the environment.
- NHHH Director of Care/designate, will contact the NGH IMS Team and the Norfolk County Emergency Coordinator/designate.
- Norfolk County Emergency Coordinator/designate will notify the County’s Emergency Control Group and, if necessary, activate the County’s Emergency Operations Centre in support of efforts by Norfolk Hospital Nursing Home.

- Maintenance and Facilities staff, will initiate the “Code Grey – Button Down” procedure if external air exclusion is required.

For incidents occurring after regular business hours,

- The Charge RN is to initiate the management notification system.
- NHNH Director of Care/designate, will contact the NGH Admin- On- Call and the Norfolk County Emergency Coordinator/designate.
- Norfolk Emergency Coordinator/designate will notify the Norfolk’s County’s Emergency Control Group and, if necessary, activate the Norfolk County’s Emergency Operations Centre in support of efforts by Norfolk Hospital Nursing Home.

CODE RED

CODE RED	Fire
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Policy:

NHNNH will meet or exceed the requirements established under law to ensure the safety of all residents, visitors and staff in regard to incidents involving smoke, fire and/or explosion.

In the event one of these incidents occur the Charge RN is the designated fire coordinator with all necessary authority to fulfill the responsibilities of the position. The Director of Care or their designated alternate may relieve the Charge RN and assume responsibility for coordinating any response. For events that exceed the scheduled shift of the Charge RN the outgoing Charge RN will thoroughly brief the incoming Charge RN who will assume the responsibilities of Fire Coordinator. The fire service’s Incident Commander will be advised when responsibilities of any key personnel are transferred to another staff member.

All new staff will receive a copy of the Fire Safety Plan and trained on their roles and responsibilities during a fire emergency prior to commencing their first scheduled shift.

Upon arrival the Fire Service will designate one of their personnel to be the Incident Commander. This person is responsible for all activity in and around the scene and will liaise with the Charge RN and/or Administrator to ensure the safety of the people, property and the environment.

The responding fire service may not have the necessary personnel to conduct an evacuation of the facility. NHNNH staff will ensure the safe and effective evacuation of residents, visitors, volunteers and others in accordance with the Fire Emergency Plan.

Upon the discovery of a fire staff members will R.A.C.E.:

- Remove - Have all people exit the area
- Alarm – Activate the nearest fire alarm pull station
- Contain – Close doors/windows to slow the spread
- Extinguish – If safe to do so, attempt to put out the fire with an extinguisher

When activated the fire alarm system will sound a slow tone indicating that there may be a fire emergency. An automated alarm will announce the location of concern. When a fire is confirmed to be present the alarm will go to the second stage and sound a faster tone indicating that an evacuation of the affected area is to be conducted (see Code Green) laterally beyond two (2) sets of fire doors. If a lateral evacuation is not possible a vertical evacuation will be required.

When a room (including the washroom) has been thoroughly searched and residents have been removed the staff member will move the evacuation door marker to display the word VACANT as shown in the image below.

In very rare circumstances the Incident Commander may order a total facility evacuation, in this case the alarm system will broadcast a verbal message directing a total evacuation.

NHNNH is equipped with heat and smoke detectors as well as an automatic sprinkler system. When any of these devices are triggered the fire alarm system will sound.

Fire doors are used to separate the different fire zones within the facility. Some of these doors are held by a magnetic catch mechanism which will automatically release when the alarm system sounds.

Controlled access doors (with keypads) automatically unlock when the fire alarm pull station nearest the door is pulled. When the alarm is upgraded to the second stage all controlled access doors will unlock.

Fire extinguishers are located throughout the facility. These extinguishers are dry chemical (ABC) for use on all types of fires. A type "K" extinguisher is located in the kitchen for use on grease fires.

All staff will be trained on the proper use of the 'ABC' type extinguishers and Dietary staff will also be trained on the use of the type 'K' extinguishers.

HOW TO USE A FIRE EXTINGUISHER



A fire suppression system is incorporated into the exhaust hood in the kitchen and will release a wet chemical extinguishing agent should fire erupt in/on cooking appliances.

Fire blankets are located in many areas of the facility and can be used to smother a small fire or to wrap and roll a person whose clothing has caught fire.

