

**YEE HONG CENTRE FOR GERIATRIC CARE
SCARBOROUGH MCNICOLL**

DISASTER MANUAL

REVISED: March 13, 2026

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SECTION 1 FOREWORD

A disaster is an event which affects the normal operation of a facility. Fire, explosion, chemical spills, loss of heat, water, light and power, bomb threats and severe weather are all events which may be classified as a disaster. The degree of disruption caused by those events may be minimal as in the case of loss of water for a brief time, or major, as in the case of fire requiring total evacuation. Additionally, the disruption may be created by the reception of individuals from another facility, which has undergone a disaster.

Yee Hong Centre - Scarborough McNicoll is a 5-story structure. There are 3 elevators servicing the Long-Term Care Home, with one designated as a freight elevator. There is also an elevator servicing activity in the Basement, which includes a Rehabilitation Centre that is open to the public.

There are 155 residents in the Long-Term Care Home with an average age of 87, and at least 60% of the residents are diagnosed with dementia. 70% of the residents are female and most of the residents with multiple chronic health conditions. Approximately only 15% of the residents are ambulatory while the others rely on various types of walking aides or assistance. Care and services are provided 24 hours a day, 7 days a week. Management and other administrative staff work regular business hours, i.e. Monday to Friday, 9:00 a.m. to 5:00 p.m.

Apart from our Active Seniors Program, our community services also include an Adult Day Program and a Congregate Dining Program on the Ground Floor. The general profile of clients of these programs is not similar to the profile of residents in the Long-Term Care Home, most of them still require assistance in ambulation.

Although we live in the hope that disasters will never strike at our door, the truth is that they can and do occur. The purpose of this manual is to state the process of preparing for, responding to and recovery from any unplanned event that could have a negative effect on the organization so that we can:

- Protect the health and safety of our residents, staff, volunteers and family members;
- Minimize any inconvenience to the residents, staff, volunteers, family members and community;
- Minimize damage to the facilities and its contents;
- Ensure continued operation as a health care facility and reduce damage to the building and or equipment so Yee Hong can recover fast and;
- Recognize responsibility to the community we serve.

The effectiveness of the emergency and disaster plan described herein is dependent upon you. Your familiarity with your duties and responsibilities will determine how you respond should a disaster strike our facility. Your cooperation is not only necessary, but also essential.

March 13, 2026

Rebecca Leung

Date

Executive Director

SECTION 2 KEY PERSONNEL AND EMERGENCY EXTERNAL NUMBERS

2-A Environmental Nurse

- Within the Long-Term Care Home, all environment-related emergency situations such as a flood, power outage, gas leak, etc. will be declared and response initiated by the Registered Nurse (Environmental Nurse) as assigned
- In the case of an emergency when an immediate response is required, the Environmental Nurse should call 911
- If the emergency happens during regular hours, immediately contact the Facility Manager and the Executive Director (refer to phone list below)
- If the emergency happens after regular working hours, notify the Facility Manager and the Executive Director (refer to phone list below)
- The Environmental Nurse should always carry his/her PWT phone to respond to incoming calls during an emergency

2-B Key Personnel

POSITION	NAME	TEL EXTENSION
Chief Executive Officer	Glen Chow	1108
Vice President, Operations	Deborah Pidgeon	1116
Executive Director	Rebecca Leung	2100
Director of Resident Care	Julia Zhu	2200
Assistant Director of Resident Care	Dorothy Huang	2208
Assistant Director of Resident Care	Paul Pan	2206
Assistant Director of Resident Care	Amy Zhu	2227
IPAC Manager	Bonnie Ip	2217
Activation Manager	Esther Wong	2607
Food Services Manager	Amber Sun	2260
	Rebecca Yow	2260
Facility Manager	Kevin Chan	2290
Chief Financial Officer (CFO)	Steve Gray	1180
Chief of People (CPO)	Shannon Holden	1121
Executive Director, CPS	Ping Lai	1160
Medical Director	Dr. Hilda Lim	/
Nurse Practitioner	Tian Qiu	2289
Physiotherapist	Yogeeta Shah	2237
Social Worker	Jeff Lai	2618
SRCP	Andy Chung	McN: 2623 / FCH: 5629
Registered Dietitian	Agnes Chow	McN: 2150 / FCH: 5150
Occupational Therapist	Eugenia Wong	5238
Maintenance Technician	C. K. Chan Joseph Zhou (Weekend)	2299
IT Emergency Contact	Ian Mason	1178

	Ricky Kan	1172
Emergency Phone (Land line)	2nd Floor – Nursing Station	
Administrative Assistant	Jane Zheng May Lam Karine Chow	2205 2204 2103
Reception	Bianca Cheung	2000

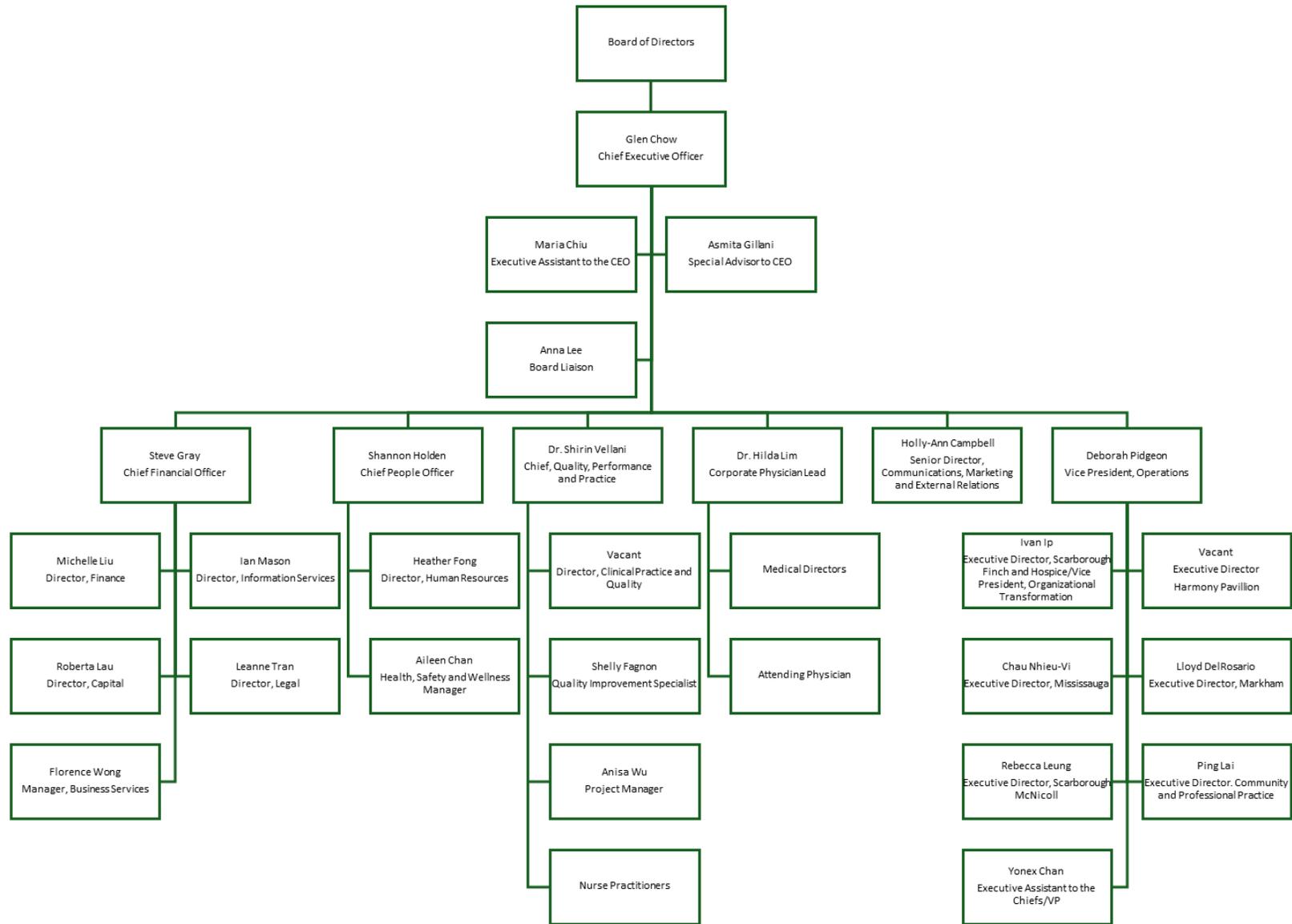
2-C External Resource Agencies

Agency Name	Contact #
The Ministry of Long-Term Care (MLTC) – Emergency Pager (After hours)	1-888-999-6973
Ministry of Labour Health & Safety (to report a critical injury, fatalities or work refusals) In an emergency, always call 911 immediately	1-877-202-0008
Central East LHIN, Ontario Health atHome	905-427-5497 1-800-263-3877
Toronto Fire Services	Emergency Call 911 Non-emergency 416-338-9050
Ambulance Service – Emergency / Toronto – Non-Emergency Ambulance Transportation	Emergency Call 911 Non-emergency 416-423-2323
Toronto Police	Emergency Call 911 Non-emergency 416-808-2222
Toronto Transit Commission - WheelTrans	416-393-4111 416-542-8000
Toronto Hydro	416-542-3000
Toronto Water Supply	416-392-2489 (311 Toronto)
Consumer Gas (Enbridge)	1-866-763-5427
Environmental Spill Toronto Water Spill & Reporting	311 Toronto
Radiation	1-800-265-7672
Poison Control Centre	416-598-5900

2-D Other External Resource Agencies

Agency Name		Contact #
Red Cross		416-480-2500
The Scarborough Health Network	General Site	416-438-2911
	Grace Site	416-495-2400
	Centenary Site	416-284-8131
Long-Term Care Homes – Partners for Emergency Evacuation		
Extendicare Rouge Valley		416-282-6768 x 214
Mon Sheong - Stouffville		289-469-0323 x 8118
Mon Sheong – Richmond Hill		905-883-9288
Mon Sheong – Scarborough		416-291-3898
Yee Hong – Garden Terrace		416-412-4571 x 5710
Yee Hong Centre – Scarborough Finch Yee Hong		416-412-4571 x 5100
Centre – Mississauga		416-412-4571 x 4100
Yee Hong Centre - Markham		416-412-4571 x 3100

2-E Organization Chart



2-F Command Centre

In the event of emergency during or outside regular office hours, a Command Centre will be set up in the Reception Area. The Executive Director or Designate will be in charge of the Command Centre. The Environmental Nurse will report to this area to await the arrival of Emergency Support Services (such as Fire Department, Police, etc.)

In the event that the Executive Director or Designate is not available, such as in the case of a fire outside of office hours, the Environmental Nurse will be in charge of the command centre in the reception area and will wait for the arrival of Emergency Support Services (such as Fire Department, Police, etc.)

SECTION 3: EVACUATION (CODE GREEN)

3-A CIRCUMSTANCES NECESSITATING EVACUATION

- Fire
- Natural Disasters - floods, tornados, etc.
- Extreme Weather Events - hurricanes, snow storms, etc.
- Bomb Threat/Explosions
- Loss of Heat/Water for an extended period of time
- Community disasters, such as toxic spill, train derailment, gas leak, etc.

3-B TYPES OF EVACUATION

1. CODE GREEN – Precautionary

Simple evacuation:

A person discovers a disastrous situation in a confined area which can be contained and managed, such as a small fire or chemical spill in a room; and removes person/people from that room.

Partial evacuation:

- a. Horizontal evacuation – involves residents being removed from an area affected by a disastrous situation such as a fire, to another area on the same floor, preferably behind fire-rated doors.
- b. Vertical evacuation – involves moving residents to another floor, usually downward.

The situation may escalate if the disaster cannot be managed

2. CODE GREEN STAT – CRISIS

Involves a total evacuation of the building to the outside and would be carried out only in an extreme emergency. Everyone must leave the building via the nearest exit.

3-C DECISION TO EVACUATE

The decision to enact a total evacuation shall be made by the Chief Executive Officer, Vice President, Operations, Executive Director, Director of Resident Care or Assistant Director of Resident Care or the Nurse in Charge, in collaboration with the Police, Fire and Ambulance Services

3-D RESPONSIBILITY DURING EVACUATION

Executive Director

1. Implement the Disaster Evacuation Procedures.
2. Notify Ontario Health atHome and the MLTC.
3. Determine
 - a. Number of residents to be evacuated
4. Direct the activities of all personnel until the arrival of the police, fire department and/or ambulance service.
5. Receive all communications from the police, fire department and ambulance service and will participate in assessing the situation with these agencies.

Note: In the absence of the Executive Director, these duties will be performed by the Director of Resident Care or the Assistant Director of Resident Care and then the RN Team lead or Environmental Nurse.

Director of Resident Care and/or Assistant Director of Resident Care

1. Direct the removal of residents.
2. Maintenance of record of evacuees and ensuring all residents have identification bracelet or other means of identification.
3. Coordinate with the contract pharmacy to supply medication for relocated residents.
4. Instruct the RN Team lead or the Environmental Nurse to transport of the “Stat Box” to a secure location where the medication will be accessible.
5. Decide on an evacuation route and confirm that it is safe. Move people at least 100M away from the building.

RN Team Lead or Environmental Nurse

1. Maintain resident head count.
2. Removal of the residents’ chart.
3. Ensure that residents’ charts have accompanied evacuated residents.
4. Maintain list identifying relocation of residents.
5. Carry out the duties of the Executive Director/Director of Resident Care/Assistant Director of Resident Care in their absence.
6. Assign PSWs to prepare name tags for residents.

Facility Manager

1. Depending on circumstances, responsible for traffic control until the arrival of the police.
2. Ensure the building is left in a secure condition if possible.

Housekeeping / Laundry Staff

1. Secure extra bedding and linen, if needed.
2. Assist with evacuation, as needed.

Administrative Assistant / Receptionist (or staff on duty outside Office Hours)

1. Keep all outside traffic lines available.
2. Accept only emergency in-coming and out-going calls.
3. Be responsible for the removal of an:
4. Up-to-date list of residents.
5. Up-to-date list of residents' next-of-kin.

Food Services Manager

1. Arrange for the provision of beverages and snacks to residents, staff, volunteers, firefighters, police and ambulance personnel.
2. Assign staff to assist with evacuation.

Activation Manager / Social Worker / Spiritual & Religious Care Practitioner (SRCP) / IPAC Manager

1. Obtain volunteers and social Service staff for emotional support if necessary.
2. Report to the Executive Director or designate for assignment of duties.
3. Obtain transportation for the residents being evacuated.
4. Assist in the notification of the next-of-kin.

Medical Director or Attending Physician

1. Attend to any medical emergencies.
2. Arrange for the hospitalization of residents, as required

Evacuation Procedures and Detailed Roles and Responsibilities of Staff

***** For Fire related scenario (evacuation related instructions/ actions are in green) *****

1. Notice from Authorities / Fire alarm to evacuate
2. RN Team Lead or Environmental RN (ERN)

RN Team Lead or Environmental RN (ERN)

For evacuation due to Fire scenario (Fire Plan Section 4.3.6)

- a. For ERN, hand the floor to a designate
- b. Proceed to Ground Floor nursing station and obtain Environmental Nurse equipment (vest, keys, walkie-talkie, flashlight etc.)
- c. Proceed to the Central Alarm and Control Facility
- d. Identify the location of the alarm (LED display on screen)
- e. Using the Emergency Voice Communications System, announce the location and code (twice in English and twice in Chinese)
- f. Brief the City Fire Services personnel when they arrive on the scene
 - Inform them of the situation and location
 - Inform them of the measures/response taken up to that point
- g. If request by the affected floor's unit nurse, instruct other floors to send 1 PSW to the affected floor or non-nursing staff from reception during work hours)
- h. Assign staff to receive residents if evacuation is to ground floor**
The following steps i-l applies to DRILLS only:
- i. When instructed by City Fire Services/ Management staff, announce the "All Clear" message
- j. Reset the fire panel and elevators
- k. Collect comments from managers and unit nurse, then complete fire incident/drill report
- l. Resume normal operations

3. Unit Nurse (carrying the PWT – portable phone) of the Affected Floor

Unit Nurse

For evacuation due to Fire scenario (Fire Plan Section 4.3.5)

Unit Nurse of the Affected Floor (as announced by RN Team Lead/ ERN)

- a. Report to the nursing station
- b. Ask PSWs to check each area for signs of fire or smoke or indicator light above room doors
- c. Inform the RN Team Lead/ ERN for the location of the alarm
- d. Order a T-shaped evacuation of residents from the affected fire compartment to a safe fire compartment (e.g. from South wing to North wing or vice versa)
 - Note 1: As long as there is no fire or smoke in the hallway, it is safe to move residents past a room that may have a fire inside, provided the door to that room remains closed.
 - Note 2: If fire or smoke is in the hallway, DO NOT attempt to move resident staff through the fire/smoke. Inform the RN Team Lead / ERN to get staff from other floors to respond from stairwell and evacuate the residents on floor below. Inform RN Team Lead/ ERN (and vice versa) of the location of the evacuation and head count.
- e. Continue to evacuate remaining residents from the affected fire compartment to a SAFE fire compartment
- f. Order a head count of all the residents and staff on your floor (Affected Floor)
- g. Inform the RN Team Lead/ ERN after residents have been evacuated to the SAFE fire compartment. Provide the head count and the situation on the floor, including the number and location of any residents unable to be removed from the affected fire compartment
- h. Inform the RN Team Lead/ ERN when the fire is suppressed (or cause of alarm rectified) notified by City Fire Services
- i. Follow further instructions from RN Team Lead/ ERN.
The following steps j-l applies to DRILLS only:
- j. When the “All Clear” message is announced, ensure that the doors to each wing are opened, and that there is no evidence of fire or smell or smoke
- k. Provide comments to RN Team Lead/ ERN for reporting
- l. Resume normal operations

