Extendicare

Emergency Preparedness and Response Plan

LAST REVIEWED: January 2024

> **NOTE: Refer to the emergency preparedness and response manual in addition to home-specific Emergency Response Plans (ERPs) for additional information on business continuity, and emergency response measures.**

APPENDICES:
- Appendix 1 – IMS Roles and Job Actions
- Appendix 2 – Understanding HIRA
- Appendix 3 – Emergency Response Plan Overview
- Appendix 4 – Fire Safety Plan Overview
- Appendix 5 – Fire Safety Training and Education
- Appendix 6- Disaster Box Contents
- Appendix 7- Emergency Colour Codes

REQUIRED DOCUMENTS:
- EMERGENCY CODE POLICIES- Emergencies are managed using procedures noted in the emergency codes policies and checklists which span from policy EP-03-01-01 to EP-14-01-02 in Extendicare's Emergency Preparedness and Response Manual
- EMERGENCY CODE CHECKLISTS – Emergencies are managed using procedures noted in the colour-specific emergency code checklists.
- ELEARNING EDUCATION MODULES – Training for colour-specific emergency codes and Fire Safety is provided to staff on Surge's Learning Management System (LMS) platform, also known as eLearning.

POLICY

Every Extendicare Long Term Care home has an Emergency Preparedness and Response Program in effect that reflects the model of The Incident Management System (IMS) and includes a comprehensive home-specific Emergency Response Plan (ERP) and Fire Safety Plan that defines and communicates clearly the standard response in an emergency, specific to the home.

Each home follows the Extendicare Emergency Colour Code policies and procedures for handling an emergency situation. The colour codes and policies can be seen in Appendix 7 of this document.

Each home has a printed copy Emergency Response Plan and Fire Safety Plan that meets provincial and municipal regulations as well as national Fire Code and IMS emergency response standards, and that is based on information identified in a home-specific Hazard Identification and Risk Analysis (HIRA).

The home's ERP is available and understood by all staff and volunteers who must participate fully in emergency preparedness activities, training, drills and evacuation procedures. Note the following:

a. Each home must practice response to all colour codes at least once per year;

b. Colour codes and fire safety training must be included in orientation of new staff; and

c. Colour codes and fire safety training must be provided annually to all staff.

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POLICY

All staff members will participate in training using IMS principles that includes practicing emergency management with a multidisciplinary approach (involving two or more services or departments).

Note: Local municipality disaster/emergency response plans may supersede this program.

BACKGROUND

IMS is an internationally accepted system for managing emergency situations. Extendicare adopted the IMS to improve the management of emergencies and to ensure an effective nationwide system is in place. Thoughtful planning and practice before an emergency occurs will provide staff with effective knowledge. Regular in-service sessions in preparing staff to respond in a timely and appropriate manner in emergency situations are required.

PROCEDURES

ADMINISTRATOR
/ STAFF EDUCATOR
/ DESIGNATE

OVERVIEW

1. Incorporate Emergency Preparedness and Response training into staff development programs.

2. Identify the location of an Emergency Operations Centre and if you are the Incident Manager during an emergency, designate staff to carry out IMS function(s) as per the *IMS Roles and Job Actions, Appendix 1*.

3. Ensure all staff receive and participate in training to fulfill the requirements of the program in the event of an emergency that includes at minimum:

   a. Emergency Colour Codes;

   b. Fire Drills;

   c. Evacuation;

   d. R.E.A.C.T. fire procedures;

   e. Emergency lifts and carries; and

   f. Tabletop Scenario Exercises

   Note: *Additional information on fire safety-related training and education can be found in Fire Safety Training and Education, Appendix 5.*

HAZARD IDENTIFICATION AND RISK ANALYSIS (HIRA)

1. Complete a HIRA to prioritize prevention, mitigation and training priorities for the home based upon the analysis' determination of the various hazards that are pertinent to a home's specific location/geographic area. Refer to *Understanding HIRA, Appendix 2*.

HOME-SPECIFIC EMERGENCY RESPONSE PLAN

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PROCEDURES

1. Update the home-specific emergency response plan annually using a team approach comprised of home leadership, staff and outside partners such as fire, paramedics, police and other local partners, using information identified in a home-specific Hazard Identification and Risk Analysis (HIRA). Refer to *Emergency Response Plan Overview, Appendix 3*.

2. Review the ERP with the Regional Director and representative from Occupational Health and Safety Committee.

FIRE SAFETY PLAN

1. Update Extendicare's Fire Safety Plan template annually to ensure a home-specific Fire Safety Plan that includes home-specific information outlined in *Fire Safety Plan Overview, Appendix 2*.

2. Ensure the Fire Safety Plan is reviewed and approved by the Chief Fire Official having jurisdiction.

MAJOR EMERGENCY EXERCISE

1. Every three (3) years the home must conduct a major emergency preparedness exercise involving at least two or more services in the home. Community response agencies should be included if possible. Consider creating a mock disaster, with possible partial evacuation, for a major emergency preparedness exercise. The mock major emergency disaster exercise could include:
   a. Loss of utility(s);
   b. Fire; and
   c. External/Natural disaster.

   Note: Homes should plan the exercise in conjunction with regional ministry/health authority personnel and/or the local emergency response group.

ANNUAL EMERGENCY DRILL

1. Test portions of the emergency plan with drills and exercises annually. The drill must include at least two (2) areas of service. Examples include:
   a. Emergency fan out list (to be practiced 2 times a year);
   b. Triage;
   c. Assessment treatment centre;
   d. Code Brown;
   e. Code Orange (acting as a receiving centre); and
   f. Code Green (mock disaster with partial evacuation).

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PROCEDURES

ORIENTATION OF NEW STAFF

1. Provide new staff with an orientation to the Emergency Preparedness and Response Manual:

   a. Ensure new staff read and understand the Emergency Response Plan applicable to their work area;

   b. Ensure new staff receive orientation on the contents of the emergency preparedness and response manual and the home's ERP; and

   c. Orient staff transferring to a new position to the fire safety procedures for that area.

INCIDENT MANAGER

1. The Incident Manager may maintain all of the functions of IMS for low to moderate risks. For high risk or critical incidents, as determined by the Incident Manager, teams or individuals may be assigned to each function. The Incident Manager will have the authority to cancel any staff leave, if required, based on the nature and extent of the emergency.

2. Establish and organize the IMS functions.

3. Provide the individuals/ teams assigned to the IMS functions with their associated Job Action checklists. Assume responsibility for implementing the Emergency Preparedness procedures and directing staff to ensure the safety and security of residents, visitors, staff and volunteers.

4. Use Extendicare Incident Manager Checklists when responding to any emergency colour code, natural disaster or extreme weather event to assist with the direction of completing tasks during an emergency, including recording the time when each task was completed.

DISASTER BOXES

1. Ensure disaster boxes are ready for any emergency situation.

2. Label disaster boxes boldly; ensure they are easily transportable, and store them at separate locations that include at minimum the following:

   a. Designated location of the Emergency Operations Centre; and

   b. Nursing station.

   ***Note:** Disaster box contents are outlined in Appendix 6, Disaster Boxes.*

IMS LEADERS

1. Be trained on and fully aware of your specific role(s) and responsibility(s) in any emergency situation.

2. Ensure these specifics are communicated to all staff.

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PROCEDURES

ALL STAFF

3. Apply preventive, preparedness, responsive and recovery procedures when managing an emergency, including:

   a. Training in evacuation procedures;

   b. Be familiar with the contents and location of the Emergency Response Plan and Fire Safety Plan and the responsibilities required of your position.

   c. Completing required eLearning Modules on Emergency Colour Codes and Fire Safety; and

   d. Participating in Emergency Colour Code Tabletop exercises, as needed.

4. Respond to emergency situations by following instructions provided by the Incident Manager.

5. Respond to fire alarms and other emergencies as specified in the Emergency Response Plan.

6. Treat every drill as a real emergency and respond accordingly.

HAZARD IDENTIFICATION AND RISK ANALYSIS (HIRA)
The HIRA is a determination of the various hazards that are pertinent to a home's specific location. This is completed by assessing what types of emergencies could occur within the home and in its community. The second process is the risk assessment, determining the probability of a potential emergency occurring and the consequence of the emergency should it actually occur.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

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IMS Roles and Job Actions

LAST REVIEWED: June 2023

The Incident Management System (IMS) is the internationally accepted organizational structure for responding to incidents of all scales and all types. Note the following:

- IMS is an expandable system based on functions – <u>not</u> positions.
- Each function is assessed to see if it is required for the incident.
- A function may be fulfilled by one person or a team of people.
- For smaller events, one person may fulfill multiple functions.

The Incident Manager/designate determines the need to appoint a person(s) to be responsible for a function or multiple functions or can maintain responsibility for a function or functions themselves. (For example, the Incident Manager/designate may delegate select functions but remain as a liaison, maintaining direct communications with the emergency services and support agencies.)

When a person is assigned a functional responsibility, the functional titles to be used are as follows:

- Operations Manager
- Logistics Manager
- Planning Manager
- Finance/Administration Manager
- Safety Officer
- Liaison Officer
- Public Information Officer
- Information Technology Lead

These titles are in keeping with the international standards.
Note: **One person may hold more than one position.**

The Incident Manager/designate may maintain all of the functions for low to moderate risks. For high or critical incidents, teams may be assigned to each function; these teams are determined by the Incident Manager/designate.

KEY ROLES AND ACTIONS
INCIDENT MANAGER
- Organizes and directs the emergency response for the emergency/incident.   - Gives overall direction for the residential care home's operations and, if needed, authorizes evacuation.   - There will always be an Incident Manager/designate for every incident on all shifts.   - The Incident Manager role will be assumed by the first supervisor, or the charge nurse arriving on an emergency situation, until relieved by a more senior and/or capable manager.   - The Incident Manager must provide a comprehensive briefing to the new incoming Incident Manager before passing on the function.   - All other IMS Team members must be informed of any change in the Incident Manager or any other IMS functional responsibility.

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IMS Roles and Job Actions

KEY ROLES AND ACTIONS

- In longer events (more than 2 hours), the Incident Manager will schedule regular meetings of the IMS Team to:

  i. obtain a status update;
  ii. gather information, assess challenges/needs;
  iii. make decisions on the strategic direction of the response, assign tasks; and
  iv. ensure effective communications.

INCIDENT MANAGER – Responsible for overall management of the home in which the emergency situation occurs. The Incident Manager/designate will assign IMS roles that mimic everyday staff routines and responsibilities as closely as possible.

  i. The Incident Manager/designate may assume all of the roles/functions to meet the needs of the emergency or can designate a person or a team to a role or multiple roles;
  ii. The designated person(s) can assume more than one role/function at a time based on the home's staffing complement; and
  iii. The Incident Manager/designate role must be assigned on all shifts.

OPERATIONS MANAGER

Operations is the function of carrying out the emergency response, containment, damage mitigation, recovery and directives of the Incident Manager/designate.

Where the incident directly impacts resident care, Operations will coordinate and ensure ongoing resident care during emergency operations.

OPERATIONS MANAGER – Responsible for carrying out the emergency response, evacuation, triage, containment, damage mitigation, recovery and directives of the Incident Manager/designate.

  iv. When required, coordinates and ensures ongoing resident care during emergency operations; and
  v. Monitors operational issues or needs including the implementation of the Emergency Response Plan and Extendicare's operations resources.

LOGISTICS MANAGER

Logistics is the function of organizing and supplying additional staffing, maintaining the physical environment, food, water and supplies to support Operations.

It is also responsible for maintaining environment services of the physical building. Logistics will also conduct or collect information for damage assessments of the residential care home.