All staff are to be familiar with the operation of fire extinguishers. On-duty maintenance staff are responsible for responding to the fire area and, if safe to do so, attempting to extinguish the fire.

Full details of the facility's fire prevention, response and recovery planning is contained in the Fire Emergency Plan which has been filed with and approved by the Fire Chief.

CODE WHITE

Policy:

NHNNH is committed to a safe workplace for staff. A Code White may be a necessary response to a situation in which any individual within NHNNH boundaries is behaving in a potentially dangerous manner towards themselves or others, and indicates a potential for escalating, or is escalating, beyond the abilities of the present staff to manage the situation.

When to Call a Code White:

- The person is verbally and/or physically threatening towards themselves, staff, patients/clients, and/or visitors; and,
- The person is not responding to verbal de-escalation techniques, negotiating, redirection, limit setting, and problem-solving techniques by the staff; and/or,
- The person may require restraint (chemical and/or physical) and is anticipated to be resistive to the restraining procedure; and/or,
- Urgent assistance is required.

Note: For aggressive behaviour and/or acts of violence or threat in any area, staff should contact the Charge RN and request a Code White. Requesting staff shall give the exact location (site, building, floor, room) to ensure support is rapidly deployed to the location.

When the Charge RN is notified of a Code White the following actions will be taken:

- Charge RN will page “CODE WHITE and the location, CODE WHITE, and the location”
- Upon hearing the page NHHH staff will proceed to the area cautiously.
- One staff person will attempt to establish rapport with the person, if safe to do so.
- If rapport cannot be established staff will await arrival of police.
- Staff will not restrain the person unless such action is necessary to protect the aggressor, a resident, visitor or staff member from imminent harm.

When to Call 911:

- Whenever there is a real or perceived threat to life.
- When the initial staff or the Charge RN determines the situation is beyond their abilities.
- When an aggressor is brandishing or claiming to possess a weapon.
- When an aggressor is actively attacking.
- When an individual is taken hostage.
- When the aggressor is not a resident and threatens staff and/or resident safety.

CODE	
CODE BROWN	In-facility Hazardous Spill (e.g. chemicals, solvents)

Policy:

To provide guidelines on how to contain and clean up spills of liquids, how to provide safe disposal of the materials, and whom to notify in the event of a spill.

When a spill occurs, or is suspected to have occurred any staff member can initiate a response by:

- Paging “Code Brown insert incident location here; Code Brown insert incident location here”.
- Upon hearing the page management, the Charge RN, and all maintenance personnel will respond to the area.
- The Charge RN will ensure the area is secured and everyone is accounted for.
- The senior Maintenance and Facilities person will assume the lead and will investigate from a distance to determine the chemical that has been spilled.
- The nearest Master WHMIS binder will be retrieved to ensure the correct Personal Protective Equipment (PPE) and procedure for providing care and containing the emergency.
- Registered staff will assess any person who was exposed to the spilled substance and provide

appropriate first aid.

- For large spills or when anyone is injured staff will call 911 for assistance.
- Maintenance and Facilities staff will shut down ventilation for the area if needed to prevent the spread of any chemical vapors; refer to Code Grey.
- Maintenance and Facilities staff will clean up the spill if able. PPE as per MSDS to be worn, and follow proper procedures for containment, neutralization and cleanup of chemical spills (See appropriate SDS/MSDS Sheet).

Spill kits are provided at NHHH. Each Spill Kit will contain the following items:

- 2 pair Goggles or face shields
- 2 pair Chemical gloves
- 2 pair Rubber boots
- 2 Rubber aprons
- 1 bag of absorbent material
- Non sparking shovel
- Drain cover

These items are stored in a plastic container that will serve as the disposal containment unit for the waste.

Additional bags of absorbent material, if required, are stored in the maintenance shop.

If a respirator is needed in the area for clean-up, we will require the assistance of the Fire Department until the area is safe for us to enter.

CODE

CODE SILVER	Person with a weapon (e.g. gun, knife, chain, choker, any object directed to inflict harm)
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Policy:

Code Silver is a planned response to ensure the safety of all staff, residents and visitors at NHHH when an individual is in possession of a weapon and an enhanced police response is required.

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.