Color Codes for Nursing Floors:

Purple: Ground Floor

Red: 2nd Floor

Yellow: 3rd Floor

Green: 4th Floor

Blue: 5th Floor

4. RN/RPN Unit Nurse on other floors (Unaffected Floors)

Unit Nurse
<p>For evacuation due to Fire scenario (Fire Plan Section 4.3.4)</p> <p><u>Unit Nurse of All Floors (Unaffected Floors)</u></p> <ol style="list-style-type: none">a. Report to the nursing stationb. Ask PSWs to check each area for signs of fire or smoke or indicator light above room doorsc. Listen for the announcement from RN Team Lead/ ERN for the location of the fire alarm<ul style="list-style-type: none">• Acknowledge announcementd. If the fire alarm was not initiated from your floor and there are no signs of fire or smoke<ul style="list-style-type: none">• Order a head count of the residents and staff on your floor• Stand by and wait for instructions from the RN Team Lead/ ERN• If requested by the RN Team Lead/ ERN, send a PSW (or non-nursing staff) to the affected floor to assist with the evacuation <p style="background-color: yellow;">The following steps e-g applies to DRILLS only:</p> <ol style="list-style-type: none">e. When “ALL CLEAR” is announced, ensure that the doors to each wing are opened, and that there is no evidence or smell of fire or smokef. Provide comments on areas of improvement to RN Team Lead/ ERN for reportingg. Resume normal operations

5. PSWs on the floor

PSW on the floor
<p>For evacuation due to Fire scenario (Fire Plan Section 4.3.2a and 4.3.2b)</p> <ol style="list-style-type: none">a. Report to the nursing stationb. Follow the instructions of the Unit Nursec. Perform room check in clockwise directiond. Check the entire room including the washroom, closet and under the bede. Evacuation Order<ul style="list-style-type: none">• T-shape• Ambulatory• Non-ambulatoryf. Provide reassurance and comfort to residents during evacuation.g. After confirming that no one remains in the resident room, close the door, and flip the “Vacant” sign outside the room.h. If you take a resident to a SAFE fire compartment, stay with the resident or hand them off to another staff member (Do not leave them alone)i. Report to Unit Nurse or RN Team Lead/ ERN of the location of the resident(s) and the head count once you are in a safe fire compartmenti. For vertical evacuation of non-ambulatory residents, use the Med Sled stored on each floorj. Provide comments on areas of improvement to Unit Nurse for reportingk. Resume normal operations

6. PSWs in G/F Lobby (if Temporary Collection Centre is established)

PSW's in G/F Lobby (if Temporary Collection Centre is established)
<ol style="list-style-type: none">a. Stay with the residentsb. Conduct head count and continue adding to the list as additional residents arrive.c. Start assisting residents to board the bus when it arrives.

7. Non-Nursing Staff

Non-Nursing Staff

For evacuation due to Fire scenario (Fire Plan Section 4.3.1a - c)

- a. When you hear the fire alarm and you are on a residential floor (Resident Home Area):
 - Secure your work area (e.g. turn off computer, move housekeeping cart out of the way, etc.)
 - Leave your office
 - Close the door and flip the “**Vacant**” sign (if available)
 - Report to the nursing station
- b. When you hear the fire alarm and you are on any floor other than a residential floor (e.g. ground floor or basement)
 - Secure your work area (e.g. turn off computer, etc.)
 - Leave your office
 - Close the door and flip “**Vacant**” sign (if available)
 - Report to Reception Desk on Ground Floor
 - Follow instructions of the RN Team Lead / ERN or Receptionist
- c. When you hear the fire alarm and you are in the mechanical penthouse
 - Secure your work area
 - Leave the penthouse
 - Report to nursing station on the 5/F
 - Follow instructions from the Unit Nurse

******* For NON-Fire Emergency scenarios *******

1. Received notice from government authorities to evacuate
2. RN Team Lead or Environmental RN (ERN)

RN Team Lead or Environmental RN (ERN)
For evacuation due to Non-Fire Emergency scenarios: <ol style="list-style-type: none">a. Assign a unit nurse if available to be in charge of the Floorb. Go to G/F Command Centrec. Announce “Code Green” (Total Evacuation) in English and Chinese at least two times eachd. Announce which floor is to be evacuated (start from 5/F)e. Obtain the Resident List from the Reception Desk or Administration Office (after hours)

3. Unit Nurse (**carrying PWT**) on the Affected Floor

Unit Nurse on the Affected Floor
For evacuation due to Non-Fire Emergency scenarios: <ol style="list-style-type: none">a. Acknowledge Code Green by calling the RN Team Lead / ERN in the Command Centreb. Take out the backpack from the Medication roomc. Distribute the resident name list to the PSWsd. Distribute colour name tags and markers to PSWse. Place a coloured name tag on your clothes to identify yourself as the Unit Nursef. Assign pairs of PSWs to begin room searchesg. Pack the residents’ medications into the backpackh. Assign helpers to assist residents to the activity room or stay with residents in the activity roomi. Conduct a head count according to the resident name list after residents gather in the activity room (Head count includes residents, visitors and staff)j. Inform the RN Team Lead/ ERN via PWT that your floor is ready to evacuate

- k. Wait for instructions from the RN Team Lead /ERN to move residents to the G/F Lobby
- l. Begin evacuation after receiving instructions
- m. Conduct a final sweep to ensure the floor is clear of human life (residents, staff, visitors, volunteers)
- n. Inform the RN Team Lead /ERN that your floor is clear
- o. Pick up the backpack and go down to the G/F
- p. Pass the current head count list to the Command Centre
- q. Assist residents to board on the bus
- r. Go with the last resident to the receiving facility as assigned
- s. Inform McN Command Centre upon arrival
- t. Report to the receiving facility Command Centre

Color Codes for Nursing Floors:

Purple: Ground Floor

Red: 2nd Floor

Yellow: 3rd Floor

Green: 4th Floor

Blue: 5th Floor

4. RN/RPN Unit Nurse on other floors (Unaffected Floors)

Unit Nurse on Unaffected Floors
<p>For evacuation due to Non-Fire Emergency scenarios:</p> <ol style="list-style-type: none">a. In charge of the floor, follow the same procedures as the evacuation floor (Affected Floor)b. Place a coloured name tag on your clothes to identify yourself as the Unit Nursec. Carry PWT, escort residents during transportation, go with the first bus to the receiving facilityd. Conduct a resident head count and account for their locationse. Take the head count list to the transport busf. Report to the receiving facility Command Centre and inform McN Command Centre upon arrivalg. Conduct a head count and pass the head count list to the receiving facility Command Centreh. Register residents and assist in settling them in the receiving facility

5. PSWs on the floors

PSW on the floors
<p>For evacuation due to Non-Fire Emergency scenarios:</p> <ol style="list-style-type: none">a. Report to the Unit Nurse at Nursing stationb. Place a coloured name tag on your clothes to identify yourself as PSW and ask visitors and volunteers to wear a coloured name tag as well for identificationc. Conduct room to room search in pairs:<ul style="list-style-type: none">– Conduct room search clockwise– Check washroom, closet(s), under bed(s)– Check TV room, Spa room, offices etc.d. Ensure rooms are clear of human life and ensure “Vacant” sign is visiblee. Assist residents in wearing appropriate clothes and help them move to the activity room, starting with residents who require less assistancef. Conduct a head count with the resident name list and report to the Unit Nurseg. Wait for instructions to evacuateh. Conduct a second sweep to ensure the floor is clear of human life (residents, staff, visitors, volunteers)

- | |
|--|
| <ul style="list-style-type: none">i. Use elevator to move residents down to G/F Lobby designated coloured areaj. Provide reassurance to residents during evacuation |
|--|

6. PSW's in G/F Lobby (if Temporary Collection Centre is established)

PSW's in G/F Lobby (if Temporary Collection Centre is established)
<ul style="list-style-type: none">a. Stay with the residentsb. Conduct a head count and continue to add to the list as additional residents arrive.c. Start assisting residents to board the bus when it arrives.

7. Non-Nursing Staff

Non-Nursing Staff
For evacuation due to Non-Fire Emergency scenarios, please refer to the following table

Evacuation Floor Non-nursing Staff	Non-Evacuation Floor Non-nursing Staff	Receptionist / Administrative Assistants	Food Services Staff
Report to the Unit Nurse at Nursing station of evacuation floor and wait for instructions	Report to Main Lobby near reception desk and wait for instructions from RN Team Lead Environmental Nurse (ERN) / Executive Director (ED)	Relay Code green message to ED or Designate	Move drinks and snacks and report to Command Centre
If asked to assist in room search and evacuation: <ul style="list-style-type: none"> • Conduct room to room search in pairs: • Conduct room search clockwise • Check washroom, closet(s), under bed(s) • Check TV room, Spa room, offices, etc. 	If assigned to entrances: <ul style="list-style-type: none"> • Stop visitors from coming into the building • Ensure residents do not wander out of the building 	Keep outside line open to respond to calls from residents' relatives	
Assist in evacuating residents and moving them to the activation room as instructed	If asked to assist on Main Lobby: <ul style="list-style-type: none"> • Assist in taking the residents in and attending to any needs • Reassure and comfort the residents • Follow the instructions from the PSWs 	Relay any instructions from the RN Team Lead /ERN to support staff in the Main Lobby	
Once all residents have been evacuated, report to the Unit Nurse and wait for instructions	If asked to assist on Main Lobby: <ul style="list-style-type: none"> • Assist in moving residents from the elevators to the Ground Floor Lobby • Monitor the lobby and ensure no obstruction in the escape route • Follow the instructions from the PSWs 	Administrative Assistants prepare and make multiple copies of updated resident list and family contact information and report to the Command Centre	
If instructed to leave the floor, go to Main Lobby and wait for further instructions	If assigned to operate elevators: <ul style="list-style-type: none"> • Lock down the elevators and operate elevators according to instructions of the Command Centre 		
Assist in moving residents to the buses	Assist in moving residents to the buses		

3-E PRIORITY OF EVACUATION

**** in order from highest to lowest priority****

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

3-F VITAL RECORDS AND MEDICATION TO BE EVACUATED

TYPE	REMOVAL RESPONSIBILITY OF: (And Designated Back-up)
Medication	Registered Nursing Staff
Disaster Manual	RN Team Lead or Environmental Nurse
List of Residents	Executive Director or Director of Resident Care (Administrative Assistant)
Employee Telephone Directory	Executive Director

Unit nurses will carry all available medication strips in the backpack, with a second nurse verifying the narcotics and controlled medications. The unit nurse should use a cooler to transport insulins and other medications requiring refrigeration if necessary. RN leads or environmental nurses will transport the night cardboard and emergency box to the designated location. DRCs or ARDCs will coordinate with the contract pharmacy to supply medication for relocated residents.

3-G FAN OUT PROCEDURES (See Appendix I)

When a situation arises which requires additional staff, CEO/VP, Operations/ Executive Director will initiate the FAN OUT PROCEDURES

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

- **An evacuation of the facility**
- **Receipt of additional residents from another facility**

- **A loss of power, water, gas or inclement weather**
- **Any situation which potentially requires increased staff in a very short time frame**

The CEO or designate will start the process. The senior management team will then call their managers/supervisors and they in turn call their staff with the support from the Administrative Assistants until all staff have been contacted.

Fan Out charts are designed to contact staff in the most efficient manner in the event of an emergency. (Refer to Appendix I for the McNicoll LTC Fan Out Chart).

One printed copy of McN-LTC Fan Out Contact List contains names and phone numbers of staff in each department is kept inside a sealed envelope on 2/F nursing station. The electronic copy is saved in T drive: **T:\McN\Emergency Preparedness\Fan Out**. Staff contact information is prepared and updated by the Human Resources Department twice a year.

Callers will initiate staff notification calls, advising each staff member to report to the on- site command centre as soon as possible.

Each caller will obtain an estimated time of arrival from each staff member who will be assisting during the disaster.

3-H RELOCATION OF RESIDENTS TO RECEIVING CENTRE AND TRANSPORTATION

The decision to relocate shall be made by the Chief Executive Officer / Executive Director

/ Director of Resident Care, or Nurse-in-charge in consultation with police, fire department and/or ambulance services.

NOTIFICATION OF RELOCATION SITES

The Executive Director of Scarborough McNicoll Centre will notify the MLTC, Central East LHIN, Ontario Health atHome and the LTC home partners for emergency evacuation - Page 96 for their phone numbers for contact. Each LTC home will accommodate 25-32 residents.

TRANSPORTATION OF RESIDENTS FROM SCARBOROUGH MCNICOLL

<p>Stock Transportation (10-50 passengers school bus service)</p>	<p>Phone: 905-475-7191 Website: www.stocktransportation.com</p>
<p>Attridge Transportation (56 persons motor coach, 20/36/47 passengers school bus)</p>	<p>Phone: 416-255-5199 Website: www.attridge.com</p>

Executive Director or designate will arrange transportation using the following resources:

- Voyago** (MOU signed) 1-855-263-7163
- Scarborough City Cab (Taxi Services) (416) 438-5151
- Wheelchair Accessible Transit (416) 884-9898
- WheelTrans (Customer Services) (416)393-4111
(416) 393-4222
- Yee Hong Buses (Paul Wong, CPS) (416) 629-2232**
Ext. 2613

SECURITY CHECK OF BUILDING

Facility Manager / Maintenance Technician will ensure that a final inspection of the building is made (by fire department) or the police to check that:

- a. Appropriate electrical equipment is turned off
- b. Gas is shut off as appropriate
- c. All evacuated areas are sealed off, secured and barricaded as necessary
- d. All windows are closed and doors locked

Facility / Maintenance staff will post a sign at the main entrance indicating the address and phone number of the receiving centres.

ARRIVAL AT RECEIVING CENTRE

Staffs of the Scarborough McNicoll Centre are responsible for directing residents to reception areas assisted by the receiving centres' staff

TEMPORARY DISCHARGE OF RESIDENTS

Residents can be temporarily discharged to the care of relatives and friends. The unit nurse will ensure that residents/families receive the necessary medications and instructions and leave a forwarding address.

REGISTRATION OF RESIDENTS

Scarborough McNicoll staff will register residents upon arrival at the receiving facilities.

INQUIRIES FROM RESIDENTS

The Chief Executive Officer or designate will request radio broadcasting companies to announce that inquiries from relatives cannot be handled for 3-4 hours. After that time, there will be special telephone lines set up to answer inquiries. The answering of inquiries will be performed by administration staff in Scarborough McNicoll.

WORK SCHEDULES

During a disaster, all regular work schedules are suspended indefinitely. The supervisor/ manager of each department will call in staff as required.

COMMUNICATIONS

(Please refer to the Crisis Communication Plan Section)

- ***FAMILIES AND RESIDENTS***

If evacuation of the Home becomes necessary, staff of the Scarborough McNicoll Centre will contact families of residents and provide them with the destination of residents within 6 hours.

- ***NEWS MEDIA***

Communications with the news media is the responsibility of Chief Executive Officer. The CEO/designate will respond to inquiries from the media to ensure all media have the same information. Communication will be factual to minimize or avoid speculation. There will be no attempt to cover up or mislead. Records of all information will be kept and written press releases will be provided as necessary.

3-I RECOVERY PROCESS

Before reopening the operations following a disaster, the following information should be determined:

- **Structural security** – obtain a qualified professional validation
- **Safe entry** – obtain the proper approval from government agencies
- **Clean-up safety** – ensure the workplace is cleaned up and safe for all to resume their normal duties
- **Air quality assessment** – ensure the atmosphere is free of toxic agents
- **Ventilation** – ensure proper operations of all HVAC units
- **Interior exposures** – ensure all walls and ceiling material is secure and not damaged or falling
- **Exterior exposures** – ensure all windows are intact and no building material is damaged
- **Protection equipment** – clean and test the fire alarm system
- **Electrical safety** – check all electrical, computer and telecommunications systems are working
- **Government authority** – seek approval from all government agencies (public health, food, elevators, fire safety)
- **Health/sanitation issues** – the building and food sanitation should be inspected
- **Furniture** – check for integrity and water damage
- **Lighting** – ensure there is adequate lighting levels
- **Emergency planning & preparedness** – practice the emergency procedures and ensure everyone is aware of the procedures
- **Inspections** – get qualified people to inspect the elevators and all life safety systems
- **Surfaces** – ensure all flooring surface are clean and slip free

3-J DOCUMENTATION OF INCIDENT

The cause, if known and time of the incident shall be documented. There should be an ongoing update of residents and their locations. A census form can be used for tracking.

A return plan will be implemented as soon as possible to assure the safe return of residents to their rooms. All staff will inspect the areas to ensure safety and that things are in order. Proper notification and an orderly plan will occur. Activities will resume once everyone is back in their original places with all support systems in place.