LOGISTICS MANAGER – Responsible for providing facilities, services and materials to support the emergency situation, including:

  i. Maintaining physical/environmental services of the building;
  ii. Ensuring adequate supplies and support for incident operations; and
  iii. Conducting or collecting information for damage assessments of the home/office.

IMS Roles and Job Actions

KEY ROLES AND ACTIONS
LOGISTICS MANAGER

The planning function develops scenario/resource projections for the IMS Team and undertakes long range planning (more than 2 hours).
 	
 PLANNING MANAGER – Responsible for monitoring the incident and developing scenario and resource projections.
 	
      i.   Develops plan options for both short-term and long-term incident scenarios; and
      ii.   Collects, collates, evaluates and conducts analyses of incident information for the IMS Team.

LOGISTICS MANAGER

The Administration/Financial function monitors the utilization of financial assets, provides administrative support to the senior IMS Team members, and ensures documentation of all meetings.
 	
 FINANCE/ADMINISTRATION MANAGER – Responsible for financial and administrative support to an incident, including business processes, cost analysis, financial and administrative aspects, and ensuring compliance with financial policies and procedures.
 	
      i.   Provides direction and supervision to finance and administration section staff, including their organization and assignment; and
      ii.   Ensures appropriate documentation of all incident activities and administrative support for the IMS Team leaders.

PUBLIC INFORMATION OFFICER
The Public Information function organizes communications with the families, stakeholders and the media (as appropriate), and provides information updates. The Public Information Officer must work closely with Corporate Communications or the role may be filled directly by Corporate Communications.   **PUBLIC INFORMATION OFFICER** – In consultation with Extendicare's Corporate Communications Department, the Public Information Officer is responsible for the development and release of information about an incident to the public, families, stakeholders and the media.   *Note: The Corporate Communications Department must approve all emergency information released.*
LIAISON OFFICER
Liaison is the function of communications and acts as the contact for representatives from other agencies.   **LIAISON OFFICER** – Responsible for community liaisons and advising the Incident Manager/Senior Command about issues related to external assistance and support in consultation with Corporate Communications.

IMS Roles and Job Actions

KEY ROLES AND ACTIONS
SAFETY OFFICER/COORDINATOR
In every emergency or incident, the health and safety of staff and residents is paramount. The safety function monitors and has authority over the safety of Operations. **SAFETY OFFICER/COORDINATOR** – Responsible for monitoring conditions and developing safety protocol for the overall health and safety of residents and staff/volunteers. i. The Safety Officer must have the knowledge and professional experience to identify and/or reduce occupational hazards.
SAFETY OFFICER/COORDINATOR
The IT function manages IT requirements or issues during an emergency situation at the home level and acts as a liaison between the corporate IT department and the home, as required. **INFORMATION TECHNOLOGY LEAD** – Responsible for managing IT requirements or issues during an emergency situation at the home level. i. Liaises with the corporate IT department, as required; and ii. Provides a status report to the Incident Manager/designate.

OTHER IMS ROLES AND ACTIONS
SENIOR COMMAND INCIDENT MANAGER
• The Vice President, Operations and/or designate/Regional Director is responsible for the overall management of the home involved in an emergency situation.
SENIOR COMMAND
• This role is initiated in an emergency situation involving more than one home (e.g. pandemic).

Note: One staff member may hold several positions in the IMS team.

If the scale of the incident dictates, each of the functions above may have an individual or team to assist in the meeting of their tasks. Job Action Sheets for individual roles will guide staff assigned to the function(s) to fulfill their responsibilities.

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Understanding HIRA

LAST UPDATED: June 2023

A Hazard Identification Risk Analysis (HIRA) ensures that potential risks to the home are identified and assessed as to their potential risk to the residents and staff. The HIRA is used to prioritize prevention, mitigation and training priorities for the home.

There are two phases of completing a HIRA process: **hazard identification** and **risk assessment**.

PHASE 1: HAZARD IDENTIFICATION

The Hazard Identification is a determination of the various hazards that are pertinent to a home's specific location. This is completed by assessing what types of emergencies could occur within a home and in the community.

HISTORICAL

- What types of emergencies have occurred in the community, at this home, at other homes in the area, and at similar organizations? Examples:
  - Fires, Missing Resident, Severe weather, Hazardous material spills, Transportation accidents, Earthquakes, Hurricanes, Tornadoes, Utility outages, etc.

GEOGRAPHIC

- What can happen as a result of the home's location? Consider:
  - Proximity to flood plains, seismic faults, dams, etc.;
  - Proximity to companies that produce, store, use or transport hazardous materials;
  - Proximity to major transportation routes (highways, railways, seaports, etc.); and/or
  - Proximity to nuclear power plants.

TECHNOLOGICAL

- What could result from a process or system failure? Examples:
  - Fire
  - Explosion
  - Hazardous materials incident
  - Safety system failure
  - Telecommunications failure
  - Computer system failure
  - Power failure
  - Heating/cooling system failure
  - Emergency notification system failure

HUMAN ERROR

- What emergencies can be caused by staff error? Do they know what to do in an emergency? Human error is the single largest cause of workplace emergencies and can result from:
  - Limited training and education
  - Lack of situational awareness
  - Misconduct
  - Substance abuse
  - Fatigue
  - Complacency
  - Rushing a task

Understanding HIRA

PHYSICAL

- What types of emergencies could result from the design or construction of the home? Does the physical building design enhance safety? Consider:
    - The physical construction of the home; and
    - Evacuation routes and exits.

    Once the team has identified the potential hazards at the home, these are listed in the "Threat" column of the HIRA Assessment.

PHASE 2: RISK ASSESSMENT

The second phase is the risk assessment that determines the risk level based upon the probability of a potential emergency occurring and the consequence of the emergency should it actually occur.

- Determine Likelihood: The likelihood for each emergency's occurrence is rated using a simple scale of 1 to 5 with 1 as the lowest probability and 5 as the highest taking into consideration the potential human consequence (the probability of injuries or death), the potential property (damage, ability to quickly relocate) and the potential business impacts (business interruption, staff unable to report to work, etc.). *This number is entered into the Likelihood column of the HIRA Assessment.*

- Determine Consequence: The consequence for each emergency's occurrence is rated using a simple scale of 1 to 5 with 1 as the lowest consequence (insignificant) and 5 as the highest (catastrophic). *This number is entered into the Consequence column of the HIRA Assessment.*

Rating numbers of Likelihood and Consequence are applied to a risk matrix to determine risk priority level.

PRIORITIZING PREVENTION, MITIGATION AND TRAINING

Rating numbers of Likelihood and Consequence from the second phase are applied to a risk matrix to determine risk priority level (it should be noted that the level of risk is simply a planning tool, not a scientific determination of what will occur).

The Risk Priority Level determination can assist the home to prioritize prevention, mitigation and training in the home by identifying areas/risks that are the highest priority items (addressed first), followed by the medium risks and, where applicable, the low-risk items.

The information gathered on the HIRA can guide the home-specific procedures of the home's Emergency Response Plan (ERP).

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Emergency Response Plan Overview

LAST UPDATED: September 2023

The home-specific EMERGENCY RESPONSE PLAN (ERP) must:

1. Be evaluated annually;

2. Updated, as needed, to reflect necessary updates;

3. Be reviewed with the Occupational Health and Safety Committee;

4. Include a contingency plan for the care of residents that includes:

   a. Detailed roles and responsibilities during an emergency (including evacuation drills) every year;

   b. Arrangements with local authorities and institutions to provide shelter and resources;

   c. Alternate sources to supply emergency power, water, food and fuel;

   d. A communications plan; and

   e. Resident identification procedures, including photographs and identification bracelets.

5. Include the following elements:

   a. Communication protocol for enacting the ERP;

   b. Employee roles and responsibilities, including IMS leaders;

   c. Accountabilities for employees before, during and after an emergency; and

   d. Actions steps for all risk levels of an emergency.

6. Be completed with the site-specific information required.

7. Contain:
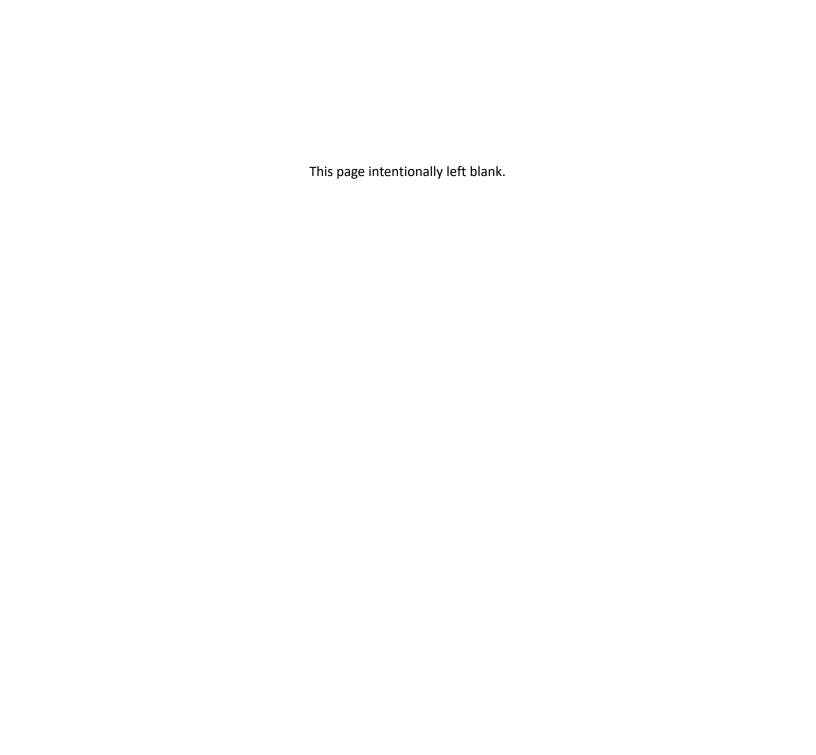
   a. Emergency telephone numbers, including public utilities and government agencies;

   b. Corporate emergency telephone numbers, including Corporate Communications;

   c. Staff Call-back List (updated as required in order to be current);

   d. Key suppliers, contractors and support services;

   e. All emergency code checklists;

   f. Senior IMS Team checklists;

   g. Building site plan showing access roads, evacuation meeting area(s), etc.;

   h. Floor plans identifying key life safety and exit information;

   i. Floor plans identifying each room and attached room search checklists;

   j. Maps showing the search area quadrants around the home; and

   k. Mutual aid agreements with other LTC facilities for evacuation assistance.

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Emergency Response Plan Overview

ERP Table of Contents:

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Fire Safety Plan Overview

APPENDIX 4

LAST UPDATED: June 2023

1. To meet fire safety regulations, the Fire Safety Plan includes, at a minimum, the following information:
   a. Emergency telephone numbers, including public utilities and government agencies;
   b. Corporate emergency telephone numbers, including Corporate Communications;
   c. Building site plan showing access roads, evacuation meeting area(s), etc.;
   d. Floor plans identifying key life safety and exit information;
   e. Other documentation as indicated in the Fire Safety Plan template.

2. Ensure the Fire Safety Plan has been reviewed and approved by the Chief Fire Official having jurisdiction.

3. Invite fire department personnel to your home on an annual basis to:
   a. Acquaint them thoroughly with the home's layout and assist them with pre-planning and tactical surveys; and
   b. Request assistance with in-service programs for your staff, especially in the use of fire extinguishers, fire blankets, evacuation practices, lifts and carries.