Code Silver will not result in other hospital workers coming to assist, as it is designed to keep people away from harm. Police will be contacted as soon as Code Silver is called.

Any staff member may initiate a Code Silver when they become aware of a person who is (or persons who are):

- Attempting to harm or injure people with any weapon; or
- Carrying a weapon on or near NHHH property.

When a Code Silver is initiated, all staff will make every reasonable effort to protect themselves, patients, visitors, and others in their immediate area, following the procedures set out in this document.

STAFF WHO ARE IN THE IMMEDIATE AREA OF ASSAILANT

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

1. RUN

- 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

2. HIDE if you cannot evacuate.

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

3. DEFEND yourself as a last resort

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

STAFF AWAY FROM THE IMMEDIATE AREA OF ASSAILANT

Call 911 – When any staff member becomes aware of an active attacker, and provided it is safe to do so, they will call 911 and provide as much detail as possible to the police dispatcher.

- Do not attempt to return to your unit
- Follow the instructions of the Area Charge Person/Supervisor in your current location
- Lock down all external doors and doors between areas
- Stay where you are, protecting yourself and assisting others in your area, if possible

- Advise patients, visitors and others to hide; ask them to remain calm, quiet, and to avoid using their phones, any other electronic device, or posting to social media
- Divide into small mixed groups of staff, patients and visitors. Hide in patient rooms, meeting rooms, bathrooms, offices, etc.
- Move away from exposed windows, walls, and doors. Cover interior windows if able. Lay on floor, under/behind furniture. If possible, hide against the wall that is on the same side as the door into the room. The room must appear empty

UPON ARRIVAL OF POLICE

Staff are reminded that law enforcement personnel are the primary responders and will assume control in any Code Silver response. Do not interfere with the Police Officers by delaying or impeding their movements. The Police are there to stop the threat. Officers will proceed directly to the area the assailant was last seen or heard.

Note: The first officers at the scene will not stop to assist injured individuals. Police Officers will be responding with the intent to use force to diffuse the situation. Ensure you do not present yourself as a threat to them:

- Drop any items in your hands (e.g. bags, jackets, etc.)
- Immediately raise hands and keep them visible at all times
- Remain calm and follow Officers' instructions; avoid screaming and/or yelling
- Avoid making quick movements toward Officers
- Do not attempt to grab hold of an Officer
- Do not stop to ask Officers for help or direction when evacuating
- Proceed in the direction from which Officers are entering the area

Police Officers may

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

Rescue teams comprised of additional Officers and emergency medical personnel may follow the initial Officers when it is safe to do so. These rescue teams will treat and remove any injured persons. They may also call upon able bodied individuals to assist in removing the wounded from the area.

Police must approve all movement throughout the hospital, until the Code Silver has been cleared. This includes responding to other codes and patient care needs.

CODE BLACK

CODE BLACK	Bomb Threat or Suspicious Package/Object
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Policy:

- Bomb threats may be received by direct (telephone, email, instant messaging, written) or indirect (social media, website posts, third party) means. Regardless of how you become aware of a threat it must always be taken seriously. How quickly and safely you respond to a bomb threat could save lives.
- The procedures for either bomb threats or suspicious items/packages will help you prepare and respond appropriately during these events.
- When you receive a bomb threat, stay calm and try to get as much information as possible.
- If the threat you receive is verbal, try to note any unique features about the person's voice and any background sounds you hear.
- Never open any attachments or click on any links that are part of a threat received by email or other electronic means.
- Notify the on-duty charge nurse and police.
- Do not touch any suspicious package.
- If a suspicious package is found, leave the area and notify the police immediately.
- If you have been evacuated from a building, avoid standing in front of windows or other potentially hazardous areas. Do not block the sidewalk or street. It will need to be kept clear for emergency officials.
- In the case of an explosion, get out of the building as quickly and calmly as possible. Ensure your own safety before trying to help others.
- Making a bomb threat is a criminal offense. Do not try to guess whether the threat is real or a hoax. Always call the police.
- Staff will be requested to assist in the search for any suspicious items for the following reasons:
 - Responding police may not be familiar with our facility.
 - Employees are most familiar with the contents and layout of building and therefore more likely to recognize any suspicious items.