The Executive Director will complete a report of the incident and forward copies to:

- CEO, Yee Hong Centre
- Chief Regional Officer, Toronto and East, Ontario Health
- CEO, Ontario Health atHome
- Inspector, MLTC

DETAILS SHOULD BE DISCUSSED WITH LOCAL POLICE AND FIRE DEPARTMENTS

SECTION 4: EXTERNAL DISASTER (CODE ORANGE)

Code Orange denotes that conditions are present which increase the possibility that a disaster can occur in the community and the Home may be receiving residents from other Long-Term Care Homes which are affected by the disaster.

RECEPTION OF RESIDENTS FROM OTHER LONG TERM CARE HOMES

AUTHORIZATION FOR RECEPTION

Authorization for the reception of residents from an outside facility in an emergency situation must be obtained from the Executive Director or designate.

CAPACITY TO RECEIVE

The exact number of people to be received is largely dependent on the level of care they require. In an emergency situation, we can accommodate a maximum of 25 individuals. Any larger amount would be inappropriate for this facility.

PREPARATION FOR RECEPTION

1. *COMMUNICATION TO KEY PERSONNEL*

(a) **During normal working hours -**

- (i) The **EXECUTIVE DIRECTOR** will immediately call a meeting of the McNicoll Department Heads and the Corporate Chiefs and advise them of the situation.
- (ii) Each **DEPARTMENT HEAD** will be responsible for alerting staff on duty and calling in additional staff as needed.

(b) Outside normal working hours –

The **RN Team Lead or Environmental Nurse** will:

- (i) Obtain authorization for the reception from the Executive Director or designate.
- (ii) If authorization is received, notify -
 - Nursing Department
 - Food Services Department
 - Facility Department

2. **STAFFING**

It is felt that the present staffing level is sufficient to enable the Home to cope with the approved number of disaster victims. However, additional staff may be called in at the discretion of the Department Head.

- (a) **FOOD SERVICES MANAGER** will contact pre-arranged resource facilities in the area to secure additional food trays.
- (b) **FACILITY MANAGER** will contact resource facilities such as Red Cross or Salvation Army to obtain the extra cots, mattresses and blankets.
- (c) **MAINTENANCE TECHNICIAN** will pick up these supplies where possible and set up the cots and mattresses **in areas designated for use.**
- (d) **The Facility Department** will make up cots and ensure that an adequate supply of towels is left at the bedside for the residents.

3. **FOOD SERVICES**

- (a) Food Services Manager will adjust the meals to incorporate the additional needs of residents, staff and volunteers according to supplies on hand.
- (b) Food Services Manager will alert all dietary personnel of schedule changes which could affect days off and hours of work. Dependent on level of care required, incoming residents will be offered hot drinks and cookies.
- (c) Ordering of foods in ready and portion pack form will assist in caring for the additional residents. Paper service will also assist, and immediate adaptation of the schedule will be necessary to allow for extra settings in the dining room, for both residents and staff.

RECEPTION PROCEDURE

1. **RECEPTION AREA**

Upon arrival, all incoming residents/ patients are to be directed to designated area.

2. **REGISTRATION AND ADMISSION**

The **RECEPTIONIST**, with the assistance of volunteers if possible, will obtain the following information from staff of the long-term care facility:

- Name
- Address
- Age
- Sex

- Next-of-kin
- Language spoken

3. **NURSING STAFF**

The **NURSING STAFF** assigned will ensure that all evacuees receive identification bands.

NURSING AND PERSONAL CARE

The **NURSING STAFF** will provide the care required by incoming evacuees. Staffs from the evacuated facility are to perform their regular functions in the home under the direction of the supervisory staff at the facility.

4. **INQUIRIES FROM RELATIVES**

The **RECEPTIONIST** will receive and respond to inquiries from relatives.

5. **MEDICAL SUPPLIES**

Medical supplies which are normally stocked in the home are considered adequate to enable staff to cope with such emergency situations as would fall in the area of their capability to deal with them.

6. **MEDICATION SUPPLIES**

Emergency medication supplies currently stocked in Scarborough McNicoll Centre should offer to the received residents/patients if needed. In case of additional medications being required, the DRC or ADRC will contact the contracted pharmacy for additional needed supplies.

SECTION 5: FIRE (CODE RED)

Follow procedure in Fire Safety Manual posted on bulletin board in your respective departments.

(For evacuation related actions due to Fire, please see Section 3)

SECTION 6: BOMB THREAT (CODE BLACK)

Bomb threats are usually made by telephone. Bombers prefer to place devices in easily accessible locations (lobby areas, rear exits) to minimize risk of capture.

Good housekeeping simplifies the task of identifying suspicious package. Security measures make it more difficult to plant a bomb. Locked cabinets, rooms and offices limit unauthorized access and reduce the areas that need to be secured.

DUTIES OF PERSONNEL

The person receiving the telephone call will:

1. Remain calm. **DO NOT PANIC.**
2. Get as much information from the caller as possible:
 - Where is the bomb?
 - What does it look like?
 - What kind of bomb is it?
 - When is it going to explode?
 - Did you place the bomb yourself?
 - Why are you doing this?
 - What is your name?
 - What is your address?
 - Check to see if the caller's number is visible on call display.
3. Listen to voice and background noises such as traffic, music etc. Pay particular attention to distinguishing characteristics of the caller's voice i.e. accent, sex, age or impediment.
4. Record the exact time of the call and any other information obtained. Please refer to Bomb Threat Check List attached.
5. Immediately advise the Chief Executive Officer / Chief Operating Officer, Executive Director or Director of Resident Care or the Environmental Nurse.

The Executive Director or designate or the RN Team Lead / Environmental Nurse will call 911, the Central East Home and Community Care Support Services and the MLTC Emergency numbers. The Executive Director or designate or RN Team Lead / Environmental Nurse will guide the police to the affected area.

BOMB THREAT CHECK LIST

Guidelines for staff member receiving bomb threat phone call

KEEP CALM! KEEP CALM! KEEP CALM! KEEP CALM!

Your calmness may well allow you to collect a maximum amount of information.

TIME CALL RECEIVED: _____ ENDED: _____

EXACT WORDS OF CALLER:

Allow caller to talk uninterrupted. Once there is a pause, be ready with your questions, always phrased in a clarifying mode.

Examples:

- **What time did you say this device will detonate?**
- **Where did you say it was located? Floor? Area?**
- **How big did you say it is?**
- **What did you say it looks like?**
- **Why did you say you are doing this?**

While listening, check as much of the following information as possible:

DESCRIPTION OF VOICE:

Male: Female: Nervous: Calm: Young: Old:

Accent: _____ Intoxicated: _____

Speech Impairment (E.g. Lisper):

Unusual Phrases/Phrasing:

Do you recognize the voice? _____

If yes, whose? _____

BACKGROUND NOISE:

MUSIC: _____

WHISTLES: _____

BELLS: _____

HORNS: _____

RUNNING MOTOR: _____

TRAFFIC SOUNDS: _____

AIRCRAFT: _____

OTHER NOISES:

ADDITIONAL INFORMATION:

Did the caller indicate knowledge of the facility? _____

If so, how? _____

GENERAL INSTRUCTIONS

CODE BLACK will be announced.

1. Management will initiate the search:
 - follow police guidance
 - utilize staff members in each area who are familiar with that part of the building
 - search areas in a systematic fashion, moving progressively room by room until each area is complete, check all rooms in a counter clockwise rotation
 - concentrate on public and maintenance areas, outside areas, building entrances and stairwells.
 - record and secure each area that is searched
 - look for out of place or suspicious items
 - **DO NOT USE RADIOS OR CELL PHONES**
2. If a suspicious object is found:
 - **DO NOT** touch it
 - inform the police immediately
 - inform Command Centre
 - evacuate everybody within 100m of the object
3. Staff are to ensure the safety of the residents once a suspicious object is found by relocating residents to a part of the building far away from the object

DECISION TO EVACUATE

The decision to evacuate will be made by the Chief Executive Officer/Executive Director/Director of Resident Care or the Nurse in Charge at the Command Centre, as advised by the police, fire department or other knowledgeable persons. Resident, family member, volunteer and staff safety should always be the foremost consideration.

DOCUMENTATION OF INCIDENT

The Executive Director will complete a report of the incident and forward copies to:

- CEO, Yee Hong Centre

- Chief Regional Officer, Toronto and East, Ontario Health
- CEO, Central East Home and Community Care Support Services
- Inspectors, MLTC

DETAILS SHOULD BE DISCUSSED WITH YOUR LOCAL POLICE AND FIRE DEPARTMENTS.

SECTION 7: VIOLENT PERSONS (CODE WHITE)

Follow Policy CAD-VII-10 “Code White – Violent Persons”

When a staff receives a threat(s) of personal violence by an intruder (could be a telephone caller), the staff should consider the following:

- Signal (pre-planned: “I need the WHITE blinder”) other staff to call 911
- Question the purpose of this visit (or call), if uncooperative
 - ❖ Stay calm
 - ❖ Do not argue
 - ❖ Try to keep the intruder/caller talking
 - ❖ Do not look the intruder/caller straight in the eye
 - ❖ Note all details of the intruder/caller (if applicable), such as height, weight, clothing, speech accent and any other unusual characteristics

Be prepared to escape if the intruder’s tone of voice or behaviors appears to be escalating.

Yee Hong Centre for Geriatric Care

Developer: DRCs, EDs and Occupational Health Manager	Division: Corporate	Category: Corporate Administration	Policy Number: CAD-VII-10
Effective Date: September 2014	Subject Name: Code White - Violent Persons (Long Term Care Homes)		Approval: SLT
Reviewed/Revised Date: July 2025	Next Review Date: July 2028	Supersedes: N/A	Page: 1 of 9

POLICY

A “Code White” response is a non-violent crisis intervention team response strategy to regain control of a situation in which an individual is behaving in a potentially dangerous manner towards himself/herself or others.

This policy provides specific procedures for staff to respond to different situations involving residents and non-residents of Yee Hong long term care homes.

PURPOSE

1. To provide the aggressive individual with the best and safest care until he/she regains control of his/her behaviour.
2. To prevent harm to the aggressive individual, residents, staff and others.
3. To regain control of the emergency situation in which an individual’s escalating behaviours are beyond the staff’s abilities to control.
4. To prevent property damage or financial loss and to mitigate reputation risk.

DEFINITIONS

AGGRESSION: A term often interchanges with “violent”; it generally identifies behaviour that has an intent to harm.

ENVIRONMENTAL RESTRAINT: Refers to limiting the territory in which the resident can stay.

LEAST RESTRAINT: Intervention used with the aggressive/violent resident which is the least restrictive possible yet still allows the Code White team to regain control of the situation.

LIMITS OF ENGAGEMENT: Code White Response team is authorized to respond to an aggressive resident within the centre's property only. Police will be called if the incident takes place outside of the centre's property.

RESIDENTS: Residents of Yee Hong long term care homes.

NON-RESIDENTS: Visitors, family members of residents, volunteers, and other individuals who are not residents or staff excluding clients of social services.

PRINCIPLES

1. Individual involved is always treated with utmost respect and professionalism
2. Staff's and others' right to a safe environment is respected
3. Safety priority occurs in the following order at all times:
 - a. Self and other staff safety
 - b. Resident/visitor safety
 - c. Safety of the environment
4. Physical intervention is always non-violent in dealing with physical aggression
5. Code White team physical intervention is used as a last resort to safely control an individual physically acting out until s/he regains control of his/her behaviour
6. Code White team does not intervene in any situation that may pose a risk beyond their resources to intervene safely
7. Untrained staff is not to participate directly as Code White team members but may function in a supportive role

SPECIFIC ROLES AND RESPONSIBILITIES

SENIOR MANAGEMENT:

1. Ensure commitment of resources to staff training and education specifically for the Code White Response Team to fulfill their duties.
2. Ensure appropriate policies and procedures are established to minimize aggressive behaviours of residents.

MANAGERS AND SUPERVISORS

1. Assure the implementation, monitoring and evaluation of the policies and procedures.
2. Ensure risk assessments are completed to identify real or potential hazards contributing to aggressive behaviours against staff and residents.
3. Ensure effective response, reporting, follow up and monitoring procedures are in place to address incidents of aggressive behaviours as per centres' policies.

4. Ensure all aggressive incidents are investigated and corrective actions are identified and taken to prevent recurrence.
5. Monitor safe work practices and ensure non-compliance with these safe work practices is addressed.
6. Ensure staff receive training and education in prevention and management of aggressive behaviours.
7. Provide support to all individuals affected by the aggression.

STAFF:

1. Actively participate in the training and education program.
2. Comply with safe work practices as per policies, practices and procedures.
3. Report any potential hazard and risks immediately as per policies and procedures.
4. Apply policies and procedures to workplace aggression.
5. Report and document all incidents of aggression.

JOINT HEALTH AND SAFETY COMMITTEE:

1. Monitor violence in the workplace by reviewing statistical and investigation information.
2. Review incidents of violence and make recommendations for prevention if needed.
3. Ensure recommendations are followed up.
4. Participate in program review.

OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT (HUMAN RESOURCES):

1. Develop, implement and monitor aggression prevention and management policies and procedures.
2. Perform risk assessments through incident reviews.
3. Develop and implement education program in consultation with Joint Health and Safety Committee.
4. Provide input to management for corrective actions.
5. Conduct annual evaluation of program in consultation with Joint Health and Safety Committee.

THE CODE WHITE TEAM

1. Membership:
Assistant Directors of Resident Care (ADRCs), Director of Resident Care (DRC), on-duty Behaviour Support Ontario (BSO) Nurse Lead, all Registered Nurses (RN) and Unit Nurse, Social Workers, Maintenance Technicians, and Facility Manager/Aides are members of the Code White Team.
2. Training:
Code White Team members shall receive annual Code White refresher training and when necessary.
3. Team Leader:
The Nurse assigned to the residential floor will assume the role of Code White Response Team lead
The Environmental Nurse will assume the role of the Code White Response Team Lead for non-residential areas (e.g. lobby, basement).

PROCEDURES FOR SITUATIONS INVOLVING RESIDENTS IN LONG TERM CARE HOMES AS THE AGGRESSIVE INDIVIDUALS

1. All staff shall enact 'de-escalation' strategy with consideration of:
 - a. Ensuring own and co-worker safety (e.g. leave area if necessary until sufficient resources are available to safely restrain or remove an aggressive resident).
 - b. Directing other staff as necessary to reduce stimulation in the area (e.g., removing other residents and visitors, turning off TV, radios, or noisy equipment such floor-cleaning machines).
2. The nursing staff - or designate - shall initiate Code White through the public announcement system providing detailed location of the situation when
 - a. Staff perceive themselves or others to be in danger of physical harm from an aggressive resident.
 - b. A resident is or in an imminent risk of acting out in a manner that is dangerous to self, others or the environment.
 - c. The situation is rapidly escalating out of control.
3. The nursing staff – or designate - involved in the situation shall:
 - a. Provide information to Code White Response Team about the situation, actions taken and actions required.
 - b. In the event that additional help is required (e.g. police) ensure that the call is placed and that help is on the way.
 - c. Assist Code White Response Team as directed by the Team Lead.
 - d. Ensure appropriate documentation is completed after the incident (Appendix A).

4. The Code White Response Team:

- a. Upon hearing Code White, all available DRC/ ADRCs, all RNs, and the unit nurse, Maintenance Technicians, Social Worker and Facility Manager/ Aides will immediately go to the floor as announced by the staff.
- b. The following staff in the order of priority will assume the role of Code White Response Team Leader:
 - i. Registered Nurse who is the team lead of the unit where the incident is taking place.
- c. Team Leader shall:
 - i. Assess the situation;
 - ii. Call for additional resources if required (e.g. Police, additional staff);
 - iii. Delegate an appropriate staff as the spokesperson;
 - iv. Obtain information about the situation from the Staff involved in the situation and find out what is expected from the team:
 - Reason for Code White call
 - Details of current situation
 - Name of resident acting out
 - History of past incidents if appropriate and interventions that have worked in the past
 - Pertinent medical information of resident
 - Behavioural and mental status of resident
 - Location of the resident
 - Other pertinent information such as medical orders Identify possible interventions or options;
 - vi. Identify team members that will carry out the plan;
 - vii. Identify and inform team members about the plan of action, including approach to be used, type of intervention and how each member will exit from room;
 - viii. If possible, ensure safety of team by having all team members remove their own personal items such as watches, glasses if possible, pens, ties, pagers, scissors, stethoscopes, or name tags etc.;
 - ix. Ensure personal protection equipment (PPE), if necessary, such as gloves are available for team use;
 - x. Direct intervention plan to completion;
 - xi. Ensure defusing/debriefing take place as soon as possible following the incident;
 - xii. If an injury occurs, ensure the team member receives first aid and follow;
 - xiii. Health and Safety Policies and Procedures;
 - xiv. Ensure appropriate documentation is completed (Appendix A);
 - xv. Inform management on call in a timely manner.
- d. Team Members shall:
 - i. Respond under the directions and follow instructions of the Team Leader;
 - ii. Carry out tasks as assigned by the Team Leader and any other additional tasks as needed such as:
 - Acting as spokesperson if delegated by team leader

- Crowd control
 - Clearing area of hazardous objects
 - Supporting other team members
 - Preparing room for environmental restraint
 - Having resident's information such as Medication records ready
- iii. In the event that medication is to be administered, ensuring that medication orders have been received, medication has been prepared and is ready;
 - iv. In the event that the resident is to be environmentally restrained, ensuring that the room is ready;
 - v. Carry out tasks in a safe manner;
 - vi. Inform Team Leader if unable to perform assigned task;
 - vii. Remove personal items which could be damaged or cause injury;
 - viii. Listen for "cue to action" and move in on signal or if escalation occurs;
 - viii. Report any injuries sustained during procedure;
 - ix. Assist with documentation as necessary; xi. Participate in debriefing;
 - x. Suggest recommendations for improvement of response.
5. Code White becomes a "911" call to police by the initial registered nursing staff involved in the situation or the Team Leader of the Code White Response Team:
 - a. Whenever there is a real or perceived threat that lives are in danger.
 - b. When the situation is beyond the capacity of the Code White Response team.
 - c. Whenever an "edged" weapon or firearms is involved.
 - d. When the aggressive behaviour occurs just outside of the centre's property.
 6. If police is called, staff that makes the call should be prepared to provide the following information to the police.
 - a. The nature of the incident (e.g. person out of control, person with a knife etc.).
 - b. The exact location of the incident occurring.
 - c. The action or behaviour of the person.
 - d. If weapon is used, describe the specific details of the weapon and how it is used.
 - e. Information about injured people (if any).
 - f. If the aggressor has left, information about when and where the aggressor has traveled.
 - g. Answer questions as appropriate.