4. Discuss emergency shelters and evacuation notification procedures with local authorities.

5. Ensure the Fire Safety Plan is completed with the site-specific information required.

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Fire Safety Training and Education

APPENDIX 5

LAST UPDATED: June 2023

FIRE SAFETY EDUCATION

1. Fire safety education includes at a minimum instruction in:
   a. Basic steps taken in response to a fire emergency;
   a. Evacuation procedures (involve the fire and police departments in these sessions when possible);
   b. Emergency carries of residents;
   c. Location and use of the fire alarm system, annunciator panel, fire extinguishers, fire blankets;
   d. Use of communication systems such as telephones, 2-way radios, and intercom systems during an emergency, as applicable; and
   e. Explanation of layout of the home and location of all exits and related stairways.

2. Staff procedures are outlined in the home's Fire Safety Plan.

3. Staff are required to complete electronic learning modules (Surge) on fire safety that include:
   a. Fire Safety Module 1: Fire Prevention
   b. Fire Safety Module 2: Types of Fires and Extinguishers
   c. Fire Safety Module 3: Fire Detection and Protection Systems
   d. Fire Safety Module 4: Fire Emergency Situation
   e. Fire Safety Module 5: Fire Safety Plan
   f. Extendicare Emergency Codes: Code Red

RECORDS

Copies are kept of individual staff attendance at fire safety training and annual Emergency Preparedness Plan reviews are recorded.

VOLUNTEERS/FAMILIES/RESIDENTS

Invite volunteers, families and residents to attend all fire safety in-service training.

MONTHLY FIRE AND ANNUAL EVACUATION DRILLS

1. Regular in-service sessions are provided as part of staff meetings or debriefing sessions following regular fire drills. The in-service session must:
   a. Provide a review to improve employees' knowledge and skill in fire safety procedures;
   b. Provide an opportunity for all staff to complete the orientation, including casual staff on all shifts.
   c. Identify areas of improvement in the existing program; and
   d. Ensure timely and appropriate responses to an emergency situation.

2. he responsibilities of the Incident Manager/designate with staff who may be deemed as "designate" are reviewed on an annual basis. (This can be incorporated into regular meeting agendas.)

3. Monthly fire drills are conducted and documented on each shift.

4. Annual evacuation drills are conducted with all staff.

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Disaster Box Contents

APPENDIX 6

LAST UPDATED: September 2023

Check batteries, supplies breakdown and missing items every year. Replace items as required.

Include the items that apply to your home (not all items are required):

a. A copy of the IMS checklists;

b. Foil blankets;

c. Emergency Response Binder including:

i. Staff Call-Back List;

ii. Telephone list of government agencies and emergency services;

iii. Floor plans; and

iv. Situation Report and Tracking Sheets (25 copies each).

d. ID bracelets, white tags or adhesive labels for name tags for employees, residents, volunteers, and other agencies, along with markers;

e. Pens, felt markers, and grease pencils;

f. Flashlight(s)/separate batteries or wind-up flashlights (minimum of 2);

g. Adhesive-backed directional arrows;

h. Clipboards;

i. Notepads;

j. 2 orange/neon safety vests;

k. Roll of "Caution tape" to block off access (e.g. triage area);

l. 2 pairs of paramedic shears/scissors;

m. 2 pairs of work gloves;

n. 2 bottles hand sanitizer;

o. Small first aid kit with pressure dressings;

p. 1 box of surgical masks;

q. 1 box of disposable medical gloves – large size;

r. Battery Backups (marine battery for high-low beds, CPAP machines, etc.)

Emergency Colour Codes And Policies

LAST UPDATED: September 2023

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Emergency Preparedness Colour Codes

Red	Fire
Blue	Medical Emergency
White	Violent Situation
Orange	External/Natural Disaster
Black	Bomb Threat
Green	Evacuation
Yellow	Missing Resident
Grey	Infrastructure Disruption/ Failure
Brown	Hazardous/ Chemical Spill
Silver	Active Assailant
Purple	Hostage Situation

Other Emergencies:

Pandemic Management

Natural Disasters and Extreme Weather Events

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Code Red – Fire

LAST REVIEWED: January 2024

EP-03-01-01

REQUIRED DOCUMENTS:

FIRE SAFETY PLAN, EP-02-01-01 A2 – Use to manage a fire emergency and the required procedures to follow.

POLICY

All staff must be familiar with the Fire Safety Plan and their individual responsibilities during a fire emergency.

BACKGROUND

Each home is required by law to have a Fire Safety Plan that meets provincial and national Fire Code standards.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Ensure the building and fire safety code is followed.
2. Do not obstruct hallways or stairwells with storage items.
3. Do not attach multiple extension cords together.
4. Do not allow candles or other open flames in the home.
5. Do not allow flammable items on doors or lights.
6. Check for fire hazards during monthly health and safety inspections.
7. Ensure fire inspections are conducted regularly.

PREPARE

1. Ensure the Fire Safety Plan is completed with the site-specific information required and that it meets the specific requirements of the Chief Fire Official for the jurisdiction.
2. Submit the plan to the Chief Fire Official for approval.
3. Ensure staff training related to Code Red- Fire is completed at orientation, and at minimum annually thereafter.
4. Ensure staff are attending fire drills when on site and across all shifts. Debrief fire drills with staff for opportunities for learning.
5. Ensure fire extinguishers are checked monthly.
6. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Red- Fire emergency.

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Code Red – Fire

PROCEDURES

RESPOND

1. Assist in fire protocols as per job specific procedures in the Fire Safety Plan and evacuate as necessary.
2. Provide any required support to fire department such as floor plans and keys/codes to locked doors.

RECOVER

1. Ensure all incident documentation has been completed.
2. Determine if the provincial health authority (e.g. Ministry of Health and Long Term Care) should be notified.
3. Notify the provincial Occupational Health and Safety office (e.g. Ministry of Labour) if any staff suffers a critical injury.
4. Notify Corporate communications, the Regional Director and Corporate Risk team if required.
5. Arrange for staff support as needed (EAP, etc.)
6. Participate in the debriefing session.

ALL STAFF, VOLUNTEERS, RESIDENTS AND VISITORS

RESPOND

1. Upon discovery of fire or smoke, ensure the R.E.A.C.T. sequence is initiated:

   a) Remove people from immediate danger (evacuate);

   b) Ensure room doors and windows are closed;

   c) Activate fire alarm pull station closest to the site of the fire Activate the second stage of the fire alarm system if evacuation is necessary.

   d) Call 9-1-1 and give home name and address, exact location of the fire, including floor, home area, and room number; and

   e) Try to confine (contain/extinguish) fire, if possible, without undue risk using the nearest fire extinguisher).

   Note: If smoke is coming under the door, place wet towels, sheets, blankets, pillows or other confining materials at the bottom of the closed door to the room with the fire, to restrict rapid transfer of smoke to the rest of the area unless otherwise directed by your local fire department.

2. Refer to the Home's Fire Safety Plan for emergency procedures based on your role within the home.

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Code Red – Fire

PROCEDURES

INCIDENT
MANAGER
      RESPOND

          1. Refer to the Home's Fire Safety Plan Incident Manager Checklist for emergency procedures.

      RECOVER

          1. Refer to the Home's Fire Safety Plan Incident Manager Checklist for "All Clear" procedures.

(?)

CODE RED
A situation in which the fire alarm system has been triggered.

This could be caused by a variety of situations:
Person triggering the pull station;
Smoke triggering a detector;
Heat triggering a detector; and
Sprinkler activation.

CODE RED ALL CLEAR
All clear is determined in consultation with the Fire Department, who will declare when the home is safe and may resume normal operations.

ANNUNCIATOR PANEL
Provides the home with instant identification of locations under the threat of fire by listing the location of the detector (heat and/or smoke and/or flow) as well as the pull station that has been activated.

HORIZONTAL EVACUATION
Involves moving from one area of the floor to another area of the same floor behind fire barrier doors. (Refer to Code Green Policy.)

VERTICAL EVACUATION
Involves moving from one floor towards the ground floor. (Refer to Code Green Policy.)

TOTAL EVACUATION
Involves total evacuation of the building to the outside and would be carried out only in an extreme emergency. (Refer to Code Green Policy.)

INCIDENT MANAGER
Person responsible for directing and coordinating all activities related to the incident. This role may be transferred to a more senior manager upon their arrival at the scene.

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Code Red – Fire

FIRE SAFETY PLAN
A document approved by the local Chief Fire Official that includes preventative measures and fire equipment on site and provides for the roles and responsibilities of all people during a fire emergency.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

Extendicare

Code Green – Evacuation

EP-04-01-01

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Green Incident Manager Job Action Checklist
- Appendix 2 – Code Green Nurses and Managers/ Supervisors Job Action Checklist
- Appendix 3 – Code Green All Staff Job Action Checklist
- Appendix 4 – Code Green Administrator Job Action Checklist

POLICY

All staff must be familiar with the processes of emergency evacuations. An evacuation drill is required at minimum once every year.

The Incident Manager or the fire department will determine if an evacuation is required. Staff will follow all instructions and procedures outlined below and in the Code Green checklists during a Code Green emergency.

Off-duty staff may receive a call to return to work when the staff call-back is initiated. Staff will report to the evacuation meeting area for further instructions and present identification if required.

BACKGROUND

A Code Green Emergency is a critical incident that requires evacuation. The longer it takes to evacuate the area of hazard, the greater the risk to residents, staff and others in the home.

During an emergency, such as a fire/explosion, bomb threat, community disaster (e.g. toxic spill, tornado), or structural failure (e.g. roof collapse), the evacuation of all or a portion of the building may be required to protect the health and safety of the residents, staff and visitors.

Evacuations may follow the staged approach or may begin in any one of the 3 stages:

Stage 1- Partial horizontal evacuation, moving from one area of the floor to another area of the same floor behind fire barrier doors. Note, it is permissible to cross in front of the room that contains the fire if the room has a fire rated door that is closed.

Stage 2- Partial evacuation of a larger area, such as an entire unit or multiple units. This could continue to be a horizontal evacuation or a vertical evacuation, moving from one floor towards the ground floor.

Stage 3- Full evacuation of the building to an external refuge location.

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Code Green – Evacuation

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Keep up to date on fire inspections and fire safety protocols.

2. Educate and practice other emergency codes that may lead to evacuation. Examples include Code Red- Fire, Code Black- bomb threat, Code Brown- hazardous/chemical spill.

PREPARE

1. Ensure staff training related to Code Green- Evacuation is completed at orientation, and at minimum annually thereafter.

2. Ensure your Emergency Response Plan and Fire Safety Plan are kept up to date with items such as the staff call back list, area of refuge agreements, site plans, evacuation routes and transportation services contact numbers.

3. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Green- Evacuation emergency.

RESPOND

1. Use the Code Green Administrator Job Action Checklist when responding to any emergency requiring an evacuation.

RECOVER

1. Use the Code Green Administrator Job Action Checklist "All Clear" procedures when the emergency has ended.

INCIDENT MANAGER

RESPOND

1. Use the Code Green Incident Manager Job Action Checklist when responding to any emergency requiring an evacuation.

2. Advise residents and visitors to:

   d. Follow instructions from the Incident Manager.
   e. Advise staff members of any risk(s) observed.
   f. Evacuate in the manner instructed.

RECOVER

1. Use the Code Green Incident Manager Job Action Checklist for "All Clear" procedures when the emergency has ended.

Extendicare

Code Green – Evacuation

PROCEDURES

NURSES AND MANAGERS/ SUPERVISORS	**RESPOND**
	1. Use the Code Green Nurses and Managers/Supervisors Job Action Checklist when responding to any emergency requiring an evacuation.
	2. Follow instructions provided by the Incident Manager.