CODE GREY- Loss of Essential Services

Infrastructure - Telephone

NHNNH relies on a complex and robust telecommunications network for internal and external communications. The critical extensions are connected to the emergency generator and will function during power outages.

During normal business hours the Office Manager will contact Information Technology staff and advise of the telephone outage. After hours the Charge RN will contact IT Support which is on call 24/7. Details can be found on the contact list.

Alternatively, personal mobile phones may be used for emergency communications until the system is restored.

For internal communications NHHH has a cache of two-way radios that may be deployed as required.

Infrastructure - Water

In conjunction with the Norfolk County Emergency Plan, should a water supply disruption occur, NHHH to contact the “County Emergency Management Coordinator/designate” for access to emergency resources. Water from this source is suitable for human consumption and cooking and may be stored indefinitely in a cool place

For the fire sprinkler system, a Fire Service pumper truck or contracted water hauler can be hooked up to the external connection to provide pressure to the fire sprinkler systems.

For all other requirements a large water tanker can be connected to the water main to supply water throughout the facility

Infrastructure - Heating

NHHH is reliant on electricity and natural gas for its heating system. Should an electrical outage occur the emergency generator will supply power to essential heating infrastructure.

Natural gas fuels the majority of the heating units at NHHH. In the event of a natural gas outage for an extended period of time it may be necessary to evacuate residents, see Code Green for evacuation details. In either case staff will ensure that the following steps are taken to reduce heat loss

- Shut off air exchangers
- Limit opening of exit doors

Infrastructure - Electricity

NHHH is equipped with a diesel fueled emergency generator system. This generator will produce adequate electrical power to supply the critical systems.

The generator will be tested every week and serviced annually by a contractor to ensure maximum dependability.

When it is known that the power will not be restored by Hydro One for an extended period of time (>24 hours) a towable generator will be sourced to ensure adequate redundancy

Infrastructure – IT Systems

NHHH will follow the Incident Response Communications System Failure Below:

Introduction: The Hospital and Nursing Home are supplied with communication systems in the form of telephone, cellular phones, fax, e mail, personal paging devices, overhead paging, intercoms, and special fire paging. In the event that any, or all, of the systems should fail the following processes shall be used as backup systems. (Please see the attached table for quick reference of system failures and possible backups.)

Telephone: In the event of failure of the telephone system, cellular phones are available as back up for departments considered vital to the emergency response. The Hospital is also equipped with other telephone lines that may still be active, even though the main lines are not. Information on utilization of these lines would be distributed to vital departments at the time of the emergency.

Two-way radios are available through the Maintenance department and may also be available through some outside sources, such as the Fire or Police department.

As back up for internal communications, the overhead paging, personal paging, and intercom systems can be used. E-mail may also be available, however, announcements should be made to all Hospital departments that this system is being utilized, so that all departments pick up the communication in a timely manner. General family Radio Systems (GFRS) are also available in some departments, for use in an emergency.

Cellular Phones: Back up to cellular phone systems will be land line phones. Also reference the backup systems listed under the Telephone section. Phones may be procured from outside vendors such as Eastlink or Bell Telephone, in an emergency

Fax: As back up to fax systems, e-mail could be utilized for document transmission. If required, notice should be given to all departments of the hospital to ensure timely response to e-mail messages.

Should both fax and e-mail systems be non-operational, a system of couriers could be developed to deliver documents between departments. In this case, a staffing pool would n

E-Mail: As back up for e-mail messaging, fax systems could be utilized for the purpose of document and information transmission. Should both e-mail and fax systems be non-operational, a courier system could be utilized as detailed in the Fax section on the policy.

Personal Paging Device: When failure of the personal paging system occurs, cellular or land line phones should be used for emergency contact of persons outside of the Hospital. Persons inside the Hospital shall be contacted through overhead pages, or by means of an intercom, or through available phone service.

Overhead Paging- Failure of the overhead paging system could be backed up by use of intercom, telephones, personal pagers, fax, and e-mails. Communicating the preferred method of back up is recommended and a check list kept to ensure that all departments are aware of the alternative.

Intercoms: Intercom service between departments could be replaced by telephone service. Intercom service to patient care areas could be replaced by couriers between the areas.