If staff cannot complete the phone call with 911, leave the phone off the hook.

Staff should continue to manage the situation until the police arrive, and follow instructions provided by police once they are on site, and offer assistance and support to the police.

7. Follow up actions after the incident:

Director of Resident Care or Designate shall ensure that the following actions are taken:

- a. Follow the Adverse Event Reporting Policy and Procedures to ensure that Ministry and

appropriate management staff and resident's substitute decision makers are notified, as appropriate.

- b. Ensure that documentation is completed.
- c. Ensure that aggressive resident's care plan is reviewed and follow up actions are taken.
- d. Inform Joint Health and Safety Committee
- e. Follow policy CAD-VII-13 Quality of Care Reviews to review incident to prevent recurrence of incidents.
- f. Facilitate debriefing sessions:
 - i. An informal debriefing session with all staff involved in the incident, including the Code White Response Team, to complete documentation, address concerns, and evaluate the procedures and actions taken in order to make recommendations for improvement.
 - ii. An emotional debriefing if staff sustains injury during the process. Management can seek help from Human Resources to identify appropriate resources for support to staff and to conduct debriefing session. Referrals can be made by management to Employee Assistance Program.

PROCEDURES FOR SITUATIONS INVOLVING NON-RESIDENTS OF LONG TERM CARE HOMES

1. All staff shall enact 'de-escalation' strategy with consideration of:
 - A. Ensuring own and co-worker safety.
 - B. Directing other staff as necessary to reduce stimulation in the area (reducing noise level by turning off TV, radios, or equipment such floor washing machines).
2. Direct other staff to remove all residents and visitors from the area.
3. Direct other staff to call 911.
4. Stay calm.
5. Identify an escape route for self and be prepared to escape if the individual becomes increasingly aggressive.

Yee Hong Centre for Geriatric Care
CODE WHITE REPORT

Mental Status	Oriented <input type="checkbox"/>	Disoriented <input type="checkbox"/>	Confused <input type="checkbox"/>
Behaviour	Uncooperative <input type="checkbox"/>	Verbally aggressive <input type="checkbox"/>	Physically aggressive <input type="checkbox"/>
	Self-destructive <input type="checkbox"/>	Destroying property <input type="checkbox"/>	Refusing to leave <input type="checkbox"/>
	Elopement <input type="checkbox"/>		Suicidal <input type="checkbox"/>
Weapons	Yes <input type="checkbox"/> No <input type="checkbox"/>	Weapon Type	

Facility		Location of incident	
Date of incident		Time of Incident	
Team Leader			
Other Members	1.	2.	
	3.	4.	
	5.	6.	

INDIVIDUAL INFORMATION

Name of Individual			
Status	Resident <input type="checkbox"/>	Staff <input type="checkbox"/>	
	Family <input type="checkbox"/>	Volunteer <input type="checkbox"/>	
	Visitor <input type="checkbox"/>	Other <input type="checkbox"/>	

INTERVENTION(S)

Intervention(s)			
Verbal de-escalation <input type="checkbox"/>	Physical intervention <input type="checkbox"/>	Returned to room <input type="checkbox"/>	
Escorted out of facility <input type="checkbox"/>	Transferred to hospital <input type="checkbox"/>	Placed in police custody <input type="checkbox"/>	
Medication administered	Yes <input type="checkbox"/> (if Yes, describe below)	No <input type="checkbox"/>	

Restraints applied	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Placed on constant attention	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Police assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

REPORT OF INJURIES

Was anyone injured?	Yes <input type="checkbox"/> (if Yes, describe below)	No <input type="checkbox"/>
Status	Resident <input type="checkbox"/>	Staff <input type="checkbox"/>
	Family <input type="checkbox"/>	Volunteer <input type="checkbox"/>
	Visitor <input type="checkbox"/>	Other <input type="checkbox"/>
Name of injured person		
Department/Unit		
First Aid administered?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Injury report completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

DEBRIEFING

Debriefing session held immediately following Code White Response?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "NO" please indicate reason why		
Recommendations		

Name (Team Leader)	
Signature (Team Leader)	
Date	

SECTION 8: MISSING RESIDENT (CODE YELLOW)

Yee Hong Centre for Geriatric Care

Developer: NAC	Division: Corporate	Category: Corporate Nursing	Policy Number: CNU-V-23
Effective Date: January 2008	Subject Name: Searching for a Missing Resident		Approval: DQPP
Reviewed/Revised Date: June 2025	Next Review Date: June 2028	Supersedes: Not Applicable	Page: 1 of 8

POLICY

There is an established procedure for the Centre to coordinate an effective search for a missing resident in the Centre's Disaster Plan Manual under the Section Code Yellow. This policy outlines the responsibilities pertinent to the nursing department. All staff are expected to participate in the search as assigned by the department in-charge or the Search Coordinator.

There are 3 Levels of Searching:

- Level 1 is to search the unit where the missing resident resides;
- Level 2 is to search the building, including stairwells, all other areas;
- Level 3 is to search external, outside the building.

Each nursing floor maintains a current list of residents who have access cards. Until appropriateness can be further reviewed by the interprofessional team, RN/RPNs should temporarily retrieve access cards from the residents exhibiting emotional/mobility/health problems to ensure their safety.

A quarterly interprofessional review is done on residents with access cards for unaccompanied leave of absences to ensure appropriateness according to policy CAD-V-15 Access Card.

DEFINITIONS

Search Coordinator: RN / RPN on the unit of the missing resident. The Search Coordinator collaborates with department manager/supervisor/in-charge and Environmental Nurse to assign staff for the search.

Immediate Neighbourhood: Boundaries for conducting the external search are Centre specific, according to the geographical location and as identified in the Centre's Disaster Plan Manual: Code Yellow.

PA system: Public Address system heard overhead throughout the building.

PROCEDURE

1. When a resident is missing, the RN/RPN on the unit of the missing resident assumes responsibility as the ‘Search Coordinator.’

2. When a resident is reported missing, the Search Coordinator
 - ensures a look out from window as this provides a good view if the resident is still in the building’s vicinity.
 - contacts family immediately to verify if resident is on LOA or has left the home with a family member. Verify if there is a way to contact resident, i.e., cell phone.
 - notifies the ED and DRC or designate to coordinate with the IT department to access the CCTV archive to determine ASAP if the missing resident is still in the building. If unable to get hold of the ED and DRC or designate, Search Coordinator informs Environmental Nurse who will call IT.
 - after the above notification is made, assigns PSWs and/or other staff that are present at the unit to start a **Level 1 Search** within the unit where the missing resident lives.
 - ensures each area within the unit is double searched by staff, i.e., two consecutive independent searches.
 - completes the Level 1 Facility Search Record (similar to Appendix B) if the resident is not found in the unit after the two independent searches and reports to the ED and DRC or designate immediately.
 - makes a copy of the missing resident’s photo to be distributed to the search team of the other units and other departments.
 - informs ADRC or designate for assistance, e.g., to deliver the missing resident’s photo to other units and other departments to facilitate the search.
 - initiates a **Level 2 search** by announcing over the PA system slowly and loudly (in both English and in the resident’s primary language) 2 times every 5 minutes (Appendix A) for the first ten minutes and provide updates after first two announcements:
“Attention please! Attention please!
This is the Search Coordinator speaking. Code Yellow on floor.
Please start Level 2 search.
Missing resident Mr. / Mrs. / Miss..... ” (add description, such as: “Missing resident Mrs. Red wears glasses, a red jacket and red scarf, using a walker.”

3. Upon hearing the announcement for a Level 2 search,
 - Department manager/supervisor/in-charge assigns staff, referring to the missing resident’s photo and description, to complete within the building including the stairwells, as identified in the Centre’s Disaster Plan Manual: Level 2 Facility Search Record – (Similar to Appendix C).

- When searching stairwells, one staff is assigned to search one staircase from the top to bottom level and pay attention to areas/corners that can potentially hide a person.
 - Each assigned staff immediately reports back to the Search Coordinator upon completion of searching the designated area.
4. If the resident is found during the Level 2 search, the Search Coordinator:
- announces over PA system slowly and loudly: **“Attention Please! Attention Please! Code Yellow all clear.”**
 - completes a Level 2 Search Record.
5. Skip Level 1 and Level 2 Search and initiate Level 3 Search right away when the CCTV archive confirms that the resident has left the building.
6. If the resident is **not found** after completion of the Level 2 search, the Search Coordinator:
- consults ED or designate for additional information if any, e.g., if the missing resident has left the building according to the CCTV archive.
 - locates the immediate neighbourhood map from the Centre’s Disaster Plan Manual and asks staff to get familiar with the search boundaries in the neighbourhood.
 - initiates a **Level 3 Search** by announcing over the PA system slowly and loudly 2 times every 5 minutes: **“Attention Please! Attention Please! Code Yellow continues. Please start Level 3 search.”**
7. Upon hearing the announcement for a Level 3 search, department manager/supervisor/department in-charge assigns staff (in pairs preferably with one PSW staff who knows the missing resident and one other staff) to complete a Level 3 Search of the immediate neighbourhood as identified in the Centre’s Disaster Plan Manual: Level 3 Facility Search Record – (Similar to Appendix D) with the following instructions:
- When searching outside of the building, assign staff to go in pairs and provide the immediate neighbourhood map with assigned search boundaries.
 - One management staff on duty, or a delegate identified by the manager incharge, will be accompanied by a PSW to conduct immediate neighbourhood search in his/her own vehicle
 - Teams are to check in with the Search Coordinator every 15 minutes with regular updates
 - Ensures communication channels with Search Coordinators by mobile
 - Each pair of assigned staff immediately reports back to the Search Coordinator upon completion of searching the designated boundaries of the neighbourhood.

8. If the resident is found after completion of the Level 3 search, the Search Coordinator:
 - announces over the PA system slowly and loudly: “**Attention Please! Attention Please! Code Yellow all clear.**”
 - completes a Level 3 Facility Search Record in the Centre’s Disaster Planning Manual.

9. If resident is **not found** after completion of the Level 3 search, the Search Coordinator:
 - immediately reports to ED or designate.
 - immediately informs the local police department under the direction of ED or designate, provides missing resident’s photo and description of missing resident and any pertinent information that may facilitate police search.
 - completes a Search Record – Elopement (Code Yellow) in the Centre’s Disaster Planning Manual.
 - informs Attending Physician or on-call physician.
 - completes an Adverse Event Report and paper copy of the MOHLTC’s Critical Incident System (CIS).
 - follows other directions from ED or designate.

10. The DRC or designate informs the resident’s family again of the search results and completes MLTC’s Critical Incident System (CIS).

Appendix A

Code Yellow Messages

- **Initiate report by Search Coordinator**
- **Use the phone PA system**
- **Enter code 00 (or another code that is appropriate for the Division) (to make announcement to the entire building)**

“Attention please! Attention please!

This is the Search Coordinator speaking.

This is a mock exercise on missing resident (skip this if this is not a mock exercise).

Code Yellow on _____ Floor. Please start Level 1 search.

Missing resident Mr. / Mrs. / Miss _____ (*description*)

請注意! 請注意!

這是模擬住客失蹤演習。

黃色警報在__樓，一級搜索現在開始。

失蹤住客____先生 / 太太 / 女士 (特徵)”

Example:

Missing resident Mrs. Red wears glasses, a red jacket and red scarf, walks with a walker

失蹤住客紅太太，帶眼鏡、身穿紅色外套及戴紅絲巾，拿著步行架步行。

Acknowledge confirmation from Unit-in-charge (Status Report by Search Coordinator)

“Attention Please! Attention Please!

Code Yellow continues. Please start Level 2 search

請注意! 請注意!

黃色警報仍然生效，二級搜索現在開始。”

Acknowledge confirmation from Unit-in-charge (Status Report by Search Coordinator)

“Attention Please! Attention Please! Code Yellow all clear.

Mock exercise is completed. (skip this if this is not a mock exercise).

請注意! 請注意!

黃色警報已經解除，演習完畢。”

Appendix B

**YEE HONG CENTRE FOR GERIATRIC CARE
LEVEL 1 FACILITY SEARCH RECORD**

Date of Incident: _____

Time of Code Yellow Level 1 Search Announcement: _____

Name of Search Coordinator (RN/RPN of the unit of the missing resident): _____

Level 1 Search – within own department where the missing resident lives; remember to complete two consecutive independent searches.

Staff assigned for the search	Name(s) of staff completed the search	Assigned search location	Time Start	Time End	Reported back to the Search Coordinator	Comments if any
5F unit in charge/designate		5F nursing unit			Yes/No	
4F unit in charge/designate		4F nursing unit			Yes/No	
3F unit in charge/designate		3F nursing unit			Yes/No	
2F unit in charge/designate		2F nursing unit			Yes/No	
PSW		Common areas			Yes/No	
PSW		End Lounges			Yes/No	
PSW		Spa Rooms			Yes/No	
PSW		TV Room			Yes/No	
PSW		Dining Room			Yes/No	
PSW		Activity Room			Yes/No	
PSW		Medication Room			Yes/No	
PSW		Activity/ Supply Room			Yes/No	
PSW		Balcony			Yes/No	
PSW		Clean & Soiled Utility Room, Housekeeping Closet			Yes/No	
PSW		Staff and Public Washroom			Yes/No	
RN/RPN		Treatment Room & Offices			Yes/No	

Appendix C

**YEE HONG CENTRE FOR GERIATRIC CARE
LEVEL 2 FACILITY SEARCH RECORD**

Date of Incident: _____

Time of Code Yellow Level 2 Search Announcement: _____

Name of Search Coordinator (RN/RPN of the unit of the missing resident): _____

Level 2 Search – major areas within the building, including stairwells

Staff assigned for the search	Name(s) of staff completed the search	Assigned search location	Time Start	Time End	Reported back to the Search Coordinator	Comments if any
GF staff		Ground Floor			Yes/No	
2F staff		2F			Yes/No	
3F staff		3F			Yes/No	
4F staff		4F			Yes/No	
5F staff		5F			Yes/No	
5F unit in charge/designate		Staircases 1 and 2: from the very top level to Ground Floor			Yes/No	
4F unit in charge/designate		Staircase 3 and 4: from the very top level to Ground Floor			Yes/No	
3F unit in charge/designate		Staircase 5: from the very top level to Ground Floor			Yes/No	
2F unit in charge/designate		Staircase 6: from the very top level to Ground Floor			Yes/No	
Receptionist / AA <u>After hour: PSW assigned by the Search Coordinator</u>		GF: Lobby, Tea Garden, Auditorium, Peace Corner, Admin Office, Public Washroom, Adult Day Program Department, Hair Salon, Foundation, Medical Centre, TSH Dialysis Unit			Yes/No	
Laundry Staff. <u>After hour: PSW assigned by the Search Coordinator</u>		Basement: staff lounge, laundry, kitchen, maintenance, medical center, Active Senior Program Department, Physiotherapy, Resident Storage, Business Admin office, Volunteer Office			Yes/No	
Social Services Coordinator		Day Program			Yes/No	
Facility Staff <u>After hour: PSW assigned by the Search Coordinator</u>		Elevator (main resident elevators)			Yes/No	
Facility Staff <u>After hour: PSW assigned by the Search Coordinator</u>		Elevator (Centre elevator)			Yes/No	

Appendix D

**YEE HONG CENTRE FOR GERIATRIC CARE
LEVEL 3 FACILITY SEARCH RECORD**

Date of Incident: _____

Code Yellow Level 3 Searching Announcement Time: _____

Name of Search Coordinator (RN/RPN of the unit of the missing resident): _____

Level 3 Search – nearby neighbourhood according to the map

Staff in-charge of the search	Name(s) of staff completed the search	Assigned search location	Time Start	Time End	Reported back to the Search Coordinator	Comments if any
Facility staff/PSW/ Activation/ AA		Garden Area			Yes/No	
Facility staff/PSW Activation/ AA (2 teams)		Around facility compound and parking lot			Yes/No	
5 th floor Nursing In Charge/Designate		Immediate neighborhood EAST of the Home according to the map			Yes/No	
4 th floor Nursing In Charge/Designate		Immediate neighborhood SOUTH the Home according to the map			Yes/No	
3 rd floor Nursing In Charge/Designate		Immediate neighborhood WEST of the Home according to the map			Yes/No	
2 nd floor Nursing In Charge/Designate		Immediate neighborhood NORTH of the Home according to the map			Yes/No	
Facility staff in pairs		Penthouse			Yes/No	
Management staff if available (ADRC or Food Services) in vehicle with PSW		Immediate neighbourhood covering North, East, South, West			Yes/No	

SECTION 9: LOSS OF ESSENTIAL SERVICES (CODE GREY)

9-A Loss of Power

In the event of a total loss of electrical power, the RN Team Lead / Environmental Nurse will contact the Executive Director and the Facility Manager who will in turn contact Hydro to determine the anticipated duration of the power loss.