ALL STAFF	**RESPOND**
	1. Use the Code Green All Staff Job Action Checklist when responding to any emergency requiring an evacuation.
	2. Follow instructions provided by the Incident Manager.

(?) **CODE GREEN**
Alert that an evacuation is required within the home.

PRIORITY EVACUATION
Residents in immediate danger.

Residents under supervision who can walk should be led to another fire barrier area or evacuation meeting area, as appropriate.

Wheelchair residents should be assisted to safe fire barriers or evacuation meeting area as appropriate and if their wheelchairs are required for other residents, they are to be removed from their wheelchairs when it is safe to do so.

All non-ambulatory residents can be carried or pulled on a blanket to a safe area if necessary. Moving beds causes congestion and is a last resort. Evacuation must always start with the highest risk area.

HORIZONTAL EVACUATION
Involves moving from one area of the floor to another area of the same floor behind fire barrier doors.

VERTICAL EVACUATION
Involves moving from one floor towards the ground floor.

In a partial evacuation, a horizontal evacuation is preferred to avoid moving residents through stairways. However, depending on the emergency, there may be no choice (e.g. when the fire is between the resident and the closest fire doors and the only exit is through the stairway).

TOTAL EVACUATION
Involves total evacuation outside the building and would occur only in an extreme emergency.

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Code Green – Evacuation

FAMILY INFORMATION SUPPORT CENTRE
A temporary area set up to provide information to family members on evacuated resident status/location.

STAFF CALL-BACK LIST
Current list of all staff within a defined group who are contacted to report to work, if requested, during an emergency situation.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Extendicare

Code Blue – Medical Emergency

EP-05-01-01

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Blue Emergency Checklist

REQUIRED DOCUMENTS:

CODE BLUE EMERGENCY CHECKLIST – Use to follow and document all required steps to address the emergency.

POINT OF CARE RISK ASSESSMENT (PCRA), IC-02-01-01 A1 – Use to determine appropriate Personal Protective Equipment (PPE).

RELATED AND SUPPLEMENTAL POLICIES:

IC-02-01-01, Routine Practices, Infection Prevention and Control Manual

POLICY

A nursing and/or first aid trained staff must render aid for an acute medical emergency involving residents, staff, volunteers, visitors or others. Staff members who discover a medical emergency anywhere on the property, including parking lots, external sitting areas and the front lobby, must respond as directed by this policy.

BACKGROUND

This policy is a guide for staff finding and responding to a cardiac arrest or any other acute medical emergency that requires an immediate and coordinated response to save a life.

This policy serves to mobilize nursing and/or first aid/CPR trained staff to the location of an acute medical emergency involving residents, visitors, staff or volunteers, to provide immediate intervention and assistance.

PROCEDURES

INCIDENT MANAGER

1. Upon notification of a medical emergency, attend the scene and bring required emergency equipment from the nursing station.

2. Determine if EMS is required. If required, call 9-1-1. Provide First Aid/CPR as needed.

3. If the medical emergency involves a resident, you must identify whether or not to initiate CPR by reviewing the Goals of Care (if available) to determine the resident's wishes. When a resident's wishes are unknown, you must proceed with CPR if you are trained to do so.

   Note: The decision not to provide CPR does not preclude the use of other forms of treatment or care. A resident who does not wish CPR remains eligible for all other

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Code Blue – Medical Emergency

PROCEDURES

appropriate treatments intended to increase comfort and quality of life, such as clearing a blocked airway (e.g. suctioning).

4. Delegate a staff member to meet EMS/Fire Department if 9-1-1 was called.

5. Redirect staff/volunteers who are not required to return to their duties.

6. Ensure all reporting requirements (critical incident report, health authorities, etc.) are met.

7. Provide support to residents, staff and volunteers impacted by the situation. Arrange for medical aid and/or counseling services as needed and requested.

8. Hold Debrief with staff, residents and visitors involved.

   Debriefing notes will include the time and date of the debriefing, the location, list of attendees, and notes from the discussion; what went well and what needs to be improved.

9. Upload completed Debrief Report in the Home Status Report folder.

ALL STAFF
1. If you discover a medical emergency, contact a nurse or medical practitioner, or summon help immediately by calling out: CODE BLUE. I need help in (location).

2. If it is determined to be a cardiac arrest and you are the first person on the scene trained in CPR, begin CPR following current Basic Cardiac Life Support guidelines and using appropriate PPE as determined by a Point of Care Risk Assessment (PCRA).

3. If you are the second employee at the scene, implement an all-page CODE BLUE.

4. Call 9-1-1 and state, "Medical emergency (describe the specific problem)." The dispatcher will need to know:

   a. Is the resident conscious?

   b. Is the resident breathing?

   c. What is the nature of the emergency?

   d. The location of the incident.

   e. The location telephone number.

5. Report back to the emergency scene when calls are complete.

6. The nurse responding will bring any emergency equipment available (suction machine, oxygen, v/s readers, etc.). If time allows, an informing call must be made to the resident's next of kin as soon as possible.

7. One available staff member will proceed to the main entrance to direct the 9-1-1 response team to the scene.

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Code Blue – Medical Emergency

ACUTE MEDICAL EMERGENCY
Serious falls, severe uncontrolled bleeds, chest pain, difficulty breathing, loss of consciousness, or any critical injury.

CRITICAL INJURY
An injury of a serious nature that:

places life in jeopardy;
produces unconsciousness;
results in substantial loss of blood;
involves the fracture of a leg or arm but not a finger or toe;
involves the amputation of a leg, arm, hand or foot but not a finger or toe;
consists of burns to a major portion of the body; and
causes the loss of sight in an eye.

FIRST AID KIT
A kit that meets the requirements under the Occupational Health and Safety Act.

NURSE(S)
Registered Nurses, Registered Practical Nurses and Licensed Practical Nurses.

CARE STAFF
Healthcare Aides, Nursing Assistants and Personal Support Workers.

RESUSCITATION
Resuscitation is an invasive and immediate lifesaving treatment that is administered to a person who has a sudden unexpected cardiac or respiratory arrest. It may include basic cardiac life support involving the application of artificial ventilation (such as mouth-to-mouth resuscitation and bagging) and chest compression. It may also include advanced cardiac life support, such as intubation and the application of a defibrillator.

Canadian Heart & Stroke Foundation, CPR Guidelines
https://cpr.heartandstroke.ca/s/article/Guidelines?language=en_US

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

Extendicare

Code Yellow – Missing Resident

EP-06-01-01

LAST REVIEWED: January 2024

APPENDICES:
- Appendix 1 – Code Yellow Incident Manager Job Action Checklist
- Appendix 2 – Code Yellow All Staff Job Action Checklist
- Appendix 3- Code Yellow Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:

CRITICAL INCIDENT REPORT – A critical incident report must be initiated. Follow all local, regional and provincial investigation and reporting requirements for critical incidents that occur in the home.

RELATED AND SUPPLEMENTAL POLICIES:

RC-01-01-07, Assuming Responsibility for Leave of Absence, Resident Care Manual

POLICY

As soon as a resident is noted as missing, a Code Yellow procedure, which is defined as an immediate and systematic search of the home and surrounding area, will be followed.

Units must be adequately supervised at all times. If there is not enough staff on duty to carry out the search and supervise the unit, the Incident Manager will immediately initiate a call-back of staff and initiate support from authorities as required.

BACKGROUND

Residents are considered missing when they are not in a location where staff can find them and are not signed out of the home. Residents are encouraged to move freely in the home except in areas considered to be hazardous. Some residents may be restricted to designated areas for their own health and safety, unless accompanied by a designated person. Families and visitors should be engaged to understand the unique nature of the residents in our care.

PROCEDURES

ADMINISTRATOR/ DESIGNATE

PREVENT

1. Ensure all residents are assessed upon admission and reassessed for wandering and exit seeking.

2. Apply mitigation strategies for residents identified as exit seeking; wander guards, tailored behavioral programs, locked units, registered with Alzheimer's society wandering registry etc.

3. Post a sign at all entrances/ exits informing visitors to not assist/open doors for residents unless they know the resident is permitted to leave the home.

4. When the home has planned downtime of maglock or locked doors in which the doors will be unlocked for any period of time, instruct staff to monitor doors until the downtime has ended to ensure no residents exit the building.

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Code Yellow – Missing Resident

5. Ensure all visitors or contracted services are aware of potential safety risks and are aware of a clear escalation pathway for concerns (E.g. direct them to the Director of Care).

PREPARE

1. Ensure staff training related to Code Yellow- Missing Resident is completed at orientation, and at minimum annually thereafter.

2. Ensure the Code Yellow tabletop is completed using an interdisciplinary approach during Code Yellow month.

3. Customize the search area checklists in the Incident Manager checklist to be applicable to your home.

4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Yellow- Missing Resident emergency.

RESPOND

1. Use the Code Yellow Administrator/Designate Job Action Checklist when responding to any emergency involving a resident who cannot be found.

RECOVER

1. Use the Code Yellow Administrator/Designate Job Action Checklist when responding to any emergency involving a resident who cannot be found.

INCIDENT MANAGER

RESPOND

1. Use the Code Yellow Incident Manager Job Action Checklist when responding to any emergency involving a resident who cannot be found.

2. Advise residents and visitors to:

   a. Follow instructions from the Incident Manager.
   b. Advise staff members of residents exiting the building unattended.
   g. Not hold the door for any residents exiting the building unless they know they are permitted to leave.

RECOVER

1. Use the Code Yellow Incident Manager Job Action Checklist for "All Clear" procedures.

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Code Yellow – Missing Resident

PROCEDURES

ALL STAFF

RESPOND

1. Use the Code Yellow All Staff Job Action Checklist when responding to any emergency involving a resident who cannot be found, including if you were the individual who identified the resident as missing.

2. Follow instructions provided by the Incident Manager.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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EP-07-01-01

Code White – Violent Situation

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code White Incident Manager Job Action Checklist
- Appendix 2 – De-escalation Techniques
- Appendix 3- Code White All Staff Procedures
- Appendix 4- Code White Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:

CRITICAL INCIDENT REPORT – A critical incident must be initiated. Follow all local, regional and provincial investigation and reporting requirements for critical incidents that occur in the home.

POLICY

Extendicare provides a safe environment for residents, families, staff, volunteers and visitors. A staff member observing a violent situation or a person as posing an immediate danger to themselves and/or others and/ or the property, may call a Code White at any time. The home must follow the procedures in this policy in dealing with a situation where there is potential for serious injury or uncontrollable behaviour due to a violent outburst.

BACKGROUND

These situations include any violent or aggressive individuals in the home. In situations where assistance in de-escalation and/or control of the disruption/violence is necessary, responding staff must use non-violent, verbal interventions. The primary aim is to remove everyone from the situation to minimize risk of injury.

PROCEDURES

ADMINISTRATOR/ DESIGNATE

PREVENT

1. Be aware of who is entering the home.
2. If you notice an individual acting aggressive or violent, do not open the door for them and try not to allow them entry into the home.
3. Ensure a risk assessment is conducted at admission on all residents to evaluate risk of verbal or physical responsive behaviours as well as document and communicate strategies to mitigate any risk from such behaviours.

PREPARE

1. Ensure staff training and exercises related to Code White- Violent Situation is completed at orientation, and at minimum annually thereafter.

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Code White – Violent Situation

PROCEDURES

2. Ensure the Code White tabletop is completed using an interdisciplinary approach during Code White month.

3. Ensure all staff receive training to support individuals with a cognitive impairment or mental health disorder E.g. Gentle Persuasive Approach

4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code White- Violent Situation emergency.