Special Fire Paging- Special fire paging systems could be replaced by overhead paging, in an emergency. Back up communication systems from the fire department could also be

UPS Back Up of Switchboard / Telephones / Information Technology

Telephones – 4 hours of UPS backup.

Overhead paging – no backup.

Computer Network – 20 minutes of UPS backup for controlled power down

Infrastructure – Elevator

Both the public and staff elevators in our buildings are equipped with phones so that anyone who may

become trapped in them may call for help.

Code Grey- External Air Exclusion

Policy:

External air contamination may occur as a result of a gas leak, fire etc. NHHH would be notified by an external source such as police, fire departments or Ministry of the Environment of the necessity to shut down air intake. Immediate action is required to prevent the entrance of contaminated external air into the building.

Upon notification of a possible external air contamination event the Charge RN will alert Switchboard to page **“Code Grey – Button Down, Code Grey – Button Down”**

- Maintenance staff with the assistance of HSAs will shut down all fresh air intake fans and exhaust fans.
- Unit staff are to close all doors and windows and lock balcony/patio doors.
- Account for residents on your unit, and clients attending programs. If any residents/clients are outside, assign a minimum number of staff to look for and bring them in.
- Assign staff to alert other users of the MLC if the emergency occurs during business hours.
- Residents, clients, volunteers and staff are to shelter-in-place.
- Designate one entrance and exit to the home, (usually the front entrance) to minimize unnecessary movement into or out of the building.
- Assign staff to monitor all other exits/entrances.
- Director of Care or designate to confer with Fire Department, Ministry and other authorities to determine the need to relocate.
- On receiving an all clear, notify staff with an emergency page and at all of the above extensions.

CODE BLUE

Policy:

A medical emergency exists when a visitor/staff/volunteer or student requires immediate medical attention. NHHH registered staff need to summon ambulance assistance relating to resident care, routinely. If the Registered Nurse needs additional staff to attend for a resident medical emergency, a Code Blue may be called.

Alert Staff by paging “Code Blue insert incident location here; Code Blue insert incident location here”. All available Registered Nursing staff is to respond.

Registered staff will assess the individual and provide treatment as required. Assign an individual to call 911 if required. Provide treatment as required until ambulance arrives.

Complete an incident report. For a staff member, complete the “Employee Incident Report”, for a visitor

complete the “Resident/Visitor Incident Report”, and for a resident, complete the on-line Critical Incident Report.

For an injury to a staff member or visitor, refer to the Incident Decision Tree posted at each nursing station to determine if the medical emergency meets the definition by the Ministry of Labor of a “Critical Injury”

If the staff or visitor incident is deemed to be a Critical Injury:

- Refer to the Accident Investigation Kit located at the 1st floor Nursing Station under the desk. This will guide staff through the requirements necessary to secure the scene. The kit includes a camera and batteries, also included is caution tape to secure the scene, and additional supplies and forms.
- Contact the Manager of Employee Health Safety and Wellbeing, Director of Care/ Assistant Director of Care, and Department Manager to notify of the incident and for further direction.
- The Joint Health and Safety Committee will conduct an investigation with the Ministry of Long-Term Care and Employee Health Safety Officer to identify the root cause of the incident and make recommendations as necessary to prevent similar injuries

Related Policies

The following universal codes are used at NGH/NHNNH for responding to emergencies as part of our system as reference and/or use if applicable.

- Code Black
- Code White
- Code Green- Evacuation Procedures
- Code Brown- Hazardous / Chemical Spills
- Code Red- Fire Plan
- Code Yellow- Missing Resident
- Code Orange- External Emergency
- Code Grey- Loss of Essential Services and External Air Exclusion
- Code Purple
- Code Blue
- Code Pink
- Code Silver
- Code Lockdown, Hold and Secure & Shelter in Place
- NHNNH Flood Management Process
- Boil Water Advisory
- Outbreaks of Illnesses

Other Related Policies

- Emergency Procedures- Incident Management Structure (IMS)
- Fan- Out Policy

References:

Norfolk General Hospital Emergency Management Plan

Dufferin Oaks Emergency Response Plan

Attachments

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Approval Signatures

Step Description	Approver	Date
H&S Specialist Approval	Belinda Marowah: Health & Safety Specialist	Pending