In the event that power is to be restored quickly, no further action needs to be taken. In the event of an extended power outage, the following steps should be taken:

- Immediately identify residents that require oxygen concentrators or other life support equipment. Move the resident to areas supplied with emergency power backed up by generator. Those receptacles are marked and identified in the hallway on each floor.
- Gather all flashlights and other needed supplies. Check on all residents to ensure their safety. Calm any residents experiencing stress.
- If the loss of power occurs during cold weather, ensure that all windows and exterior doors are closed. Obtain additional blankets from laundry and use as necessary to keep residents warm. Supply residents with hot beverages as needed and when available.
- Keep vacant room doors closed to minimize the loss of heat.

If temperatures drop to unacceptable levels, and/or power supply will not be restored for an extended period of time, the Executive Director, in consultation with the Chief Executive Officer / Chief Operating Officer and relevant government departments, will initiate CODE GREEN - Evacuation (see **SECTION 3**).

Our facility has an emergency generator that should be automatically activated in the event of a power outage. The generator is powered by diesel and the tank is always kept at a minimum of 80% full.

The emergency generator supplies electricity to

- emergency lighting on all floors and staircases
- emergency receptacles on resident floors
- refrigerators in medication rooms
- refrigerators and freezers in the kitchen
- phone system
- nurse call system
- entrance access system
- fire fighting system

9-B Loss of Natural Gas / Gas Leak

Natural Gas is colourless, odourless, non-toxic and highly flammable. For safety, a smell much like rotten eggs is added for easy detection.

The home depends on natural gas for the following:

- Heating hot water
- Heating system
- Kitchen stove
- Dishwasher
- Laundry (both washer and dryer)

In the event of loss of natural gas, contact Facility Manager who will in turn contact Enbridge in order to determine the expected duration of shut down. If the supply of gas will be restored quickly, no further action needs to be taken.

If the loss of gas has occurred during warm weather and is to be restored in a reasonable period of time, do the following:

- suspend operation of laundry and dishwashing services in order to conserve hot water for residents' use.
- for emergency feeding of residents, see **SECTION 14 "Interruption of dietary services"**.

In the event that the loss of gas occurs during cold weather and will be restored in a reasonable length of time, do the following:

ensure that all windows and exterior doors are closed and all air supply and exhaust fans are off
obtain additional blankets from the laundry and use as necessary to keep residents warm.

In the event that Enbridge cannot restore supply for an extended period of time, the Executive Director, in consultation with the Chief Executive Officer / Chief Operating Officer and relevant government departments, will initiate CODE GREEN - Evacuation (see **SECTION 3**).

If it is determined to be a natural gas leak, do the following:

- Call 911
- Call Gas Company – Enbridge (1-866-763-5427)
- Shut off the gas at the main valve and all secondary valves (refer to floor plan for locations of gas valves)
- Do not smoke or use any electrical devices
- Inform the Executive Director and prepare for evacuation

9-C Loss of Water

In the event of a complete loss of water, the Environmental Nurse will contact the Facility Manager who will in turn contact water supply (416-542-3000) in order to determine the expected duration of shut down.

In the event that water services will be returned to normal function quickly, no further action needs to be taken.

In the event that water supplies will not be available for several hours, do the following:

- Use the stock of bottled water.
- Provide milk and juices to residents to ensure they are not dehydrated.
- Laundry and dishwashing operations and regular resident bathing shall be discontinued for the duration of the shut down.
- Minimize the use of toilets during the period of shut down. Remember, all toilet tanks can be flushed once after supply to the building is cut off.

In the event that water supplies will not be returned to normal for an extended period of time (> 24 hrs), contact the water supply company.

Canadian Springs 1-877-442-7884

or

Purchase bottled water at nearby grocery stores

In the event that water supplies will not be returned to normal indefinitely, the Executive Director, in consultation with the Chief Executive Officer / Chief Operating Officer and relevant government departments will initiate CODE GREEN - Evacuation (see **SECTION 3**).

9-D Loss of Communication Services

In the event of an emergency where regular telephone service is not working, the RN Team Lead / Environmental nurse will:

- Use the Emergency Phone 416-321-5364 on 2nd Floor Nursing Station to call IT emergency contact: 416-321-2565 to report phone system down
- Assign PSW as runner and inform phone system down to other nursing floors
- Assuming that all incoming calls from 416-321-6333 are re-routed to the Emergency Line 416-321-5364, assign PSW to receive phone calls and take message
- Use walkie-talkie for inter-floors communication
- Continue to monitor the situation with the IT department and inform staff on other floors accordingly

In the event of an emergency where the telephone communications are not working, there are many alternate places where calls may be made from:

1. Emergency Phone 416-321-5364 on 2nd Floor Nursing Station
2. Chinese Evergreen Management Office (2319 McNicoll Avenue)
3. Finance Department (2319 McNicoll Avenue)
4. Macrobian Club
5. George's Salon at main lobby
6. Payphones Evergold Mall behind the McNicoll Centre

In the event where parts of telephone services such as voice mail system is not working, the following measures will be taken:

- If the incident happens outside of regular business hours, RN Team Lead / Environmental Nurse to call IT emergency contact and Executive Director/Designate
- Executive Director/Designate to coordinate with Executive Director/Designate from other Yee Hong Long Term Care Home and Chief Operating Officer and Director of Information Services to arrange staff corporately or at the division to take calls and messages and relay them to the intended recipients of the calls
- Director of Information Services to keep Executive Director/Designate informed for progress of corrective measures

9-E Button-down for Air Exclusion

Code Grey Button-down denotes an air quality issue, or the need to enact an air exclusion plan (i.e. shutting off external air circulation, closing windows and doors).

In order to control contaminated air from entering the building, which may be a result of an external chemical spill or fire in the neighbourhood, the building will initiate a 'Button Down' procedure to limit external air intake, as follows:

- All fresh air units will be shut down*
- Staff on all floors will check to ensure all windows in common areas and resident rooms are closed properly
- All staff, residents and other users of the building are advised not to leave the building
- Users of the building will be advised to enter or leave at only ONE entrance. That entrance should be the least exposed to the source of contaminated or toxic air. The Facility Manager will monitor changes in the wind directions to determine which entrance is to be used. Signs will be displayed as appropriate
- A staff person will be guarding the door to advise users NOT to use the automatic door opener and also to provide assistance to individuals as needed
- Staff who have to work outside of the building for essential duties will be given N95 masks and goggles
- The Executive Director or designate and the Facility Manager will monitor the situation closely with regular update from local government authorities to determine if further action is warranted

* To implement Disaster Menu if Code Grey Button-down is called during meal preparation time since regular cooking will not be safe when the fresh air system is shut down

9-F Flooding

Emergency Procedure: Flood

Objective:

This procedure is to meet the FLTCA's requirement and outlines the steps to be taken by all departments in response to a flood, including flooding caused by external factors such as heavy rainfall and internal factors such as water pipe leaks. The procedure ensures the safety and well-being of residents, staff, and visitors during such events.

Last Reviewed: Dec 2025

Review Frequency: Annually

1. Facility Department (Maintenance)

- **Immediately After Flooding:**
 - **Facility Manager (FM) /Main Technician (MT) /Facility Aide (FA) to identify the Source of Water:** Determine if the flooding is caused by external factors (e.g., heavy rainfall, nearby river overflow) or internal issues (e.g., water pipe leaks, burst pipes).
 - **FM/MT/FA to shut Off Water Supply:** If flooding is due to internal causes (e.g., pipe leaks), immediately shut off the water supply to prevent further damage.
 - **FM to assess the Severity:** Evaluate the extent of the flooding, especially in critical areas such as electrical rooms, hallways, kitchens, and resident rooms.
 - **MT/FA to evacuate Water from Affected Areas:** Begin water extraction using pumps, vacuums, or other equipment to minimize water damage.
 - **MT/FA to secure Electrical Systems:** If flooding has affected electrical systems, immediately disconnect power in flooded areas to avoid electrical hazards.
 - **MT/FA to block Entry to Affected Areas:** Use barriers, sandbags, or other materials to prevent the water from spreading to unaffected areas.
- **Ongoing:**
 - MT/FA to continue efforts to remove water and dry affected areas.
 - MT/FA to ensure air circulation (fans or dehumidifiers) in flooded areas to prevent mold growth.
 - FM to maintain contact with external emergency services for assistance in flood management.
 - If necessary, FM to advise Executive Director (ED) to prepare for Code Green (see Section 3) and evacuation if water levels continue to rise or structural damage is significant.
 - FM to begin documenting the flood's impact on the facility for reporting and insurance purposes.
 - MT/FA to ensure that the perimeter of the facility is secure and that evacuation routes are clear.

- Housekeeping staff (HK) to ensure that all flooded areas are cleaned promptly to prevent further damage and maintain hygiene.
 - HK to focus on disinfecting and sanitizing affected areas to prevent contamination.
 - HK to ensure that dry bedding, towels, and clothing are available for residents as needed.
-

2. Nursing Department (Care and Safety)

• Immediately After Flooding:

- **Nursing staff to ensure Resident Safety:** Ensure all residents are moved away from flooded areas to safe, dry locations.
- **Nursing staff to check for Injuries:** Assess residents for any injuries related to flooding, such as falls, water-related illnesses, or exposure to contaminants.
- **Nursing staff to maintain Resident Comfort:** Ensure residents have access to essential services like clean clothing, bedding, and hygiene supplies.
- **Nurse in charge to evacuate Residents if Necessary:** If water levels or hazards increase, evacuate residents to higher floors or designated evacuation areas within the building.

• Ongoing:

- Nursing staff to continue to monitor residents for any signs of distress or discomfort related to the flood.
 - Nursing staff to provide assistance for personal hygiene and other daily care activities in safe, dry areas.
 - Nursing staff to offer reassurance and emotional support to residents who may be anxious or frightened due to the flooding situation.
-

3. Food Service Department

• Immediately After Flooding:

- **Food Services Manager/Supervisor (FSM/S) to assess Kitchen and Storage Areas:** Ensure that kitchen equipment, food storage areas, and dining rooms are safe and dry. Remove any food that may have come into contact with floodwater to prevent contamination.
- **FSM/S to ensure Water Safety:** If the water supply has been affected, make sure the water is safe for food preparation and consumption. Use bottled water if necessary for cooking and drinking purposes.
- **FSM/S to prepare for Limited Menu:** If cooking facilities are limited due to flooding, prepare for a restricted menu with easy-to-serve, non-perishable items.
- **FSM/S to secure Food Supplies:** Ensure that food supplies are stored safely and away from flood-prone areas. Prioritize serving meals to residents in safe, dry areas.

- **Ongoing:**
 - FSM/S to continue to provide meals to residents, adapting to the availability of supplies and kitchen facilities.
 - FSM/S to regularly monitor food storage areas to prevent spoilage due to power outages or flooding.
 - FSM/S to communicate with the Facility department about the status of water and kitchen equipment to determine when normal food service operations can resume.
-

4. Other Departments (Administration, etc.)

- **Immediately After Flooding:**
 - **Administration:**
 - Under ED's instruction, AA to ensure all staff are accounted for and organize necessary shifts for flood response.
 - Under ED's instruction, AA to establish a central communication system to provide updates to staff, residents, and families.
 - **Ongoing:**
 - **Administration:**
 - Under ED's instruction, AA to continue communicating with residents' families to provide updates on the situation.
-

5. Communication Protocols

- **External Communication:**
 - Do not reply to public media, or posting at social media.
 - ED or the delegate to inform emergency services (fire, police, ambulance) about the flooding situation and request assistance if necessary.
 - If needed, ED or the delegate to request assistance from local authorities or the Red Cross for additional evacuation support.
-

6. Post-Flood Procedure

- **Assessment and Recovery:**
 - **Facility Inspection:** FM/MT to conduct a thorough inspection of the facility to assess the extent of water damage and determine if any areas are uninhabitable.
 - **Documentation:** FM to document all damages, incidents, and responses during the flood for insurance and reporting purposes.
 - **Restoration:** FM/MT/FA to begin restoring essential services, including water, electricity,

and heating, as soon as it is safe to do so.

- **Resident Relocation:** If necessary, ED to activate Code Orange and relocate residents to unaffected areas of the facility or to an alternate location until repairs can be completed.
- **Health and Safety:** After consulting with IPAC Manager (IPACM), HK to ensure that all affected areas are properly cleaned, disinfected, and restored to prevent health hazards.
- **Continuous Improvement:**
 - **Debriefing:** After the event, ED to hold a debriefing session with key personnel from all departments to evaluate the effectiveness of the response.
 - **Review and Update:** Management team to identify areas for improvement and update flood response procedures accordingly.

End of Procedure

	Prepared by	Reviewed by	Approved by
Position	FM	DRC, IPACM, FSM, AM	ED
Date	Dec 2025	Dec 2025	Dec 2025

9-G Boiling Water Advisory

Emergency Response Procedure Boil Water Advisory

1. Objectives

- Ensure the safety of residents, staff, and visitors.
 - Maintain compliance with regulatory requirements.
 - Minimize disruptions to services.
-

2. Responsibilities

- **Executive Director (ED) / IPAC Manager:** Communicate with public health authorities, staff, and families.
 - **Nursing:** Provide care, ensure hygiene practices are followed, monitor residents for symptoms, and communicate with residents and families.
 - **Food Services:** Implement safe food handling practices and adjust meal preparation processes.
 - **Facility:** Ensure alternative water sources and signage.
 - **IPAC:** Oversee infection control measures and monitor residents for waterborne illnesses.
-

3. Communication Plan

- **Internal:** Notify all staff, residents, and visitors about the advisory through email, memos, and posted signs.
 - **External:** Inform families, local health authorities, and water suppliers.
 - **Signage:** Place notices near sinks, kitchens, water fountains, and bathrooms to warn against using tap water.
-

4. Food Service

Water Supply:

- **Emergency Water Storage:** Ensure adequate bottled water supply for at least 72 hours.

Water Use:

- **Drinking Water:** Provide bottled or pre-boiled water for residents and staff.
- **Cooking:** Use boiled or bottled water for:
 - Cooking meals.
 - Washing fruits and vegetables.
 - Preparing coffee, tea, and beverages.

- **Dishwashing:** Use a commercial dishwasher with a sanitizing cycle (82°C/180°F).

Disposable Items:

- Use disposable plates, cups, and utensils.

Simplified Menu

- **Menu Adjustments:** Offer fewer menu options, focusing on items that do not require extensive water preparation, such as baked, steamed, or grilled dishes.
- **Suspended Items:**
 - Soups and Sweet Dessert Beverages: Suspend all soup offerings to avoid complications with boiling water preparation.

5. Facility

Sanitation

- Continue laundry services using high-temperature washes, clean and disinfect water-related equipment.

Signage:

- Ensure clear, visible, and informative signage is placed throughout the building to inform everyone of the Boil Water Advisory.

6. IPAC

Hand Hygiene:

- **Handwashing:** Use boiled or bottled water for handwashing. Alternatively, provide alcohol-based hand sanitizer.

Illness Monitoring:

- Monitor residents for signs and symptoms of waterborne illnesses (e.g., fever, diarrhea, nausea, vomiting) and report to public health if symptoms arise.

Prevent Cross-Contamination:

- Ensure proper hand hygiene before and after assisting residents, especially after handling contaminated items.
- Ensure staff maintain strict infection control practices to prevent the spread of pathogens, especially if any residents exhibit gastrointestinal symptoms.
- Residents with gastrointestinal symptoms should be placed on contact precaution

7. Nursing

Resident Care

- **Assist with Hygiene:**
 - Oral Care: Use boiled or bottled water for brushing residents' teeth and oral care. If necessary, assist residents with alternative methods (e.g., mouthwashes or disposable wipes).
 - Bathing: Provide sponge baths with pre-boiled water for residents who require assistance with personal hygiene, particularly for those with open wounds or compromised immune systems.
 - Wound Care: Use boiled or pre-boiled water for cleaning and dressing wounds, ensuring that no tap water comes into contact with the wound.

Communicating with Residents and Family

- Communicate clearly with residents about changes in their hygiene routines.
 - Reassure them of the ongoing safety measures being taken.
-

8. Post-Advisory Actions

Water System Flush:

- Flush all water lines, including faucets, showers, and appliances, according to public health guidelines.
 - Clean and sanitize water-related equipment, such as Hot Water Tower
 - Replace water filters on taps and appliances.
-

9. Record-Keeping

- Maintain logs of water use, resident illness monitoring, and staff training.
 - Document all communications with public health authorities and water suppliers.
-

10. Review and Updates

- Review this plan annually or after each advisory to ensure effectiveness and compliance with regulations.