RESPOND

1. Use the Code White Administrator/ Designate Job Action Checklist when responding to any emergency involving an aggressive, violent and/or threatening individual in the home.

RECOVER

1. Use the Code White Administrator/ Designate Job Action Checklist when responding to any emergency involving an aggressive, violent and/or threatening individual in the home.

INCIDENT MANAGER

RESPOND

1. Use the Code White Incident Manager Job Action Checklist when responding to any emergency involving an aggressive, violent and/or threatening individual in the home.

2. Advise residents and visitors to:

   h. Follow instructions from the Incident Manager.

   i. Advise staff members of any risk(s) observed.

   j. If safe to do so, evacuate the affected area immediately and remain away from the affected area.

   k. Never confront an agitated or aggressive individual, stay away.

RECOVER

2. Use the Code White Incident Manager Job Action Checklist for "All Clear" procedures.

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Code White – Violent Situation

PROCEDURES

STAFF

RESPOND
1. Refer to the Code White All Staff Procedures document for how to respond to an emergency involving an aggressive, violent and/or threatening individual in the home.
2. Follow all instructions from the Incident Manager.
3. Follow all instructions from any emergency services upon their arrival.

RECOVER
1. Refer to the Recover section of the Code White All Staff Procedures document for what to do after the Code White has been announced as all clear.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Crisis Prevention Institute

https://www.crisisprevention.com/en-CA/Blog/CPI-s-Top-10-De-Escalation-Tips-Revisited

Public Services Health and Safety Association

https://workplace-violence.ca/tools/emergency-responses-code-white/

AGE Inc. Gentle Persuasive Approach

https://ageinc.ca/about-gpa-2/

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Code Brown – Hazardous/Chemical Spill

EP-08-01-01

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Brown Incident Manager Job Action Checklist
- Appendix 2 – Code Brown Spill Response Team Job Action Checklist
- Appendix 3- Code Brown Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:
SAFETY DATA SHEETS (SDS) – Located near where chemicals are kept.

POLICY

Planning is required to respond safely to a spill. When hazardous materials are unexpectedly released and/or the size of the spill prevents staff from carrying out a safe cleanup, a Code Brown incident must be called.

Staff must be trained in the safe handling, storage and disposal of hazardous chemicals such as WHMIS. A designated Spill Response Team must be trained to clean up hazardous material, untrained staff should not attempt a hazardous spill clean-up without direction from a trained staff member. If no trained staff member can be contacted and the spill is not severe, block off the area and ensure no one goes near it until a trained staff member arrives. If the spill is severe, contact the Administrator who may call an outside company for clean up.

As soon as a chemical spill is discovered, actions must be taken to assess the situation, protect the health and safety of everyone in the area, and initiate clean up in accordance with the Safety Data Sheets (SDS). Flammable spills or spills that caused injury or illness require the immediate assistance of emergency services.

SAFE STORAGE OF HAZARDOUS MATERIALS
All hazardous materials will be stored as identified in the Safety Data Sheets (SDS) and the manufacturer recommendations.

Flammable fuels such as gasoline and propane will not be stored in any building where residents live. The only exception will be the storage of diesel fuel for stand-by generators in specially designed rooms that have been approved by jurisdictions having authority (normally the fire department and building inspectors).

Cleaning solutions and other chemicals must never be stored above shoulder height.

SAFE HANDLING OF HAZARDOUS MATERIALS
All hazardous materials will be properly handled as identified in the Safety Data Sheets (SDS) and the manufacturer recommendations. The SDS will identify the type of personal protective equipment (PPE) required for the material.

SPILL RESPONSE TEAM
The Spill Response Team may include but is not limited to the following members:

- Safety Officer

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Code Brown – Hazardous/Chemical Spill

- Physical Plant and Maintenance Supervisor
- Housekeeping Manager
- Maintenance staff
- Housekeeping aides

Health & Safety Committee Member

BACKGROUND

Hazardous materials are used throughout residential care homes. A spill may include liquids, powders, or even gaseous substances. Occasionally, spills, misuse and other incidents can expose staff, residents, visitors or the environment to these materials.

The Code Brown alerts staff to an unexpected release of a hazardous or potentially hazardous material and provides response procedures for competent prompt clean-up by trained staff members to reduce and eliminate the hazards present. Blood and other bodily fluids are to be treated in the manner described in the Housekeeping and Laundry Services policy, Blood and Other Bodily Fluids.

PROCEDURES

ADMINISTRATOR/
DESIGNATE

PREVENT

1. Ensure all hazardous materials are stored as per SDS and manufacturer recommendations.
2. Ensure no hazardous materials are stored above shoulder height.
3. Ensure all hazardous materials are monitored for expiry and disposed of appropriately upon expiry.
4. Ensure all hazardous material remain in the receptacle they were bought in.

PREPARE

1. Ensure staff training related to Code Brown- Hazardous/Chemical Spills is completed at orientation, and at minimum annually thereafter.
2. Ensure the Code Brown tabletop is completed using an interdisciplinary approach during Code Brown month.
3. Ensure appropriate staff receive WHMIS training.
4. Ensure Material Safety Data Sheets (MSDS) are available and posted in the home.
5. Ensure the location of spill kits in the home is known.
6. Ensure appropriate staff receive training on the proper use of spill kits.
7. Identify where decontamination showers and eye wash stations are located.
8. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Brown- Hazardous/Chemical Spill.

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Code Brown – Hazardous/Chemical Spill

PROCEDURES

RESPOND

1. Use the Code Brown Administrator/ Designate Job Action Checklist when responding to any hazardous or chemical spill in the home.

RECOVER

1. Use the Code Brown Administrator/ Designate Job Action Checklist when responding to any hazardous or chemical spill in the home.

INCIDENT MANAGER	**RESPOND**
	
	1. Use the Code Brown Incident Manager Job Action Checklist when responding to any hazardous or chemical spill in the home.
	
	2. Advise residents and visitors to:
	    l. Follow instructions from the Incident Manager.
	    m. Advise staff members of any risk(s) observed.
	    n. Remain away from the affected area.
	
	RECOVER
	
	1. Use the Code Brown Incident Manager Job Action Checklist for "All Clear" procedures.

SPILL RESPONSE TEAM	**RESPOND** 1. Use the Code Brown Spill Response Team Job Action Checklist when responding to any hazardous or chemical spill in the home.
ALL STAFF	**RESPOND** 1. If you discover a spill or leak of a hazardous or unidentified material, notify the Incident Manager immediately. 2. Ensure no residents, staff or visitors enter the area of the spill or leak. 3. Follow instructions provided by the Incident Manager.
NURSES AND CARE STAFF	**RESPOND** 1. Continue providing quality care to residents. 2. May be required to assist in care in the event of injury related to a chemical or hazardous material spill.

A spill response kit will be kept at each home. If the kit is used for any purpose, it will be reported to the Maintenance Supervisor to ensure it is properly restocked.

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Code Brown – Hazardous/Chemical Spill

CODE BROWN
Alerts staff to an accidental release of a hazardous or potentially hazardous substance.

UNMANAGEABLE SPILL
The release of material that cannot be identified by the employee discovering the spill, is flammable, or is of such volume that it cannot be contained to the immediate area. This may represent a clear or immediate hazard to residents, visitors, staff, volunteers, the environment and/or property and requires assistance using specialized equipment to control, contain and clean-up and/or external emergency response personnel.

MANAGEABLE SPILL
The release of material that can be immediately identified by the employee and that poses minimal or no risk to individuals, and the performance of clean-up and disposal procedures are within the scope of staff knowledge and capability.

SDS
Safety Data Sheets are information made available by the manufacturer indicating the hazards and precautions for a substance.

WHMIS
Workplace Hazardous Materials Information System is a national legislative program designed to protect the users of hazardous/chemical materials by providing information through container labels, material data sheets and training.

NURSE(S)
Registered Nurses, Registered Practical Nurses and Licensed Practical Nurses.

CARE STAFF
 Healthcare Aides, Nursing Assistants and Personal Support Workers.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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EP-09-01-01

Code Grey – Air Exclusion

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Grey - Air Exclusion Incident Manager Job Action Checklist
- Appendix 2 – Code Grey – Air Exclusion Maintenance Job Action Checklist
- Appendix 3 – Code Grey – Air Exclusion Staff Job Action Checklist
- Appendix 4- Code Grey Administrator/ Designate Job Action Checklist

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Air Exclusion event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Air Exclusion, staff will restrict contaminated air from outside the building from entering the home, including shutting down air exchange systems, to ensure the air inside the building remains uncontaminated.

Note: Air exclusion is only initiated where evacuation into the open air would be more hazardous to the health and safety of residents and staff (i.e., external chemical cloud, considerable smoke from a local fire, abnormally high outside ambient temperatures).

BACKGROUND

A Code Grey – Air Exclusion emergency involves uncontrollable occurrences outside the home that have the potential to contaminate the air and affect the health and safety of residents, families, staff and volunteers. Examples of this include a tire fire, refinery fire/explosion or wildfire, chemical spill, etc.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Air Exclusion to ensure timely communication with residents and staff.
2. Conduct daily/weekly walkabouts of the home to ensure window and door seals appear functional.

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.
2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.
3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for an air exclusion emergency.

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Code Grey – Air Exclusion

4. Be familiar with the procedures for disconnecting the automatic operation of doors, if applicable. Ensure instructions are included in the home's Emergency Response Plan.
5. Ensure the home's Emergency Response Plan includes (printed) schematics of air exchange controls, ventilation, and/or HVAC equipment including each of their locations and shut-down instructions.

RESPOND

1. Use the Code Grey Administrator/ Designate Job Action Checklist when responding to any Code Grey emergency situation.

RECOVER

1. Use the Code Grey Administrator/ Designate Job Action Checklist when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist for "All Clear" procedures
2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Close any open windows and turn off any individual air conditioners in their room and apply wet towels or linens to seal any external air infiltration (i.e., from window air conditioning units), as able.
   c. Advise staff members of any risk(s) observed.
   d. Remain inside the home unless instructed otherwise.

RECOVER

1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist for "All Clear" procedures.

MAINTENANCE

RESPOND

1. Use the Code Grey – Air Exclusion Maintenance Job Action Checklist when responding to any air exclusion emergency.

REGISTERED STAFF

RESPOND

1. Monitor residents for respiratory symptoms and treat accordingly.

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Code Grey – Air Exclusion

PROCEDURES	

CARE STAFF

RESPOND

1. Assist with resident assessment and interventions, as required.

ALL STAFF

RESPOND

1. Follow instructions provided by the Incident Manager.

2. Use the Code Grey – Air Exclusion Staff Job Action Checklist when responding to any air exclusion emergency.

3. Assist (as required) with:

   a. turning off local air exchange systems, including individual air conditioning units in offices and residents' rooms;

   b. closing any open windows; and/or

   c. using wet towels or linens to seal any external air infiltration/gaps (i.e. window air conditioning units).

(?) CODE GREY – AIR EXCLUSION
A Code Grey – Air Exclusion alerts staff to an incident where exterior air quality may pose a risk to the home and its residents and may enter the building through air handling units.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

Extendicare's Intranet is the official source of current approved policies, procedures, best practices and directives.

Extendicare

Code Grey – Essential Services

EP-09-01-02

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Grey – Essential Services Incident Manager Job Action Checklist
- Appendix 2 – Code Grey – Essential Services Maintenance Job Action Checklist
- Appendix 3 – Code Grey – Essential Services Dietary Job Action Checklist
- Appendix 4 – Code Grey – Essential Services Nursing Staff Job Action Checklist
- Appendix 5- 24 Hour Resident Check Log

REQUIRED DOCUMENTS:

- STAND-BY GENERATOR, MN-1400 – Used by maintenance staff, this document outlines procedures pertaining to the maintenance of the stand-by generator.
- STAND-BY GENERATOR INSPECTION SHEET, MN-6780 – Used by maintenance staff, this document outlines inspection specifications for the stand-by generator.
- POINT CLICK CARE EMAR BACKUP SYSTEM SOP – Available on Flow, this training document provides instructions on file backup.

RELATED AND SUPPLEMENTAL POLICIES:

- MN-02-01-01, Preventive Maintenance Program, Maintenance Manual
- MN-03-01-01, Remedial (Demand) Maintenance Program, Maintenance Manual
- RC-08-01-03, Preventing Cold-Related Illnesses, Resident Care Manual
- RC-08-01-04, Preventing Heat-Related Illnesses, Resident Care Manual
- NC-05-01-08, Menus for Emergency Situations, Nutrition Care Manual

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Essential Services event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Essential Services, staff will follow procedures outlined in the Code Grey – Essential Services Checklist specific to their role.

All homes will be equipped with, or will have access to, a stand-by generator to provide electrical power to critical points within the home during a power failure. Each home will identify which services are on the backup generator for continuous operation where applicable. In the event the home does not have a generator on site, the home must describe in their Emergency Response Plan, where possible, the contingency plan for a generator or access to a generator that will be operational within three (3) hours of a power outage and can maintain, at a minimum, the following:

    a.   Telephone system (may be limited to key locations);

    b.   Fire alarm system;

Extendicare

Code Grey – Essential Services

   c.   Resident-Staff communication and response system (Nurse call system);

   d.   Emergency lighting in the hallways and stairwells;

   e.   Safety and emergency equipment (e.g. Mag-lock doors, resident wandering systems);

   f.   Life safety systems;

   g.   Heating system;

   h.   Elevators;

   i.   Where the home will obtain an ongoing fuel supply (natural gas); and

   j.   Other items as required by the jurisdictional authorities

Generator tests will be conducted monthly. One full-load test shall be carried out annually on the generator.

A service agreement for 24/7 repair of the home's HVAC system will be in place in the event of a failure and regularly scheduled maintenance will be conducted in keeping with the Extendicare's Preventive Maintenance Program and manufacturer's specifications.

BACKGROUND

A Code Grey – Essential Services emergency involves uncontrollable occurrences inside and/or outside the home that have the potential to affect the health and safety of residents, families, staff and volunteers. Examples of this include failures of power, nurse call bell system, maglocks, elevators, HVAC system, etc.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Essential Services to ensure timely communication with residents and staff.

2. Conduct daily/weekly walkabouts of the home to ensure no visible damage to equipment, equipment power cords and electrical fittings.

   Note: Consider all electrical wires to be live until proven otherwise if wires hanging out of walls/ceilings are seen. Be aware that unusually warm or hot outlets or cords may be a sign that unsafe wiring conditions exist.

3. Ensure preventive maintenance is conducted on all devices in the home (HVAC systems, stoves, washing machines and dryers, kitchen equipment, etc.) as per Preventive Maintenance program and manufacturer's requirements.

4. Report all damaged or suspicious equipment immediately to maintenance staff.

Extendicare

Code Grey – Essential Services

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.

2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.

3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for an essential services emergency.

4. Be familiar with the procedures for disconnecting the automatic operation of doors, if applicable. Ensure instructions are included in the home's Emergency Response Plan.

5. Ensure the home is equipped with a stand-by generator or has access to one quickly, with little notice.

6. Ensure the home's Emergency Response Plan includes (printed) schematics of air exchange controls, ventilation, and/or HVAC equipment including each of their locations.

7. Keep flashlights at each nursing station to assist in the event of a power failure.

8. Consider purchasing inverter battery packs to allow beds to continue to be raised and lowered during a power outage.

9. Ensure an adequate supply of extension cords is kept in a designated area of the home (for example a cabinet in each nursing station/Command Centre) to have at least 2 extension cords for every 10 beds.

   Note: Improper extension cord use can be a potential fire hazard:

   Avoid octopus electrical connections (multiple extension cords plugged into a single power outlet);

   Use extension cords capable of carrying the intended load (i.e., do not use an extension cord for a window A/C unit that is meant for a desk lamp); and

   Do not plug a power bar into an extension cord (power bars should be plugged directly into the wall outlet).

10. Conduct a monthly review of the eMAR backup system to ensure it is backing up the files hourly. Refer to PointClickCare eMAR Backup System SOP for instructions on file backup.

11. Ensure laptops, tablets and work phones are charged.

12. Know which printer is connected to the stand-by generator.

Extendicare

Code Grey – Essential Services

PROCEDURES

13. Ensure the home has flow sheets for documentation of resident care in the event of a power failure.

RESPOND
1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

RECOVER
1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND
1. Use the Code Grey – Essential Services Incident Job Action Manager Checklist when responding to any essential service failure/disruption.

2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Do not turn on any electrical equipment.
   c. Try to remain in one area as much as possible.
   d. Advise staff members of any risk(s) observed as well as any observation of lack of monitoring of any unlocked external or stairwell door.

RECOVER
1. Use the Code Grey – Essential Services Incident Manager Job Action Checklist for "All Clear" procedures.

MAINTENANCE

RESPOND
1. Use the Code Grey – Essential Services Maintenance Job Action Checklist when responding to any essential service failure/disruption.

DIETARY STAFF

RESPOND
1. Use the Code Grey – Essential Services Dietary Job Action Checklist when responding to any essential service failure/disruption that affects kitchen equipment including refrigeration and freezer units.

REGISTERED NURSING STAFF

RESPOND
1. Use the Code Grey – Essential Services Nursing Staff Job Action Checklist when responding to an emergency that ceases internet connectivity in the home.

Extendicare

Code Grey – Essential Services

PROCEDURES

DIRECT CARE STAFF

RESPOND

1. Complete and document resident checks every 15 minutes when the nurse call bell system is not working using the 24-hour Resident Check Log, Appendix 5.

2. Use a designated cellular phone to notify families, as applicable and if required.

ALL STAFF

RESPOND

1. Follow instructions provided by the Incident Manager.

2. Be alert to the potential of elevator shutdown during a power failure. If the power has been "flickering", avoid the use of elevators.

3. Ensure non-functioning maglock outdoor and stairwell doors are monitored.

4. Refer to applicable Extendicare policy, *Preventing Cold-Related Illnesses* or *Preventing Heat-Related Illnesses* in the Resident Care Manual if there is an HVAC system failure.

- Using candles during a Code Grey – Essential Services emergency is strictly prohibited as it has the potential to cause fires.

CODE GREY – ESSENTIAL SERVICES
A Code Grey – Essential Services alerts staff to an emergency where there is a failure or disruption of a home's essential services.

ESSENTIAL SERVICES
Essential services include the home's heating/cooling system(s); emergency lighting in hallways, corridors, stairways and exits; dietary services equipment required to store food at safe temperatures; resident-staff communication and response system; elevators and life support, safety and emergency equipment.

HVAC
HVAC (heating, ventilation, air conditioning) systems provide fresh air, exhaust stale air, and provide heat and cooling.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Extendicare

Code Grey – Essential Services

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Extendicare

Code Grey – Building Flood

EP-09-01-03

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Grey – Building Flood Incident Manager Job Action Checklist

RELATED AND SUPPLEMENTAL POLICIES:

- EP-04-01-01, Code Green – Evacuation
- EP-14-01-02, Natural Disasters and Extreme Weather Events

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a Code Grey – Building Flood event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

Upon announcement of a Code Grey – Building Flood, staff will initiate water supply shut-off to contain a flood and evacuate affected areas as required.

BACKGROUND

A Code Grey – Building Flood emergency involves an occurrence inside the home that has the potential to flood a home area and affects the health and safety of residents, families, staff and volunteers. Building floods can be caused from burst or broken pipes, overflowed toilets, leaking kitchen or laundry equipment, sewage backup, etc.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local alerts or advisories that have the potential to prompt a Code Grey – Building Flood to ensure timely communication with residents and staff (i.e., weather that may cause pipe freezing).

2. Conduct daily/weekly walkabouts of the home to ensure visible water pipes are not corroded, no exposed wiring, etc.

3. Ensure preventive maintenance is conducted on all devices in the home such as washing machines, kitchen equipment, etc. as per Preventive Maintenance program and manufacturer's requirements.

4. Report all damaged or suspicious equipment immediately to maintenance staff.

5. Ensure slow-draining sinks are checked for potential clogging.

PREPARE

1. Ensure staff training related to Code Grey is completed at orientation, and at minimum annually thereafter.

Extendicare

Code Grey – Building Flood

PROCEDURES

2. Ensure the Code Grey tabletop is completed using an interdisciplinary approach during Code Grey month.

3. Contact your Regional Director and/or the corporate office risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a building flood emergency.

4. Ensure the home's Emergency Response Plan includes instructions on how to turn off the water supply for both hot and cold water at the main valve, including water supply shut-off valves in specific areas.

   Note: Toilets and sinks generally have their own shut-off valves that are easy to locate.

5. Ensure "Caution Wet Floor" signs are accessible.

RESPOND
1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

RECOVER
1. Use the Code Grey – Air Exclusion Incident Manager Job Action Checklist (EP-09-01-01 A4) when responding to any Code Grey emergency situation.

INCIDENT MANAGER

RESPOND
1. Use the Code Grey – Building Flood Incident Manager Job Action Checklist when responding to any in-home flood emergency.

2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Stay away from the affected area.
   c. Advise staff members of any risk(s) observed, or any floods discovered.
   d. Remain inside the home unless instructed otherwise.

RECOVER
1. Use the Code Grey – Building Flood Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF   **RESPOND**

1. Notify the Incident Manager upon the discovery of a building flood.

2. Follow instructions provided by the Incident Manager.

Extendicare

Code Grey – Building Flood

PROCEDURES

3. Be aware of the location of "Caution Wet Floor" signs. Place the sign(s) so that they intercept foot traffic to the flooded area, if the extent of the flood is determined to be minor.

4. Instruct people to stay out of the affected, flooded area.

5. Shut down all electronic equipment in the flooded area, if safe to do so.

CODE GREY – BUILDING FLOOD
A Code Grey – Building Flood alerts staff to an incident where water is pooling on the floor typically from a water source leak (pipe, valve, tap/faucet, etc.) or leaking equipment (washing machine, dishwasher, etc.).

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Extendicare

Code Orange – External Disaster

EP-10-01-01

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Orange Incident Manager Job Action Checklist
- Appendix 2- Code Orange Administrator/ Designate Job Action Checklist

POLICY

The home must be prepared to receive and treat a sudden influx of people requiring emergency care due to an external or natural disaster such as a tornado, earthquake, hurricane or severe storm, while ensuring the safety and care of existing residents, staff, volunteers and visitors.

The home will enact appropriate emergency responses to natural/external disasters as directed by IMS leaders. Emergency officials will declare when a Code Orange is over.

The local or municipal disaster recovery plan may supersede this policy manual.

BACKGROUND

A Code Orange is used to respond safely and effectively to a disaster external to the home that is likely to increase the capacity and use of home resources. Code Orange can be used to manage the following scenarios:

Mass casualty incidents external to the home may include Chemical (C), Biological (B), Radio-Nuclear (RN), Explosive (E), or Environmental (E) events due to natural, accidental or intentional acts.

Code Orange alerts staff to the potential of a large volume of incoming residents or patients due to external or natural disaster. Its primary use is to accept residents from another evacuated care setting Eg. Hospital etc.