SECTION 10: CHEMICAL SPILL (CODE BROWN)

1. Only facility approved chemicals should be used by staff of various departments for different purposes. All chemicals are ordered centrally by designated people in the utilizing departments.
2. Chemicals delivered to the home must come with the most current SDS data, received at the designated area and inspected by designated personnel of the Facility Department who are trained to check for proper sealing and packaging.
3. Chemicals received are stored in the designated storage areas in the home.
4. When a staff member discovers a chemical spill, s/he must evacuate the scene and immediately report to the supervisor to notify the maintenance staff of the Facility Department. During after hours, the supervisor will alert the manager on call.
5. The Maintenance Technician (MT), on receiving the report of a chemical spill, will notify the Occupation Health & Safety Manager (OHSM) right away. He will keep contact with the OHSM throughout the process for advice.
6. The MT will go to the scene and gather information, such as types of chemicals involved, quantity of spill, etc. while checking the SDS information.
7. The MT, with help from other staff members, will confine the space affected
8. The MT will bring the Spill Kit and PPE (safety shoes or chemical boots, chemical respirator with gas filter, goggles, and industrial gloves etc. and all necessarily tools such as hose, floor brush etc.) to the scene.
9. The MT will put on PPE before entering the scene, including chemical socks to prevent leakage.
10. The MT will apply chemical seal sheets to cover the floor drain if the chemical will damage the drain system or it is not advisable to drain down the sewage system.
11. The MT will assess the situation, based on the SDS information, if the spill can be contained and handled.
12. The following scenarios are within the capacity of the home to handle:
 - If chemicals are not toxic, close the door for an hour for the fume or residues to evaporate. After that, use water to dilute them and wash them down the drain, clean the floor as normal
 - If chemicals are either acid or base (alkaline), they can be neutralized with neutralizers. The chemical can be picked up with a dustpan and brush and dispose of in regular garbage
13. If the situation cannot be properly handled, call an external spill company immediately.
 - Ground Force Environmental Inc.: 1-855-664-0767
 - KG Services: 1-877-850-3120
 - First Response Environmental: 1-866-774-5501
14. The MT will keep the Facility Manager and the Executive Director informed of the situation. The Executive Director will determine if a partial or total evacuation is necessary. If an evacuation is warranted, the Executive Director will follow the procedures in Section 3 Code Green

SECTION 11: HOSTAGE / ABDUCTION

11-A Hostage (Code Purple)

Yee Hong Centre for Geriatric Care

Developer: VP of Operations	Division: Corporate	Category: Corporate Administration	Policy Number: CAD-VII-18
Effective Date: December 2025	Subject Name: Code Purple – Hostage Situation		Approval: SLT
Reviewed/Revised Date: December 2025	Next Review Date: December 2028	Supersedes: N/A	Page: 1 of 6

POLICY

A “Code Purple” response is for a Hostage Situation. The sites 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.

PURPOSE

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 sites.

BACKGROUND

The main objectives of activating the Code Purple Emergency Response Plan are:

- To minimize risk and preserve the safety of residents, clients, 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 where the assailant was last seen or heard.

PROCEDURES

SPECIFIC ROLES AND RESPONSIBILITIES

EXECUTIVE DIRECTOR OR DESIGNATE:

PREVENT

1. Be aware of who is entering your home.
2. If you notice an individual has 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 behaviors

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 VP of Operations as required if you have questions or require assistance with preparing for a Code Purple- Hostage Situation emergency.

RESPOND

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

RECOVER

1. Use the Code Purple Executive Director/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. Use the Review the Code Purple, Taken Hostage Tip Sheet so that you are familiar with what to do in the 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 it to the Executive Director/ Designate before leaving the site.
2. Participate in the debriefing session.

DEFINITIONS

- **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 have been taken captive.
- **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.

Yee Hong Centre for Geriatric Care

Code Purple Incident Manager Job Action Checklist

Date: _____ Incident Manager _____

RESPOND	
	Upon witnessing or being notified of a hostage situation at the site, assess the situation and take charge. If not already done, immediately call police at 9-1-1 and inform them of the situation.
	DO NOT page Code PURPLE overhead; designate staff members to notify areas around the hostage situation if safe to do so. These staff members are to notify the individuals around the situation and assist them to evacuate.
	Do not allow anyone entry into the home, designate staff members to remain at the entrance to inform people if it is safe to do so.
	Do not attempt to physically assault the hostage taker or negotiate with them. Cooperate with them and do not anger them, if you are the person taken hostage, refer to the Code Purple Taken Hostage Tip Sheet.
	Call police with an update within 5 minutes of first call.
	Delegate a staff member to meet police at the front entrance to provide directions to the scene, including the possible use of emergency stairwells or alternate access points. Time of police arrival _____
	When police arrive, they will assume control. Have the following information ready to provide them:
	○ Identities and number of hostages (photos if available)
	○ Identities and number of captors (photos if available)
	○ Type and number of any weapons involved
	○ Threats demands made
	○ Precise location and floor plan of the area controlled by the captors
	○ Location of anyone who couldn't be evacuated but aren't considered hostages
	○ Location and number of phones in the area
	Account for all persons in the building
	Notify the ED/Designate if not already aware
	Contract necessary authorities and governing bodies
	Establish the Incident Management System Team in the Emergency Operations Centre
	Appoint a Public Information Officer who will contact the Corporate Communication lead and will provide appropriate information to families and the media

Yee Hong Centre for Geriatric Care

Code Purple ED/Designate Job Action Checklist

Date: _____ **Executive Director** _____

RESPOND	
	Seek updates from Incident Manager/Police to determine actions.
	Provide any required support to Police such as floor plans and opening locked doors.
	Notify and update Corporate Communications and the VP of Operations.
	Determine if MLTC is required to be notified during the emergency.
	Help set up the Emergency Operations Centre if required.
RECOVER	
	Upon notification from the police that the hostage situation has ended and all individuals at the site are safe and all clear procedures are in effect.
	Determine if the MLTC should be notified.
	Notify the OHSC and government labour authorities (e.g. MOL) if any staff suffers a critical injury. Engage corporate Health and Safety department for support.
	Complete a critical incident report and any other incident documentation required.
	Arrange for staff and resident support as needed (EAP, etc.)
	Notify VP Operations, and Corporate Communications
	Participate in the debriefing session.

Yee Hong Centre for Geriatric Care

Code Purple Taken Hostage Tip Sheet

When Taken Hostage	
1.	Remain calm, be polite, cooperate and follow instructions.
2.	Do not leave unless you are certain you and anyone else with you is not in danger
3.	Hide all personal belongings such as phone, keys, name badge, etc. Anything that may make your captor believe you are a person of importance or threat.
4.	Do not negotiate with the captor (s), just agree with them. Leave decision making and/or action to resolve the situation to the police.
5.	Avoid sudden movements or an aggressive/threatening stance or behavior. Keep eye contact but do not stare at them. Try to act friendly and relaxed.
6.	Do not speak unless spoken to, let your captor (s) know your name and use their name as much as possible to make a connection.
7.	Meet demand with positive responses such as “I’ll do my best”, never say “No”.
8.	Cooperate with your captor (s) and follow instructions. Do not make any suggestions to your captor (s) as they might think that you plan to escape or have other motives.
9.	Do not turn your back on your captor (s) unless ordered to and maintain eye contact without staring.
10.	Be reassured that your fellow workers and police negotiators are doing their best to get you out safely. Be prepared to speak with police over the phone.
11.	Stay low to the ground and away from then windows and doors, if possible.
12.	Do not attempt to fight with or disarm your captor (s) unless this is the absolute last resort and in your life is in imminent danger, in which case: Attempt to incapacitate the captor (s) with physical aggression. If you are with other hostages, work as a team and use anything you can find as a weapon, fire extinguisher, chairs, tables, lamps, etc.
Upon the Arrival of the Police	
	Do not run or yell when rescue comes.
	Drop anything in your hands, take cover on the floor with your hands visible and remain still for your protection.
	Initial police response team will come in with guns and will not stop to help victims. Rescue teams will follow and will provide aid.
	Do not disturb possible evidence. This is a crime scene. Expect police questions.

11-B Active Assailant (Code Silver)

Yee Hong Centre for Geriatric Care

Developer: VP of Operations	Division: Corporate	Category: Corporate Administration	Policy Number: CAD-VII-17
Effective Date: December 2025	Subject Name: Code Silver – Active Assailant		Approval: SLT
Reviewed/Revised Date: December 2025	Next Review Date: December 2028	Supersedes: N/A	Page: 1 of 10

POLICY

A “Code Silver” response is for an Active Assailant. It 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 sites.

This policy provides specific procedures to 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 casualties and to have the police respond and manage the incident.

PURPOSE

1. 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.
2. 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

The main objectives of activating the Code Silver – Active Assailant Emergency Response Plan (*Appendix A*) 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 where the assailant was last seen or heard. The first officers at the scene will not stop to support injured individuals.
- Police officers will be responding with the intent to use a required level of force to diffuse the situation.

SPECIFIC ROLES AND RESPONSIBILITIES

EXECUTIVE DIRECTOR OR 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 VP Operations as required if you have questions or require assistance with preparing for a Code Silver- Active Assailant emergency.

RESPOND

1. Use the Code Silver Executive Director/ Designate Job Action Checklist (*Appendix E*) when responding to any emergency involving an individual with a weapon in the home.

RECOVER

1. Use the Code Silver Executive Director/ Designate Job Action Checklist for “All Clear” procedures.

INCIDENT MANAGER

RESPOND

1. Use the Silver Code Incident Manager Job Action Checklist (*Appendix C*) 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.
 - 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 (*Appendix D*) when responding to any emergency involving an individual with a weapon in the home.
2. Follow instructions provided by the Incident Manager.

DEFINITIONS

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.

Yee Hong Centre for Geriatric Care

Active Assailant Emergency Response Action Plan

Staff Member Discovering the incident	Staff in close proximity to the incident
---------------------------------------	--

Recognizes or Becomes Aware of 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, or attempting to kill, people.

	<p>RUN</p> <p>Have an escape route and plan in mind If you are with a resident, see Code Silver Resident Care Decisions (Appendix 2) Leave the area of the threat immediately; leave your belongings behind Do not wait for others to follow and do not stop to assist anyone injured by the assailant. If an injured person is ambulatory and will not delay your escape, have them travel with you away from the building Choose a safe exit to leave the facility Call 911 when it is safe to do so</p>
	<p>Depending on the situation/where you are, your best option may be to HIDE</p> <p>Get out of the assailant's view Block entry to your hiding place; close and secure doors. As able, cover any door windows, barricade the door with beds, desks, supply carts, heavy furniture Turn out the room lights. The room must seem to be empty. Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g. radio, TV) If safe and able, particularly if there are injured individuals with you, call 911 (cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you Remain where you are until Police announce themselves and they open the door to allow you out</p>
	<p>If RUN or HIDE are not safe options, when your life is in imminent danger; prepare to FIGHT</p> <p>As a last resort and only when your life is in imminent danger Attempt to incapacitate the assailant Act with physical aggression. If with others, act as a team; use improvised weapons (e.g. fire extinguishers, scissors, chairs)</p>

Staff not in close proximity to the incident

Upon hearing of a Code Silver – Active Assailant:

- Stop all movement through the building
- Do not return to a Unit /Resident Home Area near the incident
- Stay away from the incident location (if known).



Depending on the situation/where you are, your best option may be to HIDE
Confidently and calmly assure other staff, residents, and visitors to remain within their secured locations
Block entry to your hiding place; close and secure doors. As able, cover any *door* windows, barricade the door with beds, desks, supply carts, heavy furniture
Turn out the room lights. The room must seem to be empty.
Stay quiet; silence your pager and cell phone; turn off any source of noise (e.g. radio, TV)
If safe and able, particularly if there are injured individuals with you, call **911** (cell or landline) to report where occupants or the assailants are sheltering. Do what you can to help any injured individuals who are sheltering with you
Remain where you are until Police announce themselves and **they** open the door to allow you out



If HIDE is not a safe option, when your life is in imminent danger; prepare to FIGHT
As a last resort and only when your life is in imminent danger
Attempt to incapacitate the assailant
Act with physical aggression. If with others, act as a team; use improvised weapons (e.g. fire extinguishers, scissors, chairs)

Yee Hong Centre for Geriatric Care

Resident Care Decisions

Health care professionals may be faced with the decision about the safety of residents and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure.

Every reasonable attempt to continue caring for residents must be made, but in the event, this becomes impossible without putting others at risk for loss of life, certain decisions must be made.

IF AN ASSAILANT IS ON, OR NEAR YOUR UNIT/RESIDENT HOME AREA:

If an assailant is on, or near your Unit/Resident Home Area, and you are with a resident, you may have to make decisions about your own personal safety and the temporary discontinuation of resident care.

Staff should take steps to protect residents if there is time and using a method that does not jeopardize the personal safety of the staff or interfere with Police actions. These steps may include evacuating the area or preventing entry to an area where the active assailant is located. However, during an active assailant situation staff may find there is not sufficient time to do anything but to ensure their own safety. In this instance, as soon as the situation is resolved the staff should promptly resume care of residents.

1. Staff are to follow the RUN, HIDE, FIGHT action plan, even if you are engaged in resident care.
2. Temporarily discontinue all resident care
3. Assist residents to evacuate with you if they are able and if it is safe to do so
4. If you are with a resident who cannot escape with you:
 - a. Let the resident know that you must leave
5. Instruct the resident to remain calm and stay alert
6. Instruct the resident to remain quiet and not to contact the assailant
7. Turn off the lights in the resident room and secure the door as best you can upon exiting

If RUN is not a safe option, hide in as safe a place as possible. If it is best for you to remain in a resident's room, follow the HIDE actions, in the Response Algorithm. If you are in a specialty care unit, secure the unit entrance(s) by any means available (e.g. door locks, furniture, cabinets, bed, equipment, supply carts, etc.)

**Yee Hong Centre for Geriatric Care
Code Silver Incident Manager Job Action Checklist**

Date: _____ Incident Manager _____

RESPOND	
	Time assailant discovered _____
	<p>Call 9-1-1 and notify the police of the situation. Tell them as much information as possible:</p> <ul style="list-style-type: none"> ○ Location and number of the assailant(s) (current, last known and/or direction headed) ○ Type and number of weapon(s) ○ Description of the assailant(s) ○ Any comments or demands made by the assailant(s) ○ Information on victims/injured persons and/or hostages (name, how many, location in the building) ○ Any other information you feel may be relevant
	Keep the phone off the hook so the police can continue to listen to the situation
	Time 9-1-1-called (appropriate)
	Announce, or designate a staff member to announce three times, <i>CODE SILVER (location), CODE SILVER (location), CODE SILVER (location)</i>
	Refer to <i>Appendix A, Code Silver-Active Assailant Emergency Response Action Plan</i> for information on what to do (run-hide, fight- only as last resort) and <i>Appendix B, Code Silver Resident Care Decisions</i> for further direction, as necessary.
	Evacuate the area of residents, staff and others if safe to do so.
	Do not allow anyone to enter the building (aside from the Police)
	Delegate an employee to meet the police at the main entrance or outside the building if the assailant is in the main lobby area and provide as much information as you can to assist the police. Inform the police of any weapons the assailant is in possession of, if known. Provide optional access to the scene (<i>e.g., elevator, stairwell</i>)
	Provide the police with an update on:
	<ul style="list-style-type: none"> ○ Location and number of the assailant (s): Current, last known and/or direction headed in the building ○ Type and number of weapon(s) ○ Description of the assailant(s) ○ Any comments or demands made by the assailant(s) ○ Information on victims/injured persons and/or hostages (name, how many, location in the building)

	<ul style="list-style-type: none"> ○ Precise location and floor plan of the area controlled by the assailant (s), if appropriate ○ Location of people who could not be evacuated and may or may not be injured ○ Location and number of telephones in the available area
RECOVER	
	<p>Upon notification by the police that the active assailant situation has ended and all individuals in the home are safe, Announce, or designate a staff member to announce three times, “All Clear” three times:</p> <p>CODE SILVER- ALL CLEAR, CODE SILVER-ALL CLEAR, CODE SILVER-ALL CLEAR</p>
	Coordinate staff and resident/client support as needed (EAP, etc.)
	Coordinate a debriefing session, document what worked well and any lessons learned. Thank and recognize staff actions to keep people safe.
	Contact ED or designate to confirm any further follow-up actions.

Yee Hong Centre for Geriatric Care

Code Silver All Staff Job Action Checklist

RESPOND	
<i>Staff in the Area of the Active Assailant</i>	
Staff member identifying the threat	
	If you are the first to notice an active assailant, do not confront them. Run, evacuate if possible, or hide.
	<p>If you are nearby to a supervisor/manager, notify them. Call 9-1-1 and notify the police of the situation. Tell them as much as possible:</p> <ul style="list-style-type: none"> ○ Location and number of the assailant(s) (current, last known and/or direction headed) ○ Type and number of weapon(s) ○ Description of the assailant(s) ○ Any comments or demands made by the assailant(s) ○ Information on victims/injured persons and/or hostages (name, how many, location in the building) ○ Any other information you feel may be relevant <p>Remain on the phone so the police can continue to listen to the situation and follow any instructions provided.</p>
	If it is safe, evacuate the area/home/site and assist other staff, residents/clients and visitors around you to evacuate. See Active Assailant Emergency Response Action Plan for run, hide, and fight procedures for staff members discovering the incident or near the incident.
	Do not allow anyone to enter the area/home/site.
	Health care professionals may be faced with the decision about the safety of residents and visitors in their care who may not be able to evacuate due to age, injury, illness, disability or because of an ongoing medical procedure. Every reasonable attempt to continue caring for the residents must be made, but if this becomes impossible without putting others at risk for loss of life, certain decisions must be made. Utilize the <i>Code Silver Resident Care Decisions document (Appendix B)</i> to help make these difficult decisions.
	Remain where you are until the Police tell you it is safe to come out.