The evacuation and relocation of people requiring special care is a traumatic event. These people cannot be treated as other incoming residents. Many will have increased complications (medical, psychological, behaviours, social and dietary). In addition, incoming people may not have medical charts, medications, accompanying staff or family members. For these reasons, we refer to incoming people as residents in this policy.

PROCEDURES

ADMINSITRATOR/ DESIGNATE

PREVENT

1. Ensure clear communication pathways with our external partners. Know who your external care partners are.
2. Be aware of any unique external determinants that could pose a threat. Eg. Flood zone, forest and plan accordingly.

PREPARE

1. Ensure staff training related to Code Orange- External Disaster is completed at orientation, and at minimum annually thereafter.

Extendicare

Code Orange – External Disaster

PROCEDURES

2. Ensure the Code Orange tabletop is completed using an interdisciplinary approach during Code Orange month.

3. Contact your Regional Director and the corporate-risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Orange- External Disaster.

RESPOND

1. Use the Code Orange Administrator/ Designate Job Action Checklist when responding to any emergency involving a large number of residents being evacuated into the home.

RECOVER

1. Use the Code Orange Administrator/ Designate Job Action Checklist when responding to any emergency involving a large number of residents being evacuated into the home.

INCIDENT MANAGER	**RESPOND**
	1. Use the Code Orange Incident Manager Job Action Checklist when responding to any emergency involving a large number of residents being evacuated into the home.
	
	2. Advise residents and visitors to:
	  d. Follow instructions from the Incident Manager.
	  e. Advise staff members of any risk(s) observed.
	  f. Remain Calm.
	  g. Try to be courteous to incoming residents and families as they have been through a lot.
	
	RECOVER
	1. Use the Code Orange Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF	**RESPOND** 1. When Code Orange is announced, return to your assigned stations and report to your supervisor. 2. Follow all instructions from the Incident Manager and your supervisor.
DEPARTMENT MANAGERS AND SUPERVISORS	**RESPOND** 1. When Code Orange is announces, proceed to the Emergency Operations Centre for Instructions within 10 minutes of the announcement.

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Code Orange – External Disaster

EQUIPMENT NEEDED
- Mattresses, along with additional linen, pillows, etc.
- Chairs and tables
- Safety cones or other forms of indicators identifying where people are to go or be restricted from

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CODE ORANGE
Alerts staff that the home has been notified of an external or natural disaster that has / may result in incoming residents to the home.

FAMILY INFORMATION SUPPORT CENTRE
An area set up on a temporary basis to provide support and communications to the family members of residents and/or incoming residents.

STAFF CALL-BACK LIST
A process by which lists of off-duty staff within a defined group are contacted to report to work, if requested, during an emergency situation.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Extendicare

Code Black – Bomb Threat

EP-11-01-01

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Black Staff Receiving the Threat Job Action Checklist
- Appendix 2 – Code Black Incident Manager Job Action Checklist
- Appendix 3- Code Black All Staff Job Action Checklist
- Appendix 4- Code Black Administrator/ Designate Job Action Checklist

REQUIRED DOCUMENTS:

- CRITICAL INCIDENT – BOMB THREAT REPORT – Initiate a critical incident report. Follow all local, regional and provincial investigation and reporting requirements for critical incidents that occur in the home.

POLICY

Any bomb threat or terrorist threat must be reported immediately to the Management Team and be treated as a critical incident.
All bomb threats should be considered a verified threat to the facility.

BACKGROUND

Bomb threats are most often received in the following ways:

- The home will receive a telephone warning claiming that a bomb has allegedly been planted in the home.
- A letter, email, or social media message addressed and sent to the home / office containing a bomb threat or a threatening note is delivered to the home / office.
- Suspicious packages placed within the home.

During a Code Black situation, the home/ area is considered to be an active crime scene and as such you must not remove any items or personal belongings until authorized by Police.

PROCEDURES

ADMINISTRATOR/ DESIGNATE

PREVENT

1. Ensure the home is uncluttered and free of unidentified objects.
2. Report any suspicious activity to home level leadership.
3. Always be aware of your surroundings.

PREPARE

1. Ensure staff training related to Code Black- Bomb Threat is completed at orientation, and at minimum yearly thereafter.

Extendicare

Code Black – Bomb Threat

PROCEDURES

2. Ensure the Code Black tabletop is completed using an interdisciplinary approach during Code Black month.

3. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Black- Bomb Threat emergency.

RESPOND

4. Use the Code Black Administrator/ Designate Job Action Checklist when responding to any emergency involving a bomb threat in the home.

5. If you are also the individual receiving the threat, use the Staff Receiving the Threat Job Action Checklist as well.

RECOVER

1. Use the Code Black Administrator/ Designate Job Action Checklist when responding to any emergency involving a bomb threat in the home.

INCIDENT MANAGER

RESPOND

1. Use the Code Black Incident Manager Job Action Checklist when responding to any emergency involving a bomb threat in the home. Procedures in this checklist include managing a bomb threat, a non-specific threat, a threat to a specific location, a written threat, and a suspicious object found.

2. Advise residents and visitors to:

   h. Follow instructions from the Incident Manager.

   i. Advise staff members of any suspicious objects or suspicious events observed.

   j. Stay where you are unless directed otherwise.

   k. Remain silent.

RECOVER

1. Use the Code Black Incident Manager Job Action Checklist for "All Clear" procedures.

STAFF RECEIVING THE THREAT

RESPOND

1. Always consider Code Black to be a verified threat to the facility.

2. When receiving a bomb threat call, complete the Code Black Staff Receiving the Threat Job Action Checklist for Call Receiver Information.

Extendicare

Code Black – Bomb Threat

3. Immediately following the phone call, complete the Bomb Threat Report within the Staff Receiving the Threat Job Action Checklist for the police investigation. Fill out as much of the report as possible. Give the Incident Manager a full account.

   Note: A copy of the Bomb Threat Report must be accessible at all nursing stations and at reception.

4. Be alert to subsequent calls of the same nature.

5. When receiving a written, mailed or electronic threat, or locating a suspicious object, complete the corresponding checklist in the Code Black Staff Receiving the Threat Job Action Checklist.

ALL STAFF

RESPOND

1. Follow all instructions from the Incident Manager.

2. Refer to the Code Black All Staff Procedures document to review your responsibilities during a bomb threat.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Code Purple – Hostage Situation

EP-12-01-01

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Purple Incident Manager Job Action Checklist
- Appendix 2 – Code Purple –Administrator/Designate Checklist
- Appendix 3- Code Purple Taken Hostage Tip Sheet

POLICY

Homes will provide a safe environment for residents, families, staff, volunteers and visitors. If a hostage situation occurs, the primary aim is to remove all other people from the situation or area where safe to do so and have the police negotiate a successful resolution to the incident.

BACKGROUND

Code Purple is the designated emergency response code implemented to communicate and activate a standard organizational response to an incident in which any individual/ individuals are confined forcibly, seized or detained against their will with the involvement of a weapon or threat of violence at any of our Resident Care Homes. The main objectives of activating the Code Purple Emergency Response Plan are:

To minimize risk and preserve the safety of residents, staff, physicians, visitors, volunteers, and any contractors that may be on-site at the time of the incident; and

To trigger an immediate response from police services.

The Code Purple policy can be initiated by any member of staff who witnesses a hostage situation that requires an immediate police service notification and response by activating the actions outlined in this policy.

Law enforcement personnel are the primary responders and will assume control in any Code Purple response. Do not interfere with the police officers by delaying or impeding their movements: The police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

Police officers will be responding with the intent to use a required level of force to diffuse the situation

PROCEDURES

ADMINSTRATOR/
DESIGNATE

PREVENT

1. Be aware of who is entering your home.
2. If you notice an individual with a weapon or acting aggressive, do not open the door for them and try not to allow them entry into the home.
3. Ensure a risk assessment is conducted at admission on all residents to evaluate their risk of violence and put plans in place to mitigate behaviours.

Extendicare

Code Purple – Hostage Situation

PROCEDURES

PREPARE

1. Ensure staff training related to Code Purple- Hostage Situation is completed at orientation, and at minimum annually thereafter.

2. Ensure the Code Purple tabletop is completed using an interdisciplinary approach during Code Purple month.

3. Speak with your local police department to understand what terminology should be used on the phone during a Code Purple to ensure they respond immediately and appropriately.

4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Purple- Hostage Situation emergency.

RESPOND

1. Use the Code Purple Administrator/Designate Job Action Checklist when responding to any emergency involving a hostage situation in the home.

RECOVER

1. Use the Code Purple Administrator/Designate Job Action Checklist for "All Clear" procedures.

INCIDENT MANAGER

RESPOND

1. Use the Code Purple Incident Manager Job Action Checklist when responding to any emergency involving a hostage situation in the home.

2. Advise residents and visitors to:
   a. Follow instructions from the Incident Manager.
   b. Advise staff members of any risk(s) observed.
   c. Evacuate if instructed and safe to do so.
   d. Hide behind locked doors or large furniture where available.

RECOVER

1. Use the Code Purple Incident Manager Job Action Checklist for "All Clear" procedures.

HOSTAGES

RESPOND

1. Review the Code Purple, Taken Hostage Tip Sheet so that you are familiar with what to do in the situation.

Extendicare

Code Purple – Hostage Situation

RECOVER

1. Provide police with as much information as possible about the hostage situation.
2. Participate in debriefing session.

ALL STAFF

RESPOND

1. Get away from immediate danger and evacuate residents from the area safely. Call the police (9-1-1) and provide as much information as possible, i.e., location of the incident, number of hostage takers and hostages, physical description and names of the hostage takers and hostages (if known), any weapons involved (if known), your name, location and telephone number.
2. Notify the Incident Manager.
3. Follow instructions provided by the Incident Manager.
4. Do not speak to the media. Do not use telephones or social media, including your wireless devices.

RECOVER

1. Complete a situation report of the details of the incident and submit to the Administrator/Designate before leaving the home.
2. Participate in the debriefing session.

(?) **HOSTAGE SITUATION**
An incident in which someone takes and unlawfully holds others against their will with the use or threatened use of force. The offender(s) may subsequently make demands to secure freedom or other items using the hostage(s) as a bargaining tool. Generally the location of the hostage(s) and offender(s) will be known.

HOSTAGE TAKER
A person who unlawfully confines another with the use or threatened use of force.

HOSTAGE
Any staff or visitors within the home who has been taken captive.

Alberta Emergency Management Agency
http://www.aema.alberta.ca/

Extendicare

Code Purple – Hostage Situation

Emergency Management Ontario
http://www.emergencymanagementontario.ca/english/home.html

Emergency Management Organizations
https://www.getprepared.gc.ca/cnt/rsrcs/mrgnc-mgmt-rgnztns-en.aspx

Manitoba Emergency Plan
http://www.gov.mb.ca/emo/provincial/mep.html

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Extendicare

Code Silver – Active Assailant

EP-13-01-01

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Code Silver – Active Assailant Emergency Response Action Plan
- Appendix 2 – Code Silver- Resident Care Decisions
- Appendix 3- Code Silver Incident Manager Job Action Checklist
- Appendix 4- Code Silver All Staff Job Action Checklist
- Appendix 5- Code Silver Administrator/ Designate Job Action Checklist

RELATED AND SUPPLEMENTAL POLICIES:

- EP-07-01-01, Code White – Violent Situation, Emergency Preparedness and Response Manual
- EP-12-01-01, Code Purple – Hostage Situation, Emergency Preparedness and Response Manual

POLICY

Homes will provide a safe environment for residents, families, staff, volunteers and visitors. If an active assailant situation occurs, the primary aim is to remove all individuals from the situation or area, as quickly as possible, to minimize causalities and to have the police respond and manage the incident.

When a Code Silver is announced, staff will instruct all individuals in their immediate area to evacuate the area/building immediately if it is safe to do so. If it is not safe to evacuate the area/building, staff will protect themselves and others by sheltering in a location that provides as much protection as possible (i.e., behind a locked door, out of sight, behind large objects).

BACKGROUND

Code Silver – Active Assailant is the designated emergency response code implemented to communicate and activate a standard organizational response to an incident in which a weapon (firearm, edged weapon, explosive device, or instrument that can cause bodily harm or injury) is being used by an individual(s) actively engaged in killing, attempting to kill, or attempting to harm people within any of our Resident Care Homes. The main objectives of activating the Code Silver – Active Assailant Emergency Response Plan are:

To minimize risk and preserve the safety of residents, staff, physicians, visitors, volunteers, and any contractors that may be on-site at the time of the incident; and

To trigger an immediate response from police services.

The Code Silver – Active Assailant policy can be initiated by any member of staff who witnesses or recognizes an active threat that requires an immediate police service notification and response by activating the actions outlined in this policy.

Law enforcement personnel are the primary responders and will assume control in any Code Silver response. Do not interfere with the police officers by delaying or impeding their movements: The police are there to stop the threat as soon as possible. Officers will proceed directly to the area the assailant was last seen or heard. The first officers at the scene will not stop to assist injured individuals.

Police officers will be responding with the intent to use a required level of force to diffuse the situation.

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Code Silver – Active Assailant

BACKGROUND

PROCEDURES

ADMINISTRATOR/ DESIGNATE

PREVENT

1. Be aware of who is entering your home.
2. If you notice an individual has a weapon, do not open the door for them.

PREPARE

1. Ensure staff training related to Code Silver- Active Assailant is completed at orientation, and at minimum annually thereafter.
2. Ensure the Code Silver tabletop is completed using an interdisciplinary approach during Code Silver month.
3. Speak with your local police department to understand what terminology should be used on the phone during a Code Silver to ensure they respond immediately and appropriately.
4. Contact your Regional Director and the corporate-risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance with preparing for a Code Silver- Active Assailant emergency.

RESPOND

1. Use the Code Silver Administrator/ Designate Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.

RECOVER

1. Use the Code Silver Administrator/ Designate Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.

INCIDENT MANAGER

RESPOND

1. Use the Code Silver Incident Manager Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.
2. Advise residents and visitors to:
    a. Follow instructions from the Incident Manager.
    b. Advise staff members of any risk(s) observed.
    c. Evacuate if instructed and safe to do so.

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Code Silver – Active Assailant

PROCEDURES

           d.   Hide behind locked doors or large furniture where available.

           e.   Remain silent.

RECOVER

    1.   Use the Code Silver Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF

RESPOND

    1.   Use the Code Silver All Staff Job Action Checklist when responding to any emergency involving an individual with a weapon in the home.

    2.   Follow instructions provided by the Incident Manager.

ACTIVE ASSAILANT:
Refers to an individual(s) actively engaged in killing or attempting to kill people in a confined and populated area; in most cases, active assailants use firearm(s) and there is no pattern or method to their selection of victims.

Continuing Care Safety, Active Assailant Response Plan Template, July 2020
https://continuingcaresafety.ca/wp-content/uploads/2020/07/Active-assailant-contingency-plan-template.docx

U.S. Department of Health and Human Services U.S. Department of Homeland Security U.S. Department of Justice Federal Bureau of Investigation Federal Emergency Management Agency; Incorporating Active Shooter Incident Planning Into Health Care Facility Emergency Operations Plans; November 2014
http://www.phe.gov/preparedness/planning/documents/active-shooter-planning-eop2014.pdf

Healthcare and Public Health Sector Coordinating Council; Active Shooter Planning and Response in a Healthcare Setting; April 2014
https://www.alicetraining.com/wp-content/uploads/2016/04/Active-Shooter-Planning-and-Response-in-a-Healthcare-Setting.pdf

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Extendicare

Pandemic Management

EP-14-01-01

LAST REVIEWED: January 2024

APPENDICES:
- Appendix 1 – Corporate Pandemic Plan

POLICY

In keeping with provincial pandemic plans and the national Canadian Pandemic plan guidelines, homes must be prepared to provide service and protect the residents and staff during a Pandemic.

Note: All homes must follow all their respective public health directives in the event of a pandemic in addition to the Corporate Pandemic Plan.

BACKGROUND

Extendicare's Corporate Pandemic Plan ensures the safety of its staff, minimizes disruptions of business operations, and provides direction and the means to communicate appropriate actions to be taken during a Pandemic Influenza outbreak.

PROCEDURES

ADMINISTRATOR / DESIGNATE

1. Deploy the Corporate Pandemic Plan when at least one health authority at the local, provincial, federal, or international level have declared an official state of Pandemic outbreak. See *Corporate Pandemic Plan, Appendix 1.*

- Extendicare's Emergency Preparedness and Response manual, primarily Extendicare's Incident Management System, and Extendicare's Pandemic Plan have been developed to assist the organization to consolidate efforts and resources in order to limit the impact of a Pandemic.

MITIGATION/PREVENTION
Mitigation/Prevention is the phase where organizations explore the potential impact of a Pandemic and the development, where possible, of corrective measures or action plans that either prevent the Pandemic from occurring, or more likely, minimize the impact if it does occur. For example, influenza immunization, education related to respiratory hygiene, not attending work when ill, handwashing, etc.

PREPAREDNESS
Preparedness is the phase where organizations implement measures to ensure that they are able to cope with the Pandemic. For example, stockpiling of PPEs, training staff in emergency preparedness, the development of a Pandemic plan, integrating planning efforts with those in the community, i.e. provincial ministries of health, local public health, etc. are strategies homes are to be working on during the preparedness phase.

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Pandemic Management

RESPONSE
Response is the phase where organizations are required to deal with an actual Pandemic based on the forecasted impact on the health care system and society in general. For example, efforts to deal with an increased need for and receipt of information/direction, supplies, staff shortages, illness or death of colleagues, etc. are all challenges faced in the Response Phase.

RECOVERY
Recovery is the phase where organizations work towards a return to normal functioning. For example, the return of client services to normal volumes, staffing, the filing of claims to government departments, recognition and support to staff, etc. are activities happening during this phase.

WHO (World Health Organization
http://www.who.int/en/

PHAC – Public Health Agency of Canada
https://www.canada.ca/en/public-health.html

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Extendicare

EP-14-01-02

Natural Disasters and Extreme Weather Events

LAST REVIEWED: January 2024

APPENDICES:

- Appendix 1 – Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist
- Appendix 2 – Natural Disasters and Extreme Weather Events Information Sheet

REQUIRED DOCUMENTS:

- HAZARD IDENTIFICATION RISK ANALYSIS (HIRA) GUIDE AND PROCESS, EP-02-01-01 A1 – Used to prioritize prevention, mitigation and training priorities for the home.

RELATED AND SUPPLEMENTAL POLICIES:

- EP-02-01-01, Emergency Response Plan and Fire Safety Plan
- EP-04-01-01, Code Green – Evacuation
- EP-09-01-01, Code Grey – Disruption of Critical Infrastructure
- EP-10-01-01, Code Orange – External/Natural Disaster
- RC-08-01-03, Preventing Cold-Related Illnesses, Resident Care Manual
- RC-08-01-04, Preventing Heat-Related Illnesses, Resident Care Manual

POLICY

Homes will implement preventive, preparedness, responsive and recovery procedures when managing a natural disaster and/or extreme weather event, in alignment with their home-specific Hazard Identification and Risk Analysis (HIRA), to ensure the safety of the occupants of the home and the continuity of resident care.

BACKGROUND

A home-specific HIRA is meant to determine the potential for a natural disaster and/or extreme weather event which may be more prevalent in certain geographical areas. With an increasing frequency of extreme weather events, it is important for the safety of residents and staff to ensure the risk is identified and appropriate strategies are implemented to mitigate the impact of these events on homes.

PROCEDURES

ADMINISTRATOR / DESIGNATE

PREVENT

1. Monitor for local extreme weather alerts or advisories to ensure timely communication with residents and staff.

PREPARE

1. Ensure staff training related to natural disasters and extreme weather events is completed at orientation, and at minimum yearly thereafter.

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Natural Disasters and Extreme Weather Events

2. Ensure the natural disasters and extreme weather events tabletop is completed using an interdisciplinary approach.

3. Ensure the home's staff call back list is up to date.

4. Contact your Regional Director and the corporate risk management team at riskmanagement@extendicare.com as required if you have questions or require assistance pertaining to extreme weather events and natural disasters.

5. For best practice, do not select another Extendicare or Extendicare Assist home as your home's evacuation site as they are likely to be affected by the same disaster.

6. Know where staff live and where the nearest hotels to the LTC home are located in the event the weather event or disaster will require staff to stay nearby or be called in on short notice.

RESPOND

1. Use the Natural Disasters and Extreme Weather Administrator/ Designate Job Action Checklist when responding to any natural disaster or extreme weather event such as a winter storm, tornado, flood, forest fire, earthquake or hot weather advisory.

RECOVER

1. Use the Natural Disasters and Extreme Weather Administrator/ Designate Job Action Checklist when responding to any natural disaster or extreme weather event such as a winter storm, tornado, flood, forest fire, earthquake or hot weather advisory.

INCIDENT MANAGER

RESPOND

1. Use the Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist when responding to any natural disaster or extreme weather event such as a winter storm, tornado, flood, forest fire, earthquake or hot weather advisory.

2. Advise residents and visitors to:

    a. Follow instructions from the Incident Manager.

    b. Advise staff members of any risk(s) observed.

    c. Remain inside the home unless instructed otherwise.

RECOVER

Extendicare

Natural Disasters and Extreme Weather Events

PROCEDURES

1. Use the Natural Disasters and Extreme Weather Events Incident Manager Job Action Checklist for "All Clear" procedures.

ALL STAFF **RESPOND**

1. Follow instructions provided by the Incident Manager.

2. Refer to the *Natural Disasters and Extreme Weather Events Information Sheet, Appendix 2.*

3. Refer to policy, *Preventing Heat-Related Illnesses* in the Resident Care Manual when managing heat-related events.

4. Refer to policy, *Preventing Cold-Related Illnesses* in the Resident Care Manual when managing cold-related events.

NATURAL DISASTER

A natural disaster is defined as a major event caused by Earth's natural processes that leads to significant degradation to the environment, i.e., earthquakes. Typically, a natural disaster can be preceded by an extreme weather event. Earthquakes may trigger water supply system failures, and structural damage to buildings, roads, etc.

EXTREME WEATHER EVENTS

Extreme events are occurrences of unusually severe weather, climate or environmental conditions that can cause devastating impacts on communities as well as infrastructure and nature.

- Heat waves, freezes, heavy downpours, tornadoes, tropical cyclones and floods are examples of weather-related extreme events.
- Wildfire outbreaks are examples of a climate-related extreme event.

Government of Canada, Get Prepared: During a Tornado
https://www.getprepared.gc.ca/cnt/hzd/trnds-drng-en.aspx

Government of Canada, Earthquakes: What to do?
https://www.getprepared.gc.ca/cnt/rsrcs/pblctns/rthqks-wtd/index-en.aspx

Government of B.C, Get Prepared for an Earthquake
https://www2.gov.bc.ca/gov/content/safety/emergency-management/preparedbc/know-your-hazards/earthquakes-tsunamis/earthquakes

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