Yee Hong Centre for Geriatric Care

Code Silver Executive Director Job Action Checklist

Date: _____ ED/Designate _____

RESPOND	
	Seek updates from Incident Manager/Police to determine actions
	Provide any required support to Police such as floor plans, opening locked doors, or contacting maintenance for the potential shutdown of utilities
	Notify and update Corporate Communications and VP of Operations
	Determine if MLTC needs to be notified during the emergency
	Help set up the Emergency Operations Centre if required
RECOVER	
	Upon notification that the active assailant situation has ended and all individuals in the home are safe and the “all clear” procedures are in effect.
	Notify VP Operations, Corporate Communication and CEO
	Determine if MLTC should be notified
	Notify OHSC and MOL, if any staff suffers a critical injury. Engage corporate Health and Safety department for support
	Complete a critical incident report and any other incident documentation required
	Arrange for staff and resident/client support as needed (EAP, etc.)
	Participate in the debriefing situation

SECTION 12 ELEVATOR MALFUNCTION

Yee Hong has 24 hour/day, 7 days/week emergency elevator service contracts with:

OTIS 1-800-233-6847 ID 358609

In the event of a person or persons trapped in an elevator, do the following:

- DO NOT attempt to evacuate the person or persons trapped
- Contact OTIS immediately
- Maintain communication with the trapped person or persons, if possible
- Call 911 if the trapped person has immediate danger
- Start the investigation of the incident

SECTION 13 PUBLIC DISTURBANCES AND VANDALISM

TYPES OF PUBLIC DISTURBANCES

- Loitering
- Noise
- Swearing
- Trespassing
- Drinking in public
- Rowdiness

Most public disturbances are primarily teen problems. Ways to prevent them from happening are:

- Post rules and regulations
- Regular security patrols
- Good lighting

If a situation occurs, do the following:

- Politely ask the person(s) to leave
- Inform them that you will have to call the police
- Go to the phone and pick it up
- Call police
- Keep records
- Avoid all physical contact

DO NOT do the following:

- NEVER get into a shouting match
- NEVER get into a shoving match
- NEVER swear or insult a person
- NEVER act unprofessionally

VANDALISM

Most vandalism occurs between 3:30 pm & 2:00 am. Vandalism is a criminal code offence. Vandalism is wilful damage.

Ways to prevent vandalism are:

- Regular security patrols
- Good lighting
- Regular clean up

If a situation occurs, do the following:

- Keep a log of all damage or vandalism
- Photograph all serious vandalism
- Report all serious vandalism to the police
- Clean up as soon as possible
- Check CCTV (Closed Circuit Television) tapes
- Double check access control mag-lock

SECTION 14 INTERRUPTIONS OF DIETARY SERVICES

In the event that the kitchen cannot produce meals due to extended power failure, loss of gas, loss of water and major kitchen equipment breakdown, the Food Services Manager, in consultation with the Executive Director or designate and the Registered Dietitian, will decide whether food can be prepared in house or have to be purchased from outside.

Internal Resource:

- A 14 day supply of staples and a five day supply of perishables will be maintained at all times
- The 2 freezers and 2 fridges in the kitchen are hooked up to emergency power. All refrigerated foods will be used as rapidly as possible to avoid possible spoilage
- An emergency menu which requires the least possible labour and use of equipment is available. Please see 7-day emergency menu
- The emergency menu may require adjustments according to available food in stock

External Resource:

Food can be purchased from outside including:

- The Red Cross Chapter (416) 480-2500
- The Scarborough Health Network – Birchmount Site (416) 495-2400

EXAMPLE OF AVAILABLE INVENTORY

<p><u>PROTEIN</u> Cheese, Sliced Canned Tuna/Salmon Peanut Butter Cheese Spread/Jars Cheese Spread/Jars Sliced Cold Cuts(assorted)</p>	<p><u>VEGETABLES</u> Frozen Vegetables Fresh vegetables (to use at first)</p>	<p><u>STARCH</u> Canned Potatoes Instant Whipped Potatoes Rice Noodles Bread Crackers Plain Rolls Flour</p>
<p><u>JUICE</u> Apple Orange Prune Cranberry Grapefruit</p>	<p><u>FRUIT</u> Canned Apricot Canned Mandarin Oranges Canned Peaches Canned Pears Canned Pineapple Canned Applesauce</p>	<p><u>DESSERTS</u> Graham Crackers Assorted Cookies Canned Pudding</p>
<p><u>SOUP IN CANS</u> Cream of Mushrooms Cream of Chicken Vegetable Tomato</p>	<p><u>CEREALS</u> Bran Flakes Rice Krispies Corn Flakes Oatmeal</p>	<p><u>MISCELLANEOUS</u> Powdered Milk Salad Dressing Honey/portion condiments Jelly</p>

ADDENDUM TO SEVEN-DAY EMERGENCY MENU PLAN:

During an emergency situation, most residents will be served regular diets. Texture modified diets will be provided as much as possible, such as using commercial items.

EXTRA AVAILABLE INVENTORY:

- Bottled/spring water
- Styro/Paper dinner plates
- Styro/Paper side plates
- Styro/Paper cups
- Styro/Paper bowls
- Plastic knives
- Plastic forks
- Plastic teaspoons
- Plastic soup spoons
- Paper trays

EMERGENCY MENU

7 DAY CYCLE

(In case of equipment and Water Failure and both Hydro Power/ Gas failure).

	BREAKFAST	LUNCH	DINNER
Day 1	Orange Juice Corn Flakes Bread Jelly Powdered Milk	Salad Crackers (Reg. & L.S.) Cheese Sandwich Assorted Cookies Canned Fruit Juice / Powdered Milk Pudding	Cold Turkey plate with roll Applesauce Assorted Cookies Bread Juice / Powdered Milk
Day 2	Apple Juice Rice Krispies Roll Honey Jelly Powdered Milk	Salad Crackers (Reg. & L.S.) Tuna / Tuna Salad Sandwich Canned Pears Assorted Cookies Juice / Powdered Milk Pudding	Chicken Salad plate with Green Pea salad Bread canned fruit Cookies Juice / Powdered Milk
Day 3	Cranberry Juice Shreddies Danish / Bread Jelly Powdered Milk	Salad Crackers (Reg. & L.S.) Ham Sandwich Graham Crackers Canned Fruit Juice / Powdered Milk Pudding	Tuna Sandwich plate with pickled beets Canned Pears Assorted Cookies Bread Juice / Powdered Milk
Day 4	Orange Juice Corn Flakes Bread Jelly Powdered Milk	Salad Turkey Salad Sandwich Canned Peaches Assorted Cookies Juice / Powdered Milk	Ham Sandwich Green beans Marinated Roll Assorted cookies Canned fruit Bread Juice / Powdered Milk
Day 5	Apple Juice Rice Krispies Roll Honey Jelly Powdered Milk	Salad Crackers (Reg. & L.S.) Cheese Spread Sandwich Assorted Cookies Canned Fruit Juice / Powdered Milk Pudding	Salmon Sandwich Plate Roll Canned Pears Assorted cookies Bread Juice / Powdered Milk
Day 6	Prune Juice Bran Flakes Danish / Bread Jelly Powdered Milk	Salad Crackers (Reg. & L.S.) Salmon Salad Sandwich Applesauce Assorted cookies Juice / Powdered Milk Pudding	Egg Salad Sandwich Roll Canned Fruit Assorted Cookies Powdered Milk / Juice
Day 7	Orange Juice Corn Flakes Bread Jelly Powdered Milk	Salad Peanut butter Sandwich Graham Crackers Canned Fruit Juice / Powdered Milk Pudding	Tuna Salad Sandwich Canned Peaches Assorted Cookies Bread Juice / Powdered Milk

SECTION 15: Medical Emergency (Code Blue)

Yee Hong Centre for Geriatric Care

Developer: NAC	Division: Corporate	Category: Corporate Administration	Policy Number: CAD-VII-11
Effective Date: November 2010	Subject Name: Code Blue – Medical Emergency		Approval: ICC
Reviewed/Revised Date: July 2025	Next Review Date: July 2026	Supersedes: CNU-V-32: Administration of CPR to a Resident: Nursing Responsibilities	Page: 1 of 6

PURPOSE

To intervene appropriately and effectively to provide emergency medical care in the event a resident, staff, or general visitor experiences an impending or actual cardiopulmonary arrest. This policy is to provide guidance on medical emergencies that occur in the building, and outside of the building's premises.

DEFINITIONS

Code Blue: A term representative of an emergent situation announced for any type of acute medical emergency whereby team resuscitative efforts are required to respond to an imminent or apparent respiratory and/or cardiac arrest.

Cardiopulmonary Resuscitation (CPR): An emergency life-saving treatment administered for cases of sudden, unexpected cardiopulmonary arrests that result in the cessation of cardiac output and which has been reported as most effective when administered by trained individuals immediately upon discovery or following a witnessed sudden collapse.

No Cardiopulmonary Resuscitation (No CPR): A written medical order by a physician or nurse practitioner, with the consent of the capable resident or the substitute decision maker of the incapable resident, that indicates the resident should not be administered CPR in the event of a cardio-pulmonary arrest.

Basic Life Support (BLS): Application of artificial ventilation (mouth-to mouth resuscitation or bagging) and chest compressions.

Medical Response Team: A team of trained providers who respond to a code blue announcement. The medical response team may include, but are not limited to, the following:

Registered Nurse (RN)

Registered Practical Nurse (RPN)

Personal Support Worker (PSW)

Physician On-Site

Nurse Practitioner (NP)

Assistant Director of Resident Care (ADRC)

Director of Resident Care (DRC)

Manager, Infection Prevention and Control (IPAC)

Social Worker (SW)

Spiritual and Religious Care Practitioner (SRCP)

Facility Manager

Facility Aide

Activation Manager

Food Service Supervisor

Food Service Manager

Community Professional Services Staff as appropriate (i.e., in ADP areas)

AED (Automated External Defibrillator): A portable computerized defibrillator device that identifies life-threatening arrhythmias with the ability of delivering a shock to reverse the arrhythmia allowing the heart to return to normal rhythm. It is automated such that it is simple to operate, allowing for use by both medical and non-medical trained personnel.

POLICY

1. For choking incidents, cross reference to policy CAD-VII-14 (conscious and unconscious situations)
2. CPR is **not** administered when:

(i) There is an expressed wish by the resident, who was capable at the time of expressing his/her wish, for No CPR

or

(ii) The capable resident or the substitute decision maker of the incapable resident has consented to a “No CPR” order **or**

(iii) The body shows irreversible signs of death, such as: rigor mortis (limbs of the corpse are stiff and impossible to move); lividity (settling of blood in the lower portions of the body, causing a purplish red discoloration)

3. In the event that ‘Code Blue’ is announced within the building on the Centre’s overhead call system, the medical response team on-site must proceed immediately to the designated location.
4. The medical response team leader is designated as the first responder RN/RPN and has the responsibility for observing and monitoring of the emergency scene and to ensure high-quality CPR is performed and maintained.
5. In the event that a medical emergency occurs outside of the building, first responders shall call 9-1-1 immediately, remain with the casualty, and provide first aid or comfort measures as appropriate until the arrival of Emergency Medical Services (EMS).
6. The following staff members are to maintain yearly competence in the administration of CPR as per BLS training in accordance to the HR policy.

Activation Manager	Program Aide, Day Program	Program Worker, Home Support
Activation Worker		
Assistant Director of Resident Care	Program Assistant, Day Program	Program Worker, YHGT
Director of Resident Care	Program Coordinator, Caregiver Education Support Services (CESS)	Program Manager, Community Support
Home Support Worker	Program Coordinator, Day Program	Program Manager, Home Support
Manager, Hospice	Program Coordinator, Home Support	Registered Nurse
Personal Support Aide		Registered Practical Nurse
Personal Support Worker	Program Worker, Day Program	Nurse Practitioner
	Program Worker, CESS	Manager, IPAC
	Security Guard	

7. Use of personal protective equipment (PPE) and routine precautions will be adhered to as determined by a point of care risk assessment (PCRA) by the members of the medical response team during the provision of CPR at the scene.

PROCEDURE

1. First Responder:

- (i) Immediately initiate BLS guidelines: verify scene safety, assess for responsiveness, and check circulation, airway, and breathing.
- (ii) Call loudly for help by calling out “CODE BLUE – [state location]” to summon help to the scene.
- (iii) In all circumstances, begin administration of CPR based on BLS standards unless CPR is not to be administered as per this Policy. Where there is an expressed wish by a resident who was capable at the time of expressing his/her wish for No CPR or there is a No CPR order, proceed with airway and/or breathing management but compressions are not to be provided.

2. Second Responder:

- (i) Uses the overhead call system to announce “CODE BLUE, FLOOR, ROOM #...”
 - (ii) Calls 9-1-1.
- (iii) Reports back to the emergency scene and assists the First Responder with administration of CPR as per BLS training by relieving the compressor or by managing the airway.

3. All Other Responders:

Once two staff members are administering CPR,

- (i) Transports Emergency Cart, AED (if available), oxygen concentrator, suction machine, vital signs monitor to the Code Blue site.
- (ii) Assists with the administration of CPR as per BLS standards, if certified.
- (iii) Delegates a Recorder for documentation of the resuscitation using the Code Blue Record.
- (iv) Ensures information regarding the resident/staff member/visitor is readily available for the physician, NP, and EMS if available. Prepare to share the chart and MAR, if applicable.
- (v) If an AED is used, assists to turn on AED and attach AED pads, follow prompts and safely activate a “shock” if advised on the AED.
- (vi) Notifies the Attending Physician and the family, Substitute Decisionmaker (SDM), or Power of Attorney (POA) as appropriate.
- (vii) Verifies that all responders providing CPR dons appropriate PPE and follows routine or additional precautions, as appropriate.

- (viii) Designates a staff for scene management. Clear the scene of ambulatory or wheelchair-bound residents, extra furniture and equipment. Ensure only the required amount of staff needed for the resuscitation remain at the scene. Direct other staff to return to their respective areas and resume their assigned/alternative tasks.
 - (ix) Prepares the Transfer-to-Acute-Care form. For resident, include copies of the resident's MAR, most recent medical history, and relevant laboratory and diagnostic imaging results. Cross reference to policy CIP-VIII-03 Care Transition on the required documentations.
 - (x) One available staff member will proceed to the main entrance to direct EMS to the scene.
 - (xi) Facilitates EMS assumption of care and transfer to hospital. Prepare to share chart, including the resuscitation documentation.
 - (xii) Provides other means of assistance at the Code Blue site.
4. Once the resident has been transferred to acute care, the RN/RPN:
- (i) Updates the resident's family and Attending Physician.
 - (ii) Documents the event in the progress note of the resident's health record.
 - (iii) Cleans and re-stocks the Emergency Med Cart.
5. The DRC / designate:

At the end of each Code Blue:

- (i) Ensures all RNs / RPNs / NP understand how to use the overhead call system.
- (ii) Conducts a post code debrief. Evaluates the code blue process and to identify opportunities for improvement.
- (iii) Ensures the Code Blue Record is completed.

Appendix
Code Blue Record

A copy of the most updated Code Blue Record can be found on the intranet here:

[Clinical | YHIntranet \(yeehong.com\)](#)

Resident Label

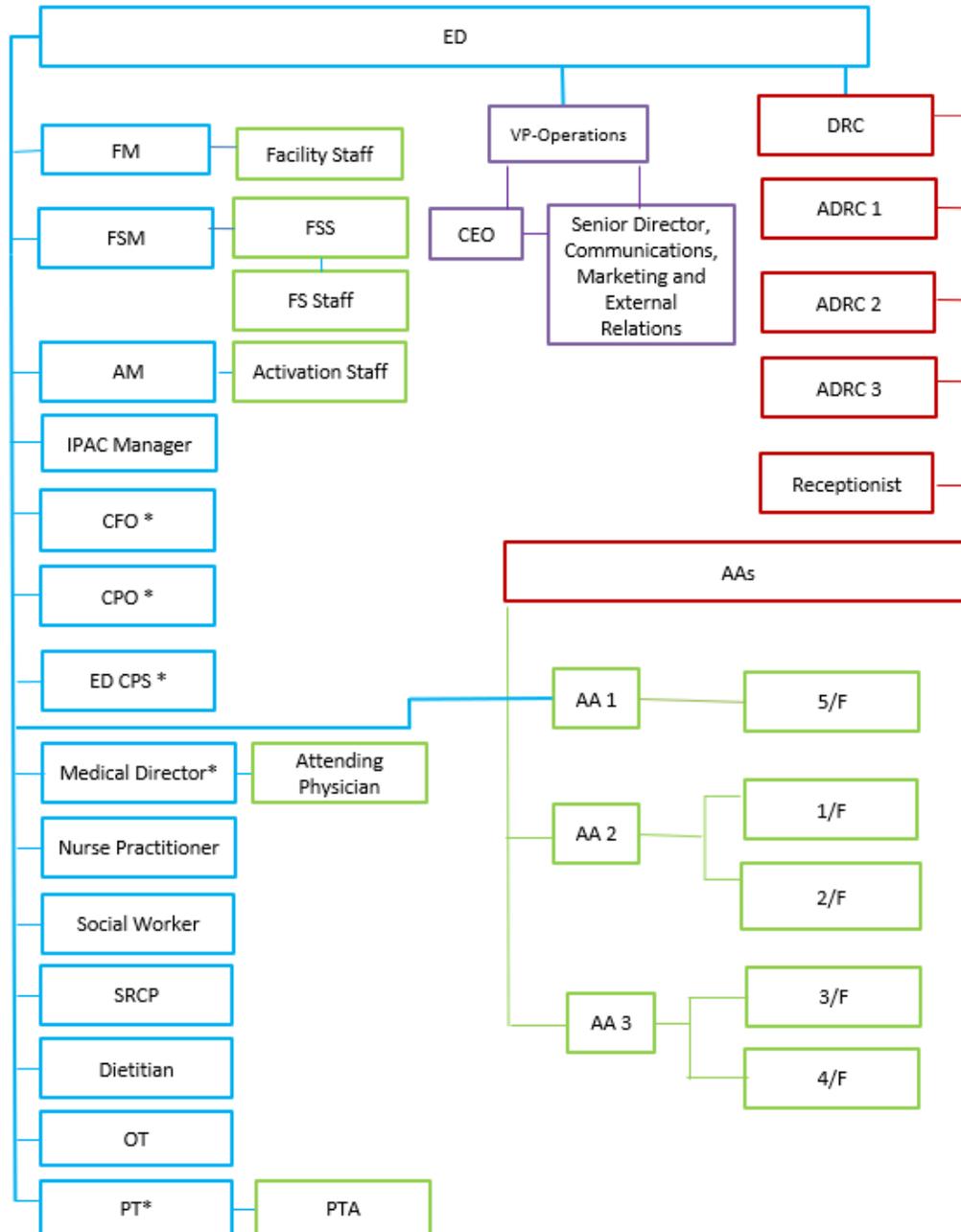
CODE BLUE RECORD

Time	Pulse Check (q2 mins.)		Vital Signs				AED			Code Blue Notes: All interventions (e.g. Suction, hand ventilation, ambu bag, O ₂ medical ons administered), assessments and Responses (conscious/unconscious, etc.)
	Pulse (+/-)	Rosp (+/-)	BP	HR	RR	O ₂	Apply ()	Shock Delivered (Y/N)	Shock	

Staff Involved:

Print	Sign	Print	Sign
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

McNicoll LTC Overall Fan Out Chart (Revised March 6, 2026)



* The designated person will call his/her respective department staffs who works at McNicoll site

Appendix II Emergency Lifts and Carries

Preliminary planning and rehearsal of the most effective responses to a fire or other situations is essential. There is scant time to act in an actual emergency situation, let alone to plan a course of action.

Many methods might be used to move residents or patients or to give them assistance, support and added speed. Experience and practice will increase anyone's ability to move heavier and disabled people under adverse conditions.

Suitable additional methods may also be used depending on the situation and available appliances and equipment, i.e. chairs and wheelchairs.

The following lifts and carry techniques are suggested for relocation or evacuation of residents and others in an emergency. You will have to decide which is the most appropriate for the situation at the time of emergency.

A. **Removing resident from the floor**

1. Spread a blanket or sheet beside the resident. Cross the resident's ankles and roll them towards you onto the blanket or sheet, grasping them by the shoulders and hips.
2. Grasp the blanket or sheet on either side of the resident's head and drag backwards to an area of safety. It does not matter whether the resident is lying face up or face down.

B. **Removing residents from beds**

1. **CRADLE OR KNEE DROP**

For use when:

- The resident is very heavy; or
- Only one staff is available; or
- The resident's bed is involved in the fire and the least amount of contact is permitted

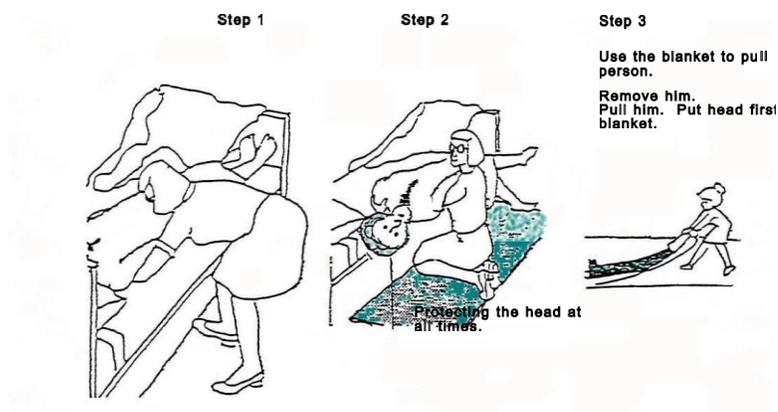
Procedures (See diagrams following)

- (a) Place a blanket or sheet lengthwise on the floor parallel and next to the bed. Loosen or remove the top bedclothes.
- (b) Stand beside the resident, slip one arm under the neck and grasp the shoulder.

- (c) Slip your other arm under the resident's knees and grasp them with your hand.
- (d) Place one knee against the bed with both feet on the floor, about 6"-8" apart.
- (e) Bring the resident to the edge of the bed by moving first their hips then their shoulders, keeping your back straight and bending your knees.
- (f) Rock back onto the heels bringing the resident with you keeping resident close to your body.
- (g) When the resident starts to leave the bed, drop to your knees and allow the resident to slide down your body then to the floor protecting the resident's head at all times.
- (h) Grasp the blanket or sheet on either side of the resident's head and drag the resident, head first to an area of safety. The blanket or sheet can be wrapped over the resident.

2. DOUBLE CRADLE OR KNEE DROP

- (a) Two rescuers approach the bed. Place a blanket or sheet lengthwise on the floor parallel and next to the bed. Loosen or remove the top bedclothes.



- (b) One rescuer slips one arm under the resident's neck and grasps shoulder and one arm under their waist.
- (c) The other rescuer slips one arm under the resident's hips and other arm under his knees.
- (d) Together both rescuers bring the resident to the edge of the bed. However, this may be accomplished by both rescuers grabbing the bottom sheet and pulling the resident to the edge of the bed.
- (e) Together the rescuers rock back on their heels keeping the resident close to their bodies.
- (f) When the resident starts to leave the bed, both rescuers drop to their knees and allow the resident to slide down their bodies, then to the floor protecting the resident's head at all times.
- (g) Grasp the blanket or sheet on either side to the resident's head, and drag him head first to an area of safety. The blanket or sheet may be wrapped over the resident.

3. SWING CARRY

For use when:

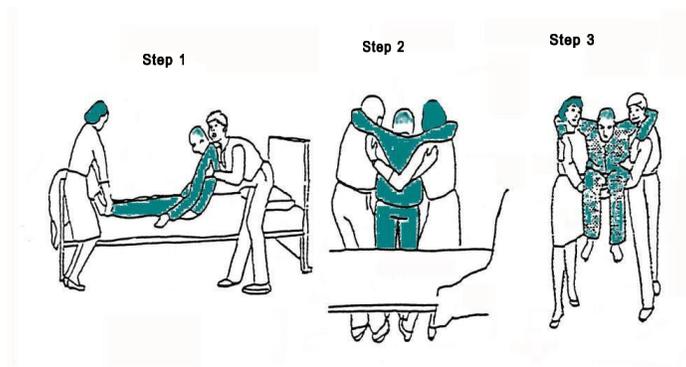
- Two staff are available for transporting resident
- The resident is very heavy
- Vertical evacuation (to another level) is required This method is suitable for almost any resident.

Procedures (See diagrams following)

- (a) Both rescuers approach the resident, one at the head and one at the feet on the same side of the bed.
- (b) Rescuer at the head assists resident to a sitting position supporting shoulders.
- (c) When resident is sitting up, the rescuer at the resident's feet grasps the ankles and swings the feet off the bed, both bring the resident to a sitting position on the edge of the bed.
- (d) Both rescuers stand, one on each side of the resident and places one arm of the resident around their neck and down across their chest.
- (e) Both rescuers reach under the resident's knees and grasp each other's wrists.
- (f) Both rescuers lift the resident off the bed together, using correct lifting techniques and carry the resident to a safe area.

TO UNLOAD:

Both rescuers drop on their knee closest to the resident while leaning against the resident to provide supportive pressure. Place the resident on the floor, buttocks first and then the back.



4. EXTREMITY CARRY

For use when:

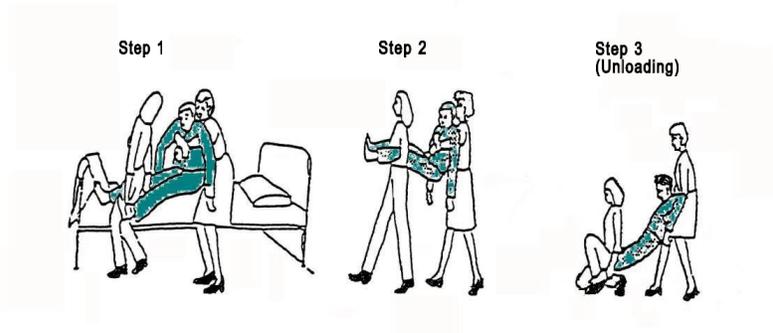
- A fast method is required
- Two staff are available for transporting resident
- The exit is narrow

Procedures (See diagrams following)

- (a) Both rescuers approach the resident, one at the head and one at the feet on the same side of the bed.
- (b) Rescuer at the head assists the resident to a sitting position supporting the shoulders.
- (c) When resident is sitting up, the rescuer at the feet grasps the resident's ankle nearest the edge of the bed and clears it off the bed. With back to the resident, slide between the resident's legs as fast as their knees, grasping under both knees.
- (d) Rescuer at the head places their arms through the resident's armpits and grasps own wrists high above the resident's chest.
- (e) Both rescuers lift the resident off the bed together using correct lifting techniques and carry the resident to a safe area.

TO UNLOAD

- (a) The rescuer at the feet lowers the resident's legs to the floor, by dropping to one knee and keeping straight.
- (b) The rescuer at the head allows the resident to slide to the floor, buttocks first and then their back. The rescuer drops to one knee, the back is kept straight.

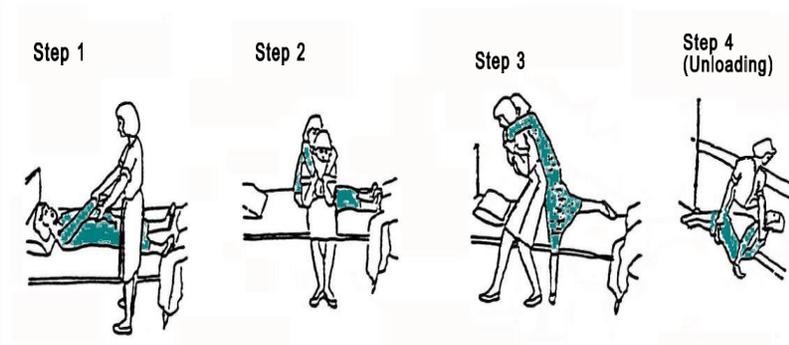


5. THE PACK STRAP/CARRY (QUICK)

For use when:

- Only one rescuer available for transporting resident
 - The resident has to be transported through a small narrow exit Procedures (See diagrams following)
- (a) Rescuer faces the resident with back to the foot of the bed.
 - (b) Grasp the resident's nearest arm at the wrist (with palm down) with your hand nearest the resident.
 - (c) Raising the resident's arm slightly, grasp their other wrist with your other hand, with your palm up this time.
 - (d) As you take one step backward, raise the resident to a sitting position.
 - (e) Raising the resident's arm nearest you, slip under that arm.
 - (f) Place your back firmly against the resident's chest with your shoulder lowering the resident's armpits.
 - (g) While sitting on the bed, pull the resident's arms over your shoulders, crossing them at your chest.
 - (h) Lean forward, bending only your shoulders and assert a downward pull on the arms.
 - (i) Stand and turn your body and feet towards the head of the bed while at the same time raising the resident off the bed.

It is not necessary to drag or lift the resident as your forward momentum will roll onto your back without any shock



C. Removing ambulatory residents

1. HUMAN CRUTCH WALKING ASSIST

For use when:

- The resident has an injured or unstable side Procedures (See the diagram following)
 - (a) Place the resident's arm, closest to you, behind your back to clutch your waist.
 - (b) Grasp the resident's wrist with your hand.
 - (c) Place your other hand around the resident's waist gripping clothing on their waist.
 - (d) Keeping the resident close to your body, walk to a safe area.

Note: If two rescuers are available, one can walk on each side of the resident.



Appendix III Carbon Monoxide (CO) Safe Work procedures

A. What is Carbon Monoxide (CO)?

- Carbon Monoxide (CO) is an odorless, colourless and tasteless gas.
- It is predominantly produced by incomplete combustion of carbon-containing materials (e.g. natural gas used by the boilers to heat water, HVAC system to heat air, cooking and dryers in the laundry). Incomplete combustion occurs when insufficient oxygen is used in the fuel (hydrocarbon) burning process.

B. What are the hazards of CO?

- Carbon monoxide is harmful when inhaled because it displaces oxygen in the blood and deprives the heart, brain and other vital organs of oxygen.
- Therefore, CO is a toxic gas that leads to asphyxiation (suffocation).

C. What are the effects of CO on the human body?

- The table below summarizes the effects of CO on the human body

Level (PPM)	Effect
50	None for healthy adults; this is the maximum allowable concentration for continuous exposure for healthy adults in any eight-hour period
200	Slight headache, fatigue, dizziness, and nausea after two to three hours
400	Frontal headaches with one to two hours; Life threatening after three hours
800	Dizziness, nausea, and convulsions within 45 minutes; Unconsciousness within two hours; Death within two to three hours
1,600	Headache, dizziness and nausea within 20 minutes; Death within one hour

D. What does the CO Detector/Alarm do?

- A carbon monoxide (CO) detector/alarm detects the presence and buildup of CO over time in an area. It is activated when the CO level over a period of time reaches the following levels:

CO Level (PPM)	Alarm Response Time
40	10 hours
50	8 hours
70	1 to 4 hours
150	10 to 50 minutes
400	4 to 15 minutes

E. What should I do if the CO alarm sounds?

1. Laundry Room

- a. Turn off dryers
- b. Leave the laundry room
- c. Close the doors behind you
- d. Inform the Facility Manager
- e. If FM is not available, inform Environmental Nurse
- f. Gather in the lobby area on the main floor
- g. Wait for instructions
- h. **DO NOT RE-ENTER THE LAUNDRY ROOM UNTIL INSTRUCTED**

2. Kitchen

- a. Turn off woks, kettles and steamer
- b. Leave the kitchen area
- c. Close doors behind you
- d. Inform the FSM/FSS
- e. If FSM/FSS are not available, inform the Environmental Nurse
- f. Gather in the lobby area on the main floor
- g. **DO NOT RE-ENTER THE KITCHEN UNTIL INSTRUCTED**

3. Residential Floor

- a. Open all windows and doors of residents' rooms
- b. Inform FM and Environmental Nurse
- c. Move residents from alarm area to a non-alarm area (dining/activity room, other wing)
- d. Close the fire doors of the area in which CO detector has activated (e.g. south side of the unit)
- e. If the whole floor is alarming, evacuate to one floor below or in the lobby area on the main floor (can use stairs and elevators)
- f. **DO NOT REENTER THE WING/FLOOR UNTIL INSTRUCTED**

4. Mechanical Penthouse

- a. Leave the penthouse
- b. Close doors behind you
- c. Inform the FM
- d. If FM is not available, inform the Environmental Nurse
- e. **DO NOT REENTER THE PENTHOUSE UNTIL INSTRUCTED**

F. Responsibilities

1. Facility Manager/Maintenance Technician

When informed of a CO alarm:

- Ensure area is evacuated
- Call 911 and notify of alarm
- Call gas company

2. Environmental Nurse

When informed of a CO alarm:

- Go to Central Alarm and Control Facility (CACF) or Main Fire Panel (at McN)
- Announce Code Brown and location of alarm
- Call 911 to inform of alarm ◦ Inform ED or designate (after hours)
- Wait at the entrance of the building, Direct Fire/Gas personnel to alarm location ◦ Direct Fire/Gas personnel to alarm location
- Follow instructions from Fire Department personnel (in case of evacuation) ◦ Call 911 to inform of alarm (if after hours) ◦ Call facility manager (can delegate to another nurse)
- Follow instructions from Fire Department personnel (in case of evacuation)

3. Unit Nurse(s)

When informed of CO alarm (not on your floor):

- Do a head count of residents ◦ Open all windows
- Stand by for evacuation (if necessary)

G. CO Leak Prevention

Tips to Prevent Carbon Monoxide Poisoning:

- Service gas burning equipment (boilers, dryers, work stations, steamers, kettles) annually by a licensed technician
- Clean exhaust ducts at least once a year
- Ensure exhaust vents are not blocked
- Ask delivery trucks to turn off their engine when unloading deliveries
- Don't run gas equipment (e.g. snow blower, generator etc.) inside the building